



VOLUME XXXVIV(1) • JANUARY 2013

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Photo by Lewis Sommer, courtesy of the San Francisco Visitors and Convention Bureau

APA 2013 in San Francisco

Roy Harker, AGLP Executive Director

RHarker@aglp.org

Planning is already underway for our next Annual Meeting, this time in San Francisco. This May, AGLP will be honoring **Caitlin Ryan, Ph.D., ACSW**, Director, Family Acceptance Project, San Francisco State University, with the 2013 John Fryer M.D. Award. The lecture and award presentation are scheduled for Tuesday, May 21. AGLP members will also be presenting the symposium *Bringing the Uniform Out of the Closet: Artistic and Clinical Perspectives of Gay Military Life Before and After Don't Ask Don't Tell*. Our Annual Awards Reception is scheduled for Monday, May 20, at the Congregation Sha'ar Zahav in the Castro. More information is available through our website at www.aglp.org.

Reserve your hotel now!

The AGLP Host Hotel in San Francisco is the INTERCONTINENTAL SAN FRANCISCO (888 Howard Street, San Francisco, California 94103 <http://www.intercontinentalsanfrancisco.com/>). The hotel features a fitness center, indoor pool, a location just one block from the Convention Center, is pet friendly, and provides free Internet access. AGLP Room Rates are Single/Double \$299/night

To make your online reservations in the AGLP Block of Rooms, visit www.aglp.org for more information. AGLP has a block of 65 rooms at the hotel and space reserved for our hospitality suite and all of our upcoming meetings during APA. Please note that the deadline for making the reservations through this link is April 15, 2013. After that date, the rooms will no longer be protected, and we cannot guarantee availability.

To use the call center to make reservations, please call 1-800-221-3531, press 1 for reservations, and then follow the prompt for the appropriate option. If you wish to use the call center to make

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The Newsletter of the Association of Gay and Lesbian Psychiatrists

Editor, Eric Yarbrough, 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: Eric Yarbrough, M.D., Editor, *Newsletter* of the AGLP; 411 W 114th Street Suite 4B; New York, NY 10025; Office Phone: 212-523-6936; Fax: 212-523-4911; E-mail: EYarbrough@aglp.org). Submissions should be clearly readable. Submissions on electronic media are preferred. 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, 2013.

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	\$350
Half-Page Ad	\$250
Business Card	\$125

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



View this and all AGLP Newsletters by visiting our website at www.AGLP.org. Scan the QR Code to the left to visit the entire archive.

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Editor's Column Eric Yarbrough, MD

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Eric Yarbrough, MD

Last newsletter I spoke about change. It seems I may be prophetic. The window I'm looking out of while typing this column is quite different from my previous one. My time at St. Luke's Roosevelt came to an end with the offer of a new position at Callen-Lorde Community Health Center. They contacted me while in the process of opening a new Article 31 clinic. For those of you that don't know, Callen-Lorde is a multi-disciplinary health center that focuses on treating the LGBT community in and around Chelsea. Having focused on this population in my training, and with a chance to further my career with a promotion, how could I not jump at the chance?

"Opportunity is not a lengthy visitor." It seems that most things that happen in life that have a real impact on us tend to be swift, severe, and without explanation. Leaving the residents and the education-focus behind was quite difficult. It's something I'm still struggling with. Now I serve a more administrative capacity with few trainees around. It gives me the chance to serve another mission and recruit trainees to work with me here at Callen-Lorde. It's very much in line with the mission I've focused on with our organization.

AGLP has been growing and changing over the years. From what I can tell based on conversations with long-time members, the organization initially served as a social outlet for those LGBT oriented psychiatrists as a way to connect and feel part of a community. Bob Cabaj explained to me that the "GayPA" also served for educational purposes. "The Textbook of Homosexuality and Mental Health" came out of this. These two purposes I think remain consistent in our current vision and mission.

What has probably changed the most since the start of the organization are national trends in favor of civil rights for LGBT people. With a more welcome atmosphere, LGBT psychiatrists are finding social support networks elsewhere in their hometowns. One might think that national venues like AGLP aren't as needed as they were before. This thought, I strongly believe, is a mistake.

"Opportunity is not a lengthy visitor." It seems that most things that happen in life that have a real impact on us tend to be swift, severe, and without explanation.

While the majority of our members make home on the coasts, the entire midsection of the country continues to suffer a drought of LGBT affirming mental health workers. There are many LGBT people growing up now that continue to face many of the prejudices and injustices which we may have long since forgotten and/or gladly suppressed. There must be a way to reach them.

AGLP still has a place and a need in our country. We must figure out ways to connect the coasts and make our services and expertise available to everyone who needs them. I welcome you to take part in this outreach, whether it be as a donating member or an active speaker at national meetings. Whatever you do to make AGLP work is sincerely appreciated. Thank you for being a part of that mission.

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President's Column

Kenn Ashley, M.D.

KAshley@aglp.org



Kenn Ashley, MD

The trees outside were shaking wildly in the constant driving winds, the lights flickered intermittently during night, then they went out; thank you post tropical storm Sandy! I had officially become a Manhattan SOper (South of Power)! Work kept me focused; Beth Israel was the only hospital that remained operational in Manhattan south of Roosevelt Hospital at 59th Street. During that first week after the storm there was a certain sense of camaraderie at the hospital, everyone pulling together to face the crisis and increased service demands together. The entire region worked together amidst the devastation. The oddest experience was traveling north to the land of electricity, where the lights were burning brightly and the streets were filled with people enjoying themselves. The return trip south was surreal; as the bus slowly slipped into the darkness, a fellow traveler noted "it really is dark out there." It was interesting that as the light dimmed, so too did the conversation on the bus. Then the walk home on darkened streets, which was only occasionally creepy. In spite of it all, I do miss the quiet.

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There was a question about what would happen if power was not restored by the following Tuesday (Election Day). The recovery for parts of region was fairly quick—power was restored in most of Manhattan by the end of the week. For those areas hardest hit, the recovery slowly continues. The election went on, even in areas devastated by the storm where people lined up to vote. At the time it seemed like a very close election, however, in the subsequent rehash it was depicted as an overwhelming victory for President Obama. In addition to President Obama's reelection, numerous lesbian and gay politicians were elected at the state and local level; marriage equality won all four contested elections! Hopefully, people will move ahead with the implementation of the Accountable Care Act (ACA aka "Obamacare") which should provide health insurance for millions. After attending several presentations on how the ACA will change medicine, I still have no idea what changes this will bring—but hopefully the good will outweigh the bad.

There are several other impending changes in the field—revised billing codes and DSM-V. It seems like the billing codes will be the easiest changes to adapt to; I have several hours of meetings this week on billing issues. It is interesting to note that after all of the discussions over personality disorders in DSM-V, they will remain essentially unchanged in DSM-V, at least that is what I have heard. I am not looking forward to learning another DSM, but it must be done and fairly soon after its publication to facilitate the teaching of the trainees.

I recently attended a thought provoking lecture, which was very connected to AGLP—the lecturer was Martin Duberman who was the 1996 recipient of the AGLP Distinguished Service Award. He was speaking at the David Kessler Lecture at CUNY's Center for Gay and Lesbian Studies (CLAGS); David Kessler is a former AGLP President and the 2007 recipient of the AGLP James Paulsen Award. David Kessler is also continues to provide significant support to AGLP. Martin's talk was from his perspective as a radical, questioning the focus of the LGBT movement on marriage and military, wishing that the movement had advocated a more progressive agenda involving social and economic justice. To achieve such goals will require innovative thinking, unfortunately we are not there yet.

Please contact me with any questions, comments, or concerns about AGLP.

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Vice-President's Column

Eric Yarbrough, MD

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San Francisco is coming up. Based on the APA schedule, it looks like we'll be there at least once a year. That being said, San Francisco is always a major draw for the AGLP crowd and usually has our largest group of attendees.

This year I'm happy to announce that we will be continuing with our education component of the APA. Our accepted symposium, "Bringing the Uniform out of the Closet," will feature Vincent Cianni. He's a photographer who has captured images of those in the military affected by "Don't Ask, Don't Tell." The Symposium will include others, clinicians and service members, who have first-hand experience with the changes over the past year. A link on the AGLP webpage tells more information. We are also asking for donations to help cover the cost of bringing our non-clinician speakers to the convention.

San Francisco will again provide a beautiful back-drop for the convention events. The local arrangements committee is already well underway in developing a schedule of social and educational activities. Once the details are in stone, we'll be sure to post them on our website and include them in the spring newsletter. I would suggest not waiting until national events to have AGLP gatherings however. Just look at the efforts of Chris McIntosh posted in this newsletter. Most cities have several members and having local gatherings is a way to keep the organization alive and vibrant.

Other than that, AGLP continues to focus on educational efforts. Many of the committees are working on their own presentations and going to national conventions with the AGLP name. My hope is to still work on an LGBT 101 DVD for mass production. It's a slow but steady process.

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Journal News

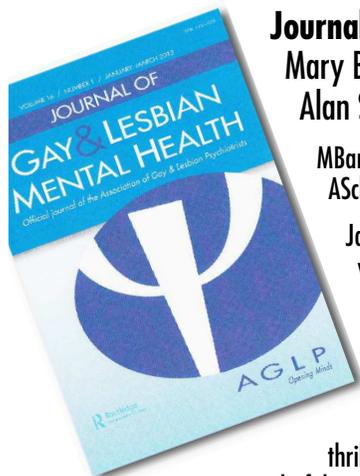
Mary Barber, MD, and
Alan Schwartz, MD

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January 2013 will mark the beginning of volume 17 of the Journal of Gay and Lesbian Mental Health, and the fifth year of production for us as Co-Editors-in-Chief. We had been planning for some time to pass the torch at about this time, and are thrilled to say we have identified two

wonderful people to carry on after a transition year.

The new Co-Editors will be Philip Bialer, M.D., of the Memorial Sloan-Kettering Cancer Center, Weill Cornell Medical School, and Christopher McIntosh, M.D., of the Center for Addiction and Mental Health, University of Toronto. Both of them have been assisting as Associate Editors of the journal for the past year, with Chris serving as our Media Series Editor for the past several years and Phil guest editing the first issue of 2013, a special issue on HIV. They will assume the posts of Editors-in-Chief starting in 2014 with volume 18 of the Journal. We are pleased to know we will be putting the Journal in such capable hands.



Reflecting on these past few years of Journal production is a little dizzying. In the years since we took over as editors, we have gone from panic-stricken neophytes, unsure of where our next content was coming from, to the relatively calm people we are today. The Journal has developed several strategies for routinely soliciting good material, like recurring series (parenting, media, case discussion), transcribing and editing symposia from professional meetings, and the resident paper award competition. Thanks to ten years of solid production by Jack Drescher before us, and our own reputation-building, we also now have a steady stream of unsolicited original research papers coming in. With the Journal's conversion to the web-based review system ScholarOne this past year, we are able to handle the increased volume of submissions and get reviews back to authors in a timely way, which also builds our reputation.

We are both proud of the growth the Journal has enjoyed in these past few years, and we look forward to seeing it continue to thrive under the leadership of Chris and Phil. Please congratulate them on their new roles, and expect to hear from them in this next year, as they gather ideas for content for future JGLMH issues.

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House Parties for AGLP!

By Chris McIntosh, Membership Committee Chair

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To all AGLP members and supporters:

Members are the lifeblood of our organization and it's become clear over the last few years that AGLP needs to make a concerted effort to attract new members.

To that end the membership committee is instituting a new initiative: HOUSE PARTIES FOR AGLP!

Who doesn't love a house party? I'm willing to bet most of our members can throw a pretty fabulous fête. We need to harness our natural skills in the service of recruiting new members!

Here are a few tips for throwing an effective House Party for AGLP:

1. The Guest List: Think of all the LGBT psychiatrists you know in your area and invite them all. Encourage your guests to bring others they know who may be interested. Residents and medical students should also be welcomed. Consider allied professionals who may enjoy the networking opportunities or like to be involved with our projects.

2. The Invite: Be clear in your invite that the party is a recruitment drive for AGLP. That way, some people who may decline because of a conflict with another engagement can be encouraged to nevertheless sign up at our website: www.aglp.org

3. The Prep: Contact our executive director Roy Harker (rharker@aglp.org; 215-222-2800) in advance so he can mail you some membership brochures. Depending on availability he may also be able to send you some paper copies of recent AGLP newsletters. You can download and print out AGLP newsletters here if you'd like to do so yourself: <http://www.aglp.org/pages/AGLPNewsletterArchive.php>

THANKS TO THE FOLLOWING WHO HAVE GENEROUSLY SUPPORTED AGLP FOR 2012-2013

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2012 APA Candidates

Eric Yarbrough, MD

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Each year the newsletter asks APA election slate of candidates two questions regarding LGBT-associated topics. Below are the questions I asked of the candidates this year and the responses I received.

#1 Joe Biden recently said that transgender discrimination is the "civil rights issue of our time." Given that there is a serious lack transgender-friendly providers in this country, what steps can the APA take to work on discrimination within our organization?

#2 What areas do you think psychiatry is deficient in regarding our basic understanding of the psychological aspects of the LGBT population? Where should current research be focused?

President-Elect



Paul Summergrad, MD

Paul Summergrad, M.D.

#1 Next year will mark the 40th anniversary of the removal of homosexuality from the DSM even though ego-dystonic homosexuality remained until 1986. Much has improved for the LGB community since that time, with gays and lesbians now accepted in the military and marriage equality being legal in 9 states and the District of Columbia. But the same cannot be said for the Transgender community. Bullying and violence towards transgender individuals is frequent and most of the protections afforded the LGB population are not extended to the Transgender community. In many ways, the

current civil rights struggle for the Transgender community is similar to where the LGB community was 40 years ago, including the debate about whether or not to continue gender dysphoria in the DSM.

In 2012 APA adopted policies opposing discrimination against Transgender individuals and affirming non-discriminatory access to care. An APA Task force Report on Gender was also published in 2012. There is however a need for much more work within the APA to address discrimination towards and the lack of knowledge about transgender individuals. There is not only a lack of transgender friendly providers; there are few sites with sufficient experience to serve as care, research and education centers. With guidance from AGLP and other organizations, APA should consider a series of educational efforts in this area. These could include rotations at major centers for psychiatrists, residents and medical students interested in gender and sexuality issues as well as the development of sponsored grand rounds which the APA has successfully done in HIV related care under the leadership of my former colleague Marshall Forstein. Additionally APA along with AGLP, AADPRT and others could support the development of model transgender curricula for residency training. A plenary at the annual meeting inviting individuals from the Transgender community and the World Professional Association for Transgender Health (WPATH) would be another opportunity.

APA with the leadership of the LGBT community has been effective in addressing bias towards the LGB community in the past. Education, promotion of cultural

values that prohibit discrimination, research and outreach for the entire LGBT community should all be ongoing efforts. Combating stigma and discrimination is and should be a core priority for APA.

#2 Understanding the lived experience of LGBT individuals may be quite limited even among experienced psychiatrists. Additionally there needs to be a more robust awareness of the coming out experiences of LGBT individuals and the importance of approaching these as human and developmental experiences rather than pathological processes. In addition, information about the ways other cultures have understood these experiences, including those cultures which may have different conceptualizations of gender and sexuality, would be very valuable. The 2012 APA Report on Gender recommended additional research particularly in the outcome of medical and surgical treatments and that APA develop treatment guidelines. There was also an Institute of Medicine (IOM) report in 2011 on LGBT health. While the report focused on health research in general many of its findings are broadly applicable. Issues the IOM noted include: sexuality and gender are multifaceted concepts and can be challenging to define operationally; stigma limits participation in research surveys and the sample size for an adequately powered study is prohibitive. An NIH research and training agenda to advance knowledge and understanding of all LGBT health including mental health is clearly needed.

Young people who are coming out still experience rejection, have significantly increased rates of suicide and frequently have an internalized negative self-concept about their sexual identity. Understanding more about the role played by bullying, violence and internal stigma in substance abuse, depression and suicide is essential. Increased research in interventions which can support the well being of LGBT young people, including the impact of marriage equality and other civil rights issues are equally important steps on the road to deeper knowledge and acceptance. Please let me know how the APA can help support you and the LGBT community.

www.paulsummergrad.com



Robert Ursano, MD

Robert Ursano, M.D.

#1 There are a number of important issues in this question. Firstly, as an organization, the APA must ensure that its members do not discriminate against transgender (or LGB) psychiatrists. This includes the importance of representation within the APA and providing educational opportunities which address the needs of LGBT psychiatrists. As an organization- and the voice of psychiatry for the nation- the APA can foster education on the developmental issues of gender identity, sexual practices, LGBT families and discrimination, victimization and stigma. The developmental challenges of coming out and the

normative development of hypervigilance and secrets are known by few physicians. These topics are important parts of the APA's educational mission, both for our own members and for the house of medicine of which the APA is a part. The APA must also always be a voice in public forums to eliminate stigma, prejudice, victimization and societal discrimination against LGBTs and others.

#2 In fact, research on LGBT issues has been severely limited. The vast majority of research has focused on HIV. Despite the fact that some literature indicates

APA Candidates
Continued from Page 6

increased risks of suicide and psychiatric disease including depression, the research in this area is limited and what is available is generally of limited sample sizes. These are important core issues for practicing psychiatrists. Understanding the family and individual dynamics of coming out is an important aspect of development that is understood primarily "by story" rather than from study. Also the effects of societal stressors- that increase separation, withdrawal, vigilance and fear of disclosure and decrease feeling "safe" - are core issues for LGBT individuals and many others. Understanding these experiences and how they influence development, opportunity and world view can help many. Research on these and other important issues of psychosocial and medical importance are challenging because of the stigma and fears that are often associated with identifying as LGBT. Methods which address these issues are important to advancing our understanding to be able to help our patients and our communities.

www.robertursano.com

Secretary



Maria Oquendo

Maria Oquendo

#1 The two most effective ways to combat discrimination are through education and by ensuring availability of not only transgender-friendly, but transgender providers and leaders. The APA has the capacity to promote both.

With the help of the LGBT psychiatrist caucus and the Association of Gay and Lesbian Psychiatrists, education should start early, during residency training or before, but the general membership must also be reached.

The APA can and should work with ACGME (Accreditation Council for Graduate Medical

Education) to improve curricular representation of issues relating to transgender health and ensure a safe and welcoming learning environment for transgender trainees. This could be implemented not only for psychiatry training programs, but for programs in all fields of medicine, including sub-specialties. The ACGME reviews the curriculum of each training program and can monitor implementation of appropriate courses. In addition, the ACGME conducts annual surveys of all residents in accredited training programs. To ensure that the environment at individual institutions is healthy, questions specifically focused on ascertaining trainee perception of the position of their program with regard to transgender issues could be included in the annual survey.

Reaching the general membership may be more challenging, but equally important. During the annual meeting, the APA might highlight courses or symposia that cover transgender issues. Also, dedicating some of the lectures that have wide attendance to transgender issues or ensuring that lectures or symposia by transgender clinicians and academicians are prominently promoted in the syllabus for the meeting can be useful. The American Journal of Psychiatry could also develop special issues focused on advancing and disseminating knowledge about transgender mental health.

Deliberate efforts to ensure representation of transgender providers within the

APA governance system would promote an embracing environment and help bring about needed change.

#2 While the HIV epidemic galvanized the research community to focus on high-risk populations and the LGBT community was instrumental in bringing this about, other concerns related to LGBT health have been largely neglected. The area in which I am expert, suicidal behavior is an excellent example of the dearth on knowledge and research into LGBT issues. For example, despite the fact that LGBT adolescents are at much greater risk for suicidal behavior, we understand little about the root causes or effective interventions. The field of suicidology is not alone. This state of affairs is widespread in terms of research. Current research focused on mood disorders, substance abuse and suicide specifically in LGBT would be extremely useful in stemming the significant morbidity and mortality associated with these conditions through scientifically informed interventions within diverse systems (e.g., schools, community, churches, public health and mental health).

It is critical not only to focus on risk factors, but also to identify protective ones. By studying LGBT individuals who are psychologically healthy, one may start to learn about what conveys resilience. This is a key area of research because if resilience can be imbued or taught, prevention strategies to minimize the development of untoward psychiatric and psychological conditions can be implemented for LGBT individuals.

The APA should partner with the National Institute of Mental Health, National Institute of Drug Abuse and National Institute on Alcohol Abuse and Alcoholism, to develop a research agenda for studying LGBT mental health and to secure funds to support such endeavors.

Roger Peele, M.D.



Roger Peele, MD

#1 First, it is great to see that the US Vice-President is aware of the magnitude of this discrimination.

Second, as this timely questions points out, there is a major need for promulgations that 1] explicates the discriminations and 2] provides guidance on the care of the transgender people.

I was pleased to have been part of a Washington Psychiatric Society component that produced a White Paper asking that "Disorder" not be used for this entity in DSM-5, pleased that "Dysphoria" replaced DSM-IV's "Disorder" -- important that the trans-

gender not be seen as "disordered."

There is a need for guidance to the care and treatment that is endorsed by the APA. Who should develop it? There are three reasons to suggest that AGLP develop a Guide for APA to approve:

1. It will not be easy for the APA to develop a Guide in the near future. At this time, the APA is following federal guidelines as to the development of Practice Guidelines, which has slowed down APA's production of Guidelines. There has not been a new APA Guideline in over two years. There are many other needs waiting in line for a new Guideline.
2. It is important that AGLP and APA collaborate every opportunity we get.

APA Candidates
Continued from Page 7

3. As a long-time Member of AGLP, I know that AGLP is the most informed as to these issues.

#2 I think we should be very wary of assuming that there are “psychological aspects” of homosexuality beyond sexual preference. Of course, we should not object to research, but we should always assume until absolutely proven otherwise that there are no differences beyond sexual preference. I suspect that I’m not alone in thinking that gays and lesbians are a bit smarter and more creative than the rest of us; but even positive psychological aspects can lead to discriminations. We should not assume that there are differences.



Anne Marie Sullivan, MD

Anne Marie Sullivan, M.D.

#1 Discrimination can take many forms and the APA needs to be a leader in reducing unfair and discriminatory practices. APA needs to educate our members, and other providers of medical and mental health care on LGBT issues, on how to work with individuals and appropriately provide needed services. The APA also needs to take an active role on the legislative level, national and local, whenever there are discriminatory practices and advocate for the rights of our LGBT patients. APA should also highlight these issues in its publications, practice guidelines and at the annual meetings of the APA.

#2 While there has been some growth in the research of the psychological aspects of the LGBT population much more needs to be done. There especially needs to be studies looking into the complex interplay among gender identity, sexual orientation, actual sexual behaviors and the sexual interest of individuals across the life span. Psychiatrists need to understand and work appropriately with our patients on these complex and critical issues, always keeping in mind the uniqueness of each individual.

Minority/Under-Represented Trustee

No responses

Member-In-Training Trustee-Elect



Lara Cox, MD

Lara Cox, M.D., M.S.

#1 The APA has released position statements opposing discrimination against and promoting access to care for transgender and gender variant individuals, including medical and mental health care related to transitioning. Though this is a step in the right direction, it is not enough. Even among supporters of the trans community, discrimination remains. Providers are often unfamiliar with the terminology used by the community, and may misuse gendered pronouns. They may define gender identity based on a person’s current anatomy, and expect transpersons to prove that they “really

are” their gender, whether by anatomy, identification, or by conforming to relatively rigid gender roles.

The solution to this problem is through advocacy, education, and research. The removal of gender identity disorder from the DSM will help decrease stigma among providers, in that all trans people are no longer classified as mentally ill; however, the APA must work to ensure that trans people do not lose what coverage exists for transition-related care, but are instead more globally covered. A new professional interest area within the APA for LGBT mental health could lobby for the inclusion of trans-focused workshops and lectures at APA meetings, including performances and lectures by activists and educators within the trans community. Also, a quick search of the American Journal of Psychiatry reveals not a single article on trans mental health since the 1970s. This is hugely problematic, and could be remedied either through a call for publications or a special interest issue.

#2 Much of the existing research on LGBT mental health is focused on gay men, with a relative lack of research on the specific mental health issues facing lesbians and bisexuals. It is also often limited to adult participants who are white and of above-average socioeconomic status who live in major metropolitan areas. There is therefore a dearth of research on LGBT people of color, and those in rural or disadvantaged communities. Another problem with the way that much of the research on LGBT mental health is conducted is that it uses strictly binary definitions of gender and sexuality, excluding those who identify outside of these categories. Lastly, much more research is needed on the issues facing LGBT youth, particularly with regards to the longterm effects of bullying and to the factors contributing to and sustaining the increased risk of homelessness among this group.



Timothy Kreider, MD, PhD

Timothy Kreider, M.D., Ph.D.

#1 Psychiatry has a profound responsibility towards transgender individuals for two reasons: symbolically, for our field’s troubled legacy of defining “normal” gender and sexuality; and practically, for our effective “gatekeeper” status for the surgical and medical care often sought by transgender patients. Respect and empathy for another person begin with an earnest attempt at understanding. APA can support the training of transgender-friendly providers by encouraging residency programs to include instruction and supervision in treating transgender patients. Residents need to learn much about

transgenderism that may not be covered in standard curricula: counseling patients and educating families about gender identity; handling pronouns with sensitivity; navigating the psychological, legal, and financial considerations of transition; screening for psychiatric side effects of transition treatments; and more. By setting clear expectations for training programs, APA can lead psychiatry to be continuously more inclusive and supportive of patients and colleagues alike. We psychiatrists should be the natural allies of any group that faces stigma, given the suffering from stigma we see daily in our patients of all genders and sexualities.

#2 We need to better understand not only what factors lead to poor outcomes in LGBT persons but also what protective factors promote their healthy development. The data are clear that LGBT youth carry a dramatically increased burden

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APA Candidates
Continued from Page 8

of suicide, substance abuse, and other psychiatric illness. What, conversely, enables healthy LGBT persons to thrive? Broadening our focus from "increased risk" to "healthy development" will reinforce our message that non-heterosexual orientations are normal variants rather than indicators of pathology. Psychiatrists will be better able to serve LGBT patients when we have robust theoretical models for how their successful development across the lifecycle may differ from non-LGBT peers. We need a queer positive psychology.



House Parties for AGLP
Continued from Page 4

4. The Gift-With-Purchase: Consider a specific incentive gift for invitees who join at the full member rate. This could be a small gift basket of goodies, a DVD of "Abomination" the documentary produced by AGLP, or a book. At my last house party, for example, I offered a signed copy of The LGBT Casebook (Levounis, Drescher and Barber, eds.) which has contributions by many AGLP members.

Remember, AGLP will subtract \$50 from your membership dues for this coming year for every new general or associate member who you recruit, and \$15 for every early-career or resident member.

5. The Set-Up: Prior to the arrival of your guests, set up a section of the main room with AGLP recruitment paraphernalia. This should include a laptop computer open to the membership section of the aglp website, so that people who want to join immediately can do so:
<http://www.aglp.org/pages/AGLPMembership.php>

Also include the membership brochures and paper copies of the AGLP newsletter. Fan out on a table some recent issues of The Journal of Gay and Lesbian Mental Health, a tangible benefit of membership!

6. The Main Event: During the party, take some pictures for later posting the AGLP Facebook page (ask people's permission first though, some people are shy!). Have fun and don't worry about a high-pressure pitch, just tell crazy stories about the fun times you've had with AGLP. A personal appeal is always best. Let people know when and where the next APA Annual Meeting is (San Francisco this year, May 18-22nd, 2013) and the next Institute of Psychiatric Services (Philadelphia, Oct 10-13th, 2013). Both of these conferences have AGLP associated social and educational events.

If you have invited a member of the AGLP's Board or Advisory Council, ask them to say a few words about AGLP and current projects and committees.

7. The Aftermath: Send an email to your guests a few days after the party thanking them for coming and inviting them to join the AGLP Facebook page. Include the AGLP membership website link in your email so people who needed a few days to consider can easily sign up.

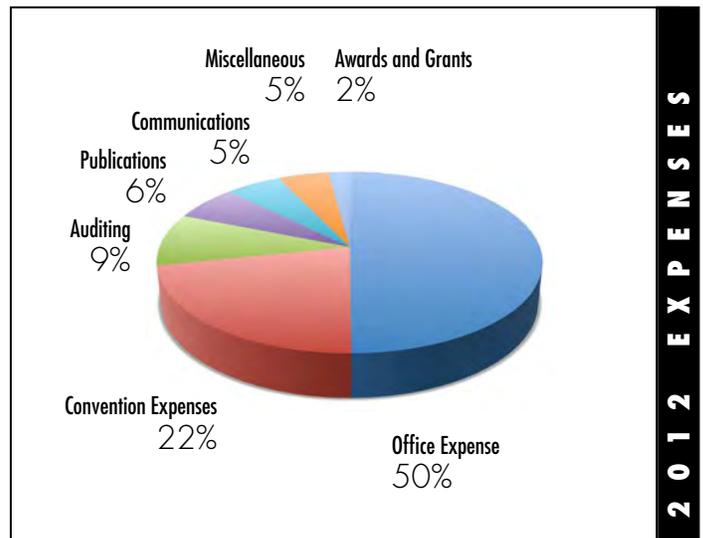
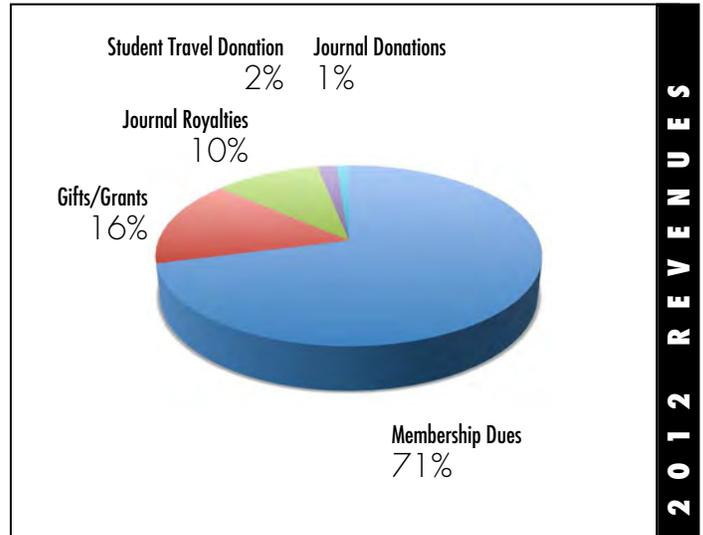
Post the pictures and an enthusiastic description of your party on the AGLP Facebook page and also send the words and pictures to Newsletter Editor Eric Yarbrough (EYarbrough@aglp.org).



ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

2012 AGLP
Financial Statement

Serena Volpp, M.D., Treasurer



LEDGER SUMMARY

	2012	2011**
Total Receipts	\$ 81,842	\$ 75,745
Total Disbursements	\$ 79,677	\$ 76,236
Receipts/Disbursements	\$ 2,164	\$ (491)
CASH, SAVINGS, AND INVESTMENTS		
Beginning of Year		End of Year
\$23,043**		\$25,207

* Includes salaries, postage, supplies, book inventory and mailing expenses, bank service charges
** Audited figures



Kenn Ashley, MD, leads the Business Meeting of AGLP held during IPS in New York in January. Shown with Kenn are Chris McIntosh and Marshall Forstein.



Marjorie Hill, Ph.D., Chief Executive Officer of Gay Men's Health Crisis (GMHC), the nation's oldest AIDS service organization, receives the 2012 John Fryer, MD, Award from AGLP President Kenn Ashley, MD, and Fryer Award Committee Chair Mary Barber, MD, before the lecture in New York.

THE AGLP John Fryer Award Reception at the Home of Phil Bialer, MD.



WELCOME TO OUR NEW MEMBERS

Philip Brost, M.D.
Vancouver, Canada

John Linnane, M.D.
Clayfield, QLD, Australia

Alaina Burns, M.D.
Los Angeles, CA

Norman Litchfield, M.D.
Durham, NC

Tamar Carmel, M.D.
Pittsburgh, PA

John Mesaros, M.D.
Reisterstown, MD

Joshua Carroll,
San Francisco, CA

Christopher Richards-Bentley, M.D.
Toronto, ON, Canada

Michail Charissis, M.D.
Washington, DC

Shervin Shadianloo, M.D.
New York, NY

Francesco Ferrari, M.D.
Philadelphia, PA

Anand Sukumaran, M.D.
New Haven, CT

Brian Hendrickson,
Washington, DC

Sterling Tadlock, M.D.
San Francisco, CA

Aron Janssen, M.D.
New York, NY

Sergio Yero, M.D.
Woodland Park, NJ

Sameer Khan, M.D.
Glen Oaks, NY



AGLP Board Meeting August 20, 2012 3:30pm-4:30pm EST

In attendance: Kenn Ashley, Jack Pula, Laura Erickson-Schroth, Roy Harker, Jonathan Weiss, Eric Yarbrough, Amir Ahuja, Maureen Murphy-Ryan. Excused: Karl Jeffries, Serena Volpp, Dan Safin.

Item: IPS conference in NYC in October 2012.

Discussion: AGLP will host a social event Saturday, October 6 during IPS, to be co-hosted with GLPNY. There are two options for hosting the reception, either at a private club or in a member's home.

Plan: Kenn will contact the two potential hosts.

Item: GLSEN meeting

Discussion: Amir is organizing a GLSEN meeting during IPS, to be held Friday night October 5 for 8-10 people informal meeting at a private venue.

Item: APA meeting in San Francisco spring 2013

Discussion: A local committee chair still needs to be named. Eric volunteers to contact members Howard Rubin and Gene Nakajima to start brainstorming ideas for a venue for the spring awards reception.

Item: APA symposium submission

Discussion: Eric is helping to organize a panel for APA on gays in the military with artist Vincent Cianni. Plans to subsidize for his travel to the conference (airfare, staying overnight with an AGLP member) were discussed.

Item: Membership

Discussion: There were large numbers of new and renewing members this month. A discussion on an elevator speech and a template for a letter to expired members is planned for next month.

Item: Residents subcommittee

Discussion: Laura is planning a social event in New York for residents, to be co-hosted with the Early Career Psychiatrist committee.

Item: Transgender committee

Discussion: Three residents have expressed interest in joining the committee. A phone meeting is planned for early September. The committee has plans to develop a curriculum on trans issues for residency training directors.

Item: Education committee outreach

Discussion: The committee has participated in outreach events at Einstein and Drexel. Other organizations (Trevor Project, GLSEN, American Foundation for Suicide Prevention) may be interested in cosponsoring talks.

Plan: Education committee chair is currently vacant. Amir will generate a letter to solicit interest from membership about interest in participating in speakers bureau, to be posted on the website.

Next conference call meeting: September 24, 2012 3:30-4:30 pm

AGLP Board Meeting September 24, 2012 3:30pm-4:30pm EST

In attendance: Kenn Ashley, Roy Harker, Jonathan Weiss, Eric Yarbrough, Serena Volpp, Dan Safin, Jack Pula. Excused: Laura Erickson-Schroth, Karl Jeffries.

Item: GLSEN

Discussion: Amir will forward information about meeting of Education and

Product subcommittees.

Plan: GLSEN and AGLP product committee will convene Friday evening October 5, 2012.

Item: IPS

Discussion: The GLB caucus meeting (12 noon-1 pm) will precede the AGLP business meeting (1-3 pm). The Fryer award speech by Marjorie Hill of GMHC will follow.

Plan: Come to IPS!

Item: Membership

Discussion: A new membership chair will be considered at the business meeting next month as Karl Jeffries has stepped down. Roy suggests directly contacting current members about interest in the position.

Item: Vice-presidential report

Discussion: A submission has been entered for APA meeting programming in San Francisco. The SF local arrangements committee met September 9 for initial event planning (medical students meeting, women's dinner, closing reception/awards ceremony).

Plan: Develop budget for closing ceremony.

Item: Secretary's/child and adolescent committee report

Discussion: The annual AACAP meeting will be in San Francisco this October, with a conjoint LAGCAPA reception in San Francisco.

Item: Treasurer's report

Discussion: For the current budget at this time of the year there is a deficit of \$11,000. From lower than expected membership dues. Plans for next year's budget will be discussed at the business meeting on October 6, 2012.

Plan: Roy will come up with a draft budget(s) based on multiple financial scenarios.

Item: Transgender committee report

Discussion: Evan Isler of Vermont and Dan Karasic (San Francisco) will hopefully join the next committee meeting. Jack will be profiled by Columbia-Presbyterian Medical Center.

Plan: Future subcommittee meetings by telephone, and in person at IPS.

Item: Medical student report

Discussion/Plan: A meet-and-greet in New York is currently being planned.

Next meeting: AGLP business meeting during IPS, October 6, 2012

AGLP Board Meeting December 17, 2012 3:30pm-4:30pm

Kenn Ashley, Eric Yarbrough, Roy Harker, Sarah Noble, Serena Volpp, Jack Pula, Anand Pandya

Item: APA in San Francisco 2013

Discussion: Fundraising efforts to help pay for expense of the symposium were brought up. An e-mail was sent out to AGLP members. Kenn suggested sending out an end-of-the-year appeal for further contributions to the organization. Roy suggested sending out a general request now and waiting until closer to May to ask for more donations for the symposium.

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AGLP Meeting Minutes
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A suggestion for a joint event with women psychiatrists, as suggested by Mary Barber, was discussed by the board. Kenn suggested being in touch with Mary regarding this. Roy received an e-mail from the women's group president Francis Bell and will get in touch with her. Further discussion was tabled at this point to wait for more members to be present. Jack brought up Dan Karasic and doing a shared event for the conferences in San Francisco.

The board went on to discuss social events and outings that would take place. Questions were asked about the house parties, partner events, social outings, and awards ceremony. Many of the details have yet to be planned but will be focused on more during January.

Plan:

Eric will also post it on the AGLP Facebook page.

Kenn agreed to write an e-mail out to membership regarding end-of-the-year contributions.

Roy will contact Francis Bell about a joint event.

Item: Membership Development

Plan: Elapsed members were assigned to be contacted for renewal.

Item: President Report

Kenn reported that Jack Drescher has been very involved with working with the trans population with many presentations as of late. ADDPRT will have members of AGLP present on training residents about LGBT mental health. Many AGLP members will be involved.

Kenn revisited that we may compose a short e-mail to go out to members between newsletters to keep everyone connected. He went on to suggest that we find a co-chair for the education committee to help Andy Tompkins.

Item: Vice-President Report

Eric has been in contact with the local arrangements committee and will start to solidify plans in January. Many of the previous events during other conferences will continue as usual in San Francisco.

Item: Secretary Report

Serena reported that we are 15% behind when it comes to revenue regarding membership.

Item: Executive Director Report

Roy brought up David Kessler and how we may recognize his years of service to the organization.

Plan:

Kenn said he would contact Gene in San Francisco to ask for suggestions regarding a way to thank David.

Item: Fryer Award

Discussion: Suggested Action —

- Move the existing balance of the fund to the American Psychiatric Foundation (APF) and place it in a managed portfolio of funds to begin delivering dividends. The fund would be marked 'permanently restricted,' meaning that no amount of the principal may be spent;

- Fund the award and all administrative costs for the next three years while the new-formed restricted fund developed;
- Commit the services of the APF Development Officer to developing new resources for funding and, hopefully, reconstitute the original endowment amount over that three-year period. It is estimated that an additional \$20 to \$25 thousand would be needed to fully fund the Award. The Development Officer would work with AGLP and the APA Gay and Lesbian Caucus to identify new revenue streams and grants for this purpose. There may be some flexibility in the investment strategy that would allow for a mix of permanently-restricted and temporarily-restricted funds; and
- Provide ongoing full disclosure and reporting of the fund resources.

A board vote is required to accept this proposal or not. The pros and cons were discussed. Roy agreed to send out a copy to the board and committee heads. A vote by the board should probably take place before the end of the year.

Plan:

The board will vote on this proposal by e-mail

Item: Journal Name

Discussion:

The journal name change is still to be discussed. Co-editors will submit process idea to Taylor and Francis.

Item: Transgender Committee

Discussion: Jack Pula and many others were on a recent telephone conference for the transgender committee. They spent an hour talking about goals and objectives for the committee. One major outcome was the idea of reviewing presentations and sharing this information with others on the committee.

Next meeting. January 21st, 2013 at 3:30pm.

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Approved minutes for October and November were not available at the time of publishing of this newsletter. They will appear in the next issue.

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AGLP in San Francisco 2013
Continued from Page 1

your reservations, please ensure you mention "AGLP" as their attendee type, so that all your reservations can be tracked and properly booked and get the AGLP rate.



*The Intercontinental
San Francisco*

Howard Rubin and Gene Nakajima, local San Francisco hosts, are also arranging a trip to Yosemite National Park after the APA meeting ends, if a critical mass of people sign up. (NB: This trip is not an official AGLP activity.)

Yosemite is about a 4-5-hour journey south-east of San Francisco. (See <http://www.nps.gov/yose/index.htm>.) The group will leave Thursday Morning May 23rd and return to San Francisco early evening on Monday May 27th (Memorial day). People will need to rent cars to get there, though we will try to assist to carpooling. (If people want, they could leave and return at different times.) We

will be staying in the southern part of the park, and are asking people to make their own reservations. The two options we recommend are the Wawona Hotel—<http://www.yosemitepark.com/wawona-hotel-lodging.aspx> or cabins which can accommodate up to 8 people at <http://www.redwoodsinyosemite.com>. Gene and Howard will be staying in a cabin in the Redwoods. A little further south and just outside the southern entrance to the park is Tenya Lodge: <http://www.tenyalodge.com>.

It is very important to make reservations EARLY—and then cancel if needed—because we will be visiting the park during Memorial Day Weekend, which is the official start of summer and a very busy time to be in the park. The Wawona Hotel is almost already full. **BOOK NOW.**

We will arrange trips up into Yosemite Valley and lead a variety of hiking trips Friday, Saturday, and Sunday. We will also try to coordinate a series of dinners during that time as well.

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AGLP Symposium 2013

Bringing the Uniform Out of the Closet: Artistic and Clinical Perspectives of Gay Military Life Before and After *Don't Ask Don't Tell*

San Francisco, CA

"Don't Ask Don't Tell" was a United States policy that ended in September of 2011. While instated and even after, it has had negative effects on homosexuals serving in the military. Mental health care workers need to understand how this policy has affected both those serving as well as their families. This presentation will explore the effects of DADT from several viewpoints. Service members' stories will be shared through a photojournalism project of photos and oral interviews with service members affected by the military's ban on homosexuals serving. This constitutes an ethnographic record of these service members' stories that is a window into the broader mental health concerns of

the population. A professional narrative will help attendees understand how policy changes came about and explain ways to identify and treat lasting scars. Other discussants will share personal accounts as well as contrast our military to those in other countries.

Two of the presenters share especially poignant perspectives. Vincent Cianni is a photographer with recent subject matter focusing on "Don't Ask Don't Tell". <http://www.vincencianni.com/>. LT Donald Bramer was a recent speaker at one of Vincent's openings and will be giving his personal account of how the policy change has affected him.

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Photos courtesy of the San Francisco Visitors and Convention Bureau



Harrington Park Press, formerly an imprint of The Haworth Press, has been re-launched by its founder, Bill Cohen, as a small LGBT book/ebook publishing house.

Our aim will be to:

- focus initially on LGBT topics
- maximize dissemination of research and impact in the scholarly and practitioner community
- take advantage of the global reach increasingly made possible through ebook co-publication
- encourage a select number of submissions by emerging and recognized scholars which have a potential appeal for advanced course adoptions, interdisciplinary and non-specialist audiences

For additional information, go to:

www.HarringtonParkPress.com



