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2010 APA Candidates George Harrison, MD

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Major changes are afoot at APA making this year's election all the more critical. In the context of a national debate on healthcare reform and an economy that is struggling to regain its footing, the APA continues to face critical leadership tasks with diminished monies. The recently enacted reorganization of the APA continues to unfold with efforts to find a voice for issues represented by the many components which have been eliminated or subsumed. APA members have this opportunity to try to ensure that the issues most important to them continue to be represented by voting this year.

Here are the important dates:

November 30	Deadline to request an electronic ballot at http://www.psych.org/options . Sign in as an APA member and fill the short request form
December 22	Ballots will be mailed or emailed to APA members
February 5th, 5 PM EST	Deadline for receipt of ballot
Late Feb	Results posted by email and on the APA website

The Newsletter continues its tradition of providing our readers with a bit of time with the candidates by posing questions to the entire field of candidates. They were invited to respond and submit a photograph by a specified deadline.

One note before turning the questions and responses. The first question focused on the impact of the recent reorganization and was an opportunity for this APA member to better understand the structures of APA governance. The question references the Assembly when it should have said the APA. The Board of Trustees has reorganized the Committees and Councils under its purview. It recommended that the Assembly consider similar action. To date the Assembly continues to examine the alternatives.

The Operations Manual of the APA "stipulates that the Assembly shall govern itself by its Procedural Code . . ." In this form the Assembly acts independently but within the confines of a budget set by the Board. Along with the recommendation to address Assembly structures, the Board reduced the Assembly's budget by 20% which was less than the 40% which had been the recommendation of Dr. Schatzberg's Work Group on Governance Reorganization. There is great concern that the additional 20% may still be needed. For a more full account of this readers can refer to Psychiatric News, 4/17/2009: <http://pn.psychiatryonline.org/content/44/8/4.1.full?sid=5d9221b3-6757-44b5-b388-6165f606b6ba>.

Given that my mistake was discovered (thanks to one of the candidates) only after all the candidates had been sent the set of questions, it was decided that the question would stand and this explanation would accompany the responses.

These were the questions for the slate of candidates for the 2010 Election:

Continued on page 6

The Newsletter of the Association of Gay and Lesbian Psychiatrists

Editor, George Harrison, MD

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

The views expressed in the *Newsletter* are those of the writer and do not necessarily represent the opinions of the Association of Gay and Lesbian Psychiatrists. The sexual orientation of any writer or any person mentioned in the *Newsletter* should not be inferred unless specifically stated. Mailing lists for the *Newsletter* are confidential, to be used only by the Association of Gay and Lesbian Psychiatrists, and do not imply sexual orientation.

INFORMATION FOR AUTHORS

Persons wishing to submit articles for publication should send them to: George Harrison, MD, Editor, *Newsletter* of AGLP; UCSF AIDS Health Project, 1930 Market Street, San Francisco, CA 94102. (Phone: 415-502-4818, FAX 415-502-7240, E-mail: gharrison@aglp.org). Submissions should be clearly readable. Submissions on electronic media in IBM compatible formats are appreciated. A hard copy should be included along with a notation indicating which word processing program was used. Submissions become the property of AGLP and will not be returned unless requested and accompanied by a self-addressed and stamped envelope. The *Newsletter* reserves the right to make editorial changes and to shorten articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged). The deadline for inclusion in the next issue is January 22, 2010..

ADVERTISING RATES

The *Newsletter* of the Association of Gay and Lesbian Psychiatrists accepts limited advertising depending upon space and applicability to issues affecting psychiatrists who either are gay or lesbian or treat gay and lesbian patients. The mailing lists for AGLP are confidential and never sold or provided to any vendor.

Full Page Ad	\$300
Half-Page Ad	\$200
Business Card	\$100

Community service announcements are printed without charge, but are accepted only on a limited basis depending upon space limitations and applicability.

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Editor's Column George Harrison, MD

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George Harrison, MD

My friend, Bob, had a carotid dissection recently causing brief hemiparesis and a ten day stay at Massachusetts General Hospital. While he had some complications, his stroke symptoms have completely resolved and he is back at home now.

Bob is my oldest friend. He hates it when I use that word, "old." He feels it needlessly underlines the encroaching decrepitude. I met Bob at church camp when I was 14. We immediately established a fast friendship sensing in each other things that set us apart from our peers, things we couldn't see in ourselves. We only knew that we were failing to fit the mold we tried to inhabit.

Fortified with this new relationship my attitude at camp changed from petulant tolerance to social ease, at least as much as a 14 year old can have. Having a comrade allowed me to focus less on being defensive to actually showing up and engaging in the moment. All the love and support that I had in my family wasn't enough, it didn't address the parts of me that were taboo. In hindsight I can see what I desperately needed and found in this friendship was to find someone like me even though I didn't have words to say exactly what that was.

I thought of my many patients that weren't as lucky as me, growing up isolated and trying to present themselves as normal while feeling like outsiders. Many of them lost their way back in that period of their lives and never found a way back.

As the week at camp ended, I wondered if we would see each other again. Being a bit of a melancholic boy, I imagined that we'd return home, lose contact leaving me to continue to stew in my teenage angst. I remember someone's parent came to pick us up for the long drive home and it was late at night when we pulled up to my house. As I gathered my things and piled out of the car I turned and saw Bob doing the same. I thought he was probably too sleepy to notice where we were.

"This is my house," I told him. To which he replied, "And that's mine," as he pointed across the street.

During the week at camp we had happily left our lives behind and never mentioned where we lived. As it turned out, we didn't lose contact. Instead, saw each other every day until college intervened several years later. My friendship with Bob wasn't the only thing that got me through that time but it was a critical piece that allowed me to think about myself in a different way. With the distance of time, it seems so accidental that I was thrown this life preserver as I floundered through my adolescence.

I've just flown back from Boston after helping Bob transition from the hospital to his home that he shares with his husband who he has been with for the past 26 years. My job there was easy and consisted mainly of bridging the gap between him and his many medical providers while reminding him that he was going to be ok. We ate, we shared stories, took naps, and then ate some more.

I'm grateful that he's safe and returned to his good health and function. When I left I thought how different my life would have been without him. I wondered what would have kept me afloat during those years of confusion and questioning. I thought of my many patients that weren't as lucky as me, growing up isolated and trying to present themselves as normal while feeling like outsiders. Many of them lost their way back in that period of their lives and never found a way back. My heart goes out to them and especially to the ones that couldn't continue the fight.

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President's Column Ubaldo Leli, MD

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Ubaldo Leli, MD

I am writing this column in a rush, sitting in Boston's Logan Airport during a stopover on my way home to New York after a Thanksgiving visit to Maine. Over the past twenty-four years, my lover Larry and I have spent many Thanksgivings with his family in Bangor. It is wonderful to feel so much a part of his family, and to have been so comfortable with and so close to his folks for such a long time.

Let me tell you why I am thinking of AGLP while I wait in the airport: over the past week, I've had a number of unpleasant encounters that drove home to me just how vital AGLP's mission is. Until a few weeks ago, Maine was one of the states leading the nation in the fight for gay marriage—until by popular referendum the groundbreaking law was repealed, thanks to a great degree to the influence of my own Roman Catholic Church.

I have wondered much why, when the same law was repealed in California, it drew major national headlines, while comparatively little was reported about the recent Maine fiasco. Granted, California is richer, bigger and more influential than Maine but, the more I think about it, the less I am convinced that this is the reason. I rather think

that we are on the verge of becoming jaded and discouraged. I should rephrase: I am terrified that we may already have become jaded; that we grow more and more desensitized to the reality in which we live: the "cure" of homosexuality by sex change in Iran, the stoning and hanging of gays in Afghanistan and Iraq, and the feeble punishment of hate crimes in the USA. All these and more abominations evoke weaker and weaker responses from us. Make no mistake: LGBT people are tolerated or ignored at best in this country, and grossly persecuted in much of the rest of the world. The hopes that billowed like banners of change in the 1960s have become distant memories. The dream of liberation and tolerance that sprang from Woodstock and Stonewall was engulfed by the horror of AIDS, which became fuel for the fundamentalists' claim that God was meting out due punishment for our wickedness.

California's marriage law was stricken down thanks in great part to an intense door-to-door campaign carried out by

Make no mistake: LGBT people are tolerated or ignored at best in this country, and grossly persecuted in much of the rest of the world. The hopes that billowed like banners of change in the 1960s have become distant memories.

the Mormons (The Church of the Latter Day Saints) and the Roman Catholics. Strange bedfellows, Roman Catholics and Mormons—barely a single theological concept in common, but in agreement with a set of socially rigid, immutable rules professing a universe anchored by the polarities of masculine and feminine, and recognizing biological gender as the bedrock of human existence. For both of these religions the ultimate human dimension is that of biological reproduction. Indeed, both religions estimate human, social and spiritual worth in terms of reproductive function, a grotesquely Darwinian understanding of humans as beings whose sole earthly function is the preservation of the species.

With chagrin I have to remind myself—as well as AGLP members and the occasional reader of this column—that LGBT people, like many others that differ from the mainstream, remain still far from accepted by society at large. I am chagrined to have to remind myself as well as the occasional reader of this column that people who differ from the mainstream like those in the LGBT community remain to be accepted by society at large. I have become increasingly convinced that in the United States we continue to live in a bubble of self-congratulatory illusion, deluded that the LGBT population is like—or almost like—everybody else: we work, pay taxes, behave in a civilized way and contribute to society significantly in every sector; and in many social venues we suffer no overt discrimination. We are treated equitably in many ways, but nonetheless remain second-class citizens at best.

Do not be confused: we are not allowed to marry because we are different; we deviate from the average, and there-

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The Fight Must Continue, Change Does Happen

Kenn Ashley, MD, AGLP Vice President

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Kenn Ashley, MD

The results of various elections last week were disappointing, in terms of LGBT rights. Last night I was reminded how important it is that we continue to press for full equality for all. I was that the 2009 Emery Awards benefiting the Hetrick-Martin Institute (home of the Harvey Milk High School) and each speaker focused on how, in spite of set backs, the advocacy must continue.

NYC Mayor Michael Bloomberg spoke of pushing for the New York State Assembly to vote on gay marriage—even if it does not pass, it will begin the process, and it will identify our allies, and those who we need to convince to become our allies.

NYC Speaker Christine Quinn announced surprisingly (although I did not fact check this) that in Salt Lake City, the Mormon Church had come out in support of basic rights for LGBT in Salt Lake City. If this is true, it may seem limited, but it would be a huge step for the Mormon Church. (Editor's Note: Here is the link to the Mormon Church news release: <http://newsroom.lds.org/ldsnewsroom/eng/news-releases-stories/statement-given-to-salt-lake-city-council-on-nondiscrimination-ordinances>)

Harvey Milk, the nephew of Harvey Milk, and Dustin Lance Black, the writer of "Milk," both noted that Harvey Milk lost more elections than he won, but he never gave up.

We must never stop the fight!

One way we can continue the fight is to support AGLP in the programs for advocacy and education. There are plans to have LGBT issues included in the APA's Office of Minority and National Affairs (OMNA) on Tour, where presentations are made in different cities about mental health issues in various minority and underrepresented groups. We are in the midst of planning various educational and social events for the AGLP programming during the upcoming APA meeting in New Orleans in May 2010. There will also be a greater effort to have AGLP events at subspecialty meetings. We are in the process of developing a speaker's bureau and a slide-set/web-based lecture series on LGBT mental health issues with teacher note. We are also working to better understand the restructuring of the APA, the role of the GLB Caucus, and the relationship between AGLP and the GLB Caucus. If you are a member of the APA you should strongly consider joining the GLB Caucus. Not sure if you are a Caucus Member? Here is a link to check your Caucus Status. Hit the link, log on to the APA and page 3 of your membership account information should appear: (<https://myaccount.psych.org/APACustomizations/APACustomDemographics2/t/abid/169/Default.aspx?action=partTwo>).

We have a lot of projects, but if anyone has any other ideas for projects or for the organization please contact me (kashley@aglp.org). For these activities and projects to occur we need your support—agreeing to lecture/present, hosting events, spreading the word about the organization, encouraging colleagues and trainees to become members of the organization, and maintaining your membership.

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Plan now for New Orleans 2010

Roy Harker

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Art Gallery of the Renaissance Arts Hotel

Once again we find ourselves returning to the "Big Easy," New Orleans, for our Annual Conference. As many of you may already know, the APA Annual Meeting has been shortened by a day, mainly for budgetary reasons. Likewise, AGLP is obliged to make some schedule changes to accommodate the larger APA.

One of the more notable changes will be the format and timing of the Welcoming Reception and the Annual Awards Banquet. This year we will combine the two events into what will be called the AGLP Awards Reception. This event will take place on Monday evening, May 24, 2010, from 7:00pm to 9:00pm. The

actual presentation of awards will take place at 8:00pm, with the rest of the evening dedicated to networking and socializing. Passed hors d'oeuvres and a cash bar will be made available. The event is taking place in the new Art Gallery of the Renaissance Arts Hotel (<http://www.marriott.com/hotels/travel/msydt-renaissance-arts-hotel/>)

Our host hotel for this visit should be familiar to many; the Mason Dupuy, inside the city's historic Vieux Carre district of the French Quarter will offer a distinct mixture of history and luxury unlike any other. (1001 Rue Toulouse New Orleans, Louisiana 70112, Telephone: (504) 586-8000 • Fax: (504) 525-5334 • www.MaisonDupuy.com). Don't delay making reservations as this fabulous hotel will fill quickly. For reservations call 212-532-1660 or go to www.aglp.org. Room rates for AGLP members is \$169.00/night if you stay for a minimum of four nights. For a stay of less than four nights the rate goes to \$209.00/night.

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The courtyard of the Hotel Mason Dupuy in the French District of New Orleans, AGLP's host hotel.

Report from the Allied Association Organization Liaison to the APA David Scasta, MD, DFAPA

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David Scasta, M.D.

1. Reinstatement of the Committee on Gay, Lesbian and Bisexual Issues of the APA. The APA disbanded and recomposed all of the component councils and committees which were appointed by the APA presidents. LGBT representation is now down to one person who sits on the Council on Minority Affairs and Health Discrepancies. The APA is trying to make up for the LGBT loss of presence in the APA by augmenting the Caucus on Gay, Lesbian, and Bisexual Psychiatrists of the APA. The Caucus, however, does not have direct influence on the APA governance in the way that the Committee did. A number of prominent deactivated committees have petitioned the APA for reinstatement. The reassessment is being lead by the President-Elect, Dr. Carol

Bernstein. I recommended that AGLP aggressively seek reinstatement of the Committee, offering to make all members the equivalent of Corresponding Members, meaning that members pay their own way. Dr. Leli indicated that he and I will write a letter on AGLP's behalf pursuing reinstatement.

Minority Affairs and Health Discrepancies. The APA is trying to make up for the LGBT loss of presence in the APA by augmenting the Caucus on Gay, Lesbian, and Bisexual Psychiatrists of the APA. The Caucus, however, does not have direct influence on the APA governance in the way that the Committee did.

2. The Board of Trustees finance committee has thrown the Assembly a curve ball by suggesting another immediate \$200,000 reduction in the funding of the Assembly on top of the current \$200,000 mandated cuts for this year. That reduction would amount to a 40% reduction in funding and likely would put the Assembly meetings in jeopardy. I do not think that the Board of Trustees will support the recommendation despite the long standing power struggle between the Board and the Assembly.
3. Action Papers of Interest to AGLP for the November 2009 Assembly meeting.
 - A. 12. C: The APA asserts that gender disparate identity is not a disorder
 - B. 12.L: Area II (New York) proposes to reduce the cost of the assembly by eliminating deputy representatives and the MUR's (Minority Under-represented Psychiatrists – including the gay Caucus's representatives, currently Drs. Townsend & Bialer), and increasing the representation of each representative who is retained to one in 300 members from the current one in 400 members. The AAOL position (e.g., AGLP's representative) would be retained. The proposal would cut the LGBT presence in the Assembly in half.
 - C. 12. N.: The Assembly should grant all Deputy Representatives (the right to vote rather than just attend the meetings with the primary representative, discuss legislation, but not be allowed to vote. The Caucus has one

deputy: Dr. Bialer. While this proposal would give LGBT members another vote, competing proposals call for elimination of the deputy representatives as superfluous. The deputy's likely will fight their extinction.

- D. 12. R.: Reduce the two Assembly Meetings to once a year at the Annual Meeting. This proposal would either make the Annual Meeting tedious and extended or would reduce what the Assembly could consider each year (which is a mixed bag).
- E. 12. S.: The APA should recommend eliminating the "Don't Ask/Don't Tell" policy for lesbian and gay serviceman in the military. AGLP will support this action paper.
- F. 12. U.: The paper proposes combining the Board of Trustees and the Assembly into a unicameral legislature (like the AMA) to reduce cost. The proposal, coming out of Area II, is likely to be seen as a shot across the bow of the Board of Trustees.
- G. 12. V.: Reduce the cost of the Assembly Meetings by having members pay both housing and food costs with the APA picking up transportation costs to make getting to the APA equally costly for all representatives no matter where they live. AAOL members pay all of their own costs. The Assembly members who get their way paid (lodging, food, and transportation) are unenthusiastic about this proposal.
- H. 12. W. Budget cuts should affect the MUR's no more heavily than any other group of representatives to the APA.
4. Each year I have had the privilege of serving on Reference Committee 5 which reviews and screens action papers related to the scientific basis of

psychiatry and to APA governance. For the November meeting, the recommended Reference Committee 5 members have not been accepted by the Assembly Speaker. Instead the heads of each of the seven geographic Areas of the APA will serve as the Reference Committee since the governance issues are so critical to the future of the APA.

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Looking for Lesbian Psychiatrist for Lecture Series in Philadelphia

David Scasta, MD, DFAPA
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Last year I presented a two lecture series called, an *Introduction to Homosexuality: Cultural and Treatment Perspectives for the Psychiatrist*, for the second year psychiatry residents at Temple University Medical School in Philadelphia. The series was well accepted and has been expanded to three lectures for this year. I am looking for a lesbian psychiatrist to assume responsibility for one of the hour and a half lectures in December 2009 to balance the series which has been very male oriented. Any volunteers or recommendations would be appreciated.

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2010 APA Candidates

Continued from Page 1

Question 1: *The representative structure of the APA is at a turning point. The Assembly now has a greatly reduced number of councils and committees. If you are elected, how will you assure minority members, specifically members of the gay, lesbian, transgender and bisexual community, continue to have a voice in the APA?*

Question 2: *If you are elected, what are your responses to the critical tasks that the APA faces?*

Below are the responses. Candidate emails are provided and those with websites are noted. Readers wanting more information are also referred to the upcoming Election Issue of Psychiatric News on December 4th for more in depth coverage and interviews.

Donna M. Norris, MD, Candidate for President-Elect

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Donna Norris, MD

Question 1 and 2: (EDITOR'S NOTE: CANDIDATE COMBINED HER RESPONSES IN ONE STATEMENT.)

The 2009 APA election comes at a time of significant challenge for our organization. In an effort to address the current fiscal concerns the leadership imposed draconian expense reductions and component reorganization that now put at risk the inclusion of a plurality of important voices within APA governance, specifically those of minority and underrepresented groups.

As an African American psychiatrist, I am conscious of the concerns of members of all underrepresented groups that their voices

will not be heard in the newly restructured APA. I believe that this omission was not intended to be exclusionary, but was an effort to solve fiscal problems and streamline the organizational structure. However, during the process of downsizing, insufficient attention was paid to the impact of reducing numerical presence of underrepresented groups in governance. This action has great potential to endanger the rich diversity of the APA membership

As President of the APA I will endeavor to increase the number of minority and underrepresented group members involved in the work of APA. This will require the use of less expensive methods of working together than in-person meetings necessitating travel. The Internet, telephone and video conferencing and other emerging technologies should be our main tools for supporting the communication and active involvement of our members. Even with the value of technology for member to member interaction, we must remember that this is not a replacement for face-to-face communication which will continue to occur at the members' expense at the Annual Meeting in May and in the fall at IPS.

I will work to assure both quality and humane care for our patients and to safeguard our profession for the future. I want to work closely with AGLP and its membership to make sure that APA is addressing the mental health needs of the GLBT community, which as we all know, is an underserved community. I

want the upcoming DSM-V to reflect issues like prevalence and risk factors of mental disorders in the GLBT community in ways that will increase the community's visibility and encourage more research in addressing its mental health needs.

This is an exciting period in our profession and in the country. Some form of health care reform, however incremental, is likely and it is crucial that the APA be a part of the process. Innovative strategies will be needed to implement new health reform legislation. Enlightened thinking will be required to comprehend how changes in the health care system will affect the scope of professional practice. These major concerns demand our attention and that of the entire APA membership as we determine how best to proceed to enhance our ability to provide care to our patients. We must use this critical moment as an opportunity to reinforce our collaborative work together with allied psychiatric and medical organizations as well as mental health advocacy groups.

Thank you for this opportunity to share my ideas with your membership. I invite you to view my website, www.donnanorrismd.com. My extensive and long-standing leadership in the APA and allied groups has prepared me to lead the charge in crafting new and timely solutions for the future. I look forward to hearing from you about the best ways we can work together to improve care for our patients.

John M. Oldham, MD, Candidate for President-Elect

<http://johnmoldhammd.wordpress.com/>

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John Oldham, MD

Question 1: The APA is a membership organization and must continue to represent the interests of all of its members. Severe fiscal constraint is, unfortunately, a reality for the APA, just as it is for most professional organizations. Recent "belt tightening" restructuring changes have led to consolidation of some committees, councils, and components, with the risk that the voices of many special constituencies within the APA could be harder to hear. The APA must creatively insist that participatory input be sustained from groups such as minority members and members of the gay, lesbian, transgender and bisexual communities. Reduced opportunities for APA

members to participate in face-to-face meetings must be replaced with new categories of electronic and teleconference participation, with required expectations for broad member input prior to action by councils and committees. As well, representatives from these and other key special interest groups must be pro-actively and consistently appointed to the newly-structured committees and councils.

Question 2: Years ago, when Gellhorn was leading a debate on the selection of specialties to be designated as primary care, I argued that psychiatry should be on the primary care list or, at a minimum, public sector psychiatry should. We are the physicians for many patients with serious and persistent psychiatric illness. As the APA participates actively in the dialogue of healthcare reform, the mainstream medical nature of psychiatric illness should emerge more clearly.

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2010 APA Candidates

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Articulate arguments already made by the APA for full parity implementation must be sustained, and parity is needed not just for our patients but for psychiatry itself. We must provide performance measurement tools for our members that are non-burdensome but facilitate demonstration of improvement in care, while providing "performance in practice" qualification for maintenance of certification and maintenance of licensure. Working side by side with the AMA and with partners of many specialties, we must advocate for well-coordinated, comprehensive, evidence-based treatment – treatment that works.

Fred Gottlieb, MD, Candidate for Secretary

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**Fred Gottlieb, MD**

Question 1: Universal access to truly adequate health care and same sex union are simple examples of fairness. Although no one wants to be portrayed as unfair, problems result when being fair seems to conflict with other long-held values. When that happens people need to suppress the resulting cognitive dissonance, and many end up ignoring or justifying stances about discriminatory health care ("it's a government takeover!"), gay marriage ("Scripture forbids it!"), or wholesale program slashes ("we must do it to survive!"). The Board recently decimated APA's Committee structure, which carefully had included many

members with "non-expert" but broader views, members of minority groups, and those who frequently provided "outside" perspectives. The somewhat appalling decision was justified as budget-driven. Similar cutbacks are envisioned for the Assembly, which probably prompts AGLP's 1st. question.

Both candidates for Secretary have long records of sensitivity and of effective action in promoting and protecting minority voices. I was Chair of the Assembly Committee on Procedures which successfully brought to the whole Assembly motions to establish categories by which five then NIMH-designated minorities were afforded representation. I fought hard to add gay members as an additional group, arguing idealistically and on principle, but it appeared that wasn't going to be approved by the Assembly. Fortunately my colleague Roger Peele (Editor's Note: Roger Peele, MD, is the other candidate for Secretary) was more pragmatic than I, offering an amendment (which I didn't like and voted against) re-labeling the group "Homosexual-Identified-Psychiatrists" and, *mirabilis dictum*, that proved sufficient to win the Assembly passage that provided later entry for AGLP. Both idealism and pragmatism were needed. I believe each one of us respect and currently exercise that idealistic/pragmatic combination.

When Assembly Speaker-elect and Speaker I viewed the Speaker's appointment process as a major vehicle through which the Assembly could change for the better, with more diversity and inclusivity and less "good old boy" stuff. I recruited a "kitchen cabinet" of such members as my advisors, members not on the Assembly Executive Committee, members especially able to think outside the box. Many subsequently moved forward significantly within APA's structure.

Although competency remains a *sine qua non* for appointment, one must be responsible to ensure that bona fide opportunities exist to develop and exercise that competence. While I can't "assure" AGLP, I absolutely am confident that both of us not only will work very hard so that AGLP, and other minorities too, "will continue to have a voice in the APA" but also that we will take all forceful actions available to us to implement APA's really being tuned to listen to and hear those voices.

Question 2: 1) Better Mobilize Members' Input: This includes criticism of the BOT's decision as noted above and also suggests that PACs, including APA's, pose problems that require augmented alternative approaches which might become part of the Secretary's job.

2) Increase Information & Openness: This includes expanding our actions about areas which pose conflicts of interest; increasing our skeptical vigilance re. our relationship with PHARMA; using APA as a resource for information about pharmaceuticals instead of needing to depend upon outside publications or industry; making sure that adequate appropriate material from BOT Executive Sessions is reported in Board minutes

3) Emphasize Patient Access and Patient Care: This includes standing against the health insurance industry's dismaying and uncompetitive reign [note: you can correctly interpret that as a personal endorsement of a meaningful public option]; and, in some disagreement with Roger, not basing judgement about DSM-V on a single criterion having to do with reducing NOS diagnoses; instead, I think honest NOS diagnoses also can reflect what I think are the complex and ambiguous clinical realities of our patients.

Our statements may not help you figure out which secretarial candidate to support, because obviously both of us fully agree that supporting fairness for all citizens, and expanding input from all members, must be a significant part of APA's function. But in any event, our answers to AGLP's questions should reinforce the notion that both of us really meant it when we said we'd like to open up some issues for discussion!

Roger Peele, MD, DLFAPA, Candidate for Secretary

<http://www.rogerpeele.com/>
rogerpeele@aol.com

**Roger Peele, MD**

Question 1: Last March, the APA Board addressed two motions, 1] To abolish nearly 80 components and replace with 9 Councils; 2] Change Board's composition by removing two Trustees-At-Large and Vice-President positions and adding a nonvoting Minority Representative (representing homosexuals and other minorities). Relative to "1]," I submitted a motion that would ask the components whether they thought they should be abolished; and if not, why not, before abolishing any, but a bare majority [11 of 19] voted in favor of the original motion. On "2]," I made the motion that the Minority Representative be a voting member of the Board. That passed.

As of today, November 9, no motions have passed to reduce the Assembly or its

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2010 APA Candidates*Continued from Page 7*

committees. While Assembly Speaker, 1987, I called for a role of allied organizations in the APA'S governance. We have made some progress in that AGLP and others now have a vote in the Assembly; but we need to move toward an even greater voice of allied organizations in the Assembly. Restated, empowering allied organizations are better than creating committees, as the former is more consistent with a democratic governance.

Question 2: There is a long list of critical tasks. Given the limits in space, I will only address two.

The major product of the APA is the DSM. While all five DSMs' two goals were coverage and reliability, the last three [DSM-III, DSM-III-R, and DSM-IV] emphasized reliability and "solved" coverage by having NOS diagnoses for those patients the DSM had no diagnosis. [Mea culpa — I was part of the development of those three DSMs (and am on the DSM-V Task Force).] Some studies have found that about 30% of patients receive the NOS diagnosis when DSM-IV is applied correctly. That is far too large. NOS is not meaningful. Patients who see a physician want a meaningful diagnosis. When the DSM-V draft comes to the APA Board, I will judge it on the basis of its ability to reduce the number of NOS diagnoses.

I have been a member of AGLP for more than two decades, as I feel the goals of AGLP deserve support from all. As I have said in recent years: "Marriage is the only institution based on love. The APA must champion the concept that marriage be available to all lovers." The recent vote in Maine is another reminder that this battle is going to be a long one — a battle the APA must support.

David Fassler, MD, Candidate for Treasurer

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**David Fassler, MD**

Question 1: Issues of interest and concern to the gay, lesbian, transgender and bisexual community should and will continue to be addressed at multiple levels throughout the APA, including the Assembly, the Councils, and at the Board. In some ways, I think the recent reorganization will increase the role and potential influence of organizations such as AGLP. As a specific suggestion, I think the leadership of AGLP should meet with the APA leadership on an annual basis to review specific agendas, initiatives, and perspectives. As a member of the Board, I've been open to receiving input and suggestions from allied organizations, including AGLP. If elected, I

would also look to groups such as AGLP for recommendations regarding appointments to APA components.

I also think I have a strong track record on a number of issues of particular concern to AGLP. Early in my career, I was involved in research on children's knowledge and attitudes about AIDS. I produced a series of educational materials for use with very young children. A book which I co-authored, *What's a Virus, Anyway?*, is still in print. It's one of the few books which can actually be

used to explain AIDS to a 5 year old child.

Prior to joining the Board, I was the Chair of the Council on Children, Adolescents and their Families. I also served as a member of the Joint Reference Committee. In this capacity, I supported adoption of the APA Policy Statement on Psychiatric Treatment and Sexual Orientation (1998), *Therapies Focused on Attempts to Change Sexual Orientation* (2000), and *Same Sex Unions* (2000). As a member of the Executive Committee of the Vermont Psychiatric Association, I also supported and helped secure VPA endorsement for an amicus brief in *Baker v. State*, our landmark civil union case. I also serve as a media spokesperson for the APA on many child psychiatric issues. I am often called to comment on issues pertaining to adoption by gay and lesbian parents. As a member of the AACAP Assembly and Council, I also helped pass the 1999 Policy Statement on "Gay, Lesbian and Bisexual Parents", and as a member of the APA Board, I voted to approve our 2002 Position Statement on "Adoption and Co-Parenting of Children by Same Sex Couples", and our 2005 Position Statement on "Support for Recognition of Same Sex Civil Marriage". As the Vice-Chair of our AMA Section Council on Psychiatry, I've also had the opportunity to testify about this issue before the AMA House of Delegates. My testimony on this subject, which cited both APA and Academy policy, helped secure passage of a Resolution on "Partner Co-Adoption", which established new AMA policy in support of adoption by same sex partners.

Question 2: The APA is currently facing numerous challenges. From my perspective, I think our first priority needs to be financial stability. We need to maintain a balanced budget, with appropriate reserves for unforeseen events. As Treasurer, I would also continue my efforts to simplify and communicate the information about the APA's financial status. Next, I think we need to place increased emphasis on helping our members deal with the concrete realities of practice in a wide variety of settings. This includes a concentrated effort to help increase reimbursement for psychiatric treatment, assistance with identifying employment opportunities, and advocacy for funding for training programs and research initiatives. We also need to preserve and protect the scientific autonomy and integrity of the DSM V process. And finally, I think we need to strengthen our ties with our allied and affiliated psychiatric organizations, such as AGLP. I believe that such partnerships and joint efforts enhance our ability to achieve our larger goals and objectives.

I've very much enjoyed serving on the APA Board. I believe I've been a consistent and effective spokesperson and advocate for the organization. If elected Treasurer, I would look forward to continuing my efforts on behalf of our members, our patients, and our profession.

I hope the above information answers the questions you've outlined. Feel free to contact me if I can of any further assistance.

Paul Summergrad, MD, Candidate for Treasurer

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psummergrad@tuftsmedicalcenter.org

Question 1: It is an honor to be nominated to run for Treasurer of the APA. I am grateful that the AGLP has sought my opinion on these important issues. APA must be able to represent the best of American Psychiatry with its diverse membership and clinical, academic and public sector communities. APA has to be healthy so it can speak effectively for our practitioners, outstanding science and our patients. However, APA continues to face difficult financial circum-

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2010 APA Candidates

Continued from Page 8**Paul Summergrad, MD**

stances affecting our Component structure and the Assembly.

It is essential that Gay, Lesbian, Bisexual and Transgendered psychiatrists, as well as other minority members continue to have a vibrant voice in APA governance, councils and the Assembly. APA faces an ongoing financial crisis, but more importantly an emerging concern about our governance. The restructuring of the components and the Assembly in response to urgent financial pressures has an impact far beyond the bottom line of the APA. It is an essential role of mine as Treasurer to not only be focused on the financial well being of the APA but to make sure an open,

honest and respectful dialog occurs with GLBT members, AGLP and others on the APA's mission and the best governance structure for the APA going forward. As a former State Association/District Branch President, I know that for APA to be effective it must be close to our members and be built from the outside in, not otherwise.

Stigma and disenfranchisement are central to the experience of psychiatric patients and psychiatrists. GLBT psychiatrists' profound experiences of stigma, and your deep experience at overcoming barriers to achieve proud and open communication are models from which APA and all members can learn. I would hope to meet frequently with AGLP members to both understand the issues that are most important for you, as well as discuss together responses to the issues which APA must confront. These must include the continued impact of stigma in all its forms and the importance of diversity to the future of the APA.

Question 2: APA faces two immediate and important issues. Financially, the organization has had to take rapid and emergent steps to reduce unanticipated deficits. As important as these urgent steps may have been, they have had the consequence of creating an emerging concern about our governance and member's engagement with the APA.

Regarding the financial issues, I have had extensive experience, as a department chair, and as the chair of a large multi-specialty physician practice, in dealing with financial crises, and in Board leadership. I would, working with the President, Board and APA management, make sure we have thoughtful, short and intermediate term views of the financial circumstances of the APA and options for their management, including contingencies. These options must include a clear view of the mission of the APA, and the impact of further financial pressures on those missions, our governance and our membership.

In regard to our governance issues, and in light of our mission, I believe we need an open discussion with the Board, SA/DB's, the Assembly, Allied organizations such as AGLP on how to proceed with a review of the most robust governance structure for APA going forward. I would very much want to include GLBT psychiatrists and AGLP in that process.

Brian Crowley, MD, Candidate for Area III Trustee

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**Brian Crowley, MD**

Question 1 and 2: (Editor's Note: Candidate combined his responses in one statement.)

It is my hope that my position statement directly addresses your two questions. In addition I would say that as I work to restore components, reestablishing one representing the gay, lesbian, transgender, and bisexual community would be a top priority. The AGLP community has been a vital, very active core constituency within APA and needs to remain in a position of prominence and power.

Position Statement:

- Change is urgently needed in our APA Board of Trustees. Recent BOT decisions drastically slashing the Components greatly reduce the number of members able to participate in the life of our Association. We need inclusiveness again. Meeting short-term budget shortfalls by taking a meat-axe to the components, the Assembly budget, as well as by cutting area representation on the Board itself-- all these recent acts of the BOT will lead to a small, poor, weak organization with a few elites at the top.
- We need to give the APA back to the members. If you elect me to the Board of Trustees, I will dedicate myself to this task.
- Our APA needs to move toward a rational relation with the pharmaceutical industry, rethinking the interests of our patients and our profession, and reestablishing an adequate flow of money from industry to psychiatry. APA needs to be neither "drug dependent" nor avoidant of a healthy, mutually rewarding, strong relationship with this crucial industry. Too much of APA's recent behavior seems founded on "avoiding sin" and maintaining an illusion of purity, or on trying to appease critics in Congress and elsewhere who have their own agendas.
- There have been terrible abuses: research projects perverted from honest science to a mendacious marketing device when industry "support" leads to distortion of data; ghost-written papers in journals; colleagues paid by a company giving a tilted spiel for one drug at a dinner meeting, rather than (as happened in the past) offering a balanced, reasonably fair view of treatment options for a particular condition.
- I think we are strong and smart enough to think our way through to a new policy which will maintain our integrity as practitioners of the science and art of psychiatry while working with Pharma and its resources.
- An experience from my prior APA services convinces me that we can develop the know-how to deal with Pharma with strength and fidelity to our principles. In the 1980s I served on the APA Committee on Advertising. We had standards for industry ads in all APA publications; the staff monitored the proposed ads. Then the committee demanded changes, or prevented publication, in cases where an industry submission did not meet our standards for accuracy, fidelity to evidence and current science, as well as for taste. There were some cliff-hanging battles, but the result was good, honest, and fair ads in APA publications. And a continuing, constructive relationship with Pharma. This committee, I'm told, still functions well along the same lines.
- Let's recast our relation to industry while using needed funds appropri-

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2010 APA Candidates

Continued from Page 9

ately to benefit psychiatry. We can do it!

- Respecting the real honor which this nomination means, I ask you to elect me so that I can work hard for you to implement these needed reforms on the Board of Trustees.

John Urbaitis, MD, Candidate for Area III Trustee

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NO RESPONSE RECEIVED BY DEADLINE.

Barton J. Blinder, MD, PhD, Candidate for Area 6 Trustee

bblinder@uci.edu

**Barton Blinder, MD, PhD**

Question 1: I have vigorously supported MUR/AGLP initiatives during my over 20 years in APA Assembly. When positions to support recognition of gay rights and marriage were discussed I actively supported them. Our Area VI Council has always been sensitive to and supportive of advances in MUR/GL requests and concerns.

I would be sure to be aware of diversity in appointments at all levels of APA.

Question 2: Positions:

- Extend APA membership connection and involvement. Consider "personal" member web pages connected to both national and individual interests and organizational participation.
- Continue to work for Assembly equitable representation, integration and streamlining of activities and functions and work toward possible APA organizational restructuring
- Encourage the DSM V product to represent symptom and dimensional aspects of psychiatric disorders and to reflect diagnostic concerns of daily practice
- Work toward a productive relationship with Pharma that promotes research for new products and creates a mutually respectful relationship with our profession.
- Encourage access to care at all levels of practice. Work toward full parity, elimination of formulary restrictions and the encouraging creative models of integration with primary care

Marc Graff, MD, Candidate for Area 6 Trustee

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Question 1: I am against decreasing the diversity of the APA and in favor of increasing its diversity, including diversity as seen in the gay, lesbian, transgender and bisexual communities. In my experience as a psychiatrist, not only have I treated members of all these groups, but I have worked with and am

**Marc Graff, MD**

friends with members of all of these communities, both personally and professionally, and have given money to APLA, GMHC and other organizations which support the efforts of these communities. I am committed to diversity and have appointed members of many minorities to Area 6 committees and task forces. APA needs the voices and efforts of all, not just a few. I will work to ensure that our organization remains open to all those who wish to contribute.

Question 2: I believe that the most important tasks that APA faces are threefold: (1) ensuring our fiscal strength so that our organization remains viable, (2) working with the

rest of the house of medicine, and other health care professionals, to advocate for the mentally ill and advocate for health care which serves all of our patients, and, finally, (3) making the APA a more transparent organizations which serves our members well. These issues are all complicated and require a long-term commitment towards the good of APA and our patients. I will make it my job to persevere to succeed in these efforts. We cannot passively wait for events to go our way.

Sarah B. Johnson, MD, Candidate for Member-In-Training Trustee-Elect (MITTE)

sbjohn01@gwise.louisville.edu

**Sarah Johnson, MD**

Question 1: As the next generation of psychiatrists, we play a central role in shaping the future of psychiatry, including the future of the APA. I have worked with current member-in-training leaders over the past year to preserve representation for all MITs within the new structure of the APA. It is important that the APA, the largest psychiatric organization in the world, represent its entire membership including the gay, lesbian, transgender and bisexual community. I will work to improve communication between MIT leadership and all constituents of the MIT membership body, including underrepresented groups and minorities. Our mission is

best fulfilled when all voices are heard. I hope to utilize current technology to find efficient and cost-effective means of reaching every MIT on the APA membership roster.

The diversity of the APA is best exemplified when all groups are encouraged to take an active role in leadership. I will continue to advocate for MIT and ECP representation on every council. One of my primary goals will be to increase collaboration between MIT groups within the APA so that we can share resources and ideas. I will continue to support leadership and fellowship programs which offer unique opportunities to underrepresented groups within the APA. I am honored to be nominated to both listen to your concerns, and to be your voice for the future of APA.

THANKS TO THE FOLLOWING WHO HAVE GENEROUSLY SUPPORTED AGLP FOR 2009-2010**EXCEPTIONAL CONTRIBUTION**

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President's Column
Continued from page 3

fore are an unpredictable variable, a supposed threat to the social construct of the traditional family—or so the conservative religious activists maintain. I recoil in horror at the repealing of Maine's same-sex marriage law because I am convinced that most of us do not realize how tenuous our position in society is, and how Maine's easy elimination of the right to marry a person of one's same gender demonstrates it.

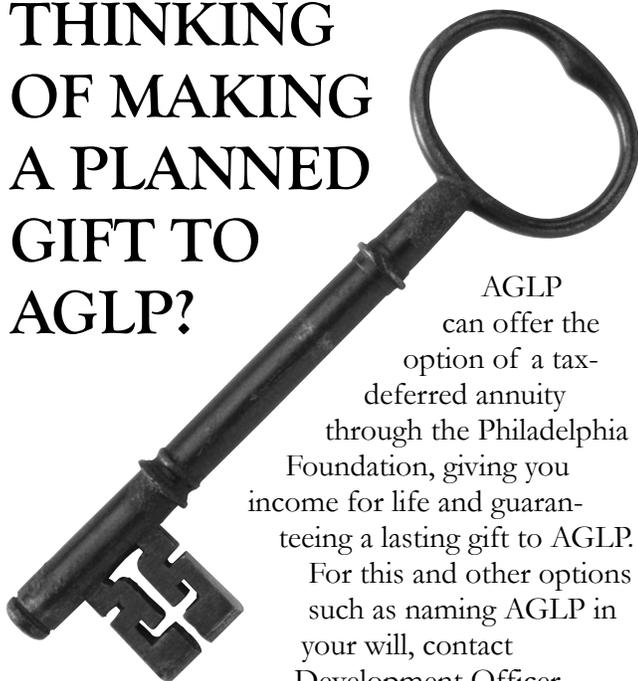
If religious groups feel threatened, they need to be educated that we are not fighting for recognition of religious unions, but for legal marriage, for the same civil rights as everybody else. More than one uninformed voter I spoke with in Maine—including at least one gay man—was swayed by the rhetoric spewed from the pulpit about God's creation of men and women to living in a sacred union. The reality for same sex couples of losing one's own property to taxes on the death of a partner or of being shut out of life and death decisions by a partner's natal family never registered.

Angry and disgusted in contemplating this intolerance and injustice, I find some consolation—beyond the bond I feel with my lover, sitting across the aisle from me reading his book, and the knowledge that he has always been there for me, and will continue to be—in the fact that associations like AGLP exist to promote education, development, maturity and equanimity within society. AGLP pursues this mission in the realm of mental health—one of the deepest, most dangerous, and most beautiful facets of human nature.

Do not let your AGLP membership lapse: you are endangering your life.

...

THINKING OF MAKING A PLANNED GIFT TO AGLP?



AGLP can offer the option of a tax-deferred annuity through the Philadelphia Foundation, giving you income for life and guaranteeing a lasting gift to AGLP. For this and other options such as naming AGLP in your will, contact Development Officer Stephan Carlson at scarlson@aglp.org.



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Ira Phillips
Nashville, TN

Jared Wakeman, M.D.
Washington, DC

AGLP Fall Board Meeting

Saturday, October 10, 2009

(10:00am – 3:00pm)

Sheraton New York Hotel & Towers, New York, NY

In attendance: Ubaldo Leli, Kenn Ashley, Andy Tompkins, Roy Harker, Mary Barber, Phil Bialer, Chris McIntosh, Gabrielle Mariotti, Gene Nakajima, Jack Drescher, David Scasta, Mark Townsend.

Ubaldo opened the meeting at 10AM.

I. Report on Annual meetings:

- A. New Orleans – 2010: Stefan Carlson Local Arrangements Committee
- 1) Hotel: Roy Harker: The hotel will be chosen in November.
 - 2) Booth: Roy Harker: The board agreed that AGLP should have the same size booth and pursue funding from members and outside partners, even with an increase in price to \$1800. There was no desire to cut the size of the booth in half.
 - 3) Booklet: Stefan will handle this part.
 - 4) Women's events: Mark Townsend will ask a child fellow in New Orleans, to participate in organizing these events.
 - 5) ECP/Residents: Brunch will be planned. Marshall will talk in hospitality suite.
 - 6) Minority Outreach: No event has been planned.
 - 7) AGLP Awards: Dan Karasic: No report is available.
 - 8) Educational Program and the Hospitality Suite: Ken Ashley: The board discussed the following topics: volunteering for psychiatric services, disaster events; elderly GLBT mental health; ethics in LGBT health including advance directives. The group consensus was the elderly topic was most interesting. Kenn and Mark will check with Tulane for classroom space. Kenn will look into providing CME, asking GLMA, APA as possible providers of the CMEs. The board will confirm the topic at next month's Executive Committee (EC) teleconference. After topic is confirmed, Kenn will organize an effort to recruit local speakers on the topic.
 - 9) Opening and Closing Receptions, VIP Reception: - No venues have been secured. We discussed the history of the closing banquet and possible format changes. A plated dinner, a buffet, a party atmosphere, and collapsing closing and opening reception into one were discussed. The task force on the closing banquet will have a telephone conference on 10/23 at 3-4PM. It will draft recommendations to be discussed and voted upon at the next EC teleconference.
- B. Honolulu, HI 2011: Dan Mardonis: Roy will send Dan an email. Kenn Ashley will contact Scott Masters.
- C. Philadelphia, PA 2012: No discussion took place on this topic.

II. Executive Director Report: Roy Harker

Roy reported an \$11,000 budget shortfall due to 13% drop in membership and poor ticket sales at the last closing banquet. This will limit the money for 2010 convention. Discussion of this took place but no changes to the budget were

voted upon. Use of the online credit card processing company will be cheaper for AGLP and place the organization in compliance with federal regulations. AGLP will also make the deadline for filing tax returns.

III. Development Director Report: Gabriele Mariotti:

Gabrielle introduced himself and presented his business background. His responsibilities were discussed by the board and include grant writing, liaising with the development officer, and pursuing other funding sources. He requested that individual committees present him with a short description of activities for him to assist in the fundraising, especially grant writing. He agreed to write a short column in the newsletter introducing himself to the general membership.

IV. Nominations Committee: Andy Tompkins:

Andy Tompkins was nominated to chair the committee by Ubaldo Leli. Phil Bialer and Mary Barber were also nominated to be committee members. Kenn moved to accept this committee and Mary seconded the motion. There were no dissenting votes. No nominations have come in as of yet. The board reviewed the bylaws because of a concern about Andy holding two positions simultaneously. It was decided that the president could nominate a person in a time of an unfilled position but that the nominations committee will aggressively pursue alternative persons to fill those spots. Andy will also place an advertisement in newsletter and write an email to the membership.

V. BOARD AND COMMITTEE REPORTS**A. President: Ubaldo Leli:**

Introduced Gabrielle as the new Development director of AGLP. Ubaldo asks Gabrielle to write a blurb in the newsletter to help familiarize the membership with himself. Ubaldo led a discussion on how to improve the membership committee. The idea of one of the officers supervising membership development was discussed. Ubaldo asks for nominations for the committee chair of the AGLP Archives. The next monthly meeting will seek to formalize the chair of this committee. Roy will look into possible funding of an intern.

B. Vice- President: - Kenn Ashley:

See report above.

C. Secretary/Treasurer: - Andy Tompkins:

See report above.

D. Newsletter: George Harrison:

No report given.

E. Journal: - Mary Barber, Alan Schwartz:

Mary made a request for submissions. The journal has been using conference proceedings as special issues. She also requested that members approach speakers at outside talks with appropriate content to submit to journal. She requested more submissions on aging, multicultural, faith-based topics. Medline is reviewing the journal for listing on PubMed.

F. Women:

No report given.

G. Minority Outreach/International:

Kenn discussed upcoming meetings and outings for this group, including a

Executive Council Meeting Minutes*Continued from page 13*

meeting in Munich. Gene Nakajima requested members planning to go to an international to contact him.

H. Early Career: Chris McIntosh:

Chris reported that he was looking for a replacement for this position as he intends to focus his energy on the psychotherapy committee. Roy will review the membership list for possible replacements.

I. Residents: - Karl Jeffries/Eric Yarborough:

Upcoming events during annual meeting will continue to be discussed.

J. Medical Students:

Marc Manseau is no longer a medical student and a replacement will be sought from persons who have shown past interest and through AMSA list-serve.

K. Membership: Karl Jeffries:

Mary talked about doing a speaker's bureau without grant funding. We could send out a brochure advertising ourselves and possibly participate on OMNA on tour. The Bureau would need an organizer, local members for presentations, and a brochure which would need to be mailed. Mary, Jack, and Eric were appointed to work on task force for Speaker's Bureau that was created by Ubaldo Leli. Next, Mark suggested the LGB Caucus be a source of membership, especially as the caucus is growing. A role of the Caucus could be to operate a list-serve to announce events. Tonight the members of LGB Caucus will further discuss the role of caucus in AGLP membership. Kenn also suggested the need to have AGLP members at other meetings, especially in subspecialty organizations. Roy suggested we could collect info online about sub-specialty affiliations to allow us to track this aspect and take advantage of it. Roy agreed to place this on online membership forms. Chris also suggested members present at the Canadian Psychiatric Association annual meeting in Toronto next year.

L. Psychotherapy: Chris McIntosh:

Chris is looking for a resident or ECP person that could present a case at New Orleans. Mark Townsend could be a possible discussant.

N. Transgender:

No chair has been appointed.

O. John Fryer, M.D. Award: Mary Barber:

2010 and 2011 awardees have been selected. APA to make announcement in January 2010 for the next awardee. Jack Drescher suggested writing a press release to be ready on official announcement of the winner.

P. AAOL: David Scasta:

David discussed cost-saving plans for the Assembly. Nothing has been voted upon. Roger Peele has written a resolution to make deputy reps of MURs voting members in Assembly. David will keep AGLP updated on the progress of these resolutions.

Q. Religion and Spirituality Committee: David Scasta:

David announced an organizational meeting of the Religion and Spirituality this afternoon. He hoped that Reparative Therapy as a treatment option would be ending.

IV. NEW BUSINESS**A. Closing Banquet Task Force:**

Andy, Jack, Chris, and Mark will present recommendations on the closing banquet at next EC teleconference (11/6).

B. Retired Membership Level:

There have been 6 recent inquiries about this level of membership. There was a discussion of the member benefits for this category, including printed newsletter. The lower level of pay would have no journal or referral listing. The dues would be \$100. After discussion, David Scasta moved to accept this new category of membership and Andy seconded this motion. There were no dissenting or abstaining votes.

C. Kessler Award:

The original intent was to honor the exceptional contribution of David Kessler to AGLP. There already is a Kessler Lecture in NYC yearly through the Center for Lesbian and Gay Studies (CLAG). There was a discussion about the focus of the award. The discussion was tabled and will be placed on the agenda for the next EC teleconference.

D. Gittings Award: – Mary Barber:

Phil Bialer was nominated to chair awards committee, when Dan Karasic's term is up. Jack Drescher was also nominated to co-chair the awards committee.

Kenn moved to adjourn seconded by Andy. The vote was unanimous. The meeting ended at 2:30PM

Next EC phone conference to be 11/6 at 3:45 PM.

AGLP Executive Committee Phone Conference

Andy Tompkins, MD, AGLP Secretary

atompkins@aglp.org

(Minor revisions by Editor)

Friday, November 6, 2009

3:00pm (EST): 12:00pm (PST) - SKYPE Conference Call

In attendance: Roy Harker, Ubaldo Leli, Kenn Ashley, Andy Tompkins, Karl Jeffries, Stephan Carlson, David Scasta, Eric Yarborough.

Kenn motioned to accept minutes from Fall Meeting 2009. Andy seconded it and there were no dissenting votes.

I. New Business

a. Closing Banquet/Welcoming Reception Task Force (TF) Report. TF recommendation was to combine the Opening and Closing Reception into an event on Monday evening. Discussion ensued. Roy said that the venue for the Sunday opening reception could be used on Monday. Andy motioned to combine the two receptions for New Orleans on a Monday evening. Kenn seconded it. There were no dissenting votes. Gabriel will assist in considering fundraising component to this reception. Stephan will investigate possibilities for VIP reception. The TF will also try to rename the event and discuss success ratings for this change.

II. Report on Annual meetings:

Continued on page 15

Executive Committee Phone Conference

Continued from page 14

A. New Orleans: 2010: Stephan Carlson, M.D., Local Arrangements Chair

a. AGLP Awards: Awards Committee selection

b. Educational program and hospitality suite: Ken Ashley. Kenn would like clearer reports on who on the local arrangements would be assisting with this project. The topics were elderly in LGBT and/or PTSD/addictions. Kenn will investigate possible funding from Pride Institute.

c. Opening and Closing Receptions; VIP Reception;

d. Nominations: Andy Tompkins. No report.

III. Board and Committee Reports

A. Executive Director: Roy Harker. Cash is a little tight currently. Memberships are not renewing at usual rate. Roy will do a paper mailing as well.

B. President: Ubaldo Leli

C. Vice-president: Kenn Ashley. No report.

D. Secretary/Treasurer: Andy Tompkins.

E. Development Director: Gabriele Mariotti

F. Newsletter: George Harrison. Not present.

G. Journal: Mary Barber, Alan Schwartz. Not Present.

I. Women: not present.

J. Minority Outreach: not present.

K. Early Career: Chris McIntosh. Chris is working on Boston IPS with Gene. He is wondering if we could have a business meeting on Saturday AM or Sunday AM. The discussion ensued and we decided to meet on Sat AM of IPS.

L. Residents: Karl Jeffries/ Eric Yarbrough. Eric reported on the AGLP speaker's bureau project. It was decided that breaking online modules into individual presentations would aid in usability. Eric will experiment with one module, making PowerPoint and read along notes to promote.

M. Medical students: Wes Fisher. (Karl reminded us to contact him for future phone conferences.)

N. Membership: Karl Jeffries. Karl is writing a letter to the resident directors to recruit and working on a new AGLP annual meeting resident driven presentation. Roy mentioned AGLP also has a new Facebook site and encouraged members to join.

O. International: Gene Nakjima. Not present.

P. Psychoanalysis: Chris McIntosh

Q. Transgender –

R. John Fryer, M.D. Award: Mary Barber. Not present.

S. AAOL: David Scasta (Editor's Note: See Report elsewhere in this edition of the Newsletter)

T. The Kessler award was not discussed.

Our next meeting will be Friday December 4 at 3-3:45PM.

2010 APA Candidates

Continued from Page 10

Question 2: The APA faces many critical tasks in coming years. It is critical that we advocate for a healthcare system that both provides high quality care for mentally ill patients and protects psychiatrists. We must continue to examine the integration of psychiatry into primary care, and support policies that are in the best interest of our patients. As an organization, we must continue to promote financial transparency and responsible relationships with the pharmaceutical industry. I hope to increase awareness of these and other issues within the membership of the APA. My goal is to keep MITs informed, gather feedback on solutions to these challenges and provide accurate representation to the Board of Trustees. I will work to expand MIT and ECP membership, including minorities and underrepresented groups, so that we can address these issues together.

Samir Sabbag, MD, Candidate for Member-In-Training Trustee-Elect (MITTE)

ssabbag@med.miami.edu



Samir Sabbag, MD

Question 1: The decreased number of councils and committees affects the way all minority groups are represented at the assembly. As a member-in-training trustee-elect, I will work closely with the Association of Gay and Lesbian Psychiatrists delegates to ensure LGBT concerns are included and discussed during our meetings, being a strong advocate for the community. It is concerning to me that in most states across the nation, same-sex marriage is not legally recognized, nor is adoption of children by same-sex couples. For the several decades, the APA has made position statements that support LGBT issues, including most recently the 2005 position statement regarding same-sex marriage and the 2002 statement on adoption and co-parenting. Now, when the government is looking forward to changing its old structure, at the APA we must take a strong stance on these issues, assisting in changing policy that provides the LGBT community the same rights as any other person in this country.

Question 2: One of the most critical issues APA is facing this moment is how mental health care will be covered in the Health Care reform. Being involved since the beginning provides us with a privileged position, where we can propose and support changes while the reform is still in the making. We need to make sure mental health parity is observed during this process, and to assure coverage for the more than 46 million uninsured Americans. The health care reform should benefit patients but, at the same time, not be detrimental for physicians, as has happened in different reforms in other countries. We also need to address our long time problem: stigma among mental health patients, and educate health care workers, starting at a residency level, on the specific issues and needs of our diverse population.

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AGLP MEMBERSHIP APPLICATION FORM

NAME: _____

DEGREE: _____ **PREFERRED (NICK) 1ST NAME:** _____

- FULL MEMBER-\$225 MEMBER OF THE APA
- RESIDENT - \$45
- MEDICAL STUDENT - \$15
- EARLY CAREER - \$100 (1ST 3 YEARS OUT OF TRAINING)
- FRIEND/ALLY - \$100
- INTERNATIONAL (OUTSIDE US AND CANADA) - \$100 (US CUR.)

IF A STUDENT OR RESIDENT, DATE OF COMPLETION: _____

DO YOU WANT YOUR TO APPEAR IN AN ONLINE DIRECTORY OF AGLP MEMBERS?

- YES NO

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APPLICATION FORM

CAUCUS OF LESBIAN, GAY & BISEXUAL PSYCHIATRISTS

AMERICAN PSYCHIATRIC ASSOCIATION

(CLGBBP is the official APA minority caucus for lesbian, gay and bisexual psychiatrists. Membership lists are maintained by the APA; confidentiality is not assured. Membership is free.)

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____ - _____

***APA Membership Status:** _____

Please enroll me in the Caucus of Lesbian, Gay & Bisexual Psychiatrists.

Signed: _____ **Date:** _____

Send this form to: Office of Membership
American Psychiatric Association
1000 Wilson Boulevard
Suite 1825
Arlington, VA 22209

** Member-In-Training, General Member, Fellow, Life Member, Life Fellow*



Start making your plans now!

APA New Orleans

May 21 through May 26, 2010

Photo courtesy of the New Orleans Visitor's and Convention Bureau