



AGLP

The Association of LGBTQ Psychiatrists

VOLUME XLVI (3) • DECEMBER 2020

In this issue . . .

**Psychiatry in a New Era** 1  
*Amir Ahuja, M.D., President*

**Editor's Column** 2  
*Erick Meléndez, M.D.*

**25th Anniversary Fund Raiser** 2  
*Howard Rubin, M.D.*

**Committee on Legal Advocacy** 3  
*David Scasta, M.D., DLFAPA*

**Queer, Non-Binary, and Trans Committee** 4  
*Sarah Noble, D.O.*

**Medical Student Column** 4  
*Allison Rhodes*

**Subspecialty Meetings** 5

**AGLP Member and Committee Meetings** 5

**AGLP Patrons** 6

**25th Anniversary Contributors** 7

**Welcome to our New Members** 7

**Changing Membership Trends** 8  
*Roy Harker, C.A.E.*

**New AGLP National Office Address!** 8  
*Roy Harker, C.A.E.*

**APA Candidates Respond** 9  
*Erick Meléndez, M.D.*

**Membership Forms** 18



AGLP members in one of our weekly Zoom educational sessions.

## Psychiatry in a New Era

Amir Ahuja, M.D.

[AAhuja@aglp.org](mailto:AAhuja@aglp.org)

**H**ello everyone. I write to you as the Electoral College has just confirmed the election of Joseph R. Biden and Kamala Harris. It is a time to rejoice for many, and to mourn for many others. This quadrennial moment is a lesson in humility, patience, and grace under pressure, for all of us.

As polarizing as our politics can be, this election has given me hope. We had record turnout, and the highest percentage turned out since 1908. We also had engagement from our fellow citizens that I have not yet seen in any election in which I have participated, even the historic 2008 election. In addition, however you feel of this new leadership, we made history again by electing the first woman to be our Vice President. Not only is she from my state of California, but she is a woman of color, and even an Indian on top of all of that, which gives me great pride. It expands what is possible in America, and I am always thankful for that.

In terms of AGLP, what does this mean? In the last few years, we have fought on multiple fronts in regard to LGBTQ issues. As we ramp up our Policy and Advocacy Committee, we are focusing on just a few of these issues. These include the ban on Diversity Trainings, the pushback on Transgender Bathroom Access, and the pushback on Transgender Sports involvement. These are just some issues that affect the mental health of our members and our constituents at AGLP. We are also fighting against the removal of Section 1557 of the Affordable Care Act, which preserves non-discrimination for LGBTQ people, and against so-called "Religious Liberty" lawsuits which would mean care providers can refuse to treat LGBTQ patients.

**Election Issue: The candidates respond. See page 9.**

Continued on page 4

## The Newsletter of AGLP

Published quarterly from 4514 Chester Avenue,  
Philadelphia, PA 19143-3707.

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](mailto: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 February 15, 2021.

### ADVERTISING RATES

The Newsletter of AGLP accepts limited advertising depending upon space and applicability to issues affecting psychiatrists who either are gay or lesbian or treat gay and lesbian patients. The mailing lists for AGLP are confidential and never sold or provided to any vendor.

Full Page Ad	\$350
Half-Page Ad	\$250
Business Card	\$125

Community service announcements are printed without charge, but are accepted only on a limited basis depending upon space limitations and applicability.



View this and all  
AGLP Newsletters  
by visiting our  
website at  
[www.AGLP.org](http://www.AGLP.org).  
Scan the QR Code to  
the left to visit the  
entire archive.

### AGLP National Office

Roy Harker, CAE, Executive Director  
[rharker@aglp.org](mailto:rharker@aglp.org)  
4514 Chester Avenue  
Philadelphia, PA 19143-3707  
Voice: (215)222-2800  
Fax: (215)222-3881  
[aglp@aglp.org](mailto:aglp@aglp.org)  
[www.aglp.org](http://www.aglp.org)

### Editor's Column Erick Meléndez, M.D.

[AGLPEditors@aglp.org](mailto:AGLPEditors@aglp.org)



*Erick Meléndez, M.D.*

**H**appy Holidays! It is my pleasure to be writing again on these pages; this year has been a complete roller coaster and is my wish that you and your loved ones are safe and well.

2020 definitely had a lot of new challenges, some expected and some not; it highlighted how much we need each other's support, especially during situations for which we are not prepared. It also showed the strength and resilience we have, how creative and flexible our minds can be, and the vast things we can accomplish even in the hardest of times.

We in AGLP applied all these assets and adapted everything we had planned beforehand in order to serve you better. We boosted our educational sessions, found better ways to contact our members, revamped our committees and even sneaked a couple of (socially distanced and online) parties!

And the hard work does not stop; we continue thinking how to progress, improve and evolve in the organization. On these pages, you will find articles about some of the accomplishments we had this year; our next steps and new ways for you to get more involved.

As usual, as the APA election is coming, we reached out to all the candidates with questions pertaining to the LGBTQ+ community and you will have the opportunity to know more about them and their platform. We are very thankful for their time and answers; however, the final decision during the vote is completely yours.

We continue the fundraising campaign for our amazing Executive Director Roy Harker as he celebrates his 25th anniversary with AGLP; your donations and support are great appreciated.

I wish you safe holidays and a very happy New Year!

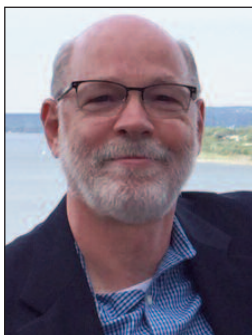
Erick Melendez, MD



## Celebrating Executive Director Roy Harker's 25 Years with AGLP Silver Anniversary Fundraising Campaign

Howard Rubin, M.D.

[HRubin@aglp.org](mailto:HRubin@aglp.org)



*Roy Harker, C.A.E.,  
Executive Director*

**R**oy Harker started working with AGLP in January 1995. During that time, he has been our organization's renaissance man. He runs our office, manages the website, designs the newsletter, coordinates all of our activities at APA annual meetings, assists the board with setting the priorities for AGLP, and enables us to carry out our mission.

To honor all of Roy's dedicated services to AGLP, we are embarking on a \$25,000+ fundraising campaign. Before Roy came on board, AGLP was largely a volunteer organization, which limited its growth. AGLP has had many accomplishments during his tenure including the completion of a film about reparative therapy called *Abomination*, and the effort to raise over \$100,000 for the APA's John Fryer, MD award. Roy has on his own initiative sought training to keep up his expertise in non-

*Continued on page 8*

## Committee on Legal Advocacy

David L. Scasta, M.D., DLFAPA

DScasta@aglp.org



David L. Scasta, M.D.,  
DLFAPA

### Summary of the Hon. James Boasberg Injunction in the Case of

Whitman Walker Clinic versus US Department of Health and Human Services

AGLP is participating in a case pursued by Lambda Legal attempting to stop Health and Human Services from changing language that provides protection of LGBTQ patients from discrimination in health care. Lambda Legal sought an injunction to prohibit HHS from instituting the changes as the case proceeds to be heard on its merits. The injunction was successful. However, it portends an unfavorable decision on protections for gender identity. The following is a summary of the decision.

#### Background:

*Bostock v Clayton County* (6/15/2020; SCOTUS): The Civil Rights Act, Title VII does protect LGBQ people against employment discrimination.

Civil Rights Act, Title IX: No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance.

#### The Case

The Affordable Care Act (2016) contains Section 1557 which prohibits discrimination in healthcare on the basis of race, color, national origin, age, disability, or sex. Sex discrimination is defined by importing Title IX's language which prohibits discrimination on the basis of "sex stereotyping" and "gender identity." Title IX exempts certain religious entities from the prohibition on sex discrimination based on the entities' religious tenets. However, Section 1557 does not contain the religious exemption for fear that it would cause denial or delay in the provision of healthcare (as well as instill angst that would discourage individuals from receiving healthcare) thereby causing irreparable harm. HHS has proposed the Final 2020 Rule which eliminates the expanded definition of "sex"—i.e., removes references to sex stereotyping and gender identity, and adds the religious exemption of Title IX. The Whitman Walker clinic (Washington, DC) and the Los Angeles LGBT Center sued in the Washington DC Federal District Court to halt HHS from instituting the Final 2020 Rule while the case proceeds on its merits (alleging that the changes of the Final 2020 Rule are unlawful). Other plaintiffs in the case, AGLP, GLMA, and four individual physicians were not granted standing. In order to have standing to sue, the plaintiff must be directly affected by the alleged tort. One cannot sue on behalf of third parties. For instance, AGLP cannot bring a civil suit on behalf of LGBT peoples; it can only bring a civil suit if AGLP suffers direct harm. The Whitman Walker Clinic and the Los Angeles LGBT Center alleged that removing the protective language and adding a religious exemption would cause more people to seek services at those LGBTQ clinics, stretching their

“AGLP is participating in a case pursued by Lambda Legal attempting to stop Health and Human Services from changing language that provides protection of LGBTQ patients from discrimination in health care. The injunction was successful. However, it portends an unfavorable decision on protections for gender identity.

resources thin and hurting the clinics. It takes only one plaintiff with standing for a civil suit to proceed. The United States District Judge, the Hon. James Boasberg, ignored the debate over the other plaintiffs' standings since he had two plaintiffs that qualified for standing.

## AGLP Board of Directors, Advisory Council, and Standing Committees 2020 - 2021

### PRESIDENT

Amir Ahuja, M.D.

AHuja@aglp.org

### IMMEDIATE -PAST PRESIDENT

Howard Rubin, M.D.

HRubin@aglp.org

### VICE PRESIDENT

Pratik Bahekar, M.D.

PBahekar@aglp.org

### SECRETARY

Sarah Noble, D.O.

SNoble@aglp.org

### TREASURER

Mark Messih, M.D.

MMessih@aglp.org

### NEWSLETTER EDITOR

Erick Melendez, M.D.

AGLPEditors@aglp.org

### JOURNAL OF GAY AND LESBIAN MENTAL HEALTH

Chris McIntosh, M.D.

Editors@aglp.org

### EXECUTIVE DIRECTOR

Roy Harker, C.A.E.

215-222-2800

RHarker@aglp.org

### AGLP ADVISORY COUNCIL

#### CHILD AND ADOLESCENT PSYCHIATRISTS

Sherwin Shadianloo, M.D.

shervin.shadianloo@gmail.com

#### EDUCATION COMMITTEE

Gene Nakajima, M.D.

GNakajima@aglp.org

Pratik Bahekar, M.D.

PBahekar@aglp.org

Howard Rubin, M.D.

HRubin@aglp.org

#### BIPOC MEMBERS

Amir Ahuja, M.D.

AHuja@aglp.org

#### FRYER AWARD

Howard Rubin, M.D.

HRubin@aglp.org

#### INTERNATIONAL MEMBERS

Gene Nakajima, M.D.

GNakajima@aglp.org

#### LEGAL ADVOCACY

David L. Scasta, M.D., DLFAPA

DScasta@aglp.org

#### MEMBERSHIP

To be announced...

#### MEDICAL STUDENTS

Allison Rhodes

allison.rhodes2@gmail.com

#### PSYCHIATRIC RESIDENTS AND FELLOWS

Jace Reed, M.D.

jace.m.reed@gmail.com

#### PSYCHOTHERAPY

Chip (Stephen) McDermott, M.D.

CMcDermott@aglp.org

#### SOCIAL MEDIA

Mark Messih, M.D.

MMessih@aglp.org

#### TRANS/NON-BINARY MEMBERS

Sarah Noble, D.O.

SNoble@aglp.org

#### WOMEN

To be announced...

#### ASSEMBLY DELEGATES TO THE CAUCUS OF GAY, LESBIAN AND BISEXUAL PSYCHIATRISTS

Mark Townsend, M.D., President

Ubaldo Leli, M.D., Representative

Andy Tompkins, M.D., Dep.-Representative

#### AGLP REPRESENTATIVE TO THE APA ASSEMBLY (ACROSS)

Margie Sved, M.D.

MSved@aglp.org





## Queer, Nonbinary, and Trans Committee

Sarah Noble, D.O.

SNoble@aglp.org



Sarah Noble, D.O.

**A** 2018 study in the journal *Pediatrics* found that nearly 3% of teens studied identify as nonbinary, gender-nonconforming, or transgender. And millennials are also more likely than their GenX or Boomer colleagues to identify outside of the binary of gay/lesbian or man/woman. We believe that AGLP should mirror these changes and thus have started the Queer, Nonbinary, and Trans Committee. Our goals include diversifying the membership of AGLP to include more representation of queer, nonbinary, and trans folks, as well as increasing advocacy for our queer, nonbinary, and trans patients.

We'd like you to join if you identify with this mission. We will be meeting the first Sunday of each month at noon EST via zoom. Please see the AGLP website for details and zoom link.

■ ■ ■

## Medical Student Committee

Allison Rhodes

allison.rhodes2@gmail.com



Allison Rhodes

**H**ello everyone! My name is Allison Rhodes, and I am the chair of the AGLP's inaugural Medical Student Committee. I am excited to share the progress of our committee in its first few months.

This fall, our first initiative was to increase AGLP medical student membership. We succeeded in growing our medical student membership this year by 122%, from 64 members to 142 members. We achieved this growth by reaching out to PsychSIGN, posting in the LGBTQ+ medical student Facebook page, and reaching out to

students on #GayMedTwitter, #QueerMedTwitter, and #PsychTwitter. We have worked hard to create a supportive and inclusive community. We have a very active GroupMe, where members are able to have more informal conversations (if you wish to join, email allison.rhodes2@gmail.com). We also hosted a medical student social to celebrate ERAS submission, and we will be hosting monthly medical student socials moving forward. And we are excited to host the AGLP Holiday Party on December 27th!

Our second initiative is to provide resources to LGBTQ+ medical students applying to psychiatry residency. On August 23rd, we hosted a panel of LGBTQ+

residency program directors, who spoke with 91 LGBTQ+ medical students about the application process. Panelists were Dr. Tracey Guthrie, Dr. David Beckert, Dr. Marshall Forstein, and Dr. Erick Hung. Due to the positive response we received, we hosted a second LGBTQ+ program director panel on October 11th with Dr. Mark Townsend, Dr. Robert Davies, Dr. Cabrina Campbell, Dr. Scot McAfee, and Dr. Rodney Villanueva. In addition, on September 13th, we hosted a panel of LGBTQ+ psychiatry residents, who discussed applying to residency and their experiences with their specific programs. We are excited to continue these panels with our November 21st resident panel focused on interviewing. In order to provide access to students who are unable to attend, after each panel, I write and distribute a summary newsletter to our members.

In order to further support LGBTQ+ residency applicants, we started a Buddy System leading up to the October ERAS deadline. In this system, interested students were paired up to hold each other accountable as they saw fit. This included checking in to make sure they were ready to submit, proofreading each other's applications, and keeping spirits up leading up to the ERAS deadline.

Finally, we have worked to connect medical students with the larger AGLP body. Medical students have presented at AGLP Virtual Sunday Sessions and hosted AGLP Book Club groups. Four medical students also worked with AGLP member Dr. Marshall Forstein to submit a 2021 APA proposal on applying to psychiatry as LGBTQ+ students (Terrance Embry, Teddy Goetz, Matthew Abrams, Allison Rhodes). We have connected medical students with the BIPOC Committee, the Non-Binary/Trans Committee, and the Legal Advocacy Committee. We are also working with Dr. Pratik Bahekar to design the surveys for the AGLP Mentorship program.

We are so excited to continue programming for medical students in the year ahead. See you at the AGLP Holiday Party on December 27th!

Our committee meets monthly on the last Sunday of the month at 5pm EST. To join the Medical Student Committee, please email Allison Rhodes at allison.rhodes2@gmail.com.

■ ■ ■

### Psychiatry in a New Era

*Continued from page 1*

There have been bright spots, however. Most notably, this came when the Supreme Court ended Employment Non-Discrimination for LGBTQ people. It also looks increasingly likely they will uphold the Affordable Care Act, which dramatically expands mental health access through Parity provisions with physical health.

In this new era that we are about to begin in January, we are hopeful about the Government working for equal rights for LGBTQ patients and Psychiatrists. Either way, though, you can be sure we will hold them accountable for their actions and views and continue to promote our agenda of equity.

Please join us in working hard for those who don't have a voice, and who are most vulnerable to the changes in the law. It is a time to encourage your colleagues and friends to join AGLP and help us do the best work of connection, advocacy, and education that we can. With your help, we can achieve anything.

■ ■ ■

## Listings of Upcoming Subspecialty Meetings of Interests to Members

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 Executive Director, Roy Harker, CAE, 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/>

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

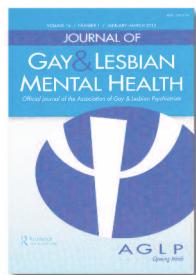
2021 APA Annual Meeting • Los Angeles, CA • May 1-5

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/>

■ ■ ■

## 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.

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](http://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.

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.

■ ■ ■

## AGLP Administrative and Membership Meetings

### Medical Student Advisory Committee Meeting

Last Sunday of each month, at 5:00pm Eastern Time, 1:00pm Pacific Time

Zoom registration required. REGISTER NOW...

After registering, you will receive a confirmation email containing information about joining the meeting.

### BIPOC Committee Meeting

First Sunday of each month at 4:00pm Eastern Time, 1:00pm Pacific Time

Zoom registration required. REGISTER NOW...

After registering, you will receive a confirmation email containing information about joining the meeting.

### Executive Board and Advisory Council Meetings

Third Monday of each month, 7:00pm Eastern Time, 4:00pm Pacific Time

Agendas, Zoom invitations, and Executive Summaries will be forwarded before each meeting. Items for the agenda should be submitted to the National Office no later than the Thursday before the meeting.

Legal Advocacy Committee  
*Continued from page 3*

The judge determined that the plaintiffs were likely to prevail when the case is heard in contending that HHS improperly eliminated explicit antidiscrimination prohibitions and incorporated Title IX's religious exemptions. He based part of his decision on the *Bostock v Clayton County* decision of the Supreme Court, authored this summer by Justice Neil Gorsuch, a recent appointee of President Trump. Judge Boasberg concluded that the plaintiffs were not likely to prevail with regard to their claims: that gender affirming care was improperly excluded from protection; that HHS improperly removed requirements for notifying patients of their rights; or that the Final 2020 Rule violates Section 1554 of the ACA which prohibits any regulation that engenders unreasonable barriers to individuals obtaining appropriate medical care. The judge decided that the Court could not rule on the merits of scientific discourse about gender affirming health care and decided that HHS lawfully could conclude that gender affirming health care should not be protected, noting that HHS cited: Steensma, T., et al., "Factors Associated with Desistance and Persistence of Childhood Gender Dysphoria: A quantitative follow up study," 52(6) *Journal of the American Academy of Child and Adolescent Psychiatry*, 582-590, (2013), as grounds for its decision. Because the judge felt that the plaintiffs likely would prevail on the merits of the first two claims (advocating against the elimination of explicit language protecting LGB patients from discrimination in healthcare and against the inclusion of LGBT religious exemptions for healthcare), he granted a nationwide injunction against enforcing the Final 2020 Rule until the case is decided.

■ ■ ■

## THANKS TO THE FOLLOWING WHO HAVE GENEROUSLY SUPPORTED AGLP FOR 2020-2021

## EXCEPTIONAL CONTRIBUTION

DAVID RUDOLPH KESSLER, M.D.

## FOUNDING MEMBERS

AMIR AHUJA, M.D.

JACK DRESCHER, M.D.

GEORGE HARRISON, M.D.

PETROS LEVOUNIS, M.D.

CHRISTOPHER MCINTOSH, M.D.

GENE NAKAJIMA, M.D.

HOWARD RUBIN, M.D.

ANDY TOMPKINS, M.D.

FELIX TORRES, M.D.

## PATRONS

JEFFREY AKMAN, M.D.

ELIE AOUN, M.D.

KENN ASHLEY, M.D.

PHIL BIALER, M.D.

CLAYTON CHAU, M.D.

SUFEN CHIU, M.D.

MICHAEL GOLDER, M.D.

NORMAN HARTSTEIN, M.D.

LEDRO JUSTICE, M.D.

JAMES P. KRAJESKI, M.D.

UBALDO LELI, M.D.

ANTHONY MARINO, M.D.

SARAH NOBLE, D.O.

R. KAAZ OZBAYRAK, M.D.

CHESTER ROBACHINSKI, M.D.

DAVID SCASTA, M.D.

ALAN SCHWARTZ, M.D.

LOWELL TONG, M.D.

TIM VALKO, M.D.

ERIC YARBROUGH, M.D.

## SPONSORING MEMBERS

STEWART ADELSON, M.D.

JOANNE AHOLA, M.D.

JAMES BATTERSON, M.D.

LONNY BEHAR, M.D.

STEVEN BLUESTINE, M.D.

CURLEY BONDS, M.D.

STEPHAN CARLSON, M.D.

HAROLD COTTMAN, M.D.

ROBERT DELGADO, M.D.

CARLOS GREAVES, M.D.

WILLIAM HERZ, M.D.

DAN HICKS, M.D.

BILLY JONES, M.D.

ROBERT KERTZNER, M.D.

ROCHELLE KLINGER, M.D.

J. BRETT OFFENBERGER, M.D.

RICHARD PLEAK, M.D.

LEONARD RUBIN, M.D.

DANIEL SAFIN, M.D.

DANIEL SEWELL, M.D.

STUART SOTSKY, M.D.

ANAND SUKUMARAN, M.D.

MARGIE SVED, M.D.

MARK TOWNSEND, M.D.

DOUGLAS VANDERBURG, M.D.

SERENA VOLPP, M.D.

JONATHAN WEISS, M.D.

SYDNEY WRIGHT, JR., M.D.

PENELOPE ZIEGLER, M.D.

## DONATIONS TO STUDENT TRAVEL

STEWART ADELSON, M.D.

JOANNE AHOLA, M.D.

KENN ASHLEY, M.D.

LONNY BEHAR, M.D.

DAVID BOBROW, M.D.

STEPHAN CARLSON, M.D.

DEBBIE CARTER, M.D.

CLAYTON CHAU, M.D.

AMY CURTIS, M.D.

ROBERT DAROFF, M.D.

ROBERT DELGADO, M.D.

KEVIN DONNELLY-BOYLEN, M.D.

ANDREW ELLIOT, M.D.

MARSHALL FORSTEIN, M.D.

DAVID GERMAN, M.D.

MICHAEL GOLDER, M.D.

CARLOS GREAVES, M.D.

TIMOTHY HALL, M.D.

WILLIAM HERZ, M.D.

GARY HIRSHBERG, M.D.

THOMAS JORDAN, M.D.

ROCHELLE KLINGER, M.D.

CHARLES LEE, M.D.

KEWCHANG LEE, M.D.

JAMES LEHMAN, M.D.

PAUL LYNCH, M.D.

GREGORY MILLER, M.D.

LAURENCE MILLER, M.D.

KAAN OZBAYRAK, M.D.

DAENA PETERSEN, M.D.

RICHARD PLEAK, M.D.

WILLIAM REAMY, M.D.

JULIE SCHULMAN, M.D.

ALAN SCHWARTZ, M.D.

DANIEL SEWELL, M.D.

RICHARD SHAPIRO, M.D.

MARGIE SVED, M.D.

JOSHUA THORNHILL, M.D.

ANDY TOMPKINS, M.D.

LOWELL TONG, M.D.

MARK TOWNSEND, M.D.

SERENA VOLPP, M.D.

MILTON WAINBERG, M.D.

ERIC YARBROUGH, M.D.

JESSICA ZONANA, M.D.



## Silver Anniversary Fund Raising Campaign

### CONTRIBUTORS

Joanne Ahola, M.D.  
Kenn Ashley, M.D.  
Jack Drescher, M.D.  
Neir Eshel, M.D.  
Ronald Hellman, M.D.  
William Herz, M.D.  
Dan Hicks, M.D.  
Robert Kertzner, M.D.  
Kewchang Lee, M.D.  
Saul Levin, M.D.  
Marlin Mattson, M.D.  
Scot McAfee, M.D.  
Brett Offenberger, M.D.  
Richard Pleak, M.D.  
Howard Rubin, M.D.

This fund raising effort is organized to celebrate and commemorate the 25th Anniversary of our Executive Director, Roy Harker, C.A.E. Our goal is to raise \$25,000+ to help AGLP implement special membership development projects including improvements to our social media presence, a website redesign, new efforts in membership recruitment and retention, better advertising, and additional non-profit professional development education and board development.

Please consider honoring Roy and donating to the 25th Anniversary fund. You can send a check to AGLP at 4514 Chester Avenue, Philadelphia, PA 19143, or donate online by visiting our website, [www.aglp.org](http://www.aglp.org), or clicking [HERE](#).

Thank you for helping to sustain the long-term goals and growth of AGLP!

**CURRENT BALANCE: \$2,850**

**GOAL: \$25,000**

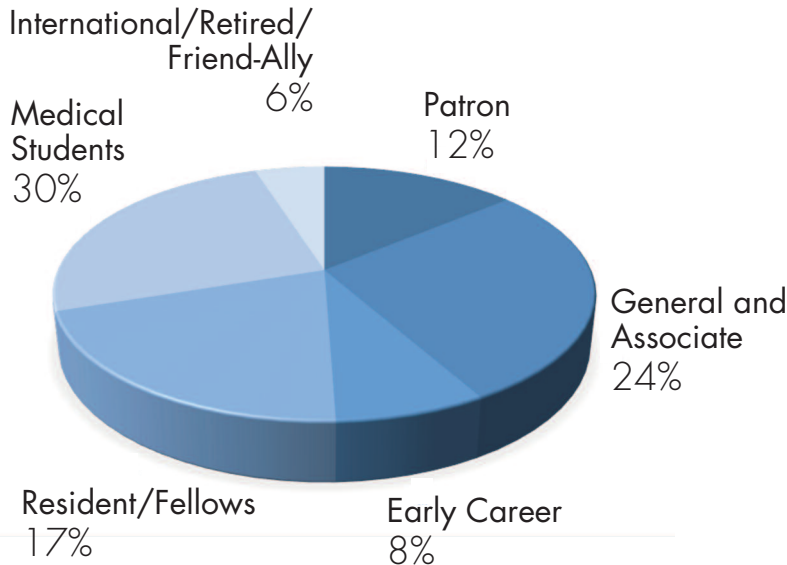


### WELCOME TO OUR NEW MEMBERS 2020

Matthew Abrams	Austin Hopkins	Aparna Raju
Tara Ahmadi, MPH	Terence Howard	Bill Resnick, M.D.
Samuel Allen, M.D.	Brandon Ilchukwu, D.O.	Allison Rhodes
Carlos Almeida, M.D.	Lance Irons, M.D.	Nicole Rivera, M.D.
Benjamin Amendolara, M.D.	Sarah Islam	Hector Rodriguez, M.D.
Christopher Anderson	David James	Miranda Rogers
Jessica Anderson	Tanathun Kajornsakchai,	Andre Rosario, M.D.
Elie Aoun, M.D.	M.D.	Adam Rowe, M.D.
Julian Artunduaga, D.O.	Alexander Kaplan	Manny Sardinha, B.S.
Fadi Assaf, M.Sc.	Michelle King, M.D.	Lauren Schmidt, M.D.
Laura Avigan, M.D.	Claire Koljack	Amanda Sekijima
Vaishali Bamanaya	Angie Koo	Shelley Sellinger, M.D.
Emma Banasiak	David Krone, M.D.	Gauri Shastri
Huma Baqir, M.D.	Kyle Krzesowik	Elaine Shen
Thomas Barrett	Israel Labao, M.D.	Ethan Shroll
Charles Bay, M.D.	Austin Lam	Alan Shu
Mithcell Bayne, M.P.H.	Scott Leary	Ghaith Shukri, M.D.
Tony Beayno, M.D.	Eric Lee	Kale Siebert, M.D.
Kathryn Bertacchi, M.D.	Dayron Leon	Alex Simmons
Nataliya Bilger	Dov Lerman-Sinkoff	Zachary Simpson
Taylor Boll	Jon Lindefield, M.D.	Sarah Slabaugh, D.O.
Bruna Bonotto, M.D.	Alicia Lipscomb	Gabriele Slaughter
Nancy Bryant, M.D.	Felix Liriano	Wes Smoot, M.D.
Amanda Buzzetta, B.S.	Jar-Yee Liu	Steven Sokoll, M.D.
David Call, M.D.	Jay Louik	Jessica Spellun, M.D.
Leslie Capulong	Christine Lu	Breyana Spencer
Chloe Cheng	Alex Lucci, M.D.	Nathen Spitz
Francisco Colon	Lauren Lucente	Kyle Sramek
Victoria Cook	Albert Luong, M.D.	Timothy Steinhoff, M.D.
Thomas Cotsen, M.D.	Phi Luong	Evelina Sterina
Megan Decker	Diana Makstarjova	Elsa Stoff
Anthony Dimitrion, MSW	Tiffany Markko	Jennifer Strauss
Brian Doyle, M.D.	Mollie Marr	Audrey Sung
Ryan Elliott	James Martin	David Tay
Terrance Embry	Jordie Martin	Katherine Termini
Jared Eng	George Matta	Soe Thein, M.D.
Sarah Falk, M.D.	Flavia McBride	Andrew Tran, M.D.
Samuel Fels	Rory McNamara, M.D.	Emilie Transue, M.D.
Marla Fisher	Alyse Meadows	Perry Tsai, M.D.
Joseph Frankel	Jordan Meyers	Ulunma Umesi, M.D.
Christopher Gaffney, M.D.,	Daniel Miller, M.D.	Jann Uy
Ph.D.	Sefan Mollah, D.O.	Jordan Vajda
Tanuja Gandhi, M.D.	Caylan Moore	Andrew Vetter, D.O.
Chris Gauthier, D.O.	Christopher Morris	Anders Waalen, M.D.
Alhasan Ghazzawi, M.D.	John Morris	Christopher Walling, Psy.D.
Christopher Gideon, M.D.	Grace Mueller	Christina Warner, M.D.
Sandra Giraldo	Tamara Murphy, M.D.	Nicole Washington, D.O.
Jacob Givens	Rahul Nachnani, M.D., Ph.D.	Henry Weisman, M.D.
Teddy Goetz	Johanna Nardini, M.D.	Jack Werstein, MA
Eric Gonzales, M.D.	Brent Neacise, M.D.	Emily Whisler, D.O.
Jacob Green, D.O.	Ofir Nevo	Matthew Wickersham
Hilary Grubb, M.D.	Nicholas Nosbisch	Francis Yang, M.D.
Alexis Angel Guevara, M.D.	Michael O'Brien	Matthew Yanus
Matthew Gunther, M.D.	Jay Olson	Maril Yehudian, M.D.
Patrick Haenlein, M.D.	Alfonso Ortiz Cruz	Claire-Louise Young, M.D.
Patrick Haenlein, M.D.	Blessing Oyeniyi, M.D.	Jeffrey Zabinski, M.D.
Sally Hall, M.D.	Lindsay Page, M.D.	Huailin Zhang
Andrew Halls, M.D.	Christopher Paiva	Siyu Zheng, M.D.
Reges Hansen	Rachel Perceley	
Nader Hashweh	Jake Perlson, M.P.H.	
Khadija Hassan	Jennifer Phan, M.D.	
john hawkins	Elizabeth Portugal	
Miriam Haxton, M.D.	Matthew Postler	
Scott Hickman	Olga Prokunina	
Amy Hoffman, M.D.	Harrison Quaal	



## AGLP Membership Composition



## Changing Membership Trends

Roy Harker, C.A.E.

RHarker@aglp.org

AGLP membership continues to grow at a fast pace, due in large part to initiatives by our Resident Members, our Medical Student Members, and the recently-completed 40•400•1 Campaign celebrating our 40th anniversary. There have been 120 new members added to our role since January. Overall membership growth in 2019 was 35% and in 2020, our membership growth is already at 17%! In addition to this growth in membership, there have also been significant demographic shifts that are making AGLP more diverse in terms of gender and ethnicity than ever before. Here are the current membership numbers.

Patron Level	60
General and Associate	118
Early Career	41
Resident/Fellow	85
Medical Student	148
International/Retired/Ally	34
<b>Total</b>	<b>486</b>

### Silver Anniversary Fund Raiser

*Continued from page 2*

profit management, and recently earned a CAE, Certified Association Executive. He is also creative, working as an organist, choir director, church music director, and a graphic designer. Most of all, Roy has been a calm and effective manager keeping AGLP running through many different presidential regimes.

Our goal is to raise \$25,000+ to help AGLP implement special projects to be determined by Roy and the AGLP Board of Directors. The projects may include improvements to our social media presence, a website redesign, new efforts in membership recruitment and retention, better advertising, and additional non-profit professional development education and board development.

I know that these are very hard times for many of us personally, but please consider honoring Roy and donating to the 25th Anniversary fund. You can send a check to AGLP at 4514 Chester Avenue, Philadelphia, PA 19143, or donate online by visiting our website, [www.aglp.org](http://www.aglp.org), or clicking [HERE](#).

Thank you for helping to sustain the long-term goals and growth of AGLP!



# Change is Good

THE AGLP NATIONAL OFFICE IS MOVING!

OUR NEW ADDRESS:

1512 SPRUCE STREET #2601  
PHILADELPHIA, PA 19102-4557



## The Candidates Respond: AGLP Q & A Session

### Erick Meléndez, M.D.

AGLPeditors@aglp.org

In order to bring AGLP members a bit closer to the 2021 Candidates for the APA, the AGLP Newsletter posed four questions to the full slate of candidates. All nominees were contacted via the candidate's email as listed in the APA 2021 Election Announcement. We requested statements that reflect on these questions, and a photograph for publication in this issue of the Newsletter.

- The questions posed to the candidates this year were:
- Why do you think AGLP members should vote for you?
- What is the next step for APA in terms of LGBTQ mental health?
- How do you plan to support the LGBTQ community in your new position especially given the recent setbacks against LGBTQ civil rights?
- What can a psychiatrist do in their practice to better serve the LGBTQ+ Community?

We requested that these responses be returned no later than December 4, 2020. What follows are the responses received by press time for the newsletter.

Voting Begins  
January 4, 2021

Voting Deadline  
February 1, 2021, at 11:59 p.m. (ET)



Rebecca Brendel, MD

#### PRESIDENT-ELECT

**Rebecca W. Brendel, M.D., J.D.**

*Why do you think AGLP members should vote for you?*

Thank you for this opportunity to communicate and share my ideas with the members of AGLP. I have accepted the nomination for President-Elect of APA to serve our members and our patients. I am a practicing psychiatrist, trained lawyer, and ethics educator. I also have a record of collaborative leadership in organized psychiatry and medicine on

both state and national levels that I believe has prepared me to lead APA towards advancing our profession. As a lawyer, I am particularly aware of present challenges to the civil rights and liberties of the LGBTQ+ community and I am prepared to continue the APA tradition of advocating for their rights and wellbeing.

*What is the next step for APA in terms of LGBTQ+ mental health?*

Several things come immediately to mind. First, APA must be responsive to and inclusive of LGBTQ+ psychiatrists in addressing stigma and practice barriers within the profession. Second, APA should continue to provide educational and practice resources to all members that promote access to compassionate care for LGBTQ+ persons. This commitment means that APA must take a strong stand opposing laws that weaponize religious freedom in order to deny access to health care services. Third, persons identifying as LGBTQ+ deserve informed and non-judgmental person-centered care.

Two groups, in particular, require our immediate attention and action to increase access to care and treatment: youth identifying as LGBTQ+, who are disproportionately homeless, in foster care, and at an elevated risk of suicide, and transgender persons of color, most especially transgender women of color, who are at a heightened risk of interpersonal and societal violence and trauma, resulting in population-

level reduced life-expectancy. My background as a clinically engaged psychiatrist trained in law and ethics drives my commitment to serving, giving voice to, and vigorously advocating for persons most in need of our respect and our care.

*How do you plan to support the LGBTQ+ community in your new position, especially given the recent setbacks against their civil rights?*

APA has clear policies opposing discrimination of any kind. We must engage existing and create new opportunities to promote scientific and up-to-date knowledge supportive of the physical and emotional health needs of LGBTQ+ persons, especially youth. Employing data and ethics, APA can advocate for equal civil rights for all persons in government advocacy on state and national levels, advance public awareness through education, and provide practice resources to support the delivery of high-quality care in safe environments for LGBTQ+ persons. As president-elect, I would also seek opportunities through the APA Foundation to advance wellness and care for LGBTQ+ persons in the community, in educational settings, and in the workplace in partnership with existing local and national resources and providers.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

The first thing a psychiatrist can do to better serve the LGBTQ+ community is to be an ally in care. Psychiatrists have a responsibility to learn about the needs and care of all persons they treat, especially persons at heightened risk and in need of care for psychiatric illness. Psychiatrists have a responsibility to understand the potential harms of gender binary classification, to develop vocabularies to use words in healing rather than harmful ways, to listen and create space for persons to be listened to and heard, to be empathic, and to ground care in professional responsibility, knowledge, and humanity. It is critical that psychiatrists create and provide safe spaces for expressions of gender and sexual orientation as a central dimension of identity and lived experience.

In addition, psychiatrists have a responsibility to combat stigma and provide guidance regarding the role and use of psychiatry as a precursor to gender transition and affirmation surgery. Psychiatrists must see themselves not as gatekeepers passing judgment on persons, but rather as supportive resources for patients in exploring their understanding and appreciation of gender affirmation prior to an irreversible surgical intervention. In closing, I humbly ask for your vote for President-Elect of APA.



Jacqueline Feldman, MD

#### PRESIDENT-ELECT

**Jacqueline Maus Feldman, M.D.**

*Why do you think AGLP members should vote for you?*

I have a track record of engagement and inclusion with all under-represented minorities, and as Chair of the APA Annual Meeting Scientific Program Committee, I have worked to ensure we have representation both on the Scientific Program Committee and in the program sessions itself of AGLP members. My daughter identifies as Bi, and it has been an on-going learning experience to support her, as well as educating myself regarding issues

that affect her life and those of the LGBTQ+ community.

*What is the next step for the APA in terms of LGBTQ+ and mental health?*

Those who identify as LGB are significantly more likely to experience mental health issues, including depression, anxiety, substance abuse, and suicide (it is higher in

## The Candidates Respond

*Continued from page 9*

those who identify as Trans). The trauma of rejection, bullying, and physical and emotional harassment can trigger PTSD. It is imperative that evidence-based practice in treatment be presented and promulgated by the APA (see Working with LGBTQ patients on the psych.org website), directly to its membership, and in working with partners such as SAMHSA and NIMH to provide community education and research. In addition, the APA should work tirelessly to promote LGBTQ members into leadership positions (as with all URM), and seek and support publishing opportunities to expand education regarding treatment of mental health challenges. I also think the APA should work in concert with NAMI via a vis utilizing peers to educate families related to the impact of stigma and discrimination.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks in their civil rights?*

Given the more conservative direction of the judiciary (e.g. the Supreme Court in which two members have come forward questioning a prior SCOTUS ruling on the right to same-sex marriage), and a recent ruling from a Florida appeals court striking down a ban on "conversion therapy," I am increasing concerned and anxious for the LGBTQ+ community. The US Department of HHS/Office for Civil Rights ruled in June to remove the protections that banned health care providers and health plans from discriminating against LGBTQ patients; this only underscores the precarious nature of the hard-fought battles that have ensured access to appropriate care. I am hopeful that the newly elected administration would move to negate the HHS ruling. I would utilize the influence and authority of the APA (and evidence-based practice) to defend the rights of the LGBTQ+ community in this fight.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

The AMA has published the Community Standards of Provision of Quality Health Care Services to LGBTQ Clients; that is a good place to start. Providers need to commit to such standards, and place notification of nondiscriminatory services prominently in their office. Providers can also ask to be listed in the GLMA directory. Brochures and reference materials that speak directly the community will provide a practical notice that they are welcome. More specifically, intakes should contain a non-judgmental inclusive social history, starting with preferred pronouns. Practitioners should be current on evidence-based practices and accept referrals of this community. There is a plethora of resource materials available for the provider who wants/needs further education and support.



Rahn K. Bailey, MD,  
DFAPA, ACP

**SECRETARY**

**Rahn K. Bailey, MD, DFAPA, ACP**

*Why do you think AGLP members should vote for you?*

I believe that AGLP members would want someone who is a champion for diversity. I may identify as a heterosexual cisgender male but growing up in the south as an African American I am not a stranger to being discriminated against. I know what that is like, I have lived it. That commonality is what allows me to empathize with the LGBTQI community because discrimination is discrimination.

Furthermore, I have the privilege of representing our LGBTQI members as the M/UR trustee. In that role, I have shouldered the burdens of all our marginalized & underrepresented members of the APA which has provided invaluable experience. I appreciate the AGLP member's commitment to renewing the minority committees and recognize the importance of the AGLP as a minority caucus as we

move towards a more inclusive future. As a candidate for Secretary an essential part of my vision for the APA going forwards is equality and inclusion for all, no matter what race, religion, sex/sexual orientation a person identifies with.

*What is the next step for APA in terms of LGBTQ+ mental health?*

It is well established that there is correlation between identifying as LGBTQI member and psychiatric illnesses. The injustices, discrimination, hate and mistreatment directed at these members lead to increased rates of anxiety, depression, and substance use disorder. Therefore, as leaders in the mental health field the APA should be leading from the front on these issues in the social and scientific spaces. By advocating for LGBTQI rights at large, we can help curtail the consequences seen in the mental health field. Moreover, I believe in promoting research exploring the association between LGBTQI individuals and psychiatric illnesses, because in the past, studies evaluating such topics were not conducted sufficiently. More information will allow us to have a better understanding of the risk factors contributing to mental disease in this population, hence allowing for better patient care and optimal treatment.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?*

Additionally to what has been aforementioned I believe outreach to local and national leaders of the LGBTQI community is essential. Having a collaborative process which fosters ideas and solutions across the board will allow for the best outcomes for these individuals. Identifying the problems, the community faces, with those who are in the trenches allows one to have a true perspective of the issues and therefore an ideal, practical approach towards solutions. For example, under the Trump administration there was an attack on civil liberties when they instituted the transgender military ban. I support, advocate, and push for the reversal of this ban entirely and any other oppressive policies.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

As LGBTQI is a unique and diverse community, with many different subgroups, I believe in genuinely trying to understand our patients on a deep and specific level. By doing so I think we can better connect with our patients, leading to better outcomes. Furthermore, we need to provide a safe zone/space that can allow our patients to experience the utmost comfort and sanctuary from a world that can be quiet hostile. As most of these patients have been discriminated and even rejected throughout their lives, it is pivotal that we have an approach consisting of compassion, empathy, and insight. Some of these can be done by removing bias terminology in applications, asking how they would like to be referred as, which gender they identify with, and generally eliminating systems that force people into feeling confined, but rather have an approach that is personally tailored to the individual.

Closing thoughts: I believe we of marginalized groups have been forced to experience intolerance at some point in our lives. I believe we should instead be intolerant of intolerance, no matter what type it is. Because an attack on any specific group, is an attack on the fabric of our society. LGBTQ communities are as deserving of protected civil liberties as minorities based on race or ethnicity. I believe in these ideas wholeheartedly. As a young child during the civil rights movement, something Dr. Martin Luther King said has always stayed with me: "Injustice anywhere is injustice everywhere."

**SECRETARY**

**Sandra M. DeJong, M.D., M.Sc.**

*Why do you think AGLP members should vote for you?*

As a clinician-educator for the last 20 years based at Cambridge Health Alliance (CHA), I have spent much of my career at a public-sector, multicultural system of

*Continued on page 11*

The Candidates Respond  
 Continued from page 10



Sandra DeJong, M.D., M.Sc.

care that has led psychiatry in areas of concern for the LGBTQ+ community. For example, under the leadership of Marshall Forstein, MD, CHA established the Zinberg Clinic, a multidisciplinary clinic devoted to the care of patients with HIV. As a clinician and a teacher, education and advocacy around LGBTQ+ issues have been a vital part of my practice. While Child/Adolescent Psychiatry Training Director, I included in our curriculum a course on Gender and Sexuality and an outpatient experience in CHA's Gender and Sexuality clinic. As co-director of the Harvard Consolidated Seminar on Development, I invite speakers such as Peter

Daniolos, MD and Cindy Telingator to talk about gender and sexuality. As an outpatient clinician, I have worked with many young people struggling with coming out to their parents and families. I have treated children and adolescents dealing with gender dysphoria and identity issues and worked with collaborative teams to help patients make decisions around hormone use and surgery, including advocating to have their care covered by insurance. I have witnessed first-hand the vulnerability to self-harm that places LGBTQ+ youth at ongoing and significant risk. I view a process of lifelong learning as essential to my work with LGBTQ+ youth, and particularly as a cis-gender heterosexual woman, am greatly indebted to LGBTQ+ colleagues, patients, and others in my life from whom I've learned over the years.

*What is the next step for APA in terms of LGBTQ+ mental health?*

In terms of LGBTQ+ mental health, APA needs to continue along two main trajectories: education and advocacy. Our annual meetings and online CME activities should have consistent and high-quality content on this topic. APA, (specifically the Councils on Medical Education and Lifelong Learning [CMELL], Research, Quality Care, and Children, Adolescent and Families), should collaborate with organizations such as AGLP to learn from them, keep current on issues they are seeing LGBTQ+ people face, and promote educational resources for UME, GME and CME. Finally, APA must seek to educate other mental health and medical professionals around the particular issues of LGBTQ+ health and mental health.

In terms of advocacy, APA must lobby for equitable access to qualified mental health clinicians for LGBTQ+ patients; insurance coverage for the full range of care; prevention of ongoing discrimination; and a means to redress harm.

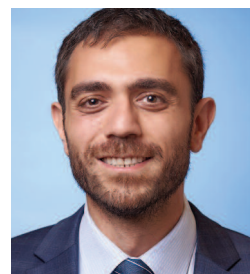
Finally, as part of its current self-examination on diversity, equity and inclusion, APA as an organization must ensure that sexual and gender minorities are represented across the spectrum of our governance structure and that their unique voice and needs are not lost.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?*

I write this after the November federal election and am hopeful that some of the recent setbacks for LGBTQ+ civil rights can be undone by the Biden administration. However, our history as a country reminds us that we must always be vigilant. As an APA leader, I will continue to support Action Papers, Resource Documents, amicus briefs, and other actions that promote and protect the civil rights of the LGBTQ+ community as a mental health issue. I will continue to lobby for our Government Relations office to mobilize APA membership and allied organization support for legislation that promotes LGBTQ+ civil rights and against any that threatens them. I am interested in learning more about how best to support this community in new ways and invite members to write to me at sdejongmd@gmail.com.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

Practicing psychiatrists need to send the implicit and explicit message to all patients that as mental health professionals they are open to talking about issues of gender identity and sexual orientation in a nonjudgmental way with empathic curiosity. Nonverbal signals may include what books, magazines and artwork are in the waiting room. They can specifically ask patients how they prefer to be referred to, both proper name and pronoun; share their own pronouns; and not assume their patient's partner(s)' gender. In addition, practicing psychiatrists should continue to learn about developments in the field, epidemiologic trends, current health issues, and up-to-date treatments for LGBTQ+ patients. Finally, practicing psychiatrists should continue to learn about ongoing challenges the LGBTQ+ community faces, and advocate within their own communities for representation and freedom from discrimination for the LGBTQ+ community such as respectfully accommodating the needs of trans patients on inpatient units.



Elie Aoun, M.D., M.R.O.

**EARLY CAREER PSYCHIATRIST (ECP) TRUSTEE**

**Elie G. Aoun, M.D., M.R.O.**

*Why do you think AGLP members should vote for you?*

As a gay person and an AGLP member, I am uniquely positioned to recognize and advocate for the issues most pertinent to the AGLP membership and many of our patients. I work hard to advocate for and represent our community and ensure that our voice is loud. If elected, I will elevate the voice

of sexual and gender minority (SGM) individuals on the board and will maintain my commitment to serving the needs of our community.

I have a long track record of demonstrating my commitment to the priorities of our community. While serving on the APA assembly, I testified in support of numerous action papers and position statements advocating for the needs and the rights of SGM individuals. I stood up against the organization when a known transphobic speaker was invited to present at an APA annual meeting. While serving on the Council on Addiction Psychiatry, including as council vice-chair, I made sure that the needs and the rights of SGM individuals were considered in every council product. I have published and presented at national meetings on the SGM topics.

My SGM identity is not the only reason AGLP members should trust me to a leadership position at the APA. I am highly qualified for the position as a quadruple board-certified psychiatrist on faculty at Columbia University and in private practice for general, addiction and forensic psychiatry in New York and in California. Further, I have a long track record of demonstrating my commitment to the APA, having been an active member of the organization for as long as I have been a physician. Please visit my election website (ElieForAPA.com) to learn more about my platform and my background.

*What is the next step for APA in terms of LGBTQ+ mental health?*

The need to advocate and promote SGM needs and rights did not end when the Supreme Court ruled in favor of marriage equality in Obergefell v. Hodges in 2015. SGM communities remain extremely vulnerable to attacks by many. Social, religious or political actions restricting SGM rights and dismissing SGM needs lead harm our community's mental health. Overt or implicit discrimination against SGM individuals, particularly transgender persons continue to contribute to homelessness, social isolation, depression, substance use and suicides in our community. The traditional view that the APA must stick to mental health issues without taking strong positions against social or political issues is unacceptable. The APA must utilize its full advo-



## The Candidates Respond

*Continued from page 11*

cacy and lobbying weight and be vocal in its opposition to any attack on SGM rights, and any attempts to ignore the needs of our community.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?*

SGM rights are constantly under attack. We have recently witnessed attempts to restrict civic opportunities and equal protection rights for transgender persons. We have heard calls to restrict marriage equality. If elected, I will elevate the voice of sexual and gender minority (SGM) individuals on the board and will maintain my commitment to serving the needs of our community. I will ensure that any issue that the APA is considering is assessed from the perspective of whether it advances or hinders the priorities of the SGM community. I will make sure the APA does not remain silent when SGM rights are under attack, or when the needs of our community are ignored.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

There are real barriers to treatment for SGM individuals as well as the perception among the SGM community of barriers which ultimately makes individuals reluctant to use mainstream healthcare services. It is not uncommon for SGM individuals to avoid seeking treatment altogether. Accessible treatment for SGM individuals, particularly, transgender persons is particularly sparse. When services are accessed, often SGM persons do not disclose their sexual orientation or gender identity to their healthcare providers. Psychiatrists across the country need to be educated about SGM-specific issues in order to expand access to SGM-affirming treatment.



*Tanuja Gandhi, M.D.*

#### EARLY CAREER PSYCHIATRIST (ECP) TRUSTEE

**Tanuja Gandhi, M.D.**

*Why do you think AGLP members should vote for you?*

I am a woman of color who grew up in a traditional community riddled with gender stereotypes, stigma toward mental illness and cultural restrictions on a woman's achievements. I am also a woman physician, a child and forensic psychiatrist acutely aware and sensitive to the needs of minorities and vulner-

able populations, and a strong advocate for equal rights, equal opportunity and equal access to respectful, high quality and culturally competent care for everyone regardless of gender, sexual orientation, ethnicity, race, immigration status, disability, or religion.

If elected as the Early Career Psychiatrists (ECP) Trustee, I will work to address such discrimination, disparities and barriers to care through advocacy, education and collaboration with the AGLP and other sub-specialty and allied organizations. The ECP trustee is a voice for ECP's and our diverse membership on the APA Board. My leadership role and service in the APA as an APA Fellow, Resident Fellow Member Trustee and now as a member on the Council on Psychiatry & the Law provide me with the skills requisite to hit the ground running for advocacy in the current socio-cultural and political climate.

*What is the next step for APA in terms of LGBTQ+ mental health?*

Representation matters. Over the years, the APA has made gains in advocating for LGBTQ+ members in the organization but there is a long way to go. We need to promote the involvement of LGBTQ+ members at all levels of the APA including leadership positions on the board, assembly, councils, caucuses, fellowships, and support such leadership in allied and sub-specialty organizations. The APA should

continue to be a strong voice advocating for the mental health needs of LGBTQ+ individuals through partnerships with medical specialties and robust advocacy for inclusion in health-related surveys, medical records, treatment programs and research. We need continued local, federal and state advocacy to enhance access to care through better insurance coverage, parity, telepsychiatry and funding for community, rural and school health programs. We need to support the training of culturally competent psychiatrists and a change in culture in the way we provide care for the LGBTQ+ community across healthcare and institutional settings.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?*

Given the setbacks in recent times, the APA should enhance its advocacy efforts to protect the rights of LGBTQ+ individuals across the lifespan. If elected as the ECP trustee, I will be a strong voice representing the concerns and interests of the LGBTQ+ community on the APA Board through input, feedback and consultation with leaders across the APA including the Council on Minority Mental Health and Health Disparities, the LGBT caucus and the AGLP. Systemic barriers, discrimination and disparities in access to care and parity for mental health and substance use treatments are key issues for the LGBTQ+ community. I envision my platform as a conduit to relay member concerns and advocate on key issues including the MOC, scope of practice, access to care, parity, and support for diversity and inclusion with specific focus on minorities and venerable populations. I aspire to create a think tank of ECP leaders dedicated to promoting education and leadership through communication and partnerships with leaders within the APA, subspecialty, allied and advocacy organizations to achieve effective and sustainable results.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

Promoting inclusion and addressing discrimination is the responsibility of each individual. Each of us as physicians should strive to preserve and advocate for the rights of LGBTQ+ colleagues and patients in our professional and personal environments. It is essential for every psychiatrist to recognize the unique challenges faced by the LGBTQ+ community compounded further for minorities and create an environment of respect and acceptance in their clinical care. It is also important for psychiatrists to provide culturally competent care and seek education to stay current on best practices, treatment guidelines and research in LGBTQ+ health.



*Chandan Khandai, M.D., M.S.*

#### EARLY CAREER PSYCHIATRIST (ECP) TRUSTEE

**Chandan Khandai, M.D., M.S.**

*Why do you think AGLP members should vote for you?*

I am a straight cis male, so I cannot fully appreciate what it means to be LGBTQ+. However, I grew up as an immigrant and a minority raised in a conservative Midwestern town, so I can appreciate the feeling of being "the other"; with being insulted, shamed and excluded for who I was. I also have family and friends who are LGBTQ+, some who

have come out and some who can't due to stigma, and they all suffer in ways I will never have to due to my privilege. People shouldn't have to suffer for who they are.

This passion for inclusion and social justice is why I hope to earn your vote for Early Career Psychiatrist (ECP) Trustee. As RFM and now ECP Rep in Illinois, I have worked to create diverse leadership committees, including LGBTQ+ voices. My state-level advocacy, along with my prior term as a non-voting member on the Board of Trustees, helps me appreciate what can be advocated LGBTQ-wise on the national

*Continued on page 13*



## The Candidates Respond

*Continued from page 12*

level, versus what must be effected on the district branch level. On the selection committee for the APA/APAF Public Psychiatry fellowship, I advocated for LGBTQ+ lived experience to be considered under diversity. As an academic and on social media, I work to advance LGBTQ+ voices. In this current campaign, I am lucky to have LGBTQ+ friends helping me develop my platform. I hope to continue to be an ally for you in all my works.

*What is the next step for APA in terms of LGBTQ+ mental health?*

APA must embrace psychiatry's potential as a force for restorative justice, especially given our history where psychiatry was often weaponized against LGBTQ+ people. We cannot afford to be uninformed or "neutral" when our patients' and colleagues' very rights to exist becomes politicized. We must:

- Disseminate existing LGBTQ+ mental health resources from academia into community practice and facilitate nationally the growth of LGBTQ+ specialized programs such as gender identity clinics.
- Expand current LGBTQ+ training and toolkits to appreciate specific aspects of the LGBTQ+ spectrum and incorporate intersectionality, ex. undocumented LGBTQ+ mental health, rural LGBTQ+ health disparities, racial minorities within the LGBTQ+ community.
- Coordinate strategy between national and district branch-level advocacy for progressive policies: national ban on conversion therapy, expanding non-discrimination protections (ex. *Fulton vs Philadelphia*), protecting access to gender-affirming care as 20 states introduce legislation to ban it in 2021.
- Strengthen partnerships with other medical organizations and advocacy groups such as the Human Rights Campaign, ACLU, and Trevor Project to amplify our voice and establish our expertise in LGBTQ+ mental health.
- Grow our presence on social media to combat misinformation around LGBTQ+ mental health and increase LGBTQ+ psychiatrist voices in print and media.
- Encourage further LGBTQ+ mental health scholarship through APA's Research initiatives.
- Recruit and RETAIN LGBTQ+ trainees in psychiatry and the APA, and nurture them as residents and ECPs into leadership positions.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?*

We will soon have a new President, but LGBTQ+ advocacy can still be stymied by Senate obstruction, reactionary judges, and conservative state legislatures, emphasizing the need for strong national AND state-level advocacy. As ECP Trustee, I will push APA from a policy and advocacy perspective to, not just regain the status quo, but expand and progress LGBTQ+ civil rights to protect our patients' mental health. I will also engage our membership directly, through the first-ever national ECP survey to understand our generation's needs, including on LGBTQ+ issues. I will work to elevate diverse ECPs to leadership roles, including LGBTQ+ colleagues, to build an APA that reflects the society we serve.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

- Explicitly identify themselves as LGBTQ+ affirming psychiatrists, especially for BIPOC, and build a diverse case experiences to justify that standing.
- Use gender-inclusive language and affirmed pronouns, patient-preferred terms for partners.
- Appreciate implicit bias and microaggressions in clinical interactions with LGBTQ+ patients.

- Understand systemic LGBTQ+ health disparities, especially in underserved and marginalized communities, to better address them in individual patients.
- Educate themselves on the history of psychiatry and LGBTQ+ people, to contextualize concerns of LGBTQ+ patients in seeking mental healthcare.
- Pursue continued training in LGBTQ+ mental health, such as gender-affirming care, and addressing trauma from rejection of LGBTQ+ identity.
- Facilitate healthier accepting relationships between LGBTQ+ patients and their families using resources like the Family Acceptance Project, especially in youth, to reduce suicide risk, ameliorate psychiatric burden, and increase resilience.
- Oppose conversion "therapy" and familiarize themselves with the scientific literature surrounding its harm.
- Advocate within healthcare systems for structural changes benefiting LGBTQ+ patients, for example: including correct pronouns in EHRs, LGBTQ+ friendly visitation policies, and LGBTQ+ focused clinical services.



*Krysti (Lan Chi) Vo, M.D.*

### EARLY CAREER PSYCHIATRIST (ECP) TRUSTEE

Krysti (Lan Chi) Vo, M.D.

*Why do you think AGLP members should vote for you?*

"If you are neutral in situations of injustice, you have chosen the side of the oppressor. If an elephant has its foot on the tail of a mouse and you say that you are neutral, the mouse will not appreciate your neutrality." - Archbishop Desmond Tutu

I discovered this quote during my childhood, and it continues to resonate with me. This led me to a career in psychiatry, in order to serve children and families affected by mental disorders and developmental disabilities. On the APA board, I plan to vocally serve all members of the APA, including the AGLP members, as I have a proven record of advocacy and inclusion for minority populations in my prior work and non-profit experiences. The advancement of LGBTQ+ community requires working with diverse groups of people. I am a community-builder who works with others who have different racial, social or sexual identities than myself. As a child who grew up in subsidized housing, I understand the struggles of low-income families and the economic, social, and cultural impact of systemic discrimination on marginalized communities, including the LGBTQ+ community.

*What is the next step for APA in terms of LGBTQ+ mental health?*

The APA should stand with LGBTQ+ rights as part of its advocacy efforts. We must play an active role in monitoring any legislation that would impact the mental health of LGBTQ+ members at the state and federal level.

We have the power to impact our policies! APA must be on alert of active legislation and rally to strengthen our collective voice. Engagement of APA members is key to making this happen. This can be facilitated through the use of technology, such as texting, to send advocacy alerts quickly, particularly for time sensitive issues.

As a board member, I would work to enhance our advocacy training programs to make it more comprehensive and make it easily accessible for APA members, who can then be more knowledgeable and effective in their advocacy, not only at federal and state platforms, but at local and individual levels.

The APA should work with community non-profits, such as The Trevor Project, to

*Continued on page 14*

## The Candidates Respond

*Continued from page 13*

highlight suicide prevention in the LGBTQ+ community, as well as participate in grassroots movements with various organizations beyond organized medicine. The advocacy efforts of the APA can be strengthened by its alliance with other non-profits with similar goals.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?*

I have a track record of effectively leading advocacy efforts since college. I've engaged in difficult conversations with legislators at many state and federal advocacy events, as well as personally reached out through emails to countless policy-makers.

Within the APA, in one short year as the Asian American representative to the Assembly, I have reinvigorated the caucus with quarterly meetings and active engagement. With the rise in anti-Asian sentiment during COVID19, I worked with APA staff to produce an advocacy alert. This involved sending members an email with a link (accessible to the general public) to send a pre-filled message to their representatives to advocate for the passage of H.R.908, a House resolution condemning anti-Asian sentiments. It received over 400+ signatures from APA members, and the resolution was passed in the House. With respect to the LGBTQ+ community, I would use a similar approach to advocate for a vote on H.R.5 Equality Act and other policies. Through our collective voices, the APA has the power to influence policy and support the LGBTQ+ community across the country and at a local level.

One recent testament to the power of group advocacy was the Georgia flip to blue for the first time in 20 years, which many analyses attribute to the impressive 91% increase in Asian American and Pacific Islander (AAPI) voters. In every battleground state, the AAPI community increased its turnout more than any other group. This reflects the power of the AAPI vote, a largely undervalued contributor to elections. I believe the same results of working with diverse groups are possible when advocating for LGBTQ+ policies.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

As a child psychiatrist, I believe conversations regarding gender identity and sexuality must be normalized. I make it a point to ask my patients about their gender identity and sexuality in a non-judgmental and compassionate way. It is important for me to encourage all patients to discuss their gender and sexuality with me. I believe secrets, shame, and guilt can be alleviated through open, honest conversations with a supportive psychiatrist.

On a broader scale, residency program directors should incorporate training on ways to address gender and sexuality into their residency curriculum, and this training should also be a part of the continuing education curriculum for practicing psychiatrists. I was part of the development of the National Pediatric Telepsychiatry Curriculum for GME and CME training. As a board member of APA, I would advocate for funding to create a training curriculum with best practices and complete understanding of the needs of LGBTQ+ community. AGLP experts have excellent material, but we do not have it in a curriculum format that can be easily adapted for training programs throughout the nation. Through virtual didactics, we can utilize the AGLP experts for nationwide training programs that are severely lacking expertise on LGBTQ+ issues.

**MINORITY/UNDERREPRESENTED REPRESENTATIVE (MUR) TRUSTEE**

Oscar E. Perez, M.D. - NO RESPONSE RECEIVED BY PUBLICATION DATE



Felix Torres, M.D., M.B.A.

**MINORITY/UNDERREPRESENTED REPRESENTATIVE (MUR) TRUSTEE**

Felix Torres, M.D., M.B.A.

*Why do you think AGLP members should vote for you?*

I would be honored to have the support of my fellow AGLP members. Joining the APA in medical school as a then closeted gay man, I have long been an advocate for our profession and our patients. I am now out and proud and privileged to have a great husband and our 6-month-old twins by my side. I have extensive APA experience,

having served in several Components, and possess a good grasp of our bylaws and procedures. During my seven-year tenure as Assembly Representative, I focused on issues relating to global and cultural psychiatry, the delivery of care to underserved populations, the impact of global climate change on mental health, and the support of the APA's fourth strategic initiative: Diversity. In my plight to increase diversity and inclusion within the APA and while sitting on the Council on Minority Mental Health and Health Disparities (CMMH/HD), I authored an action paper requesting that the APA continue to support the September Components' Joint Meeting of the CMMH/HD and the Assembly Committee of Representatives of Minority/Underrepresented Groups. It was during the initial 2017 joint meeting that several toolkits were shaped from idea to a final product, including the Stress & Trauma Toolkit for Treating LGBTQ in a Changing Political and Social Environment. The action paper was unanimously passed by the Assembly. I am also proud to say that I have been an AGLP supporter at the Patron then Founder level over the past three years as I recognize the important work that our Association is performing towards the goal of educating and advocating on LGBTQ+ mental health issues.

*What is the next step for APA in terms of LGBTQ+ mental health?*

We have come a long way since the December 1973 APA Board meeting when homosexuality was depathologized and removed from the DSM as a psychiatric disorder. While neither a psychiatric illness nor a "sexual orientation disturbance," LGBTQ+ mental health issues span beyond the binary of homosexuality and heterosexuality. Stating that sexuality and gender are complex is preaching to the choir within this audience but not necessarily to the ears of the global APA membership. Among the next steps to be taken in terms of LGBTQ+ mental health, the APA needs to (1) support research addressing the mental health of individuals throughout the gender continuum, most importantly the persistently marginalized transgender population, (2) support research in intersectionality as our struggles as LGBTQ+ individuals are compounded by the convergence between our orientation/gender and our other social identities, (3) explore the creation of a clinical practice guideline for the treatment of LGBTQ+ patients, and (4) make LGBTQ+ educational resources more readily publicized and available to its membership.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?*

The next M/UR Trustee must be keenly aware of the APA's historical issues with systemic discrimination to serve as a catalyst for change and for reconciliation across our membership, including all seven M/UR groups: American Indian/Alaska Native/Native Hawaiian, Asian-American, Black, Hispanic, IMG, LGBTQ, and Women. While I identify as Gay and Latino, my plight for diversity within the APA has been focused on the advancement of All. Together we are stronger than fragmented. But also, as a Gay Latino, I will bring an important perspective to the Board as we broach important issues affecting our patients and our profession, the

*Continued on page 15*

## The Candidates Respond

Continued from page 14

impact of which on the LGBTQ+ community must be thoughtfully considered.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

I had the great privilege of training in psychiatry and forensic psychiatry in New York City at the now defunct St Vincent's Catholic Medical Centers, the center of the AIDS epidemic in NY and the site of the first AIDS ward on the East Coast, in the middle of Greenwich Village, four blocks away from Stonewall. I had the great opportunity to treat people of all color, backgrounds, and gender identities. Our program even had a sexuality module in our curriculum taught by our mentor and friend, Dr. Jack Drescher! I recognize that my education and training is not unique yet unfortunately not widespread in medical education. There is a significant disparity in how the knowledge of diversity and inclusion is imparted to our residents and how their competencies in the evaluation and treatment of diverse populations are assessed (depending on geographic locations, accessibility to subject matter experts, financial resources, etc.). We need to bridge the gap in medical education, not only in psychiatry training but throughout medicine, to fully and adequately incorporate diversity, equity and inclusion, the theoretical framework of intersectionality, and their impact on mental health. Until such time as that is accomplished, and for those in the life-long learning phase of our careers, psychiatrists need to proactively identify their knowledge gap in the treatment of LGBTQ+ individuals and engage in continuing medical education to improve their knowledge, competence and performance in the delivery of comprehensive and compassionate LGBTQ+ care.

## AREA 1 TRUSTEE

Eric M. Plakun, M.D. - NO RESPONSE RECEIVED BY PUBLICATION DATE



Maureen Sayres Van Niel,  
M.D.

## AREA 1 TRUSTEE

**Maureen Sayres Van Niel, M.D.**

*Why do you think AGLP members should vote for you?*

AGLP members looking for an experienced, forceful, and compassionate advocate for LGBTQ+ rights and LGBTQ+ mental health will find that in me as a candidate for Area 1 Trustee.

Nevertheless, I do not possess the most important qualification that a potential APA trustee could have—lived experience as a gay, lesbian, bisexual, questioning, queer, transgender, or ace person. My

allyship with LGBTQ+ issues has been ongoing since 1982, when during my psychiatry residency, I was swept into a life-or-death fight for LGBTQ+ rights because AIDS ruthlessly killed half my psychiatry residency class. That fight demanded our full attention as physicians to reinforce the importance of addressing the AIDS epidemic at a time when the federal government and its agencies were minimizing and ignoring the crisis. My years of advocacy—both before and after the development of antiretroviral therapy—to shift the public narrative toward changing attitudes is ongoing, including advocacy for the civil, legal, and health rights of LGBTQ+ people. Because I now chair the MUR (Minority and Underrepresented) committee at the APA, my more recent advocacy work has focused on the malicious discrimination and sometimes deadly violence that intersectional LGBTQ+ people of color face, especially Black transgender women.

*What is the next step for APA in terms of LGBTQ+ mental health?*

I would consider the prevalence of mental health problems in the LGBTQ+ community to be at a crisis level at this time—a crisis that deserves our immediate atten-

tion and that has only deteriorated over the past four years with the current administration's policies. Compared to the non-LGBTQ+ population, the LGBTQ+ community has significantly higher rates of suicide; affective and anxiety disorders; substance use disorders; and among certain groups, intimate partner violence. Most of these higher incidences can be traced to the presence of discrimination and persistent stigma combined with the absence of education within the healthcare community about gender identity and sexual orientation and the resulting lack of access to affirming care for LGBTQ+ patients. Almost 60% of the states in this country still have no laws against conversion therapy, and 40–60% of transgender adolescents ages 13–19 have already tried to commit suicide. These numbers are intolerable, and the APA should engage in an aggressive initiative to address the root causes of these mental health disparities.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?*

The LGBTQ+ community lost a lot of ground during the current administration, especially in terms of hard-won LGBTQ+ protections that we must now work to regain. I believe that the APA needs to use our national platform to be moral thought leaders who are unafraid to issue swift condemnation after atrocities such as the massacre at the Pulse nightclub. Slow, complicated APA Assembly processes impede the effectiveness of our collective APA voice when we need to quickly denounce violence against transgender people and other assaults against the LGBTQ+ community.

I also believe that the APA's legislative advocacy should include strong lobbying for LGBTQ+ mental health issues, such as completely banning conversion therapy throughout the United States; passing the Equality Act; lifting all bans on transgender military service; and passing legislation to reverse current administration policies that provide religious exemptions allowing adoption agencies, healthcare providers, and social service agencies to discriminate against LGBTQ+ people.

The APA's mental health advocacy for the LGBTQ+ community lost a lot of power and cohesion several years ago when budget constraints led our organization to downgrade the LGBTQ+ group from a committee to a caucus. As a caucus, it is subsumed under an umbrella that includes all racial minorities, international medical graduates, and women members. Committees were able to accomplish a lot more in mental health advocacy than the caucuses are under the current structure, so I will work with caucus leaders to push for a return to the committee structure.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

As physicians, our first priority is to ensure all our patients have access to and receive the best up-to-date treatment for their mental health problems. As to how we can better serve our LGBTQ+ community members, most of us psychiatrists are real works in progress, with so much to learn. But there is some good news. I am pleased to lift up the work of my colleagues at the APA over the past few years. The advocacy of members of the Council on Minority Mental Health and Health Disparities, under the direction of Eric Yarborough, as well as the officers of the LGBTQ+ caucus—Mark Townsend, Andy Tompkins, and Ubaldo Leli—has resulted in quality, tangible resources and educational materials on the APA website. There are mental health fact sheets that directly address different subgroups, including bisexual, queer, transgender, lesbian and gay individuals. There is a toolkit entitled: "A Guide for Working with Transgender and Gender Nonconforming Patients," a CME module on "Gay Men's Health," and a course called "Gender-Affirming Care." And gratefully, we still have Bob Cabaj's compassionate 2016 six-minute talk on "Best Practice Highlights: Working with LGBTQ Patients," with a downloadable guide for general psychiatrists. <https://www.psychiatry.org/psychiatrists/cultural-competency/education/best-practice-highlights/working-with-lgbtq-patients>. As APA members, these resources are direct and concrete tools that can help us educate

Continued on page 16



## The Candidates Respond

*Continued from page 15*

ourselves about how to provide mental health care that affirms our clients' gender identity and sexual orientation—care that has been largely insufficient for a community that we must learn to serve better.

**AREA 4 TRUSTEE**

Theadiah L. Carey, M.D., M.S. - NO RESPONSE RECEIVED BY PUBLICATION DATE

**AREA 4 TRUSTEE**

Cheryl D. Wills, M.D. - NO RESPONSE RECEIVED BY PUBLICATION DATE

**AREA 7 TRUSTEE**

Annette M. Matthews, M.D. - NO RESPONSE RECEIVED BY PUBLICATION DATE



Mary Hasbah Roessel, M.D.

**AREA 7 TRUSTEE****Mary Hasbah Roessel, M.D.**

*Why do you think AGLP members should vote for you?*

The AGLP should vote for me because I have spent my career as a Dine' psychiatrist advocating and supporting the underserved populations in my practice and personal life. I grew up on the Navajo nation and became a psychiatrist partly because I wanted to improve access to care for Indigenous peoples and the marginalized and underserved populations. I include the LGBTQ+ and TGNC

communities to advocate for and improve access to psychiatric care for. I am aware of some of the unique barriers these communities have in accessing psychiatric care. I also am aware of the mental health challenges such as higher rates of suicide in transgender youth, and other mental health issues. I am also aware of the intersectionality of the mental health challenges and high suicide rates with BIPOC youth who are LGBTQ+ and TGNC.

I also feel the AGLP should vote for me because I have personal investment in advocating for the rights of the Two Spirit and LGBTQ+ Indigenous people and reducing stigma. I focus on validating and being an ally for Two Spirit Indigenous youth. I also am aware of the significance of Indigenous culture being a protective factor in Two Spirit and LGBTQ+ individuals. I advocate for a safe environment for my Indigenous patients that is culturally relevant.

My journey and advocacy and acceptance for marginalized LGBTQ+ and TGNC people will continue as the Area 7 Trustee because I am passionate about continuing to support and elevate their voices.

*What is the next step for APA in terms of LGBTQ+ mental health?*

The APA needs to continue to reduce stigma in the care of LGBTQ+ people by continuing to have representation within its leadership from LGBTQ+ and TGNC groups. The Minority Underrepresented Groups of the APA Assembly has an LGBTQ+ caucus where members can participate and advocate for representation of the contemporary issues within psychiatry that affect the LGBTQ+ community. The APA has increased this marginalized group's voice with the passage of Position Statements and Action Papers. The intersectionality of the BIPOC community who identify as TGNC or LGBTQ+ need more advocacy and support within the APA. The APA needs to raise awareness and education for the LGBTQ+ and TGNC people from diverse cultures. There are more educational resources on the APA website that members can access to enhance their awareness in working with these diverse groups. APA also needs to be a leader in the celebration of the LGBTQ+ and TGNC

communities and celebrate the unique contributions they make.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?*

The setbacks against civil rights of LGBTQ+ and TGNC will not be a deterrent, but a motivator to continue to give voice and advocacy to sensitive, inclusive mental health resources, and cultural factors these communities face day to day. Continuing to be a voice for this marginalized community, as well as voice of my BIPOC relatives will be my priority as Area 7 Trustee.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

A psychiatrist can be inclusive, and open with their practice to welcome the diversity of their patients. I feel having resources available such as the Hot line for the Trevor Project, and cards and other resources for the Transgender Resource Centers in their communities in their waiting room or on their websites. A psychiatrist should also be up to date on educational CME resources on the mental health issues of the LGBTQ+ and TGNC patients. They can access these CME resources from the APA Website section on diversity and inclusion. The psychiatrist should also utilize the resources available on the AGLP website. A psychiatrist should also be an ally and advocate when presented with discrimination against this patient population and provide education to providers who engage in discriminatory practices against the LGBTQ+ and TGNC patients. We need to become competent in working with gender diversity in our psychiatric practices and recognize an openness for improvements along the way.

**RESIDENT-FELLOW MEMBER TRUSTEE-ELECT (RFMTE)**

Souparno Mitra, M.D. - NO RESPONSE RECEIVED BY PUBLICATION DATE



Lindsay M. Poplinski, D.O.

**RESIDENT-FELLOW MEMBER TRUSTEE-ELECT (RFMTE)****Lindsay M. Poplinski, D.O.**

*Why do you think AGLP members should vote for you?*

Leadership is not just an abstract concept that I work to embody, but additionally an area of which I have completed formal education. During my leadership training at the University of Minnesota, the three guiding principles instilled into us were "There is no growth in the comfort zone and no comfort in the growth zone", "Seek to understand", and

"Relationships are the currency of power." A project that I developed as a result of my training included the organization of formal "conversation circles" between the Somali refugee population in Minneapolis and the local student body and neighborhood residents. These events fueled emotionally charged topics, but we always united at the end. We even frequently cooked traditional meals to share with each other during our conversations.

I recognize that fulfilling the ideals of my leadership training is easier said than done, but I am committed to taking the steps necessary to make them a reality. These include showing up, being present, and committing to both sharing ideas and listening to strive to create unity founded on the universality of the human experience.

*What is the next step for APA in terms of LGBTQ+ mental health?*

I see a next step for the APA being a push for increased awareness of and attention toward the Association of American Medical Colleges competency-based guidelines for LGBTQ+ patient contact hours and formal education hours in medical school

*Continued on page 17*



**The Candidates Respond**  
*Continued from page 16*

training. The APA as an organization as well as its individual members should advocate for and assist when able with the ongoing implementation of these guidelines.

Additionally, this advocacy should be extended to include outreach to the Accreditation Council for Graduate Medical Education to create competency-based guidelines for LGBTQ+ patient contact hours and formal education hours within its core requirements for all residency programs.

Lastly, the responsibility to create equal representation in leadership positions is not complete and requires ongoing assessment to make sure as many voices are heard as possible including those that identify as LGBTQ+.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?*

First, I recognize there are issues that affect the LGBTQ+ community of which I am unaware of or undereducated. I will prioritize being accessible and engaged as a listener to better understand ways that the APA at large can be an allied partner.

A few key issues I see needing specific attention are as follows:

- I will advocate for decriminalization of homosexuality worldwide.
- I will help educate on the lack of scientific evidence for conversion therapy and condemn its use.
- I will stand in solidarity against discriminatory proposals in government entities including recent proposals by the United States Department of Health and Human Services to ensure equal protections for LGBTQ+ individuals.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

This list could be many pages long with interventions ranging from relatively simple fixes to complex interventions and data collection. However, I will attempt to identify suggestions that are practical and generally applicable to the majority of clinical environments.

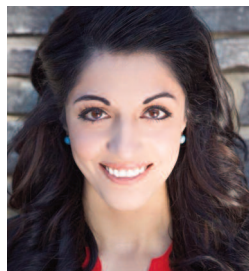
- Post, disseminate, and publicize nondiscrimination policies.
- Provide brochures and reading materials relevant to LGBTQ+ patients.
- Display mindful décor that includes LGBT-friendly symbols.
- Provide at least one single-stall, gender-neutral bathroom.
- Be mindful of patients' choice of language when describing sexual orientation, gender identity, and relationships and reflect that.
- Provide gender identity and sexual orientation sensitive forms and ensure that disclosure of this information is voluntary.
- Include LGBT-inclusive language in job notices for potential staff such as "This organization does not discriminate on the basis of sexual orientation and gender identity/expression".
- Consider joining local LGBTQ+ organizations and/or attending local events to learn and advertise as an LGBTQ+-friendly business.

**RESIDENT-FELLOW MEMBER TRUSTEE-ELECT (RFMTE)**

**Urooj Yazdani, M.D.**

*Why do you think AGLP members should vote for you?*

As a woman, an immigrant and a person of color, I have learned that inclusion is not just important, it is imperative. Though my personal experience of being born in Pakistan and raised in small-town Kentucky, I have a sense of how it can feel to contribute to a society where you don't always feel like you always belong. My



Urooj Yazdani, M.D.

journey has allowed me to empathize with differences in all forms, and if elected as an RFMT(E), I hope to foster a culture of inclusion that celebrates both the diversity within and the contributions of the LGBTQ+ community within our specialty.

*What is the next step for APA in terms of LGBTQ+ mental health?*

The APA can work towards better serving the needs of the LGBTQ+ community first and foremost by representation. Just as there are discussions about the importance of having minorities and women in positions of power, creating a position within the APA for a leader-advocate for LGBTQ+ rights is the next step in figuring out ways in which to serve the mental health needs of such a dynamic community.

Moreover, while LGBTQ+ concerns are often discussed within the realm of psychiatric practice, the community at-large is often seen as monolithic. I believe LGBTQ+ experiences should be celebrated for their rich diversity rather than standardized within a uniform context. It is imperative that the APA create a shift within our framework to ensure that there is a broad-based understanding of the individualized journeys of LGBTQ+ individuals, irrespective of societal expectations and norms.

*How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?*

The first step to change is conversation. Through the RFMT(E) platform, I hope to amplify the voices of my LGBTQ+ colleagues in an effort to foster greater understanding of their unique and ever-evolving journeys.

Through my platform, I've created a podcast on Spotify, titled The Training Office, which serves as means for trainees to initiate conversations about issues of importance. The pilot episode, aptly titled Coming Out, features Dr. William Johansen, a recent trainee who spoke candidly about his journey of coming out as a gay man during fellowship training. Through his willingness to be vulnerable and authentic, he created a conduit for other trainees to share their respective experiences and challenges. If elected to the RFMT(E) position, I aspire to continue to foster this culture of inclusivity by encouraging such open and genuine conversations.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

Acknowledging that bias, conscious or not, exists is the first step towards change. Once we accept the fact that our LGBTQ+ patients may not feel comfortable enough to share personal vulnerabilities with us is the first step to fostering a tangible shift in mentality. Creating toolkits to educate trainees about how to breach sensitive subjects such as sexual orientation within the context of family of origin, religious background, values systems, etc. can be the first step in fostering a culture of support rather than judgement. Such initiatives can be a necessary and attainable first step for psychiatrists to both understand and embrace the complexities of our LGBTQ+ communities.



**AGLP MEMBERSHIP APPLICATION FORM**

**NAME:** \_\_\_\_\_

**DEGREE:** \_\_\_\_\_ **PREFERRED (NICK) 1ST NAME:** \_\_\_\_\_

- FULL MEMBER-\$285       MEMBER OF THE APA
- RESIDENT - \$60
- MEDICAL STUDENT - \$0
- EARLY CAREER - \$125 (1ST 3 YEARS OUT OF TRAINING)
- FRIEND/ALLY - \$100
- INTERNATIONAL (OUTSIDE US AND CANADA) - \$125 (US CUR.)
- FOUNDING (PATRON LEVEL) - \$1,000
- PATRON (PATRON LEVEL) - \$500
- SPONSORING (PATRON LEVEL) - \$350

**IF A STUDENT OR RESIDENT, DATE OF COMPLETION:** \_\_\_\_\_

**DO YOU WANT YOUR TO APPEAR IN AN ONLINE DIRECTORY OF AGLP MEMBERS?**  
 Yes     No

**EMAIL:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

**NEW ISSUES OF THE NEWSLETTER ARE SENT AS A PDF TO ALL MEMBERS BY EMAIL TO KEEP COSTS DOWN. IF A PHYSICAL COPY IS REQUIRED PLEASE PROVIDE A PREFERRED ADDRESS:**  HOME     Office

**DO YOU WANT TO BE A NON-CONFIDENTIALLY LISTED ONLINE REFERRAL SOURCE?**  
 Yes     No

**IF YES, FILL IN INFORMATION BELOW.**

**AGE:** \_\_\_\_\_ **GENDER** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**OFFICE PHONE** \_\_\_\_\_

**OFFICE ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**SPECIALTY:** \_\_\_\_\_

**HOME ADDRESS (OPTIONAL):** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

I wish to pay by  Check     VISA     MasterCard     AMEX

CARD NO.

EXP. DATE:

**SIGNATURE:** \_\_\_\_\_

**(MAKE CHECK OUT TO "AGLP", AND MAIL TO:**  
**4514 CHESTER AVENUE • PHILADELPHIA, PA 19143-3707**

**OR REGISTER ONLINE AT**  
**WWW.AGLP.ORG**

**APPLICATION FORM**

**CAUCUS OF LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PSYCHIATRISTS  
 AMERICAN PSYCHIATRIC ASSOCIATION**

*(CLGBT 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, and Transgender Psychiatrists.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Send this form to: **Office of Membership  
 American Psychiatric Association  
 1000 Wilson Boulevard • Suite 1825  
 Arlington, VA 22209**

YOU MAY ALSO UPDATE YOUR ONLINE MEMBERSHIP PROFILE AT WWW.PSYCHIATRY.ORG BY CHECKING OFF THE APPROPRIATE CAUCUS(ES) IN QUESTION 3Fa "APA CAUCUS MEMBERSHIP" IN SECTION 3: CURRENT PRACTICE AND PROFESSIONAL ACTIVITIES.

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



May 1 to May 5, 2021

"NEXT YEAR IN LOS ANGELES" will be an all-virtual event. Mark your calendars now and check for updates at [www.psych.org](http://www.psych.org).