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*Photo courtesy of Hawaii Tourism Authority (HTA)
Tor Johnson*

**AGLP/APA Honolulu 2011
Plan your trip now!
Roy Harker**

rharker@aglp.org

AGLP Host Hotel Block of Rooms

AGLP has made available for our members a block of rooms for the upcoming Annual Meeting in Hawaii (May 14-18, 2011). You can make your reservations now at two affordable rates at this beach-side resort hotel that is in walking distance of the convention center.

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Room Rates: Run of City View: \$205/night
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Click here to Reserve now!

Reservations may also be made anytime through the AGLP website www.AGLP.org >Upcoming Events

AGLP Cruise at the Annual Meeting

AGLP is sponsoring a special event for members and their invited guests during the Annual Meeting in Honolulu. On Saturday, May 14, 2011, at 4:30pm, you can set out with fellow AGLPers on a Catamaran Sunset Cruise of Oahu on the Outrigger.

The Outrigger Catamaran is a former championship racing boat which has been modified for commercial service featuring full service cocktail bar, comfortable main deck seating, abundant wet and wild net seating, new grand prix sail package, and all safety and emergency equipment. AGLP

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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 Word document 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 February 25, 2011.

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

As I was heading back from a beachside weekend with my cycling buddies, I started thinking of the challenges of the upcoming week. Our agency has been undergoing a series of changes after many years of following a predictable path. In 1984, seeing the need for mental health services in the epidemic, Jim Dilley and others established UCSF AIDS Health Project. For the last 26 years our mission and process has clearly been on the intersection of HIV and mental health. That is until this summer.

In July, contracts with the state forced our agency to migrate from our current on line charting to a new electronic health record (eHR). Anyone that has been through the process of starting or changing an eHR system will appreciate what this entails; the toll it takes on a clinic, the stress on the staff and the vast amounts of time needed to gain a daily proficiency uniformly across all providers. To make matters worse, this happened to coincided with San Francisco Mental Health Department's roll out of an entirely different eHR which was required for clients we see under city contracts. This roll out was sufficiently problematic for the *New York Times* to run an article documenting the bumps along the road. As you might imagine, this dual transition led to a fair amount of confusion and did nothing for morale.

Clarity about mission and process are the pillars of a successful clinic and we find ourselves challenging both at this juncture.

Midway through the summer the local LGBT clinic, New Leaf, announced that it was forced to close. In an effort to continue to provide these services, the city approached us to help. The transition time was less than three months punctuated by the start date for 19 new LGBT clinical interns we inherited. In short order our client base grew by 10% and our training program went from 6 to 24 trainees.

Given our history in HIV mental health service there was a natural fit. So much that it blurred the underlying fact that we would be fundamentally altering our mission. While there's a good deal of overlap in the HIV and LGBT communities in San Francisco they are by no means synonymous. An entire range of issues have unfolded as we think about the details of identity, service needs, entitlements and provider networks that differ between the two communities.

Clarity about mission and process are the pillars of a successful clinic and we find ourselves challenging both at this juncture. I know that our team will find the way to establish one clinic that houses two related clinical missions. We have a lot of work ahead as we sort out the design of effective systems and establish new work patterns. As we enlarge our identity as mental health professionals, we will find the unique clinical skill set needed for the LGBT clients.

Personally I'm stretching, which I'm told is good as you age. I'm having a chance to look at my work and the clinic as a whole in a fresh light to see where I can be more effective. And it hasn't been without missteps. I appreciate that my team accommodates my mistakes as I try to redefine my role in these changes.

So as I drove home from holidays I thought about my gratitude list; the fun, the food and the years of shared adventures and laughter with my friends. I also had gratitude for this particularly rich time in my work life and the opportunities that lay ahead; happy that the road is a bit challenging and not entirely clear. It's the perfect recipe for adventure.

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APA's Historic Role in the Same-Sex Marriage Debate

Jack Drescher, MD

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Jack Drescher, MD

The American Psychiatric Association's annual meeting is arriving in Hawaii at a timely moment. Hawaii's legislature recently passed a bill that would have legalized civil unions for gay couples but Governor Linda Lingle vetoed it. APA, which supports same sex civil marriage since 2005, issued a statement criticizing the governor's actions

(<http://www.psych.org/MainMenu/Newsroom/NewsReleases/2010-News-Releases/Hawaii-Keep-Trying-for-Civil-Unions.aspx?FT=.pdf>). Those of you coming to APA's 2011 Annual Meeting in Hawaii will have opportunities to attend symposia and workshops dealing with marriage equality.

Younger AGLP members may be unaware of APA's historic role in unleashing today's gay marriage debate and that some of that history took place at APA's 1973 meeting in Hawaii.

The first and second editions of the Diagnostic and Statistical Manual (DSM), published in 1952 and 1968, respectively, were based on psychoanalytic formulations that regarded "homosexuality" as a mental disorder: an "antisocial" disorder in the first edition and a "perversion" in the second. 1969, however was the year of the Stonewall riots in Greenwich Village and the birth of the modern gay and lesbian liberation movement. Gay and lesbian activists accused psychiatry of using its diagnostic system to perpetuate social prejudices against homosexuality in the language of science and medicine. They accused psychiatrists of ignoring a body of non-psychiatric research, like the 1948 and 1953 Kinsey Reports and Evelyn Hooker's 1957 study, which showed that non-pathological expressions of homosexuality were common.

Younger AGLP members may be unaware of APA's historic role in unleashing today's gay marriage debate and that some of that history took place at APA's 1973 meeting in Hawaii.

At the time, as a conservative medical organization, APA was not initially receptive to studying the validity of scientific research done in other fields, particularly since those non-psychiatric studies were critical of psychiatric theory and practice of the time. APA's annual meetings of that era routinely featured symposia and workshops on how to "treat" and "cure" homosexuality.

So activists decided to disrupt those events, first in San Francisco at the 1970 annual meeting and once again in 1971 in Washington, DC. At the latter meeting, there was a panel of gay people including Frank Kameny and Barbara Gittings titled "Lifestyles of Non-Patient Homosexuals." It was the first time APA acknowledged "homosexuals" who had been in therapy and felt they had no need for it.

At the 1972 APA meeting in Dallas, the late John Fryer appeared in disguise as Dr. H Anonymous on a panel with Gittings and Kameny to tell of the harm done to gay people who had to hide their identities from professional colleagues. Finally, at the 1973 APA meeting in Honolulu, psychiatrists favoring removal of the diagnosis (Robert Spitzer, Richard Green, Robert Stoller) debated those who argued for retention (Irving Bieber, Charles Socarides). This panel, whose proceedings were published in the American Journal of Psychiatry, reflected internal debates that went on between 1970 and 1973 in APA's scientific committees, most notably the Committee on Nomenclature chaired by Spitzer. Questions about what constituted a psychiatric illness would eventually affect the shape and form of modern psychiatry, with the field abandoning the psychoanalytic model of illness for a medical, symptom-based approach—changes embodied in 1980's DSM-III and later in successive editions as well.

In 1973, APA's Board of Trustees voted to remove homosexuality from the DSM-II. APA members who opposed this petitioned for a referendum to decide the matter—asking APA members to vote on whether homosexuality was a psychiatric illness. In 1974 the membership voted to uphold the Board's decision. Shortly thereafter, the American

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Plan now for Honolulu*Continued from Page 1*

has reserved the entire catamaran for AGLP members and their friends.

Tickets are \$50 per person available in advance only. Seating is limited to 45 passengers. Included is the 2-1/2 hour Sunset Cruise, beverages, including full service cocktail bar, beer, wine, champagne, sodas, water and juice.

You can register now, or visit our website anytime at www.aglp.org. You will need your AGLP-Member username and password to complete your reservation.

AGLP Awards Ceremony at the Waikiki Aquarium

The venue for our Awards Ceremony this year is the Waikiki Aquarium in Honolulu - just minutes from the host hotel. AGLP members and their guest will have the full run of the Aquarium for the duration of the events. Be sure to mark your calendars for this special event. Monday, May 16, 2011, beginning at 6:00pm (until 10:30pm).

For more information, contact: Roy Harker at 215-222-2800 or rharker@aglp.org.



The Moana Surfrider Hotel, a Westin Property, is just minutes from the Honolulu Convention Center.



A Jellyfish at the Honolulu Waikiki Aquarium - the site of the 2011 AGLP Awards Ceremony.

AGLPs LGBT Workshop/Symposia and Lecture Track at APA in Honolulu

Register now for these courses being offered at APA in Honolulu.

Saturday, May 14, 2011

12:00noon

John Fryer Award Lecture

Gene Robinson, Bishop of Vermont, winner of the 2011 AGLP John Fryer, MD Award

Hawaii Convention Center

1:00pm to 3:00pm

Workshop: All in the Gay Family--Lesbian and Gay Families: Past, Present, and Future

Presented by the APA New York Count District Branch Committee on Lesbian, Gay, Bisexual, and Transgender Issues

Room 322B in the Hawaii Convention Center

Shelly Cohen, MD

A legal overview of the state of same sex marriage/unions

Lorraine Lathringer, MD

The Psychological Cost of Anti-Gay Politics

Lital Melnik, MD

Adoption by gay and lesbian parents

Daniel Medeiros, MD

Eric Yarbrough, MD

The Particulars of Gay and Lesbian Relationships

Tuesday, May 17, 2011

1:30pm to 3:00pm

Workshop: Sexuality: Biology as a Destiny

Room 326B in the Hawaii Convention Center

Discussant: Ron Holt, M.D.

Wednesday, May 18, 2011

8:00am to 11:00am

Mental Health and Legal Perspectives of Same-sex Civil Marriage in the United States

Presented by the Association of Gay and Lesbian Psychiatrists
Hawaii Convention Center

Discussant: Jeffrey Akaka, M.D.

Presenters: Jack Drescher M.D.

Robert Kertzner M.D.

Mary Barber M.D.

Ellen Haller M.D.

For more detailed information and abstracts on each of these events, visit the AGLP online Calendar (you will need your AGLP username and password to access this area.)

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2010 APA Candidates George Harrison, MD

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In order to bring our readers a bit closer to the 2011 Candidates for the APA, the Newsletter posed two questions to the full slate of candidates. All nominees were contacted via the candidate's email as listed in the APA 2011 Election Announcement. The request for statements included the questions, a request for a photograph and deadline information. All responses received in time are included below. Two candidates expressed interest but were unable to make the deadline.

Voting has already begun and eligible APA members should have received ballots either by email or post. The APA continues to move toward electronic elections and this year paper ballots will not be sent to those members who have a valid email address. Just another reason to make sure that your APA membership profile is up to date. You can check your APA profile here. And while you're at it, check your AGLP profile here. Deadline for voting is February 7, 2011

The two questions posed to the candidates this year were:

Question #1

With the streamlining of the Assembly concern has been raised that the issues of the individual minority groups have become homogenized. What will you do to ensure that the particular issues facing the LGBT community will find their voice in the APA?

Question #2

One of the current proposed revisions for DSM-5 is to replace Gender Identity Disorder with Gender Incongruence. What are your thoughts on the current diagnostic formulation and on the proposed changes?



Jeffrey Geller, MD, MPH

President-Elect Candidate: Jeffrey L. Geller, M.D., M.P.H.

Question #1:

While perhaps this notion has deteriorated to a well-worn cliché, I think it still the case that every problem can be converted into a challenge and every challenge is an opportunity. The streamlining of the Assembly really does present the opportunity to push back against what has been the homogenization of the individual minority groups including LGBT psychiatrists. I spent many years in the Assembly (as a Massachusetts Rep, then Area 1 Deputy Rep, then Area 1 Rep) and can

conjure up with ease the feelings of drowning in a tarred sea of wordsmithing or suffocating in the waves of attention focused on the APA but not on American psychiatry. That is not to say the Assembly did not also provide me and the APA moments of magnificent triumph. It surely did. But in the Assembly, less may well be more.

In my statement in the upcoming election issue of *Psychiatric News*, I indicate, "The APA must attend to specific needs of each minority, underrepresented and

IMG group of psychiatrists." A smaller Assembly, and a Board of Trustees committed to doing this--and I would be--can provide the LGBT community the individual attention it deserves.

The attention needs to be on the psychiatrists of the LGBT community and the patients of the LGBT community. One of my first patients as a psychiatric resident (in the 1970's) was Janice, a transgendered (male to female) individual with a difficult life story made worse by horrible treatment. She had come to our hospital after another hospital cross-town could not work out which bathroom she should use. When I presented her in Attending Rounds, the first comment the senior psychiatrist made (he was the Chair of the Department and the editor of the *American Journal of Psychiatry*) was, "That ain't no woman." I wanted to scream! Janice and I worked hard together for the next four years. She became a gourmet baker—famous in the Boston area. I served the chairperson a pastry one day and he commented it was delicious. He asked where he could purchase them. I said, "No problem, just go to the woman who made them."

From my residency on, I have worked to help LGBT persons have their own voice. A gay man, Michael, with bipolar disorder I saw as a patient for years until his death due to AIDS told me a voice was all he ever wanted. Probably that's what most of us want; some groups just need more attention to get the room and opportunity to speak out and be heard.

My commitment is to do just that.

Question #2:

DSM-IV-TR criteria are met for Gender Identity Disorder if there is "long-standing and strong identification with another gender, long-standing disquiet about the sex assigned or a sense of incongruity in the gender-assigned role of that sex, and there is significant clinical discomfort or impairment at work, social situations, or other important life areas." The language here is reasonably neutral. When the word, "incongruity" is used it is the context of "a sense of incongruity."

Actually, the language in ICD-10 is superior to DSM-IV-TR. In ICD-10 the central diagnostic criteria for "Transsexualism" is "the desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment." Here is a statement in the affirmative with the disorder characterized by having a goal.

DSM V is a step backwards. "Gender Incongruence" has a negative, even pejorative sound to it. "Incongruence" has meanings of not harmonious, incompatible, not conforming, disagreeing, and even lacking propriety or unsuitable. After an initial statement, "A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration," the two major criteria state, "a marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics" and "a strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender." That's three uses of "incongruence" following a name for the disorder using the same term.

Stigma directed at persons with psychiatric disorders has been and is high. Stigma directed at person who make choices in partners or gender orientation that is seen as not mainstream America has been and is still high. Why create labels that run the risk of fueling stigma? What is the "science" that would

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inform us that "Gender Incongruence" is any more of an accurate term than "Harry Benjamin Syndrome".

In truth, we do not know what gender identity disorder is, or even if it is a disorder. Why give it a label that pathologizes it further? What was the matter with "transsexualism" anyway? That has neither the word "disorder" nor the word "incongruence" in it.

As we struggle to understand transsexualism, first we should do no harm. In the April 2005 edition of *Psychiatric Services* I published a book review of Jenny Boylan's *She's Not There*. The review ended with a quote well worth remembering. John Pentland Mahaffy's, around the turn of the century, on being asked by an advocate of women's rights, "What is the difference between a man and a woman?" responded, "I can't conceive."



Dilip Jeste, MD

President-Elect Candidate: Dilip V. Jeste, M.D.

Question #1:

Thanks for soliciting my views on the important issues raised. Being a member of a minority group, my natural affinities are with the AGLP. I do realize, however, that different minority groups face different types of discrimination, and that the problems faced by each are unique. The discrimination encountered by LGBT communities is pervasive and should be a source of shame for the society as a whole. Everything appropriate must be done to eliminate overt and

covert harassment of children, adults, and older people with different sexual orientations. I have trained a number of young AGLP members in our program over the years, and am proud that several of them now occupy important leadership positions. One of my areas of research involves successful aging among people with HIV infection or AIDS.

If elected, I will maintain a close working relationship with the AGLP. It is important to make certain that subspecialty organizations have a meaningful voice in the APA governance. As APA President, I would have regular interactions with the leadership of the various affiliated organizations of the APA that represent individual minority groups such as the AGLP. I will take steps to help ensure that the membership of the APA Assembly and Board is as diverse as the membership of the APA and also reflective of the diversity of our society as a whole. Thus, I would publicly encourage members of various minorities to increase their involvement in the APA at all levels (district, regional, and national) and to encourage nominating committees to select slates of candidates that are appropriately diverse.

The Assembly streamlining must not result in decreased representation or homogenization of individual perspectives. I will make sure that the quality and the inter-networking of our membership increases. To that end, I will seek to put in place timeslots during Assembly meetings where reports of specific interest groups can be reported to the general Assembly. Each Area report must include minority membership concerns. The caucuses should be organized to better report their concerns to the Assembly. The MUR (Minority - Under-

Represented) group representative should be required to go over specific caucus concerns in his/her report, and that report should be made up of individual caucus reports to the Assembly. By making structured, organizational changes to the APA's meeting flow, individual voices, especially those on minority membership issues, would be highlighted.

The APA's mission is to be "the voice and conscience of psychiatry". I believe that, to accomplish this mission, the APA must speak for all of its constituents including those represented by the AGLP. I will be attentive to the concerns of the AGLP members and will ensure that these concerns are taken seriously within the APA. I strongly believe that the AGLP will be an increasingly vital force within the APA in the years to come, and I will be honored to lend my full support to its efforts. I would like to invite all AGLP members to visit my web site at <http://www.dilipjeste.com> and will appreciate your input and feedback.

Question #2:

I am a member of the DSM-5 Task Force, and Chair of its Neurocognitive Disorders Work Group. I am quite familiar with the progress of the Work Group on Sexual and Gender Identity Disorders, ably chaired by Ken Zucker. I am also involved in efforts at diagnostic harmonization between DSM-5 and ICD-11; this will be important because the impact of a shared diagnostic categorization could be felt worldwide.

There have been numerous comments from consumer groups as well as professionals about the status of the diagnostic categories of Gender Identity Disorder (GID) for children, adolescents, and adults. Some people believe that it would be wrong to categorize gender identity variants (GIVs) as "mental disorders" and that doing so would further stigmatize and cause harm to transgender individuals. Others, however, argue that deleting GID would lead to denial of medical and surgical care for transgender adults. As with other DSM categories, the decision on the categorization of GIVs cannot be made based strictly on scientific data (which have their own limitations). What is required is a consensus for a pragmatic compromise that takes into account scientific considerations along with service needs of individuals with GIVs.

The GID Subworkgroup of the Sexual and Gender Identity Disorders Workgroup examined several diagnostic options, and then proposed a change in terminology from DSM-IV-TR's GID to Gender Incongruence, without using the term "disorder." Feedback to the Workgroup during the public comment phase (February 2010-April 2010) was largely favorable about the proposed name change. The GID subworkgroup has published four outstanding review papers in the *Archives of Sexual Behavior* (vol. 39, April 2010 issue), written by Ken Zucker, Jack Drescher, Heino Meyer-Bahlburg, and Peggy Cohen-Kettenis, which present background and rationale for the DSM-5 proposal.

For children, the proposed revisions to the diagnosis make the criteria restrictive and thus, more conservative. Based, in part, on secondary data analysis, the persistent desire to be of the other gender will now be (in contrast to DSM-IV-TR), a necessary symptom for the diagnosis. This would result in a tightening of the diagnostic criteria and result in a better separation of children with GID from those who display marked gender variance, but without the desire to be of the other gender.

For adolescents and adults, the proposed revisions make the criteria more concrete and specific compared to DSM-IV-TR. As noted in the rationale section on the DSM-5 website, these changes to the criteria, based on preliminary secondary data analysis, suggest high rates of sensitivity and specificity.

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I believe that the DSM-5 categorization of people with GIVs as having Gender Incongruence, while making the criteria more conservative, is a good compromise between the need to obtain treatment for those who want it and the need to prevent stigmatization by avoiding the term "disorder". Obviously, it will be important to ensure that both of these objectives continue to be met during the coming years; if they are not, further revisions would have to be considered. I would urge continued vigilance and ongoing input from the AGLP to the APA regarding any issues encountered in practice.

**Roger Peele, MD****Secretary Candidate:
Roger Peele, M.D.****Question #1:**

As one who worked with the gay and lesbian community in the early 1980s to obtain the Lesbian, Gay & Bisexual Minority and Underrepresented group seats in the Assembly, as one who called on the recognition of subspecialty organizations in 1987, and as one supported AGLP Liaison having a seat in the Assembly, I strongly oppose any retreat. There is no evidence that the Assembly needs "streamlining." Any cost issues can be addressed through increased

volunteerism of Members, not removing Members. Far more important than "streamlining" is to achieve the sense that subspecialty organizations have a greater voice in the APA governance. That remains my goal

Question #2:

I believe that people with GID have a normal mind inside a body, parts of which, they do not want. Still, we must have diagnostic category that leads to treatment for those who want the medical or surgical treatments. In December, 2007, I initiated a motion for the Washington Psychiatric Society to develop a white paper on the topic. That was completed, under the very able leadership of Dr. Edgardo Menvielle, calling for the term "Gender Variance" as a V-code for children and adolescence, and the "Gender Discordance" for adults. After approval by the Washington Psychiatric Society, the white paper was sent to the DSM-5 Work Group on gender disorders. I think the Work Group's "Gender Incongruence" for all ages is superior to the white paper's suggestions as long as the DSM-5 criteria does not imply that the person has a mental illness. We will want to monitor the criteria to be sure the criteria does not imply the individual has a mental illness.

Secretary Candidate: Sidney H. Weissman, M.D.

Area 2 Trustee Candidate: Jack Drescher, M.D. (Unable to make deadline)

Area 2 Trustee Candidate: James Nininger, M.D.**Area 5 Trustee Candidate: James Greene, M.D.****Gary Weinstein, MD****Area 5 Trustee Candidate: Gary
Weinstein, M.D.****Question #1:**

Thank you for the opportunity to address concerns of the Association of Gay and Lesbian Psychiatrists. Your first question speaks to the priority of minority issues in the Assembly and the APA in general, specifically those of the lesbian, gay and bisexual psychiatric community.

I have been in the Assembly for 21 years, and have actively participated in the movement toward acceptance and equality of everyone, with a no tolerance policy of discrimination. The Assembly and Board of Trustees have an obligation to speak for all psychiatrists, particularly minority groups who have been treated unfairly in the past. This tradition of fairness needs to continue. We must also continue to advocate for greater access to mental health care for minority populations. For example, some lesbian and gay patients may avoid or defer treatment out of concern that a psychiatrist might make their sexual orientation itself a clinical concern. Assuring that such patients receive treatment requires organized psychiatry's persistent outreach.

I have served on the Assembly Executive Committee for 11 years, including this year as the immediate Past Speaker of the Assembly, and on the APA Board of Trustees for two years. Every initiative that the lesbian, gay and bisexual psychiatrists presented was supported by me. My feelings about this issue even predate my involvement with the Assembly. As the human sexuality teacher for many years at the University of Louisville School of Medicine I would invite a gay man and a lesbian consumer of health care who together instructed medical students about how good physicians treat their gay and lesbian patients. This was a meaningful learning experience for all who participated, me included.

Question #2:

The second question involves the proposal to replace Gender Identity Disorder in DSM 5 with Gender Incongruence. Whenever "disorder" is used there is an associated stigma so dropping this word is important. Part of the diagnostic criteria for Gender Identity Disorder has been significant clinical discomfort or impairment in important life areas, but even with distress as a necessary component questions remain about this classification as a mental disorder. This new proposal is still a work in progress and the diagnostic criteria of Gender Incongruence need further clarification. We have made advances but this evolution must go on with increased sensitivity. Whatever the final outcome, we must reduce stigma for those who require treatment, and avoid labeling as mentally ill those who are not.

If I am elected Area 5 Trustee I can assure you that I will continue to support your initiatives, speak for the needs of minorities and be available at any time to work with you.

**Member-in-Training Trustee Elect (MITTE) Candidate: Kurt Cousins,
M.D. (Unable to make deadline)**

2011 APA Candidates
Continued from Page 7



David Driver, MD

Member-in-Training Trustee Elect (MITTE) Candidate: David Driver, M.D.

Question #1:

With the American Psychiatric Associations' consolidation and reorganization of numerous groups and committees, ensuring the voices and diverse concerns of all members, including those of the LGBT community and other minority groups, continue to be heard is of utmost importance. I pride myself on both taking the initiative to educate myself on the issues facing those I represent and maintaining an open line of communication at all times.

Question #2:

In January of this year I had the pleasure of attending a conference entitled *The Transgender and Gender Variant Patient: diagnostic and treatment aspects* presented by Drs. Edgardo Menvielle, Dana Beyer, and Gregory K. Lehne. This presentation, my subsequent conversation with Dr. Beyer, and the numerous discussions I've been a part of as a board member at the Washington Psychiatric Society have been very informative. Eliminating the term "Disorder" represents an evolution in the way we view gender identity. Reducing stigma is a positive step forward and will lead to societal understanding and acceptance as well as improved access to care for people as they develop.

In closing; I sincerely appreciate the opportunity to respond to these questions, and would be delighted to respond to any additional questions or concerns. I applaud the efforts of the Association of Gay and Lesbian Psychiatrists to ensure all candidates are represented; thus allowing the membership to make an informed decision. Please take a moment to view my full position statement on my website, www.daviddriver.com, and contact me with any questions or thoughts.



Alik Widge, MD

Member-in-Training Trustee Elect (MITTE) Candidate: Alik Widge, M.D.

Question #1:

The representation in our Assembly for all minorities, from ethnic to academic to sexual/gender, has indeed been reduced, and APA is worse off for it. One representative simply cannot handle the diversity of issues facing our minority groups. The Assembly Committee of Members-In-Training, on which I serve, has introduced an Action Paper for November to help address this, by adding more Assembly seats for the minority fellows.

However, that is only a stopgap. The bigger issue is that all new APA Trustees must be prepared to actively seek out the perspective of our caucuses and affiliates in order to truly understand our members' needs. I have built my platform

around being as visible and doing as much member outreach as possible, and AGLP's constituency will not be excepted from that. I also believe that I personally can be an effective ally for LGBT issues within APA. I have been a member of the Gay & Lesbian Medical Association since medical school, and throughout my time in the American Medical Association I have supported LGBT-focused resolutions, particularly those pertaining to the health effects of marriage inequality. Working for just treatment of all individuals is a fundamental part of being a psychiatrist, and must continue to be part of APA's mission.

Question #2:

The decision about categorizing any form of gender expression in the DSM-V (and thus pathologizing it) is multi-layered and complicated. Removing homosexuality from DSM-III decreased stigma and closed a shameful chapter of psychiatry's history. On the other hand, having some gender-related diagnostic construct can help individuals obtain access to and funding for medical treatment related to transition, and I believe it also helps us justify grant funding for gender and sexuality research. If the choice is solely between GID and the new Gender Incongruence, I favor the latter. The simple removal of the word "Disorder" goes a long way towards de-stigmatizing individuals' choices in gender expression. Furthermore, I am very encouraged that GI is proposed as a diagnosis that does not persist post-transition. That said, GI is not perfect; the draft criteria are still formulated from a binary gender perspective, and could be improved away from that; I hope that this might occur as data come in from field trials. Ultimately, I support any effort that improves our understanding of gender/sexuality, or that moves the DSM towards recognizing a full spectrum of gender identities and differentiating those from the paraphilias. I would certainly express that support as a Trustee when/if the opportunity arose.

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Journal of Gay and Lesbian Mental Health 2011 Outstanding Psychiatry Resident Paper Award

Mary Barber, M.D., Co-Editor
mbarber@aglp.org

Alan Schwartz, M.D., Co-Editor
aschwartz@aglp.org

The *Journal of Gay and Lesbian Mental Health (JGLMH)* is a quarterly, peer-reviewed journal that is indexed by PsychInfo. JGLMH is the official journal of the Association of Gay and Lesbian Psychiatrists (AGLP, www.aglp.org).

We are seeking outstanding resident papers on LGBT mental health; these can be original research papers, case series and detailed case reports or review articles. The award includes \$500, publication in JGLMH, and assistance with travel to the AGLP annual meeting (held concurrently with the APA) to present the resident's work. The deadline to be considered for a 2010 award is March 1, 2011. Co-authored papers are eligible as well, but the resident must be the first author.

Entries can be submitted to editors@aglp.org.

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Journal of Gay and Lesbian Mental Health Announces Media Series

Christopher A. McIntosh, M.D., Film and Television Series Editor, JGLMH
cmcintosh@aglp.org

Are you fascinated by the way your LGBT patients identify and relate to the characters on *True Blood*, *Mad Men* or *Dexter*? Are you moved to write about how a film has captured the LGBT experience? Have you done a study about LGBT people connecting through YouTube or Facebook?

Then the *Journal of Gay and Lesbian Mental Health* wants to hear from you!

The *Journal of Gay and Lesbian Mental Health* is an interdisciplinary journal that provides a needed scholarly forum for providers of mental health services to LGBT people and their families. The editors are soliciting submissions for a series of articles to be published on the theme of visual media. Articles should address LGBT issues in mental health, psychology or personal development with reference to films, television shows or Internet media. Examples of appropriate submissions include, but are not limited to:

- Original research on the use of media in the education of professionals, psycho-education for patients/clients, or psychotherapy.
- An article that reviews or discusses a specific topic in LGBT mental health using film or television characters to illustrate key points.
- Research about LGBT youth and their use of internet media.
- An in-depth exploration of a film or television show and its characters from the perspective of clinical theory or practice (psychoanalytic or otherwise).

The editors are not looking specifically for reviews of film or television from an artistic perspective, though this may be a component of the submission.

For more information, or to submit an article, please contact me at
cmcintosh@aglp.org.

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Membership Drive Incentive

Roy Harker, Executive Director
rharker@aglp.org

AGLP's Board and Advisory Council have developed a new incentive for developing membership within the organization. Effective immediately, all members who refer a new member will receive a discount from their annual dues amount. For every General or Associated member referred, you will receive \$25 off your next dues payment. For every Early Career or Resident member referred, you will receive \$15 off your next dues amount. While there is no referral discount for Medical Students referred, but we hope you will continue to encourage these folk to join as well. Plus there are no limits to how many members you can refer and how much money you will save on your dues. For example, if you are a General member and you refer nine members during the

course of the year, your \$225 dues amount will be reduced to zero!

It's simple for these potential new members to join: Just tell the person joining to visit our website at <http://www.aglp.org/> and click on "New Members" and make sure they fill out the "Referred by" slot with your name. Want to forward the New Members link to a likely member? Click here and you'll be to send out the link with a personal message.

Please take a moment to think of a colleague you may know who should be involved with AGLP and send them a note or give them a call. AGLP benefits from your support and the support of these potential new members. And you save a little money in the process!

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Planning Presentations for Future Conferences

Gene Nakajima, M.D.
gnakajima@aglp.org

The deadline for submissions for IPS San Francisco Fall 2011 has passed but preparations are being made for a variety of upcoming events. The deadline for submission for APA Philadelphia May 2012 will be mid-September 2011 and we will need to know your interest in participating in an AGLP sponsored workshop or symposium by mid-August 2011.

The next European Psychiatric Association meeting eligible for submissions will be held in Prague, March 3-6, 2012. Submission deadline will probably May 2011. For more details, see the EPA website.

The next World Psychiatric Association International Congress (these are smaller meetings than the WPA Congress held every three years) will be in Prague Oct 17-21, 2012. More details are available here.

The German psychiatrists would also like AGLP speakers involved in their conferences. Their next conference will be November 23-26 2011 in Berlin. If you would like to be involved in a talk in their conference, please let us know by February 2011. For more information on the conference, see the website of the German Association for Psychiatry and Psychotherapy (DGPPN).

If you have any interest in presenting at any of these events, please send me an email at gnakajima@aglp.org

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Congratulations to Playwright and Longtime Member, Gus Glass

The AGLP Newsletter congratulates longtime member, Gus Glass, M.D., on the recent successful run of his play, *The Last Castrato*. Dr. Glass's play centers on the story of the final castrati and the only one to have his voice preserved on records. Set in the Vatican at the cusp of the Twentieth Century, the story is based on the life of Alessandro Moreschi. The play's website gives this summary, "Through his personal journey, as he battles bureaucracy, homophobia, and raw political ambition, he grapples with his sexual identity to find out who he really is. Told with humor, passion, and the music of the castrati, *The Last Castrato* is a celebration of the triumph of the human spirit over oppression."

The play ran from November 14 to December 4 at The Connelly Theater

Gene Robinson winner of the 2011 AGLP John Fryer, MD Award



Gene Robinson

AGLP will honor Gene Robinson with their 2011 John Fryer, MD Award in Honolulu in May of 2011. The award will be presented before Mr. Robinson's lecture on Saturday, May 14, 2011, 12:00pm, at the Hawaii Convention Center.

V. Gene Robinson was elected Bishop of the Episcopal Diocese of New Hampshire on June 7, 2003, after having served as Assistant to the Bishop for nearly 18 years. He was consecrated a Bishop on November 2, 2003, and was invested as the Ninth Bishop of New Hampshire on March 7, 2004. Bishop Robinson, who married his partner in 2008, is the first openly gay, non-celibate priest to be ordained a bishop in a major Christian denomination. In reaction to his election and its ratification, some theologically conservative parishes have aligned themselves with bishops outside the Episcopal

Church in the United States. Bishop Robinson had to wear a bullet-proof vest at his consecration, and has been under intense public scrutiny as a lightning rod for the Church's and public's conflicting views on homosexuality.

A 1969 graduate of the University of the South, Sewanee, Tennessee, Bishop Robinson has a B.A. in American Studies/History. In 1973, he completed the divinity degree at the General Theological Seminary in New York, was ordained deacon, and then priest, serving as Curate at Christ Church, Ridgewood, New Jersey. Upon moving to New Hampshire in 1975, he co-owned and directed an ACA accredited horseback riding summer camp for girls. As Founding Director of Sign of the Dove Retreat Center in New Hampshire, he led retreat programs for all kinds of parish groups.

Co-author of three AIDS education curricula for youth and adults, Bishop Robinson has done AIDS work in the United States and in Africa. He has been an advocate for anti-racism training in his diocese and in the wider Church. He helped build the Diocese of New Hampshire's close working partnership with the New Hampshire Community Loan Fund, and is a past member of the Board of the New Hampshire Endowment for Health, which works for access to health care for the uninsured.

Bishop Robinson's story is featured in the 2007 documentary, "For the Bible Tells Me So." In 2008, his book "In the Eye of the Storm: Swept to the Center by God" was released.

Bishop Robinson has been an advocate of full civil rights for lesbian, gay, bisexual and transgender (LGBT) people. Working at the state, national and international levels, he has spoken and lobbied for equal protection under the law and full civil marriage rights. In international visits, he has met with lesbian and gay Christian groups, some of whom must meet in secret, thus providing them with support and exposing as fiction the idea that gay people or gay Christians do not exist in those countries.

He has been honored by many LGBT organizations for this work, including The Human Rights Campaign, the National Gay & Lesbian Task Force and the Gay

and Lesbian Alliance Against Defamation. Bishop Robinson was invited by President Barack Obama to give the invocation at the opening inaugural ceremonies at the Lincoln Memorial on January 18, 2009.

The John E Fryer, MD Award honors an individual whose work has contributed to the mental health of sexual minorities. The award was endowed through a generous grant from the Gill Foundation, a bequest from the estate of psychiatrist Frank Rundle, and contributions from many AGLP members. Other past awardees include Barbara Gittings and Franklin Kameny; Past APA President Laurence Hartmann; Psychiatrist and Researcher Richard Pillard; San Francisco Mayor Gavin Newsome; and the most recent, LGBT activist Evan Wolfson.



John Fryer Award to Evan Wolfson with President Ubaldo and Past Presidents Barber and Bialer at the Fall 2010 IPS in Boston.

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Announcements

Continued from Page 9

in New York City and received numerous reviews that cited the skill of the playwright. Montserrat Mendez in the NYTheater said in his review, "To see such a cast list, one would think the play to be incredibly complicated. But playwright Guy Fredrick Glass pulls off neat balancing act of structure and form, briskly moving from one scene to the next, making sure that the throughline of the play allows for a progression of story. If I had to compare it to any style, I would compare it most to a Restoration Drama, which allows for several strands of story to be introduced and slowly braids them until they come together almost quite beautifully at the end."

All this, and he's a psychiatrist, too?

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New Resource for Members: Johnny and Lyman: A Life Together

John Dapper and Lyman Hallowell met on the day World War II ended and have been together for the past 65 years. A new short documentary tells their story through a series of interviews shedding light on the experience of a long-term committed relationship and the changes the couple have witnessed. Michael Chen and Paul Detwiler from San Diego produced and directed the video. The team has generously donated a copy of the DVD as an educational resource for AGLP which is available to members by contacting the Newsletter. For a glimpse of the video, the trailer is accessible here. The Newsletter For more information about the work, contact Paul Detwiler directly at pdetwiler@sunstroke.sdsu.edu.

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AGLP Executive Committee Fall Business Meeting

Eric Yarborough, M.D., Secretary

eyarborgh@aglp.org

(Edited for Newsletter by George Harrison, M.D.)

October 16, 2010

Boston, MA

- I. Adoption of the Agenda: Ubaldo welcomed the committee
- II. Approval of Minutes: The minutes were amended from previous. There was a motion to accept the minutes with changes and it was adopted.
- III. Reports from the Board
 - a. President: No formal report
 - b. Vice-president: No formal report
 - c. Secretary: No formal report
 - d. Treasurer: Serena Volpp: Budget was reviewed. The budget was reported as currently stable with a small surplus of \$23. There had been budget changes which led to a loss of revenue and cutbacks were necessary to remain balanced. Options for further revenue were discussed including making the journal more widely available. The membership drive portion of the budget is listed under the membership report. Due to our grant revenue being an unsure income, Serena suggested we move a percentage of the income off grants and into membership. The budget was amended and adopted by the board.
 - e. Executive Director: Reported with the treasurer and vice-president
 - f. Reports from Committees
 - g. Newsletter: George Harrison: There was continued discussion about ending the printed version of the newsletter but this will not happen currently due to member preference and the consensus of the board. Currently the newsletter costs \$630 per printing with \$100 needed for postage. There was also discussion regarding making the newsletter available for different electronic devices. The board agreed to continue to explore these options.
 - h. Journal: Mary Barber:
 - i. Reported that the journal has now developed a backlog of submissions with papers for the 15:1 and 15:2 journals having already been chosen. The journal has received between 20-30 unsolicited papers this year.
 - ii. The resident paper award will continue with March 1st 2011 being the deadline for submission. The award will be announced March 15th, 2011. A \$1000 of the student travel budget will be given to the recipient. Kenn suggested that the other finalists be given the chance to present during the conference in the hospitality suite.
 - iii. Mary Barber is still looking for those who might be open to interviewing others for journal articles. The journal will provide a transcript service requiring the author help with the final editing.
 - iv. Chris McIntosh brought up the media series requesting also that someone write a paper on the internet "It gets better" series.
 - i. Women: No Current Chair: There was continued discussion about how to increase women in the AGLP. It was suggested that members should specifically ask potential members to join the organization and that everyone should assume responsibility to increase the female membership. Planning for women's events in Hawaii is still in discussion.
 - j. Minority Outreach: no formal report
 - k. Early Career: Chris McIntosh: No formal report
 - l. Residents: No Current Chair: Need to identify representatives
 - m. Medical Students: No Current Chair: Need to identify representatives
 - n. Membership: Karl Jeffries (with Serna Volpp):
 - i. As mentioned above a portion of the budget revenue has been moved to membership. By going through the residency training director list serve we were able to increase our resident membership from 26 to 39 in only two months. Karl reports he will continue to look for ways, either through AMSA or other organizations, for further outreach.
 - ii. Efforts to increase membership will focus on three areas: retention of members, recruitment of new members, and reengaging past members.
 - iii. There have been and will be continued efforts to make retention as easy as possible to members. There was discussion regarding how to make the AGLP website easy to access for members to pay dues. There will also be the possibility of signing up for and automatic renewal of membership. Roy Harker agreed to look into the technical aspects of making this possible.
 - iv. Karl planed to attend the residency training director conference in the spring and will further advertise AGLP. The number of members becomes critical when applying for grants. Grantors want to see that we are a viable organization that has impact.
 - v. A membership drive was proposed so that members who recruit a full member will get \$50 off their following year membership dues. A proposal was made to reduce membership dues for any member who recruits a new member other than a medical student. There was a motion to move forward with the membership drive. It was seconded and adopted.
 - o. International: Gene Nakajima (Kenn Ashley reporting): The international psychiatry meeting will take place in Buenos Aires in September 2011. More information regarding deadlines for submissions may be obtained by contacting Gene at gnakajima@aglp.org
 - p. Psychotherapy: Chris McIntosh: Planning has continued for the case conference presentation the APA 2011 meeting. There is no requirement that a resident present. Contact for this will be Chris at cmcintosh@aglp.org.
 - q. Transgender: No Current Chair: George Harrison asked that we continue discussion about changing the name of the organization to be more inclusive of the transgender population. The board agreed to make it part of future agendas.
 - r. Awards: The John Fryer 2011 recipient has been selected. There was

Executive Committee Fall Business Meeting

Continued from page 11

discussion among the board about how to increase turnout at the award presentation.

s. APA Liaison: David Scasta: Assembly report. Three major issues have been brought up with the APA assembly: the recertification process, what to do about electronic medical records (vendor), and setting ethical standards for interactions with the pharmaceutical industry.

t. Religion and Spirituality: David Scasta: The committee has been looking to put together a formal symposium for Philadelphia. Focus has continued on finding positive representations of the intersection of spirituality and LGBT issues.

u. Education Committee: Andy Tompkins: The Speakers Bureau with a list of potential speakers continues to be developed. AGLP has continued work on ready-made presentations to be available to members and others in order to increase knowledge about our organization and LGBT mental health.

IV. APA 2011 convention in Hawaii: Andy Tompkins

a. Awards Ceremony: The primary choice identified to date was the outdoor space at the Waikiki aquarium. The event would take place on May 16th, 2011 from 7pm to 9:30pm. Expected cost is \$2260 with rental fee and extras. It will be a cash bar with food costs still being researched. Andy agreed, at the request of the board, to continue looking for other budget-friendly options.

b. VIP reception: It was decided to precede the Awards Ceremony with the VIP Reception. This has been planned for 5:30pm to 7pm following the already scheduled APA convocation.

c. Host Hotel: Eight APA hotel options were identified. The hotel can't be registered until November 16th. Proximity to events and cost will be factors in deciding on the final choice.

d. Turnout: George Harrison and others suggested polling members to get an idea about attendance. It could help with the planning of the events.

e. Social Events: Many social events continue to be planned including a sunset cruise. The cost would be \$30 per person for a 1 ½ cruise which includes a full bar and food. There would be a limit of 48 people. Andy will continue to pass on information about this as it becomes available. Maurice Sprenger (local arrangement committee) will plan partner-oriented trips and other social events. The rough draft of the AGLP guidebook has been done.

f. Hospitality Suite: The cost for one day was included in the budget.

g. Resident/Medical Student Events: Board and other representation will continue to explore options. The outline of the plan will be to continue with our usual social and educational events for residents and medical students.

V. New Business:

a. Policy Statements by AGLP: Ubaldo Leli: President Leli proposed that the organization formalize the process for policy statements of AGLP. Kenn Ashley was asked to chair this committee and continued discussion regarding this topic was planned.

VI. Next Meeting: Phone conference on November 19th, 3pm EST.

VII. The meeting was adjourned at 1:08pm EST

AGLP Executive Committee Phone Conference Minutes

Eric Yarborough, M.D., Secretary

eyarborgh@aglp.org

(Edited for Newsletter by George Harrison, M.D.)

Friday, November, 19, 2010

Participants: Kenn Ashley (acting chair); Andy Tompkins, Serena Volpp, Eric Yarborough, Roy Harker, Dan Mardonis (a quorum was not met to make any formal decisions)

I. Honolulu, HI 2011: Dan Mardonis, Scott Masters, Maurice Sprenger

a) The AGLP Hotel has been booked and can be reserved through the AGLP.org website.

b) Dan Mardonis: Familiar with Hawaii. Thought that AGLP probably booked one of the best available in the area at a very good price. He supports the AGLP awards ceremony taking place at the Hawaii Aquarium. Nahokull was suggested for the sunset cruise (62 members said they would like to take the tour). The board would need to approve the money for the cruise.

II. Board and Committee Reports

a) President: Ubaldo Leli (unable to attend)

b) President-Elect: Kenn Ashley

i) Requested the board provide cell phone numbers to increase communication and functionality of the organization. Kenn and Roy requested we update our profiles on AGLP.com with our cell phone contact information.

ii) Kenn also suggested we list an education page on AGLP.com to communicate deadlines and locations of upcoming meetings in an effort to get more members involved. A proposal was made to collect meeting materials such as power point presentations to increase access for members who missed these meetings. Roy suggested a name change for this page from "Education" to "Resources." There were questions about what aspects of the Journal could be available on the website. Kenn suggested drop-down pages for different subjects. This will be further discussed in future meetings.

c) Vice-President: Reported by Kenn Ashley for Andy Tompkins: Announced the AGLP Symposium has been accepted for Hawaii. Three symposiums have been submitted for Buenos Aires. Gene Nakajima continued to organize workshops for San Francisco. Members needing further information were asked to contact him directly, gnakajima@aglp.org

d) Secretary: Eric Yarborough: No formal report

e) Treasurer: Serena Volpp: Membership recruitment: Discussed sending an e-mail to membership announcing the new incentive. Contact planned with Karl Jeffries to discuss this. Our recent audit and taxes were completed.

f) Executive Director Report: Roy Harker: As per report with treasurer. Result from the survey showed many members planning to attend the AGLP convention. Many of the members will bring their partners. Roy made a

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Executive Committee Phone Conference Minutes

Continued from page 12

proposal to change the fall meeting to an east coast location (Roy's House) next year because the majority of the board is on the east coast at this time. Plan was to discuss this when more board members were present.

g) John Fryer, M.D. Award: Mary Barber – Schedule for awards was reviewed: 5/2011, Honolulu; 10/2012, New York City; 5/2013, San Francisco; 10/14, San Francisco; 5/2015, Toronto

h) AAOL: David Scasta – Not Present, Submitted Report. "There are two items that I would like to bring to AGLP's attention. The first is the rapidly deteriorating situation in Uganda. A Ugandan publication, Rolling Stone, has been whipping up public furor for a set of bills before the Ugandan Parliament calling for long prison sentences and for the death penalty for gay men and for people who protect them. Rolling Stone has been outing gay people, publishing their names, and calling for them to be lynched because gays are "after the children." Last week it accused "homosexual generals" of rebel attacks on the Kampala World Cup soccer tournament in an effort to punish Ugandans for supporting family values. The Ugandan courts tried to silence the publication but have been unsuccessful. Throckmorton has been following the situation closely and has been systematically pressuring social conservative religious groups to withdraw their support of the Ugandan Christian churches that support the legislation. (Uganda is 85% Christian.) He reports that some of the gay men cited in Rolling Stone are trying to flee the country; some are preparing for "martyrdom." I would like to see AGLP call upon the US State Department to grant political asylum to gay men who are need to flee Uganda.

The second issue relates to a study by the CDC which found that the incident of HIV+ the population of gay men is 19% -- which is a stunning figure. I have always quoted figures of 3-5%. Admittedly the study is based on a snowballing technique in urban areas which may not be applicable in Bug Tusel, Oklahoma; however, the study suggests that, after a long period of successfully educating gay men about safer sex that dramatically reduced the incidence of HIV disease, the numbers have reversed. Young gay men and gay men of color are not getting the message. It would help me to have AGLP call upon the APA to redouble its education efforts and restore funding to some of the HIV programs which have been decimated by the budgetary cuts. I am contemplating either an Action Paper in the Assembly and/or a "swat team" to address the issue. Marshall Forstein has spearheaded several HIV education initiatives which have gradually lost funding support as the crisis became more routine. He would be delighted to have AGLP support for refunding his efforts."

i) Education Committee, Andy Tompkins – Discussed as part of the Vice President's Report above.

j) Other Committees without report, chair not present: Newsletter, George Harrison; Membership, Karl Jeffries; Journal, Mary Barber, Alan Schwartz; Early Career, Chris McIntosh; International, Gene Nakajima; Psychotherapy, Chris McIntosh; Religion and Spirituality Committee, David Scasta

k) Committees with no representation: Minority Outreach, Residents, Medical Students, Transgender

III. Next Meeting: To be announced. Tentatively December 10th at 3pm EST.

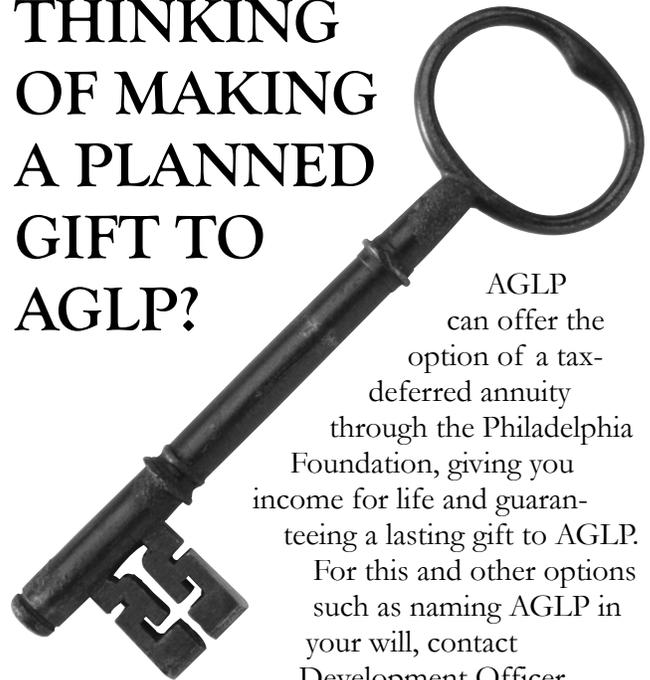
Meeting was adjourned at 3:55pm EST.

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Seven Pools, Hana. Photo courtesy of Hawaii Tourism Authority (HTA) Ron Dahlquist

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OF MAKING
A PLANNED
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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.

THANKS TO THE FOLLOWING WHO HAVE GENEROUSLY SUPPORTED AGLP FOR 2010-2011**EXCEPTIONAL CONTRIBUTION**

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MARK TOWNSEND, MD

DOUGLAS VANDERBURG, MD

FRANK YOUNG, MD

APA's Historic Role in Same-Sex Marriage Debate*Continued from page 3*

Psychological Association and the National Association of Social Workers endorsed the APA decision. Eventually, similar shifts followed in the international mental health community as well. In 1992, the World Health Organization accepted APA's view and removed the diagnosis of homosexuality *per se* from the International Classification of Diseases (ICD-10).

APA's diagnostic revisions ended organized medicine's formal participation in the social stigmatization of homosexuality. Those who accepted scientific authority on such matters gradually came to accept the APA position and the debate shifted from the medical and scientific realm into the moral and political realm.

Following these events, the social acceptance of openly gay men and women gradually reached unprecedented levels. With religious, governmental, military, and educational institutions deprived of medical or scientific rationalization for discrimination, a new cultural perspective emerged: (1) if homosexuality is not an illness, and (2) if one does not literally accept biblical prohibitions against homosexuality, and (3) if contemporary, secular democracy separates church and state, and (4) if openly gay people are able and prepared to function as productive citizens, then what is wrong with being gay? And if there is nothing wrong with being gay, then what moral and legal principles should the larger society endorse if gay people were to freely and openly live their lives?

Since 2001, in answer to these questions, ten countries and five US states presently have laws granting marriage equality to same-sex couples. Other forms of legal recognition such as civil unions and domestic partnerships are now available to same-sex couples in many parts of the US and in the world. None of these changes would have been possible without the 1973 APA decision.

(Further Readings: For a historical account of the 1973 APA Decision, see Ronald Bayer's *Homosexuality and American Psychiatry: The Politics of Diagnosis*, Second Edition, 1987, *Basic Books and American Psychiatry and Homosexuality: An Oral History*, edited by Jack Drescher and Joseph P. Merlino, New York, Harrington Park Press.)

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Announcements*Continued from Page 10***UCSF Psychiatry Search for LGBT Mental Health Research/Clinical Position**

The UCSF Department of Psychiatry at San Francisco General Hospital (SFGH) announces a blended clinical research and emergency services position for a psychiatrist interested in developing a research career focusing on HIV and/or LGBT mental health. The proposed position will provide research mentorship to allow a young or mid-level investigator the opportunity to develop into an independently funded clinical researcher.

Four years of funding support is available. Initially proposed as a Clinical Series position, Department seeks a talented psychiatric investigator interested in the psychological and mental health aspects of lesbian, gay, bisexual and transgen-

**WELCOME TO OUR NEW MEMBERS**

Amir Ahuja, M.D.
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Dallas, TX

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South Hero, VT

Brian Holoyda
Chicago, IL

Erin Zahradnik, M.D.
West Haven, CT

Niranjan Karnik, M.D.
Chicago, IL

dered persons and/or HIV mental health and prevention issues.

Candidates should be Board Certified or Eligible psychiatrists and should have a California medical license at time of hire. The incumbent will devote 40% time conducting his or her own research with the remaining 60% time in some combination of clinical work either in the Division of LGBT Services or in the Psychiatric Emergency Room at SFGH. This position will report to James W. Dilley, MD, who is the Vice-Chair of the UCSF Department of Psychiatry and the Executive Director of the UCSF AIDS Health Project.

Interested parties should contact Dr. Dilley at 415-206-8430 or james.dilley@ucsf.edu.

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