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Saul Levin, MD, MPA, FRCP-E, FRCPsych

## Honoring Dr. Saul Levin, CEO and Medical Director of the APA 2013-2023

Interview by Donya Ahmadian, MPH AGLPEditors@aglp.org

et's take a trip in our very own time capsule to October 15th, 2013. Halloween and all things pumpkin are not the only thing giving us something to look forward to. Dr. Saul Levin is preparing to take the prestigious title of CEO and Medical Director of the APA, the torch passing from James H. Schully Jr., MD. Dr.

Levin is both equipped and passionate, ready to embark upon the visionary dream that has carried him through his esteemed work in advocacy, public,

and mental health. Prior to bringing his keen eye for equity and justice to the APA, Dr. Levin had no shortage of devotion to the fields of medicine and psychiatry. For, he led the District of Columbia Department of Health (DOH), where he was tasked with the dual roles of both Head of the Department and Deputy Director of the District's Addiction Prevention and Recovery Administration. In this role, Dr. Levin was able to serve as a bridge, linking community members to quality primary health care, alongside mental health care, education, and beyond.

Far from his beginning at APA, it is clear that Dr. Levin had one, of many goals in mind, to lead through example. His background in public health reform and unified, multidisciplinary care shows no shortage of experience and his time spent with the American Medical Association's (AMA's) House of Delegates as a representative for the APA, alongside his three years serving as President of the AMA for science, medicine, and public health, paint a story that is all too captivating to not address. However, Dr. Levin first grew his affiliation with the APA as a Resident, where he served in the Leadership Fellow program roughly 37 years ago, granting us another moment of awe for his commitment to the heart of APA's mission from early in his career. "I've always been a believer in organized medicine having the power...that the single person does not



"The good news is...we in medicine can always take the high road of helping those who need it the most, albeit those who have been discriminated against, or not considered equal. We as physicians have a duty to make sure that every human being is treated with justice and fairness to the best of your ability."

hold the power...and you need to be apart of it," Dr. Levin shares. When speaking of power, Dr. Levin delineates the significance of understanding the role of healthcare as an entity when hoping to tackle it on-the-ground. To uphold a grassroots approach and to reflect the level of empathetic care we hope to embody, Dr. Levin advocates for an understanding of medicine as an infrastructure and the role each of these understandings play in treatment and support of the communities which require our care. For, to neglect one would be to neglect both in many ways. As mentioned in the opening of our Newsletter, to turn towards discomfort, knowing that the key we seek is often in the work many may be avoiding, consciously or not.

Thus, it is only fighting that amongst the core of his work, Dr. Levin has a heart for minority groups, sharing the need to truly address the transformative care that is necessary of practitioners as we gaze upon

the world as it stands today. As discussed in my interview with Dr. Petros Levounis, a colleague and partner of Dr. Levin, the human-centered approach is one that the APA has earnestly sought to embody, one that leads

Continued on page 6

## The Newsletter of AGLP

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phone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged).

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## **Editor's Column** Donya Ahmadian, MPH

AGLPEditors@aglp.org



Donya Ahmadian, MPH

Dearest AGLP Family,

f all the things I have loved to write, this column is truly the one nearest to my heart. The keyboard and the spaces between us have formed a kinship of sorts, leaving me looking so forward with each passing month to share this space with you again. It is hardly easy to believe that we are now in February, with a new year well in swing in front of us. The new season holds so much for us, with great joys that we both expect and those we could have simply no inkling are coming. There is something so unique about the lived experience-that in all that we can prepare for, that nevertheless, change, newness, a fresh start, all awaits us, whether the date be midnight on December 31st or a messy, Tuesday afternoon in the middle of late March.

This ability to hit "refresh," "delete," "return," even.... "pause" is something I often-times relish and envy in our at times, virtual, electronic-driven lives. If only we could rewind that moment at dinner where we felt we didn't say the *right thing* when our partner or friend came to us with their grief or we could go back in time, change the direction of a choice

we made- press delete, refresh, and well...try again. Here is something I think we oftentimes get tangled up in the web of complexity, beauty, and yes, I'll say it, annoyances of the human brain. So much of our life is lived in our head instead of in our bodies- our feet firmly planted in the ground and yet our heads up in the tortuously beautiful skies that we don't always take the time to fully breathe in. Yes.. we are faced with a thousand choices each day, many of which we are simply wired to reconfigure in our minds, praying earnestly for relief or a sign that everything will be okay. Then one day,



Is this not what we hope for our patients? That you, yourself, and all your inherent goodness matters, no matter the "legacy" you leave, the accolades we accumulate, the letters behind our name, the number of friends in our community. That we are better than our best choices and of course, by our worst.

we wake up, and 3 months have passed, and somehow, everything fell into place. Perhaps it's not the place we'd imagined or the place we planned- but it takes something deep within us to rely on a hope that repeats to us that everything does have its special corner in our lives and though it may not be the vision we thought- it truly could be even greater. Perhaps not today, tomorrow, or in 6 months- but perhaps our moment is not the living, tangible proof that things are indeed okay but the belief we can have that we are good regardless. That we embody goodness, whether or not the choices we made are the living proof of that.

Is this not what we hope for our patients? For the LGBTQIA+ community? For our AGLP loved ones? That you, yourself, and all your inherent goodness matters, no matter the "legacy" you leave, the accolades we accumulate, the letters behind our name, the number of friends in our community. That we are better than our best

choices and of course, by our worst. We are, indeed, if we choose to believe it, twice as good as we think regardless of what our lives look like on paper. What does, however, hold true, always, is a sentiment that beautiful Maya Angelou taught us... "...people will forget what you did- but people will never forget how you made them feel." As we work to face our own narratives, those generationally passed onto us, the inherited stories we've told ourselves, and the ones we picked up along the way... let us give ourselves the same compassion that we give to those we hope to uplift. As we know, to recall something is to bring it to the center of our minds. Thus, together, let us dip deep and share in intentions to elevate the voices of our community through elevating our own voices as well. To be advocates for their hurts, their joys, their sorrows, disappointments, and their celebrations- and to champion our own as well.

As you embark on the following pages, you will notice these messages ring true in the work of our community members. As we reflect on the coming APA Conference in May, the love, devotion, and leadership of many of APA's and AGLP's figures and the "legacy" of kindness, compassion, and hunger for change that they leave with us. No matter the season or the desire within us to redo, rewrite, or conform, may we remind ourselves that it is here, in the mess of things, in the beauty of things, that blooming truly occurs.

Yes, even here, even there (wherever those spaces may be), you are blooming. Cheers to a new year spent together again and for each year of fellowship to come.

Yours. Donva

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#### VOLUME XLVIV(2) MARCH

## President's Column Amir Ahuia, M.D. AAhuja@aglp.org



Amir Ahuja, M.D.

Navigating 2024

ello to all of the people who are members and followers of AGLP: The Association of LGBTQ Psychiatrists. As always, I must say that we appreciate your support. We also appreciate getting to know all of you and remain friends and colleagues for all of this time, and into the future. It is never easy to dedicate your time and energy to a cause, and there are many to choose from. That makes the support that you all give AGLP such a special thing. I hope you feel that you are getting a lot out of your membership, and we hope you consider increasing your donation in the coming years if you are able. If there are any issues, please let us know so we can make the experience more worthwhile.

The topic of my column today concerns current events. A patient that I saw last month told me. "Of course I am anxious. I am always anxious in an election year." It struck me as a salient reminder of the fact that our rights are often up for debate in our society. During our elections, they are almost always put up for a vote, or brought before a court. When our justice system rules that we are lesser than others, or our fellow citizens vote against our rights, it is extremely painful. However, it is not just emotionally harmful, but can affect our lives in a myriad of ways. It is no wonder, then, that our LGBTQ+ patients will be extra nervous during 2024.

At times like these, I find it helpful to reach to the past for inspiration. It does not lessen the difficulty of the moment for our patients, but it can provide a powerful sense of hope to know we have overcome worse oppression in the past. There was a time not so long ago where our community did not have any legal recognition or discrimination protections. I was reminded by this by a gay male patient of mine who is nearing 100 years old. He is incredibly hopeful and grateful that he has lived long enough to see so much progress. It helps to hear that when we are struggling in the moment and can't see the long arc of history.

Another tool I use with patients when they are facing this high ambient anxiety is to connect them with others. In times like these, we can feel less anxious if we have some agency in the outcome. This means we can work for candidates who support our rights, work for causes we believe in, or volunteer at local organizations. All of these can lessen our sense of helplessness and defeat. A negative outcome for our rights is not inevitable, and we do have some control over the outcome if we are willing to fight for it.

Lastly, it is important to remind our patients what we are doing for them. Sometimes, an LGBTQ+ patient who feels hopeless can gain some comfort in the fact that leaders in the community are working diligently to expand their rights. That can be in the context of our own efforts, our institutions, or our community organizations like AGLP. For our part, AGLP is busy writing Position Statements and working with the APA to advocate for LGBTQ+ patients and physicians. We are always looking for more opportunities to get involved in legislation and human rights causes, as well.

So, these are some strategies to help your patients and yourselves when current events can seem overwhelming. If you want to get involved in anything AGLP is doing, or you have more ideas for us, then please reach out. We are here to serve you and our community, no matter what this year brings.

## AGLP Online Newsletter Archive Complete

Roy Harker, Executive Director

RHarker@aglp.org

Thanks to the substantial efforts of AGLP Member Jim Krajeski, MD, our online archive of newsletters is complete. The archive, which now contains issues dating back to 1978 (when the organization was know as the Gay Caucus of GLB Members of the APA), was meticulously assembled and scanned by Jim over the course of several years. We are grateful for the trove of information maintained and compiled by Jim dating from 1978 to 2001. Check it out at https://aglp.org/Pages/newsletterarchives.htm.

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Petros Levounis, MD, MA

## Honoring Dr. Petros Levounis, APA President 2023-2024

Interview by Donya Ahmadian, MPH AGLPEditors@aglp.org

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On a beautiful, brisk January day, I had the pleasure of sitting down with Dr. Levounis to discuss his journey as President of the American Psychiatric Association, marking his inaugural moment

on May 24, 2023. When Dr. Levounis adopted this title, it marked a significant moment in APA and LGBTQIA+ history, specifically in the sacred space of psychiatric care and mental wellness. While being the first openly gay psychiatrist elected to the Presidency of APA, it is evident from just a few moments with Dr. Levounis that his journey has been one of intention. His leadership is palpable prior to reading the

number of awe-inspiring positions he has held, many of which we had the chance to briefly chat over in our time together. From 30 seconds into entering our Zoom meeting, what stood out most is something many have witnessed, his reign of kindness. Later in our interview, he would, very fittingly, utilize this word to answer my most treasured question to him. I'll save the best for last.

As one can quickly gather from following his outstanding career, Dr. Levounis graduated from Stanford University before receiving his medical education at Stanford University School of Medicine and the Medical College of Pennsylvania. He moved to New York City



Dr. Levounis's spirit of transparency and dedication to his vision has made him a symbol of change, one that has amplified the voice of Psychiatry and the APA on social issues demanding our attention, such as LGBTQIA+ rights, systematic racism, and climate change.

to do his residency at the New York State Psychiatric Institute of Columbia University. He graduated from Columbia earning the National Institute of Mental **Health Outstanding Resident** Award and went on to complete his fellowship in addiction psychiatry at NYU. Dr. Levounis is no stranger to excellence. He serves as Professor and Chair of the Department of Psychiatry and Associate Dean at Rutgers New Jersey Medical School. He is also the Chief of Service at University Hospital in Newark. New Jersey, and Director of the

Northern New Jersey Medications for Addiction Treatment Center of Excellence. He has also shared his wisdom and expertise at the APA as member of the Psychiatric News Editorial Advisory Board, Deputy Editor-in-Chief of APA Publishing, President of the New York District Branch, and Chair of the APA National Committee on Addiction Treatment.

Amongst his various Board positions and social justice-led roles, including his previous position at Columbia University, where he served as Director of the Addiction Institute of New York from 2002-2013, Dr. Levounis has a spirit of service that I wish to highlight in this piece. As touched in the opening piece of the Newsletter, *legacy* is a gripping word and even more complex idea- one that can often stimulate, excite, and grip us with fear of the unknown simultaneously. The APA, like many leading organizations in psychiatric care specifically, understands this on a humanistic level. For, we can tell much about a leader by the causes they defend, protect, and uphold and the way they share these dreams, accomplishments, and visions for the future.

In my experience with Dr. Levounis, it was easy to list off these various positions and admire all the worlds he held softly in the palm of his tender focus. We were, luckily, however, able to delve even more deeply with one another, discussing his transition to APA Leadership and what he hopes he has helped to engrain in the fabric of APA and beyond.

"We have longed for a spirit of humanity in the practice of medicine," I shared. "Your approach...it embodies this...one that is person-centered and feels humanitarian in nature." Dr. Levounis, in his calm, affirming demeanor, smiled and spoke of his motivations to pursue a career in Psychiatry, keying in on his early experiences in Sociology and Addiction medicine to share how these contributed to and shaped his aspirations. The "very supportive" nature of his parents contributed to this, Dr. Levounis shared; alongside his love of things both intricate and delicate and those of a larger, more grandiose scale. In sharing his fascination with Addiction and the study of social issues, Dr. Levounis shares that he has always been extremely drawn to "very small things," such as the molecular focus of Biology, Chemistry, and Organic Chemistry and "very big things, like policy matters and public health." "So, when you place the two together," he shares, ..."this simply spells addiction....and it is needed..especially in our world today."

His love of holding both the micro and macro level of focus and care is discernible in his tone of voice, as he outlines his passion for not only psychiatric illnesses and the life-threatening conditions that he advocates for treating, but also, his call to action for all medical practitioners and early-career medical students. When reflecting upon his clinical and leadership role within and vision for the APA and the world of Psychiatry, Dr. Levounis shares his hope for "confronting" addiction and how one of his key focuses as President has been developing a task-force and common language and understanding surrounding the importance of these issues. He shares how these pressing societal concerns "do not discriminate" and affect our communities insidiously, leaving providers positioned to answer this call to action.

"Looking for ways to be involved early" and adopting an "empathic and curious" approach to early training and interests are pivotal formats that we can shape ourselves into embodying the dispositions, skills, and attitudes needed for preparing to provide this level of care in the world. The preparation we take as both students and practitioners in the face of providing psychiatric care contains a multitude of factors, such as ensuring that equitable care for vulnerable populations is both made available and that practitioners of all specialities are trained and educated in ways to support these populations.

As we take a look in our not-so rearview mirror, Dr. Levounis has done just that and so much more. Over the course of his year-long Presidency, he has focused on substance abuse disorders and addiction in newfound, revolutionary ways, offering support, education, and treatment to patients and families in need through a compassionate lens. Revolutionary is a fitting word for his approach, as he has taken a multidisciplinary approach, calling upon leaders of faith, in prisons, politicians, and beyond, to create a bifacial relationship and understanding of on-the-ground approaches to these social issues, alongside equipping them with the knowledge necessary to grow and transform to meet the needs of their community members. Furthermore, he has worked to address workforce issues, paying the way for young psychiatrists to delve deep into the span of mental health care that the field can offer. His fight has continued in working for parity in reimbursement of clinical services that is equal to that of non-psychiatric specialities. Not only so, but Dr. Levounis's spirit of transparency and dedication to his vision has made him a symbol of change, one that has amplified the voice of Psychiatry and the APA on social issues demanding our attention, such as LGBTQIA+ rights, systematic racism, and climate change. A yearning to face these issues is one of the strongholds that this work asks of us- a desire to look towards discomfort and see an opportunity for peace and wellness. Dr. Levounis's work has encapsulated this effortlessly.

Looking ahead, when asked what he hoped to instill within the field through his work with the APA and his desires for the field of Psychiatry, Dr. Levounis answers powerfully, sharing that a world led by "kindness" is at the center of his visions. "It all really comes back to this ... .kindness is the mark I hope to ingrain."

It is easy to say that kindness is one of the many gifts that Dr. Levounis will leave us come May. He has left the world of Psychiatry, the APA, and that of AGLP as a more compassionate, just, equipped, and affirming place to call home.

From the bottom of our beaming, activist hearts, a warm thank you to Dr. Levounis, for a lifetime of soul-led work- and for all initiatives to come, we know they are in safe hands..

## Journal of Gay and Lesbian Mental Health Update

Chris McIntosh, MD, Editor-in-Chief

editors@aglp.org

Dear AGLP members:

It has been a pleasure to have been the editor-in-chief of AGLP's Journal, the Journal of Gay and Lesbian Mental Health, for what will be ten years at the end of Volume 28 this year. I've been proud to oversee the development of the journal over this time, including the evolution of the editorial structure from two co-editors doing everything, to a structure with one EIC and multiple associate editors, as well as the acquiring of an Impact Factor. As well as the volume of submissions, international reach, and annual downloads all having increased substantially over this period; requiring an ongoing evolution of how the hard-working volunteer team of associate editors and editorial board members function. Volume 28, which will be my last as EIC, will see a number of exciting changes, including the start of the editorial transition plan. **Dr**Mark Bradley, MD, a longtime associate editor, will be Deputy Editor for Volume 28 to train for taking over as Editor-in chief with Volume 29. We will also be moving on a long-awaited name change for the journal, to better reflect the aims and scope of the journal as it is today.

The Annual Meeting is coming up fast! Be sure to include in your schedule the presentation of the JGLMH Outstanding Resident Paper Award presented as usual in AGLP's Hospitality Suite. Check the AGLP website under Events for confirmed date, time and place.

Your JGLMH subscription is a benefit of membership in AGLP! Please remember that you can access the online subscription by first logging into your Member's Profile on aglp.org and then clicking on the tab for the Journal.

Best wishes to you all,

Chris

### 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.

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AGLP derives 13% of our budget from members who support us at the patron level. Your additional support helps finance the social and educational events we have planned for the San Francisco APA. AGLP fosters a community of LGBTQ+ psychia-



### **WELCOME TO OUR NEW MEMBERS 2024**

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trists who can advocate for our patients and find support for ourselves, and organize cutting edge educational programming. If you become a patron, you will be invited to our VIP reception on Monday May 22 at 6pm.

Additionally, you can donate to our medical student travel fund to help fund medical students to come to the APA conference. You can donate to the John O'Donnell Medical Student Travel Fund by clicking on **this secure link**. Or contact Roy Harker at RHarker@aglp.org. See www.aglp.org for more information.

## Women's Committee

Khadija "Kay" Hassan

khadija.hassan@edu.uag.mx

To all interested in learning more about the Women's Committee, please reach out to Khadija "Kay" Hassan at khadija.hassan@edu.uag.mx! She is interested in holding a gathering of interested participants prior to the APA Conference in May to discuss any concerns and ideas prior to the larger gathering. If you hold the intention of joining, please reach out prior to the end of March, if possible, and she will provide official meeting details thereafter! If you are unable to do so by this time, please feel open to express your interests once you are able.

Honoring Dr. Saul Levin, MD Continued from page 1

with compassion, non-judgement, and leaves biases at the door to treat fellow humans and communities with the dignity and integrity they deserve. In working to uphold these standards in medicine today, Dr. Levin shares:

"The good news is...we in medicine can always take the high road of helping those who need it the most, albeit those who have been discriminated against, or not considered equal. We as physicians have a duty to make sure that every human being is treated with justice and fairness to the best of your ability."

It was here, early in my time with Dr. Levin, that I paused and felt the larger, intentional breaths find me. Yes, to the best of our ability. His colorful and compelling words call to heart and mind the Hippocratic Oath, which many of us take prior to embarking upon our callings in medicine. For, this covenant we make is one we wear to fulfill, to the best of our abilities—to do no harm, to prevent disease whenever we can—and to remember that there is art to medicine, as well as science, and that warth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug," (Hippocrates, 1817). Dr. Levin brings these age-old sentiments back to life, delineating the importance of a humanitarian mentality when thinking, speaking, and acting with the wellness of others in mind.

One of my favorite stories that Dr. Levin shared was in his early days of training during medical school, when at first, he wished to practice Surgery. "Have you ever looked behind you at the patient after you leave?" he'd ask the Surgeons in the cancer ward, after you share the intimate details of the operation ahead, giving sparse details of the tasks ahead and at times, possibly igniting their greatest fears. Do you look behind you to witness their humanity, to attempt to soothe their fears? Largely, they would answer no, Dr. Levin shared. "What more could be done?" many others would express. "Well... you could have at least held their hands as you were telling them," he recalls. A seemingly simple touch, an affirming word, and a changed world for a patient in distress. It was here that he found his true nature yearned to know the depths of one's emotional experience.

An agent of change by his own right, Dr. Levin believes in the "human in the room," sharing that "we often forget that humanity is also what we are dealing with....a lot more than we care to remember." No matter where we are in our journeys within the scope of psychiatric care, one things reigns forever true- our shared, collective truth remains embedded in the stories of the patients and communities we fight for. Particularly as an LGBTQIA+ advocate and openly gay leader, Dr. Levin knows a thing or two surrounding resilience and a spirit of devotion to one's own truth. One must hold true to what they believe is right and if not, you "course correct;" for, "that is how we learn," he shares. This perspective can be applied both in and out of the larger-scale forums of Dr. Levin's, as on-the-ground, we learn just as much from the patients we aim to treat as they from us. "Every patient may have the same illness," he expresses, "but they handle it differently." The sentiment he highlights here felt particularly striking, as we can often-times lose sight of the individual when working for justice of the collective. Recalling the meaning left to unpack here, how no matter the redundancies of the cases treated or the treatment plans prescribed, that each individual is an open heart, a vibrant mind, and a vulnerable spirit entrusting us with their care.

These words of advice ring true no matter which stage we are in our training. For this is what matters, that "you take the low days and the high days...and as long as you keep that north star, whichever one that is for you and how you judge it... well then, all will align", he continues to express. In looking back over the course of his time as a groundbreaking leader for both the APA and much of our work here at the AGLP, Dr. Levin leaves us with a history of dedication to a cause greater than Oneself and to a mission that takes a "collaborative approach;" one where we can "learn from one another." From each role that he has held, many of which take dozens of more pages to fully express, such as his time beginning the first Hospice in South Africa as

a mere medical student, Dr. Levin fully personifies what it means to do the work that makes you come alive and to share this spark with the world.

What's next, you may wonder? Well, Dr. Levin is far from done, as true work such as this never truly is. "I never retired...I may have from a job but I never truly retire. That's what we have to give to our members and our patients." Devotion is what Dr. Levin speaks of and he will continue this devotion as Secretary General of the World Psychiatric Association when his time as APA CEO and Medical Director comes to a close in May.

Dr. Levin's time in everlasting advocacy at the APA has taught us so much, just as his colleague Dr. Levounis's has. When looking ahead, and looking behind, we must not forget to look within. It is here that we will find the gifts of our personhood, granted to us long ago and woven into our very natures. The torch was lit in our earliest days and it will burn bright, no matter what corner of the universe it glimmers from

Cheers to your service, Dr. Levin & cheers to the future of Psychiatry and all that you will continue to bring forward to shape, illuminate, and re-imagine the road ahead. We can rest knowing his magic will continue to touch lives near and far, as it has so deeply enriched ours.

## Professional Development & Advocacy Column (for ECPs, by ECPs)

Fi Fonseca, MBBChBAO, MS, & Kevo Rivera, MD

dr.theysi@gmail.com, hellodoctorkevo@gmail.com

Attention, consultation-liaison Queers! The Academy of Consultation-Liaison Psychiatry (ACLP) has a brand new special interest group (SIG). The LGBTQIA2S+ (lesbian, gay, bisexual, transgender, queer/ questioning, intersex, agender/ asexual, two spirit, and more) SIG is open to membership for anyone within ACLP who is a member of the Queer community and/ or works with our community. Allies are welcome too. The SIG members are a vibrant and diverse group of students, trainees, and attending psychiatrists, as well as advanced practice providers. The SIG leadership Drs. Fi Fonseca and Mark Bradley are also actively involved with AGLP.

Benefits of joining the ACLP LGBTQIA2S+ SIG include:

- 1. A supportive space for clinicians working to provide gender-affirming care
- 2. Opportunities for involvement in collaborative efforts centering Queer healthwriting, presenting, creative endeavors, etc.
- Coming together as members of the LGBTQIA2S+ community within consultation-liaison psychiatry

The SIG had its first in-person meeting on November 8, 2023 at the ACLP Annual meeting in Austin TX, and is set to have its first online meeting on March 7, 2024. The focus of this next meeting will be identifying scholarship priority areas and generating plans for abstract submission for the ACLP 2024 annual meeting. Interested individuals are encouraged to learn more about the SIG at: https://www.clpsychiatry.org/sigs/lgbtqia2s-sig/ Please do not hesitate to reach out to Fi or Mark with any questions as well. We would love to hear from you!

Fí D. Fonseca MD, MS (they/them/theirs) & Mark Bradley

### THANKS TO THE FOLLOWING WHO HAVE GENEROUSLY SUPPORTED AGLP IN 2023 AND 2024

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Next year, New York will host the APA/AGLP Annual Meeting, May 4, 2024 to May 8, 2024.



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