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**Psychiatry in a New Era**

**Amir Ahuja, M.D.**

Ahuja@aglp.org

Hello everyone. I write to you as the Electoral College has just confirmed the election of Joseph R. Biden and Kamala Harris. It is a time to rejoice for many, and to mourn for many others. This quadrennial moment is a lesson in humility, patience, and grace under pressure, for all of us.

As polarizing as our politics can be, this election has given me hope. We had record turnout, and the highest percentage turned out since 1908. We also had engagement from our fellow citizens that I have not yet seen in any election in which I have participated, even the historic 2008 election. In addition, however you feel of this new leadership, we made history again by electing the first woman to be our Vice President. Not only is she from my state of California, but she is a woman of color, and even an Indian on top of all of that, which gives me great pride. It expands what is possible in America, and I am always thankful for that.

In terms of AGLP, what does this mean? In the last few years, we have fought on multiple fronts in regard to LGBTQ issues. As we ramp up our Policy and Advocacy Committee, we are focusing on just a few of these issues. These include the ban on Diversity Trainings, the pushback on Transgender Bathroom Access, and the pushback on Transgender Sports involvement. These are just some issues that affect the mental health of our members and our constituents at AGLP. We are also fighting against the removal of Section 1557 of the Affordable Care Act, which preserves non-discrimination for LGBTQ people, and against so-called “Religious Liberty” lawsuits which would mean care providers can refuse to treat LGBTQ patients.

Continued on page 4
Happy Holidays! It is my pleasure to be writing again on these pages; this year has been a complete roller coaster and is my wish that you and your loved ones are safe and well.

2020 definitely had a lot of new challenges, some expected and some not; it highlighted how much we need each other's support, especially during situations for which we are not prepared. It also showed the strength and resilience we have, how creative and flexible our minds can be, and the vast things we can accomplish even in the hardest of times.

We in AGLP applied all these assets and adapted everything we had planned beforehand in order to serve you better. We boosted our educational sessions, found better ways to contact our members, revamped our committees and even sneaked a couple of (socially distanced and online) parties!

And the hard work does not stop; we continue thinking how to progress, improve and evolve in the organization. On these pages, you will find articles about some of the accomplishments we had this year; our next steps and new ways for you to get more involved.

As usual, as the APA election is coming, we reached out to all the candidates with questions pertaining to the LGBTQ+ community and you will have the opportunity to know more about them and their platform. We are very thankful for their time and answers; however, the final decision during the vote is completely yours.

We continue the fundraising campaign for our amazing Executive Director Roy Harker as he celebrates his 25th anniversary with AGLP; your donations and support are great appreciated.

I wish you safe holidays and a very happy New Year!

Erick Meléndez, MD

Celebrating Executive Director Roy Harker’s 25 Years with AGLP Silver Anniversary Fundraising Campaign

Howard Rubin, M.D.

HRubin@aglp.org

Roy Harker started working with AGLP in January 1995. During that time, he has been our organization’s renaissance man. He runs our office, manages the website, designs the newsletter, coordinates all of our activities at APA annual meetings, assists the board with setting the priorities for AGLP, and enables us to carry out our mission.

To honor all of Roy’s dedicated services to AGLP, we are embarking on a $25,000+ fundraising campaign. Before Roy came on board, AGLP was largely a volunteer organization, which limited its growth. AGLP has had many accomplishments during his tenure including the completion of a film about reparative therapy called Abomination, and the effort to raise over $100,000 for the APA’s John Fryer, MD award. Roy has on his own initiative sought training to keep up his expertise in non-
AGLP is participating in a case pursued by Lambda Legal attempting to stop Health and Human Services from changing language that provides protection of LGBTQ patients from discrimination in health care. Lambda Legal sought an injunction to prohibit HHS from instituting the changes as the case proceeds to be heard on its merits. The injunction was successful. However, it portends an unfavorable decision on protections for gender identity. The following is a summary of the decision.

Background:
Bostock v Clayton County (6/15/2020; SCOTUS): The Civil Rights Act, Title VII does protect LGBTQ people against employment discrimination.

Civil Rights Act, Title IX: No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance.

The Case
The Affordable Care Act (2016) contains Section 1557 which prohibits discrimination in healthcare on the basis of race, color, national origin, age, disability, or sex. Sex discrimination is defined by importing Title IX’s language which prohibits discrimination on the basis of “sex stereotyping” and “gender identity.” Title IX exempts certain religious entities from the prohibition on sex discrimination based on the entities’ religious tenets. However, Section 1557 does not contain the religious exemption for fear that it would cause denial or delay in the provision of healthcare (as well as instill angst that would discourage individuals from receiving healthcare) thereby causing irreparable harm. HHS has proposed the Final 2020 Rule which eliminates the expanded definition of “sex”—i.e., removes references to sex stereotyping and gender identity, and adds the religious exemption of Title IX. The Whitman Walker clinic (Washington, DC) and the Los Angeles LGBT Center sued in the Washington DC Federal District Court to halt HHS from instituting the Final 2020 Rule while the case proceeds on its merits (alleging that the changes of the Final 2020 Rule are unlawful). Other plaintiffs in the case, AGLP, GLMA, and four individual physicians were not granted standing. In order to have standing to sue, the plaintiff must be directly affected by the alleged tort. One cannot sue on behalf of third parties. For instance, AGLP cannot bring a civil suit on behalf of LGBTQ peoples; it can only bring a civil suit if AGLP suffers direct harm. The Whitman Walker Clinic and the Los Angeles LGBT Center alleged that removing the protective language and adding a religious exemption would cause more people to seek services at those LGBTQ clinics, stretching their resources thin and hurting the clinics. It takes only one plaintiff with standing for a civil suit to proceed. The United States District Judge, the Hon. James Boasberg, ignored the debate over the other plaintiffs’ standings since he had two plaintiffs that qualified for standing.
Queer, Nonbinary, and Trans Committee
Sarah Noble, D.O.
StNoble@aglp.org

A 2018 study in the journal Pediatrics found that nearly 3% of teens studied identify as nonbinary, gender-nonconforming, or transgender. And millennials are also more likely than their GenX or Boomer colleagues to identify outside of the binary of gay/lesbian or man/woman. We believe that AGLP should mirror these changes and thus have started the Queer, Nonbinary, and Trans Committee. Our goals include diversifying the membership of AGLP to include more representation of queer, nonbinary, and trans folks, as well as increasing advocacy for our queer, nonbinary, and trans patients.

We’d like you to join if you identify with this mission. We will be meeting the first Sunday of each month at noon EST via zoom. Please see the AGLP website for details and zoom link.

Medical Student Committee
Allison Rhodes
allison.rhodes2@gmail.com

Hello everyone! My name is Allison Rhodes, and I am the chair of the AGLP’s inaugural Medical Student Committee. I am excited to share the progress of our committee in its first few months.

This fall, our first initiative was to increase AGLP medical student membership. We succeeded in growing our medical student membership this year by 122%, from 64 members to 142 members. We achieved this growth by reaching out to PsychiatSIGN, posting in the LGBTQ+ medical student Facebook page, and reaching out to students on #GayMedTwitter, #QueerMedTwitter, and #PsychTwitter. We have worked hard to create a supportive and inclusive community. We have a very active GroupMe, where members are able to have more informal conversations (if you wish to join, email allison.rhodes2@gmail.com). We also hosted a medical student social to celebrate ERAS submission, and we will be hosting monthly medical student socials moving forward. And we are excited to host the AGLP Holiday Party on December 27th!

Our second initiative is to provide resources to LGBTQ+ medical students applying to psychiatry residency. On August 23rd, we hosted a panel of LGBTQ+ residency program directors, who spoke with 91 LGBTQ+ medical students about the application process. Panelists were Dr. Tracey Guthrie, Dr. David Beckert, Dr. Marshall Forstein, and Dr. Erick Hung. Due to the positive response we received, we hosted a second LGBTQ+ program director panel on October 11th with Dr. Mark Townsend, Dr. Robert Davies, Dr. Cabrina Campbell, Dr. Scot McAfee, and Dr. Rodney Villanueva. In addition, on September 13th, we hosted a panel of LGBTQ+ psychiatry residents, who discussed applying to residency and their experiences with their specific programs. We are excited to continue these panels with our November 21st resident panel focused on interviewing. In order to provide access to students who are unable to attend, after each panel, I write and distribute a summary newsletter to our members.

In order to further support LGBTQ+ residency applicants, we started a Buddy System leading up to the October ERAS deadline. In this system, interested students were paired up to hold each other accountable as they saw fit. This included checking in to make sure they were ready to submit, proofreading each other’s applications, and keeping spirits up leading up to the ERAS deadline.

Finally, we have worked to connect medical students with the larger AGLP body. Medical students have presented at AGLP Virtual Sunday Sessions and hosted AGLP Book Club groups. Four medical students also worked with AGLP member Dr. Marshall Forstein to submit a 2021 APA proposal on applying to psychiatry as LGBTQ+ students (Terrance Embry, Teddy Goetz, Matthew Abrams, Allison Rhodes). We have connected medical students with the BIPOC Committee, the Non-Binary/Trans Committee, and the Legal Advocacy Committee. We are also working with Dr. Pratik Bahekar to design the surveys for the AGLP Mentorship program.

We are so excited to continue programming for medical students in the year ahead. See you at the AGLP Holiday Party on December 27th!

Our committee meets monthly on the last Sunday of the month at 5pm EST. To join the Medical Student Committee, please email Allison Rhodes at allison.rhodes2@gmail.com.

Psychiatry in a New Era
Continued from page 1

There have been bright spots, however. Most notably, this came when the Supreme Court ended Employment Non-Discrimination for LGBTQ people. It also looks increasingly likely they will uphold the Affordable Care Act, which dramatically expands mental health access through Parity provisions with physical health.

In this new era that we are about to begin in January, we are hopeful about the Government working for equal rights for LGBTQ patients and Psychiatrists. Either way, though, you can be sure we will hold them accountable for their actions and views and continue to promote our agenda of equity.

Please join us in working hard for those who don’t have a voice, and who are most vulnerable to the changes in the law. It is a time to encourage your colleagues and friends to join AGLP and help us do the best work of connection, advocacy, and education that we can. With your help, we can achieve anything.
AGLP: The Association of LGBTQ+ Psychiatrists

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Listings of Upcoming Subspecialty Meetings of Interests to Members

Many AGLP-ers are members of other organizations such as the ones listed here. As a way to increase the visibility and effectiveness of AGLP, members that participate in other organizations are encouraged to hold gatherings at these meetings to increase networking potentials. In the past these have ranged from a hosted get-together at a member’s home to more formal presentations combining the issues central to AGLP and the primary meeting issue. If you are interested in improving communications between the subspecialties and AGLP, contact our Executive Director, Roy Harker, CAE, for more details and suggestions.

American Academy of Psychiatry and the Law (AAPL)
http://www.aapl.org/

American Academy of Psychoanalysis and Dynamic Psychiatry
http://www.aadpsy.org/

American Association for Emergency Psychiatry
https://www.emergencypsychiatry.org/

American Association for Geriatric Psychiatry (AAGP)
http://www.aagp.org/

American Association of Directors of Psychiatric Residency Training (AADPRT)
http://www.aadprt.org/

American College of Psychiatrists
http://www.acpsych.org/

American Psychiatric Association (APA)
http://www.psych.org/

2020 APA Annual Meeting • Philadelphia, PA • April 25-29
2021 APA Annual Meeting • Los Angeles, CA • May 1-5

Association of Women Psychiatrists
http://www.associationofwomenpsychiatrists.com/index.php

Meetings have been in conjunction with the Annual APA Convention

Black Psychiatrists of America (BPA) http://www.blackpsych.org/

JGLMH available online FREE to AGLP Members

The Journal of Gay and Lesbian Mental Health, the official journal of AGLP, is now available for viewing online, free to all AGLP Members. The content is searchable with search words and phrases, and you can even download and print particular articles if you like.

AGLP members with valid and current memberships can now access the Journal directly through the AGLP website free of charge as a member benefit. Go to www.aglp.org, click on the Members Area link (upper right hand of the screen) and once you are logged in, a box will appear on the right side of the blue banner to access the content.

Online help is available for any problems you may encounter. We hope that this new method will provide greater ease and dependability to the entire process.

AGLP Administrative and Membership Meetings

Medical Student Advisory Committee Meeting
Last Sunday of each month, at 5:00pm Eastern Time, 1:00pm Pacific Time
Zoom registration required. REGISTER NOW...

After registering, you will receive a confirmation email containing information about joining the meeting.

BIPOC Committee Meeting
First Sunday of each month at 4:00pm Eastern Time, 1:00pm Pacific Time
Zoom registration required. REGISTER NOW...

After registering, you will receive a confirmation email containing information about joining the meeting.

Executive Board and Advisory Council Meetings

Third Monday of each month, 7:00pm Eastern Time, 4:00pm Pacific Time
Agendas, Zoom invitations, and Executive Summaries will be forwarded before each meeting. Items for the agenda should be submitted to the National Office no later than the Thursday before the meeting.

Legal Advocacy Committee
Continued from page 3

The judge determined that the plaintiffs were likely to prevail when the case is heard in contending that HHS improperly eliminated explicit antidiscrimination prohibitions and incorporated Title IX’s religious exemptions. He based part of his decision on the Bostock v Clayton County decision of the Supreme Court, authored this summer by Justice Neil Gorsuch, a recent appointee of President Trump. Judge Boasberg concluded that the plaintiffs were not likely to prevail with regard to their claims: that gender affirming care was improperly excluded from protection; that HHS improperly removed requirements for notifying patients of their rights; or that the Final 2020 Rule violates Section 1554 of the ACA which prohibits any regulation that engenders unreasonable barriers to individuals obtaining appropriate medical care. The judge decided that the Court could not rule on the merits of scientific discourse about gender affirming health care and decided that HHS lawfully could conclude that gender affirming health care should not be protected, noting that HHS cited: Steensma, T., et al., “Factors Associated with Resistance and Persistence of Childhood Gender Dysphoria: A quantitative follow up study,” 52(6) Journal of the American Academy of Child and Adolescent Psychiatry, 582-590, (2013), as grounds for its decision. Because the judge felt that the plaintiffs likely would prevail on the merits of the first two claims (advocating against the elimination of explicit language protecting LB patients from discrimination in healthcare and against the inclusion of LGBT religious exemptions for healthcare), he granted a nationwide injunction against enforcing the Final 2020 Rule until the case is decided.

Continued from page 3
Thanks to the following who have generously supported AGLP for 2020-2021

**Exceptional Contribution**

**Founding Members**

Amir Ahuja, M.D.
Jack Drescher, M.D.
George Harrison, M.D.
Petros Levounis, M.D.
Christopher McIntosh, M.D.
Gene Nakajima, M.D.
Howard Rubin, M.D.
Andy Tompkins, M.D.
Felix Torres, M.D.

**Patrons**

Jeffrey Akman, M.D.
Elie Aoun, M.D.
Kenn Ashley, M.D.
Phil Bialer, M.D.
Clayton Chau, M.D.
Sufen Chiu, M.D.
Michael Golder, M.D.
Norman Hartstein, M.D.
Ledro Justice, M.D.
James P. Krajewski, M.D.
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Anthony Marino, M.D.
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R. Kaan Ozbayrak, M.D.
Chester Robachinski, M.D.
David Scasta, M.D.
Alan Schwartz, M.D.
Lowell Tong, M.D.
Tim Valko, M.D.
Eric Yarbrough, M.D.

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Steven Bluestine, M.D.
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Stephan Carlson, M.D.
Harold Cottman, M.D.
Robert Delgado, M.D.
Carlos Greaves, M.D.
William Herz, M.D.
Dan Hicks, M.D.
Bill Jones, M.D.
Robert Kertzner, M.D.
Rochelle Klinger, M.D.
J. Brett Offenberger, M.D.
Richard Pleak, M.D.
Leonard Rubin, M.D.
Daniel Safin, M.D.
Daniel Sewell, M.D.
Stuart Sotsky, M.D.
Anand Sukumaran, M.D.
Margie Sved, M.D.
Mark Townsend, M.D.
Douglas Vanderburg, M.D.
Serena Volpp, M.D.
Jonathan Weiss, M.D.
Sydney Wright, Jr., M.D.
Penelope Ziegler, M.D.

Donations to Student Travel

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Joanne Ahola, M.D.
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Lonny Behar, M.D.
David Bobrow, M.D.
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Carlos Greaves, M.D.
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Andy Tompkins, M.D.
Lowell Tong, M.D.
Mark Townsend, M.D.
Serena Volpp, M.D.
Milton Wainberg, M.D.
Eric Yarbrough, M.D.
Jessica Zonana, M.D.
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William Herz, M.D.
Dan Hicks, M.D.
Robert Kertzner, M.D.
Kewchang Lee, M.D.
Marlin Mattson, M.D.
Scot McAfee, M.D.
Richard Pleak, M.D.
Howard Rubin, M.D.

This fund raising effort is organized to celebrate and commemorate the 25th Anniversary of our Executive Director, Roy Harker, C.A.E. Our goal is to raise $25,000+ to help AGLP implement special membership development projects including improvements to our social media presence, a website redesign, new efforts in membership recruitment and retention, better advertising, and additional non-profit professional development education and board development.

Please consider honoring Roy and donating to the 25th Anniversary fund. You can send a check to AGLP at 4514 Chester Avenue, Philadelphia, PA 19143, or donate online by visiting our website, www.aglp.org, or clicking HERE.

Thank you for helping to sustain the long-term goals and growth of AGLP!

CURRENT BALANCE: $2,850
GOAL: $25,000
AGLP: The Association of LGBTQ+ Psychiatrists

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Changing Membership Trends
Roy Harker, C.A.E.

RHarker@aglp.org

AGLP membership continues to grow at a fast pace, due in large part to initiatives by our Resident Members, our Medical Student Members, and the recently completed 40•400•1 Campaign celebrating our 40th anniversary. There have been 120 new members added to our role since January. Overall membership growth in 2019 was 35% and in 2020, our membership growth is already at 17%! In addition to this growth in membership, there have also been significant demographic shifts that are making AGLP more diverse in terms of gender and ethnicity than ever before. Here are the current membership numbers.

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Number</th>
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<tr>
<td>Patron Level</td>
<td>60</td>
</tr>
<tr>
<td>General and Associate</td>
<td>118</td>
</tr>
<tr>
<td>Early Career</td>
<td>41</td>
</tr>
<tr>
<td>Resident/Fellow</td>
<td>85</td>
</tr>
<tr>
<td>Medical Student</td>
<td>148</td>
</tr>
<tr>
<td>International/Retired/Ally</td>
<td>34</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>486</td>
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I know that these are very hard times for many of us personally, but please consider honoring Roy and donating to the 25th Anniversary fund. You can send a check to AGLP at 4514 Chester Avenue, Philadelphia, PA 19143, or donate online by visiting our website, www.aglp.org, or clicking HERE.

Thank you for helping to sustain the long-term goals and growth of AGLP!

Change is Good

THE AGLP NATIONAL OFFICE IS MOVING!
OUR NEW ADDRESS:
1512 SPRUCE STREET #2601
PHILADELPHIA, PA 19102-4557
The Candidates Respond: AGLP Q & A Session

Erick Meléndez, M.D.

In order to bring AGLP members a bit closer to the 2021 Candidates for the APA, the AGLP Newsletter posed four questions to the full slate of candidates. All nominees were contacted via the candidate’s email as listed in the APA 2021 Election Announcement. We requested statements that reflect on these questions, and a photograph for publication in this issue of the Newsletter.

- The questions posed to the candidates this year were:
  - Why do you think AGLP members should vote for you?
  - What is the next step for APA in terms of LGBTQ mental health?
  - How do you plan to support the LGBTQ community in your new position especially given the recent setbacks against LGBTQ civil rights?
  - What can a psychiatrist do in their practice to better serve the LGBTQ+ Community?

We requested that these responses be returned no later than December 4, 2020. What follows are the responses received by press time for the newsletter.

Voting Begins: January 4, 2021
Voting Deadline: February 1, 2021, at 11:59 p.m. (ET)

**PRESIDENT-ELECT**

Rebecca W. Brendel, M.D., J.D.

*Why do you think AGLP members should vote for you?*

Thank you for this opportunity to communicate and share my ideas with the members of AGLP. I have accepted the nomination for President-Elect of APA to serve our members and our patients. I am a practicing psychiatrist, trained lawyer, and ethics educator. I also have a record of collaborative leadership in organized psychiatry and medicine on both state and national levels that I believe has prepared me to lead APA towards advancing our profession. As a lawyer, I am particularly aware of present challenges to the civil rights and liberties of the LGBTQ+ community and I am prepared to continue the APA tradition of advocating for their rights and wellbeing.

*What is the next step for APA in terms of LGBTQ+ mental health?*

Several things come immediately to mind. First, APA must be responsive to and inclusive of LGBTQ+ psychiatrists in addressing stigma and practice barriers within the profession. Second, APA should continue to provide educational and practice resources to all members that promote access to compassionate care for LGBTQ+ persons. This commitment means that APA must take a strong stand opposing laws that weaponize religious freedom in order to deny access to health care services. Third, persons identifying as LGBTQ+ deserve informed and non-judgmental person-centered care.

Two groups, in particular, require our immediate attention and action to increase access to care and treatment: youth identifying as LGBTQ+, who are disproportionately homeless, in foster care, and at an elevated risk of suicide, and transgender persons of color, most especially transgender women of color, who are at a heightened risk of interpersonal and societal violence and trauma, resulting in population-level reduced life-expectancy. My background as a clinically engaged psychiatrist trained in law and ethics drives my commitment to serving, giving voice to, and vigorously advocating for persons most in need of our respect and our care.

*How do you plan to support the LGBTQ+ community in your new position, especially given the recent setbacks against their civil rights?*

APA has clear policies opposing discrimination of any kind. We must engage existing and create new opportunities to promote scientific and up-to-date knowledge supportive of the physical and emotional health needs of LGBTQ+ persons, especially youth. Employing data and ethics, APA can advocate for equal civil rights for all persons in government advocacy on state and national levels, advance public awareness through education, and provide practice resources to support the delivery of high-quality care in safe environments for LGBTQ+ persons. As president-elect, I would also seek opportunities through the APA Foundation to advance wellness and care for LGBTQ+ persons in the community, in educational settings, and in the workplace in partnership with existing local and national resources and providers.

*What can a psychiatrist do in their practice to better serve the LGBTQ+ community?*

The first thing a psychiatrist can do to better serve the LGBTQ+ community is to be an ally in care. Psychiatrists have a responsibility to learn about the needs and care of all persons they treat, especially persons at heightened risk and in need of care for psychiatric illness. Psychiatrists have a responsibility to understand the potential harms of gender binary classification, to develop vocabularies to use words in healing rather than harmful ways, to listen and create space for persons to be listened to and heard, to be empathic, and to ground care in professional responsibility, knowledge, and humanity. It is critical that psychiatrists create and provide safe spaces for expressions of gender and sexual orientation as a central dimension of identity and lived experience.

In addition, psychiatrists have a responsibility to combat stigma and provide guidance regarding the role and use of psychiatry as a precursor to gender transition and affirmation surgery. Psychiatrists must see themselves not as gatekeepers passing judgment on persons, but rather as supportive resources for patients in exploring their understanding and appreciation of gender affirmation prior to an irreversible surgical intervention. In closing, I humbly ask for your vote for President-Elect of APA.

---

Jacqueline Feldman, M.D.

*Why do you think AGLP members should vote for you?*

I have a track record of engagement and inclusiveness with all under-represented minorities, and as Chair of the APA Annual Meeting Scientific Program Committee, I have worked to ensure we have representation both on the Scientific Program Committee and in the program sessions itself of AGLP members. My daughter identifies as Bi, and it has been an on-going learning experience to support her, as well as educating myself regarding issues that affect her life and those of the LGBTQ+ community.

*What is the next step for the APA in terms of LGBTQ+ mental health?*

Those who identify as LGB are significantly more likely to experience mental health issues, including depression, anxiety, substance abuse, and suicide (it is higher in
those who identify as Trans). The trauma of rejection, bullying, and physical and emotional harassment can trigger PTSD. It is imperative that evidence-based practice in treatment be presented and promulgated by the APA (see Working with LGBTQ patients on the psych.org website), directly to its membership, and in working with partners such as SAMHSA and NIMH to provide community education and research. In addition, the APA should work tirelessly to promote LGBTQ members into leadership positions (as with all URM), and seek and support publishing opportunities to expand education regarding treatment of mental health challenges. I also think the APA should work in concert with NAMI vis a vis utilizing peers to educate families related to the impact of stigma and discrimination.

How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks in their civil rights?

Given the more conservative direction of the judiciary (e.g. the Supreme Court in which two members have come forward questioning the prior SCOTUS ruling on the right to same-sex marriage), and a recent ruling from a Florida appeals court striking down a ban on “conversion therapy,” I am increasingly concerned and anxious for the LGBTQ+ community. The US Department of HHS/Office for Civil Rights ruled in June to remove the protections that banned health care providers and health plans from discriminating against LGBTQ patients; this only underscores the precarious nature of the hard-fought battles that have ensured access to appropriate care. I am hopeful that the newly elected administration would move to negate the HHS ruling. I would utilize the influence and authority of the APA (and evidence-based practice) to defend the rights of the LGBTQ+ community in this fight.

What can a psychiatrist do in their practice to better serve the LGBTQ+ community?

The AMA has published the Community Standards of Provision of Quality Health Care Services to LGBTQ Clients; that is a good place to start. Providers need to commit to such standards, and place notification of nondiscriminatory services prominently in their office. Providers can also ask to be listed in the GLMA directory. Brochures and reference materials that speak directly the community will provide a practical notice that they are welcome. More specifically, intakes should contain a non-judgmental inclusive social history, starting with preferred pronouns. Practitioners should be current on evidence-based practices and accept referrals of this community. There is a plethora of resource materials available for the provider who wants/needs further education and support.

SECRETARY
Rahn K. Bailey, MD, DFAPA, ACP

Why do you think AGLP members should vote for you?

I believe that AGLP members would want someone who is a champion for diversity. I may identify as a heterosexual cisgender male but growing up in the south as an African American I am not a stranger to being discriminated against. I know what that is like, I have lived it. That commonality is what allows me to empathize with the LGBTQI community because discrimination is discrimination.

Furthermore, I have the privilege of representing our LGBTQI members as the M/UR trustee. In that role, I have shouldered the burdens of all our marginalized & underrepresented members of the APA which has provided invaluable experience. I appreciate the AGLP member’s commitment to renewing the minority committees and recognize the importance of the AGLP as a minority caucus as we move towards a more inclusive future. As a candidate for Secretary on an essential part of my vision for the APA going forwards is equality and inclusion for all, no matter what race, religion, sex/sexual orientation a person identifies with.

What is the next step for APA in terms of LGBTQI mental health?

It is well established that there is correlation between identifying as LGBTQI member and psychiatric illnesses. The injustices, discrimination, hate and mistreatment directed at these members lead to increased rates of anxiety, depression, and substance use disorder. Therefore, as leaders in the mental health field the APA should be leading from the front on these issues in the social and scientific spaces. By advocating for LGBTQI rights at large, we can help curtail the consequences seen in the mental health field. Moreover, I believe in promoting research exploring the association between LGBTQI individuals and psychiatric illnesses, because in the past, studies evaluating such topics were not conducted sufficiently. More information will allow us to have a better understanding of the risk factors contributing to mental disease in this population, hence allowing for better patient care and optimal treatment.

How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?

Additionally to what has been aforementioned I believe outreach to local and national leaders of the LGBTQI community is essential. Having a collaborative process which fosters ideas and solutions across the board will allow for the best outcomes for these individuals. Identifying the problems, the community faces, with those who are in the trenches allows one to have a true perspective of the issues and therefore an ideal, practical approach towards solutions. For example, under the Trump administration there was an attack on civil liberties when they instituted the transgender military ban. I support, advocate, and push for the reversal of this ban entirely and any other oppressive policies.

What can a psychiatrist do in their practice to better serve the LGBTQI community?

As LGBTQI is a unique and diverse community, with many different subgroups, I believe in genuinely trying to understand our patients on a deep and specific level. By doing so I think we can better connect with our patients, leading to better outcomes. Furthermore, we need to provide a safe zone/space that can allow our patients to experience the utmost comfort and sanctuary from a world that can be quiet hostile. As most of these patients have been discriminated and even rejected throughout their lives, it is pivotal that we have an approach consisting of compassion, empathy, and insight. Some of these can be done by removing bias terminology in applications, asking how they would like to be referred as, which gender they identify with, and generally eliminating systems that force people into feeling confined, but rather have an approach that is personally tailored to the individual.

Closing thoughts: I believe we of marginalized groups have been forced to experience intolerance at some point in our lives. I believe we should instead be intolerant of intolerance, no matter what type it is. Because an attack on any specific group, is an attack on the fabric of our society. LGBTQI communities are as deserving of protected civil liberties as minorities based on race or ethnicity. I believe in these ideas wholeheartedly. As a young child during the civil rights movement, something Dr. Martin Luther King said has always stayed with me: “Injustice anywhere is injustice everywhere.”

SECRETARY
Sandra M. DeJong, M.D., M.Sc.

Why do you think AGLP members should vote for you?

As a clinician-educator for the last 20 years based at Cambridge Health Alliance (CHA), I have spent much of my career at a public-sector, multicultural system of
The Candidates Respond
Continued from page 10

Sandra DeJong, M.D.,  M.Sc.

Danielos, MD and Cindy Telingator to talk about gender and sexuality. As an outpatient clinician, I have worked with many young people struggling with coming out to their parents and families. I have treated children and adolescents dealing with gender dysphoria and identity issues and worked with collaborative teams to help patients make decisions around hormone use and surgery, including advocating to have their care covered by insurance. I have witnessed first-hand the vulnerability to self-harm that places LGBTQ+ youth at ongoing and significant risk. I view a process of lifelong learning as essential to my work with LGBTQ+ youth, and particularly as a cis-gender heterosexual woman, am greatly indebted to LGBTQ+ colleagues, patients, and others in my life from whom I’ve learned over the years.

What is the next step for APA in terms of LGBTQ+ mental health?

In terms of LGBTQ+ mental health, APA needs to continue along two main trajectories: education and advocacy. Our annual meetings and online CME activities should have consistent and high-quality content on this topic. APA, specifically the Councils on Medical Education and Lifelong Learning (CMELL), Research, Quality Care, and Children, Adolescent and Families), should collaborate with organizations such as AGLP to learn from them, keep current on issues they are seeing LGBTQ+ youth face, and promote educational resources for UME, GME and CME. Finally, APA must seek to educate other mental health and medical professionals around the particular issues of LGBTQ+ health and mental health.

In terms of advocacy, APA must lobby for equitable access to qualified mental health clinicians for LGBTQ+ patients; insurance coverage for the full range of care; prevention of ongoing discrimination; and a means to redress harm.

Finally, as part of its current self-examination on diversity, equity and inclusion, APA as an organization must ensure that sexual and gender minorities are represented across the spectrum of our governance structure and that their unique voice and needs are not lost.

How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?

I write this after the November federal election and am hopeful that some of the recent setbacks for LGBTQ+ civil rights can be undone by the Biden administration. However, our history as a country reminds us that we must always be vigilant. As an APA leader, I will continue to support Action Papers, Resource Documents, amicus briefs, and other actions that promote and protect the civil rights of the LGBTQ+ community as a mental health issue. I will continue to lobby for our Government Relations office to mobilize APA membership and allied organization support for legislation that promotes LGBTQ+ civil rights and against any that threaten them. I am interested in learning more about how best to support this community in new ways and invite members to write to me at sdfjeongmd@gmail.com.

What can a psychiatrist do in their practice to better serve the LGBTQ+ community?

Practicing psychiatrists need to send the implicit and explicit message to all patients that as mental health professionals they are open to talking about issues of gender identity and sexual orientation in a nonjudgmental way with empathic curiosity. Nonverbal signals may include what books, magazines and art are in the waiting room. They can specifically ask patients how they prefer to be referred to, both proper name and pronoun; share their own pronouns; and not assume their patient’s partner(s)’ gender. In addition, practicing psychiatrists should continue to learn about developments in the field, epidemiologic trends, current health issues, and up-to-date treatments for LGBTQ+ patients. Finally, practicing psychiatrists should continue to learn about ongoing challenges the LGBTQ+ community faces, and advocate within their own communities for representation and freedom from discrimination for the LGBTQ+ community such as respectfully accommodating the needs of trans patients on inpatient units.

Elie Aoun, M.D., M.R.O.

EARLY CAREER PSYCHIATRIST (ECP) TRUSTEE

Why do you think AGLP members should vote for you?

As a gay person and an AGLP member, I am uniquely positioned to recognize and advocate for the issues most pertinent to the AGLP membership and many of our patients. I work hard to advocate for and represent our community and ensure that our voice is loud. If elected, I will elevate the voice of sexual and gender minority (SGM) individuals in our community.

I have a long track record of demonstrating my commitment to the priorities of our community. While serving on the APA assembly, I testified in support of numerous action papers and position statements advocating for the needs and the rights of SGM individuals. I stood up against the organization when a known transphobic speaker was invited to present at an APA annual meeting. While serving on the Council on Addiction Psychiatry, including as council vice-chair, I made sure that the needs and the rights of SGM individuals were considered in every council product. I have published and presented at national meetings on the SGM topics.

My SGM identity is not the only reason AGLP members should trust me to a leadership position at the APA. I am highly qualified for the position as a quadruple board-certified psychiatrist on faculty at Columbia University and in private practice for general, addiction and forensic psychiatry in New York and in California. Further, I have a long track record of demonstrating my commitment to the APA, having been an active member of the organization for as long as I have been a physician. Please visit my election website (ElieForAPA.com) to learn more about my platform and my background.

What is the next step for APA in terms of LGBTQ+ mental health?

The need to advocate and promote SGM needs and rights did not end when the Supreme Court ruled in favor of marriage equality in Obergefell v. Hodges in 2015. SGM communities remain extremely vulnerable to attacks by many. Social, religious or political actions restricting SGM rights and dismissing SGM needs lead harm our community’s mental health. Overt or implicit discrimination against SGM individuals, particularly transgender persons continue to contribute to homelessness, social isolation, depression, substance use and suicides in our community. The traditional view that the APA must stick to mental health issues without taking strong positions against social or political issues is unacceptable. The APA must utilize its full advo-
cacy and lobbying weight and be vocal in its opposition to any attack on SGM rights, and any attempts to ignore the needs of our community.

How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?

SGM rights are constantly under attack. We have recently witnessed attempts to restrict civic opportunities and equal protection rights for transgender persons. We have heard calls to restrict marriage equality. If elected, I will elevate the voice of sexual and gender minority (SGM) individuals on the board and will maintain my commitment to serving the needs of our community. I will ensure that any issue that the APA is considering is assessed from the perspective of whether it advances or hinders the priorities of the SGM community. I will make sure the APA does not remain silent when SGM rights are under attack, or when the needs of our community are ignored.

What can a psychiatrist do in their practice to better serve the LGBTQ+ community?

There are real barriers to treatment for SGM individuals as well as the perception among the SGM community of barriers which ultimately makes individuals reluctant to use mainstream healthcare services. It is not uncommon for SGM individuals to avoid seeking treatment altogether. Accessible treatment for SGM individuals, particularly, transgender persons is particularly sparse. When services are accessed, often SGM persons do not disclose their sexual orientation or gender identity to their healthcare providers. Psychiatrists across the country need to be educated about SGM-specific issues in order to expand access to SGM-affirming treatment.

**EARLY CAREER PSYCHIATRIST (ECP) TRUSTEE**

Tanuja Gandhi, M.D.

Why do you think AGLP members should vote for you?

I am a woman of color who grew up in a traditional community riddled with gender stereotypes, stigma toward mental illness and cultural restrictions on a woman’s achievements. I am also a woman physician, a child and forensic psychiatrist acutely aware and sensitive to the needs of minorities and vulnerable populations, and a strong advocate for equal rights, equal opportunity and equal access to respectful, high quality and culturally competent care for everyone regardless of gender, sexual orientation, ethnicity, race, immigration status, disability, or religion.

If elected as the Early Career Psychiatrists (ECP) Trustee, I will work to address such discrimination, disparities and barriers to care through advocacy, education and collaboration with the AGLP and other sub-specialty and allied organizations. The ECP trustee is a voice for ECP’s and our diverse membership on the APA Board. My leadership role and service in the APA as an APA Fellow, Resident Fellow Member Trustee and now as a member on the Council on Psychiatry & the Law provide me with the skills requisite to hit the ground running for advocacy in the current socio-cultural and political climate.

What is the next step for APA in terms of LGBTQ+ mental health?

Representation matters. Over the years, the APA has made gains in advocating for LGBTQ+ members in the organization but there is a long way to go. We need to promote the involvement of LGBTQ+ members at all levels of the APA including leadership positions on the board, assembly, councils, caucuses, fellowships, and support such leadership in allied and sub-specialty organizations. The APA should continue to be a strong voice advocating for the mental health needs of LGBTQ+ individuals through partnerships with medical specialties and robust advocacy for inclusion in health-related surveys, medical records, treatment programs and research. We need continued local, federal and state advocacy to enhance access to care through better insurance coverage, parity, telepsychiatry and funding for community, rural and school health programs. We need to support the training of culturally competent psychiatrists and a change in culture in the way we provide care for the LGBTQ+ community across healthcare and institutional settings.

How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?

Given the setbacks in recent times, the APA should enhance its advocacy efforts to protect the rights of LGBTQ+ individuals across the lifespan. If elected as the ECP trustee, I will be a strong voice representing the concerns and interests of the LGBTQ+ community on the APA Board through input, feedback and consultation with leaders across the APA including the Council on Minority Mental Health and Health Disparities, the LGBT caucus and the AGLP. Systemic barriers, discrimination and disparities in access to care and parity for mental health and substance use treatments are key issues for the LGBTQ+ community. I envision my platform as a conduit to relay member concerns and advocate on key issues including the MOC, scope of practice, access to care, parity, and support for diversity and inclusion with specific focus on minorities and vulnerable populations. I aspire to create a think tank of ECP leaders dedicated to promoting education and leadership through communication and partnerships with leaders within the APA, subspecialty, allied and advocacy organizations to achieve effective and sustainable results.

What can a psychiatrist do in their practice to better serve the LGBTQ+ community?

Promoting inclusion and addressing discrimination is the responsibility of each individual. Each of us as physicians should strive to preserve and advocate for the rights of LGBTQ+ colleagues and patients in our professional and personal environments. It is essential for every psychiatrist to recognize the unique challenges faced by the LGBTQ+ community compounded further for minorities and create an environment of respect and acceptance in their clinical care. It is also important for psychiatrists to provide culturally competent care and seek education to stay current on best practices, treatment guidelines and research in LGBTQ+ health.

**EARLY CAREER PSYCHIATRIST (ECP) TRUSTEE**

Chandan Khandai, M.D., M.S.

Why do you think AGLP members should vote for you?

I am a straight cis male, so I cannot fully appreciate what it means to be LGBTQ+. However, I grew up as an immigrant and a minority raised in a conservative Midwestern town, so I can appreciate the feeling of being “the other”; with being insulted, shamed and excluded for who I was. I also have family and friends who are LGBTQ+, some who have come out and some who can’t due to stigma, and they all suffer in ways I will never have to due to my privilege. People shouldn’t have to suffer for who they are.

This passion for inclusion and social justice is why I hope to earn your vote for Early Career Psychiatrist (ECP) Trustee. As RFM and now ECP Rep in Illinois, I have worked to create diverse leadership committees, including LGBTQ+ voices. My state-level advocacy, along with my prior term as a non-voting member on the Board of Trustees, helps me appreciate what can be advocated LGBTQ-wise on the national
What is the next step for APA in terms of LGBTQ+ mental health?

APA must embrace psychiatry’s potential as a force for restorative justice, especially given our history where psychiatry was often weaponized against LGBTQ+ people. We cannot afford to be uninformed or “neutral” when our patients’ and colleagues’ very rights to exist become politicized. We must:

- Disseminate existing LGBTQ+ mental health resources from academia into community practice and facilitate nationally the growth of LGBTQ+ specialized programs such as gender identity clinics.
- Expand current LGBTQ+ training and toolkits to appreciate specific aspects of the LGBTQ+ spectrum and incorporate intersectionality, e.g., undocumented LGBTQ+ mental health, rural LGBTQ+ health disparities, racial minorities within the LGBTQ+ community.
- Coordinate strategy between national and district branch-level advocacy for progressive policies: national ban on conversion therapy, expanding non-discrimination protections (ex. Fulton vs Philadelphia), protecting access to gender-affirming care as 20 states introduce legislation to ban it in 2021.
- Strengthen partnerships with other medical organizations and advocacy groups such as the Human Rights Campaign, ACLU, and Trevor Project to amplify our voice and establish our expertise in LGBTQ+ mental health.
- Grow our presence on social media to combat misinformation around LGBTQ+ mental health and increase LGBTQ+ psychiatrist voices in print and media.
- Encourage further LGBTQ+ mental health scholarship through APA’s Research initiatives.
- Recruit and RETAIN LGBTQ+ trainees in psychiatry and the APA, and nurture them as residents and ECPs into leadership positions.

How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?

We will soon have a new President, but LGBTQ+ advocacy can still be stymied by Senate obstruction, reactionary judges, and conservative state legislatures, emphasizing the need for strong national AND state-level advocacy. As ECP Trustee, I will push APA from a policy and advocacy perspective to not just regain the status quo, but expand and progress LGBTQ+ civil rights to protect our patients’ mental health. I will also engage our membership directly, through the first-ever national ECP survey to understand our generation’s needs, including on LGBTQ+ issues. I will work to elevate diverse ECPs to leadership roles, including LGBTQ+ colleagues, to build an APA that reflects the society we serve.

What can a psychiatrist do in their practice to better serve the LGBTQ+ community?

- Explicitly identify themselves as LGBTQ-affirming psychiatrists, especially for BIPOC, and build a diverse case experiences to justify that standing.
- Use gender-inclusive language and affirmed pronouns, patient-preferred terms for partners.
- Appreciate implicit bias and microaggressions in clinical interactions with LGBTQ+ patients.
- Understand systemic LGBTQ+ health disparities, especially in underserved and marginalized communities, to better address them in individual patients.
- Educate themselves on the history of psychiatry and LGBTQ+ people, to contextualize concerns of LGBTQ+ patients in seeking mental healthcare.
- Pursue continued training in LGBTQ+ mental health, such as gender-affirming care, and addressing trauma from rejection of LGBTQ+ identity.
- Facilitate healthier accepting relationships between LGBTQ+ patients and their families using resources like the Family Acceptance Project, especially in youth, to reduce suicide risk, ameliorate psychiatric burden, and increase resilience.
- Oppose conversion “therapy” and familiarize themselves with the scientific literature surrounding its harm.
- Advocate within healthcare systems for structural changes benefiting LGBTQ+ patients, for example: including correct pronouns in EHRs, LGBTQ-friendly visitation policies, and LGBTQ-focused clinical services.

EARLY CAREER PSYCHIATRIST (ECP) TRUSTEE

Krysti (Lan Chi) Vo, M.D.

Why do you think AGLP members should vote for you?

“If you are neutral in situations of injustice, you have chosen the side of the oppressor. If an elephant has its foot on the tail of a mouse and you say that you are neutral, the mouse will not appreciate your neutrality.” — Archbishop Desmond Tutu

I discovered this quote during my childhood, and it continues to resonate with me. This led me to a career in psychiatry, in order to serve children and families affected by mental disorders and developmental disabilities. On the APA board, I plan to vocally serve all members of the APA, including the AGLP members, as I have a proven record of advocacy and inclusion for minority populations in my prior work and non-profit experiences. The advancement of LGBTQ+ community requires working with diverse groups of people. I am a community-builder who works with others who have different racial, social or sexual identities than myself. As a child who grew up in subsidized housing, I understand the struggles of low-income families and the economic, social, and cultural impact of systemic discrimination on marginalized communities, including the LGBTQ+ community.

What is the next step for APA in terms of LGBTQ+ mental health?

The APA should stand with LGBTQ+ rights as part of its advocacy efforts. We must play an active role in monitoring any legislation that would impact the mental health of LGBTQ+ members at the state and federal level.

We have the power to impact our policies! APA must be on alert of active legislation and rally to strengthen our collective voice. Engagement of APA members is key to making this happen. This can be facilitated through the use of technology, such as texting, to send advocacy alerts quickly, particularly for time sensitive issues.

As a board member, I would work to enhance our advocacy training programs to make it more comprehensive and make it easily accessible for APA members, who can then be more knowledgeable and effective in their advocacy, not only at federal and state platforms, but at local and individual levels.

The APA should work with community non-profits, such as The Trevor Project, to

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highlight suicide prevention in the LGBTQ+ community, as well as participate in grassroots movements with various organizations beyond organized medicine. The advocacy efforts of the APA can be strengthened by its alliance with other non-profits with similar goals.

How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?

I have a track record of effectively leading advocacy efforts since college. I’ve engaged in difficult conversations with legislators at many state and federal advocacy events, as well as personally reached out through emails to countless policymakers.

Within the APA, in one short year as the Asian American representative to the Assembly, I have reinvigorated the caucus with quarterly meetings and active engagement. With the rise in anti-Asian sentiment during COVID19, I worked with APA staff to produce an advocacy alert. This involved sending members an email with a link (accessible to the general public) to send a pre-filled message to their representatives to advocate for the passage of H.R.908, a House resolution condemning anti-Asian sentiments. It received over 400+ signatures from APA members, and the resolution was passed in the House. With respect to the LGBTQ+ community, I would use a similar approach to advocate for a vote on H.R.5 Equality Act and other policies. Through our collective voices, the APA has the power to influence policy and support the LGBTQ+ community across the country and at a local level.

One recent testament to the power of group advocacy was the Georgia flip to blue for the first time in 20 years, which many analysts attribute to the impressive 91% increase in Asian American and Pacific Islander (AAPI) voters. In every battleground state, the AAPI community increased its turnout more than any other group. This reflects the power of the AAPI vote, a largely undervalued contributor to elections. I believe the same results of working with diverse groups are possible when advocating for LGBTQ+ policies.

What can a psychiatrist do in their practice to better serve the LGBTQ+ community?

As a child psychiatrist, I believe conversations regarding gender identity and sexuality must be normalized. I make it a point to ask my patients about their gender identity and sexuality in a non-judgmental and compassionate way. It is important for me to encourage all patients to discuss their gender and sexuality with me. I believe secrets, shame, and guilt can be alleviated through open, honest conversations with a supportive psychiatrist.

On a broader scale, residency program directors should incorporate training on ways to address gender and sexuality into their residency curriculum, and this training should also be a part of the continuing education curriculum for practicing psychiatrists. I was part of the development of the National Pediatric Telepsychiatry Curriculum for GME and CME training. As a board member of APA, I would advocate for funding to create a training curriculum with best practices and complete understanding of the needs of LGBTQ+ community. AGLP experts have excellent material, but we do not have it in a curriculum format that can be easily adapted for training programs throughout the nation. Through virtual didactics, we can utilize the AGLP experts for nationwide training programs that are severely lacking expertise on LGBTQ+ issues.

MINORITY/UNDERREPRESENTED REPRESENTATIVE (MUR) TRUSTEE

Oscar E. Perez, M.D. - NO RESPONSE RECEIVED BY PUBLICATION DATE

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impact of which on the LGBTQ+ community must be thoughtfully considered.

What can a psychiatrist do in their practice to better serve the LGBTQ+ community?

I had the great privilege of training in psychiatry and forensic psychiatry in New York City at the now defunct St. Vincent’s Catholic Medical Centers, the center of the AIDS epidemic in NY and the site of the first AIDS ward on the East Coast, in the middle of Greenwich Village, four blocks away from Stonewall. I had the great opportunity to treat people of all color, backgrounds, and gender identities. Our program even had a sexuality module in our curriculum taught by our mentor and friend, Dr. Jack Drescher! I recognize that my education and training is not unique yet unfortunately not widespread in medical education. There is a significant disparity in how the knowledge of diversity and inclusion is imparted to our residents and how their competencies in the evaluation and treatment of diverse populations are assessed (depending on geographic locations, accessibility to subject matter experts, financial resources, etc.). We need to bridge the gap in medical education, not only in psychiatry training but throughout medicine, to fully and adequately incorporate diversity, equity and inclusion, the theoretical framework of intersectionality, and their impact on mental health. Until such time as that is accomplished, and for those in the life-long learning phase of our careers, psychiatrists need to proactively identify their knowledge gap in the treatment of LGBTQ+ individuals and engage in continuing medical education to improve their knowledge, competence and performance in the delivery of comprehensive and compassionate LGBTQ+ care.

AREA 1 TRUSTEE

Eric M. Plakun, M.D. - NO RESPONSE RECEIVED BY PUBLICATION DATE

Maureen Sayres Van Niel, M.D.

Why do you think AGLP members should vote for you?

AGLP members looking for an experienced, forceful, and compassionate advocate for LGBTQ+ rights and mental health will find that in me as a candidate for Area 1 Trustee. Nevertheless, I do not possess the most important qualification that a potential APA trustee could have—lived experience as a gay, lesbian, bisexual, questioning, queer, transgender, or ace person. My allyship with LGBTQ+ issues has been ongoing since 1982, when during my psychiatry residency, I was swept into a life-or-death fight for LGBTQ+ rights because AIDS ruthlessly killed half my psychiatry residency class. That fight demanded our full attention as physicians to reinforce the importance of addressing the AIDS epidemic at a time when the federal government and its agencies were minimizing and ignoring the crisis. My years of advocacy—both before and after the development of antiretroviral therapy—to shift the public narrative toward changing attitudes is ongoing, including advocacy for the civil, legal, and health rights of LGBTQ+ people. Because I now chair the MUR (Minority and Underrepresented) committee at the APA, my more recent advocacy work has focused on the malicious discrimination and sometimes deadly violence that intersectional LGBTQ+ people of color face, especially Black transgender women.

What is the next step for APA in terms of LGBTQ+ mental health?

I would consider the prevalence of mental health problems in the LGBTQ+ community to be at a crisis level at this time—a crisis that deserves our immediate atten-
ourselves about how to provide mental health care that affirms our clients’ gender identity and sexual orientation—care that has been largely insufficient for a community that we must learn to serve better.

AREA 4 TRUSTEE
Theadia L. Carey, M.D., M.S. - NO RESPONSE RECEIVED BY PUBLICATION DATE

AREA 4 TRUSTEE
Cheryl D. Wills, M.D. - NO RESPONSE RECEIVED BY PUBLICATION DATE

AREA 7 TRUSTEE
Annette M. Matthews, M.D. - NO RESPONSE RECEIVED BY PUBLICATION DATE

AREA 7 TRUSTEE
Mary Hasbah Roessel, M.D.

Why do you think AGLP members should vote for you?

The AGLP should vote for me because I have spent my career as a Diné psychiatrist advocating and supporting the underserved populations in my practice and personal life. I grew up on the Navajo nation and became a psychiatrist partly because I wanted to improve access to care for Indigenous peoples and the marginalized and underserved populations. I include the LGBTQ+ and TGNC communities to advocate for and improve access to psychiatric care for. I am aware of some of the unique barriers these communities have in accessing psychiatric care. I also am aware of the mental health challenges such as higher rates of suicide in transgender youth, and other mental health issues. I am also aware of the intersectionality of the mental health challenges and high suicide rates with BIPOC youth who are LGBTQ+ and TGNC.

I also feel the AGLP should vote for me because I have personal investment in advocating for the rights of the Two Spirit and LGBTQ+ Indigenous people and reducing stigma. I focus on validating and being an ally for Two Spirit Indigenous youth. I also am aware of the significance of Indigenous culture being a protective factor in Two Spirit and LGBTQ+ individuals. I advocate for a safe environment for my Indigenous patients that is culturally relevant.

My journey and advocacy and acceptance for marginalized LGBTQ+ and TGNC people will continue as the Area 7 Trustee because I am passionate about continuing to support and elevate their voices.

What is the next step for APA in terms of LGBTQ+ mental health?

The APA needs to continue to reduce stigma in the care of LGBTQ+ people by continuing to have representation within its leadership from LGBTQ+ and TGNC groups. The Minority Underrepresented Groups of the APA Assembly has an LGBTQ+ caucus where members can participate and advocate for representation of the contemporary issues within psychiatry that affect the LGBTQ+ community. The APA has increased this marginalized group’s voice with the passage of Position Statements and Action Papers. The intersectionality of the BIPOC community who identify as TGNC or LGBTQ+ need more advocacy and support within the APA. The APA needs to raise awareness and education for the LGBTQ+ and TGNC people from diverse cultures. There are more educational resources on the APA website that members can access to enhance their awareness in working with these diverse groups. APA also needs to be a leader in the celebration of the LGBTQ+ and TGNC communities and celebrate the unique contributions they make.

How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?

The setbacks against civil rights of LGBTQ+ and TGNC will not be a deterrent, but a motivator to continue to give voice and advocacy to sensitive, inclusive mental health resources, and cultural factors these communities face day to day. Continuing to be a voice for this marginalized community, as well as voice of my BIPOC relatives will be my priority as Area 7 Trustee.

What can a psychiatrist do in their practice to better serve the LGBTQ+ community?

A psychiatrist can be inclusive, and open with their practice to welcome the diversity of their patients. I feel having resources available such as the Hot line for the Trevor Project, and cards and other resources for the Transgender Resource Centers in their communities in their waiting room or on their websites. A psychiatrist should also be up to date on educational CME resources on the mental health issues of the LGBTQ+ and TGNC patients. They can access these CME resources from the APA Website section on diversity and inclusion. The psychiatrist should also utilize the resources available on the AGLP website. A psychiatrist should also be an ally and advocate when presented with discrimination against this patient population and provide education to providers who engage in discriminatory practices against the LGBTQ+ and TGNC patients. We need to become competent in working with gender diversity in our psychiatric practices and recognize an openness for improvements along the way.

RESIDENT-FELLOW MEMBER TRUSTEE-ELECT (RFMTE)
Souparno Mitra, M.D. - NO RESPONSE RECEIVED BY PUBLICATION DATE

RESIDENT-FELLOW MEMBER TRUSTEE-ELECT (RFMTE)
Lindsay M. Poplinski, D.O.

Why do you think AGLP members should vote for you?

Leadership is not just an abstract concept that I work to embody, but additionally an area of which I have completed formal education. During my leadership training at the University of Minnesota, the three guiding principles instilled into us were “There is no growth in the comfort zone and no comfort in the growth zone”, “Seek to understand”, and “Relationships are the currency of power.” A project that I developed as a result of my training included the organization of formal “conversation circles” between the Somali refugee population in Minneapolis and the local student body and neighborhood residents. These events fueled emotionally charged topics, but we always united at the end. We even frequently cooked traditional meals to share with each other during our conversations.

I recognize that fulfilling the ideals of my leadership training is easier said than done, but I am committed to taking the steps necessary to make them a reality. These include showing up, being present, and committing to both sharing ideas and listening to strive to create unity founded on the universality of the human experience.

What is the next step for APA in terms of LGBTQ+ mental health?

I see a next step for the APA being a push for increased awareness of and attention toward the Association of American Medical Colleges competency-based guidelines for LGBTQ+ patient contact hours and formal education hours in medical school.

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training. The APA as an organization as well as its individual members should advocate for and assist when able with the ongoing implementation of these guidelines. Additionally, this advocacy should be extended to include outreach to the Accreditation Council for Graduate Medical Education to create competency-based guidelines for LGBTQ+ patient contact hours and formal education hours within its core requirements for all residency programs.

Lastly, the responsibility to create equal representation in leadership positions is not complete and requires ongoing assessment to make sure as many voices are heard as possible including those that identify as LGBTQ+.

How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?

First, I recognize there are issues that affect the LGBTQ+ community of which I am unaware of or undereducated. I will prioritize being accessible and engaged as a listener to better understand ways that the APA at large can be an allied partner.

A few key issues I see needing specific attention are as follows:

• I will advocate for decriminalization of homosexuality worldwide.
• I will help educate on the lack of scientific evidence for conversion therapy and condemn its use.
• I will stand in solidarity against discriminatory proposals in government entities including recent proposals by the United States Department of Health and Human Services to ensure equal protections for LGBTQ+ individuals.

What can a psychiatrist do in their practice to better serve the LGBTQ+ community?

This list could be many pages long with interventions ranging from relatively simple fixes to complex interventions and data collection. However, I will attempt to identify suggestions that are practical and generally applicable to the majority of clinical environments.

• Post, disseminate, and publicize nondiscrimination policies.
• Provide brochures and reading materials relevant to LGBTQ+ patients.
• Display mindful décor that includes LGBT-friendly symbols.
• Provide at least one single-stall, gender-neutral bathroom.
• Be mindful of patients’ choice of language when describing sexual orientation, gender identity, and relationships and reflect that.
• Provide gender identity and sexual orientation sensitive forms and ensure that disclosure of this information is voluntary.
• Include LGBT-inclusive language in job notices for potential staff such as “This organization does not discriminate on the basis of sexual orientation and gender identity/expression”.
• Consider joining local LGBTQ+ organizations and/or attending local events to learn and advertise as an LGBTQ+ friendly business.

RESIDENT–FELLOW MEMBER TRUSTEE-ELECT (RFMTE)

Urooj Yazdani, M.D.

Why do you think AGLP members should vote for you?

As a woman, an immigrant and a person of color, I have learned that inclusion is not just important, it is imperative. Though my personal experience of being born in Pakistan and raised in small-town Kentucky, I have a sense of how it can feel to contribute to a society where you don’t always feel like you always belong. My journey has allowed me to empathize with differences in all forms, and if elected as an RFM TE, I hope to foster a culture of inclusion that celebrates both the diversity within and the contributions of the LGBTQ+ community within our specialty.

What is the next step for APA in terms of LGBTQ+ mental health?

The APA can work towards better serving the needs of the LGBTQ+ community first and foremost by representation. Just as there are discussions about the importance of having minorities and women in positions of power, creating a position within the APA for a leader-advocate for LGBTQ+ rights is the next step in figuring out ways in which to serve the mental health needs of such a dynamic community.

Moreover, while LGBTQ+ concerns are often discussed within the realm of psychiatric practice, the community at-large is often seen as monolithic. I believe LGBTQ+ experiences should be celebrated for their rich diversity rather than standardized within a uniform context. It is imperative that the APA create a shift within our framework to ensure that there is a broad-based understanding of the individualized journeys of LGBTQ+ individuals, irrespective of societal expectations and norms.

How do you plan to support the LGBTQ+ community in your new position especially given the recent setbacks against their civil rights?

The first step to change is conversation. Through the RFM TE platform, I hope to amplify the voices of my LGBTQ+ colleagues in an effort to foster greater understanding of their unique and ever-evolving journeys.

Through my platform, I’ve created a podcast on Spotify, titled The Training Office, which serves as means for trainees to initiate conversations about issues of importance. The pilot episode, aptly titled Coming Out, features Dr. William Johansen, a recent trainee who spoke candidly about his journey during fellowship training. Through his willingness to be vulnerable and authentic, he created a conduit for other trainees to share their respective experiences and challenges. If elected to the RFM TE position, I aspire to continue to foster this culture of inclusivity by encouraging such open and genuine conversations.

What can a psychiatrist do in their practice to better serve the LGBTQ+ community?

Acknowledging that bias, conscious or not, exists is the first step towards change. Once we accept the fact that our LGBTQ+ patients may not feel comfortable enough to share personal vulnerabilities with us is the first step to fostering a tangible shift in mentality. Creating toolkits to educate trainees about how to breach sensitive subjects such as sexual orientation within the context of family of origin, religious background, values systems, etc. can be the first step in fostering a culture of support rather than judgement. Such initiatives can be a necessary and attainable first step for psychiatrists to both understand and embrace the complexities of our LGBTQ+ communities.
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