



AGLP
Opening Minds

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President's column Dan Karasic, M.D.

The AGLP board gathered in Washington in September, for the first meeting I would chair as President, facing unpleasant news. Membership had dropped over the past three years by 17%, reducing our revenues accordingly. While we had had some success in fund raising for some very worthy special projects, these revenues did not cover costs of our annual meeting and operating our national office. Our expenses had been budgeted based on the larger membership we had had just three years ago, and therefore, our expenses now greatly exceeded our revenues. As a result, AGLP is now struggling to pay its bills.

So we met in Washington with the knowledge that we would need to adopt austerity measures to keep the organization going. The only way to balance our budget would be by both raising revenue and cutting expenses. Membership dues had not been raised in

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

Editor, George Harrison, M.D.

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

The views expressed in the *Newsletter* are those of the writer and do not necessarily represent the opinions of 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: George Harrison, M.D., Editor, *Newsletter* of AGLP; UCSF AIDS Health Project, 1930 Market Street, San Francisco, CA 94102. (Phone: 415-502-4818, FAX 415-502-7240, E-mail: gharrison@aglp.org). Submissions should be clearly readable. Submissions on electronic media (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 January 15, 2006.

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	\$250
Half-Page Ad	\$175
Business Card	\$75

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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Newsletter Editor's Column

George Harrison, M.D.



George Harrison, M.D.

Many Newsletter readers already receive issues as PDF files sent via email or from the AGLP website. This represents a substantial cost savings for the organization in terms of printing and mailing. Currently we spend about \$6000 for printing of the Newsletter every year and an additional \$2500 for mailing the issues to readers who elect to have hard copies. Given the financial pressures on the organization we encourage everyone that can to convert to an electronic version to do so. Just send an email to Roy Harker at rharker@aglp.org to let him know that you are ready to start receiving the Newsletter by email each quarter. If you have any questions or concerns please email me at gharrison@aglp.org. I'm always happy to hear from the readers. In next April's Convention issue, I will give everyone an update on our progress to reduce our costs here at the *Newsletter*.

The other morning I thought a bad thing happened. I thought that my wallet had been stolen from my gym bag. As I detailed the contents to security, I became upset at the loss and at my careless, laziness for not locking up the bag in the first place. Cash, credit cards, ID's. All needed to be accounted for and replaced. My irritation grew.

But then I had an equalizing moment. A flash of the relative size of this event compared to the devastation that has filled the media for the past weeks in the South. My loss was relatively humble and my level of stress immediately cranked down a notch. I wasn't significantly harmed and even my anger with myself for being lazy receded. Later that day I found all the missing items on the floor of my car. Evidently everything slipped out the unzipped pocket of my bag in the morning darkness.

Katrina has been in my thoughts and heart frequently these days. In the reflection of the event I have had a degree of perspective on my life, my concerns and my priorities. I have also seen it in my clinical work. I have been flooded at times with countertransference when confronted with entitlement, such as with my patient who railed about the inadequacy of the housing the city had provided him in which he could pursue his speed addition. I controlled my urge to say something caustic and belittling but while I did thing right thing clinically, I was left with frustration. Something bad is happening and it's out of my control.

Katrina has shone a light on the problems our nation faces and as it does, it has filled me with sadness, anger and disappointment. Is there some essential horrible compromise that we make to live in contemporary America? Does racism and classism account for all the problems with the government's response or the violence of the street gangs who shot at the men and women providing emergency services?

This is our opportunity to examine our condition as a nation and find better solutions to the issues that hobble us. With leadership from the bottom up we can again focus the country on trying to understand who we are and why we behave the way we do. New Orleans will be rebuilt. and if we are diligent we can refocus America on priorities that work for us all so that the next time a bad thing happens we are all standing together.

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President's Column

Continued from page 1

five years. We weren't eager to raise dues, especially since increasing dues can discourage membership. We settled on raising dues for general membership by \$40, to \$225, and raising the sponsoring membership by \$50, to \$300. The board agreed that membership for early career psychiatrists and for residents should remain low, at \$100 and \$45 dollars, respectively, and to keep medical student membership at a nominal \$15.

*Dan Karasic, M.D.*

We committed to cutting outlays for our opening reception and closing banquet in Toronto. These have always been great events, and will remain so. We will work creatively with those on the Toronto local arrangements committee to plan events you will enjoy without breaking the bank.

Printing costs have skyrocketed in recent years. To balance our budget, we must bring these under control. We are moving our membership directory online. AGLP executive director Roy Harker has found an online membership management service that will also allow the membership to be more interactive.

This will be a password-protected service, accessible only by other AGLP members, to protect privacy. We hope that an online members service will facilitate the goals of our organization, by helping us communicate and network.

traveled to D.C. at our own expense, and many of us had to take time off from our practices, because we recognize the importance of AGLP's mission. We are confident we will see the organization through this rough patch.

Please renew your membership in AGLP, and ask your colleagues to join, rejoin, or renew. Let us know your ideas for growing the membership, and give us feedback on the changes.

We are a few thousand dollars short still on meeting the matching grant for the John Fryer Award, the APA award that we are sponsoring for contribution to LGBT mental health. Your contribution will be matched dollar for dollar by the Gill Foundation if received by the end of this year.

Work on the AGLP documentary on the harm of "reparative therapy" continues, and your contributions here are appreciated as well.

The APA Board of Trustees last month endorsed same-sex civil marriage by a 14-1 vote; the APA Assembly had approved the resolution last May in Atlanta. Support of marriage equality is now the official policy of the APA, which will allow it to file amicus briefs in ongoing legal appeals. Our friends at Lambda Legal and other LGBT advocacy groups believe that this will be an important support for challenges to discrimination in marriage laws.

We realized after the publication of our last newsletter that there are many members of the APA and AGLP who lent vital ideas, energy, advocacy, and support to the same sex civil marriage endorsement, but were not acknowledged. The AGLP board would like to thank all of you who helped support this important initiative.

After the APA Board of Trustees vote on same sex marriage, I received

We committed to cutting outlays for our opening reception and closing banquet in Toronto. These have always been great events, and will remain so. We will work creatively with those on the Toronto local arrangements committee to plan events you will enjoy without breaking the bank.

We delayed the start of this online service until we had the money to pay for it. In the interim, we plan to send out our next membership directory in as an electronic pdf. Our members increasingly are opting to receive the newsletter in this form. We assume that nearly all AGLP members use email and the internet now, and we hope that our members will embrace our transition to electronic communication. Print directories will continue to be available and will be available to members for \$10 each starting in 2006. A .pdf file of the Directory will be available to all members free of charge.

Despite our difficult work at the fall business meeting, the board left optimistic and committed to the organization's future. We had

a phone call from the President of the APA, Dr. Steven Scharfstein, letting us know that AGLP had been selected to receive the APA's Distinguished Service Award, for our contributions to mental health. Pending final APA BOT ratification of this award, we will be accepting the honor this May in Toronto. We are most grateful for the continuing support from our many friends within the APA.

Vice-President's Column

Kenn Ashley, MD

Where has the activism and activity of the LGBT psychiatric community gone? It has become more and more difficult to get medical students and residents involved. Have we become so complacent? Have we obtained so many of our goals that people feel that there is no more work to do? At a meeting this past week of the APA New York County District Branch it was discussed that very few of the psychiatric residency programs in New York City have lectures on LGBT issues. Certainly there is work yet to do.



Kenn Ashley, M.D.

Hopefully people are making plans to attend the APA Annual Meeting in Toronto, Canada, May 20th to 26th. During the Annual Meeting the AGLP Hospitality Suite is a great place to hold a meeting. Please contact me if you have any interest in hosting an event in the hospitality suite (kashley@chpnet.org). Some previous topics have been viewing and discussion of films on various topics, medical students' discussion of application

to psychiatric residency and residency selection, discussion of issues in psychoanalysis, discussion of child/family issues, etc.

Just a reminder for US citizens that it is advised that you have a passport for travel to Canada.

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Is your name on this list? Time to Board the Train!

We are in the last stretch of funding the John Fryer Award. This will be an APA award to a person who has made significant contributions to LGBT mental health. The award will come with a cash stipend and a lecture at the APA meeting, which will rotate between the Fall APA Meeting (IPS) and May Annual Meeting. We have gotten approval from APA to go forward with the award for the IPS meeting in October 2006 in New York City, and we are in the process of having our awardee approved by APA.

It is exciting to be planning the first award, but there is still work to be done towards fully endowing it. We have just \$3,785 to go to complete the \$15,000 match from the Gill Foundation. We need to finish this match by December, and time is running out. Many thanks to those on the list below who have contributed to the Fryer Award. If

you don't see your name on the list, you can contribute now and add your name to a lasting legacy for AGLP and for LGBT psychiatry.

Mary Barber, MD

Contributors to the Fryer Award:

Gill Foundation
Richard Hire
Jack Drescher (HIRE MEMORIAL)
Richard Limoges

344 West 23rd Street Condo (HIRE MEMORIAL)

Jeffrey Akman
Mary Barber
Philip Bialer
Juan Buono
Kathleen Collins (HIRE MEMORIAL)
Ann D'Ercole (HIRE MEMORIAL)
Andrew Elliott
Marshall Forstein
David Goldenberg (HIRE MEMORIAL)
Edward Hanin (HIRE MEMORIAL)
Elizabeth Hohman (HIRE MEMORIAL)
Charles Ihlenfeld
Dan Karasic
Jordan Karp
Sandra Mandell
Jon Marhenke
Bill Martin
Danni Michaeli
Robert Mitchell (HIRE MEMORIAL)
Linda Odom
Patricia Peterson
Richard Pleak
Larry Prater
Kamran Rahmani (HIRE MEMORIAL)
William Reamy
Chester Robachinski
Phyllis Rosen-Rieser (HIRE MEMORIAL)
Ralph Roughton
David Scasta
Barry Smulofsky (HIRE MEMORIAL)
Louise Sonnenberg
Stuart Sotsky
Margery Sved (HIRE MEMORIAL)
Ronald Taylor
Mark Townsend
Serena Volpp (HIRE MEMORIAL)
Milton Wainberg

THE JOHN E. FRYER, M.D. AWARD



John E. Fryer, M.D.

The John E. Fryer, M.D. Award will be given annually to a public figure who has made significant contributions to LGBT mental health. Besides a stipend and award plaque, the award would feature a lecture at the American Psychiatric Association (APA) Annual Meeting. The Award would honor the late John Fryer, also known as Dr. H. Anonymous, whose courageous speech given at the 1972 APA convention was one of the sparks that pushed forward the declassification of homosexuality as a mental illness the following year. The APA has other already-existing awards sponsored by minority-allied organizations. These awards and their associated lectures serve to increase awareness of the leaders and issues of the sponsoring group. Lectures associated with these awards are typically attended by hundreds of psychiatrists and are featured prominently in the Annual Meeting program. This Award would do much to educate non-gay psychiatrists about LGBT mental health issues, and to raise awareness of the concerns of the LGBT community among psychiatrists. Since LGBT patients often seek mental health treatment in areas of the country where there are no psychiatrists or providers with knowledge or expertise on LGBT issues, we believe it is critical to educate a wider audience to ensure sensitive care for these patients.

The Association of Gay and Lesbian Psychiatrists (AGLP) received a \$15,000 challenge grant from the Gill Foundation, the nation's largest funder focused on lesbian and gay organizations and issues. The grant will support the creation of this new American Psychiatric Association award.



Dr. H. Anonymous at 1972 APA Convention

As a challenge grant recipient, we need your help in matching the funds. In order to receive the award, we must raise at least \$15,000 in new and increased donations. It's a great opportunity for us to expand our resources, and further our mission to provide networking and support for Lesbian Gay Bisexual and Transgender psychiatrists and education and advocacy on LGBT mental health issues. Your support of this project now is extremely important. Please make your donation today by completing the form below or visiting our website, www.aglp.org.

I wish to make my tax-deductible donation to support the John E. Fryer APA Award

Name Degree

Address

City

State Zip -

Country

Email

AGLP National Office

4514 Chester Avenue
Philadelphia, PA 19143-3707
(215)222-3881 - fax

I wish to pay by Check VISA MasterCard AMEX

CARD NO.

EXP. DATE: (Required)

SIGNATURE: _____ (Required)

If paying by check: Make your check payable to AGLP Fryer Award, and mail, along with this response card, to the National Office. Credit card payments may be either faxed or mailed.

AGLP Toronto 2006

Roy Harker

Begin your planning for **AGLP 2006 Toronto** now! Aglp's host hotel will be the Chelsea Hotel Toronto, located just one block from Church Street. The Gay village is on Church St. between Gerrard and Charles Streets. The Village is centered around Cawthra Park, behind the 519 Church Street Community Centre. The AIDS Memorial is situated in the park and is well worth a visit. Church Street is lined by the bars, restaurants and small shops. the address of the hotel is 33 Gerrard Street West, Toronto, ON M5G 1Z4 Canada.



The Delta Chelsea Toronto Hotel

This year you will be able to make your hotel reservations through the AGLP website (www.aglp.org) beginning November 15. For questions regarding your reservation, call Travel Planners, Inc., the official housing agents for APA and AGLP, at 800-221-3531.

The hotel, 15 km from Pearson International Airport, boasts six restaurants and an adult-only recreation and health club, featuring state-of-the-art facilities.

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Village Patio



Niagra Falls



Royal Ontario Museum Totem



Ontario Place

Photos courtesy of the Toronto Visitors and Convention Bureau



Toronto Island Cyclists

Report from the World Psychiatric Association Meeting in Cairo

Gene Nakajima, M.D.



Gene Nakajima, M.D.

While the APA fall components meetings were occurring in Washington, DC, the World Psychiatric Association held its largest triennial meeting, the World Congress, in Cairo. This was the first time it was held in Africa. Because of the recent bombings in Sharm el-Sheikh, many US presenters stayed away, and there were many complaints about scheduled speakers who did not attend.

Although technically, Egypt does not have a law against homosexuality, gay people have recently been arrested for "immoral behavior." In the late 1990's, Cairo supposedly had a flourishing gay community with several gay bars and discos. This changed in 2001, when police arrested over 50 gay people in a disco. Now, there are no openly-gay bars and discos. Although it seemed as if there were few gay psychiatrists attending this WPA conference I met people from Germany, France, Ireland, Mexico, Venezuela, Dominican Republic, Columbia, Finland, and the United Kingdom, and we organized informal dinners at the conference.

About 30 people attended the one gay workshop at the conference that I organized. The discussion was dominated by comments by an Egyptian psychiatrist. He initially asked if anyone in the room felt that homosexuality was not a mental illness. I answered that I didn't think that it was an illness, and I asked if anyone else thought that it was, and no one else responded. He then started talking about his practice where he is referred many male patients who are married and not interested in having sex with their wives who come to him for treatment to stop having sex with other men. He provides aversion shock therapy for the men, and that it didn't work unless he provided a lot of treatment. This sparked a whole discussion about cultural bias and treatment of homosexuality. The Egyptian psychiatrist probably didn't change his mind about his treatment, but the discussion was done in a respectful way, and I hope he understood that most psychiatrists in that room did not believe homosexuality was a mental illness that should be treated with aversion therapy.

About 30 people attended the one gay workshop at the conference that I organized. The discussion was dominated by comments by an Egyptian psychiatrist. He initially asked if anyone in the room felt that homosexuality was not a mental illness.

Later, one of the British psychiatrists met a gay man in Cairo, who told him that he had friends who had shock/aversion therapy and that one of them did very well with the treatment and that he was considering getting the treatment himself. Obviously, shock/aversion therapy for homosexuality is performed quite openly in Egyptian psychiatry. We may want to explore this issue further, so if anyone has any suggestions on ways we can effect change, please let me know.

Future psychiatric meetings outside the US include

- 1) Nice, France; March 4-8, 2006 Association of European Psychiatrists (One LGB workshop accepted)
http://www.kenes.com/aep2006/call_session.asp
- 2) Istanbul July 12-16, 2006 WPA international conference www.wpa2006istanbul.org (Abstracts due on Nov 30, 2005) If you are interested in presenting in a workshop, please send me a title of your talk, and a 50 word description preferably by Nov 1, 2005.
- 3) Melbourne, Nov 28-Dec 2, 2007 WPA International Conference
- 4) Prague Sep 19-25, 2008 WPA World congress
- 5) Buenos Aires Aug or Sep, 2011 WPA World Congress

Gene Nakajima, MD

Gnakajima@alumni.stanford.org (415) 292 1554

APA Presidential Candidate Statements

This year the voting for offices of the APA starts electronically in December. We are able to bring the readers statements from the two candidates for the office of President. In the next issue of the newsletter we will have our annual responses of the candidates for the major offices of the APA to some interview questions.

Remember to vote in these upcoming elections. While the membership of the AGLP is only a small percent of the total body of the APA a solid turnout of LGBT voters can have a big impact on the outcome.

Statement by Carolyn Robinowitz, MD:



Carolyn B. Robinowitz, MD

Carolyn B. Robinowitz, MD, DLFAPA
Candidate for APA President-Elect
Leader, Administrator, Educator, GLBT
Advocate, Clinician

Experience, Energy, Effectiveness

Three decades of proven successful
leadership

- Experienced APA Board member
- Effective APA Secretary-Treasurer
- Multiple organizational presidencies
- Within House of Medicine

Strong advocate for APA, our profession, our patients, and minorities

- Within government, media, public

Significant administrative experience

- APA Chief Operations Officer
- Medical school Dean

Internationally recognized educator

- Founded APA Office of Education

Clinical practice of adult, child & adolescent psychiatry

As President, I will continue to work for APA by:

- Advocating energetically and successfully for our profession, our members and our patients.
- Developing strong strategic planning; maintaining transparency and accountability; planning proactively for challenges.
- Focusing on setting and supporting APA priorities.
- Promoting patients' access to psychiatric care.
- Protecting the physician-patient relationship.
- Demanding appropriate reimbursement for psychiatric care.

- Forging alliances to enhance our effectiveness.
- Recruiting the best and brightest into the field.
- Educating psychiatrists for excellent care and advocacy.
- Working with District Branches and State Societies to ensure appropriate support, representation, and balance
- Welcoming members' diverse backgrounds, interests, skills and practice.
- Valuing all members and providing value for membership.
- Increasing opportunities for member participation and leadership, particularly minorities and under-represented groups.
- Guaranteeing openness and communication with members.
- Developing procedures to address issues rapidly and effectively.

The President must play a proactive and creative role in leading Association direction and function. I bring considerable know-how to this task. I have broad experience as a clinician, educator, and administrator, with demonstrated effective leadership skills in psychiatric and other medical organizations including advocacy, fiscal responsibility, professional development, while ensuring real participation of minorities (women, People of Color, GLBT).

Past accomplishments are the best predictor of future contributions.

I have served on or staffed multiple APA components and represented APA in Congress, the Administration, and the media. As founding Director of the APA Office of Education, I initiated APA efforts in education at all levels, focusing on priority content (e.g., AIDS) as well as policy. As Senior Deputy Medical Director/chief operating officer, I was responsible for infrastructure (workforce, information systems, library; finances, and long range planning), oversight of membership, meetings, publications; representing APA at other medical and mental health organizations. During my tenure, the budget was balanced, with strong reserves and a five-year financial plan providing for unexpected and urgent needs. I designed approaches to ensure participation and leadership development of younger members (including the resident's position on the Board, formation of an early career component and membership on the Board), and minorities (including the GLBT community), increasing their presence throughout. I initiated links with academic psychiatrists, public psychiatrists, other mental health professions, medical specialties, and advocacy groups. I worked within outside organizations (e.g., AMA) to improve opportunities for psychiatry and psychiatrists, as well as to ensure greater participation of under-represented minorities (including GLBT physicians).

As Secretary-Treasurer, I have focused on APA's financial strength,

APA Presidential Candidate Statements

Continued from page 8

maintaining fiscal stability and the ability to fulfill our current and future missions. We have turned around previous financial problems which threatened our ability to meet goals for the profession. We are focusing our limited resources on the key issues—those which the Association must do and which only the APA can do, avoiding the dilution of many worthwhile but lower priority causes, while utilizing partnerships to enhance our effectiveness.

As a medical school dean, I gained experience in mission-based budgeting and management, and using limited resources to meet priority needs; I improved the climate for women and minorities, receiving awards for my efforts. I have been president of several psychiatric and other medical organizations, gaining greater perspective and skill in systems and substance and effecting the important directions for organizational development and success.

As a clinician, I experience daily the challenges and obstacles shared by colleagues and patients, and recognize the importance of APA's efforts on our behalf. As President, I will limit clinical work to ensure full personal availability, taking advantage of my Washington DC location to work closely with the Medical Director and staff.

As a human rights activist, I have advocated for minority groups including the GLBT population and psychiatrists, and am proud of the honor bestowed by AGLP to me through its Distinguished Service Award in 1995.

I know the APA well, its strengths and skeletons, and eagerly anticipate utilizing my experience, expertise and energy to be a productive and effective President. I ask for your vote and for your participation in our APA.

Statement by Jack Drescher, MD



Jack Drescher, MD

I have been an AGLP member since 1987. Since then, I have served on several AGLP committees, including Executive Council. I have edited AGLP's official *Journal of Gay and Lesbian Psychotherapy* since 1997. I have also received AGLP's James Paulsen Service Award for contributions to the organization.

As Chair of APA's Committee on GLB issues since 2000, I have advocated for GLB patients and psychiatrists. With the support and encouragement of APA's leadership, I helped draft APA's position statements on reparative therapy (2000, against), same sex civil unions (2000, in favor), second parent adoptions in same sex couples (2002, in favor), and same sex

civil marriage (2005, in favor). I also helped start the Group for the Advancement of Psychiatry's Committee on Sexual Minorities.

I am a full-time private practitioner and previously worked in a public setting serving the urban poor for twelve years. As an author, editor, and frequent speaker to the media, I have devoted much time and effort to educating both the profession and the public about the mental health needs of LGBT patient populations. I am an active member of other professional organizations and have taken a leadership role in many of them. Colleagues say I demonstrate strong leadership experience in times of crisis, and particularly so in the NY County DB in the aftermath of 9/11.

In my service to APA—in committees and in the assembly—I have had the opportunity to learn much about how that organization and its components work (and sometimes don't work). There is always room for improvement. Furthermore our professionalism is under assault—the result of outside pressures and intrusions that devalue professional autonomy and which lead to fragmentation of care. APA needs to be strongly opposed to unworkable "factory models" of mental health care delivery. Patients do not believe in the efficacy of this model—and neither do we!

Our profession has done a good job exploring and developing treatments based on biological research. Recognizing that the brain is not the same thing as the mind, we are paying renewed attention to the psychological aspects of our work. We could all benefit by paying more attention to the "social" aspects of the bio-psycho-social model if we are to successfully translate what we know into effective public policies for the treatment of mental disorders. We cannot do our jobs and our patients cannot get better if the social milieu in which we practice does not support our work or allow for the kind of care our patients need.

We need to think outside the box of ideological debates. It should not matter whether the quality of mental health care for which we advocate is made possible by the public sector, the private sector or both. Regardless of our other political affiliations, all APA psychiatrists should be on the side of decent and respectful standards of mental health care for all the patients who need it.

APA can do a better job in fighting to maintain our professional standards; however, to do that, psychiatrists and physicians have to do a better job of being involved in the political process that inevitably affects their practices. Those of us who are already involved have to raise our level of activity at least one notch and that includes convincing those around us who are less involved to increase their level of participation as well.

APA needs to build upon its core mission: advocacy for our patients, our members and our profession. APA, its members and particularly

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'With Friends Like These...':**Lobbying the MPS for support for Equal Marriage Rights**

In July 2004, Michael Bennett, then president of the Massachusetts Psychiatric Society, invited Marshall Forstein and me to join a task force on same-sex marriage. Since the MPS had filed an amicus brief in support of the Goodridge plaintiffs in the fall of 2003, then president, Jim Ellison, had suggested that the MPS Council draft a position paper on same-sex marriage. Reportedly, some Council members met this suggestion with heated objections, claiming it was totally inappropriate for psychiatrists to "enter the political arena." So, in the face of the rankled Council members, Jim Ellison suggested an advisory Task Force. Meanwhile, the presidency passed to Michael Bennett. By September of 2004, Marshall and I became the co-chairs of this task force charged with drafting a position statement on same-sex marriage for the Council's approval, and with developing an action plan for how the MPS might work to educate our members and the public at large on this issue. To our surprise, all of the task force's attempts to draft such a statement over several months met with objections from the President as well as from some of the Council members who were conferring with our task force. And, this was in Massachusetts!

had raised McCarthy-era type fears in some of our heterosexual colleagues who would describe themselves as tolerant, open, and "supportive" of the gay and lesbian community.

Dr. Bennett acted cautious, ultimately quite concerned about becoming a target for any anti-marriage critics. He said that he wanted to be sure we didn't enter the "political" arena and that we stuck to "concrete, observable, facts—data and science." He also had a very narrow view on what is the purview of psychiatry: psychiatrists are only expert on the "medical" ramifications of a policy and can take no position on policy vis a vis moral, ethical, and legal perspectives. In his view, psychiatrists are well advised to stick to "medicine" and not to comment on the social or ethical dimensions of any public policy issue. I was dumbfounded that Dr. Bennett and the MPS Council felt that, as psychiatrists, we had no place weighing in on the psychological effects of discrimination and prejudice on our gay and lesbian patients (and our own lives.) The biopsychosocial realm of psychiatry had been very narrowly defined, indeed. This surprised us, even more so, because it was not at all in line with the approach that the APA has taken over the past 15 years when issuing position statements on any number of issues concerning gay and lesbian rights. Dr. Bennett argued that sticking to what he called a "medical" perspective would be to make our arguments from the standpoint of our expertise and to insure that the arguments were unassailable by our foes. If we reined in our argument in this disciplined way, he argued, no one would be able to

I was dumbfounded that Dr. Bennett and the MPS Council felt that, as psychiatrists, we had no place weighing in on the psychological effects of discrimination and prejudice on our gay and lesbian patients (and our own lives.)

These are historic times in Massachusetts, and given that psychiatric misinformation was continually being used in the legal and political battle over same-sex marriage, we asked the MPS Council to take a leadership role in this public policy debate given the mental health implications of same-sex marriage. We hoped that they would educate our patients and our public about the issues surrounding the same-sex marriage controversy: that homosexuality is not a disease, that same-sex partners are capable of committed long-term relationships, and that there is no deleterious consequences for children to be raised by same-sex parents. We found out that the MPS Council was not inclined to be visible in this public debate, and if they were going to issue a position statement, it would need to be circumspect and circumscribed. It seemed to us that the anti-gay backlash was rampant on the national political landscape after the historic Massachusetts Supreme Judicial Court decision legalizing same-sex marriage and was particularly virulent in the run-up to the 2004 presidential election. This backlash

tell if we were "liberal or conservative", and our opinion would carry more weight. We would be writing in a non-partisan fashion. I asked how, as mental health practitioners, we could be non-partisan about discrimination?

Even though the text of many of our drafts closely related to prior position statements by the APA on civil unions, same-sex parenting and adoption, the MPS Council objected to any language that included the notions of "legal rights", "civil rights", or discrimination, calling those concepts "political". When they told us we cannot talk about marriage as a legal institution, we were angered and perplexed. After all, isn't that the definition of marriage?

Parenthetically, during this process, we discovered that the MPS, as a professional society, apparently has no anti-discrimination policies at all!

In the end, the only way out of our impasse was that Dr. Bennett and

With Friends Like These...*Continued from page 10*

the Council wrote a separate position statement. In my view, they took a narrow and conservative approach which argued that since marriage "provides emotional and medical benefits" to heterosexuals and their children, there is no reason to suppose that it won't confer the same benefits to same-sex couples and their children. "The MPS supports same-sex marriage as an institution which confers a positive effect on physical and mental health." There is no mention of equal rights or elimination of discrimination. You can read the full text of their position statement on their website at www.psychiatry-mps.org.

To be fair, the MPS did write a position statement that supports same-sex marriage (albeit only as an institution that "promotes health"). This was a huge step for this group which has written few position statements and has never entered into the realm of public policy issues. And, the statement does include reference to the APA declarations on two occasions (1973 and 1987) that homosexuality is not a mental illness and implies "no impairment in judgment, stability, reliability, or general social and vocational capabilities." The position statement also acknowledges that over one million children are currently being raised in homes with same-sex parents and that the consensus of 25 years of research is that "same-sex couples have parenting abilities that are equal to those of heterosexual parents", and that these children fare as well as children of heterosexual parents on measures of mental health and adjustment. Yet, as gay and lesbian psychiatrists who are well aware of the hugely negative mental health impacts of stigma, discrimination, prejudice, and inequality under the law, we were quite disappointed that the MPS statement didn't go further. We had hoped the MPS leadership would take a direct stand against legalized discrimination and include the scientific arguments put forth in the amicus brief which outline the deleterious mental health effects of unequal treatment under the law. We had hoped, that like the APA, the MPS support for the civil marriage of same-sex couples would decry any attempts to deprive our gay and lesbian patients and colleagues inequality under the laws of the State Constitution. We know that victims of any sort of discrimination or codified inequality suffer mental health sequelae. But, whereas our professional society has had no compunction arguing for the rights of the underprivileged, the mentally ill, the incompetent geriatric patient, or of sex offenders, our colleagues didn't feel they could advocate the civil rights of their gay and lesbian colleagues neighbors, and patients. To talk of discrimination and rights, in this case only, was to be seen as "political".

After much heated debate, and six months after we originally met with the Council to initiate this task force, the MPS posted their position on their website. That was the extent of its distribution and release. The Council did not agree to distribute the position statement in a separate

mailing to its membership, nor did it agree to urge its lobbyist to distribute the statement to the state legislators (some of whom are still involved with efforts to roll-back legalization of same-sex marriage in Massachusetts), nor did it agree to take an active public relations position on same-sex marriage and to speak-out when erroneous statements about mental health issues are made by opponents of same-sex marriage. We had hoped that the MPS position statement would have been a stepping stone to pass the APA's position statement through the Assembly in May 2005. But, it fell far short of the APA's position statement, and, in a surprise move, Area 1 (which includes Massachusetts) submitted the MPS statement as a substitute motion to the Assembly this past May! Area 1 tried to replace the empowering statement worked on by Jack Drescher, et al., with this weak, diluted statement. While it is in support of the institution of marriage, per se, it is so careful not to mention that what is at stake are our equal rights. This was a document written by our straight "allies" who had felt the need to hide behind "medical" and "scientific" facades so as to be sure not to be identified as supporting the "rights" of homosexuals.

September 1, 2005

Andrew Compaine, M.D.
Wellesley, MA

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APA Presidential Candidate Statements*Continued from page 9*

our non-member colleagues cannot sit on the sidelines as decisions made by others interfere with the physician-patient relationship or deny our patients needed services. Both public and private sectors face a wide range of impediments to effective and compassionate care. We need to (1) effectively engage, as mental health professionals, in all the social and political arenas that affect the lives of our patients and how we do our work; (2) continue to forcefully demonstrate the scientific validity of our professional activities; (3) actively recruit (and retain) our disaffected or disinterested colleagues; and (4) work to reduce the stigma of mental illness. I have been engaged in these activities for the last decade of my professional life.

As APA President, I would bring my high degree of enthusiasm, energy for hard and creative work, focus on outreach to our members and the public, thoughtful leadership, activist experience, and a fighting spirit to bear in tackling the enormous challenges our profession and our patients currently face.

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AGLP Fall Meeting

**AGLP
ANNUAL FALL MEETINGS
WASHINGTON, DC**

PHOTOS BY GEORGE HARRISON, M.D.



Dining Al Fresco at the Fall Meeting Welcome Reception



Drs. Forstein, Barber, and Scasta at the Reception



Bob Mitchell talks about AGLP finances



APA Lesbian Gay and Bisexual Committee joined the meeting



Kenn Ashley, Dan Karsic, Roy Harker, and Mary Barber

AGLP Business Meeting

J.W. Marriott Hotel
Washington, DC
September 10, 2005, 9:00AM-5:00PM

Executive Board and Council Members Present: Dan Karasic, MD; Kenn Ashley, MD; Mason Turner-Tree, MD; Robert Mitchell, MD; George Harrison, MD; Mary Barber, MD; Jack Drescher, MD; Michael Golder, MD; Roy Harker; Adam Pruett; Eric Yarborough; Andy Tompkins, MD; Members of the American Psychiatric Association Committee on Lesbian, Gay and Bisexual Issues (guests); David Scasta, MD; Jim Krajewski, MD (guest)

Annual Meeting Toronto 2006: Challenges involving the planning and implementation of the Annual Meeting this year were discussed, including difficulties organizing a Local Arrangements Committee and issues related to funding the symposium and various other functions.

Regarding selection of a Local Arrangements Committee, Roy Harker and Dr. Karasic will continue to identify and work with individuals in the Toronto area regarding selection of venues and overall planning of the Annual Meeting., although non-local individuals will likely take on greater responsibilities in planning than in previous years (i.e., the Board of Directors and Executive Council).

The Annual Meeting hotel will be part of a block of rooms reserved through the American Psychiatric Association. Although this will limit the flexibility of the organization regarding meeting space, there is a vast advantage to booking rooms in this fashion, as the APA will be responsible for the rooms should they not book completely, and publicity through the APA will assist in reservations for the hotel. The exact hotel is to be determined, although there are four candidate hotels. The schedule for this year's meeting will be slightly different than last year, with the Board and Council meetings and possibly the Women's Dinner and Early Career/Resident/Medical Student events to be held on Saturday, the Symposium and Opening Receptions to be held on Sunday, the Membership Meeting to be held on Tuesday, and the VIP Reception and Closing Banquet to be held on Wednesday. The AGLP Booth on the floor of the APA meeting, as well as the Hospitality Suite will continue to be available throughout the meeting, with a need for volunteers to staff the Booth, including setup and break-down. Locales for the Opening Reception, Closing Banquet and other social events as well as the topic of the Symposium are to be determined. The issue of publicizing the event in the APA literature was discussed. Pros include greater visibility and cons include difficulties with losing control of how the meeting is presented. There will likely be no action on this issue for this year's meeting. The idea of having a same sex

marriage in Canada, at the Annual Meeting, was also discussed as same sex, non-Canadians can be married with no waiting period. This issue will be considered as planning for the Annual Meeting continues.

The Distinguished Service, Nichols and Paulson Awards will be presented at the Annual Meeting. The Fryer Award (see below) will be presented at the Institute of Psychiatric Services meeting in New York City in Fall 2006.

Financing of the Annual Meeting was an important topic of discussion, with general agreement that the budget for the meeting must be reduced in order to maintain financial viability, and that extra funding for the meeting must be aggressively pursued through grants and other outside funding.

The John Fryer Award: The APA has given permission for AGLP to select a recipient for the Fryer Award. This award will be given to any individual (with no preference for sexual orientation or status as a mental health clinician) who has made outstanding contributions to LGBT mental health. This individual will receive a cash stipend, travel expenses, and will be honored with a lecture at an APA meeting. AGLP will fund the total cost of the award (\$50K) through the APA, who will manage the funds. AGLP is required to raise an additional \$5K in funding by December 31, 2005, in order to receive full matching funding from the Gill Foundation, who provided a \$15K Challenge Grant for the project last year. The total Gill Foundation/Matching funds will be combined with the Frank Rundle bequest to AGLP (approximately \$20K) to fully fund the award. The first Fryer Award will be presented at the APA Institute of Psychiatric Services Meeting in NYC in the Fall of 2006, and will rotate on a periodic basis between this meeting and the APA Annual Meeting. The first recipient has been selected by the Fryer Award Search Committee, who met via conference call in August 2005.

Executive Director Report (Roy Harker):

Online Directory: Since the Annual Meeting in 2005, Mr. Harker has located a vendor for an interactive membership interface that would allow the Membership Directory to be placed entirely online via a password protected site. He solicited requests for permission to be included in the Online Directory, but only 28% of the Membership responded. Only a small number objected to being listed, while a large number did not respond. Because of the savings that a transition to an online directory would allow, Mr. Harker will send another email to strongly encourage individuals to be listed in the Online Directory. Print directories will continue to be available and will be available to members for \$10 each starting in 2006. A .pdf file of the Directory will be available to all members free of charge. The Referral Directory will be transitioned to online only ASAP, and print copies will no longer be available.

Annual Business Meeting*Continued from page 13*

Bylaws Revision: The bylaws revision that was approved by the Membership in May 2005 has been reviewed by an attorney, and accepted with only minor, non-content oriented changes.

Budget, Finance and Cash Flow: Due to a problem with cash flow in the organization, funds from the Film Project (\$13.5K) were diverted to cover operating expenses. These funds will be replaced as soon as possible into the Film Project Fund. Additionally, AGLP will be required to pay \$22.5K to the APA by the end of the year for the Fryer Award. While fund raising for these two projects has been proceeding well, general operating expenses for AGLP are limited. Limiting the budget for the Annual Meeting was an important focus of discussion and numerous ideas were advanced to reduce spending in the major categories of expenses.

Membership: With this in mind, Mr. Harker presented an analysis of the expenses of AGLP, noting that in 1998, the total cost per member for AGLP was \$161.43 due to strong membership growth, and in 2003, due to falling membership, \$244.08. In short, dues are not covering operating expenses, and AGLP would need to grow by 128 members or increase membership dues by 21% to close the budget shortfall. A three pronged approach was presented to correct this problem:

1. Aggressive recruitment of members
2. Application for operating expense grants
3. Increase in membership dues for 2006 according to the following schedule:
 - a. Founder: \$1000.00
 - b. Patron: \$500.00
 - c. Sponsor: \$300.00
 - d. General: \$225.00
 - e. Associate: \$225.00
 - f. Early Career: \$100
 - g. Resident: \$45.00
 - h. Medical Student: \$15.00

The "Newsletter Only" category was renamed "Friend/Ally" and will be available to non-LGBT and non-Psychiatrist individuals for \$100 per year.

A motion was made, seconded and approved unanimously to adopt these changes to the Membership Dues effective for 2006.

Committee on Lesbian, Gay, Bisexual Issues: Dr. Jack Drescher and invited guests from the APA LGBT Committee joined the meeting to present their report. Because LGBT mental health issues have not been included in the APA research agenda to date, Drs. Bob Cabaj and Ben McCommon will chair a Task Force to define this research agenda, and ensure that these are represented to the APA. There has been

discussion re: adding transsexual to the Committee name, but there has been little action in this regard for various reasons, including the lack of APA Position Papers on transsexual issues. Given the publication of the DSM-V in the near future, and the need to define diagnostic criteria and describe Gender Identity Disorder in DSM-V, these issues will need to actively considered. Dr. Drescher and others also reported that there is a movement among a subgroup of APA members to call for a referendum on the Same Sex Position Statement passed by the Board of Trustees in July 2005. This is not likely to succeed but should be watched carefully. He also reported that the APA will begin collecting data on sexual orientation as part of its membership data in 2006. LGBT issues will also be featured on the APA diversity web site, and the Committee is currently working on this content.

Film Committee: Dr. David Scasta presented this report on the film project, "Can I Change?" on reparative therapy. The film is currently being presented to numerous focus groups to refine the content, and the Committee would like to distribute the film widely, from church and religious groups, to network and cable television, to LGBT film festivals. The pilot for the film is 23 minutes, and the entire film is slightly less than 90 minutes. \$34,380 has been collected to date, with an additional \$20K in funding needed for post-production promotion and distribution. An application to the Van Ameringen Foundation to cover additional expenses is also pending. Dr. Scasta also expressed his concern about Film Project funds being diverted to general AGLP operating expenses and requested that this situation be corrected immediately. The Film Committee continues to sell "Diversity: The American Way" bumper stickers as a fund raiser for the project.

Journal of Gay and Lesbian Psychotherapy: Dr. Jack Drescher presented this report, noting that he has organized all issues of the Journal through the first half of 2007, and has enough material in submissions to last through 2008. Coming issue topics include: Barebacking, Self-Disclosure and Psychotherapy with HIV+ Therapists; Intersexuality; Crystal Methamphetamine; LGBT Issues in the United Kingdom; and Gender Nonconformity and Sexual Orientation. He plans to complete the organization of the remaining submissions. A search is underway for a new Journal Editor-in-Chief.

Dr. Jim Krajieski, Editor of the Psychiatric Times, also visited the Business Meeting to discuss promotion of AGLP in his publication.

Newsletter Editor: Dr. George Harrison presented this report, and presented a proposal to the Board and Council to change the Newsletter to a .pdf only format. This idea was discussed extensively, and the decision made to continue to encourage members to request e-mail only newsletters while continuing to print paper copies for use in promotion and fund-raising efforts.

Annual Business Meeting*Continued from page 14*

Membership Committee: Dr. Margery Sved was not present to report to the Board and Council. Membership recruitment and retention was discussed and numerous ideas presented, including member-get-a-member campaigns, local membership drives, and strengthening of the mentoring program for residents and medical students. Membership continues to fall slightly at approximately 6% per year. Board and Council members also volunteered to find individuals to fill vacancies on the Council committees, including Early Career, HIV, Women's Issues, Minority Outreach and Transgender.

Treasurer Report: Please refer to earlier categories regarding budget discussion. Dr Bob Mitchell will be vacating his post in May 2006, and the Nominations Committee is actively considering his replacement.

Development Committee: Dr. Michael Golder is new to the position as Development Director. Roy Harker will provide Dr. Golder a list of development contacts, and he plans to begin aggressive fundraising for the Annual Meeting, the Fryer Award and the Film Project. The Board and Council also will plan to encourage members to upgrade their membership levels in an attempt to generate more membership revenue. Corporate sponsorship of the Annual Meeting components was discussed as well.

Residents: Dr. Any Tompkins reported on his efforts to increase resident membership, stressing the importance of utilizing other professional organizations as a source for resident member referrals (i.e., the Group for Advancement of Psychotherapy, the American Association of Directors of Residency Training and the American Psychiatric Association). He also described the importance of strengthening the mentorship program and identifying means of retaining resident members.

Medical Students: Adam Pruett and Eric Yarbrough presented this report, focusing on their efforts to increase participation in the mentorship program and use of the American Medical Student Association list-serve to recruit new members. They also discussed working on an educational program with slides and talking track contents to use in local high schools.

After receiving personal updates from those present, Dr. Karasic adjourned the meeting at 5pm.

Respectfully submitted,
Mason Turner-Tree, MD

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Nominations and Awards

The elected offices in AGLP are President, Vice President, Secretary, and Treasurer. Our treasurer, Bob Mitchell, will step down at the end of this term. I am grateful for his years of work for AGLP and will be sorry to see him go. This means at least one new nomination for office needs to be made.

In addition to nominating members to run for office, we need to select recipients of 2006 AGLP awards. AGLP gives three awards at our Annual Meeting: the Distinguished Service Award for a public figure who has contributed to the LGBT community, the Paulsen Award for service to AGLP, and the Nichols Award for an agency which has provided service to the community.

If you would like to be on a selection committee for awardees and office candidates, please let me know. If you might be interested in running for an AGLP office, contact me about that as well. I would also welcome suggestions for nominations and awards as I assemble the selection committee.

Mary Barber, MD
Immediate Past President
mbarber@aglp.org

Past Awards:

Distinguished Service

1986	Barney Frank
1987	Judd Marmor, MD
1988	John Spiegel, MD
1989	Emery Hetrick, MD
1990	Evelyn Hooker, PhD
1991	Paulette Goddard
1992	Urvashi Vaid
1993	Marlon Riggs
1994	Frank Kameny and Barbara Gittings
1995	Carolyn Robinowitz, MD
1996	Martin Duberman
1997	Mel Sabshin, MD
1998	Sven Robinson
1999	Bob Cabaj, MD, and Terry Stein, MD
2000	Richard Isay, MD
2001	Lawrence Hartman, MD
2002	John Fryer, MD
2003	Francis Lu, MD
2004	Deborah Glick and Thomas Duane
2005	E Lynn Harris

Nominations and Awards

Continued from page 15

James Paulsen award

- 1996 James Paulsen
- 1997 Bert Schaffner
- 1998 Jim Krajewski
- 1999 Peggy Hanley-Hackenbruck
- 2000 David Scasta
- 2001 Marshall Forstein
- 2002 Margery Sved
- 2003 Frank Rundle
- 2004 Jack Drescher
- 2005 Roy Harker

Stuart Nichols award

- 2004 Hetrick-Martin Institute, home of the Harvey Milk School
- 2005 YouthPride

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Toronto Space Needle



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"Gay Sex in the 70's"

Joe Lovett, 2005. 72 mins. Distributed by Frameline, San Francisco.

Review by Mary Barber, MD

Film Review

Who wouldn't want to watch a film with a title like this? The documentary explores the period between Stonewall, June 1969, and the beginning of the AIDS epidemic, June 1981, that some have described as, Lovett narrates, "...the most libertine period in Western culture since Rome." This is the New York City gay scene satirized by Larry Kramer, in "Faggots" (Kramer, 1978), but here presented in a more rosy, almost nostalgic way.

Those who lived through the times provide narrative commentary. The cast includes artists Barton Benes and Alvin Baltrop, whose photos from the piers and bars are featured throughout the film, activists Rodger McFarlane and Larry Kramer, physicians Larry Mass and Ken Unger, and many others. These commentators paint a picture of gay male life in NYC in the 1970's: cruising in the streets, the piers, and bathhouses, bars with backrooms, dance clubs, and of course, Fire Island Pines. There is a lot of reminiscing about the hedonism of it all: says McFarlane, "...life was a pornographic film." Several of the speakers note the positive experience of going from repressed, closeted small towns to this world, and the feelings of inclusion, self-love, and pride that this free-love community brought them. Noted also is the longing for intimacy felt by the men, of using sex as a way to not be alone, and of trying to find Mr. Right even in the midst of easy, anonymous encounters.

To be sure, the interviewees do not only present a positive picture of this time. Dangers are discussed, such as falling through the decrepit floorboards of the piers, being robbed by a trick, or getting syphilis or gonorrhea. And of course there is discussion of the danger that was unforeseen at the time, HIV. For the most part, though, the risk aspect of the whole period is minimized, or even considered as part of the allure in the recollections. Perhaps, after all the pain that we have been through in the two-plus decades of the AIDS crisis, focusing on positive aspects of this sexually-uninhibited time is healing, even necessary.

Perhaps, after all the pain that we have been through in the two-plus decades of the AIDS crisis, focusing on positive aspects of this sexually-uninhibited time is healing, even necessary.

Some context is provided for the times. It is noted that this period followed the 60's "free love anti-war" movements, where young people began questioning many kinds of convention. It was also the adolescence of the gay rights movement, filled with the exuberance and risk-taking associated with any adolescence. For the men interviewed, it was also their adolescence and young adulthood as gay men. Towards the end of the film McFarlane remarks that young gay men in NYC still go through their periods of sexual experimentation, except now they hopefully use condoms and have much more information about the health risks than was available in the 70's. So was this really such a unique phenomenon? And was it even representative of the whole gay community at the time? As a woman, and as someone who grew up in the post-HIV world and came to the NYC scene later, I would have liked more context and questions like these. What if anything did what the men were doing have to do with the feminist and lesbian communities at the same time? Were there men who felt excluded by this sex-obsessed life, and what are their views of the times?

This film would make an excellent springboard for further discussion on these and other issues. With its interviews, photos, old video footage, and of course, disco music, it presents a vivid picture of a fascinating time in our community's recent history.

REFERENCE

Kramer, L. (1978), *Faggots*. New York: Warner Books.

Recipe for Fruitcake

Andy Tompkins, M.D.

3 cups all purpose flour	2 - 1/2 cups diced mixed candied fruits
1 teaspoon baking powder	2 cups coarsely chopped walnuts
1/2 teaspoon baking soda	1 - 1/2 cups chopped dates
1/4 teaspoon salt	1 - 1/2 cups currants
1 teaspoon ground cinnamon	1 - 1/2 cups golden raisins
1 teaspoon freshly ground nutmeg	3/4 cup brandy
1/2 teaspoon ground mace	Grated zest and juice of 1 orange
1/2 teaspoon ground cloves	Grated zest and juice of 1 lemon

A fruitcake is one of those desserts which has deservedly or undeservedly turned into the butt of many Holiday-time jokes. How many times have you laughed at the "heavy" cake which grandma can scarcely lift in order to present it to a "deserving" family whom she barely remembers but surely will forget?

The word fruitcake also has taken on a special meaning for me, and perhaps other gay men. In my move to urban Baltimore, I have assumed the role of part anomaly and part curiosity. One young man, leader of the neighborhood children, has taken to calling me fruitcake. "An outrage," some might say. I could take out my anger upon this adolescent but at the expense of an educational experience. I correct him each time I pass the group playing street ball or greet them as they scramble off my stoop. "My name is Andy," I announce. We talk about my entire person, not just the effeminate man they have come to stereotype. These children have yet to solidify stereotypes into hatred. These conversations allow me to befriend a community which still holds to fundamental views on sexuality, quite like my Southern Baptist upbringing.

In my efforts to establish roots in a predominately African American community, I have raised eyebrows. My own mother was quite surprised when she visited the half-completed structure and received cat calls. My neighbors wonder about the presence of the "gentries" as my other educated neighbors and I are affectionately called. Broadway Overlook, my development, tries to integrate the former residents of government housing and outsiders all of whom wish to remake our neighborhood into a community free of crime, drugs, and full of future opportunities. Only time will tell if this gamble works, but I know my presence has showed these kids and their extended families that gay men are more than sissies or fruitcakes. I can throw footballs, fight crime, diagnose and treat mental illness as well as bake, decorate, and flamboyantly strut down North Bond Street.

***In my move to urban Baltimore, I have assumed the role of part anomaly and part curiosity.
One young man, leader of the neighborhood children, has taken to calling me fruitcake.
"An outrage," some might say.***

Nothing is as idyllic as a short editorial portrays. Just like my neighborhood life is missing something, the above recipe lacks some key ingredients. Can you guess which ones? Hint: the baking community's edible adhesive. The Broadway overlook still lacks cohesion but this man will try hard to encourage its growth.

Andy Tompkins

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Institute of Psychiatric Services Meeting, Oct 5-8, 2006, New York City; Submission deadline Dec 5, 2005

Next year, the Institute of Psychiatric Services (IPS), APA's other major educational meeting, will be in New York, Oct. 5-8, 2006. New York City has an organization of about 100 LGBT psychiatrists called Gay and Lesbian Psychiatrists of New York that regularly holds educational and social events. We plan to invite members of that group to help organize educational and social events at the Institute, and we also are encouraging other AGLP members to participate in workshops and symposia.

At the New York IPS, we plan to hold a one day educational session on LGBT mental health issues on Saturday October 7th, and may hold the AGLP Fall business meeting on Sunday Oct. 8. If you are interested in presenting on LGBT and/or HIV/AIDS issues at the Institute of psychiatric services and would like to be in a workshop, please contact Kenn Ashley, MD kashley@chpnet.org or Gene Nakajima, MD gnakajima@alumni.stanford.org by November 1, 2005 (or one week after this newsletter comes out) with a one sentence title and 50 word description, and one goal. We will try to group speakers into workshops and then submit these by the December 5, 2005 deadline. More information on the IPS meeting is at www.psych.org.

Gay Sex In The 70s

(Reviewed on page 17)

Gay Sex In The 70s investigates the 12 years between the Stonewall Rebellion (1969) and the first reported cases of AIDS (1981), and the sexual expression that blossomed in New York and elsewhere during that time. This outpouring of sexuality is put into perspective by looking at what gay life was like before 1969, and what it meant to explore a sexuality that for decades had been forbidden. Considerable attention has been given to Stonewall itself, and to the 80s in terms of HIV and AIDS, but much less notice has been given to the period of time between the two. This film provides that hidden history in a frank and thoughtful way, raising questions about how far the gay liberation movement has come and how acceptance of sexuality can affect sexual behavior, promiscuity, and the sometimes murky relationship between liberation and cultural integration. More information about this film can be found on our website at <http://catalog.frameline.org/titles/gaysex70s.html>.

By the way, if you don't know about our films Group (<http://catalog.frameline.org/titles/group.html>) and

Changing Our Minds: The Story of Dr. Evelyn Hooker (http://catalog.frameline.org/titles/changing_our.html) you may find them of interest too.

Andy Moore
FRAMELINE

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World Psychiatric Association, International Conference in Istanbul, July 12-16, 2006. Abstracts Due November 30, 2005

If you are interested in presenting on LGBT or HIV issues, we will try to group submissions together into workshops. Please send a title, a 50 word description of your talk to Gnakajima@alumni.stanford.org before Nov 1, 2005 For more info about the conference please see www.wpa2006istanbul.org

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Northern California Psychiatric Society Annual Meeting, Monterey, CA March 31-April 2nd, 2006

Call for Submissions, first deadline on Tuesday October 11th at 5p. (Please contact NCPS if you plan to submit after this date) Please email cmcneil@ncps.org the title of your submission, one sentence description, three educational goals, your name, address, short one line bio, telephone number and email address. For more information about the meeting, please see www.ncps.org John Kruse MD is interested in organizing a workshop on LGBT family issues. If you are interested in presenting on LGBT issues, please email both ncps as well as Gnakajima@alumni.stanford.org Monterey about a 2 hour drive south of San Francisco is the most popular location for the NCPS annual meeting.

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Martin Yellen, M.D.

My father, Martin Yellen, M.D., passed away last month. My father was a private person, so there was no obituary. What I can tell you is that he died of Metastatic Pancreatic Cancer on June 21, 2005. His remains are buried at the National Veterans Cemetery in Bourne, MA. Any one interested in making a donation in his honor can make a contribution to either The Tippet House (Hospice residence in Needham, MA) or Health Care Dimensions (Hospice service that supported my Dad while he was still living at home).

Elizabeth Twer

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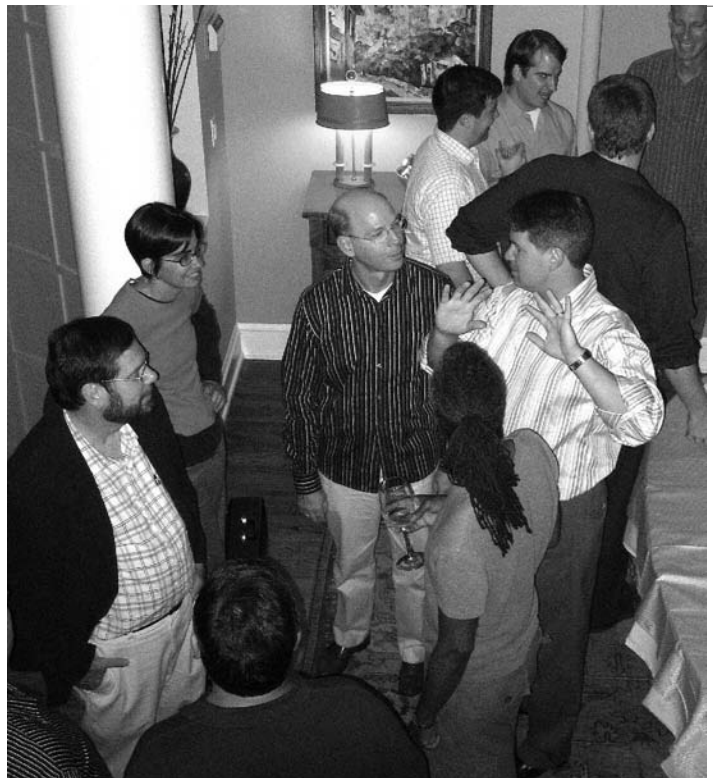
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