CAUCUS OF GAY, LESBIAN, AND BISEXUAL MEMBERS

OF THE AMERICAN PSYCHIATRIC ASSOCIATION

NEWSLETTER

Volume VIII, Number One

Summer 1982

REFLECTIONS ON THE TORONTO MEETING

by James Krajeski, M.D.

Following the two year gap in meetings for most Caucus members, I had some apprehension prior to our Toronto meeting about the state of the Caucus. By the end of the week's activities, exhaustion had replaced any concern or apprehension, and there was instead a genuine satisfaction with the week's events.

On my flight home to San Francisco there was a sadness in leaving the friendly warmth and support of the Caucus. It was indeed pleasant to renew friendships. There was a casual easiness and comfort in our exchanges that reflects common interests and bonds. I am sure that many people also shared the experience of meeting colleagues for the first time and feeling a genuine sense of intimacy and closeness, speaking well of our worth as human beings.

In looking at the week, there were many very positive accomplishments. From the social aspect, the Caucus parties and get-togethers appeared highly successful. The Caucus members, their spouses, and friends involved in putting the social program together deserve a tremendous "thank you".

From the standpoint of the APA's scientific program, one might have wished for more material on gay-related issues, but the presentations that were given were well received and accomplished. From the political standpoint, the Caucus made significant strides, thanks particularly to Dave Kessler's efforts on behalf of our application for Assembly recognition as an under-represented group in the APA.

Perhaps most rewarding was just observing the members of the Caucus working together. We are truly a group on the move! While I do not know precisely when we will gain a general acceptance in the APA, I have no doubt that we will. There is simply too much talent, too much expertise, and simply too many good people to permit any other outcome. This year the personal growth and learning we have all undergone was clearly evident.

Perhaps what engenders more optimism on my part than any other factor was meeting the new members entering our organization. These talented individuals were enthusiastically offering ideas and are willing to undertake work. Looking at our future leaders we see psychiatric residents who are already comfortable with themselves and their sexuality and who possess a sense of maturity and sophistication that we "oldsters" would well emulate. This seems to certainly guarantee success for all of us.

I was impressed with the Caucus, with our abilities and with ourselves as human beings. I know that participating in the week's activities was a positive and meaningful experience for many people, not only for us, but also for non-gays who saw healthy, interesting, and fun gay men and lesbians.

We do have much to feel good about. We also have a lot of work to do to continue our goal of general acceptance and understanding. This summer we need to mobilize the talents of each member to assist in a massive education project aimed at the District Branch level if we are going to achieve Assembly representation. Such assistance can take place in many forms and in many ways; you do not have to be openly gay to assist in educating people about homosexuality. I would ask every reader to make some effort to educate colleagues over the summer in whatever way seems most appropriate to each individual's situation. Recommendations for how the Caucus can best educate people within each District Branch are necessary and should be directed to me and to anyone who will agree to coordinate activities at the local level.

To continue our march forward, the Caucus needs your assistance! Please take some time to help us out over the summer and have a great summer.

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FOR YOUR INFORMATION, THE FOLLOWING PRESS RELEASE WAS ISSUED LAST MONTH DETAILING CURRENT ACTIVITIES OF SOME OF THE OFFICERS OF THE CAUCUS.

Dave Kessler attended the annual meeting of the American Psychiatric Association in Toronto from May 15-21, and presented a paper on "Gay Male Relationships: Myth and Reality". As outgoing President of the Caucus of Gay, Lesbian and Bisexual Members of the APA, he appeared before the APA Assembly to urge approval of the application of the Caucus for official representation in that body. At the end of that week, Jim Krajeski took over as the new President.

Also in Toronto, Jim Paulsen participated in a panel discussion on the history of gay psychiatrists in the APA.

Dave Kessler presented testimony at a special Congressional briefing in Washington, D.C., on July 14, coordinated by Gay Rights National Lobby, on the proposed elimination of the section of the U.S. Immigration laws which currently exclude gay and lesbian aliens from this country. Appearing as the official representative of the American Psychiatric Association, he spoke in favor of the revision. He indicated that the APA continues to adhere to its position that homosexuality is not a mental disorder and that any public or private discrimination against gay people is to be deplored. Congressmen who were present included Julian Dixon, principal author of the bill, as well as co-sponsors Phillip Burton and Mervyn Dymally, all Democrats from California. Other speakers presented legal and foreign relations perspectives and the audience included over 100 delegates attending the week-long international Gay Association Fourth Annual Meeting.

On Saturday, September 25, <u>Dave</u> will discuss "Clinical Issues with Gay and Lesbian Patients" at a University of California San Francisco Medical Center Symposium on "Sexual Issues in Medical Practice."

On Sunday, October 10, at the Beverly Hilton Hotel in Los Angeles, <u>Dave</u> will participate in a panel on "Further Reflections on Sexual Preference," as part of a two-day Symposium sponsored by the Southern California Psychoanalytic Society on "Sexual Deviation: Contemporary Psychoanalytic Views". Major speakers include Irving Bieber, Judd Marmor, and Charles Socarides. Dave was invited to attend after the program chairperson received protests about the absence of any gay-identified participant.

Remarks by David R. Kessler, M.D.

President of the Caucus of Gay, Lesbian, and Bisexual Members of the American Psychiatric Association.

To the A.P.A. Assembly, Toronto, Canada, May 15, 1982.

Thank you, Mr. Speaker.

I welcome this opportunity to discuss briefly some of the issues involved in the application of the Caucus of Gay, Lesbian, and Bisexual Members of the American Psychiatric Association for official recognition by the Assembly as an underrepresented group.

First, bear in mind that the Procedures Committee of the Assembly has indicated that our application meets the criteria as developed and passed by the Assembly:

- 1. There is under-representation of \underline{gay} -identified psychiatrists in the Assembly who are available to deal openly with \underline{gay} -related issues;
- 2. There are important mental health consequences resulting from the discrimination and prejudice that gays and lesbians are subjected to; and
- 3. There is a significant number of actual and potential members of the Caucus.

What are some of the reasons for which official recognition is being sought? Gay representation could contribute in a positive fashion to the Assembly's deliberations and decision-making processes in helping to provide information and sensitivity in such areas as mental health services, training, and ethical problems involving gays and lesbians. Official status could help more psychiatrists provide better mental health services for gays and lesbians, would tend to encourage greater participation by gay and lesbian psychiatrists in A.P.A. affairs, and would provide a useful liaison to gay community groups, such as the sizeable national gay physicians' organization, comprising several thousand potential members, which is now being formed.

If these were the only issues involved, the application might seem assured of approval. But various questions have arisen, some of which I will try to deal with here:

1. Doesn't the application of this group open the door to applications from other groups?

As far as the leadership of the Assembly knows, there are no other underrepresented groups who are currently organized into a Caucus and who are interested in applying for official recognition. Even if there were, it would seem fitting to examine each application on its own merits, if the idea of giving a voice to under-represented groups is fundamentally sound and if the experience of the Assembly with the current groups has been basically favorable.

2. Will approval of this application be damaging to the public image of the A.P.A.?

It is no secret that there are gays and lesbians who are members of the A.P.A. The Caucus has been in existence for over five years, and the A.P.A. already has a Committee on Gay, Lesbian, and Bisexual Issues. In addition there are at least two District Branches that have Committees on Homosexual Issues. Incidentally, these groups have a good track record of being able to work productively with the A.P.A. structure.

3. Will approval of the Caucus application imply that the A.P.A. is validating homosexuality?

As you know, the A.P.A. has since 1973 been on record as indicating that homosexuality per se is not a mental disorder and that homosexuals should not be discriminated against. Official recognition of the Caucus by the Assembly would merely provide a mechanism to allow appropriate input from gay-identified colleagues. The A.P.A. would not be promoting homosexuality, nor would it be proselytizing for more homosexuals. Homosexuality is not a conscious, deliberate choice, any more than heterosexuality is, but many gays and lesbians can be helped to choose to live more fulfilling lives.

There is no question that this issue is a hot potato. Many people are made uncomfortable by having to deal with this subject, and it stirs up various non-rational concerns. Many people here undoubtedly wish that the entire matter would simply go away. However, it is clear that it will not go away, nor will the Gay Caucus go away. It is your responsibility, as the people best informed about the history of the issue and of the procedures involved, to provide active leadership.

4. What would be the result of delaying or rejecting the approval of the application?

This would have the unfortunate effect of reinforcing the view that the A.P.A. is insensitive to the concerns of this large group of people. For gay and lesbian members of the A.P.A. it would increase the tendency towards cynical withdrawal or provocative activism. The effect on gay and lesbian patients would be to drive them increasingly away from mainstream psychiatry, of which they are already mistrustful. Rightly or wrongly, their perception is that most psychiatrists are poorly informed with regard to homosexuality, and have negative attitudes about homosexual patients.

In closing, let me remind you that ten years ago at the Annual A.P.A. Meeting in Dallas, a psychiatrist appeared on a panel discussing homosexuality wearing a cloak and a mask which covered his whole face. He disguised his voice, and was introduced as "Doctor Anonymous". He told the audience that he was a homosexual and a psychiatrist and that he was too frightened to make his identity known because of the professional and personal consequences. He went on to say that there were two hundred other gay psychiatrists at that meeting, almost all of whom felt equally vulnerable. That dramatic event shocked many people at the time into a recognition of the fact that there were gay psychiatrists and that they had to lead an underground existence.

Obviously, in some ways, conditions have changed considerably since then.

But the same stigmatization, and the resulting fear that this induces in gay people, continues today to poison and distort the lives of hidden homosexuals, including a large number of our colleagues here in the A.P.A.

Just because we are psychiatrists does not guarantee that we are immune from misinformation and prejudice regarding homosexuality. But surely our professional training provides us the unique potential for separating our more personal, even irrational, reactions from those which are more appropriate and realistic.

And surely you can bring to bear some of the qualities of idealism and empathy - for most of us, part of the original motivation for a psychiatric career - to deal reasonably and justly with this issue.

Finally, let me say that the type of interchange I have had the opportunity to engage in with many of you this weekend is, in microcosm, exactly what this application seeks to bring about. I certainly hope that you will authorize a workable mechanism to have it continue and expand.

Thank you very much.

Report from the Secretary of the Caucus and from East Lansing, Michigan.

I am still reverberating from the stimulating and challenging meetings of the Caucus in Toronto. Personally, since returning to East Lansing I have written a letter to the Board of Trustees at Michigan State University to clarify the official position of psychiatry about homosexuality. This letter was read at a recent Board meeting as part of a defense of the current anti-discrimination policy at Michigan State which includes sexual preference as a basis for non-discrimination. The Lesbian-Gay Council has been a very active student group here and worked to reverse a fraternity's dismissal of a student member because of his "homosexual life-style". After the organization was actually forced to reverse itself, the fraternity tried to alter the non-discrimination policy itself. The letter 1 wrote will also serve as evidence in future hearings regarding changing this policy. I will also support the Lesbian-Gay Council's efforts to change the terminology used in the non-discrimination policy from sexual preference to sexual orientation. I have been meeting as well with local lawyers to consult the types of cases they may be asked to defend with respect to gay rights and have made myself available to work on future cases of this nature. I will be pursuing as well educational and lobbying efforts with the Michigan Psychiatric Society as soon as the Caucus guidelines on these matters are available.

As Secretary of the Caucus, I first compiled and mailed out the names and addresses of the new Executive Committee and wrote to regional representatives who were not at the final Caucus meeting in Toronto to confirm their willingness to serve as representatives. I have now heard from most of these persons and will put together the expanded list of representatives soon. 'I also compiled the list of 26 psychiatrists who have said they are available to accept referrals of gay and lesbian patients. How this referral list will be used will be decided during the next few months. I have received two additional membership applications since Toronto. One of these is even from an East Lansing psychiatrists, but alas, he will be moving soon and then our professional force in mid-Michigan will return to a minority of one (me!).

Best wishes to all Caucus members from East Lansing. If there is anything else you want your secretary to be doing for the Caucus during the coming year, let me hear from you.

Terry S. Stein, M.D.

TASK FORCE ON RESIDENTS' CONCERNS.

It was a decision of the outgoing executive that a Task Force be set up to focus on issues of concern to gay residents, as the presence of more residents at Caucus events in Toronto was obvious. At this point, the mandate for such a task force is open for suggestion, but my first thoughts on it are these. It is evident that there are many gay residents on the continent, many of whom are struggling through conservative, variably homophobic programs, afraid to come out to their peers for fear of reprisals, and perhaps finding their own homophobia exacerbated by the experience. Gay residents need to meet each other and their gay teachers to help us form a positive view of ourselves as gay psychiatrists, however much that may be manifested in our professional lives. We need to reach out to the residents and encourage them to be in contact with the Caucus. At the Annual Meetings, both social and consultative events need to be aimed at residents to facilitate this process, as well as to groom a new generation of those who will be the active Caucus members of the future. As those closest to the teaching programs, we can be of great help in surveying those programs' content in the field of homosexuality, and perhaps even in the encouragement of our schools to upgrade that content. Residents often have research opportunities that are difficult to arrange after qualifying, and perhaps more of us could use these to do work in sexuality.

I would like to hear from those who have ideas about what such a task force could

do, and especially from residents who are interested in exploring the setting up of a mini-conference in New York in 1983.

Stephen Atkinson, M.D. #301, 317 Sherbourne Street Toronto, Ontario, Canada M5A 2S3

PUBLICATION COMMITTEE SEEKS AUTHORS:

Caucus members who are publishing in the field of homosexuality are asked to contact the publications committee of the Caucus, which is preparing a bibliography of articles. A review will be listed in a forthcoming issue of this newsletter; please contact CAROL J. COHEN, M.D., 5845 College Avenue, Oakland, California 94618.

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ONE OF THE MORE INTERESTING SESSIONS AT THE TORONTO MEETING WAS A SCIENTIFIC DEBATE ON THE TOPIC OF PORNOGRAPHY AND VIOLENCE. THE FOLLOWING IS A REPORT SUBMITTED BY A MEMBER OF THE CAUCUS WHO ATTENDED THE PRESENTATIONS.

ACCOUNT OF A SCIENTIFIC DEBATE:

Does Pornography Encourage Sexual Violence?

Affirmative: Natalie Shainess, M.D., New York, Presenter; Charles W. Socarides,

M.D., New York, Discussant.

Negative: Richard Green, M.D., Stony Brook, New York, Presenter; Martha

Kirkpatrick, M.D., Los Angeles, California, Discussant.

Moderator: Morris A. Lipton, M.D., Chapel Hill, North Carolina.

The debate was intellectually and emotionally exciting, with presenters and discussants often using the same or similar studies and other data to come to strikingly different conclusions. Highlights follow:

Dr. Shainess cited studies showing that after liberalization of pornography laws, sexual violence and sex between adults and children have increased. Her opening presentation was studded with vivid quotations from classical literature and concluded with a thundering condemnation from Dante's Inferno.

Richard Green countered with a survey of other studies. The clinical Kinsey study of sexual response among prisoners showed that those guilty of sex crimes were less responsive to pornography than other prisoners. Rapists and child molesters as a group have less responsiveness and had less exposure to pornography than other offenders. Other studies have suggested that sexual arousal through pornography produces less aggression. "Normal" persons find pictures of sexual assault less arousing than depictions of consenting sex. Nonsexual violence has risen four times faster than sexual violence since the greater availability of pornography.

Should everyone have been denied the right to see the movie <u>Taxi Driver</u> because one of the admirers of the film, John Hinkley, sought to kill President Reagan? Dr. Green warned that the attempt to ban pornography often gets sidetracked into general censorship. The three most banned books in America are <u>Catcher in the Rye</u>, by J.D. Salinger, <u>Our Bodies Ourselves</u>, by Susan Brownmiller, and <u>The Bell Jar</u>, by Sylvia Plath.

Charles Socarides began his rebuttal with a tribute to the calibre of the opponents to the affirmative position. "Natalie and I always have formidable foes on this issue." Dr. Socarides wove the praise into his theme: "Thinking is trial action that leads to actual doing . . . Dr. Green, forever on the ball, stole my thunder by mentioning John Hinckley and Taxi Driver." He went on to describe the discovery of handcuffs among Hinckley's personal effects and Hinckley's apparent plan to use them in capturing Jodie Foster, the actress who played the underage prostitute in the movie, and to subject her to sexual abuse. Dr. Socarides appeared to imply that the movie encouraged Hinckley to contemplate, in addition to violence against the President, sexual abuse against a woman.

Socarides decried citation of the example of Denmark and Japan as countries where anti-pornography laws were weakened and sex crimes declined. He stated that sex crimes in Denmark declined before censorship laws were suspended.

Socarides felt a need to clarify a definition of pornography. "We do not feel all erotic materials are pornography. Playboy and Penthouse are not pornography. True pornography involves the mixture of sexual excitement with the desire to humiliate, abuse, and degrade . . . It includes violence." Examples he gave included the depiction of enemas and big penises showering seminal fluid.

Martha Kirkpatrick opened her comments by quoting former APA president Daniel Friedman: "Don't just do something - stand there!" Stand there: wait and listen, as a physician should do with a patient. "We must all stand there and demand more information before taking swift action. Pornography, like beauty, is in the eye of the beholder: it defies definition. Attempts to make a distinction between pornography and eroticism produce a blur. If Judy Chicago's The Dinner Party had been created by a man, it would be considered pornography. Created by a woman, it is a feminist artifact . . . subjectivism.

"Pornography is <u>any</u> product meant to stimulate erotic feelings - the definition of Dr. Stoller and Dr. Green. Otherwise, pornography is what <u>you</u> like, but eroticism is what <u>l</u> like. . . The inclusion of degradation as part of the definition also adds subjectivity. Your degradation is not my degradation. There is pornography for all tastes and orientations. Perhaps women's greater proclivity for reading, as opposed to men's proclivity for images, derives from greater female verbal skill, and determines the popularity of romantic novels as female pornography . . .

"It was earlier said that sex crimes declined in Denmark before the repeal of anti-pornography laws. Ture, but sex crimes in Denmark did not decline before pornography was generally available. In fact, the connection made between the availability of pornography and the decline in sex crimes caused the repeal of the censorship laws. The opposite relationship between pornography and aggression is crystallized in the <u>Gilgamesh</u>, the oldest story in the world, where it is sex which dissipates violence.

"There is a trend in pornography to the presentation of mutual and relational sex, because this is more satisfying to both men and women." Dr. Kirkpatrick concluded the discussant segment by expressing "pleasure that the APA meets in Canada, the first western democratic country which has enshrined equal rights for women in their constitution."

In rebuttal, Dr. Shainess described the FBI report for the past five years as showing that the percentage of forcible rape has increased above the percentage of violent crime (non-rape) and above that of general crime. Dr. Kirkpatrick presented a graph of the same FBI statistics used by Dr. Shainess, but her graph showed that rape and aggravated assault were rising equally. To ad hominem remarks made against her, she replied: "Neither Dr. Shainess nor I have stock in the porno shops." She took up the earlier theme offered by the affirmative team, "thought is trial action," with another quotation from Dr. Robert J. Stoller's previously presented special lecture, "Beneath Pornography": "Only the fanatic equates the thought with the deed." Comments from the floor were significant in picking up, commenting on, and developing, not the basic question - Does pornography encourage sexual violence? but the themes of pornography and censorship. A male guest (white card) chided Dr. Shainess as "disquietingly shrill"; Dr. Shainess countered: "And you are quietly aggressive." She asserted her liberal credentials and declared her opposition did not constitute a call for a ban.

Both affirmative and negative sides had praise for the Canadian film Not a Love Story shown at the convention earlier in the week. A documentary on pornography, the film, though critically acclaimed, is banned from general screening in Ontario. Bonnie Klein, the director, stated that it was a tribute to the development of the feminist movement that two women who are known feminists, can take opposing positions in a debate such as this. She chided the snickers from the audience which suggested the anticipation of a sterotypical cat-fight. Ms. Klein had a reservation for the negative position, however, Her film shows pornography while opposing it, and she has been a victim of censorship. "Opposition to pornography is not advocacy of censorship. To jump on the anti-censorship bandwagon is to sidestep the issue."

The issue: Does Pornography Encourage Sexual Violence? The debate did not produce a clear answer. For one thing the affirmative and negative teams used different definitions of pornography. But the eloquent arguments provided a forum for continued thought and supported Dr. Kirkpatrick's opening plea that we "Stand there and demand more information before taking swift action."

EDITOR'S REMARKS:

This Newsletter is to be issued on a quarterly basis and members are requested to submit copy for inclusion in each issue prior to that season; i.e., the deadlines will be September 21, December 21, March 21, and June 21. We welcome essays, book reviews, reports of meetings of interest to members, media watch reports, and general opinion relevant to the aims of the Caucus. The next issue will contain a book review of the recent biography of Harry Stack Sullivan by Helen Swick Perry, some advance information on the <u>four</u> symposia planned for the 1983 New York meeting next spring, and reports of summer activity by members of the Caucus.

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CAUCUS REFERRAL SERVICE

The Caucus gets inquiries about the availability of qualified psychiatrists to evaluate and treat patients with gay/lesbian related issues. In some of the larger cities several of our members have served as contacts. But there is a growing need to know about psychiatrists in all parts of the country who are comfortable with and experienced in treating gays and lesbians. If you or someone you know would be interested in having your name added to our referral list as a psychiatrist who would welcome gay/lesbian patients, please indicate that below. (Note that there is no requirement that people on the referral list be or identify themselves as gay or lesbian, nor would they be so identified in any referral).

any referral).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Name:		
Office Address:	•	
Telephone:	() area code and number	
Specialty in Ps	sychiatry:	-
Please mail to:	: Terry S. Stein, M.D. Secretary, CGLBMAPA Department of Psychiatry A233 East Fee Hall Michigan State University	-

Use additional sheets for other names.

East Lansing, MI 48824

MEMBERSHIP	#:	
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New Membership Application

CAUCUS OF GAY, LESBIAN AND BISEXUAL MEMBERS OF THE AMERICAN PSYCHIATRIC ASSOCIATION

MEMBERS OF THE AMERICAN	PSTUNIAIRIC ASSOCIATION
NAME:	DATE OF BIRTH:
HOME ADDRESS:	OFFICE ADDRESS:
CITY/STATE/ZIP	CITY/STATE/ZIP:
PHONE #: ()	PHONE #: ()
PREFERRED MAILING ADDRESS: HOME	OFFICE
AREAS OF PSYCHIATRIC PRACTICE (CHECK A	ALL APPLICABLE):
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I WOULD LIKE TO BE INVOLVED IN THESE O	GLBMAPA ACTIVITIES:
Newsletter Monitoring Literature Speakers' Bureau Finance	b. Social
TYPE OF MEMBERSHIP:	
Voting (APA Member) Affiliate (APA non-Member) Member-In-Training	
Annual membership fee is \$50.00 (\$25.0	00 for Members-In-Training)
Additional voluntary contribution to f	urther the work of the Caucus:
\$50\$100\$250\$5	0000ther
Make check payable to "CGLBMAPA" and r	eturn with this application to:
Terry S. Stein, M.D. Secretary, CGLBMAPA Department of Psychiatry A-239 East Fee Michigan State University East Lansing, MI 48824	
Membership and mailing lists are confi your name to appear on these lists (ir from the Caucus), please check here:	dential. If, in addition, you do not wish which case you will receive no mailings
PLEASE RETURN THIS APPLICATION WITH YO	UR REMITTANCE AS SOON AS POSSIBLE.

Rev. 5/26/82