



Association of Gay and Lesbian Psychiatrists

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Fireworks around the Philadelphia Museum of Art

AGLP Philadelphia 2002!

The Philadelphia Local Arrangements Committee has been working to plan a memorable meeting for our members. We are excited to show off the many changes Philadelphia has undergone recently. Our new performing arts center, the Kimmel Center, opened in December. The center, sitting across the street from the Doubletree Hotel, is the new home of the Philadelphia Orchestra. With the center, several new restaurants have opened including Morimoto (of Iron Chef and Nobu fame).

To showcase the city, local members will be opening their homes for several events. The Medical Student, Resident, and ECP brunch will be held at an 1854 Rittenhouse Square/Delancey Street townhouse. Along with all the traditional events, we are planning several new ones. There will be a Friday evening Welcome Reception at our National Office, an 1889 Queen Anne/Victorian home designed by Willis Hale. A reception is being planned on Saturday following the symposium in a hi-rise apartment with a skyline view of Philadelphia.

This year the Saturday program is taking a more multicultural turn in focusing on the ethnic minority gay, lesbian, bisexual, transgender experiences and health issues. The program is titled "The Colors of Pride." Drs. Debbie Carter, Teresa Cuadra, and Stephen Lee will serve as the primary discus-

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Editor, Cheryl Chessick, M.D.

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The views expressed in the Newsletter are those of the writer and do not necessarily represent the opinions of the Association of Gay and Lesbian Psychiatrists. The sexual orientation of any writer or any person mentioned in the Newsletter should not be inferred unless specifically stated. Mailing lists for the Newsletter are confidential, to be used only by the Association of Gay and Lesbian Psychiatrists, and do not imply sexual orientation.

INFORMATION FOR AUTHORS

Persons wishing to submit articles for publication should send them to: Cheryl Chessick, M.D., Editor, Newsletter of AGLP; is 4455 East 12th Avenue, Box A-00-11-21, Denver, Colorado 80220. (Phone: 303-315-9884, FAX 303-315-9570, Email:cheryl9753@aol.com). Submissions should be clearly readable. Submissions on electronic media (5.25 or 3.5 inch floppy disks) in IBM compatible formats are appreciated. A hard copy should be included along with a notation indicating which word processing program was used. Submissions become the property of AGLP and will not be returned unless requested and accompanied by a self-addressed and stamped envelope. The Newsletter reserves the right to make editorial changes and to shorten articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged). The deadline for inclusion in the next issue is March 1, 2002.

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Editor's Column

Cheryl Chessick M.D.

An Interview with Anand Pandya MD

Founder of Disaster Psychiatry Outreach

Anand, are you from NY?

I was raised in New York but I was born in India.

Where did you go to medical school and residency?

I went to medical school at NYU and residency at Columbia. I finished in 1999. I then did a Forensic Fellowship in which I am board certified.

What are you doing now?

I am teaching in the residency program at NYU.

How have you been involved with September 11th?

Let me give you some background first. When I was the chief resident at Columbia in 1998, there was a plane crash (Swiss Air 111) over Nova Scotia. The New York City Department of Mental Health wanted additional help with the families involved. I went with a couple of colleagues of mine. They needed people to go to Halifax to be with the families and I did this rather on the spur of the moment. During that time, I realized that not a lot of psychiatrists did work with victims of acute disasters. Eventually, my colleagues and I learned more and we formed a corporation entitled "Disaster Psychiatry Outreach". Our corporation has responded to the Egypt air crash in 1999, the earthquake in El Salvador earlier this year and then September 11th here in New York City.

We formed and hosted the first International Conference called the International Congress of Disaster Psychiatry. We are becoming known in the New York City area; we have formal relationships with Columbia, Cornell and Mt Sinai.

The New York State Department of Mental Health approached us around September 11th to coordinate the psychiatric volunteers at the Family Assistance Center where families were and are continuing to obtain help on many different levels. From there, things have snowballed.

What has it been like?

At first, there was incredible chaos. It took awhile to refine the operations. The role of psychiatrists has changed with time. Initially, psychiatrists did death notifications with the thinking that they have a medical background and can talk about life and death issues in a highly charged emotional setting. Psychiatrists are uniquely qualified in that they bring a background of professional training in self-observation. Psychiatrists are taught to observe themselves and to identify when their own issues may be interfering with care.

Everyone wanted to do something. But you need individuals with a vigilant eye for burnout, individuals who know how their intense feelings may interfere with the work. I have found my fellow psychiatrists are often good at watching for counter-transference. If they cannot see this themselves, we have been able to speak to psychiatrists about burnout and I am proud to say that as a whole the psychiatrists have been very receptive.

We have worked at the Family Assistance Center. It is a one-stop center for people seeking information for recovery of bodies, financial assistance, getting death certificates, and seeking counseling or psychiatric help to name just a few of the services there. We have done debriefings for a law school near



President's Column

Mary Barber, MD

STATE OF THE ORGANIZATION

2002

promises to be a challenging year for AGLP. Like many professional organizations, we have experienced a decrease in membership in the past few years. Reduced physician revenues from health insurance, increasing malpractice and licensing fees, and multiple professional organizations competing for membership are some factors responsible for this trend. At the same time, we are at a point where gay and lesbian mental health issues are more commonly discussed and acknowledged in mainstream psychiatry organizations. As it has become routine to find LGBT-themed talks in the annual APA program, some AGLP members have even wondered whether AGLP is still needed.

Yet it is doubtful that any larger psychiatry group would have been able to afford the time AGLP took in educating ourselves about transgender issues and queer theory over the past several years of programming. We are able to use programming time during the May meeting to discuss cutting-edge issues in LGBT mental health that cross disciplines, and might be far removed from psychopharmacology, yet are still quite relevant to psychiatry. We need to continue the tradition of pushing the limits of our knowledge if we are to remain relevant. Despite our loss of some membership numbers, AGLP has been affected relatively slightly compared with larger organizations. We remain fiscally strong, and our membership fees

We remain fiscally strong, and our membership fees continue to be a bargain as contrasted with the fees of other groups. Still, we cannot be complacent around the issue of membership, and must keep striving to grow our organization and to broaden our membership base. This means reaching out to include more women and ethnic minority members, and to reach potential members from geographic areas, which are currently underrepresented within AGLP.

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It may surprise some of us that more than a few of our members ask that their names not be published in the AGLP directory. The closet still exists, and many members still find it safer to be in an independent gay organization, that is not directly affiliated with a larger medical or psychiatry organization. For this reason and the reasons above, AGLP remains a vital and needed resource for gay, lesbian, and bisexual and transgender psychiatrists and for our patients.

My expectation for our organization is that we will use the challenges before us as opportunities for growth, and that AGLP will emerge stronger and more focused. With that aim in mind, we are planning a half-day retreat during our May annual meeting in Philadelphia, which will include AGLP's Executive Board, Council and Committee chairs, and will be facilitated by an outside consultant experienced in strategic planning for non-profit groups. I'm inviting the entire AGLP membership to give input on how we should use this retreat. What tangible (and manageable) result would you like to see? Should we come up with a new mission statement, which we can use to focus our energies and goals? Should we work on how to build membership? Should we strategize about funding or potential new projects? Are there other concerns you would like to have discussed by AGLP's leadership? Please forward your ideas and concerns to me, so that they can be put on the agenda for the retreat,

Caucus of Lesbian, Gay, and Bisexual Psychiatrist's Column

The November Assembly meeting was filled with the usual spectrum of Action Papers. If anyone is interested in the details, some has been published in PsychNews, some is available on the APA website, and I can send a more detailed description to anyone who would like. Significant news was that the APA office will be moving out of downtown DC across the Potomac to Rosslyn, Virginia. In addition, there was emphasis on the seriousness of APA's current financial situation. I continue to plan to use the APA Gay/Lesbian/Bisexual Psychiatrist list serve (LGBiNet) to post more detail about Assembly business. Anyone who is a Caucus member can sign up for this list serve on the APA website, www.psych.org, or by contacting Jan Taylor in the APA office (email: jtaylor@psych.org). Anyone who wants to join the Caucus can return the form included in this newsletter. If you are not sure whether you are a Caucus member, ask me (drsved@aol.com or 919-851-8040) or Jan Taylor. If you receive a ballot every other year to vote for the Caucus representative and deputy representative, you are a Caucus member.

Also of significance, directly after the Assembly meeting, there was the first roundtable meeting of representatives from the various allied minority groups, along with several APA officers and representatives from the APA caucuses. I represented the Caucus, and Mary Barber represented AGLP. I expect Mary will also be reporting on this meeting. Many psychiatrists who identify as members of a minority group are members of an allied organization but not the APA. Representatives from each group shared their group's history and activities. Much of

Anyone who wants to join the Caucus can return the form included in this newsletter. If you are not sure whether you are a Caucus member, ask me (drsved@aol.com or 919-851-8040) or Jan Taylor. If you receive a ballot every other year to vote for the Caucus representative and deputy representative, you are a Caucus member.

the discussion centered on how to involve more minority psychiatrists in the APA, and to how to improve communication between the APA and members of the Allied groups. Hopefully, the ideas discussed will go forward, and similar meetings will continue to occur over the next few years.

The Committee of Minority and Underrepresented Groups of the Assembly (MUR Committee) will have a workshop at the APA meeting in May in Philadelphia on Tuesday morning called "Survivor MUR." Nationally elected recent APA officers who began their APA involvement through one of the minority caucuses will discuss how they were successfully able to climb through the APA hierarchy.

Once again, I will be involved with the Assembly in May, just before the annual meeting, and will therefore miss the AGLP Saturday activities, but I hope to see you all later in the meeting!

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AGLP needs your involvement in Philadelphia!

Dan Karasic, MD

As scheduling the hospitality suite is one of my responsibilities as vice president, in New Orleans last May I tried to attend as many of the hospitality suite meetings as I could. A new discussion on party drugs and body image in gay men drew a crowd exceeding the capacity of the room. The discussion was lively, with differing perspectives from psychiatrists, residents, and medical students with diverse clinical experiences. Other meetings drew fewer participants, such as the discussions on clinical supervision and the following meeting on parenting issues. These were learning experiences for me as well, but not only on the topic of each discussion. I got to know some AGLP members, to learn more about their academic and clinical work as well as their personal lives and aspirations. This level of discussion on LGBT issues, and the ability to get to know one another in a comfortable setting, are not readily available in the vast sea of psychiatrists jamming the convention center. I'd like to thank those of you who led hospitality suite discussions in New Orleans.

I'm scheduling the hospitality suite for Philadelphia this May, and I need your help. Please contact me with your ideas for new hospitality suite discussions, and to volunteer to lead discussions. This can be a supportive forum to present a workshop that you may wish to submit to APA in September for next year's meeting. And veteran discussion leaders, please let me know if you'll be available in Philadelphia.

I also need volunteers to help with the AGLP mini-retreat. On Saturday afternoon, May 17, we're planning to discuss AGLP's future, to do some visioning (in retreat-speak). What do our members want from AGLP? How can we change as an organization to better meet our members' needs? Please contact me with ideas for this meeting, to volunteer, and/ or to suggest facilitators.

And please try to arrive in Philadelphia by Saturday morning, to attend the the AGLP Saturday Symposium. Debbie Carter is organizing this year's symposium, on racial and ethnic diversity issues for LGBT people. The AGLP symposium is an opportunity to further our knowledge as psychiatrists, and for the organization to address important issues. This past year has been one that brought us together, but also reminded us of our differing perspectives. An opportunity to think about our differences as diverse LGBT people is as timely as ever,

...

HIV-Affected Psychiatrist's Column

Marshall Stiles, M.D.

Once again it is time to begin planning for the AGLP activities at the annual APA meeting in Philadelphia in May. This year I will be able to attend, and plan to facilitate our traditional support group for Psychiatrists with HIV and their partners, or for HIV(-) psychiatrists with HIV + partners, or any other combination. We will probably have our meeting in a private room away from the Hospitality Suite on Sunday afternoon, time to be determined, May 19. I ponder how the majority of HIV-positive psychiatrists whom we never officially meet at our annual support group meeting are getting along. Are you receiving the support you probably need in your home towns? From your friends, from your partners, from local support groups? It is a difficult path to follow, to be a practicing (or retired) psychiatrist, to have HIV, and probably to be taking often toxic antiretroviral drugs. Please consider joining us as we have our own unique support group in May.

If anyone would like to be on an email list, known only to me as Chair of this committee, please let me know. I was contacted after the meeting last year by a person whom I have yet to meet, who wanted to be on our mailing list. Embarrassingly, I changed Internet Providers in November and reloaded my browser, losing my email address list in the process. Luckily I had a copy of the address list current until about April, 2001, but I need to inform that person who contacted me in June or so and whom I contacted back that I need your email address again, and any other way in which you are comfortable being reached. My deepest apologies! I do not keep a lot of paper records concerning our group.

I look forward to seeing old friends and making new ones in May. This organization has been very important to me since 1978, and some of the friendships whom I have in the AGLP go back that far. You may reach me at:

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 home: 303-388-1073
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 email (NEW): mfs3md@appleisp.net

• • •

Medical Student's Column

Joe Henry, M3, University of Illinois, College of Medicine, Rockford

Where do I go now? That's the question that's been on my mind almost every day since the planes took down the World Trade Center, took a bite out of the side of the Pentagon, dug a hole into the ground of Pennsylvania, and shut down all of the nation's airports. Where do I go now? What's the right thing to do? How do I modify my thinking when I try to plan out the next steps that I want to take as I proceed through the last two years of medical school? Do I even bother to change any of my thinking? I mean how much of the world has actually changed?

While I'd like to believe that somehow some global unification might come out of this whole crisis, and the world will find a new sense of the value in every person's life, I need to look no further than my own countrymen to be readily proven wrong in bearing that kind of faith. When I finally heard mention of Jerry Falwell's remarks, I was indeed unfortunately unsurprised, for even as the towers fell, being a gay person was still a more heinous crime than causing the deaths of thousands of individuals in the name of some foreign-funded zealous quest for supposed righteousness.

So, in light of this attack, how am I affected? Which attack, of course, I must clarify. I mean the first attack, the big one, the important one, of course but then again, maybe both of them.

At times, I've wished that I was there in New York City, so that I could somehow help out. But instead I'm here, living in the thankfully little-known second largest city in Illinois: Rockford, 45 miles northwest of O'Hare Airport, and 70 miles away from the Sears Tower in downtown Chicago. Out here, feeling somewhat safe and secure, I think I've felt a lot like the singers and artists and celebrities, but without the telethon. What can I do? I'm not a fireman. I'm not a cop. What the heck can I do in the future? Just what am I trying to become here in medical school? Where's my life going anyway?

When the towers fell, I drove to my mom's house, just over an hour away. I didn't think sitting at home watching the networks by myself was going to be a good idea. I wanted to be with someone, anyone: anyone that I had a personal connection with. And, I thought of my mom.

So, in answer to my earlier questions, I guess that only one thing is clear to me. When I'm down and out and lonely, I want my family around. The world can offer up plenty of excitement and wonder, but alas, at times when unknown danger sneaks up from out of nowhere and suddenly makes me feel very alone and without

Medical Student Column

Andy Tompkins

Jean Jacket: Fashion Faux Pas?

Where were you in December, 1981? If you happened to be out of the closet and cognizant of current events, you or your partner might have begun to wonder about an emerging plague variously called "gay cancer" or KS for those in need of an acronym. The virus that would eventually be called HIV and the disease that would forever change the GLBT community had just begun to be noticed. I, on the other hand, was four years old in December of 1981. My family had decided to take the requisite trip to Disney World and the seven of us spent the month relaxing, dreaming, and most of all, ignorant of the growing AIDS crisis. My youngest brother still lay in my mother's womb; death seemed so far away. Now, this article should not be a reason to count your gray hairs, to relive the innocent days pre-HIV/AIDS, or to even look at snapshots of little Andy holding Mickey's Hand. No, I want to point out that a new generation of GLBT individuals and future health care practitioners is coming of age. We are the ones who have lived with the knowledge of AIDS all of our lives. Rock Hudson, Ryan White, red ribbons, Hollywood galas, men in blue suits, fear of the unknown, AZT, cocktails, and the hope of a vaccine. We are the ones that will continue fighting this scourge begun by a rag tag team of health professionals and advocates across Europe, Africa, and the US. However, it won't come that easy.

With all of this knowledge, complacency can and has developed. Partially because of little contact with AIDS victims growing up Southern Baptist in Kansas and partially because of the Generation X need for the new, AIDS became like an outdated jean jacket for me. I hung it in the back of my closet and covered it with A&F, Banana Republic, and the other hot trends of the moment. Personally, I knew few if any friends that have suffered the death described so eloquently by Randy Shilts in *And the Band Played On*. I also hated my mother's pronouncement that all gay men would be smote with AIDS by God for their sinful lifestyle. "Not all gay men have AIDS. We also have heart attacks and cancer" I would frequently yell back. Like that jean jacket I have recently begun to wear again, I have taken a renewed interest in the continuing AIDS epidemic. I realize that the disease should not be the only focus of the GLBT community, yet our members continue to contract HIV especially young gay men of color according to recent studies. With the chronicity of the disease, psychological issues have come more to the forefront. Depression, dementia, suicidality, behavior modification, adherence to drug regimens all must be dealt with before a patient can realize that HIV+ is not necessarily a death sentence in this country. We must develop new prevention methods targeted to a knowledgeable GLBT

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President's Column

Continued from page 3

or for the business meetings in May.

APA ROUNDTABLE MEETING

In November 2001, I represented AGLP at a roundtable discussion hosted by the APA. The two-day discussion was set up by APA Assembly Speaker Nada Stotland, as a forum for finding out how APA could be more responsive to its minority and underrepresented members. Representatives from associations of American Indian, Hispanic, Chinese-American, Korean-American, Indo-American, Pakistani, and Women psychiatrists were also present, and Richard Harding and Paul Appelbaum, APA's President and President-Elect, attended. All of the representatives at the roundtable meeting expressed a need to be able to access APA data on minority and underrepresented members, and many of us expressed concern about the need to "choose" between minority groups by joining only one APA Caucus. Hopefully, two substantive changes in APA policy will result from this discussion: 1. APA will allow members to join more than one Caucus, so that, for example, a black lesbian psychiatrist would not have to choose between the black, women's, and gay/lesbian caucus for representation on the Assembly. 2. APA will allow members to check off a box on their membership form for sexual orientation. Such voluntary data gathering would give us an estimate of how many GLB people are members of APA. I will keep you apprised of any developments in these areas.

Happy New Year!

Mary Barber, MD
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mbar@co.ulster.ny.us

Finland's Parliament Assesses U.S. Reparative-Therapy Study

Ken Hausman

A U.S. psychiatrist contacts the Finnish parliament to correct some lawmakers' misuse of his study on changing sexual orientation through reparative therapy.

Psychiatry, religion, and politics have collided head on in Scandinavia as two U.S. psychiatrists have been drawn into a heated debate in Finland's parliament over a proposed law that would allow same-sex partners to gain the same rights and privileges as married, heterosexual couples.

Jack Drescher, M.D.: Spitzer's "swift efforts to correct . . . misuse of his unpublished study is an important contribution to gays and lesbians worldwide."

Conservative politicians, particularly those in Finland's Christian Democratic Party, cited mental health issues as a major factor in their vehement denunciation of the proposal. Thus, supporters in the country's mental health community turned for help to New York psychiatrist and psychoanalyst Jack Drescher, M.D., chair of the APA Committee on Gay, Lesbian, and Bisexual Issues and immediate past president of the New York County District Branch.

Spitzer had played a key role in ensuring that DSM-III did not classify homosexuality as a psychopathological disorder, as it had been in previous editions of the diagnostic manual. Nonetheless, at last year's annual meeting Spitzer attracted considerable media attention when he presented data purporting to show that some gay men and lesbians could become heterosexuals after a course of therapy designed specifically to change their sexual orientation (Psychiatric News, July 6).

Drescher was contacted by Finnish sociologist Olli Stalstrom, a member of the Association of Gay and Lesbian Psychiatrists, for input in responding to arguments by bill opponents that APA believes homosexuals can change their sexual orientation through reparative therapies.

Finnish Parliament member Kari Karkkainen introduced that argument during the legislative debate over the same-sex marriage bill. He stated that since a presentation making the case for the efficacy of reparative therapy was given at APA's 2001 annual meeting, it thus bears the Association's stamp of approval and should be considered in the debate.

Robert Spitzer, M.D.: "Gay people, like anyone else, are entitled to full civil rights whether or not some can change their sexual orientation."

The presentation cited by the legislator was one given at the New Orleans meeting by Columbia University psychiatrist Robert Spitzer, M.D., who chaired the APA work group that developed DSM-III and revised it as DSM-III-R.

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He did caution that his results were based on self-reports derived from telephone interviews of subjects identified by an ex-gay ministry and thus did not constitute a representative sample of gay men and lesbians. But coming from the psychiatrist who in 1973 argued in favor of depathologizing homosexuality, Spitzer's recent study has been a touchstone for people who believe homosexuals can change and thus do not deserve civil rights protections or the privileges that society grants married couples.

The opponents of the Finnish marriage bill argued that data show that less than 1 percent of the country's population is gay or lesbian, and a population that small and "deviant" does not merit legislation granting them the rights that come with married status. They also emphasized Spitzer's study, saying it was proof that sexual orientation is changeable, and consequently if people want to be married badly enough, they can do so with an opposite-gendered partner.

Spitzer learned from Stalstrom that his study was being misused—an outcome about which he has been concerned since his study was publicized last spring. He then wrote to Karkkainen, the lawmaker leading the charge against the bill, saying that he was "disturbed" that his study results were being "misused by those who are against antidiscrimination laws and civil unions for gays and lesbians."

Spitzer explained that while his study results run counter "to the current view of most mental health professionals," who maintain that homosexuals cannot change their sexual orientation, his report was "based on a very unique sample." Such results "are probably quite rare, even for highly motivated homosexuals," he said.

Movie Review of Lesbian Humor

by Barbara Hammer

Barbara Hammer has created close to seventy films, and last year received the Frameline Award for outstanding contributions to lesbian and gay cinema. "Lesbian Humor," a collection of six of her short films (3-20 minutes), spans the period from 1974 to 1987, and is one of several videos of Hammer's work available from FacetsVIDEO. These pieces are humorous in the sense of ironic, satirical and playful, rather than comedic.

The first two selections are clearly dated. "Menses" (1974) seems to be a "consciousness raising" work: nude women covered in red liquid lay eggs; shoppers exit a store with armloads of "sanitary supplies." In one of my favorite scenes, a white- (bath) robed woman kneels before a naked priestess, and takes a codeine tablet as if it were a communion wafer. (NSAIDs were not be used for dysmenorrhea until the late 70's.) In "Superdyke," a troop of women travels through San Francisco, their costumes including cardboard shields reading "Amazon" and tee shirts with a "Superdyke" logo. They visit Macy's (where they wave and test vibrators), the Erotic Art Museum (where they echo the poses and activities of the painted models), and various other locations. Two of our heras cram into a "Telephone (Closet)" each trying to take off her shirt to reveal a "Superdyke" shirt.

"Our Trip" (1980) and "Doll House" (1984) are shorter and more whimsical. In "Our Trip," Hammer playfully presents still photos of an Andean vacation, overlaid with animated drawing and doodling and paper cutouts. In the second of these, a child's dollhouse becomes the centerpiece of multiple crammed possessions and cramped occupants. "Sync Touch" (1981) is perhaps the most erotic of the collection, and explores the relationship between sight and touch. Two women converse in French about the different senses and their languages of expression. Couples reach out for each other; the extended hands of two women morph into the hand of Michelangelo's God reaching out to Adam.

"No No Nooky TV" (1987) seems like an R-rated Sesame Street on speed. Finger-painting coexists with digitalized images and signs (with words such as "Clit" and "Do me") repeatedly flash in changing fonts and colors. The video package describes the film in this way: "[it] confronts the feminist controversy around sexuality with electronic language [and] pixels... in a film/video hybrid that points fun at romance, sexuality and love in our post-industrial age." (Perhaps the humor here is in the contrast between the images and this "artistic" interpretation!)

Thanks to Cheryl Chessick for asking me to review this video; it was quite a break from my hospital-based practice. There is a certain tongue-in-cheek kind of humor to these pieces (and, yes, we did used to dress that badly). The video has value as a walk through some of our past and a retrospective of selected work of a key contributor to lesbian film and culture. But, even as a reviewer, I didn't want to see it twice.

(Barbara Hammer was interviewed in the Nov-Dec 2001 issue of The Gay and Lesbian Review. Some of the information for this review was taken from that article.)

• • •

Medical Student's Column - Joe Henry
Continued from page 6

comfort, I don't want to be alone anymore. I want that fear to end.

So, for now, I guess I've decided to stop worrying about all of these questions and to tell myself: "Stay close to the one's you love and to those who love you in return. Live a life that makes you feel good about yourself. Try to help others as much as you can. And remember that in spite of those who try to speak in the name of God, whether they live here in your own country, or outside of it, you won't know what He has to say to you, until you too return to the dust from whence you came. In the meanwhile, go and find that American flag that once covered Grandpa's casket and hang it out front of the house at half-mast, and remember to honor those who are no longer even able to contemplate life's questions ever more."

This article, written in October, was unintentionally omitted from the last issue of the Newsletter.

• • •

AGLP Fall Meeting

Continued from page 1



Take a carriage ride through the 18th Century streets of Society Hill...

sants on the topics of identify synthesis, living in multiple cultures and the mental health benefits of minority focused health care.

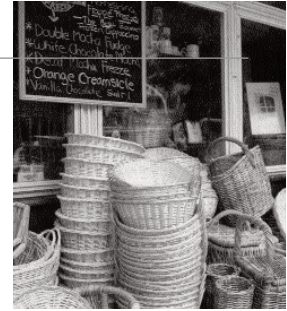
Dr. Carter is a child psychiatrist and AGLP member who works with G/L/B/T adolescents. Dr. Cuadra is a family medicine physician who collaborated with activists, performance and media artists as well as other health professionals to create a series of videos by and for Latin lesbians to increase the physical and mental health. Dr. Lee is a Native American psychologist who works with "Two Spirit" peoples in addition to Native Americans with mental health problems.

Our significant others will be able to enjoy two activities. On Sunday, there will be a walking tour of Philadelphia highlighting G/L/B/T/Q history. A midweek excursion to one of the region's cultural attractions is also being planned.

Of course, all of the traditional events of the annual meeting remain, but we hope to add a few more surprises.

Rooms remain at our host hotel, the Doubletree. We urge you to call to reserve as soon as possible as our supply of rooms is limited. The hotel is located in Philadelphia's "gayborhood" and is 4-5 blocks from the convention center. You can reserve your hotel room online in real-time 24/7 at www.tphousing.com/aglp. If work or travel plans change, you can even update or cancel your reservations online. You may also make reservations by phone. Call Travel Planners, Inc. at 800-221-3531 and identify yourself as AGLP. The number of rooms available is limited this year to 100, so make your reservations soon.

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Shopping in the Italian Market in South Philadelphia is a panoply of sights, sounds, and smells.



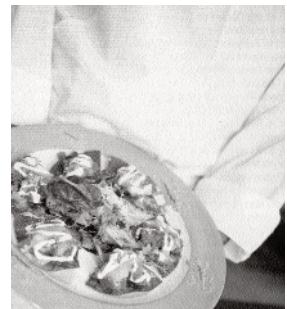
Enjoy the sights and an espresso at one of the outdoor cafés along Rittenhouse Square...



The new Pennsylvania Convention Center was created from the original Reading Company train shed and headhouse.



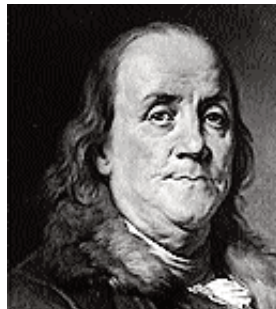
AMTRAK's 30th Street Station, designed by Graham Anderson Probst & White has a beautifully decorated, coffered ceiling rising 95 feet above a Tennessee marble floor.



One of the finest assortments of restaurants on the planet awaits your discovery



The Pyramid Club atop the Mellon Bank Building - site of the AGLP Opening Reception



A traveller should have a hog's nose, a deer's legs and an ass's back - A word of advice from our ubiquitous founding father Benjamin Franklin



These sculptures, the work of architect Wilson Eyre, Jr., and sculptor Alexander Stirling Calder form the Swann Fountain at Logan Circle.

Update from the LGBT Committee of the Northern California Psychiatry Society (NCPS) The NCPS will be having its annual meeting on April 12-14, 2002 in Sonoma. Bob Cabaj, MD is this year's president and his theme for the conference is "Somewhere Over the Rainbow: Diversity in Psychiatry". The LGBT committee hopes to have a strong presence.

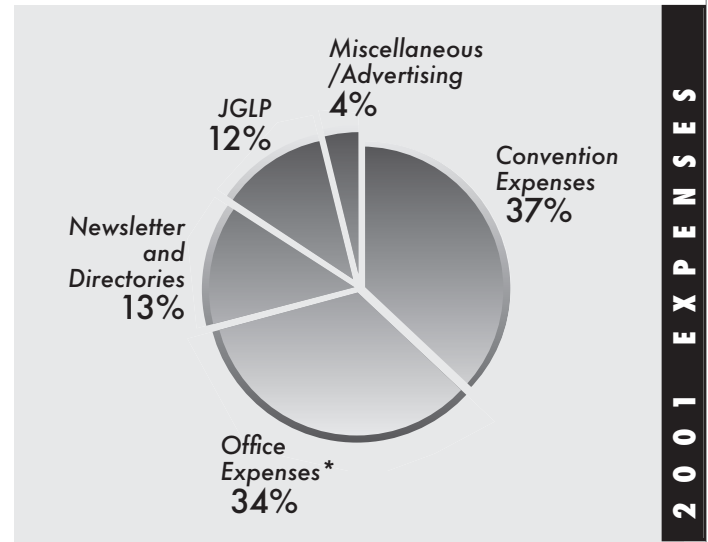
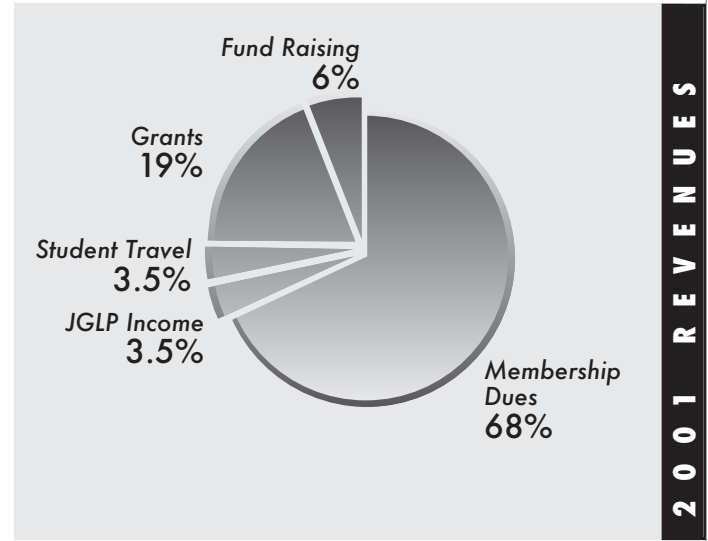
NCPS along with the Oregon PS will sponsor their yearly conference at Oregon Shakespeare Festival in Ashland, about a 6 hour drive from San Francisco, near Medford. The conference will be held September 12-14, 2002. The theme is spirituality and mental health. It is possible to see up to 6 plays in a 3 day period, but the plays that will be discussed at the meeting are the *Winter's Tale*, and *Who's Afraid of Virginia Woolf*. Other plays that will be on include *Titus Andronicus* and *Noises Off*. Although the program is set pretty early, it may be possible for us to suggest speakers. For more information about either conference, please contact 1) NCPS for brochures and more formal information about the conferences (415) 334 2418; 2) Dan Karasic, MD or Gene Nakajima, MD about the LGBT Issues Committee and the conferences (415) 292-1554.

Institute of Psychiatric Services, Chicago Oct 9-13. The APA's other conference, the Institute of Psychiatric Service will take place from Oct 9-13. Two LGB workshops have been submitted. We hope to organize some AGLP social events as well. If you want to help or have any questions please contact Gene at (415) 292-1554

CALL FOR PAPERS and Expressions of Interest The Australasian Gay, Lesbian & Bisexual Interest Group in Psychiatry (AGLBig) will be holding its eighth Annual Conference in Sydney on 1st November 2002, the day before the Opening Ceremony of the Gay Games. The theme of the conference is "Homosexuality & Sport", and it is also planned to address related topics, namely: Body Dysmorphic Disorder; issues of Gender and Identity; and biological bases of sexual orientation. Please send a brief abstract (50 - 100 words), and other inquiries to The Conference Organiser, C/-robpryde@zip.com.au.

Association of Gay and Lesbian Psychiatrists 2001 Preliminary Financial Statement

James Lettenberger, M.D., Treasurer



LEDGER SUMMARY

	2000	2001
Total Receipts	\$ 93,984.17	\$ 105,295.85
Total Disbursements	\$ 101,941.24	\$ 101,261.51
Receipts/Disbursements	(\$ 7,957.07)	\$ 4,034.34
TOTAL ASSETS		
Beginning of Year	End of Year	
\$52,978.46	\$51,060.33	

*Includes salaries, credit card processing fees, postage, supplies, book inventory and mailing expenses, and telephone and internet services.

Meet the Candidates

Steven S. Sharfstein, M.D.
 APA Candidate for Vice President

1. *What should the APA be doing to help decrease discrimination against lesbians and gay men?*

I believe that psychiatrists have a special responsibility to fight discrimination against lesbians and gay men because of the unfortunate past positions of the profession. This means, first, that the APA leadership cannot tolerate nor turn a blind eye towards any discrimination in its own organization. Second, the APA should be an active sponsor of educational materials and continuing medical education on how to provide quality care to gay and lesbian teens and adults. Third, the APA should actively involve itself at the legislative level any time a group or individual attempts to paint lesbians and gay men as having a disorder or as being unable to raise children successfully. I personally will not hesitate to use the profession's full authority to dismiss the views of those who threaten the full equality of lesbians and gay men.

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

Because I already work closely with many psychiatrists who are active in these groups, I would work only to enhance this relationship, not establish it anew. I would like to hear of programs in need of funding, political positions that need to be taken, and practice issues for lesbian and gay psychiatrists. I would expect to be someone who can be counted on.

Response by Sidney Weissman, M.D.

1. *What should the APA be doing to help decrease discrimination against lesbians and gay men?*

Responses to Questions by the Association of Gay and Lesbian Psychiatrists Discrimination against individuals who function in a way "different" than the majority has unfortunately been part of the human experience.

Understanding differences and supporting individuals right to be different must start in the earliest of life experiences. The APA can and must argue in all of its actions for equality for all individuals. All of its functions must serve as models for our society and other organizations as to how gay and lesbians must be treated. Politically it must determine how to effectively lobby for equality in national arenas and how to aid district branches in local lobbying efforts.

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

Gay, and Bisexual Psychiatrists?

If I were elected President of the APA I would want to establish with the Association of Gay and Lesbian Psychiatrists and the Caucus of Lesbian, Gay and Bisexual Psychiatrists and open door policy where leaders of these groups would feel free to contact me whenever their were issues that they felt adversely effected their members or where I could take a positive action to aid the fight for nondiscrimination. In addition to An open door policy I would want to meet throughout the year either in person or by conference call with leaders of both groups to keep abreast of issues of importance to both groups as well as to enlist their support as critical members of the psychiatric community to participate in the ongoing issues that will confront the APA and organized psychiatry. I should note that in answering this second question you asked about my personal relationship with your organizations not the APA's. The APA must independent of the President maintain a close working relationship with all of its members and their special organizations.

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Medical Student's Column - Andy Thompkins

Continued from page 7

community, and we as future and current mental health practitioners need to be aware of our patients' emotional struggles. New research into living with a chronic disease should become a priority as the number of people with AIDS (not to mention cancer, heart disease, etc.) grows.

In my last column, I spoke of a trumpet call in the medical school community for GLBT issues. If anyone is in need of a tuning for their instrument, I recommend a read or reread of *And the Band Played On*. Relive the origins of the AIDS epidemic, the time when GLBT issues became national issues, and an unheard of time of togetherness. Get fired up, volunteer, and look fashionable once again in your jean jacket.

• • •

Finalnd assess U.S. Study

Continued from page 8

He added in his letter to the parliament member that "it would be a serious mistake to conclude" from his research that homosexuality is a "choice."

He emphasized that he is concerned with "scientific issues" related to sexual orientation, and that he "personally favor[s] antidiscrimination laws and civil unions for homosexuals."

In an interview with *Psychiatric News*, Spitzer also rejected the argument made by Finnish opponents of civil unions, as well as some people who hailed his study results earlier this year, that the decision to remove homosexuality as a DSM-III diagnosis was a political decision in which APA succumbed to pressure from gay groups and their allies in the profession. That argument is "nonsense," he emphasized. "Both sides of the controversy were convinced that science was on their side" when they made their decision.

Drescher responded to Stalstrom's request for information about APA's position on sexual orientation by

der couples.

The exception to the legal protections is that same-sex couples cannot legally adopt children, even if one partner is already a parent.

All of Finland's Scandinavian neighbors already legally recognize same-sex unions, and Denmark also permits those couples to adopt.

Reprinted by permission of the American Psychiatric Association

On September 28 Finland's parliament rejected the arguments against gay civil unions made by the bill's opponents and voted 99 to 84 to enact the same-sex partnership bill. There were 17 abstentions. The law goes into effect in 2002.

explaining the process by which homosexuality was deleted from the compendium of mental disorders in 1973. He also provided APA's 1998 and 2000 position statements rejecting claims that reparative and conversion therapies are valid and effective forms of psychotherapy.

Drescher told *Psychiatric News*, "In 1973 Robert Spitzer's objective scientific approach to removing homosexuality from the DSM eventually changed the climate for gay and lesbian civil rights. Despite misgivings in the gay community about his recent research on sexual-conversion therapies, his swift efforts to correct the attempted misuse of his unpublished study is an equally important contribution to gays and lesbians worldwide."

Spitzer told *Psychiatric News* that he was concerned that his findings would contribute to just the kind of discriminatory argument that arose in Finland, as well as to "coercive attempts to get gays and lesbians who were comfortable with their sexual orientation [into] reparative therapy. . . . Gay people, like anyone else," he added, "are entitled to full civil rights whether or not some can change their sexual orientation."

On September 28 Finland's parliament rejected the arguments against gay civil unions made by the bill's opponents and voted 99 to 84 to enact the same-sex partnership bill. There were 17 abstentions. The law goes into effect in 2002.

The law permits Finnish couples aged 18 and older to marry in civil ceremonies and register as a couple, which then grants them almost all of the rights of opposite-gen-

Editor's Column *Continued from page 2*

ground zero. We have stationed a psychiatrist at ground zero to address burnout that a lot of people are experiencing.

We have provided routine psychiatric evaluations at select sites, and education to the general community. We have lead groups for psychiatrists to talk about their experiences. We have been asked by another state to provide consultation to them to develop their disaster response policy.

Things are starting to quiet down. It has been a different kind of disaster in that it was so large in scale and the initial response overwhelmed qualified volunteers.

How were people affected?

This disaster was different from other disasters. People who responded were also directly impacted. We were uncertain if we were at risk. We did not know the appropriate response; being scared may have been appropriate considering we did not know whether we were in danger. For the first few weeks after September

be occurring.

Any thing else you would like to add, Anand?

There are many gay and lesbian psychiatrists, involved. I have been very proud of my colleagues who have done this work including Christina Sekaer MD (she has done a lot of work with his group) and Danny Garza, MD. Even though gay/lesbian/bisexual Psychiatrists are seen advocating for one issue, better treatment/rights for the gay and lesbian population, we are still concerned with lots of issues and humanitarian missions.

We hope that there we never see a disaster like this again, but we realize you must plan ahead. You must work on contingency plans. When a new disaster arises, such as the crash of the American Airline's plane in the Rockaways in November, we see more anxiety and despair in individuals affected by previous disasters. We dispatched several psychiatrists in response to this most recent plane crash but we found that more psychiatrists were needed by the families of September 11th than the American Airline's plane crash.

Thanks Anand so much for your time and work.

Cheryl Chessick

There are many gay and lesbian psychiatrists, involved. I have been very proud of my colleagues who have done this work including Christina Sekaer MD (she has done a lot of work with his group) and Danny Garza, MD. Even though gay/lesbian/bisexual Psychiatrists are seen advocating for one issue, better treatment/rights for the gay and lesbian population, we are still concerned with lots of issues and humanitarian missions.

11th, there were an incredible number of buildings evacuated all over the city. People who seemed incredibly anxious often had some legitimate concerns and we did not have the answers. We had to rethink many of our ideas about what is a normal response in a situation such as we found ourselves on September 11th.

How are people doing now?

We are now in a more familiar terrain. The state of panic has passed for most people so it is easier for everyone to see when an individual's distress is far different from other affected people. Psychiatrists know how to treat people coming in. People who are coming in are having symptoms much more like other disasters at this point. In general, though, people are doing much better than expected.

How are you doing now?

This work has taken a lot out of me. It has been a challenge that I never wanted, but looking in retrospect, I have grown tremendously. I am exhausted and I will take a long time to be back to my usual self.

Where from here?

We are negotiating with the UN to do international work with them in places where UN employees are located and where disasters or humanitarian crises may

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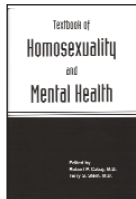
Association of Gay and Lesbian Psychiatrists

TEXTBOOKS AVAILABLE FROM AGLP

This month's Highlighted Reading...

Textbook of Homosexuality and Mental Health

Edited by Robert P. Cabaj, M.D., and Terry S. Stein, M.D.
American Psychiatric Press



Textbook of Homosexuality and Mental Health brings together in one volume the entire range of material and variety of perspectives concerning homosexuality and mental health. With more than 50 chapters written by leaders in the field, this book is the most complete review of the topics of homosexuality and mental health and treatment of gay men, lesbians, bisexuals, and transsexuals to date.

Starting from the belief that homosexuality is a normal variation of human sexuality and not a mental illness, this revolutionary book presents current information on homosexuality from a mental health and medical perspective. Sections focus on demographic, cultural, genetic, biological, and psychological perspectives; development throughout the life cycle; relationships and families; psychotherapy; multi-cultural identities and communities; professional education; and medical care. A variety of special issues, such as sexuality, substance abuse, violence, suicide, religion, and HIV/AIDS are discussed. Also included are several unique chapters that cover material not readily available elsewhere, among

them transsexuality, minority gay, lesbian, or bisexual people, the impact of the sexual orientation of the therapist, latency development in prehomosexual boys, and clinical issues specific to psychotherapy with gay, lesbian, and bisexual patients.

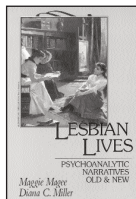
AGLPB001-1996/1016 pages/ISBN 0-88048-716-X/hardcover/\$89.95

Lesbian Lives; Psychoanalytic Narratives

Old & New

Maggie Magee and Diana C. Miller
Analytic Press

In this groundbreaking revisioning of lesbianism, Magee and Miller transcend a literature that, for decades, has focused on the time-worn and misconceived task of formulating a lesbian-specific psychology. Rather, they focus on a set of interrelated issues of far greater salience in our time; the developmental and psychological consequences of identifying as homosexual and of having lesbian relations. *Lesbian Lives* is a heartening sign of the generous scholarship and humane impulse that are transforming psychoanalysis in our time.



AGLPB0018-1997/448 pages/ISBN 0-88163-269-4/hardcover/\$55.00

Lesbian & Gay Youth; Care & Counseling

Caitlin Ryan & Donna Futterman
Columbia University Press

Here at last is the first handbook on the care, counseling, and support needs of lesbian and gay youth for providers, advocates, parents, and interested readers. This book includes guidelines for assessment, treatment, prevention, and referral along with the latest research, knowledge, and practice wisdom on lesbian and gay youth by leading experts.

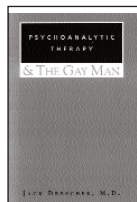


AGLPB0019-1998/175 pages/ISBN 0-231-11191-6/paperback/\$21.00

Psychoanalytic Therapy and the Gay Man

Jack Drescher, M.D.
Analytic Press

"Jack Drescher has comprehensively gathered and usefully interpreted a vast amount of material relating to psychoanalytic therapy and gay men. His book is a measure of the huge distance the therapeutic community has come over the past several decades in its com-



passionate understanding of same-gender relationships – and is itself a significant contribution to further progress."

Martin Duberman, Ph.D., Distinguished Professor of History, CUNY
AGLPB0020-1998/373 pages/ISBN 0-88163-208-2/hardcover/\$55.00

Journal of Gay and Lesbian Psychotherapy

Jack Drescher, M.D., Editor
The Haworth Medical Press

VOLUME 5, NUMBER 1 2001

2001/softcover/\$12.95

VOLUME 4, NUMBER 3/4 2000

2000/softcover/\$12.95

VOLUME 4, NUMBER 2 2000

2000/softcover/\$12.95

VOLUME 4, NUMBER 1 2000

2000/101 pages/softcover/\$12.95

VOLUME 3, NUMBER 2 1999

1999/104 pages/softcover/\$12.95

VOLUME 3, NUMBER 1 1999

1999/112 pages/softcover/\$12.95

VOLUME 2, NUMBER 4 1998

1998/134 pages/softcover/\$12.95

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ASSOCIATE MEMBER - \$185.00, RESIDENT - \$30.00, MEDICAL STUDENT - \$15.00, NEWSLETTER ONLY - \$40.00, INTERNATIONAL (OUTSIDE OF US AND CANADA) - \$60.00 US

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APPLICATION FORM

CAUCUS OF LESBIAN, GAY & BISEXUAL PSYCHIATRISTS AMERICAN PSYCHIATRIC ASSOCIATION

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

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ - _____

*APA Membership Status: _____

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

Signed: _____ Date: _____

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

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



With more square feet of floor space than the Pentagon, Philadelphia's City Hall remains one of the most revered — and reviled — buildings of the Victorian Age. The colossus is now featured weekly on the ABC Series "Philly".