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*New Orleans photos courtesy of Milton Anderson, M.D.*

## New Orleans Update

Mark Townsend, M.D.

**A**GLP in New Orleans is just around the corner: May 5-May 10. We hope you've made your hotel reservations by now, or that you're about to. It's important to AGLP that we fill most of our rooms. We get our hospitality suites and our meeting rooms that way. But, like I said in the last issue, this is a great deal. The hotels are close to the convention center, they're in the French Quarter, and we got them at a great price. At \$179/night, they're an especially good deal considering this is Jazz Fest weekend. Transportation to the Fest is a four-block walk from either hotel. Call Ticketmaster online if you want to take care of your Jazz Fest ticket right now, but of course you can do it here.

Your local arrangements committee, Milton Anderson, Nancy Haslett, Michael Higgins, and me, are working to create an ambience in keeping with the city. We know that AGLP must be active and visible within the wider APA. So, for example, we've booked some big spaces for that purpose. New Orleans, though, has never been associated with grandness of scale (until they built that vulgar casino). We want this meeting to be old-fashioned, recalling the AGLP when people met in each other's homes. Remember this is the Big Easy: we know when to put on formal wear, and when to put it away.

For example, Nancy Haslett has been working with local women physicians to make sure that lesbian AGLP members will meet women in the community. The women's pre-reception will be co-hosted by local physicians of all specialties. The opening reception will be in the Board of Trade, on the beautiful old trading floor modeled after the Paris Bourse. The Pre-

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**BEFORE YOU VOTE!  
THE APA CANDIDATES  
RESPOND  
ON  
PAGE 11**

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

Editor, Guy Glass, M.D.

Published quarterly from 145 East 15th Street, Suite 1F, New York, NY 10003.

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

**INFORMATION FOR AUTHORS**

Persons wishing to submit articles for publication should send them to: Guy Glass, M.D., Editor, *Newsletter* of AGLP; is 145 East 15th Street, Suite 1F, New York, NY 10003. (Phone: (212)982-0328, FAX (212)982-1879, E-mail: gglass@aglp.org) 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, 2001.

**ADVERTISING RATES**

The *Newsletter* of the Association of Gay and Lesbian Psychiatrists 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	\$200
Half-Page Ad	\$125
Business Card	\$50

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

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**President's Column**

Phil Bialer, M.D.

I was fortunate to be able to briefly attend the Institute on Psychiatric Services Meeting in Philadelphia this past October. I actually went down to represent AGLP at the "Meet the Experts" luncheon for residents on Friday. While it was heartening to meet with a few of the residents who joined me and Margie Sved to openly discuss some of the issues relevant to lesbian and gay trainees, I was still taken aback by one of the comments. One person asked why AGLP hadn't organized a reception at the meeting particularly since our headquarters are in Philadelphia. When I replied that we had discussed the possibility of a reception but decided against it because our financial situation at this time of year would not allow it, the resident said: "You could get a drug company to pay for it".

This interaction bothered me on a couple of levels. First of all, I felt that I had let the resident, and others, down by not having AGLP more present at this meeting. Most of our activities are centered around the annual APA meeting in the spring because that is when the largest number of our membership gather in one place. It also takes a tremendous effort to put all of these activities together. But I also believe that AGLP does do much more during the remainder of the year. This *newsletter* is one example. The website is very active and an excellent resource for our members and the public. Finally, we have frequent interaction with our representatives in the APA governance to lend support for our positions. However, I also agree that there is always more that AGLP can be doing during the course of the year and at other meetings. I will add this item to our agenda for more input and planning at the annual meeting.

I have to say that the attitude towards drug company funding of a reception also bothered me. It was said too easily, as though we have just come to accept that this is how we pay for things and there are no further implications. Now, I am very grateful for the tremendous support that Janssen has given us through the years (also Pfizer, Bristol Myers Squibb, Wyeth-Ayerst, and others). This support has allowed us to honor very worthy individuals at our annual awards dinner and organize excellent pre-conference symposia. And we will continue to request more financial support for our activities this year. (I should also disclose that I have and will in the near future give grand rounds lectures that are paid for by drug companies) This is part of the way that both the pharmaceutical industry and we do business, but I guess I am still nagged by ethical implications. Some have suggested that AGLP have a symposium exploring this issue. I would suggest that we might start with a discussion of this topic in our hospitality suite this spring.

One more item before I close. As I read my column in the most recent *newsletter*, I laughed when I read the last paragraph which read, in part: "...by the time you read this *Newsletter*, our country may have elected a new president ..." Well, as I write this column in early December, we haven't quite elected anyone yet. Which brings me to our own APA elections. Please, take the time to read the statements from the APA candidates. We also have four candidates this year for the Caucus of Lesbian, Gay, and Bisexual Psychiatrists rep and deputy rep to the Assembly. You will receive the ballot for the caucus only if you are a member (the application is included with each *newsletter*) and you can contact Jan Taylor at jtaylor@psych.org if you are not sure. Votes for the Caucus must be in by January 20.

I cannot stress enough how important these elections are. Our representatives to the APA governance have most recently done a terrific job in having the Assembly pass a motion accepting the Committee on Gay, Lesbian and Bisexual Issues position statement on civil unions. I believe our votes also went a long way in supporting AGLP member Keith Young's election to the Board of Trustees, not to mention many lesbian and gay representatives on the local level. As we have all learned this year, every vote really does count.

• • •

## ABOUT THE CANDIDATES

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

#### Richard Hire, M.D.



Richard Hire, M.D.

I would be honored to serve as one of your elected representatives to the APA Assembly. Margie Sved, Jack Drescher, and Phil Cushman have worked hard and effectively for our interests in the recent past and I would hope to continue to build on that success with their and your support.

In May I will finish serving my third year as Secretary of AGLP which has been both an educational and enjoyable time, and I thank you for the opportunity to serve in that office. I am currently the Chair of the Insurance and Practice Committee of the DB in New York and a long time member of the Committee on Gay and Lesbian Issues of the DB, as well as Program Chair for the Gay and Lesbian Psychiatrists of New York. I am also a member of the Human Sexuality Committee of the Group for the Advancement of Psychiatry (GAP), and am one of the book editors for the Journal of Gay and Lesbian Psychotherapy. I have been in private practice since 1983. With my experience and willingness to work hard and your support I think I can be effective in representing you in the Assembly.

#### Margery Sved, M.D.



Margery Sved, M.D.

I am running again for Assembly Representative, and ask that you vote for me. I have enjoyed both being Deputy Representative with Jim Krajewski, and then Representative these past few years. I hope you believe that I have served you well.

The Assembly is quite a strange place, and it takes at least 2 years to get used to the process. I often wonder what defect in my character allows me to enjoy being part of the "APA hierarchy."

During the time that I have served in the Assembly, the Assembly passed the position statement against Reparative Therapy, then strengthened it, and recently passed the statement in support of same sex unions. Although I did not author any of these, I did visibly work for their passage.

This year I am serving as Chair of the Committee of Representatives of Minority and Underrepresented Groups, which also has me as a member of the Assembly Executive Committee. I think that I have been a good leader of the MUR group, and have facilitated this group to focus on a common agenda rather than differences.

I very much would like to stay in the Assembly after this year, in order to continue to build on the connections, alliances, and friendships I have made. As much as I very much am in favor of no one keeping a particular seat forever, I do think I have had the right number of years in the Assembly to be most effective over the next 2-4 years.

Please contact me if there are any questions, work: [margery.sved@ncmail.net](mailto:margery.sved@ncmail.net), 919-733-9917, or home: [mssved@aol.com](mailto:mssved@aol.com), 919-851-8851. Thanks for your past and ongoing support as your representative.

About the Candidates  
 Representative of the Caucus of Lesbian, Gay, and Bisexual Psychiatrists to the Assembly of the APA  
 Continued from page 3

David Scasta, M.D.



David Scasta, M.D.

When I was under the assumption that this statement would be out before the ballots, I gave my statement to Robert, my other half, to read and give me his opinion.

"It's a pompous piece of garbage!"

"Robert, I wish you wouldn't be so wishy-washy in your opinions. What's pompous about it? I only have 500 words. I was the *Newsletter* and *Journal* Editor for eight years each; I was president of AGLP and the Caucus; I'm the biggest donor. I was the main author of the current bylaws. Last year I got the Paulsen Award for my contributions to AGLP. I'm Mr. AGLP."

I then get this, "You're lovable, but clueless" eye roll--Well--maybe it was just the "clueless" eye roll.

"You're being pretentious. What does that have to do with being a minority rep? Rewrite it."

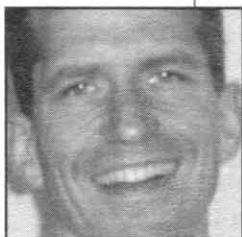
"Oh what do you know!--Pretentious, huh?"

"Pompous!"

My first foray into an uncharted wilderness of humility is to point out that AGLP cannot go wrong no matter which candidate is selected for minority rep. Margie, Rick and Mark all have long records of extensive contributions to AGLP and the APA. Only styles will differ.

In my days on the Student/Faculty Senate in college and as chair of the committee of the heads of student governments of the Texas Medical Center (representing 6000 students - I stay clueless), I practiced a wheeler-dealer style of politics - a style which I now eschew. While in the short run, back room deals and alliances my bring success; in the long run, they polarize and abort initial progress. Instead, I now try to focus on looking for the common ground, feeling that our job is not to overpower our opponents, but to win them over. I recently was absolutely astounded at the radical change in position that a group of very conservative African American clergy made after a four-year effort in education in which I was involved. I would never have believed that such a change could come out of a group that was so rabidly anti-gay. I had planned to write about this metamorphosis for this *newsletter*, but to avoid politicizing it, will do so at a later time. What I learned, however, is that education and tolerance of opposing positions is the key, and finding the common ground (in this case, a sensitivity to issues of justice) is the door. AGLP's members have made good progress in getting reparative therapies sanctioned for the damage they do and in getting the APA to endorse same sex marriage. There is more to do. But if we do not start winning over our opponents, the Robert Spitzer converts will continue to rise up and may eventually undo our work. We need to be tolerant of opposing views and give time for education to work as we search for a common ground to pull us together. When the job of minority representative is done right, our goals can be accomplished quietly, expeditiously, correctly, and with the gracious support of our colleagues.

Mark Townsend, M.D.



Mark Townsend, M.D.

I would be honored to represent the Caucus in the Assembly. Lesbian, gay and bisexual issues have been central to my professional life, and I have advocated for their inclusion in a variety of settings. I know that change comes slowly, and that Assembly representatives must be persistent-idealistic and realistic at the same time. I was appointed to the APA Committee on Gay, Lesbian, and Bisexual Issues six years ago. We all learned-especially while crafting a reparative therapy positionstatement-that it can be very difficult to please a majority of the Assembly. Our Caucus Assembly representatives-Bob Cabaj, Jim Krajieski, Margie Sved, Phil Cushman, Jack Drescher-worked extremely hard, for years,as this process played out among the branches of APA leadership.We owe a debt of gratitude to them.

I edit the *Journal of the Gay and Lesbian Medical Association* and have served on the executive committees of both GLMA and AGLP. I have written several papers on LGBT issues in academic medicine. But I am a public psychiatrist who works for the State of Louisiana in an inner-city teaching hospital. Our patients are primarily African American and many are without health care benefits of any kind. If you elect me, you will also be sendingto the Assembly someone who is outraged about what is happening to the serious and persistently mentally ill. The APA has many battles to wage, but we cannot ignore the continuing erosion of basic services to those who, when denied them, are often least able to advocate for these service themselves.

THANKS TO THE FOLLOWING MEMBERS WHO HAVE JOINED AT THE SPONSOR AND PATRON LEVEL, AND TO THOSE MEMBERS AND FRIENDS OF AGLP WHO HAVE CONTRIBUTED TO THE STUDENT TRAVEL FUND FOR 2001.

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**AGLP NEW ORLEANS 2001**  
CONTINUED FROM PAGE 1

Reception will be in a smaller room adjoining the main hall, starting an hour before the main reception. Similarly the Saturday women's dinner: many in the community will attend. If you remember, last year in New Orleans the dinner was in the French Quarter home of a lesbian surgeon. You can see what we're working to accomplish.

But events involving the whole of AGLP will be big. The Opening Reception at the Board of Trade is smack dab between the French Quarter and the Convention Center. Everybody can find us. The Closing Reception is in the restaurant on the top floor of a converted riverfront factory complex, in the center of the French Quarter riverfront. The restaurant, the Riverview Room, has gorgeous views of the Mississippi, which wraps around the city at that point.

Once more, about the hotels: The Chateau LeMoyne, named for the founder of New Orleans, was built in 1851, and is lovely and typically French Quarter. It is a about an eight-block walk to the convention center, and is near the APA bus stop. The Saturday pre-Convention will be there, as well as the hospitality suites. We will have a private courtyard and the hotel itself has several. Our other hotel is the French Quarter Holiday Inn. It's a high-rise hotel at the edge of the Quarter, a five-block walk to the convention center. The Holiday Inn French Quarter is convenient and comfortable. Both hotels have swimming pools and the Holiday French Quarter has a large fitness room.

Remember that in order to stay at the Chateau LeMoyne, the 19th Century hotel with its balconies and courtyards, you must commit to a room for Friday night. Jazz Fest, remember, draws a hundred thousand visitors a day, and we're getting a fabulous rate. But if you need to come later, or want a standard room, or if the LeMoyne sells out—take heart! You can stay at the French Quarter Holiday Inn, get the same rate, and still be close to the Convention Center and voilà you're still in the vieux carré. Call 800.747.3279, 504.581.1303 and ask for the AGLP block. Our sales manager is Heather Wortmann at 504.529.7211.

*Cathedral Alley, New Orleans* . . .



## Women's Space

Mary Barber, M.D.

**T**he question of how inclusive to be of transgender members has been on the agenda for the last two years of AGLP business meetings, and has been a controversial issue. Lowell Tong wrote about some member feedback generated by a proposal to revamp the AGLP bylaws to add language about transgender people in a past *newsletter* article. I'd like to focus here on one area of contention dear to some lesbians' hearts – the concept of women-only space.

Women-only space is a feminist invention. Women-only meetings, events, and festivals have been created to provide women with places to socialize free from the values of the greater, mainly male-oriented society. All of us as gay people can understand this need, and in fact the need for our own gay-only meetings is one of the reasons for the existence of AGLP.

Transgender people have presented a challenge to traditional women-only spaces. One of the most established of these, the Michigan Women's Music Festival, created controversy this past summer by expelling transgender protesters from their grounds. The protesters had been holding signs identifying themselves as "boy," "FTM," "intersex,"

"transwoman," and others. The Festival has a "womyn-born womyn only" admissions policy, stating that although they will not question anyone entering about their gender, that anyone identifying themselves as FTM or MTF will be denied admission or asked to leave if already on the grounds.

Said Festival producer, Lisa Vogel: "Michigan has always been home to womyn-born womyn who represent every point along the continuum of gender identity: from butch to femme and beyond butch and femme, including many who consider themselves transgendered...It saddens me that the young womyn we used to call 'baby-dykes' are now growing up questioning the validity of the very concept of being female. Many of us...struggled fiercely with the limited societal definition of what being a "woman" meant. That's why we created this Festival...We refuse to see "woman"...defined as an outdated construct...At the same time, we stand as allies to the trans community and refuse to be forced into false dichotomies that equate being pro-womyn-born womyn-space with being anti-trans...."

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Camp Trans, the group who organized the protests, put out a press release stating that the expulsion of the protesters, "...marks the first time the...policy has been used against transnie boys, boydykes, FTM's, Lesbian Avengers and younger gender-variant women." One of the activists likened the policy to the US Military's "Don't Ask, Don't Tell" policy toward gay people, and said such a policy "...only works when the target group collaborates by remaining silent. Well we aren't silent..." [info and all quotes from *Off Our Backs*, October 2000 issue].

I think the incident in Michigan is illustrative of how inclusivity and the need for separate space for certain groups can be at odds with each other. Clearly, the transgender protesters did not accept the Festival's policy as not being a rejection of them. Yet it is equally clear that the presence of some individuals identifying as male, whatever their biology, might be upsetting to attendees who expected an all-women crowd. This is just one issue we must consider as we move toward more inclusivity of transgender psychiatrists in AGLP, but it is an important one. We will have to be sensitive to AGLP's need for lesbian gatherings, and to decide how we will define who is included in those gatherings, so as not to alienate our existing lesbian members.

I have been asked by Phil Bialer to lead a task force which will draft a statement welcoming transgender members into AGLP. The statement would be added to the bylaws but not change them substantially, and would be voted on next May by the membership present at the meeting. I have a small task force assembled now, but would welcome anyone else interested in joining. Email or call me if you'd like to contribute. Mary Barber, M.D. President-Elect; meb@warwick.net; mbar@co.ulster.ny.us (845)340-4000

## Report from the Committee on Psychoanalysis

Ubaldo Leli, M.D., Co-Chair

**T**he Committee on Psychoanalysis met formally during the Spring Meeting of AGLP. Present were Christina Sekaer, John Gosling, Ubaldo Leli, Edward Nix, Alice Kitchen, and Lourdes Henares. The group began by identifying its mission within AGLP, which they felt was necessary because the original goals of the committee had become outdated and that, since the Committee came into existence, there have been crucial developments in the relationship between psychoanalysis and the gay community.

Although a workshop on topics of psychoanalytic relevance for gay analysts and psychoanalytically orientated therapists has continued to be held successfully under the leadership of Paul Lynch, no formal administrative meeting of the Committee had been held for a few years.

The original goals of the Committee were defined as: 1) sharing of ideas and experience among gay analysts, and 2) addressing the paradoxical "internal homophobia" against analysts on the part of the gay mental health community. These goals were redefined to summarize the current mission of the Committee on Psychoanalysis within AGLP:

- 1) To integrate the past experience of the gay community with psychoanalysis to reflect the current situation
- 2) To educate both gay analysts and the gay mental health community at large about psychoanalysis
- 3) To share material, experience, and ideas among gay analysts

In order to implement and make these ideas operative it was proposed to set up the following activities:

- 1) Hold a Committee Meeting during each of the Spring Meetings of AGLP
- 2) Continue to hold the workshop on specific psychoanalytic themes for the purpose of sharing ideas and experience among gay analysts
- 3) Organize a panel either theoretical or with a case presentation, to be held during the spring meeting focusing on pertinent psychoanalytical issues relevant to the gay mental health community at large.

In order to study with some accuracy the attitude and feelings of the gay mental health community about psychoanalysis, Dr. Leli had circulated a survey attached to the *Newsletter*, prior to the Committee Meeting. The results of the survey were discussed in the meeting and presented to the Board. The findings, briefly described here, are most intriguing. Of all the membership, about 10% (55) responded. 70% (37) answered that they are interested in psychoanalysis, and 86% (47) stated that they employ psychoanalytic ideas in their work. 70% (37) reported that they had negative experiences with psychoanalysis. 56% (30) held a positive, 20% (11) a negative, and 23% (14) a neutral opinion of psychoanalysis. The sample was made of 51 psychiatrists (in practice), 6 analysts, 2 students, 2 residents, and 4 candidates in training.

Without interpreting these results in depth, one can say with a degree of confidence that, at this time, the membership at large is not very sensitive to psychoanalytic issues, and that there is a tremendous discrepancy between what people think of psychoanalysis and their direct experience with it. Most probably this discrepancy is a carryover from the past, when anti-gay discrimination was extreme in the more traditional psychoanalytic circles. Things have evolved, however, and most psychoanalytic institutes sponsored by the American Psychoanalytic Association now have openly gay candidates. The workshop on "Shame", organized by Paul Lynch, was very well attended, and the level of participation was high. Ubaldo Leli presented case material from the analysis of two gay men—one in early treatment, and one in late phase—relevant to the issue of shame. We plan to continue the workshop during the next Spring Meeting, and we will invite to the administrative meeting members who expressed a wish to participate more in the works of the Committee on Psychoanalysis. The schedule for such events is in the process of being finalized.

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## Medical Student Column

Greg Hannahs

**W**elcome to the Medical Student Column of the AGLP *Newsletter*! I thought I'd use my debut column as an opportunity to discuss the seemingly age-old question of whether or not to be out on psychiatry residency applications. I'm currently embroiled in the (sometimes arduous) application process, so it feels like a particularly relevant topic.

The newly-implemented ERAS common application for residency is actually mercifully brief and manages to obtain only your most basic vitals: where you went to college and medical school, any volunteer or research experiences, and your employment history. Only on the last page are you asked to provide any personal information, such as your extracurricular activities, outside interests, hobbies, and, of course, the infamous Personal Statement, in which you're

asked to summarize a lifetime's worth of accomplishments and experiences in less than 500 words. In these last sections of the application, many students agonize about including involvement in LGBT student organizations, community/volunteer work with LGBT populations, or mentioning their significant other in their Personal Statement. Students' fears are understandable; after all, this is, for many, the first "real job" for which they've applied, not to mention one that could play an integral role in their entire career trajectory. Any inkling that sexual minority status (or in the case of heterosexual students participating in LGBT student activities, being perceived as a sexual minority) may limit his/her career options in any way, however minor, can stop a student cold. The relative conservatism of some factions of the medical world doesn't help things, either.

Fortunately, in psychiatry, I've observed thus far that this conservatism is largely eschewed for a commitment to training a well-rounded class of residents capable of serving the mental health needs of their communities' diverse patient populations. Since psychiatric care, at its core, must consider the background and cultural identities of all patient populations, it stands to reason that psychiatric training programs (well, at least the good ones) would seek to employ residents who, in addition to providing the best all-around care possible, could provide further sensitive and empathic care to a particular, special population. There are even a few programs that provide training experiences on inpatient units dedicated solely to the care of various ethnic and sexual minorities.

With all of this in mind, I would advise to follow these simple rules for residency application, remembering these may not apply to every individual but are probably fairly applicable to most students:

1. Only include items on your application in which you had somewhat substantial involvement. If you were on the email list for LGBPM but didn't attend meetings or events, don't include it. During your interviews, anything you place on your application is fair game. Say your dream program doesn't have the best track record regarding LGBT health care or LGBT residents, and you don't have much to say about your involvement with LGBPM, for example, it could be a double whammy against you. Dedication to your activities transcends the actual nature of those activities.
2. If being comfortable and happy during residency (at least partially) means being out to your colleagues, any program that doesn't grant you an interview on the basis of being out on your application or even makes a slight issue out of it probably isn't a good match. It may be your ideal program on paper, but if you're miserable professionally and

*Students' fears are  
understandable;  
after all,  
this is,  
for many,  
the first  
"real job"  
for which they've  
applied...*



Letters to the Editor...



A Letter from Finland

Dear friends and colleagues.

I am pleased to inform you that after many years of being a peculiar exception among Western democracies in mistreating its sexual minorities with censorship laws and pathologization, Finland is taking great strides toward becoming a leading nation for equality and human rights also for lgbt people. Two important steps were taken this year. Tarja Halonen was elected as the president of Finland. She was a founding members of the general sexual-political association SEXPO in 1969 and the chairwoman of the gay and lesbian association SETA in 1980-81.

The Family Federation of Finland hosted the conference "Sexual Health in The New Millennium" in September 2000 and published a textbook of sexology: Lottes, Ilsa & Kontula, Osmo (Eds.) New Views on Sexual Health. The Case of Finland. D 37 2000. The Population Research Institute, Väestöliitto, The Family Federation of Finland. ISBN 952-9605-58-7. ISSN 0357-4725.

Ilsa Lottes, a professor from the University of Maryland at Baltimore, originated the idea for this book. She worked closely with sexual health professionals in Finland while on her two-year sabbatical from 1997 to 1999 in the Department of Sociology of the University of Helsinki. Osmo Kontula is a Senior Researcher of the Population Research Institute of the Family Federation of Finland.

I am pleased to assure you as the translator that this book contains the most recent international developments in the field of sexual health and sexual rights, including the recent changes in the Sadock Comprehensive Textbook of Psychiatry.

The book presents an integrative model and sensitive approach to the many crucial sexual topics and discusses a broad range of subjects from straight married couples and heterosexuality to general questions relating to specific population groups such as sexual minorities, children, adolescents, the elderly, and the

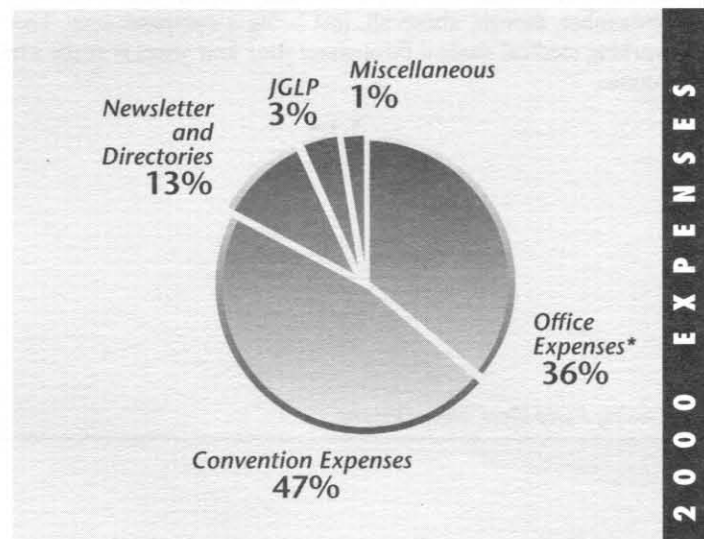
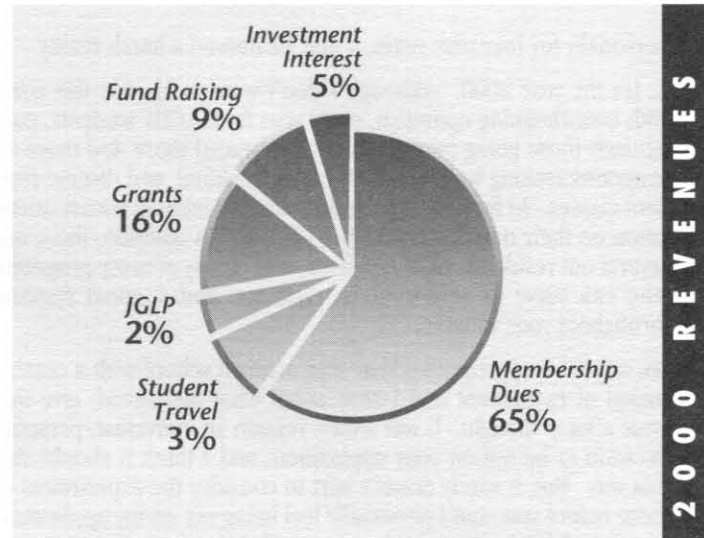
disabled. I applaud the neutral, non-moralizing, egalitarian, and inclusive characteristics of this book.

The Population Research Institute of The Family Federation of Finland is a progressive scientific publisher which cooperates with various members of the field of sexuality. I would also like to extend a personal thank-you for all of you who have supported the fight of Finnish sexual minorities during many years against pathologization and violation of human rights. I have given your email address to the Finnish publisher for a single mailing concerning this book.. Many of you will find your books and organizations listed in the chapters on minorities in the book. This will be used as a textbook in the University of Maryland at Baltimore and various Finnish Universities.

CONTINUED ON PAGE 10

Association of Gay and Lesbian Psychiatrists  
2000 Preliminary  
Financial Statement

Howard Rubin, M.D., Treasurer



LEDGER SUMMARY

	1999	2000
Total Receipts	\$116,094.83	\$93,984.17
Total Disbursements	\$86,036.71	\$101,941.24
Receipts/Disbursements	\$30,058.12	(\$7,957.07)

TOTAL ASSETS

Beginning of Year	End of Year
\$60,146.97	\$52,978.46

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

MEDICAL STUDENT'S COLUMN  
CONTINUED FROM PAGE 8

personally for four-plus years, it may be instead a harsh reality.

3. It's the year 2000. Although I don't want to blanket this issue with overwhelming optimism, every year finds LGBT students, particularly those going into psychiatry, embraced more and more by programs seeking well-rounded, highly qualified, and diverse resident classes. In fact, most programs already include sexual orientation on their non-discrimination clauses. In addition, there are several out residents, chief residents, and faculty at many programs who can serve as role models, mentors, and support systems throughout your training.

So, as you're approaching Year 4 of medical school with a combination of excitement and terror about what lies ahead, give this issue a lot of thought. It will always remain an individual, personal decision to be out on your application, and I think it should stay that way. But, it surely doesn't hurt to consider the experiences of those before you, and I personally feel being out on my application certainly didn't hurt anything and actually helped me in some ways. Remember, though, above all, just being a compassionate, hard-working medical student throughout your four years is really what counts.

• • •

Closing Party View, New Orleans



LETTERS TO THE EDITOR  
CONTINUED FROM PAGE 9

This book has multiple important messages. I highly recommend it for your consideration. Maybe your university and organization would like to take a look at this book? The Family Federation of Finland is a non-profit organization and thus the book's price is quite reasonable - only about US dollars 15 for a book of nearly 350 pages.

Subscriptions of the book: [stina.fagel@vaestoliitto.fi](mailto:stina.fagel@vaestoliitto.fi)

tel: +358-9-228 05 120.  
Stina Fågel, M.A. (Educ.)  
Research Secretary  
Population Research Institute  
P.O.BOX 849

Regards,  
Olli Stålström

• • •

Pirates Alley, New Orleans

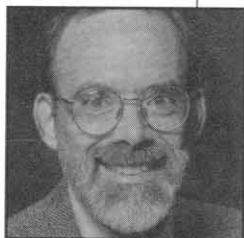


# ABOUT THE CANDIDATES

## American Psychiatric Association Election 2001

### CANDIDATES FOR PRESIDENT-ELECT

#### Paul S. Appelbaum, M.D.



Paul S. Appelbaum, M.D.

*1. What do you propose to do to increase the involvement of minority members in the APA?*

Unless we effectively involve members of minority and underrepresented (M/UR) groups in APA components and governance, we will be shooting ourselves in both feet. Not only will we lose the energy and expertise of a large (and growing) proportion of our members, but we also will be deprived of their unique perspectives on issues of greatest concern to them. I see increasing M/UR members involvement, therefore, as a critical issue for APA as a whole.

How do we do it? Appointments to components rest with the President-elect. If I am called on to fill that role, I will reach out to the committees and caucuses representing M/UR groups, as well as to individual leaders, to solicit recommendations for potential component members. And I will make a determined effort to insure that M/UR members are amply represented in the appointments that I make. Since the Immediate Past President chairs the Nominating Committee for the Officers and Board of Trustees, I can tell you that I will take the same approach to that responsibility.

Presidents-elect, of course, are subject to many pressures in the appointment process. Can you trust me to follow through on this commitment? I urge you to look at my record as President of the American Academy of Psychiatry and the Law, the last time I was in a role that offered this kind of opportunity. At my initiative, we expanded the Nominating Committee by two members, with the understanding that they would be members of M/UR groups. We then expanded the number of Councillor spots, and when I chaired the Nominating Committee, gave AAPL its first real infusion of M/UR leadership, a pattern that continues today.

Component appointments and Board nominations, however important, are not the end of the matter. Much of the work of APA is conducted at the district branch level. I will work with the Assembly and the district branches to encourage the same kind of inclusion of all our members in their work, as I hope to bring to the national level.

*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?*

I will look to the Association and the Caucus for guidance on issues of importance to the gay and lesbian psychiatric communities. This will be facilitated by the strong working relationships I have forged over the years with many of the members and leaders of both groups. The Department of Psychiatry that I have chaired for 9 years at UMass has a well deserved reputation as a comfortable home for gay and lesbian faculty and residents. I expect my relationships with the Association and Caucus to deepen as we work together on issues of importance to all of our members.

#### Jon E. Gudeman, M.D.



Jon E. Gudeman, M.D.

*1. What do you propose to do to increase the involvement of minority members in the APA?*

My agenda is to right-size the APA governance by eliminating the Assembly, most Committees and Components. Downsizing could save three to four million dollars which could be used to enhance needed service to our membership and provide much needed dues relief. A newly created Senate with one representative (Senator) from each state with additional representation from special under-represented groups and subspecialty groups would be formed. Staggered terms of office could work. This would greatly enhance representation in the core governance for special interest groups such as women, minorities, gay and lesbian psychiatrists, and international medical graduates. They would have much needed visibility and a voice in governance.

About the Candidates  
 President-Elect  
 Continued from page 11

I supported the Assembly recommendations that APA go on record as supporting the legal recognition of same sex unions and the associated legal rights, benefits and responsibilities. I believe that same sex unions are a normal variant of human sexual needs and that same sex unions should have the same legal rights as do married individuals to medical insurance, inheritance, Social Security benefits, health benefits for children and family leave. Failure to take the position that gay and lesbian unions have equal rights is a mental health issue because it can lead to, and often does lead to incredible emotional distress, anxiety, loss, and a sense of failure. It also leads to stigmatization.

I believe this stand by the APA, the increased visibility I would give to minority representation in governance and ongoing appointment of minority representatives will further the rights of gay and lesbian people.

*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?*

As a public sector psychiatrist and educator I have always recognized the need to respect the diversity of the patients we treat and support a very diverse staff. Those gay, lesbian, and bisexual psychiatrists I have worked with will tell you of my openness, honesty and support. They will tell you that in the work environment they have done well. My personal relationship with special interest groups has been outstanding. Therefore, by example I would expect to establish an open and honest relationship with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists.

I strongly support your work to reduce stigma and discrimination. I believe that by so doing this will have a direct impact and decrease the stress and pressure associated with same sex relationships, family units, and especially children. Removing homosexuality from the diagnostic manual has had a profoundly positive effect but it is just one of a series of steps necessary for Americans to accept differences.

**CANDIDATES FOR VICE-PRESIDENT**

**DONNA M. NORRIS, M.D.**



Donna M. Norris, M.D.

*1. What do you propose to do to increase the involvement of minority members in the APA?*

Minority and Underrepresented groups represent twenty-five per cent or more of the membership of the APA and are critical to the continued mission of the APA to advocate for the benefit of our patients, our member psychiatrists, and our profession. To reverse the APA's attrition of members, the APA's priorities about minority and underrepresentative groups must become clearer. Members of minority and underrepresented groups must be in more leadership positions of the APA. We have our expertise to offer regarding the populations that we serve, and we will soon be the majority in this country. The APA needs all of us -- including members of the AGLP and the Gay, Lesbian and Bisexual Caucus -- as members of committees deciding critical issues regarding psychiatric treatment, education, research, and the delivery of services to patients. In turn, we must enhance our knowledge about the APA and become more involved. If we are to be relevant in this new century, the APA must become more open to us -- and we more open to the APA.

While it is important to have a voice as a minority representative on committees and task forces, and it is equally important to have an identified constituency. When there has been APA leadership objection to our positions or concerns related to minority populations, the lack of a defined constituency is a frequent argument used to discredit change. As an African-American woman and former chairperson of the APA Assembly Committee of Underrepresented Groups, I know the issues of the minority constituencies as represented by the diverse patient populations whom we serve. The office of Vice-president of the APA would offer the opportunity to continue to advocate at the level of the Board of Trustees for the inclusion of minority psychiatrist members throughout our organization.

*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?*

I have long-term personal and professional relationships with many of the members of the Caucus

About the Candidates  
 Vice-President  
 Continued from page 12

of Lesbian, Gay and Bisexual Psychiatrists and the Association of Gay and Lesbian Psychiatrists. Your Caucus is very ably represented in the APA Assembly and is an important resource for our APA membership. What a pleasure to observe their effectiveness in the Assembly and to be part of their actions when the action reaches the floor of the Assembly. Just this last November, it was very satisfying to see the Caucus attain a large majority vote in favor of legal recognition of same-sex unions. One of the most satisfying results during my two decades in the Assembly has been to see the growth of understanding of the positions of the AGLP and the Caucus. I now want to see that same growth on the BOT.

If elected to the Board of Trustees, I will expand consultation with members of both the Caucus and the Association of Gay and Lesbian Psychiatrists and recommend greater utilization in our joint advocacy efforts. There are many concerns. We are seeing a resurgence of assaults and murders against minorities including gay, lesbian and bisexual individuals in this country. This climate of intolerance has serious negative implications for the mental health of our society and particularly for our young children and adolescent youth. Psychiatry should have a role in advocating for fair and equal treatment for all groups. I believe that our diverse membership is looking for the APA to take positions that offer strong leadership in scientific scholarship, in public advocacy for quality mental health services in Congress and in the public media, as well as on social issues that impact the lives of our patients.

Whenever I am in leadership positions, I have maintained an inclusive and open process. I appreciate this opportunity to share with your members some of my thoughts about the concerns critical to our mission and the need for growth of the APA. I look forward to a spirited exchange of ideas and thoughts about how the APA can be more responsive to AGLP concerns, including functioning more efficiently and effectively.

Thank you for this forum to communicate directly with your members.

Michelle B. Riba, M.D., M.S.



Michelle B. Riba, M.D., M.S.

*1. What do you propose to do to increase the involvement of minority members in the APA?*

There must be more representation of minority members at all levels of the APA. Presidential appointments to APA national components and committees must include a sizeable number of minority and underrepresented psychiatrists. We must encourage more candidates representing minority and underrepresented groups to run for APA national office in order to form a strong coalition on the Board of Trustees and Assembly. A case in point was the recent decision by the Assembly to support Same Sex Unions. It was critical that there were Assembly members on the floor of the Assembly, representing minority and underrepresented psychiatrists, who were able to speak forcefully and eloquently regarding the importance of passing such an action paper. When this action paper comes to the APA Board of Trustees, as Secretary of the APA, I personally hope to help support and marshal the action paper through the BOT. Further, District Branch and state organizations must encourage and support active participation of minority and underrepresented psychiatrists for key posts. MITs and ECPs who are minority and underrepresented psychiatrists must be mentored and given roles where they feel involved and nurtured within the APA. At the local level, opportunities for involvement would include serving on District Branch committees such as membership, public affairs, scientific programs and education. I have been a forceful and ardent supporter of increased representation of minority and underrepresented psychiatrists at all levels of governance and organization of the APA. My track record of accomplishments as APA Trustee at Large and Secretary as well as Scientific Program Chair of the Institute on Psychiatric Services confirms my efforts to increase involvement of minorities and underrepresented psychiatrists within the APA.

*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?*

As APA Vice President, I would build upon a strong, collegial, and respectful relationship with the Association and with the Caucus. My goals include helping the Association and Caucus realize its aims and vision. Doing this will facilitate more of our APA members to feel connected and help shape the future agenda of the APA. As APA Vice President, I would set up regular meetings and telephone conferences where the leadership of the Association and Caucus and I would discuss

About the Candidates  
 Vice-President  
 Continued from page 13

mutually important and relevant concerns. As an educator, for example, I am very interested in how we can provide better psychotherapy training to our residents regarding gay, lesbian and bisexual issues. I would be open to ideas regarding research initiatives and ways of providing model curricula.

**TRUSTEE-AT-LARGE**

**PATRICE A. HARRIS, M.D.**



Patrice A. Harris, M.D.

*1. What do you propose to do to increase the involvement of minority members in the APA?*

Increased involvement of underrepresented groups in organized medicine/psychiatry is crucial for the future of the American Psychiatric Association. This has always been a priority issue for me, and I will continue to work to ensure that this is a priority issue for the APA.

Currently I serve as Chair of the Committee of Black Psychiatrists. One of the responsibilities of this committee is the recruitment and retention of minority psychiatrists. To this end, I have served as a mentor for members-in-training and early career psychiatrists who are members of underrepresented groups. In addition I have actively recruited minorities for and supported them in their pursuit of fellowship opportunities within the APA.

At the District Branch level, I developed opportunities for and participated in political advocacy training for women and minority physicians in the metropolitan Atlanta area.

While serving on the APA Board of Trustees and subcommittees of the Board, I have monitored Board appointments and identified members of underrepresented groups for appointments to boards, committees, and task forces. I am also able to bring to the fore and speak out about the issues that tend to impact minorities, both members of our profession and the patients we serve.

I plan to continue my work as outlined above in whatever capacity I can in the American Psychiatric Association. Certainly if elected as Trustee-at Large, I can continue that work at the Board level.

The consideration of diversity must be a BEFORETHOUGHT, not an afterthought, in the minds of those empowered to appoint and promote in our organization. The leadership of the American Psychiatric Association must reflect the diversity of its membership.

*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?*

As a member of an underrepresented group and Chair of the Committee of Black Psychiatrists, I have had the opportunity to interact with the chairs of committees and caucuses who represent minority groups including the Caucus of Lesbian, Gay and Bisexual Psychiatrists on a formal as well as informal basis. I intend to continue to meet with all of the minority caucuses at Component and Assembly meetings to continue to examine ways these groups can collaborate to effect change within the APA. Ultimately, I would like to propose that a "summit" be convened with participation of representatives from all of the minority committees and caucuses with the goal of developing a strategic plan for our involvement in the APA.

**Manoj R. Shah, M.D.**



Manoj R. Shah, M.D.

*1. What do you propose to do to increase the involvement of minority members in the APA?*

Minority members have a significant strength in the APA. Initially, these members formed caucuses to articulate their various issues and made the APA sensitive to their specific needs. Over the course of the last few years, minority members have found a voice in several committees of the APA. This year the nominating committee has chosen five candidates from the minority members to run for national office. It will be incumbent on all who get elected to continue to involve minority members at all levels of the APA. I am a member of the Queens County Psychiatric Society, a District Branch of the APA, with the maximum degree of diversity. We have members of different ethnic, cultural, sexual orientation, and religious back-

Continued on following page

About the Candidates  
Trustee-at-Large  
Continued from page 14

grounds. Members of the minority group form a majority in the executive council of our DB. I am also the founding member of the Indo-American Psychiatric Association (IAPA), one of the largest allied organizations in the APA. The efforts of IAPA have been to have our members participate actively in the APA at all levels. Members of IAPA have significantly contributed to public psychiatry, academia, research and APA Governance in the DB, Area Councils, Assembly and Components. The Caucus and the Association of Gay and Lesbian Psychiatrists (AGLP) can similarly get their members involved at the DB, Area Councils, and Assembly levels, and recommend to the President-elect, members for appointments to different committees. These members, in the leadership role should work diligently to represent and achieve the goals of the Caucus and AGLP. They should also recruit and mentor younger members and help them be assimilated into the APA, thus continuing the work of the senior members. If elected, I would work with both the organizations to facilitate the involvement of their members in the APA.

In the IAPA, Anand Pandya (an AGLP member), became the Chair of the Member-in-Training (MIT) and Early Career Psychiatrists (ECP) Committee. He also worked actively in the New York District Branch and is now the Deputy ECP Representative to the Assembly. The AGLP fellowship award, which funds the travel of an outstanding MIT to its meeting held in conjunction with the APA annual meeting, is an excellent vehicle to foster greater involvement within the APA.

Under the Chairmanship of Stephen Goldfinger and now Hunter McQuiston, I serve on the Committee on Poverty, Homelessness and Psychiatric Disorders, where the majority of our poor and minority (including gay, lesbian and bisexual) patients get served in the arena of public psychiatry. I am also a member of the Minority Mentors Network and am on the APA/CMHS & Astra-Zeneca Selection and Advisory Minority Fellowship Selection Committee, where I get the opportunity to meet and guide some of the most outstanding minority members, who I think are the future of the APA.

*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?*

I am the Chair of the CME in the Division of Child and Adolescent Psychiatry. When an AGLP member, Dr. Dennis Anderson, our Unit Chief of the Child and Adolescent Day Hospital passed away, we established a grand round in his honor. Every year for the past 7 years, with the advice and guidance of Dr. Richard Pleak, (also an AGLP member), we have invited a speaker to present on a topic relevant to gay and lesbian issues. On December 14, 2000, Dr. Joyce Hunter will speak on "Working it out-Developing Interventions for High Risk Lesbian, Gay and Bisexual Youths."

Both AGLP and the Caucus on Lesbian, Gay and Bisexual Psychiatrists are valuable organizations that include some of our finest psychiatrists. I would work and consult with both of these organizations on a variety of issues that relate to education, public affairs, psychotherapy and ethics. By including input of AGLP and the Caucus on a broad variety of issues, we can make the APA truly sensitive to the diversity of both psychiatrists and patients. Similar to my role as CME chair, if I am elected, I would make myself available to both the organizations to learn about current issues and bring them to the attention of the Board. The recent policy statement against "reparative" therapy was a step in the right direction. During the current Assembly session, the Queens District Branch (represented by Dr. Glenn Martin and myself) supported the action paper concerning same-sex unions, and voted for passage the action paper. These measures indicate that APA is sensitive to these issues and is committed to diversity within the organization.

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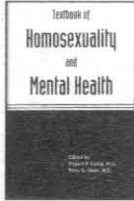


**This month's  
Highlighted Reading...**

**TEXTBOOKS AVAILABLE  
FROM AGLP**

**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**

**Hope & Mortality  
Psychodynamic Approaches to AIDS and HIV**

*Edited by Mark J. Blechner*  
Analytic Press



"AIDS has humbled us." Thus observes editor Mark Blechner in introducing readers to this powerful collection of essays on psychodynamic approaches to AIDS. It is the disease, Blechner tells us, that "has forced us to rethink our relation to sickness and health, mortality, sexuality, drug use, and what we consider valuable in life." In the chapters that follow, experienced clinicians shatter myths about the inapplicability of psychodynamic approaches to work with AIDS patients.

**AGLPB0023-1997/258 pages/ISBN 0-88163-223-6/hardcover/\$45.00**

**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 compassionate 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  
VOLUME 2, NUMBER 4 1998**

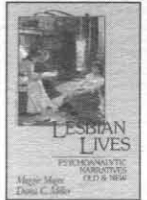
*Jack Drescher, M.D., Editor*  
The Haworth Medical Press

**AGLPB021-1998/134 pages/softcover/\$12.95**

**Journal of Gay and Lesbian Psychotherapy  
VOLUME 2, NUMBER 3 1995**

*David Scasta, M.D., Editor*  
The Haworth Medical Press

**AGLPB003-1995/134 pages/softcover/\$12.95**



**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 timeworn 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**

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**AGLP Membership Application Form**

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Are you a member of the American Psychiatric Association?  
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Do you want your name and address listed in a NON-CONFIDENTIAL directory of AGLP members?  
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fax: \_\_\_\_\_ e-mail address: \_\_\_\_\_

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

City: \_\_\_\_\_

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

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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

