



AGLP

The Association of LGBTQ+ Psychiatrists

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IPS 2018 Chicago THE MENTAL HEALTH SERVICES CONFERENCE

OCTOBER 4 - OCTOBER 7, 2018
Palmer House Hilton
17 E. Monroe Street
Chicago, IL 60603
(877) 865-5321

This year's theme focuses on innovations in clinical services to better meet the needs of all populations—and vulnerable communities in particular—through an interactive program with engaging topics and session formats.

Gene Nakajima, M.D., Howard Rubin, M.D., and Amir Ahuja, M.D., have all been instrumental in arranging for an AGLP-LGBTQ Track at IPS beginning on Thursday, October 4. This year's schedule of symposia, lectures, and workshops appears on page 9. The AGLP Annual Business Meeting is scheduled for Saturday, October 6, at 9:00am. A Local Arrangements Committee is working on an AGLP Welcome Reception for Friday, October 5. More details will follow shortly.

HOTEL RESERVATIONS

Reservations can be made online or by calling the Palmer House toll-free number at (877) 865-5321 or by clicking on this link. To qualify for the special conference rates, please advise the reservation agents that you are attending the APA's Institute on Psychiatric Services. Rates are set at \$269 Single/Double occupancy. This group rate is available until September 6, 2018.



The Newsletter of AGLP

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The views expressed in the Newsletter are those of the writer and do not necessarily represent the opinions of AGLP. 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 AGLP, and do not imply sexual orientation.

INFORMATION FOR AUTHORS

Persons wishing to submit articles for publication should send them to the National Office, 4514 Chester Avenue, Philadelphia, PA 19143; phone 215-222-2800; Fax: 215-222-3881; E-mail: AGLPEditors@aglp.org. Submissions should be clearly readable. Submissions on electronic media are preferred. 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 October 31, 2018.

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E D I T O R I A L

Howard Rubin, M.D.

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Long Day's Journey into Night

At this year's APA meeting in New York, I took the subway to Brooklyn, the borough where I grew up. My destination was the Brooklyn Academy of Music known as BAM--one of the premier arts institutions in New York whose stages offer music, dance, and theater-- to see a performance of one of my favorite plays, Eugene O'Neill's *Long Day's Journey into Night*, starring Jeremy Irons. It is a play I have seen several times, so going back to BAM to watch it again was a double homecoming.

BAM sits at the edge of Bedford Stuyvesant, known as Bed Sty, now a vibrant, gentrified neighborhood of good restaurants, fancy coffee shops, and restored brownstones. Down the block, the iconic Williamsburg Savings Bank building that used to house doctors' offices was converted into condos over 20 years ago. A few blocks away, a sports arena, the Barclays Center, opened in 2012, as the home of the Brooklyn Nets and New York Islanders.

The area was a "war zone" when I was growing up in Brooklyn in the 1970's. Manhattan seemed like a far away dream we called The City. My mother who was a New York City public school teacher taught at P.S. 9, very close to BAM and struggled to teach library science to inner city kids with limited prospects. It was a time when New York was struggling and almost went bankrupt. She used to lament that, to the kids, FU meant good morning.

Saturday evenings were the time my parents went out with friends to the theatre or to dinner, and I was left home to watch the *Love Boat*, and the *Carol Burnett* and *Bob Newhart* shows on TV. Sometimes she ventured back to Bed Sty to attend performances at BAM, parking the car in an open lot across the street. That plot of land now sports a luxury high rise with an Apple Store on the ground floor.

“As a psychiatrist watching the play in May 2018, I saw its main theme as the devastating effects of opioid and alcohol use disorders upon the Tyrone family, that O’Neill modeled after his own experience.

It was the winter of 1976. Gerald Ford was president. My parents had gone to BAM to see a production of *Long Day's Journey into Night*, with what I learned later was a dream cast, with Jason Robards and Zoe Caldwell playing the Tyrones, heads of a very dysfunctional family. My parents came home late, but I was still awake and could smell my mom's channel #5 perfume as she came into my room. She had just seen the play at BAM and boy, did it go on and on, she said. But there was something about the length and ambition of the play, and the nature of the endurance required to see it through to its end that was very intriguing to an 11 year old aspiring theatre queen.

When I read and saw the play as a young adult, I was drawn to the character of Edmond, the son with TB, the morbid poet, the outsider, riding a ship at sea in the night. He loses himself in the immensity of the world: "I lay on the bowsprit, facing astern, with the water foaming into spume under me, the masts with every sail white in the moonlight, towering high above me. I became drunk with the beauty and singing rhythm of it, and for a moment I lost myself—actually lost my life. I was set free! I dissolved in the sea..." I identified with Edmund's role as the outsider and loner in touch with the sublime.

As a psychiatrist watching the play in May 2018, I saw its main theme as the devastating effects of opioid and

Continued on page 7

President's Column

Howard Rubin, M.D.

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Howard Rubin M.D.

To the barricades!

A classic summer's day in San Francisco. I walk to my office through a sea of fog. The pavement, the cars, the hospital buildings are dripping. There's no sun, but soft diffuse light. I am thinking that we live in the middle ages, a dark time of poverty and injustice, ignorance and prejudice, a time when science counted for little, when the official view of the universe was that it revolved around the earth.

In the chill of our current political climate, when truth is malleable and a relative term and when advances in civil rights are under attack, how do we live fully as citizens and LGBT psychiatrists? How do we help our patients thrive when we often feel as threatened and under attack as they do? How do we reconcile our responsibilities with the limits of what we can accomplish?

I am grateful to be living in the Bay Area and working at a progressive institution like UC San Francisco. It is easy to become complacent. But it is important to recall that the personal remains political and psychiatric! LGBT people, people of color, people who are not in the one percent, people who are immigrants, and people who are perceived to be different are under attack.

“ It is easy to become complacent. But it is important to recall that the personal remains political and psychiatric! LGBT people, people of color, people who are not in the one percent, people who are immigrants, and people who are perceived to be different are under attack.

It is time to mount the barricades. What does that high sounding phrase mean? What can we do to make a difference?

1. Support our progressive institutions and organizations that represent our values. In our backyard, increase your level of commitment to AGLP, recruit more members. Learn about our 40 years, 400 voices, 1 mission campaign. I am sure you know many friends and colleagues who were former members or who never joined. Encourage them to (re)join. Speak to your younger colleagues who have benefited from the psychiatric battles for LGBT rights, but may have no sense of how lucky they are. Share your stories, not to instill a sense of fear, but the perspective of your history and the importance of not taking our safety for granted. Sometimes your support will be financial; sometimes it will be through leadership and speaking out.

2. Join progressive national organizations. Vote, vote, vote! Financially support the candidates who share your values.

3. Take care of ourselves. I always tell medical students that wellness is not just the absence of disease, but is about paying attention to and working on the physical, mental, and spiritual parts of ourselves—in whatever ways those aspects of ourselves may manifest.

4. Take advantage of the support and community that is already there. Join AGLP at APA's meetings in Chicago for IPS on October 4-7, 2018, and/or in San Francisco May 18-22, 2019, for the Annual Meeting. Join us at international psychiatric meetings. Through connection, comes strength.

Continued on page 8

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Immediate-Past President's Column

Eric Yarbrough, M.D.

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Eric Yarbrough, M.D.

The summer is flying by and I couldn't be happier. The heat and humidity have always made the months between May and September something to endure rather than enjoy. The only solace I get comes in the form of Bear Week in Provincetown. Spending time at the tip of Cape Cod with a sloth of bears, cubs, otters, and wolves makes it easy to drift off into another world far away from the trials of clinical work.

Now that Howard has taken over as president I can focus on more administrative duties with AGLP. One such example is to focus on our awards given out each year at the annual meeting. For the past several years, our awards have remained largely unchanged. Our history in AGLP goes back to the days of John Fryer with his namesake being associated with our highest honor. Our members have dedicated a great deal

of time and energy into ensuring the success of this award and that it will remain for years to come. The other awards that we give out during the awards or closing ceremony at the annual convention carry other names associated with past leaders in LGBTQ mental health. Barbara Gittings for instance, an award given to a woman who has demonstrated leadership and advocacy for lesbian health, is named after one of the original advocates that sat alongside John Fryer during his infamous speech at the APA back in 1972.

One award, the Distinguished Service Award, currently has no name associated with it. My hope was to rename it as the Frank Kameny Distinguished Service Award. Mr. Kameny was another advocate present along with John Fryer and was a strong supporter of gay rights. He had sharp criticism for psychiatry and it's treatment of gay people. I would like to think, if he were alive today, he would be happy with the progress we've made through AGLP.

AGLP now carries the title - The Association of LGBTQ Psychiatrists. For many years we have neglected the "T". I believe it is time we have a dedicated award to someone who has helped support the mental health of transgender and gender variant people. I want to encourage gender diverse psychiatrists to join AGLP and take leadership roles. This can steer our focus of education, advocacy, and community within the organization. Having a dedicated award will help align our mission and balance the scales of the acronym LGBTQ. One name I considered for the award would be Christine Jorgensen. Although she wasn't a psychiatrist, she was responsible for bringing the concept of gender-affirming care into the American household back in 1952. I encourage you to read about her and her amazing story. I'm also very open to hearing feedback or suggestions for other names should our members have them.

I'm going to ask the board formally vote on creating this award and hopefully we can give it out for the first time in San Francisco next year.

■ ■ ■

Secretary's Column

Sarah Noble, D.O.

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Sarah Noble, D.O.

Most of us know that more than 50% of LGBTQ folks have experienced some form of discrimination by the medical field in their lives. This is one of the reasons that AGLP exists. We're here not only to provide a supportive community to our members, but also to advocate for our patients and educate our peers. One of the benefits of being a member is the AGLP Referral Page which is an excellent resource for new patients.

There are many other websites and apps out there that are attempting to compile lists of LGBT competent providers so I thought I'd give you a brief overview so you can consider signing up and opening your services up to a larger community of patients.

Our counterpart in the medical community is GLMA, and they also have a provider directory. Make sure that your colleagues are members and listed so that our patients can find good primary care providers.

Started in NYC, but attempting to spread their directory to the rest of the country, is The Lighthouse. They offer to connect folks to therapists, psychiatrists, primary care, and dentists. They vet their providers in order to provide quality care to LGBTQ patients. <https://www.lighthouse.lgbt/>

Spectrum Scores is a website developed by three medical students from Upenn. It is currently up and running in Philadelphia, Pittsburgh, NYC, and Chicago, but they plan to continue expanding. It is based on the idea that patients can score their providers on criteria which are essential for the care of LGBTQ population. <http://spectrumcores.org/>

Another Pennsylvania-based website is Qspaces.com. Here again we have a site that allows patients to rate their provider on LGBTQ competence. The site also provides LGBTQ competency training. They are currently fundraising to expand their service area. <https://www.qspaces.org/>

Planned Parenthood, once known specifically for women's care, has increasingly become a resource for queer and trans care. They also have a provider directory and it's paucity indicates how much work we still have to do in the medical community. https://www.plannedparenthood.org/uploads/filer_public/e4/1f/e41f72e0-ce00-4fe6-a677-8567d67b3050/ppink_lgbtq-friendly_provider_directory.pdf

Center Link which is the international leadership for LGBTQ centers has its own provider directory. <https://www.lgbtcenters.org/LGBTCenters>. The benefit of this site is that it also connects folks to their local community center.

OutCare is another site developed by medical students, but this one has a focus on the midwest. Two young men were shocked by the ongoing stereotypes about HIV and homosexuality in their medical school curriculum and realized that the LGBTQ community needed a safe provider network. <https://www.outcarehealth.org/>

In addition, many cities, states, insurance companies, and hospital networks

Journal of Gay and Lesbian Mental Health

Chris McIntosh, M.D., and Phil Bialer, M.D., Co-Editors

CMcIntosh@aglp.org



Chris McIntosh, M.D.

This year is a year of change for AGLP's academic journal. After five years as co-editor of the Journal with me, Philip Bialer is moving on to other projects. I'd like to thank Phil for his collaborative work advancing the academic mission of AGLP through his lengthy volunteer commitment to the Journal over half a decade. Issue number 4 of Volume 22, which will be in AGLP member's mailboxes by October will be Phil's last issue of the Journal as co-editor, and I'd encourage you to thank Phil in person or drop him a line electronically to let him know AGLP's collective appreciation for his work.

In the next issue of the newsletter, I will introduce you to the new Associate Editors who will be joining me on the JGLMH Editorial Team going forward. We will also have another announcement about a special anniversary for the Journal so stay tuned! I also want to take this opportunity to thank the AGLP Board and Council for selecting me for the James Paulsen Award this year at the Annual Meeting in New York. It was an unexpected and delightful surprise and I very much appreciate this thoughtful gesture.



2019 Journal of Gay and Lesbian Mental Health (JGLMH) Outstanding Resident Paper Award

The *Journal of Gay and Lesbian Mental Health* (JGLMH) is a quarterly, peer-reviewed journal indexed by PsychInfo. JGLMH is the official journal of AGLP (www.aglp.org). We are seeking outstanding resident papers on LGBTQ mental health; these can be original research papers, case series and detailed case reports, or review articles. The award includes \$500, publication in JGLMH, and assistance with travel to the AGLP annual meeting, to present the resident's work. The AGLP Annual Meeting is held concurrently with the APA, this year in San Francisco, May 16 to 22, 2019.

The deadline to be considered for a 2019 award is March 1, 2019. Co-authored papers are eligible as well, but the resident must be the first author. Entries can be submitted to editors@aglp.org



Secretary's Column
Continued from page 4

have their own lists that you might consider signing up for as well.

Please make sure that you are available to our community. For LGBTQ people aged 10–24, suicide is one of the leading causes of death. An estimated 20–30% of LGBTQ people abuse substances, compared to about 9% of the general population. We've made a great many strides in the last 40 years, but there is still homophobia and transphobia and the stress of living under a Trump administration affects us all.



John E. Fryer, M.D. Award Legacy Fund

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Listings of Upcoming Subspecialty Meetings of Interests to Members

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Many AGLP-ers are members of other organizations such as the ones listed here. As a way to increase the visibility and effectiveness of AGLP, members that participate in other organizations are encouraged to hold gatherings at these meetings to increase networking potentials. In the past these have ranged from a hosted get-together at a member's home to more formal presentations combining the issues central to AGLP and the primary meeting issue. If you are interested in improving communications between the subspecialties and AGLP, contact our Past-President, Kenneth Ashley, MD, at KAshley@aglp.org for more details and suggestions.

American Academy of Psychiatry and the Law (AAPL)
<http://www.aapl.org/>

American Academy of Psychoanalysis and Dynamic Psychiatry
<http://www.aapdp.org/>

American Association for Emergency Psychiatry
<https://www.emergencypsychiatry.org/>

American Association for Geriatric Psychiatry (AAGP)
<http://www.aagppa.org/>

American Association of Directors of Psychiatric Residency Training (AADPRT)
<http://www.aadprt.org/>

American College of Psychiatrists
<http://www.acpsych.org/>

American Psychiatric Association (APA)
<http://www.psych.org/>

2018 IPS: The Mental Health Services Conference
Chicago, IL • May 5-9, 2018

2019 APA Annual Meeting • San Francisco, CA • May 18-22, 2019

2019 IPS: The Mental Health Services Conference
New York, NY • Oct 3-6, 2019

2020 APA Annual Meeting • Philadelphia, PA • April 25-29, 2020

2021 APA Annual Meeting • Honolulu, HI • May 1-5, 2021

Association of Women Psychiatrists
<http://www.associationofwomenpsychiatrists.com/index.php>
Meetings have been in conjunction with the Annual APA Convention

Black Psychiatrists of America (BPA)
<http://www.blackpsych.org/>

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JGLMH available online FREE to AGLP Members



The *Journal of Gay and Lesbian Mental Health*, the official journal of AGLP, is now available for viewing online free to all AGLP Members. The content is searchable with search words and phrases, and you can even download and print particular articles if you like.

The IT and production editors at Taylor & Francis have developed a new and streamlined way to access all of the content for articles published in the *Journal of Gay and Lesbian Mental Health*. AGLP members with valid and current memberships can now access the Journal directly through

the AGLP website free of charge as a member benefit. Go to www.aglp.org, click on the Members Area link (upper right hand of the screen) and once you are logged in, a box will appear on the right side of the blue banner to access the content.

You should find this new streamlined approach to access more user friendly. If you have any questions at all, or need to be reminded of your username, please contact the National Office at rharker@aglp.org.

Online help is available for any problems you may encounter. We hope that this new method will provide greater ease and dependability to the entire process.

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Long Day's Journey Into Night

Continued from page 2

alcohol use disorders upon the Tyrone family, that O'Neill modeled after his own experience. Despite the love that the sons and father have for their drug addicted mother, they are powerless to help her kick the opioid problem that is killing her and are helpless witnesses to her slow self destruction. The play and its characters resonated with me as I thought about my patients who struggle with substance use disorders today, despite our best efforts to treat them.

Although O'Neill wrote the play in 1941, he instructed his publisher that it never be produced theatrically and not be released in written form until 25 years after his death. (Fortunately for us, his widow ignored his wishes.) Some have speculated that he was ashamed about his mother's substance abuse and didn't want to expose himself or his family to public censure. The story makes me think about how LGBT people have hidden our identities and remained closeted. How grateful I am that today that the "love that dare not speak its name" can finally declare itself proudly.

Eager to get back to my hotel after the performance, I ran down the steps of the subway, tripped and fell. I lay on the ground, momentarily stunned. As I recovered, I thought how stupid I had been to be in such a rush. I also reflected about the course of my life, my parents--both deceased-- an unrecognizable neighborhood, and the shifting meanings of a beloved play. I was a ghost in my own old home town, groaning as I got up to catch the train back to Manhattan, that magnificent island that I still call The City.

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Gay Physicians: We've Come Far but We're Not There Yet

Michael Myers, MD

My husband and I have just returned from a gay cruise in the Caribbean. Like all cruises, this one was no exception—full of sensory overload and a refreshing, guilty-pleasure break from disciplined and healthy living. There were a number of physicians on the trip and the diversification was akin to who we see practicing medicine in today's America. There were residents and early career doctors, mid and late career physicians, and some retirees. Many were international medical graduates and a lot of the US grads were minorities—both ethnic and racial. Lots were couples and others were traveling on their own or with a friend.

I want to share some observations with readers of this blog, especially those who treat gay physicians. First, despite a lot of progress, there are vestiges of homophobia across this nation. Some of the doctors I met are not "out" at work and those who are describe a sense of otherness that is alienating and painful. As one man, a trauma surgeon, said "My colleagues know I'm gay and married but I'm still not myself. When asked about my day off, I pause and censor myself before I tell them that Stan and I just went to a movie and out for dinner. I'm not blaming anyone—or if I am, it's myself. I just need to calm down and not jump to the conclusion that I'm being judged." Some other doctors I talked to feel just the opposite; they have very little internalized homophobia but describe being surrounded by all kinds of bigotry and ignorance in the medical communities in which they practice and live. A Korean physician said to me "Being on this ship is incredibly liberating. You can sense the acceptance and security. I see it on the faces of strangers, I hear it in their laughter, I feel it in my soul. My mind is clearer and I'm breathing differently. In my culture, this is *tongzhi*, or 'coming home,' where I belong, with comfort and support."

Second, increasing numbers of gay physicians are marrying or, if not, have exchanged rings in a formal commitment ceremony. Our society has not quite caught up with the meaning of that band on the man's left hand ring finger. Gender assumptions fly out the window. The refrain is like this: "I see you're married, what's your wife do?" One doctor told me that it's easy for him to correct the person with "My husband's a doctor" but too many are lost for words, stumble over a response, or decide not to "come out" to this person. Two internists, married with twins, told me that they are frequently mistaken when out with the kids on their own as divorced fathers or giving their wife a break at home or taking the kids while she's at work. And once at a restaurant when all four of them were dining as a family, a well-meaning stranger, himself with kids, asked "Are you guys brothers or friends?" Before either had a chance to respond, their young son spoke up and said "No, they're married. This is daddy Josh and this is daddy Zach." A very sweet moment for all.

Third, love is love. Jennifer Holliday, singer and actress of Broadway's *Dreamgirls* fame, performed one evening. Mid-show, between songs, she gave a brief riff on stigma and marginalization (she has suffered from depression and an eating disorder). Then she invited all couples who had been together 20 or more years to come up on stage. She asked them to slow dance in celebration as she sang a beautiful love song and her band played. One couple, together 51 years, danced with their canes. Everyone in the theater was on their feet, swaying in solidarity, wiping moist eyes, or not, simply letting their tears linger with the moment.

Flying back home I reflected on the many things that we can do as mental health professionals when that patient opposite us is a gay physician. We can avoid binary thinking and try to gauge where he is on a continuum of self-acceptance. We can ask about key figures in his life — family members, friends, and medical colleagues — and get a measure of the support and unconditional caring he receives. The parents of some IMGs and minority physicians struggle with or reject their son's gayness; denial and rationalization do not always protect him from interior sadness, disappointment, and a longing for intimacy with his mom or dad. We can ask about any microinequities and microinsults that he is subject to at work, not just about sexual orientation but about race, ethnicity, and religion. We can try to find out if any of his symptoms or troubling behaviors are rooted in shame, trauma, or loss. But most importantly, we can create a safe place, a welcoming atmosphere of acceptance where he can dig deep, probe, excavate, heal, and grow. Where he can come home.

Dr. Myers is Professor of Clinical Psychiatry and immediate past Vice-Chair of Education and Director of Training in the Department of Psychiatry & Behavioral Sciences at SUNY-Downstate Medical Center in Brooklyn, NY. He is the author of 8 books, the most recent of which are "Why Physicians Die by Suicide: Lessons Learned from Their Families and Others Who Cared" and "The Physician as Patient: A Clinical Handbook for Mental Health Professionals" (with Glen Gabbard, MD). He is a specialist in physician health and has written extensively on that subject. Currently, Dr. Myers serves on the Advisory Board to the Committee for Physician Health of the Medical Society of the State of New York. He is a recent past president (and emeritus board member) of the New York City Chapter of the American Foundation for Suicide Prevention.

The views expressed on this blog are solely those of the blog post author and do not necessarily reflect the views of Psych Congress Network or other Psych Congress Network authors. Blog entries are not medical advice.

THIS ARTICLE FIRST APPEARED ON MYERS' BLOG ON PSYCH CONGRESS NETWORK.



President's Column

Continued from page 3

Organize locally to garner support for your work as LGBT psychiatrists. Many of us participate in professional consultation/peer supervision groups to get help with challenging clinical issue/discuss practice concerns/continue professional development. Cultivate the LGBT aspect of our professional lives. Please think of projects you want to see AGLP take on. Help us by getting more involved.

When I was applying for my residency in psychiatry, I met with Richard Isay, MD. He was an out gay psychoanalyst, author, and faculty member at Cornell. He encouraged me to come to Cornell and join him there in the struggle for lesbian and gay [at that time we only had the L and the G!] equality and visibility. He wanted me to join him on the barricades, but I was afraid. I was just starting my training. I would like to believe that I have heeded his words, in my own way, these many years later and have taken up his challenge. I invite you to do the same.

Let the sun shine in.



IPS 2018 Chicago**October 4 - 7, 2018****Host Hotel:**Palmer House Hilton
17 E. Monroe Street
Chicago, IL 60603

Scan the QR Code to the left to view all of the latest schedule information on our website.

Thursday, October 4, 2018

8:00 AM to 11:00 AM EDT

Symposium: Treatment in Transition: The Rapidly Evolving Landscape of Transgender Care

Friday, October 5, 2018

8:00am to 12:00pm

Course: Transgender Mental Health 101

1:00pm to 2:30pm

Forum: Transpeople in the Military: Mental Health Concerns for Active Duty and Veterans and the Impact of Being Allowed to Serve Openly

3:00pm to 4:30pm

Workshop: Coming Out of the Closet: LGBT Education in Medical School and Residency Training

6:00pm

AGLP Welcome Reception

Details to be announced...

Saturday, October 6, 2018

9:00am to 1:00pm

AGLP Annual Fall Business Meeting

Sunday, October 7, 2018

1:00 PM to 4:00 PM EDT

Symposium: Trauma-Informed Care of the Transgender Patient: A Primer for Community Psychiatrists

*Final Room Assignments have not been completed as of the printing date. More information will available online at www.AGLP.org.***40 YEARS 400 VOICES 1 MISSION****AGLP Membership Drive for 2018****OUR GOAL****In this, our 40th Anniversary Year, we are looking to reach the goal of 400 members.**

AGLP strives to be a community for the personal and professional growth of all gay, bisexual and transgender psychiatrists and to be the recognized authority of LGBT mental health issues. We remain a member organization first and foremost with a commitment to serving our members. Members also remain our largest source of funding. Membership in AGLP demonstrates professional commitment to the advocacy, research, and care of the mental health needs of the LGBTQ community. Membership in AGLP provides critical access to proven resources, symposia, and the *Journal of Gay and Lesbian Mental Health*, and allows you to directly connect with a powerful network of your colleagues.

Refer a new AGLP member, and receive \$50 off your next year's dues!

Membership in AGLP is open to psychiatrists who are members of the American Psychiatric Association, psychiatry residents, and medical students. Other health professionals, concerned individuals, and non-APA psychiatrists are invited to become Associate (non-voting) members or Ally Members. Associate Members receive all of the benefits of General Membership. Ally Members receive email notices and the AGLP Newsletter only. AGLP's membership list is confidential. AGLP is a registered 501(c)(3) Charitable Organization.

**AGLP**

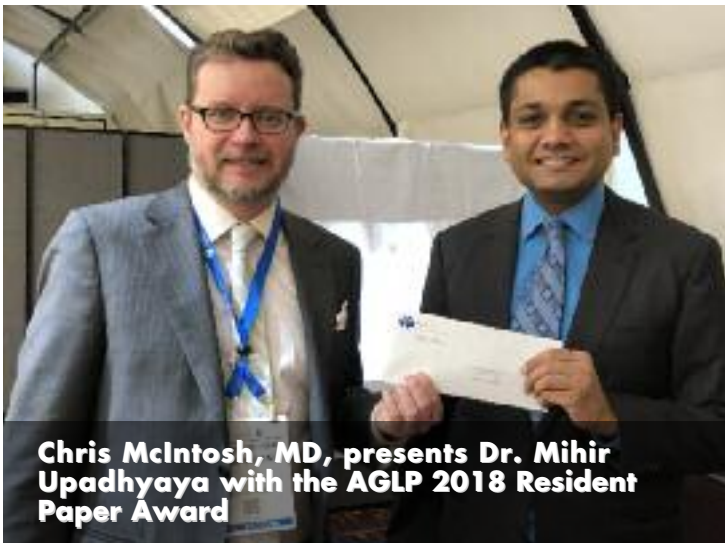
The Association of LGBTQ Psychiatrists

www.aglp.org

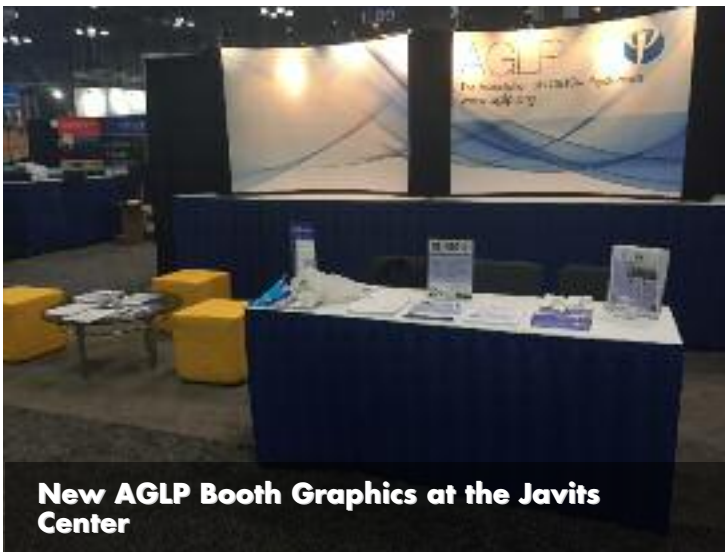
Images from the 2018 AGLP Annual Meeting



Eric Yarbrough, MD, presents the 2018 John Fryer Award to Jack Drescher, MD.



Chris McIntosh, MD, presents Dr. Mihir Upadhyaya with the AGLP 2018 Resident Paper Award



New AGLP Booth Graphics at the Javits Center

Images from 32nd Nordic Congress of Psychiatry, Iceland



Impromptu executive meeting in Iceland. Amir Ahuja, MD, Kenn Ashley, MD, and Howard Rubin, MD.



Gene Nakajima, MD, Kenn Ashley, MD, Howard Rubin, MD, and Amir Ahuja, MD, arrive in Iceland for NCP LGBTQ Track



Gene Nakajima, MD, Kenn Ashley, MD, Amir Ahuja, MD, and Howard Rubin, MD, are met by a special envoy in Iceland.

Life Passages

Lawrence (Khari) Farrell, Ph.D., LICSW, Age 71, of Jamaica Plain, passed away on July 16, 2018. Beloved husband of **Marshall Forstein, M.D.**, and loving father of Scott David Farrell-Forstein, and Randy Britten Farrell-Forstein. Survived by three brothers and a sister, brother- and sister-in laws, many nieces and nephews and close long time friends, after a long battle with cancer. A social worker, clinical psychologist and teacher, Khari was an insatiable reader, political junkie, and an ardent champion for GLBT equal rights. Khari was born in San Francisco, California, and moved to Boston in 1981 with his soon to be husband. He was active in the AIDS/HIV epidemic as a care giver and member of several community boards and political action groups. Donations in his name can be made to the ACLU, Planned Parenthood, AIDS Action Committee of MA, Fenway Health. Marshall can be reached at mforsteinmd@gmail.com.

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Mary Barber, M.D., has announced that she is leaving her position as Clinical Director of the Rockland Psychiatric Center in New York State to enter the priesthood. She will move to the campus of Union Theological Seminary in late August and begin her studies shortly thereafter. Mary can be reached at meb2195@utsnyc.edu.

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Ellen Haller, M.D., has retired from her position as Co-director of the LGBT Psychiatry Clinic at Langley Porter Psychiatric Institute in San Francisco. She is not looking back, spending a lot of time cycling with her wife, Joanne, and having a really fun time. Ellen can be reached at ellen.haller@ucsf.edu.

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Submit your **Life Passages** events to the National Office at RHarker@aglp.org.

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AGLP Medical Student Involvement

Earlier this year, the Executive Board of AGLP voted to reduce the membership fee for medical students to \$0. This was done in an effort to stimulate the involvement of medical students interested in the field, especially as it pertains to the effective care of the LGBTQ+ Community. This also brings this pricing policy in line with that of the American Psychiatric Association (APA).

Medical Students should also be aware of the availability of funds that are developing in the John O'Donnell Fund for Medical Student Travel. Grant money from this fund is available to medical student members of AGLP for travel to and from the APA Annual Meeting in May, or IPS in October. In response to the grant, these medical students are encouraged to attend an AGLP Executive Meeting and partner with one of our full members at the AGLP booth. The grants are funded by contributions from AGLP members.

Mentoring programs are also available to connect medical students with veteran AGLP members. AGLP has developed a large pool of mentors in many specialized areas that have offered their expertise free of charge to AGLP student members.

To get more information about these programs, contact Roy Harker, CAE, Executive Director of AGLP, at rharker@aglp.org.

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GAP Fellowship Program

The Group for Advancement of Psychiatry (GAP) is a think tank of leading psychiatric minds whose thoughtful analysis and recommendations serve to influence and advance modern psychiatric theory and practice. GAP is comprised of approximately 200 members from across the US and Canada who meet twice a year and produce content on topical issues in psychiatry.

The GAP Fellowship: The GAP Fellowship is a program for outstanding residents and fellows who are given the unique opportunity to work collaboratively in an informal setting with leaders in psychiatry. GAP Fellows become members of working committees for four meetings over two years. Fellows contribute to the writing projects of their committees. In addition to their committee responsibilities, the Fellows develop a plenary presentation on a topic of their choice, presented to the general GAP membership at the Fellows' final meeting.

Selection Process: In November 2018, the GAP Fellowship Committee will select Fellows to serve for two years beginning with the Spring 2019 GAP Meeting. The Selection Committee focuses on candidates with demonstrated leadership abilities, academic excellence, outstanding writing skills, innovative perspectives in psychiatry, and a commitment to a collaborative group process. Eligible candidates must be at least in the PGY-2 year, and must have at least two years of training remaining at their institution (PGY-2 or PGY-3 residents, or fellows in the first year of a two-year fellowship).

Application Procedure: Each U.S. and Canadian accredited psychiatric residency training program may nominate one second- or third-year resident and one first-year fellow (child or other two-year fellowship). Complete application instructions can be obtained by contacting:

Frances Roton, Executive Director
Group for the Advancement of Psychiatry
P. O. Box 570218
Dallas, Texas 75357-0218
(972) 613-0985
E-mail: frda1@airmail.net

Timetable: The deadline for applications to be received is October 1, 2018. Fellows are notified of their selection by December 1, 2018.

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AGLP Annual Executive Meeting Minutes

Sunday, May 6, 2018, 9:00am-12:30pm

Marriott Marquis, New York, NY

Present: Amir Ahuja, Kenn Ashley, Alexis Chavez, Jack Drescher, Roy Harker, Chris McIntosh, Sarah Noble, Howard Rubin, David Scasta, Eric Yarborough

I. Executive Dashboard

- a. Cash flow remains fair
- b. Primarily due to patron level membership
- c. AGLP is becoming more diverse in terms of age
- d. Should probably address that we have a large group of members who will be retiring in the next few years
 - i. Would we want to look into development efforts (ie wills)
 - ii. Ways to continue engaging folks who don't need to come to APA
- e. Budget- show net deficit, but this is expected because of the time of year (APA meeting is our major outflow)
- f. To increase age diversity- Eric and Roy working on website

II. APA

- a. Fantastic job by the local arrangements committee
- b. Lots of activities

III. Local Arrangements San Fran 2019

- a. Last time didn't have a chair, and that was a lesson learned
- b. Need to start thinking about the symposium topic (due Sept)
- c. John Fryer award will be due Aug 1

IV. IPS Chicago

- a. Two workshops accepted and a course on transgender mental health
- b. Need to reach out to organize local arrangements committee

V. Treasurer's Report

- a. Invested funds have lost a tiny amount in last couple of months, but long term is likely to grow
- b. Would be good to encourage folks to go on auto renewal for membership, perhaps a newsletter article
- c. Interested to see how the change to medical student dues affects membership

VI. Journal Report

- a. Had fewer submissions to the Resident Paper Award lately
 - i. Maybe get a letter sent out to residency training directors
 - ii. Or join FB pages of the psychiatry residents
 - iii. Get the word out earlier in the academic year
- b. Taylor and Francis
 - i. Lots of personnel changes, turnover leading to difficulty with communication
 - ii. Submitted medline application but they didn't really shepherd the process as would have expected
 - iii. The contract has been the same for many years
 - iv. The contract will be negotiable at the end of the year and it might be worth coming to the table with other options
- c. Jack Drescher is continuing the oral history project
- d. Continue to need more associate editors to focus on the overall body of the journal

VII. Fryer Award

- a. Eric will become chair of the committee
- b. We have been building the fund back up and it is now \$91,285.23
- c. Ongoing administrative issues
 - i. In the last two years the rules have changed and now anyone can propose a winner for the Fryer and then the APAF approves
 - ii. They also insist on complete control of contact with the winner and in Jack's

case they gave him a week to provide an abstract for his talk (this is fine for Jack, but not for most of our winners)

- iii. They also insist on doing all the PR
- iv. And they charge a 48% administrative fee
- v. We need to get our caucus chairs/ delegates to the assembly to kick up a fuss
- d. Maybe writing letters as well
- e. One idea is that we join forces with the other MUR's to create a joint symposium
 - i. Idea of intersectionality and joining forces
 - ii. But would it be diluting our presentation

VIII. Member follow up assignments

- a. We'll all reach out to our lapsed members and buddies

IX. Transgender (Christine Jorgenson) Award

- a. Does this need to honor a person or organization?
- b. What should the name be? Should it be named for an AGLP member?
- c. What would the award be? Would there be a financial award?

X. Rebranding of awards

- a. Perhaps having the awards themed around that photo of John Fryer, Barbara Gittings, and Frank Kameny
- b. So the distinguished service award could be renamed the Frank Kameny
- c. Or should we name it after a distinguished AGLP member?

XI. AGLP 40-400-1 Campaign

- a. Should we mail to residency directors?
- b. Post on FB?
- c. Generally pass along to everyone we know

XII. Mission Statement

- a. We are a community of psychiatrists that educates and advocates on Lesbian Gay Bisexual and Transgender mental health issues.
- b. Should we start to think about adjustments that might be necessary?
- c. Advocate, educate, network?

XIII. Website redesign

- a. Residents will be meeting to discuss changes
- b. Engaging people with more social media
- c. Could we get a member or two to focus on social media
- d. Will need to address the GAP curriculum since it will need to be in the correct format to be mobile friendly

XIV. Bibliography Makeover

- a. Have an extensive bibliography that was made by Jack
- b. Reorganized 5 years ago
- c. Jack recently reviewed the whole thing
- d. Board will review and discuss at the next meeting

XV. AGLP newsletter

- a. Have no editors
- b. Should we reach out to some of our newer members and see if they would want to do it with a more senior member
- c. Next deadline July 1st

XVI. Communications Coordinator?

- a. Newsletter/website/social media
- b. Let's continue to discuss at the next meeting
- c. Could we afford to hire a communications director part time
- d. How do we want to move forward with the AGLP, do we want to be primarily volunteer run or depend on paid staff
- e. Roy will put together a job description

Continued on page 13

AGLP Annual Executive Meeting Minutes

Continued from page 12

XVII. Discussion with Dr. Saul Levin, M.D.

- a. Fryer Award concerns
 - i. 6 people on the APAF committee (appointed by Saul and chaired by Saul)
 - ii. They meet and go through all the names
 - iii. Saul doesn't see it as contentious, he'll make sure that we have friends on the committee
- b. Saul agrees that it is foolish for us not to be able to reach out to the winner
- c. Advertisement concerns
 - i. There are no grants around LGBTQ issues which causes some of the concern
 - ii. Some staff at APA has stepped forward, but will work towards having it come out of DDHE (Division of Diversity and Health Equity)
- d. Craig Obey- new chief of government relations
- e. Perhaps reach out to Judson Wood with in-the-moment concerns

XVIII. Committee Reports

- a. Women's Committee
 - i. Dinner was nice, but again poorly attended
 - ii. Is there a way to attract more people to the event
 1. To attract a more diverse (queer, trans, younger) crowd
 2. Maybe do something in connection with women's caucus, AWP, women's psych FB page
 3. Invite women who are prominent in the organization (Gail Robinson, etc)
 - iii. Women's Dinner and Queer/ Trans Event?
- b. Minority and International Committee
 - i. Hosting event at Bann
 - ii. Again, perhaps reaching out to other groups to make some connections/ co-hosting
- c. Child and Adolescent Committee
 - i. LAGCAPA still meeting at child meetings
 - ii. Planning something big for the upcoming NY meeting
 - iii. Parties range from 30-60 people depending on the host city
 - iv. Room to expand our connections both socially, educationally
- d. Spiritually and Religion Committee
 - i. There is currently a supreme court case based on religious freedom
 - ii. David Scasta put forth a paper through the assembly to take a stance against using religion as a basis of discrimination
 - iii. Could this be a topic for workshop in the future
- e. Med Student/Resident Committee
 - i. Will ask for med student volunteers
- f. Membership Committee
 - i. Giving books away- never completed discussion about this

XIX. New Business

- a. How we categorize demographics
 - i. Gender- pretty binary and it separates trans from male/ female
 - ii. Both, non-binary gender fluid, queer

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AGLP Annual Membership Meeting Minutes

Sunday, May 6, 2018, 1:00-3:00pm

Marriott Marquis, New York, NY

I. APA New York 2018, AGLP 40th Anniversary

- a. Thanks to the Local Arrangements Committee: Jose Vito, M.D., Chair, Angeliki Pesiridou, M.D., Vice-Chair, Kenn Ashley, M.D., Pratik Bahekar, M.D., Lonny Behar, M.D., Phil Bialer, M.D., Jack Drescher, M.D., Ronald Hellman, M.D., Jeremy Kidd, M.D., Marc Manseau, M.D., Shervin Shadianloo, M.D., Richard Sussman, M.D., Eric Yarborough, M.D., Dan Medeiros, M.D., Richard Pleak, M.D.

II. John Fryer

- a. We had our Fryer lecture as well as 217 boxes symposium
- b. Also, please make the effort to see 217 boxes at the Baryshnikov

III. AGLP 40-400-1 Campaign

- a. Goal is to get 400 members by the end of the year
- b. This is the 40th anniversary of AGLP

IV. Transgender (Christine Jorgensen) Award

- a. Would like to create an award that honors a person or organization that works with the mental health of trans folks
- b. Gender Diversity Award? Or Gender Spectrum Award?
- c. Send ideas to Eric Yarborough

V. APA IPS: Chicago, IL, October 4-7, 2018

- a. If someone lives in Chicago and would like to organize an event let us know

VI. Website Redesign

- a. Getting residents together on Tuesday to discuss changes
- b. Will be more mobile (phone) friendly

VII. Local Arrangements Committee: San Francisco, CA, May 18-22, 2019

- a. Looking for ideas for the symposium still- please send ideas to Amir Ahuja
- b. Also looking for members for the local arrangements committee
- c. Gene Nakajima interested in doing a historical or minority workshop so if anyone is interested let him know
- d. Joanne Ahola offered to do a training on psychological evaluation of asylum seekers
- e. Can we host something to help medical students in applying for residency (general information, particularly for folks with a dual or triple minority status)

VIII. Archive

- a. Roy Harker and Jim Krajewski have been working on creating an archive and almost all of it is online

IX. Treasurer's Report

- a. Would like to encourage folks to enroll in auto renewal to decrease delinquency and maintain a steady income
- b. Running a small surplus right now
- c. Changed the annual membership fee for medical students to zero

X. Minority Mentorship Program—Leon Lewis

- a. Breakfast during APA
- b. Sessions at the APA- "conversations on diversity"

XI. Journal Report

- a. Transition period as Phil Bialer is moving onto other projects
- b. Chris McIntosh is remaining and bringing on Vivek Datta, Marc Manseau and Ron Hellman

XII. HIV Steering Committee meeting Monday 10am-12pm, Sheraton

- a. Daena Petersen taking over as Chair

XIII. Fryer Award Financial Report: Current Balance: \$91,285.23, GOAL: \$100,000

XIV. Change of President

- a. Eric Yarborough is becoming immediate past president
- b. Howard Rubin is becoming president

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