AGLP Invites You to Celebrate Its 10th Anniversary at the:

Annual Meeting in Montreal
May 7-11, 1988

Select Hotel La Citadelle, Holiday Inn - Centre-ville, or Delta Montreal on the Official APA Housing Form.

MONTREAL SCHEDULE

May 7, Sat.
Committee Meetings at the La Citadelle
Pre-Convention Educational Conference
Informal dining. Meet in the La Citadelle Lobby
Hospitality Suite opens (Sheraton Center *)
Opening Reception
May 8, Sun.
May 9, Mon.
Business Meeting (Sheraton Center *)
May 10, Tue.
Business Meeting (Sheraton Center *)
May 11, Wed.
Annual Awards Luncheon honoring John Spiegel, M.D.
Closing Party

The Pre-Convention is a new feature of AGLP covering multiple topics on gay and lesbian issues freeing members to attend other APA events during the week. All meetings will be held in the Bordeaux/Beaujolais Room of the La Citadelle Hotel. Topics to be covered include:

- Working with lesbian & gay teenagers
- Children in gay families
- Psychotherapy with lesbian patients
- Substance abuse and homophobia in the impaired physician
- Coming out and self disclosure in therapy with lesbians & gay men
- Taking care of AIDS caretakers
- Teaching medical students, residents, & faculty about gay & lesbian issues
- American psychiatrists' attitudes and beliefs about homosexuality

* Tentative. Consult the April Newsletter of AGLP for exact times and places and for APA sponsored courses and symposia on gay and lesbian issues. AGLP activities are open to all psychiatrists, residents and medical students.
EDITOR'S COLUMN  David Scasta, M.D.

Somebody needs to slow this year down; it is going too fast. It is only a little over three months until we will again be meeting at the Annual Convention in May in Montreal. If you have not made plans to attend, do so. The Annual Meeting is the only time we have to fuse as a group and to accomplish the business of the year. Perhaps, in the next issue, I will publish 12 Devious Ways to Get Your Partner to Cover the Office So You Can Attend the APA Convention Again This Year.

Membership growth has slowed. We have 202 full members, 39 residents, 20 medical students, 22 Newsletter only recipients, and 27 courtesy names on the Newsletter mailing list. Thus, we have 261 members as of January 1, 1988. Sixty-four former members were dropped from the Newsletter mailing list at the beginning of this year for failure to pay dues or subscribe to the Newsletter over the last year. The response to the classified ad which is carried in Psychiatric News has been good. Each week I get from one to four inquiries from people with whom we have not had previous contact. Hopefully, the material collected from the SATH (Survey of Attitudes Towards Homosexuality) will provide us with additional marketing information to increase AGLP's recognition among those psychiatrists who would benefit most from membership.

During the last convention, a number of members asked for a directory composed of AGLP members who want to be in the directory and excluding the names of anyone who wanted to keep their membership confidential. They felt that those who are not concerned about confidentiality could be listed in a directory (distributed only to members) which would allow AGLP members to develop a better network of colleagues - both locally and while traveling. The membership would have to approve such a directory and allocate funds. Logistically, such a directory would not be inordinately difficult or expensive. In case the membership decides to authorize such a directory, please indicate on your Dues Invoice whether you would be willing to be listed in the directory. Do not answer "Yes" if you want your membership to remain confidential. We will have no way of limiting access solely to AGLP members once the directory is distributed.

You will also notice on the Dues Invoice, a section for indicating willingness to be on the Referral List. One does not have to be lesbian or gay to be on the referral list although he or she must be a member of AGLP and gay affirmative. The Referral List will be updated and sent to Phil Cushman, M.D. (see Phil’s article in this issue) to provide a resource for people seeking a gay affirmative psychiatrist. The Association of Lesbian and Gay Psychologists publish a referral directory which I have found to be very useful. We may want to consider a similar project.

Speaking of Dues Invoices, please help me by getting your dues in promptly. Re-billing takes an enormous amount of time and takes away from other AGLP activities. All full members will be receiving a copy of the Journal of Gay and Lesbian Psychotherapy beginning this Spring. The first issue is being typeset this month. Good quality articles are needed for subsequent issues. If you would like to submit material to the Journal, write to me (David Scasta, M.D.; Editor, JGLP; 1721 Addison Street; Philadelphia, PA 19148) and ask for an "Information for Authors" brochure.

As you may have noticed, the number of medical students in AGLP has been growing steadily, thanks in no small part to Gene Nakajima, the AMSA student liaison. Gene has been very aggressive in distributing our brochures to various groups around the country. He has been concerned, however, that many medical students just do not have the financial resources to travel to the AGLP Convention which eliminates the major benefit of being a member of AGLP. During the Fall Meetings, he asked that a medical student fund be set up to help defray the travel costs of those medical students who need help to attend the Montreal Convention. He noted that most students could find friends to stay with and therefore did not need housing aid as much as they needed travel aid. On your Dues Invoice, you will find a line to indicate if you would like to donate to this fund. Since only a few hundred dollars are needed, any amount which you can give will be useful. Unfortunately, for many of our members donations may not be tax deductible since it is not an education expense and AGLP is not a tax deductible charity. But a small donation, even if not deductible, will not hurt most of us.

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

Submissions 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 Newsletter of the ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

Editor
David Scasta, M.D.

Published quarterly and as needed from: 1721 Addison Street; Philadelphia, PA 19146.

Subscription cost: $10.00 per year. Subscription requests should be sent to: 1130 N. Ches- sen Blvd., #318; Oklahoma City, OK 73106-6808. Address changes should be sent to: 1721 Addison Street; Philadelphia, PA 19146.

Persons wishing to submit articles for publication should send them to: Editor; The Newsletter of AGLP; 1721 Addison Street; Philadelphia, PA 19146. Submissions should be clearly readable and become the property of AGLP.

Officers of the Association of Gay and Lesbian Psychiatrists

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PRESIDENT'S COLUMN
Norman Hartstein, M.D.

At the fall meeting of the executive committee we discussed the response of the psychiatric community and the American Psychiatric Association to AIDS. When congressional hearings were held last year on AIDS, psychologists, nurses, and physicians were called upon for expert testimony. Organized psychiatry did not play a visible role.

When I learned that the American Psychiatric Association had established an ad hoc committee on AIDS policy to be chaired by APA's past president, Robert Pasnau, I felt encouraged that more action and leadership from the psychiatric community would be forthcoming. I have been disappointed by the lack of publicity about this committee's work in Psychiatric News. Psychiatric News did not acknowledge that October was AIDS Awareness and Prevention Month in the October 16, 1987 issue. However, I was again disappointed that the two articles on AIDS reported on the work of a psychologist Thomas Coates and a Canadian Psychiatrist, Pratul Chandrana. While these articles were informative, a reader might have concluded that no psychiatrists in the United States had any expertise in the area of AIDS.

I wondered why there had been no mention of either the Ad Hoc Committee or the Committee on the Psychiatric Aspect of AIDS? Each member of the latter committee certainly deserves acknowledgement and an opportunity to heighten the awareness of the psychiatric community on the important issues regarding AIDS. I wrote Drs. Campbell, Pollock, Fink, Sabshin, Gant, and Pasnau about these omissions and have received no replies.

In December the Index Issues of the Archives of General Psychiatry, volume 44, and the Journal of Clinical Psychiatry, volume 48, included no references to AIDS or HIV infection. The American Journal of Psychiatry, volume 144, did include two position papers, four letters, and two articles related to AIDS.

The January issue of Clinical Psychiatry News reported on the recommendations of the Ad Hoc Committee on AIDS policy which were adopted by the APA Board of Trustees. I look forward to the publication of these guidelines in the American Journal of Psychiatry and I hope that the publicity and associated debate provoked by these recommendations will increase awareness and concern about AIDS among psychiatrists.

I am grateful for such books as: What to DO About AIDS, edited by Leon McKusick, and Working with AIDS: A Resource Guide for Mental Health Professionals, edited by Michael Helquist. Neither book has received the publicity they merit. Unfortunately, neither organized psychiatry nor these specialized resource books address many of the questions and concerns that I have as a gay Psychiatrist.

What are the effects of knowing one is a seropositive on a therapist? How does the clinician's own decision regarding HIV-testing affect the therapist's counseling patients about HIV testing? How and when should colleagues be informed that one is HIV positive, has ARC, or has been diagnosed with AIDS? When and what should a therapist dis-

APPLICATION FORM

Caucus of Homosexual-Identified Psychiatrists
American Psychiatric Association

(CHIP is the official APA minority caucus for gay and lesbian 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 Homosexual-Identified Psychiatrists.

Signed: ______________________ Date: __________

Send this form to: Carol Lehmann; APA Membership Services; 1400 K Street, N.W.; Washington, DC 20005.

* Member-In-Training, General Member, Fellow, Life Member, Life Fellow
EDITORS NOTE: The following policy and procedure was sent to me by the Philadelphia Psychiatric Center where I occasionally admit patients. PPC's Medical Director is Paul Fink, M.D., President-Elect of the APA. It is presented here for heuristic purposes. Although I did not have anything to do with it, I thought the hospital did a fairly decent job with a very difficult subject. When I wanted to admit an HIV seropositive patient, the response of PPC was quite different from that of another Philadelphia hospital, the Friend's Hospital (which was the first psychiatric hospital in the United States to treat the insane as patients). The admissions personnel at Friends breathed almost an audible sigh of relief when my patient's insurance proved to be inadequate. Before then, I was told that nursing and others raised objections and were quite concerned about having an HIV positive patient in the wards.

Policy & Procedure
Philadelphia Psychiatric Center

I. Purpose
To assure that patients are provided with the most current information regarding HIV testing.

II. Policy
All patients who are tested for HIV should be counseled by their attending physician as to the meaning of a positive HIV test and a negative HIV test. This counseling should take place prior to HIV testing and then again after the results of the HIV test are known. Elements of counseling include helping the patient arrange appropriate medical follow-up (if necessary), information on how to avoid infecting others, and information as to how the patient can best maintain a healthy lifestyle. The disadvantages of a positive HIV test should also be carefully explained to the patient. The following procedure suggest how to counsel patients as suggested by the Center for Disease Control.

III. Disadvantages of HIV testing
A. There are some possible disadvantages to being tested for AIDS. This includes:
1. Mental stress while awaiting results.
2. There is a risk that there could be adverse affects on insurability. Even though your medical records are confidential, the hospital cannot completely guarantee that an insurance company will not gain access to your records.
3. If you test positive, this may affect employability.
4. Finally, if you test positive, relationships with health care providers, family and friends may change.

B. The hospital will make every effort to maintain the confidentiality of your record. However, if the above is of major concern, your attending physician can give you information on centers in the city where you can receive anonymous testing.

IV. Pre-Test Information

A. What a Positive Test Means
In general, if you have a positive HIV antibody test result, the following are true:
1. You have been infected with the AIDS virus (HIV).
2. Antibodies to HIV have been produced in your blood.
3. It is possible for you to pass the virus to others (even though you may not feel ill) if you share needles or if your semen, blood, or vaginal secretions enter another person's body or mouth.

B. Recommendations
1. Medical Follow-up
Those testing positive for HIV antibody are advised to have a medical follow-up. A doctor can examine you for any signs or symptoms of HIV infection and monitor any change in your health over time.
2. Avoid Infecting Others
Because prevention is the only way to stop the spread of HIV infection, you must avoid activities in which you may pass the virus to others:

* If you use IV drugs, you must not share your "Works" - needles, syringes.
* Get help to get off drugs.
* If you are a sexually active male, you must use a condom (rubber) for Oral, Vaginal or Anal Sex
* Or avoid these activities. Male partners should also use condoms (rubber). You should postpone having children until more is known about HIV infection.
* If you are a sexually female your partner should avoid oral sex and wear a condom (rubber) for vaginal or anal sex - or avoid these activities. You should postpone pregnancy until more is known about HIV infection in newborns.
* Always use water soluble lubricants with condoms (rubbers) - not Vaseline.
* You must not share needles, razors, toothbrushes, sex toys, enema equipment, or douching equipment.
* You must not donate blood, organs, sperm (or milk).
* You should discuss your test result with present, past, and new sexual partners and/or those with whom you have shared needles. Suggest that your contacts get counseling about HIV infection and possibly get tested. Discuss the need to make changes in your sexual activity or drug use with those who will be affected. It is important for your partners to know how some activities will affect their health and the health of others.

C. Maintaining a Healthy Lifestyle

* Avoid further exposure to HIV, the AIDS virus. There is some evidence that repeated exposure to virus increases your chances of becoming ill. You can avoid re-exposure by not sharing needles and always practice "SAFE SEX."
★ Avoid exposure to other sexually transmitted diseases. There is some evidence that frequent or repeated bouts of sexually transmitted disease stress the immune system enough to allow the HIV infection to produce physical illness. Use condoms (rubbers) and practice "SAFE SEX."

★ Get plenty of rest, exercise and eat healthy foods. Avoid unnecessary stress and observe what is generally considered a healthy lifestyle; avoid drugs and alcohol including "poppers" - they stress the immune system.

★ If you use IV Drugs, GET HELP, GET OFF.

★ Talk to people who encourage a healthy affirming attitude about sex.

★ Use the following guide to decide how you will express your sexuality in a healthy and responsible way.

SAFE SEX
- Social (dry) kissing
- Hugging
- Body Massage
- Mutual masturbation
- Body to body rubbing

POSSIBLY SAFE SEX
- French kissing
- Fellatio-stopping before your partner ejaculates
- Cunnilingus
- Vaginal or anal intercourse with a condom
- Urine contact on unbroken skin

UNSAFE SEX
- Vaginal or anal intercourse without a condom
- Swallowing semen or urine
- Oral - anal contact
- Sharing sex toys, enema equipment, douching equipment
- Manual-anal stimulation

D. What a Negative Test Means
   In general, if you have a negative HIV antibody test result, one of the following is true:
   1. You have not been infected with AIDS virus and so no antibodies were produced, or
   2. You have been infected with virus but your body has not yet produced antibodies.

E. Recommendations
   1. Follow-up
      Depending on degree of risk and time of last possible exposure to HIV, you may wish to be retested in 3-6 months. This should be discussed with a counselor or health care professional.
   2. Avoid becoming infected
      Because prevention is the only way to stop the spread of HIV infection, you must avoid activities in which you may be exposed to AIDS virus and other Sexually Transmitted Disease. Remember it is your responsibility to avoid being infected.

★ If you use IV drugs, you must not share works - needles, syringes

★ Get help to get off drugs

★ If you are sexually active with others who are at risk (people who have had many sexual partners, IV drug users, men who have sex with other men, hemophiliacs) or with someone who is already infected (some one with AIDS, ARC or a positive blood test), follow these guidelines: Do not allow your partner's semen, blood, or vaginal secretions to enter your body or mouth.

★ Use condoms; insist that male partners use condoms for vaginal, anal or oral sex - or avoid these activities.

★ Decide with your partner which activities you will engage in:

SAFE SEX
- Social (dry) kissing
- Hugging
- Body Massage
- Mutual masturbation
- Body to body rubbing

POSSIBLY SAFE SEX
- French kissing
- Fellatio-stopping before your partner ejaculates
- Cunnilingus
- Vaginal or anal intercourse with a condom
- Urine contact on unbroken skin

UNSAFE SEX
- Vaginal or anal intercourse without a condom
- Swallowing semen or urine
- Oral - anal contact
- Sharing sex toys, enema equipment, douching equipment
- Manual-anal stimulation

The more people you have unsafe or possibly safe sex with, the greater the chances that you may become infected.

Because a single unsafe or possibly safe sex act can infect you and perhaps lead to AIDS, you should always engage in safe sex.

Because AIDS can be spread by blood contact, don't share needles, razors, or toothbrushes.

Maintain a healthy lifestyle

★ Getting plenty of rest, exercise and eating healthy foods, avoiding stress, drugs and alcohol is a general prescription for a healthy lifestyle.

★ Avoid Exposure to sexually transmitted diseases as well as HIV by practice safe sex.

★ Express your sexuality in a healthy, responsible and affirming way.

V. After the results of the HIV are known, Section II as appropriate, should again be reviewed and all the patient's questions answered.

VI. This policy should be reviewed annually and revised as necessary.
Homosexuality Beyond Disease

Terry Stein, M.D. was a guest speaker at a conference entitled, Homosexuality Beyond Disease on December 10, 1988 in Amsterdam. The conference was sponsored by the State University of Utrecht. Dr. Stein presented a history of the diagnostic classifications of homosexuality in the International Classification of Diseases and the Diagnostic and Statistical Manual of the American Psychiatric Association. The conference was attended by therapists and academicians from throughout Europe, the United Kingdom, and the United States and covered a wide variety of topics about the development, acceptability, and treatment of gays and lesbians. Although the conference was attended primarily by Europeans, the participants were very familiar with the status of homosexuality in the United States, the March on Washington, and the APA's decategorization of homosexuality. By contrast, European concepts, events, and writers are virtually ignored in the United States. The split between the theories of Constructionism and Essentialism is one example of European concepts about homosexuality which are unfamiliar to most American psychiatrists. However, the antagonism between the two theories was so heated that a competing conference was held later in the week entitled, Homosexuality, Which Homosexuality?

The Essentialists feel, as do most American psychiatrists, that homosexuality is an innate component of a person's character and exists as a separate, distinct state. The Constructionists believe that homosexuality is a modern day construction or framework with which behavior is defined and understood. They believe that constructions are a product of a particular culture and a particular time and can change. Although often difficult, constructionists believe that a person can change his or her construction and move in and out of a homosexual construction throughout his or her life. The Essentialists were concerned about the political implications of the concept that homosexuality is not fixed. Both groups, however, see themselves as being gay affirmative.

The second conference was held in Amsterdam at the Free University ("free" as in "liberated", not as in "gratuitous") which is a Protestant university. It was a unique experience to view graphic gay and lesbian art and attend gay affirmative lectures at a conference supported by a Protestant university. It is hard to imagine such an event occurring in the United States. However, the level of tolerance for people who are different is far more advanced in the Netherlands than in the United States. The Dutch people take great pride in this characteristic. A demonstration of this tolerance is the presence of the Homo Monument in Amsterdam which is a monument to the suffering that gays have experienced as a result of discrimination. The monument was funded primarily by the Dutch government and the City of Amsterdam.

APA Convention Sites and Sodomy Laws

Dear Dr. Hartstein: Thank you for your letter of November 24, 1987. I am responding to your specific questions.

First, I conveyed your concerns about holding APA Annual Meetings in states with anti-sodomy laws to the Council on Internal Organization. Since the original correspondence from your organization was copied to the APA President and President-Elect, these individuals are already aware of your concerns. The Scientific Program Committee supported holding the 1992 Annual Meeting in Washington, DC and the 1993 Annual Meeting in San Francisco, CA. The final determination of a site for an Annual Meeting is the decision of the APA Board of Trustees. To my knowledge, the APA Board of Trustees has approved both these sites. No decision has been made for 1994. I do not know which sites are being considered for 1994. I would suggest that you contact the next Chairperson of the Scientific Program Committee, Dr. Allan Tasman, in the Spring of 1988. I do not know when the APA Board will be considering this on its agenda and when it will ask the Scientific Program Committee for its input, but it will probably consider the 1994 site at the APA Annual Meeting in May, 1988.

Please feel free to contact me if I may provide additional information or if you have any further questions.

Robert E. Hales, MD
Chairperson, Scientific Program Committee
Cabaj Letter to Congressman Dannemeyer

Thank you for requesting information on homosexuality. As you noted, the American Psychiatric Association, in 1973, removed “Homosexuality” as a mental illness from the diagnostic manual. This change meant that homosexuality per se was no longer seen as a mental illness - that is, people with homosexual orientations could not be considered mentally ill just by the nature of their sexual orientation. Prior to that decision, homosexuality was considered a psychologically pathological condition.

Though the actual wording of the APA decision did not proclaim homosexuality to be “normal,” the decision meant that sexual orientation - heterosexual, homosexual, or bisexual - is a basic part of a person’s nature and was not due to psychological disturbances, pathological problems in the way a person was brought up, or errors or disruptions in the developmental pathways all people go through in life. In other words, sexual orientation is normal and natural to that person, and homosexuality, therefore is a normal variation of human sexual expression.

For years, prejudice and bias prevented the objective, scientific study of homosexuality; it was assumed to be a sin, illegal, or psychopathological. Beginning with the breakthrough studies of the Kinsey Institute in the 1940’s, and continuing with the clear, unbiased studies in the 1950’s by Dr. Evelyn Hooker, further work of the Kinsey Institute in the 1960’s and 1970’s, and more and more studies by other scientists, evidence was accumulating that homosexuals were just as emotionally healthy as heterosexuals and that homosexuality was more common and more widespread than had been assumed. There is increasing evidence that homosexuality, and presumably heterosexuality, is genetically and biochemically determined. There are no common or predictable childhood patterns in people who grow up to have homosexual orientations.

This last paragraph explains why the APA made the change - in the face of irrefutable evidence, the APA had to remove homosexuality as an illness, and allow it to be seen as the normal variation that it is. The changing of religious and popular beliefs and prejudices, however, has not been as simple, and many people still will see homosexuality as a sin or morally condemnable. These prejudices ignore the fact that sexual orientation is not a matter of choice or moral personal weakness; again, people are born with their sexual orientation, and do not elect to be gay or get "recruited" into the gay and lesbian community.

Homoophobia, or the fear and hatred of homosexuals and homosexuality, remains one of the greatest problems in America. It contributes to the increasingly wide-spread physical and emotional attacks on gays and lesbians; it fuels the attacks of the Moral Majority and other religious and political bodies; it continues to allow sodomy laws and legal sanctions against gays and lesbians to remain on the law books in many states; and it has played a role in the limited government involvement in AIDS research and treatment.

AIDS is the greatest challenge facing the country; it has unfortunately, been woven together with homosexuality in most people’s minds. As you well know, AIDS is not a “homosexual” disease and did not arise because of homosexuals or as a punishment against homosexuals; it is a fa-

Medical Student Travel Grants

Gene Nakajima

Student membership in the AGLP has grown to 20 members, and we hope that this number will double in the coming year. Unfortunately, due to the high costs of medical school and of air travel to Montreal, many medical student members will be unable to attend the APA meeting unless they receive money to subsidize their travel expenses.

In addition to their educational value, APA meetings provide an important way for medical students to receive information about residency programs from residents and attendings throughout the country. AGLP also provides students with gay and lesbian role models sorely lacking in medical schools. AGLP activities are essential in fostering an interest in serving the lesbian and gay community in medical student members.

When filling out your membership renewal, please consider donating some additional money, even a small amount, to help lesbian and gay medical students attend the APA. We hope to be able to raise $2000 to help 10 or more student members of AGLP with their airfares to the conference. If you have any preference for donating money to women or men or to students from a particular school please let us know.

tal, viral disease that probably entered America via the gay and Haitian population, and due to the nature of the virus, is spread by unsafe sexual contact - heterosexual and homosexual - and by sharing contaminated needles or other methods of sharing bodily fluids. It is not caused or passed along by homosexuality itself; the sexually active segment of the diverse gay community spreads it within the gay community, but not all gay men are promiscuous or sexually active in unsafe ways. The moral resistance to sexuality in general and homosexuality in particular, is preventing adequate education of children, adolescents, and sexually active adults and will - unfortunately - lead to the continuing spread of this dread disease.

As you can gather, I very much support the APA decision. I was part of the committee that removed a confusing and prejudicial diagnosis called “ego-dystonic homosexuality” from the latest revision of the APA diagnostic manual. I am very much in support of full rights for homosexuals and for the active attempt to fight all prejudice against and barriers to homosexuals. Such activities would help the general fabric of American society by helping our society live up to its reputation of fairness and justice to all; to openly build on the great diversity, talent, and strength the gay and lesbian community offers; and, most importantly, it will allow a more scientific and more active, unbiased attack on AIDS and the saving of untold numbers of lives...

Respectfully,

Robert Paul Cabaj, M.D.
Instructor in Psychiatry, Harvard Medical School
Committee on Gay, Lesbian, and Bisexual Issues of the APA
Deputy Representative, CHIC
MINUTES
AGLJ FALL MEETING
WASHINGTON, D.C., SEPTEMBER 11-12, 1987

Friday, 11 September 1987, 7:30 PM, Fasika's Ethiopian Restaurant:
Dinner for those attending Fall Meeting.

Saturday, 12 September 1987, 8:00 AM, J.W. Marriott Hotel:
The meeting was called to order by President Norman Hartstein, M.D., with Executive Committee members Shirley Miller, M.D., John Fryer, M.D., Neil Frankford, M.D., and David Scata, M.D. in attendance. Following introductions of those attending, President Hartstein announced several changes in the published agenda to accommodate members who were attending APA Committee meetings during the day.

TREASURER'S REPORT
New Treasurer Larry Prater, M.D., and his predecessor Norm Hartstein, M.D., reported on the organization's financial situation. AGLJ had no official budget thus far but last year expenses equaled income. Historically we have been spending 70% of our revenue on convention expenses. A general discussion of revenues and expenses ensued. Medical students have asked whether AGLJ might pay fines for one or more students to attend the Montreal meeting. David Ostrow, M.D., discussed an AAPHR approach of soliciting papers from the medical students and then having a scholarship for the best papers and having an extremely low registration fee for medical students. President Hartstein did not feel it was feasible to have medical students present papers at next year's meeting but we could perhaps contribute something toward airfare. We could also have reduced fees for students at the luncheon. Terry Stein, M.D. suggested reducing the luncheon fee for members-in-training as well as for medical students rather than contributing larger amounts to a few.

CAUCUS OF HOMOSEXUALLY IDENTIFIED PSYCHIATRISTS (CHIP) REPORT
James Kajetani, M.D. reported that CHIP membership is still between 80-100 psychiatrists. CHIP needs to work to increase membership and to publicize with the same force as along with a future issue of the Newsletter. Currently there are no major issues before the Assembly and under consideration by CHIP. President Hartstein discussed his wish that CHIP be proactive rather than reactive. Dr. Kajetani described how an issue can be edited by CHIP. It comes through the Assembly rather than going directly to the Board. He reminded us that it is sometimes desirable for an issue to go to the Assembly. A general discussion followed on APA elections with members discussing their Implications of various candidates. Questions will be sent to candidates to include responses in the Newsletter prior to the elections.

GAY, LESBIAN, AND BISEXUAL ISSUES COMMITTEE REPORT
Dr. Kajetani reported that several issues had been discussed recently. Discrimination in and problems in the curricula of residency training programs were discussed and the Committee recommended that the 1983 Vice President's report be sent to the Director of Training Programs and to all Department Chairs with a cover letter to the effect that the Committee would like to remind people of the issue. Dr. Stein reminded us that we are trying to promote our role as an educational one.

Dr. Kajetani also reported on an action paper which went through the Assembly concerning reviewing and establishing guidelines on minority issues curricula for residency training programs.

The Committee is asking the APA to place a special focus on gay and lesbian issues at the 1989 meeting in San Francisco.

The Committee spent some time with a representative from the National Gay and Lesbian Task Force discussing possible resolutions. The APA has passed a recommendation from the Committee indicating that the American Psychiatric Association acknowledges the existence of a growing body of evidence that hostile attitudes and behavior toward forms of sexual expression and orientation is not based on biological reality but on religious, cultural, and psychological stereotypes.

The APA does not take a position on an issue that is not going anywhere. Dr. Stein mentioned the reluctance of the APA to support our issues in contrast to the American Psychological Association which does support such resolutions. President Hartstein also pointed out that our issues are not going to be popular issues within the APA so how do we push it? Dr. Stein stated that the APA has not received much attention and work on these issues is the "other" APA rather than always plugging a steadfast as a reason not to act. Dr. Kajetani responded that his recommmending action on an issue is not going to prompt a response from the APA but grass roots letters asking what the APA is doing on specific issues will get action.

President Hartstein felt that all of this pointed to AGLJ's need to further question how closely affiliated we should be with the APA. He specifically mentioned our requirement that our members be members of the APA as well. He opposed the present "not very productive course." It is embarrassing to us as psychiatrists to see all of the other organizations having their names on an action paper about gay and lesbian issues alone on the APA.

Dr. Stein felt we needed to look at whether we have accomplished more by playing this role than by rejecting it.

Jeffrey Akman, M.D. related his recent experience in which someone from the American Psychiatric Association contacted him requesting clinical vignettes, for use by APA President in his testimony before Kennedy's Committee considering his AIDS bill, of any of Dr. Akman's patients who might have become infected upon learning of their positive HIV antibody status. When Dr. Akman offered to testify in person, his offer was declined since the list of patients was already too long.

The list included patients who had been seen by Dr. Akman, frequently虚had been seen by Dr. Akman, virtually all the major gay organizations except the American Psychiatric Association. Dr. Akman indicated that he planned to solicit no more so as to avoid white-privilege and moral judgment. Dr. Kajetani pointed out that in an issue on AIDS it is sympathetic to be on the same side of the issue as the "other" APA, but it is important to be speaking a language that is not related and not on the same side.

Dr. Kajetani pointed that an example of needed grass roots action is to send our letters to congressmen and senators on issues. The APA is not allowing the experience of the gay men who are in the hospital to be made. Finally, there is a statement that the association of HIV seropositive patients is not a community. Dr. Kajetani stated that if the proposed panel system would do this type of work as well. In response to President Hartstein's suggestion that we are talking about taking a "quandry leap," Dr. Fryer said that what is needed is either a quantum leap to charge the nature of the organization or to have meetings and proposals that we need to give more thought to exactly what a person is needed to do.

President Hartstein moved to the motion which was then rephrased. "That AGLJ study the need for a non-gay person to do the same job as the movement center and the media center."

Dr. Kajetani then appointed a study group composed of Drs. Gary Minick, David Scata, Marshall Foster, Frank Pies, and Jack Almaven to consider the matter. Dr. Stein suggested that a non-gay person to do the same job as the movement center and the media center.

DUES INCREASE
For clarification, President Hartstein reminded us that the increase of AGLJ dues to $75 applies only to full members of AGLJ; other categories of membership such as SIGAP and SIGAG do not seem affected. As a result of the dues increase, many members have sent in their dues late or have not renewed them. Dr. Scata reported on membership status indicating that we have 306 full members. We continue to be concerned about the small number of women members and we continue to pursue increasing that portion of membership. Dr. Scata also stated that we have sent out several brochures and have been placing advertisements in the Psychiatric News. Also we have mailed out several letters to the Helsinki Freedom of All Women and men's group and have received 240 replies. During the week prior to this meeting, 1000 randomly selected members of the AGLJ were sent brochures and letters to the Women's Group. We continue to need to increase our membership and President Hartstein suggested that we may be delegating responsibility for new members to Dr. Scata when we should individually be working for new members.

Dr. Ostrow mentioned the AAPHR membership campaign which requests each member try to gain new members and that new memberships result in a reduction in the referring member's dues. Dr. Hanley-Havenack and Rochelle Klinger, M.D. both emphasized their conviction that AGLJ needs to continue advertising in the Psychiatric News and other publications to which our organization is known to those psychiatrists who have no gay or lesbian friends to solicit membership.

AIDS TASK FORCE BECOMES COMMITTEE
Dr. Forstein gave an update on changes within the Task Force. This past week at the Task Force meeting the Task Force called to order an emergency meeting of the AIDS Task Force to address the AIDS Task Force on the current level of the AID.

AIDS TASK FORCE on AIDS. Although this has some positive effects from a budget standpoint, some changes were made in the membership of the committee without consultation with Dr. Shu Nichols. With the Committee system there is a waltz term with appointments made by the President of the APA. An Ad Hoc Committee of the Board of Trustees on AIDS has also been created which is a temporary term with a permanent compensation package. The committee is composed of representatives from the Board of Trustees, the Assembly of District Branches, the APA Council of APA, the Council of the APA Foundation, the Council of APA Research, the Council on Psychiatric Social Services and the Legal Council. The Ad Hoc Committee will be chaired by Robert Pansa, M.D. and it will have the capacity to generate, at the highest level of the APA position on any issues concerning the presentation, location and treatment of AIDs. In response to Dr. Hanley-Havenack's question, Dr. Forstein read the charge of the Ad Hoc Committee on AIDS. The proposed Ad Hoc Committee on AIDS Policy will coordinate activities related to AIDS, will monitor and refer items under discussion to appropriate components for comments as well as compare white papers including draft position statements and guidelines on issues related to HIV diseases. Subjects to be addressed include, but are not restricted to, confidentiality guidelines on inpatient and outpatient care, counseling as related to the testing process and duty to warn etc.

Essentially the Committee is tasked with the position that confidentiality is to be protected unless there are specific reasons as interpreted by local law that force physicians to have the duty to warn. There is also a statement about maintaining adequate psychological and medical care for persons with HIV infection and one to the effect that the task force should remain independent of the Board or any administrative body. Finally, there is a statement that the task force is to be made.

President Hartstein and whether the Committee needs to be strengthened to a Commission. The AIDS Commission will be formed to bring together all of the people who have been involved in the task force. The Ad Hoc Committee has stated that there were no serious problems of conflict of interest. President Hartstein and Dr. Fryer felt that we need a Commission that would be better able to handle the task and, in particular, that the Commission would be better able to help people with HIV diseases. President Hartstein and President Hartstein and whether the Committee needs to be strengthened to a Commission. The AIDS Commission will be formed to bring together all of the people who have been involved in the task force. The Ad Hoc Committee has stated that there were no serious problems of conflict of interest. President Hartstein and Dr. Fryer felt that we need a Commission that would be better able to handle the task and, in particular, that the Commission would be better able to help people with HIV diseases.
PLANS FOR 1988 MONTREAL MEETING
President Hartstein turned the discussion to planning for our Annual Meeting in Montreal from September 1-5. Vice-President Stephen Atkinson, M.D., who lives in Toronto, had recently visited Montreal to check facilities for our planned activities. Maps were passed out showing that all APA hotels will be within a 30-minute walk of the center of the meeting. Several hotels were discussed as possible sites to recommend to our membership. Since we have traditionally had difficulty getting much cooperation from hotels that had already committed themselves to the APA, Dr. Atkinson suggested that we recommend La Citadelle which is adjacent to two of the APA hotels, which has good accommodations at a reasonable rate. Further discussion ensued on the best way to schedule the location of lunch and the most effective time to schedule the newsletter. Following more debate, there was a consensus to book our Hospitality Suite at the Sheraton Centre and to have a box of room keys available for the members to reserve at La Citadelle. Dr. Atkinson mentioned that we would need at least 10 members to cover the meeting and that he had volunteered to host the meeting.
Dr. Forsten made a motion that "AGLP hire someone to staff the Hospitality Suite from 9 AM to 5 PM Sunday through Wednesday." The motion was seconded and then amended to read that "AGLP hire someone to staff the Hospitality Suite during regular hours." Finally the motion was tabled until reconsideration during the afternoon session.

The meeting broke for lunch at noon and members reconvened at 1:45 PM.

COLLABORATION WITH OTHER ORGANIZATIONS
Dr. David Oktay, immediate past president of the American Association of Physicians for Human Rights (AAPHR), reported on that organization. AAPHR needs the support of AGLP as we need theirs. He described AAPHR's membership campaign and their desire to bring in more members while still residents. AAPHR would like to have a regular presence in Washington, DC and perhaps our two organizations could share some joint efforts to "rake in the dough." San Francisco. The next meeting of AAPHR will be held jointly with the National Lesbian and Gay Health Foundation 20-26 July 1988 in Boston. The first half of the meeting will be primarily NGLGF and the last half primarily AAPHR.

President Hartstein discussed the Association of Lesbian and Gay Psychologists (ALGP) and other related divisions of the American Psychological Association. He described some recent publications and new membership newsletters for ALGP and Division 44 which is their APA section for study of lesbian and gay issues.

Dr. Hanley-Hackenbruck is our liaison to the Association of Women Psychiatrists but she attended the International Psychiatric Winner in Chicago and that conflicted with the AWP meeting. However, AWP has been working on opposition to the nomination of Judge Bork to the U.S. Supreme Court.

The American Medical Student Association could not provide a report but students want more time in the APA and they want to discuss lesbian and gay issues for themselves. Medical students are still being taught from the old DSM-III rather than from DSM-IV.

Dr. Forsten discussed our need to work with the Association of Directors of Residency Training Programs (ADART) to see whether they are going to implement changes in the DSM-III-R and how AGLP can be of help.

RETURN TO MONTREAL MEETING PLANNING
Although we will be trying to have our Hospitality Suite at the Sheraton Centre and we will be attempting to secure a block of rooms for our members at La Citadelle, we will also notify our membership that they may choose to book a room through the APA at the nearby Delta Hotel.

Memorial Service The Healing and Memorial Service will be planned again with announcement made early. Several commented that they had not comforted themselves with the more Christian feelings of the service last year. Dr. John Fryer will contact someone in Toronto to help set up a non-denominational service. Some suggested that the service be scheduled in an outdoor area such as a park of coupling the service with a meeting to discuss AGLP etc. Dr. Hanley-Hackenbruck suggested having the service later in the week than was done in Chicago. Sunday evening after the closing dinner at the Convention will be reserved for the service. President Hartstein indicated that he prefers to plan on having the Memorial Service on Saturday since Sunday is already heavily scheduled. Dr. Fryer will work with his contact in Montreal to set up the appropriate arrangements.

There is no "Local Committee" in Montreal for us to depend on so much of the necessary work such as planning a guidebook and scheduling a Farewell Party. Dr. Scasas suggested that we plan to have a farewell group lunch (in place of our usual so as in Chicago by Daniel Hicks, M.D.) early in the meeting so that the all will feel welcome.

Since no local home presently seems a likely choice for the traditional Farewell Party, alternatives were discussed with a local bar considered more appropriate than a hotel or restaurant.

Discussion turned to the Awards Luncheon. There was agreement to hold the luncheon in an official APA hotel. Wednesday seemed most likely to be the best date. Several suggested that the award go to John Spiegler, M.D., who was President of the APA at the time of the APA decision to remove Homosexuality from the DSM, and who took a lot of heat at that time and was very supportive of our group. Others suggested the award be moved, seconded, and accepted. Dr. Spiegler, Bert Schaffner, M.D. will introduce Dr. Spiegler and perhaps Dr. Marmon, last years awardee, would return. There was some discussion about future awards and what categories. President Hartstein suggested that an award be given for work in the area of our interest and that we would consider in advance of our arrival in Montreal and we will try for a luncheon in the $25-30 (U.S.) price range with residents and students.

Dr. Dickhaus suggested that AGLP needs to have a large banner as a background and for pictures etc.

There was some brief discussion returning to the budget. If we are to continue spending some 70% of our budget on the Annual Meeting and if we plan to have a salarié Director in the future, we must find more income. Perhaps more of the meeting activities will eventually have to pay for themselves as does the luncheon but most members seem satisfied as things presently stand.

Action to hire Hospitality Suite staff (Discussion recessed on the earlier motion regarding hiring someone to staff the Hospitality Suite. After the amendment was put to the meeting:
Dr. Spiegler, Bert Schaffner, M.D. moved, seconded, and approved that "AGLP hire someone to staff the Hospitality Suite during appropriate time." The amendment was approved with 10-2 votes)

Bodomy laws and future meeting site: Jack Armele, M.D. brought up the issue of whether the APA should hold meetings in states with sodomy laws. Dr. Cabal indicated that he had written to Dr. Robert Hales of the Program Committee in regard to the sodomy law issue and that he is writing to other amendments. Also against the proposal was another amendment to the proposal, that meeting in New Orleans. Dr. Forsten pointed out that the APA AIDS Committee will be traveling to New Orleans and he also said that he is in contact with the local group and that they would be putting up a poster against spurs of the moment actions and emphasized that we need to use strategy in dealing with the issue. Dr. Frascatore oversaw the discussion well. The Program Committee would need to make a favorable response in order for the APA to do so. As a first step, President Hartstein said that he would write to the current chairperson of the Program Committee questioning where the issue presently stands. Dr. Almeleh will write to Psychiatric News and others can write follow-up letters.

MARCH ON WASHINGTON FOR LESBIAN AND GAY RIGHTS Dr. Stein suggested that AGLP might help in this event. It was agreed that Dr. Forsten would make a motion to send 7000 to support the March on October 9-11, 1987. Allen Valgernes, M.D. will handle local arrangements and Dr. Scasas will take care of getting an appropriate banner and sending out a special mailing to the membership regarding March plans.

MODEL CURRICULUM Dr. Terry Stein will have a model residency curriculum assembled for October 9-11. Dr. Stein presented the course outline which had been approved by the APA and the coordination of the March on Washington. Although he has not yet written the data up he has shared the data with Dr. Stein. Of the 98 programs which responded, there are four formal seminars on gay and lesbian issues, two elective seminars, and two seminars that cuts across issues of homosexuality. Many of those are probably still teaching homosexuality as pathology. The Residency Review Committee is difficult to influence. Dr. Stein will contact the Directors of Residency Training Programs to discuss the subject. Dr. O'Donnell suggested that residents be asked to comment to the Residency Review Committee on their programs.

Dr. Forsten announced that the Cambridge Hospital course in Gay and Lesbian Psychotherapy has been elevated to become a Harvard Continuing Ed Course and should be offered on 5-4 June 1988. Dr. Forsten has been asked to supervise the course.

EDUCATION AND ISSUES COMMITTEE NOTES Dr. Cabal presented an extensive outline of what he perceives as having happened during the meetings of the Education and Issues Committees during the Annual Meeting in Chicago last May. These committees generate events for the Annual meeting, events for the Hospitality Suite, future topics which might involve coordinating with other groups and things such as residency education. Dr. Cabal went on to detail some of the prospects which have been made for the APA Annual Meeting in Montreal in 1988. In addition, a number of suggestions were made for use of the AGLP Hospitality Suite. Other topics covered were Gay/Lesbian issues at training institutions, long-term issues and issues for the Awards Committee.

MORE ON MONTREAL Dr. Umoges would like to arrange a showing of the movie of E. M. Forster's Maurice during the 1988 Annual Meeting. Unfortunately it is already too late to add programs unless it is a Component presentation.

Dr. Atkinson suggested using the Hospitality Suite for presenting all the AGLP programs on Saturday and then using the Suite for resting and socializing the remainder of the week. This would protect us from having to choose between AGLP activities and APA programs during the meeting. He also thought La Citadelle might provide us with an all-day conference on Saturday. Dr. Cabal commented that this would provide a good opportunity for us to get to know each other early in the week. A number of people suggested that anyone interested in this topic get in touch with President Hartstein indicated, however, that he wants some activities to continue in the Hospitality Suite though he was interested in a "reading circle" of Dr. Cabal's work. Before the meeting Dr. Scasas suggested that we use the Suite to show a video on the sharing of material. President Hartstein would like to set aside time after major AGLP Symposium for interested individuals to get together for discussion. Dr. Forsten requested that the time be scheduled in the program so that we can see what interest they receive.

Dr. Stein mentioned that the Significant Others Group last year requested that time be set aside to meet as a group of partners instead of just individually.

Starting time for the Saturday activities was debated with Dr. Hartstein pointing out that 8 AM is too early, particularly for those coming in from the West Coast. Dr. Forsten suggested opening the Hospitality Suite with a typical list of possibilities and then just seeing what develops. Perhaps some sort of time schedule could be listed so that people could come back when a topic of interest was coming up. Dr. Umoges thought a retreat model might be good for Saturday.

The Component Presentation had not yet been set and Dr. Hanley-Hackenbruck suggested the topic of Anti-Gay Violence. This will be in a workshop format of 5-10 minute presentations. A number of people were quickly volunteered to volunteer topics for the workshop. Dr. Cummings felt that gay rape survivors must be included in such a program and she was persuaded to present some material collected by her significant other who is a nurse clinician.

There was a suggestion that we schedule the Issues and Education Committee meetings for an 8-10 AM breakfast.

President Hartstein said that he would see if Margie Swed, M.D. would coordinate Lesbian use of the Hospitality Suite. Men would like to be included if women can teach men on lesbian therapy issues. Dr. Hanley-Hackenbruck suggested that a discussion group might be scheduled on Saturday afternoon. She also suggested that there be an hour during the week for a lesbian only discussion.

There were some final housekeeping and miscellaneous announcements. Dr. Scasas gave a report of February 1988 for the first issue of the Journal of Gay and Lesbian Psychiatry. President Hartstein also pointed out that Dr. Hanley-Hackenbruck had indicated a willingness to be President-elect when he quitted her.

The meeting was adjourned at 5 PM.

Respectfully submitted,

Phillip W. Cushman, M.D.
Secretary
Association of Gay and Lesbian Psychiatrists
An Editorial Comment on Robert Gould

In the January issue of Cosmopolitan Magazine, Robert Gould, M.D. authored an article which said, in essence, that AIDS is not transmitted via heterosexual sex as long as the genital epithelia is intact. He subsequently went on ABC's Nightline and suggested that the primary reason that heterosexual transmission of AIDS has been posited is to procure financing for AIDS research. He felt that the funding would be greatly diminished if AIDS was believed to affect only gays and IV drug abusers. He said that the anxiety created, particularly in heterosexual women, by the AIDS scare was more damaging than the risk of the disease. In the Nightline program, he was presented as a member of the American Psychiatric Association's AIDS committee.

I was very disturbed by what Dr. Gould had done and was particularly disturbed to hear that he was a member of the APA Task Force on AIDS. However, Stu Nichols, M.D., Chairperson of the APA Task Force on AIDS, informed me that Dr. Gould is a member of a local, New York City Branch APA committee and not the Task Force. Apparently, Dr. Gould has been on a number of APA national committees, but none specifically connected with AIDS. Nevertheless, he made no effort to correct the impression that he was speaking as a member of the APA Task Force on AIDS.

I believe that what Dr. Gould did was harmful and unethical. The experience in Africa and the research to date in this country indicate that AIDS can be transmitted heterosexually. This view is held by most researchers, especially internists. Dr. Gould’s contention that reported cases of heterosexual transmission are erroneous reports by people who are to lying to conceal homosexual activity and/or drug abuse is conceivable, but hardly likely, and a theory does not constitute scientific evidence that AIDS is NOT transmitted heterosexually. One could as easily argue that the number of heterosexual transmissions is underestimated because anyone who is bisexual or an IV drug abuser has been assumed to have contracted AIDS because of homosexual activity or IV drug abuse. For these individuals, heterosexual transmission automatically and erroneously would be attributed to their homosexual activity or drug abuse.

I have no doubt in my mind that there will be deaths because of Dr. Gould’s statements. Women who read Cosmopolitan who want to believe his message will do so in the face of all advice and scientific information to the contrary. It is one thing to engage in debate within scientific arenas about the transmissivity of AIDS; but, pandering to the Public in the lay press must always be suspect. In Dr. Gould’s case, he sold his medical degree to Cosmopolitan Magazine rather than subjecting his theories to the critical analysis and tempering influence of the scientific community. Even if someday he is proved right - that all reports of heterosexual transmission of AIDS are lies, he is not in a position to say so at this time. And, he is probably wrong. Primum non nocere - First, do no harm.

I call upon the APA Task Force on AIDS and the American Psychiatric Association to publicly condemn Dr. Gould’s actions and unequivocally state that Dr. Gould’s ideas do not represent the American Psychiatric Association.

David Scasta, M.D.

Lesbian & Gay Psychiatrists of Color

During the Saturday Pre-convention before the upcoming APA convention we are planning to show a video about Lesbian and Gay Asians in Toronto produced by Richard Fung called Orientations. This video has been shown in video festivals throughout the world. Stephen Woo, MD, Gene Nakajima, and, hopefully, other Asian AGLP members will lead a discussion following the video about issues involving lesbians and gays in the Asian Community. If other Asian members of AGLP, particularly women, are interested in joining our panel, please contact Gene Nakajima at the address listed below.

We also hope to have a meeting of Black, Hispanic, and Asian members of AGLP during the convention to discuss how we can make minority issues more visible within AGLP. If you are interested in helping us with this meeting, please contact: Gene Nakajima; 333 E 90th, Apt. 4J; NYC, NY 10128; (212) 876-3883.

AGLP Referral List Information

Psychiatrists, regardless of sexual orientation, who are comfortable working with gay and lesbian patients have long been encouraged to make their availability known to AGLP for inclusion on our Referral List. The list is maintained at the office of the AGLP Secretary, Phillip W. Cushman, M.D. We currently have nearly 130 psychiatrists scattered around the country available as referral resources. The greatest numbers are congregated in the larger cities such as San Francisco, Los Angeles, and New York City. A number of states do not have a single psychiatrist on the list. If you are comfortable and capable working with gay and lesbian patients and are willing to accept referrals in your area, please check the appropriate box and fill out the section on your membership renewal form indicating your areas of interest, office phone number, etc. Or, send the same information directly to the Secretary if you failed to check off the box on your membership form. To obtain referral information, you may contact Dr. Cushman’s secretary, Betty Parkinson, during office hours (call {904} 372-0387 Monday through Friday between 8:30 am - 5:00 pm Eastern time) and she will get back to you with the information as soon as possible. You may also write, if time is not urgent, to Phillip W. Cushman, M.D., 2830 N.W. 41st Street, Suite B, Gainesville, FL 32606. Please participate by allowing your name to be on the AGLP Referral List and utilize the list when you need to refer a patient to another community.
ANNOUNCEMENTS

German Gay Physician's Conference: The Bundesarbeitsgemeinschaft Schwule im Gesundheitswesen (BASG) (National Federation of Gays in Health), the gay physician's organization in West Germany, will be holding their first conference, Homosexuality and Health, in Frankfurt in early June. The Federation encourages gay physicians in the United States to present workshops and attend the conference. Workshop translators will be provided if necessary. For information, contact Juergen Graffe, Warendorffstrasse 133 D-4400 Muenster West Germany.

Harvard Medical School/Cambridge Hospital will be offering a course entitled, Women's Issues - 1988 (April 22-23, 1988), and a course entitled, Psychotherapy: Treating Gay & Lesbian Clients (June 3-4, 1988). The course on Women's Issues includes Phyllis Chesler, Jean Baker Miller, Avodah K. Offit and Lillian B. Rubin as speakers. The course on psychotherapy for gay and lesbian clients will be lead by: Carolyn Dillon, LICSW, Marshall Forstein, M.D., Rhonde Linde Ph.D., Terry Stein, M.D. and over 20 other clinicians covering such topics as parenting, substance abuse, AIDS, minority concerns, family issues, and homophobia. For information about the workshops contact: Judy Reiner Platt, Ed.D.; Department of Psychiatry; The Cambridge Hospital; 1493 Cambridge Street; Cambridge, MA 02139; (617) 864-6165.

Grant Applications on the role of behavioral factors in the prevention of AIDS in children and adults are being solicited by the National Institute of Mental Health. The aim is to develop behavioral techniques for preventing AIDS in children and for intervening in high risk groups of adolescents. Inquiries may be directed to: Norman A. Krasnegor, Ph.D. or Sarah L. Friedman, Ph.D.; Human Learning and Behavior Branch; National Institute of Child Health and Human Development, Room 7C-18; Landow Building; 7910 Woodmont Avenue; Bethesda, Maryland 20892; (301) 486-5591.

Evergreen State College and the Kinsey Institute for Research in Sex, Gender and Reproduction will be sponsoring the First Annual International Convocation on Cross-Cultural Sexuality on August 28-30, 1988. Special topics will include Third World and "minority" sexual practices. A field trip to the Skokomish American Indian Reservation is planned and there will be extensive involvement of Native American tribal peoples. For information contact: Terry Tafoya, Ph.D.; ICCCS Coordinator; Department of Psychology; Evergreen State College; Olympia, Washington 98505; (206) 866-6000 ext. 6424.

The Northeast Regional Conference on Prejudice and Violence will be held March 3-4, 1988 at the Omni Park Central - New York City. For information, contact: National Institute Against Prejudice and Violence; 525 West Redwood Street; Baltimore, Maryland 21201; (301) 328-5170.


The Florida Society of Adolescent Psychiatry, a Chapter of the American Society of Adolescent Psychiatry, is sponsoring a conference entitled, Adolescents in Search of Identity in an Age of AIDS and in a Realm of Aggression April 8-10, 1988 in Miami. Participants include Damien Martin, Ed.D., Co-Founder of the Hetrick-Martin Institute for the Protection of Lesbian and Gay Youth, and Robert Pinney, M.D. and Paul Adams, M.D. from U. T Medical Branch at Galveston. For information, write to: Keith Haynes, M.D.; 180 S. E. 5th Ave.; P.O. 2557; Delray Beach, Florida 33447; (305) 272-3838 or 276-8977.

In June of 1988, the International Gay and Lesbian Association will be sponsoring its annual convention in Oslo, Norway. For information about the conference or other IGALA activities, write to: c/o RFSI; Box 350; S-101 24 Stockholm, Sweden or call 46-8-84 80 50 or 84 55 76.

From the Legislative Newsletter of the APA

1) AIDS: While over 40 bills relating to AIDS have been introduced this session, as the adjournment date approaches, the only legislation likely to pass is the AIDS research appropriations bill. The APA is following closely Representative Waxman's (D-CA) and Senator Kennedy's (D-MA) legislation to encourage AIDS counseling and testing; examine confidentiality of test results; and protect against discrimination on the basis of antibody testing. The APA also stands ready to nominate qualified psychiatrists to the not-yet enacted Congressionally-authorized National Commission on AIDS and on er advisory bodies.

2) Hate Crime Statistics Bill: The APA - independently and as part of a coalition effort is supporting legislation (H.R. 3193) introduced by Congressman John Conyers (D-MI) to require the collection of data on crimes based on race, religion or sexual orientation. Opposition is expected by some members on the House floor to the bill's inclusion of "sexual orientation" which was not in the bill when originally introduced. The APA is contacting members of the House to encourage them to both cosponsor and vote for H.R. 3193.
AGLP MEMBERSHIP FORM

Check one:

___ Medical Student ............... Date of Graduation: __________
___ Resident ....................... Residency Completion Date: __________
___ Associate Member ............ Not a Member of the APA
___ Full Member ................... Psychiatrist & Member of the APA
___ Newsletter only .............. $10.00

Dues $ ________________________ 
Med. Student Fund $ ___________(donation for student conference travel)
Amount Enclosed $ ________________

Please complete the following information. Enclose this form (with your check made out to "AGLP") and mail to: AGLP, 1721 Addison Street, Philadelphia, PA 19146.

First Name ___________________________ Middle Name ___________________________

Last Name ___________________________ Degree: ___________

Preferred first (nick) name: ___________________________

Line one of Mailing Address _______________________________________________________________

Line two of Mailing Address _______________________________________________________________

City ___________________________ State _ ZIP ______ (- ____) 
Country (if other than U.S.A.) ___________________________

Special mailing instructions (e.g., mark "Personal"): ____________________________________________

Approximate year you first joined AGLP: 19 ____ APA Member? ____

OPTIONAL INFORMATION

Home Phone (____) ______ Office Phone (____) ______

Office Address Line one: ________________________________________________________________
Office Address Line two: ________________________________________________________________
City ___________________________ State _ Zip ______ (- ____) 

Home Address Line one: ________________________________________________________________
Home Address Line two: ________________________________________________________________
City ___________________________ State _ Zip ______ (- ____) 

Age __ Gender ______

Do you want to be listed in a non-confidential AGLP directory distributed only to members? ______
Do you want to be on AGLP's referral List? ______ If so, be sure to include your office address above and list specialty areas below:
For President

HERBERT PARDES, M.D.

1. A number of psychiatrists in the APA feel that the removal of the diagnosis of homosexuality from DSM-II and removal of the diagnosis Ego Dystonic Homosexuality from DSM-III-R was a political rather than a scientific decision. Please comment.

Thank you for the opportunity to comment on the questions raised in the Newsletter of the Association of Gay and Lesbian Psychiatrists.

I am delighted for the increasing openness with which the APA is approaching the issue of homosexuality. I think it is tragic that many of our colleagues have had to live with the burden of extraordinary stigma and am pleased that this stigma is decreasing.

In response to the specific question, I feel there are political aspects to any issues handled by an association as large and heterogeneous as ours. My understanding, however, is that the Board of Trustees in approaching the issue of the removal of the diagnosis of homosexuality from DSM-II and of the diagnosis Ego Dystonic Homosexuality from DSM-III-R tried to set the political issues aside. I cannot be certain they were entirely successful, but I gather they did try to address the question on a substantive and scientific basis. While I was not at the Board Meetings for these decisions, I support the Board of Trustee’s actions on substantive grounds.

2. What role do you feel that the Caucus of Homosexual-Identified Psychiatrists should play in the APA during your term of office?

With regard to the role the Caucus of Homosexual-Identified Psychiatrists should play, my feeling is that they should play a vigorous role as members concerned with the full range of issues as well as those of particular concern to homosexual-identified psychiatrists. It is my intention if elected to draw widely on the breadth of opinion and expertise of members in the APA. Further, I would like to see the APA take advantage of the large number of members who are willing to help to move the organization forward.

One of the most attractive features to me regarding psychiatry is its liberal and understanding attitude regarding social issues generally. While our record has not been universally admirable on homosexuality, I feel pleased that the bulk of the membership is enlightened, understands that people are different and shows not only tolerance but also genuine encouragement and positive response to people with different perspectives. I prefer that we come together and not view each other as different and alien, but rather as one large group of professionals who understand and respect each others individuality.

At Columbia I have been pleased with the Psychiatry Department’s leadership in beginning a large new NIMH supported center for AIDS. This is one of the most formidable problems of the day. It is certainly of concern to homosexual-identified psychiatrists, but must be a concern for all psychiatrists. Still, in shaping APA policy on the complicated AIDS issues, I would seek help from the Caucus of Homosexual-Identified Psychiatrists in advising the APA leadership to ensure a balanced and sensitive APA position. This is true of other issues in which all psychiatrists may be interested, but in which the Caucus has particular interest and knowledge.

I very much appreciate your interest in my views and I am grateful for the opportunity to comment.
For Vice-President:

LAWRENCE HARTMANN, M.D.

1. A number of psychiatrists in the APA feel that the removal of the diagnosis of homosexuality from DSM-II and removal of the diagnosis Ego Dystonic Homosexuality from DSM-III-R was a political rather than a scientific decision. Please comment.

I think removing homosexuality from DSM-II in 1973 was important, and was a reasonable scientific decision, as was removing Ego-Dystonic Homosexuality from DSM II-R. But these were reasonable scientific decisions carried out in a lively political climate, and bringing them about took political work. I have been an active part of that work, over a long time, and at many levels. Among other involvements, I was the chairman of the Social Issues Committee of the Northern New England Psychiatric Society which, in 1971, thought the time was ripe, and asked Richard Pillard to prepare a draft proposal for removing homosexuality from DSM-II, which he did. I edited his work, and helped shepherd it up through the NNEPS and the APA, and then helped it withstand a challenge by referendum (which was initiated by Dr. Socrates and others). I also helped nominate and elect outsiders John Spiegel and Jud Marmor to be APA Presidents at a time useful for this activity. I also helped the APA Council on National Affairs enlarge its focus to include gay issues; and, in the APA Assembly, as gawky, chair of various committees, and then Speaker, helped establish a gay representative and deputy representative as members of the Assembly. For the past eight years, as a member of the APA Board of Trustees and in my other roles, I have tried to be routinely and creatively helpful to Drs. Kessler, Krajeski, and Cabaj. If you have any doubts about my commitment or ingenuity in the service of this issue, please consult Drs. Pillard, Kessler, Krajeski, or Cabaj.

2. What role do you feel that the Caucus of Homosexual-Identified Psychiatrists should play in the APA during your term of office?

The Caucus of Homosexual-Identified Psychiatrists should continue to be a discussion ground, and advocate, an educator, a sensitizer. It should continue to be an intelligent and articulate addition to the mix of varied psychiatrists that makes up the APA. As one example of usefulness, the existence of the Caucus - and of the Committee on Gay, Lesbian, and Bisexual Issues, and the two committees on AIDS - has already helped the APA and psychiatrists and other physicians and professionals think about, and respond reasonably to, some of the major problems of AIDS. On further roles of the Caucus, as on any other issues, I'd be very glad to hear suggestions or questions.

ROGER PEALE, M.D.

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As one who was party to the decision (on the DSM-III-R Work Group and Vice-Chairman of the DSM-III-R Ad Hoc Committee), I know that it was a scientific decision. At no point was information presented that there was any scientific basis to continue the term "ego-dystonic homosexuality." Since I had been cautioned by some APA leaders that "now is not the right time" to abolish the term, I was doubly pleased that the vote was unanimous with the Ad Hoc Committee and Work Group. Later, we had no trouble championing that view with the Assembly or with the Board of Trustees. No one openly objected! While obviously many psychiatrists still do not share my view that homosexuality is like left-handedness (non-pathological behavior of about one out of ten), there is simply no scientific basis to continue to have such a psychiatric diagnosis.

We want to watch the development of the International Classification of Diseases, Edition #10, scheduled for 1992. They have a category "F66, Psychological and Behavioral Problems Associated with Sexual Development and Orientation," under which they include four categories: heterosexual; homosexual; bisexual; and uncertain or prepubertal. There is also an identity, "F66.1, Ego-dystonic Sexual Orientation," defined as "The gender identity or sexual preference is not in doubt but the individual wishes it were different and may seek treatment in order to change it." As most of you know, Mr. Ronald Bayer has warned us that our recent victories are likely to be temporary when one reviews the history of mankind. Thus, it is important to be vigilant.

2. What role do you feel that the Caucus of Homosexual-Identified Psychiatrists should play in the APA during your term of office?

In the early 1980's, thanks to the persuasive arguments by Washington Psychiatric Society gay leaders, I became the "point" person to push the concept that homosexual identified psychiatrists have representatives in the Assembly through the Washington Psychiatric Society, then Area III, and finally the Assembly. More recently, I initiated a motion by the Assembly's Committee of Planning that, for the time being, the Assembly cease asking "minority" representation to justify themselves until the Assembly rethought some general principles as to non-geographic representation. That motion passed the Assembly this past November. While President Hartstein is very correct in saying that "There are some within the APA who would abolish all of the minority or underrepresented groups," the motion passed by the Assembly last November gives us several years before the issue arises again. I think we should pursue a less tentative, more permanent, sense of homosexual representation in the APA. I would prefer a term like "Division" or "Section" rather than "Caucus."

I would like to formally thank the Association of Gay and Lesbian Psychiatrists for the opportunity to speak to these issues and to go on record to state my admiration for the courage of your leaders over the past 20 years in having made the APA relatively a beacon of light and concern in the face of so much ignorance and hate.