



AGLP
Opening Minds

VOLUME XXX(1) · JANUARY 2004

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Courtesy of the New York City Visitor's and Convention Bureau

FROM THE 2004 AGLP MEETING'S LOCAL ARRANGEMENT COMMITTEE

Welcome to New York City

Is there any need to describe New York and what it offers? New York is probably the most lively, vibrant, and important city in the world. Although New Yorkers are rough in their manners, direct, and without frills in relating to others, they are a cohesive, supportive, and proud family, which has been able to face enormous catastrophic events like 9/11 and the recent blackout with a spirit of camaraderie and cooperation. The gay community here is widespread, highly visible, diverse, and integrated with the rest of the city in a manner unlike anywhere else.

New York will offer visitors attending the AGLP 2004 meeting nearly anything their hearts desire. The city is safe, cleaner than ever, efficient, and vibrant. From the glitz of Broadway to the grittier downtown theater, from opera to rock and hip-hop, from fine art museums to the Museum of Sex, New York offers you what you look for.

The AGLP meeting's main venue will be the **Park Central Hotel**, where the hospitality suite will be located. The hotel stands one block from **Carnegie Hall**, within walking distance of all the APA hotels. Also within a few blocks are **Times Square**, **Central Park**, and the recently gay-gentrified **Clinton** (aka Hell's Kitchen). An easy stroll north leads to the Upper West Side, where you can visit the **Museum of Natural History**, admire the historic **Dakota Apartments**, where John Lennon's fans still crowd the entrance daily, or stock up on gourmet delights from **Zabar's**. It's just as easy to explore the **Upper East Side**, with Madison Avenue's eye-popping stretch of designer boutiques, not to mention the **Metropolitan Museum**, the **Guggenheim**, the **Whitney**, and the **Frick Collection**. Only a short subway or cab ride from the hotel is **Chelsea**, the city's gay center, **Greenwich Village**, **Chinatown**, and **Soho**.

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The Newsletter of the
Association of Gay and Lesbian
Psychiatrists

Editor, Cheryl Chessick, M.D.

Published quarterly from 4455 East 12th Avenue,
Box A011-21, Denver, Colorado 80220.

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: Cheryl Chessick, M.D., Editor, *Newsletter* of AGLP; is 4455 East 12th Avenue, Box A011-21, Denver, Colorado 80220. (Phone: 303-315-9884, FAX 303-315-9570, E-mail: cheryl.chessick@uchsc.edu). Submissions should be clearly readable. Submissions on electronic media (5.25 or 3.5 inch floppy disks) 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 March 1, 2004.

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	\$200
Half-Page Ad	\$125
Business Card	\$50

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

By Cheryl Chessick MD

We have an exciting list of candidates for the APA's 2004 Elections. Steven Sharfstein MD and Jagannathan Srinivasaraghavan MD are running for president elect. Albert Gaw MD, Patrice Harris MD, and Carolyn Robinowitz MD are running for treasurer. Renee Binder MD, Jeffrey Geller MD, and Michael Vergare MD are running for trustee at large. John Kuzma MD and Daniel Mamah MD are running for member in training trustee. Each year we try to present questions to each candidate. This year is no exception. I am always curious who will be the first to respond. Dr. Sharfstein won the quick response but Renee Binder won the first response with completed responses. For some reason, that is always a positive sign i.e. we are closer, possibly, on someone's radar screen and there is little need or time for thinking of responses. This is my theory which may be all wet. The answer may be that it simply takes some time to get one's thoughts together.

Any way, here is what I heard back:

APA Candidates Respond

President Elect

Steven Sharfstein, M.D.

1. If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?

As President of the APA, I will reach out to the many groups and organizations that make up the mosaic of American psychiatry. As I count many of my friends and colleagues who are in the Association of Gay and Lesbian Psychiatrists and the Caucus of Lesbian, Gay, and Bisexual Psychiatrists, I anticipate having no problem in effective communication and interaction on issues of mutual concern. I expect that the APA will be at the cutting edge of some of the most intense political and social issues of the day, including gay marriage, gays and lesbians in the military, continuing stigma and discrimination, adoption of children, AIDS treatment and prevention, etc. A close collaboration between the leadership of the APA and the Association and Caucus is essential if we are to respond in a timely way to these issues.

2. What do you see as the important issues regarding LGBT people to consider in writing DSMV, and how would you make sure those issues are researched and addressed?

The earliest DSMV will be published will be 2010, so for the next few years, the APA will begin organizing the data, research, and groups that will have input into this most important project. I believe taking homosexuality out of the Diagnostic Manual from the 1970s is one of the most important contributions psychiatry has made to the civil rights of Americans. In the DSMV, the most significant part of the process is to include lesbian, gay, and bisexual psychiatrists in the work groups and leadership structure for the DSMV. The DSM is a worldwide book and will influence the thinking of the next generation of psychiatrists and mental health professionals on the treatment and diagnosis of mental disorders. Although the DSM is primarily a scientific document, it is a major statement of our values and beliefs as psychiatric clinicians.

Jagannathan Srinivasaraghavan, M.D.

(1) If you are elected, what kind of relationship would you expect to establish with the

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President's Column

Mary Barber, MD



Mary Barber, M.D.

The process of coming out is never-ending, and simply being present in a group or place does not imply acceptance. I've had the opportunity to re-learn these lessons this fall.

My partner and I are active members of an Episcopal church, and were very happy to hear the news of the approval of the first openly gay bishop this summer at the Church's general convention. We were in complete denial that this development would have any effect on our little parish. Our particular church has a small but very active group of lesbian members – the music director, assistants at the altar, teachers in the adult Bible study class, Sunday school teachers, choir members, a member of the board. We thought because we were allowed to do lots of work for the church, this meant we were accepted. We are all open about our relationships and lives, but not all of us come to church with our partner, and so may not be as visible to straight people in the church. Until recently, the lesbians at our church seemed to make a point not to be a little gay "clique." Maybe we were happy to not be activists in this one setting, or maybe we were unconsciously trying not to upset what we sensed might be a tenuous degree of welcome.

After the decision to approve Bishop Robinson's consecration, three families left our church. They told the pastor that Bishop Robinson was the reason. They were not interested in talking about it further with anyone in the church. The weird thing was that these were all people that at least one of us had socialized with, had our kids play together, we had been their kids' teacher in Sunday school or had done other work with them. They knew us, yet they left because of us. Also disconcerting was the hierarchy in our diocese. The bishop in NYC wrote a letter to all the churches that had a very dismissive tone, to the effect of – don't worry, straight people, this bishop is just one person in one little district.

Until recently, the lesbians at our church seemed to make a point not to be a little gay "clique." Maybe we were happy to not be activists in this one setting, or maybe we were unconsciously trying not to upset what we sensed might be a tenuous degree of welcome.

Suddenly, the lesbians at our church decided that we needed to have lunch. We wrote a letter for the church newsletter describing our feelings about what had happened. We started a gay and lesbian study group, in which we are reading about gay liberation theology. Our pastor initially acted supportive of us, then got a little tentative about the letter (until it got an overwhelmingly positive response from the straight members of the church), then started acting downright threatened and suspicious about the study group. We went through several weeks of back and forth arguing, in person and by email, before it became clear to her that our group would exist with or without her approval, and our pastor finally relented.

We have realized that trying to be "just like any other church member," even while being open about our identities, is not enough. Our calm, superficially accepting environment has been forever shaken up. Yet at the same time, we have been given the opportunity to develop a deeper and ultimately stronger relationship with each other and with our church.

So that's my news from the Hudson River Valley. Most of us have been in a situation like this in one place or another, at least once before, so you know exactly what I'm talking about. It's been a tiring, yet rewarding, process. I'm hoping for a calm winter! At the same time, I'm glad to be part of AGLP, where I know I have a network of colleagues who understands the importance of visibility and of speaking out on these issues.

President's Column

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Oh yes, how about some news about AGLP? I have tried to make my January columns contain a "state of the organization" summary, so that everyone can see what we've done in the past year. This year, I've included that information in some detail in a separate section. Along with the membership and treasurer's reports, these documents comprise an annual report of AGLP's activities and budget. You will see that the state of our group is strong, and that we have a number of accomplishments and projects-in-development of which we can be proud. I urge you all to read these reports, and contact me with any feedback or questions you may have.

Happy New Year!

Mary

STATE OF THE ASSOCIATION 2003

Mary Barber, MD

The Association of Gay and Lesbian Psychiatrists (AGLP) is a community of psychiatrists that educates and advocates on Lesbian Gay Bisexual and Transgender mental health issues.

Our goals are to:

- Foster a fuller understanding of LGBT mental health issues;
- Research and advocate for the best mental health care for the LGBT community;
- Develop resources to promote LGBT mental health;
- Create a welcoming, safe, nurturing, and accepting environment for members; and
- Provide valuable and accessible services to our members.

Programs and Services Provided by the Association in 2003

1. Liaison with the American Psychiatric Association (APA). AGLP members regularly give presentations at APA meetings, educating a broad range of psychiatrists and mental health professionals about LGBT mental health issues. Among other talks, AGLP members presented symposia at the APA annual meeting in May 2003 in San Francisco on gender identity disorder and on epidemiologic research addressing the mental health needs of lesbian and gay communities. AGLP members, individually and through the APA Caucus of LGB Members and Committee on LGB Issues, are working to ensure that LGBT issues are addressed in a well-informed

way in the writing of the next Diagnostic and Statistical Manual (DSM-V). With AGLP member support, Caucus Representative Margery Sved was able to get a resolution passed in the APA Assembly which will allow APA members to voluntarily check off their sexual orientation on their membership forms. With this addition, APA will be able to know how many openly LGBT people are in its membership.

2. AGLP Annual Meeting. AGLP presented a full day CME course to over 125 mental health professionals in San Francisco in May 2003. Beyond Coming Out: LGBT Mental Health Care Across the Lifespan helped attendees to better understand developmental and phase of life issues in psychotherapy with LGBT patients. This full-day symposium kicked off AGLP's week-long annual meeting, which also included small discussion sessions on international LGBT issues, psychoanalytic treatment of gay people, gay parenting, and patients involved in the club drug scene, among other topics. The meeting provided networking opportunities for psychiatry residents and early career psychiatrists, lesbian psychiatrists, and international and ethnic minority LGBT psychiatrists. The week ended with an awards dinner, in which we recognized Dr. Frank Rundle, past president and one of the founding members of AGLP, and Dr. Francis Lu, a straight supporter of AGLP through his work on cultural competency issues within the APA and at UCSF. By granting these awards, AGLP raises the psychiatric community's awareness of the importance of LGBT mental health.

3. Mentoring of students and psychiatrists in training. In 2003, we provided \$1,682 to 5 medical students with travel scholarships to attend AGLP meetings. Through these scholarships, which are funded through member donations, AGLP hopes to interest gay and gay-friendly medical students in careers in psychiatry. We also strive to mentor students and psychiatry residents in their careers, through special sessions for trainees at our annual meetings, through discounted membership dues which include AGLP's journal and newsletter, and through a new mentoring program being initiated by two of our medical student members. Andy Tompkins and Brian Palmer surveyed AGLP members and compiled a list of volunteer mentors, and are pairing the mentors with interested medical students. Through these efforts AGLP hopes to insure future generations of psychiatrists who will be sensitive to the needs of LGBT people.

4. Journal of Gay and Lesbian Psychotherapy. AGLP's quarterly, peer-reviewed journal continues to provide high quality scholarly discourse on LGBT mental health issues. Recent topics have included international views on homosexuality, social activism, interviews with important figures in the removal of homosexuality

Continued on page 5

State of the Association 2003

Continued from page 4

as a mental illness and in the early years of AGLP, and bare backing. The Journal has published articles by prominent psychoanalysts who had previously written about gays and lesbians as being psychiatrically disturbed, who now regard homosexuality as normal, thus getting their changed views into the scholarly record. The Journal is provided to AGLP's 600 members as a membership benefit, and additionally is carried by over 100 libraries across the US.

5. Referral Directory. AGLP publishes an annual directory of gay and gay-affirmative therapists across the country. The directory is provided to members, is available to the public by request in print copy, and is freely available on the AGLP web site.

6. Web Site. We educate professionals and the public through our web site (www.aglp.org), which includes APA position statements of importance to LGBT people, as well as our own content. The AGLP web site includes a fact sheet on pedophilia and its mistaken association with homosexuality, a bibliography on lesbian and gay parenting, a bibliography on gay-affirmative psychotherapy, and a fact sheet on suicide in LGBT youth. Visitors to the site can also email their questions and requests for information, and are answered promptly by a board or staff member with expertise in the area of the question. The site gets over 1,000 hits a month.

7. Refining our Mission. In the past two years, the AGLP board has written and refined AGLP's mission, vision, and goal statements. The board and executive director have revised AGLP's logo from the pink triangle, lambda, and greek psi representing psychiatry. The new logo, a stylized psi with arms reaching out on a blue background, eliminates the gay-male-identified pink triangle and lambda, and incorporates a medical blue color. The image seeks to convey the spirit of AGLP's slogan, "opening minds," with the outstretched arms of the psi. The board's work on our mission and image has helped focus and inform new projects, and has presented a less male-identified, more inclusive face to members and the public.

8. New awards. In September 2003, the AGLP board voted to create two new awards. The first, the Stuart Nichols, MD award, honors the memory of a founding AGLP member who was a community psychiatrist and activist in the fields of addiction and HIV psychiatry. The Nichols award will be presented by AGLP to an organization that works to improve the mental health of LGBT people, and will consist of \$500 and a plaque. The first Nichols award will be given at AGLP's annual meeting in May 2004, in NYC. The second award will be an American Psychiatric Association (APA) award to an individual who has made significant contributions

toward LGBT mental health. The John Fryer, MD award will honor the memory of an AGLP member who made a courageous stand as a gay psychiatrist prior to the deletion of homosexuality as a psychiatric diagnosis. The award will consist of \$500, a plaque, and a lecture at the APA annual meeting. APA meeting lectures are typically attended by hundreds of psychiatrists of all backgrounds, and thus the award will greatly increase the visibility of leaders and issues in the field of LGBT mental health. AGLP is currently in the process of obtaining funding to endow the Fryer award for APA.

9. Reparative therapy video. AGLP is partnering with the non-profit organization, Dyke TV, to produce a 30-minute video on reparative therapy. Through this educational video, we hope to inform the public about mainstream psychiatry's current views on homosexuality and sexual orientation change treatments, and the potential harms done by reparative therapy practitioners. Our membership includes nationally recognized experts on these issues, and we will also interview experts outside our Association. We are in the planning stages of this video, and are applying for foundation grants to support its production.

...

CONTRIBUTORS

THANKS TO THE FOLLOWING MEMBERS WHO HAVE JOINED AT THE SPONSOR AND PATRON LEVEL, AND TO THOSE MEMBERS AND FRIENDS OF AGLP WHO HAVE CONTRIBUTED TO THE STUDENT TRAVEL FUND FOR 2001.

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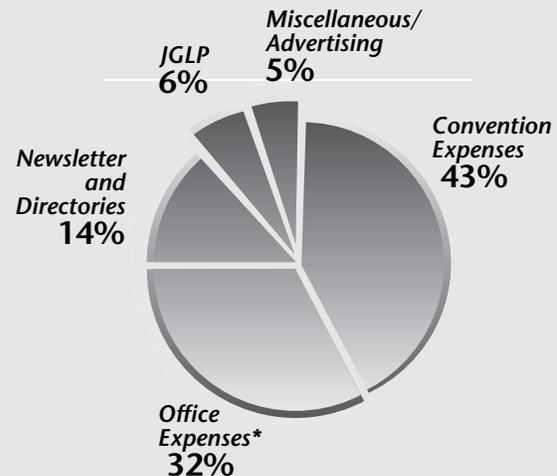
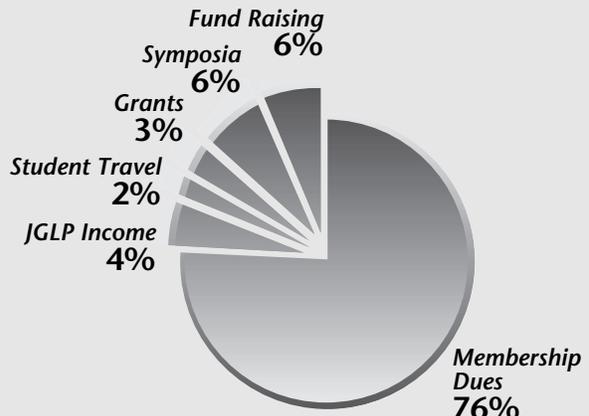
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ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

2003 Preliminary Financial Statement

Robert Mitchell, M.D., Treasurer



LEDGER SUMMARY

	2003	2002
Total Receipts	\$ 91,170.05	\$ 100,745.00
Total Disbursements	\$ 103,386.85	\$ 100,317.06
Receipts/Disbursements	(\$12,216.80)	\$ 427.94
TOTAL ASSETS		
Beginning of Year	End of Year	
\$51,060.33	\$37,088.02	

*Includes salaries, credit card processing fees, postage, supplies, book inventory and mailing expenses, and telephone and internet services.

APA: The Candidates Respond

Continued from page 2

Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?

I am a member of a minority group and work closely with members of other minorities and under-represented groups in the Assembly Committee of M/UR Groups. I have already established a relationship with all the group members and you can be assured of my sensitivity and understanding in regard to issues relevant to the Association of Gay and Lesbian Psychiatrists and the Caucus of Lesbian, Gay and Bisexual Psychiatrists. Further evidencing my sincerity, let me point out that I have recently selected and closely work with a professional who is a member of a gay and lesbian group, as a discipline chief, strictly based on her skill and ability.

(2) What do you see as the important issue regarding LGBT people to consider in writing DSM-V and how would you make sure those issues are researched and addressed?

While I am familiar with many issues regarding LGBT people, the priority for consideration in the development of DSM-V in my opinion must come from the Association of Gay and Lesbian Psychiatrist and the Caucus of Lesbian, Gay and Bisexual Psychiatrists. As President, I will make sure that opportunity for input into criteria development on specific issues in DSM-V is provided to experts in the area and your group. There are two areas I believe merit consideration.

Cultural competence is a hot issue for inclusion in DSM-V. Education on cultural competence must include not only racial and ethnic culture but also gender issues. A second issue would be to strengthen the research and knowledge base for gender identity disorder which is a complicated condition and often misunderstood. It would be my opinion and priority that appropriate research concerning minority groups must be conducted by minorities themselves. Toward this goal, I will be chairing a workshop at the annual meeting of the American Psychiatry Association in New York titled, "Facilitating Research on Minority Populations by Minority Researchers". I will encourage your group for enhanced research and make it possible for you to incorporate relevant findings in the development of DSM-V.

Treasurer

Carolyn Robinowitz, MD

1. If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?

I would establish an on-going positive working relationship with AGLP and the Caucus, with strong and frequent communication. Your issues have always been important to me, as reflected in the wording of the AGLP Distinguished Service Award, which I received in 1995: "In appreciation of her unwavering support and nurturance of Gay and Lesbian psychiatrists and her leadership in the struggle for equality of gay men and lesbians."

My interest in GLBT issues was nurtured in residency when an analytic supervisor chastised me for not trying to "change" a patient's sexual orientation. Reading and activism (including tutelage by John Freyer and advocacy experiences with Jim Krajewski and David Kessler to develop criteria for AMA membership that did not discriminate on grounds of sexual orientation) informed my behavior as an APA staff member, and I worked actively to promote the recognition of the GLB Caucus within APA's formal structure. I led APA staff response to the HIV+ epidemic, developing a SAMHSA-funded program to enhance psychiatrists' awareness, knowledge and skills in this area..

I am an advocate, and would continue to work for positive results..

2. What do you see as the important issues regarding LGBT people to consider in writing DSMV, and how would you make sure those issues are researched and addressed?

I share the comments of the Committee on GLB Concerns that more cultural sensitivity is needed in developing DSM-V, with greater input not only from GLBT psychiatrists but also from psychiatrists who have expertise in treating GLBT patients. I would ensure that the process is based on strong science and includes active participation by GLBT members and leaders of APA. Among topics to be considered are implications of diagnoses (e.g., issues related to the use [and misuse] of the diagnoses GID of Childhood and GID of Adulthood) not simply in the political, economic and ethical, sense, but for understanding science, epidemiology and vulnerabilities of special populations. I also would advocate for research funding to achieve these goals.

Patrice Harris, MD

1. If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?

As a member of a MUR group, I have a particular interest in issues that our unique to the MUR constituencies, and I strongly believe that communication with members of MUR groups is critical if the American Psychiatric Association is to be a relevant organization that appreciates and understands these issues. In my prior years of service on the Board, I have, at every available opportunity, attended Caucus and Council meetings and workshops given by MUR groups to gain an understanding of issues and concerns. I have also been an advocate for inclusion of members of MUR groups on APA councils and committees. In addition, on a one-on-one basis, I am constantly asking the questions of members of MUR groups

If elected I will continue my commitment to an APA that appreciates a diverse membership and a diversity of ideas, but win or lose and I will continue to develop both professional and personal relationships with members of the Association of Gay and Lesbian Psychiatrists and the Caucus of Lesbian, Gay and Bisexual Psychiatrists and advocate accordingly.

APA: The Candidates Respond*Continued from page 7*

2. *What do you see as the important issues regarding LGBT people to consider in writing DSMV, and how would you make sure those issues are researched and addressed?*

The DSM process must be open and transparent and equally important the interests of Gay, Lesbian and Bisexual psychiatrists and other MUR groups must be a "before thought" in this process. No one should be speaking for Gay, Lesbian and Bisexual psychiatrists except representatives from these groups. The critical step, however, is to operationalize the process. At a minimum, the AGLP and the Caucus should be represented on the workgroups involved in the process and should closely monitor and review the products of the workgroups. Finally, there should be a process for input from your membership which might include the development of a white paper to include concerns about the current edition of DSM and recommendations for the next edition.

Albert Gaw, MD

It is APA Election time. This year, there are three candidates for APA Treasurer and I am honored to be one of them. I believe you have real choices and I invite you to consider my candidacy which is posted on www.algawmd.org.

I have devoted 28 years of service to the APA, with 18 years in the Assembly. I am privileged to be your Assembly's Immediate Past Speaker.

The events of the past three years have created unprecedented challenges for the APA and our profession. As Speaker, I worked hard with our board and Assembly to make key difficult decisions that tightened our expenses and increased revenues. These actions have resulted in a stronger APA financial position to produce additional resources for advocacy. We need to carry the momentum for change to ensure a solid future for the APA and for our profession.

I have the experience, know-how, energy, and commitment to move forward, but I need your help. I ask for your vote for APA Treasurer. Together, we can make things happen.

Trustee at Large**Renee Binder, MD**

1. *If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?*

If elected, I would expect to establish an excellent relationship with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists. In 1998, I was the editor of an American Psychiatric Association Resource Document on Controversies in Child Custody that included a section on gay parenting authored by Dr. Margie Sved. At the time, I was Chair of the Council on Psychiatry and Law and there was the Bottoms case under review by the courts. One of the issues in the case was

whether sexual orientation should be a factor in determining the best interests of the child. The APA was asked to write an amicus brief and realized that the APA had never developed a position statement or Resource Document on the issue. I was asked to coordinate the development of such a resource document so that if other cases came up, we would have an official position on the issue. The Resource Document reviewed all the scientific studies and came up with the conclusion that sexual orientation should not be a factor in determining child custody decisions. At the 2003 APA meeting in San Francisco, I was the discussant for a symposium that addressed the issue of gay and lesbian parenting.

I am currently the Chair of the Committee on Judicial Action. Under my leadership, the Committee recommended this past year that the APA sign on to the brief in the Lawrence and Garner v. Texas case that was under review by the US Supreme Court. This case successfully established the constitutional right to privacy and non-criminalization for sexual acts between consenting adults.

2. *What do you see as the important issues regarding LGBT people to consider in writing DSMV, and how would you make sure those issues are researched and addressed?*

In writing a diagnostic manual, there may be all sorts of biases, intentional or not, that surround the issues of what is normal and what should be considered to represent pathology that needs treatment. It is important that the DSM's be as free as possible from these biases. I would want the DSM-V to be carefully reviewed by the appropriate committees, caucuses and LGBT organizations to double check that these biases are not a part of the DSM-5.

Jeffrey Geller, MD, MPH

1. *If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?*

How far have we come?

In 1977, Anita Bryant, the homophobic Orange Juice Queen said, "If homosexuality were the normal way, God would have made Adam and Bruce." Also in the 1970's, when I presented one of my first patients of my first year of residency, a male-to-female transsexual, to the Attending Psychiatrist, a psychoanalyst of national prominence, the first words out of his mouth after the interview and the patient's exit were, "That ain't no woman."

In November 2003, in Massachusetts (MA), my home state, the Supreme Judicial Court ruled that a ban on gay marriages violated the state's constitution. While over 50% of the citizens supported the ruling, the Governor, a Mormon, reacted by announcing his support of a constitutional amendment to ban gay marriages. Reverend Talbert Swan II, a Springfield MA minister proclaimed, "Homosexuality is a chosen lifestyle". He indicated it was not like his black skin, "I could not choose the color of my skin." And MA's four Catholic bishops issued a letter calling the court decision a

APA: The Candidates Respond

Continued from page 8

"national tragedy." All this occurred within 10 days of the ruling.

How far have we come? Not as far as we'd like to think!

My relationship with the AGLP and with the CLGBP would be a close one, seeking their input into each and every area where their expertise would inform APA's positions, policies and practices. No statement, no matter what its stated position, would fall on deaf ears. I might or might not agree, but I will always listen and always do my best to hear.

2. What do you see as the important issues regarding LGBT people to consider in writing DSMV, and how would you make sure those issues are researched and addressed?

In DSM I, homosexuality was classified as a "sexual deviation", a modernization of what was previously referred to a "psychopathic personality with pathologic sexuality". In DSM II homosexuality remained a "sexual deviation" but was now referred to as "sexual orientation disturbance". In DSM III ego-syntonic homosexuality was not classified as a mental disorder, while "ego-dystonic homosexuality" was. In DSM IIIR, homosexuality was hidden under the "Sexual Disorder NOS" category. DSM IV hides homosexuality in the same place, but removes the term from the index! Gender Identity Disorder is prominent in DSM IV. This is all based on what and came about how? It's based on a wide range of information from no science through junk science to real science. It came about through consensus meetings of experts and interested psychiatrists. For DSM V, issues of sexual object choice, gender identity and related must be addressed in a nonpolitical arena with valid and reliable information informing nosology. To the degree that such data do not exist, no "disorder" should appear. Issues regarding LGBT should have representation by "experts in this area" and should be reviewed by any and all concerned for a factual basis. DSM V is to be at least 10 years in the making. No rush to conclusions is required.

Michael Vergare

1. If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?

How can APA best respond to the needs of our patients and our members? I believe this question must remain central to all our deliberations within APA at this critical time in our history. We have begun to recognize that the demographics of membership and populations we serve have changed dramatically in recent years. We must focus now on how to embrace this diversity to strengthen our profession and the care we provide. I view the Association of Gay and Lesbian Psychiatrists as an important ally in this effort. Much of my experience within APA has been centered on building a better organization. This has included chairing the Membership Committee, the Committee on Administrative Psychiatry, the Ad Hoc Committee for Membership and Fiscal Planning, and now the Council

on Member and District Branch Relations. As chair of this council I have worked with the Assembly Committee of Representatives of Minority/Underrepresented Groups. This committee includes representation from the Caucus of Lesbian, Gay and Bisexual Psychiatrists who have provided valuable feedback to the Council and the Membership Committee of APA.

2. What do you see as the important issues regarding LGBT people to consider in writing DSMV, and how would you make sure those issues are researched and addressed?

As we prepare for the next DSM, I would work to insure that the Association of Gay and Lesbian Psychiatrists, the Caucus of Lesbian, Gay and Bisexual Psychiatrists and the Committee on Gay, Lesbian and Bisexual Issues play an active role in the workgroups that will research and recommend any changes for DSMV.

Member in Training Trustee Elect:

John Kuzma, MD

1. If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists and with the Caucus of Lesbian, Gay and Bisexual Psychiatrists?

As I mentioned in my statement to the Psychiatric News, I am setting a website with an online journal (aka 'Blog') and a discussion board in the hope that this will spur a dialogue between me and the membership of the APA. I hope to use the journal as a way to give timely updates on the doings of the Board of Trustees while I hope the discussion board will spur commentary and civil debate. A forum can never be a solitary effort, and I would hope that the leadership and membership of the AGLP would be willing to help me bring this community to life.

2. What do you see as the important issues regarding LGBT people to consider in writing DSMV, and how would you make sure those issues are researched and addressed?

The primary purpose of the DSM since its inception has been to develop a common lexicon amongst mental health professionals. It certainly follows that the DSM should reflect our profession's continuing appreciation of the diversity of sexuality amongst our patients and the central role it plays in their mental health. Considering that until the arrival of the DSM-III, homosexuality was considered a psychiatric disorder I can understand the AGLP's focus on ensuring that the concerns of the LGBT community is addressed while revising the DSM-V. Certainly, the AGLP's participation is essential. As a medical student I spent one of my most rewarding electives at the Center for Human Sexuality in Minneapolis and I was able to both appreciate the fascinating progress that has been made in understanding human sexuality while also recognizing how much remains to be done. Thank you for giving me this opportunity to address the association and caucus! Please let me know if there is anything else you require.

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Medical Student's Column

"A straight man's guide for the GLBT residency applicant"

In a reaction to the hit Bravo series, "Queer Eye for the Straight Guy," Andy Tompkins asked me to write my opinions on how a gay or lesbian applicant should conduct themselves in a psychiatry residency interview. Being a heterosexual applicant for medicine programs, knowing little about the gay community except through Andy and the popular media, I was initially skeptical. What could I offer? I read comic books and spend little more than \$10 on a haircut. I recently married. The differences between "me" and "him" could go on except that I hear I have a limit to the amount of space. What I bring to the table is a fresh, objective view. Take it as a comic relief from the usual column or as another opinion in what will ultimately be your decision.

Andy is quite a unique fellow and told me to express myself like a documentarian. Tell the facts, give an opinion, and let the reader come to their own conclusions. He even made me watch "Bowling for Columbine" for ideas and for a starting point. Right off the bat, I am no Michael More and I do not end the article with an impressive interview with the Charlton Heston of the psychiatric community (whoever that might be). I simply interviewed Andy, several psychiatrists, and sprinkled in my own commentary. Here goes.

What could I offer? I read comic books and spend little more than \$10 on a haircut. I recently married. The differences between "me" and "him" could go on except that I hear I have a limit to the amount of space. What I bring to the table is a fresh, objective view.

My first piece of advice is to be prepared for any question. Our deans and the NRMP state that questions about sexual orientation, marital status, desire for children, romantic attachments, and especially sexual practices are off limits. Students even have the right to report interviewers or programs which violate these boundaries. However, the fact remains that you will get asked these questions. The question I have for my readers, then, is, "Will you respond truthfully or will you refuse to answer?" Before I offer my not-so-humble opinion, I will list some real questions that Andy has been asked already on the interview trail. 1) What is your sex object? 2) Do you prefer sleeping with men, women, or golden retrievers? 3) What has been your longest relationship? 4) What do all these G's, B's, L's and T's stand for? Pretty offensive, right?? Andy, being known for wearing pink taffeta and bluntly calling out wrongs in his community, answered without hesitation all of these questions. Should all applicants place their personal life as part and parcel of their whole package? In the field of medicine, the answer would be an emphatic, "NO." Yet, I have a suspicion that one's personality comes under much more scrutiny in psychiatry. For instance, I know that Andy agonized over his tie choice for hours, thinking red a little too flamboyant, yellow too full of unnecessary brightness, and opted for a cool, conservative blue. I suggest standing on your own merits, whether your strength comes from academic greatness, extracurricular leadership, or from a unique life story. Don't get bogged down in the details; instead, refocus an interview around your interest in psychiatry, your future plans, and individual strengths. In the end, reporting cannot get you a place in that program (one with which you might not mesh) but might be able to help the next round of applicants.

Second, decide before you go into the interview cycle what your goals are for a residency program. For me, I want to match in an area that offers vacation time, a place for my wife in a competitive OB/GYN residency,

LAST SUMMER AT BLUEFISH COVE

Reviewed by Cheryl Chessick MD

I had the delight of seeing this play over the holiday weekend with my partner. The play was delightful and thoughts have continued to linger in my head. The play was presented in Denver at one of our local theatres that is both easy to access and inviting to be a part of (I could take my tea and sip on it during the play and I did not need binoculars to see the actresses).

There are few plays about lesbians and so my partner and I jumped at the opportunity to go. I did not know what to expect. I found myself quite involved with the play and was quite surprised when it was over. We both felt that there had been a lot of attention to details in the play and that the actresses were enjoying their time on the stage and did a great job developing their characters.

After talking to the director, Billie McBride, I learned that the original author Jane Chambers had written the play about eight lesbian women who spent their summers on a beach that was mostly inhabited by gay women during the summers. One of the actresses dies during the play and I understand that Jane herself was dying from a brain tumor while writing this play. Apparently, there is a real place on Long Island where women do gather each summer. Billie acquired the play about ten years ago while working in New York City. During the last year or so, she and a group of actresses read the play and decided that it was time.

Billie has directed for many years and did "Stop Kiss" which was here a couple years ago. She also spent twenty years or so in New York City. Among her many Broadway credits include "Torch Song Trilogy". Billie says she is working with some of the best actresses in Denver and has thoroughly enjoyed her time working with them.

She would love to see support for the play as there are so few plays for gay women. She feels that the play is her gift to the community. She feels and I would strongly agree that we need to support each other (lesbians) as we are generally invisible as a group. I hope to see more productions from Billie McBride and the actresses. We wish them the best of luck.

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Medical Student's Column

Continued from page 10

and GI fellowships. Any residency that has these three things and was in California, my home state, I applied to. If your requirements include an accepting environment for GLBT students, I would search out residents and faculty members who are gay to be your litmus test. Andy, the know-it-all, tells me that AGLP has a guide that lists members affiliated with various institutions. Use that and the newly instituted mentor/mentee program. I hear that you can still email him at david_tompkins@nyc.edu or Brian Palmer at palmer.brian@mayo.edu. Use email listserves, like AMSA's lgbtpm, or even the AGLP group email system. Even more ancient, try phone calls, letters, and even ask program directors to speak with comfortably out faculty and residents. The best way, though, is often the most covert. Spend time at a place, a week selective, a month elective, or a second look. Ask questions or observe the interactions between peers and attendings. This is a place where you will be for four years, and maybe even the rest of your life. Think about it.

Andy demanded I end with "Be yourself." How clichéd – very unlike Michael More and his Independent Spirit-award winning documentary. The more I think about it, though, it makes sense. Do you really want to portray someone whom you are not? The mental energy required to do so is taxing, but to go on 10+ interviews as another, more straight-laced or research-driven automation really defeats the purpose of the fourth year in medical school. Relax. Make a joke. Just don't make it about your mother.

RK

As dictated to Andy Tompkins

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News from Northern California

The Northern California Psychiatric Society (NCPS), Lesbian, Gay, Bisexual and Transgender (LGBT) committee held a successful potluck at the home of Jimmy Jones, MD on Oct 19, 2003. Over 30 people attended, and NCPS president-elect and AGLP secretary, Ellen Haller, MD spoke briefly.

next meeting will be on Saturday Jan 10, 2004 at 11 am at the home of David Kessler, MD. For information about location, please call (415) 292 1554. We have invited David Kessler, MD and Jim Krajieski, MD, to speak about the early history of the lesbian, gay, and bisexual psychiatric movement, both locally and nationally. Please RSVP if you are coming to ncpslgbt@yahoo.com or to (415) 292 1554 so that we know how much food to order. (Pfizer is sponsoring a lunch). We need a volunteer or two to write a 100 to 700 word article about the meeting for the NCPS newsletter.

Dr. Kessler will speak about "Out of Seclusion-Origins of the Association of Gay and Lesbian Psychiatrists (AGLP). A short and colorful history to 1980." He is Clinical Professor of Psychiatry, UCSF (retired 1986). He has held many positions including President of both the Bay Area Physicians for Human Rights, and AGLP (1980-82), Deputy Representative to APA Assembly, and Member of the Board of Directors of both the National Gay & Lesbian Task Force & the Names Project. He is a well known philanthropist who has sponsored the Annual Award & Lecture, Center for Lesbian & Gay Studies, City Univ of NY since 1993, and is a Founder donor for AGLP. Dr. Krajieski will provide a personal perspective on some of the early interactions of gay and lesbian psychiatrists with NCPS. He will also reflect on some of the events that led up to the present roles and relationships that lesbian and gay psychiatrists have with the APA. Dr. Krajieski was the representative in the APA Assembly for lesbian and gay psychiatrists from 1983-1998, and he is a past president of AGLP. He is currently editor-in-chief of *Psychiatric News*.

We are trying to send out announcements about NCPS LGBT meetings entirely by email and have extensively revised the NCPS LGBT email list. We now have a list of over 110 LGBT psychiatrists in Northern California, but we know there are more out there. If you know people who would like to be added, please have them email us at ncpslgbt@yahoo.com. There will be two symposia, which are currently in the early stages of planning, that will take place during LGBT pride week in San Francisco. We hope some AGLP members will be able to join us. Gene Nakajima, MD and Cindy Benton, MD are organizing a one day symposium on lesbian mental health

issues on Friday June 25th for the San Francisco Department of Public Health. The American Psychoanalytic Association will be meeting in San Francisco during pride week. We hope to organize a half day symposium, inviting gay and lesbian psychoanalysts who are attending the meeting to speak on Saturday June 26th.

NCPS, the local district branch, is sponsoring some activities that may be of interest to AGLP members. For more information about these events, contact www.ncps.org or (415) 334 2418. On Feb 7, 2004 NCPS will be sponsoring its annual job fair. On Apr 16-18, 2004, the 45th NCPS Annual Meeting will take place at the Resort at Squaw Creek near Lake Tahoe. NCPS will have its annual joint meeting with the Oregon Psychiatric Society in Ashland on October 1-3, 2004. Plays at the Oregon Shakespeare festival (www.orshakes.org) during the conference include *Oedipus Complex* by Frank Galati, *Royal Family* by Ferber/Kaufman, *Henry VI, Parts 1,2,3*; *Comedy of Errors*, and *King Lear*.

WPA meeting announcement

The World Psychiatric Association will be holding a meeting in Florence, Italy, Nov 10-14, 2004. See www.wpa2004florence.org If you are interested in presenting in a LGBT or HIV/AIDS workshop, please contact Gnakajima@alumni.stanford.org by Jan 15th. The deadline for workshop submission is January 31, 2004.

Institute of Psychiatric Services

APA's other annual conference, the Institute of Psychiatric Services, included two workshops on LGB issues, and for the first time, an official GLB/AGLP caucus meeting in Boston. Next year the meeting will be in Atlanta from Oct 6-10, 2004 (Columbus Day Weekend), and two workshops submissions are being prepared.

Dr. Paul Janssen, founder of Janssen Pharmaceutica, died in Rome on November 11, 2003. Dr. Janssen initially was known to be uncomfortable with gay and lesbian issues, but eventually changed his views and fostered a supportive atmosphere for dealing with such issues within his company. Janssen Pharmaceuticals was the first company to fund activities of the Association of Gay and Lesbian Psychiatrists (AGLP). The James Paulsen Janssen Pharmaceutical Award is named in Dr. Janssen's honor and has been given every year since 1996 to honor the contributions of a member of AGLP to that organization. As a part of that award, Janssen Pharmaceutica, without fanfare, has made sizeable monetary grants to AGLP in support of AGLP's educational and social activities. The short biography that follows is from the Janssen Pharmaceutica website. David Scasta, M.D.

....Janssen was founded in 1953 by Dr. Paul Janssen, a leading

Welcome to New York

Continued from page 1



The Park Central, New York, site of the AGLP 2004 Annual Meeting

The program for the meeting is now being finalized, and it will be full and exciting. The Saturday Symposium will focus on psychoanalysis and homosexuality, with three workshops exploring *Historic Aspects, Theoretical Frames of Reference, and Psychoanalytic Implications for Homosexuality*. A psychoanalytic focus for the meeting seemed inevitable, since New York historically has been the hub of psychoanalysis in America. The city currently has roughly eighty

psychoanalytic training institutes of different theoretical approaches, including three institutes sponsored by the American Psychoanalytic Association, the oldest—and most conservative—psychoanalytic society in the country, which has opened its doors in recent years to a large number of openly gay candidates.

The meeting's opening party will be held at **Therapy**, a new gay nightclub on the edge of **Times Square**, which features such cocktails as the Psychotic Episode, the Borderline, and the Ying-Yang.

The Awards Banquet venue is being finalized at this time, but will probably be held in **Tribeca** (the Triangle Below Canal), a formerly desolate, but newly chic neighborhood at the south end of Manhattan.

It's impossible to describe the variety of food opportunities available in New York. Nearly every ethnic tradition is represented—French, Greek, Vietnamese, German, Swedish, Ethiopian, Japanese, Polish, Italian, Thai, Afghan, Russian, Korean, Chinese, and Indonesian, to name only a few—in restaurants ranging from wildly extravagant to utterly casual. The Meeting Guide will offer suggestions of the resources available.

The Significant Others' events will include a tour of the Chelsea art galleries and other notable spots in the neighborhood, and, on another day, a stroll across the **Brooklyn Bridge** for lunch in the Dumbo (Down Under the Manhattan Bridge Overpass) district, followed by a visit to the **Brooklyn Botanical Gardens**.

The Local Arrangement Committee welcomes all the participants and their significant others to an exciting AGLP 2004 meeting, designed to leave you stimulated and delighted by what is still the modern world's cultural capital.

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Announcements

Continued from page 12

Belgian researcher, pharmacologist and general practitioner. "Dr. Paul," as he is widely known, was born and raised in Turnhout, Belgium. In fact, the Janssen logo is partly derived from the seal for the town of Turnhout, which was known for its deer-hunting grounds.

Dr. Paul received his M.D. from the University of Ghent, where he worked with Corneille Heymans, the 1938 Nobel laureate in medicine. Later, he received his postdoctoral degree in pharmacology from the same university.

Dr. Paul was known for sharing his passion for research through wise sayings and witticisms, and many of his favorites are widely remembered and quoted today. He once defined research as "the things one does to satisfy one's curiosity," and he was fond of constantly challenging his staff by asking, "What's new?"

Realizing that he needed the strength of a larger, multi-national company to continue this work, Dr. Paul and Janssen Pharmaceutica joined the Johnson & Johnson family of companies in 1961. A U.S. office opened in 1973, based in the J&J headquarters in New Brunswick, NJ. Later, Janssen moved to two leased buildings in Piscataway, NJ, where it stayed until 1992. Janssen's current home on 270 acres in Titusville was once the base for another J&J subsidiary.

Although Janssen has grown beyond the days of Dr. Paul, his vision for the future still applies as we enter the 21st century:

"There are still many diseases for which there is no cure, and effective drugs must be found. Although we have contributed to the solutions for some of these problems, we will continue our research efforts, because so much more needs to be done."

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AGLP MEMBERSHIP APPLICATION FORM

Name: _____
 Degree: _____ Preferred first (nick) name: _____
 Address: _____

City: _____
 State: _____ Zip: _____ - _____
 Country: _____ Membership Status: _____

FULL MEMBER - \$185.00, FOUNDING MEMBER - \$1,000, PATRON - \$500, SPONSORING MEMBER - \$250, ASSOCIATE MEMBER - \$185.00, RESIDENT - \$30.00, MEDICAL STUDENT - \$15.00, NEWSLETTER ONLY - \$40.00, INTERNATIONAL (OUTSIDE OF US AND CANADA) - \$60.00 US

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Are you a member of the American Psychiatric Association?
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Do you want your name and address listed in a
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Do you want to be a NON-CONFIDENTIALLY LISTED
 referral source?
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IF YES, FILL IN OFFICE ADDRESS AND PHONE NUMBER AND LIST SPECIALTY INFORMATION BELOW.

O P T I O N A L

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APPLICATION FORM

**CAUCUS OF LESBIAN, GAY & BISEXUAL
 PSYCHIATRISTS**

AMERICAN PSYCHIATRIC ASSOCIATION

(CLGBP 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
 1400 K Street, NW
 Washington, DC 20005

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



See you in New York, April 30 through May5, 2004!

**Join AGLP or
 renew your membership online!
 Go to www.aglp.org
 and click on MEMBERSHIP**