



**AGLP**  
*Opening Minds*

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*David Kessler, M.D.*

### **2007 James Paulsen Award Winner David Kessler, M.D.**

*David Kessler, M.D. who was awarded the AGLP James Paulsen Award reflects on the award and the challenges that face the next generation of leaders:*

When I heard that I was to receive the Paulsen Award my thoughts inevitably turned back 30 years or so, to the times when I was most actively involved with the newly emerging Gay Caucus (as it was then called).

That was a period of great energy and excitement, as we struggled to get established and recognized by the APA. We won formal representation in the Assembly and in the Council on National Affairs. Informally, we engaged in a de-demonization campaign by such means as inviting APA officers, staff and general members to our well-attended opening receptions at the Annual Meetings.

Receiving the Paulsen Award has even more personal relevance for me. Jim was not only a colleague and a close personal friend here in San Francisco, but was also directly involved in my public coming out.

Those who knew him can testify to Jim's unwavering integrity and his deep commitment. He was a large burly man of Scandinavian stock from Chicago, with a hearty laugh. He was a knowledgeable devotee of Wagnerian opera, and would travel the globe for a "Ring" performance.

After medical training he married a physician who was part of the Lee medical dynasty, whose patriarch was the formidable Russell V. Lee, founder of the Palo Alto Medical Clinic, one of the first private group medical practices in the country. (Several sons were also physicians, one of whom was Secretary of Health & Human Services in Washington, and later became Chancellor of the Univ. of

*Continued on page 5*

**The Candidates speak!  
Read their comments to  
AGLP beginning  
on page 8**

## The Newsletter of the Association of Gay and Lesbian Psychiatrists

Editor, George Harrison, MD

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

### INFORMATION FOR AUTHORS

Persons wishing to submit articles for publication should send them to: George Harrison, MD, Editor, *Newsletter* of AGLP; UCSF AIDS Health Project, 1930 Market Street, San Francisco, CA 94102. (Phone: 415-502-4818, FAX 415-502-7240, E-mail: gharrison@aglp.org). Submissions should be clearly readable. Submissions on electronic media in IBM compatible formats are appreciated. A hard copy should be included along with a notation indicating which word processing program was used. Submissions become the property of AGLP and will not be returned unless requested and accompanied by a self-addressed and stamped envelope. The *Newsletter* reserves the right to make editorial changes and to shorten articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged). The deadline for inclusion in the next issue is January 15, 2008.

### 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
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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, M.D.

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George Harrison, MD

I am sitting on the one remaining chair in my house awaiting a decision to start renovations. As happens with these things, the unforeseen is the rule. I moved most of my things into storage except for the things I will take with me when I move out for the next year. Hopefully after that time I will be able to come back to a transformed space. The unforeseen event was that the contract for this project needed quite a bit of clarification before signing and now I am in limbo.

I have a chair, a bowl, press pot, computer, clothes, and bike. I've made a sleeping palette from a foam cushion and a rug I'm going to throw out. The ridiculous thing is that it is at least as comfortable as my unspeakably expensive bed that's in storage. I am remembering earlier times in college when I had very little. I don't remember feeling like I needed more but was engaged in my life outside my home. And I think, "Do I really need all that stuff that I won't see for another year?"

Time is what I miss. My life was full before the remodel and now I find it hard to keep up with all the daily tasks that life demands. I am trying to push back and make time for the essentials, friends and riding, but the house has a way of claiming space in my life. It's like a demanding child that must be fed first. Everything else falls to the side. Even more than ever I stand in admiration for people with actual children and the balance they try to strike in their lives.

This is a tremendous opportunity for me and I'm grateful that I have the resources to attempt this undertaking. So while I try to sort out the details, I know that it will be a time of great turmoil which will also offer me a way to wake me from my daily routine.

You know. It is the chance to be alive in the moment. Who could ask for more?

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### Vice President's Column Kenn Ashley, M.D.

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Kenn Ashley, M.D.

Yes, it is that time.

Believe it or not, but it is time to begin planning for the next APA Annual Meeting in Washington, DC, May 3rd to the 8th, 2008. Because next year's Annual meeting will be taking place during an election year and we will be in our nation's capitol, we have come up with a tentative title for the AGLP Saturday Symposium "The Gay Agenda: The Intersection of Mental Health, Human Rights, and Public Policy." We are in the process of assembling an interesting and diverse group of speakers which will include politicians, representatives of LGBT-advocacy/rights organizations, and psychiatrists. We hope to hear from the key players what role we in AGLP can have in improving the situation for the variety of people in the LGBT community.

AGLP will continue to sponsor the Hospitality Suite during the Annual Meeting. Anyone interested in using the room for a presentation or a small reception, please contact me at [kashley@aglp.org](mailto:kashley@aglp.org) ASAP to reserve the space—the scheduling is done through me.

Recently the decline in membership in AGLP has slowed and now seems to be growing. As part of an effort to continue our growth, we would like to see increased participation in the organization (welcoming new members at the Opening Reception, serving on an AGLP committee, or attending events sponsored by AGLP). We would also like to increase AGLP's presence by hosting small receptions at various psychiatric subspecialty/topic-specific meetings and for this we will need our members to volunteer—if you will be attending a subspecialty meeting (Geriatrics, Addictions, Forensics, Psychosomatics, Residency Training Directors, etc), please agree to host such a reception. Contact me if you are interested in hosting a reception.

If you have any questions, comments, or would like to participate in some aspect of AGLP please contact me (e-mail: [kashley@aglp.org](mailto:kashley@aglp.org), work phone 212 844 1864).

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Ubaldo Leli, MD

## President's Column

Ubaldo Leli, M.D.

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Six months after taking office, I feel happy in reporting on the state of our organization. In my first column as President, I expressed the need to address two fundamental problems that have been plaguing AGLP: a severe financial crunch, and membership decline. I can report with great pleasure initial signs of improvement in both areas.

The financial crisis is inevitably intertwined with the issue of the membership. In the past few months, thanks to an appeal to members to renew their membership earlier, and at a higher level, we have witnessed a positive cash flow in the month of August after many years of being in red during that period. Although this does not indicate a definitive solution to AGLP's deeper financial problems, the stabilization of the cash flow has boosted immensely the morale of everybody involved in the day-to-day operations of our organization.

The Development Committee, led by Stephan Carlson and Robert Lopatin, is now meeting regularly. There has been monthly teleconference meetings of the Executive Board which, in addition to providing a sense of continuity in the work of AGLP administration, have helped to maintain the momentum generated at this year's annual meeting in San Diego. Such energy and enthusiasm surges every year after our main meeting, but too often dissipates by the time of the September business meeting.

Despite having coalesced a bit later than other years, the Local Organizing Committee for the 2008 Washington meeting has been working very hard, and nearly all the organizational folds have been already ironed out. Most of the venues for events have been selected, and a concerted, simultaneous effort in fundraising, grant writing and networking to find additional financial support is underway. After a thorough discussion at the September Business Meeting, we can again look forward to our annual symposium as one of our own AGLP events, perhaps even a revenue positive one.

**A**s LGBT doctors we are asserting our identities in a conspicuous and influential field. AGLP's goal is to make our presence felt strongly and effectively, and to help bring about still much-needed change.

Other Newsletter columns will fill you in on additional details of current AGLP activities, but I want to mention here one important recent achievement: AGLP's part in the successful fight against the invitation to an international conference, organized by the Austrian Society of Psychiatry and Psychotherapy, of speakers who advocate the treatment of homosexuality as a mental illness, and who sanction, among other methods, spiritual approaches, including exorcism. (Incredible as it sounds, the image of us as spawn of the devil persists into the 21st century.) Gene Nakajima, Chair of the Committee on International Members, and an Austrian gay psychiatrist, who wishes to remain anonymous for fear of repercussions, led AGLP members in an intense, concerted team effort to send letters of protest. This caught the attention of local and international press, and of German-speaking LGBT organizations. As a result, the organizers of the conference disinvited the speakers offering "treatment" of homosexuality through reparative therapy and spiritual and religious interventions.

This successful campaign is a battle won against the idea that unconventional sexual orientations and sexual identities are physiological, psychological, or moral illnesses. In the face of the two crises I referred to at the beginning of the column, AGLP's administration has been asking itself what exactly we offer our membership. Above and beyond our *Journal of Gay and Lesbian Mental Health*, our *Newsletter*, our social and educational events, and our valuable referral service, I think AGLP offers members a sense of community and support of identity exemplified in our striking out against the misguided bigotry of the proposed Austrian convention speakers.

It has often been pointed out that what is generally perceived as threatening about homosexuality is not homosexual behavior so much as homosexual identity; sexual transgression (because it is aberrant) being more easily discounted than sexual diversity (because it is essential). As LGBT doctors we are asserting our identities in a conspicuous and influential field. AGLP's goal is to make our presence felt strongly and effectively, and to help bring about still much-needed change.

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2007-2008

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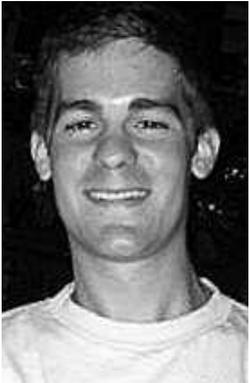
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**Medical Student Column****Marc Manseau**

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*Marc Manseau*

I come from a loving and supportive, but also socially conservative and religiously Catholic family. When I came out to my family during my senior year of college, I was ready to deal with a host of challenges. I expected there to be a certain level of surprise and disappointment, and anticipated having to be patient with and tolerant of problems that they might have in readily accepting my sexual orientation. With a strong support group of gay friends and mentors at college, I felt prepared for what I imagined would be one of the most difficult experiences of my life.

What ensued, however, threw me completely off guard. A few people in my family suggested that I had a mental illness that could be reversed or cured, and recommended that I look into reparation therapy. Suddenly, a normal aspect of my sexuality, which I had quietly struggled to accept for over a decade, had been thrown into a new light. While I knew with certainty that my gayness was anything but an illness, the suggestion by those to whom I was closest that I had a psychological problem that could be fixed or reversed left me feeling violated. Any other reaction — screaming, crying, homophobic questioning, anger, or sadness — would have been better than the lovingly patronizing suggestion that I look into a good Christian therapist. It revolted me that my sexual orientation — which I had come to realize was an important and beautiful part of my identity — could be viewed as a sickness.

My experience in coming out to my family is one of the reasons that I decided to get involved with the AGLP. Like most physicians, I chose a career in medicine due to a strong desire to improve people's lives. But for all the extracurricular work that I do in medical school — volunteering at free clinics, fighting for universal health care in the United States, and working with the homeless — very little has a direct impact on my own life and the lives of those in my community. This idea crystallized while listening to the inspirational John Fryer Award lectures in May of 2006 by Barbara Gittings and Frank Kameny. The work that gay and lesbian activists, like the Fryer Award recipients and psychiatrists in the AGLP, have been doing for decades has made my life undeniably better. I remember going up to Barbara Gittings with tears in my eyes to thank her for the work she had done. It was possibly the most sincere "thank you" to ever cross my lips. And the AGLP is continuing this important work through projects like the film, *Abomination: Homosexuality and the Ex-Gay Movement*, and its recent successful campaign to convince the Austrian Society of Psychiatrists and Psychotherapists to revoke the invitation of conversion therapists to a professional conference. Clearly, there is still much work and fighting to be done. It is exhilarating and empowering to know that through my involvement with the AGLP, I am helping to improve the lives and health of gay and lesbian people in the future.

**While I knew with certainty that my gayness was anything but an illness, the suggestion by those to whom I was closest that I had a psychological problem that could be fixed or reversed left me feeling violated.**

After a bit of research, I was relieved to learn that the American Psychiatric Association and the American Psychological Association had declared homosexuality a normal variant of human sexuality, and viewed attempts to reverse or change one's sexual orientation as dangerous. With time and the help of a few of my more progressive family members, I was able to convince most of my family that I was not mentally ill, and that reparative therapy was neither necessary nor safe.

This ordeal spurred a lot of reflection. How fortunate I am to live in a time when the medical establishment endorses my sexual orientation as normal! What must it have been like for gay men and women before the 1970's, who had little recourse against assertions that they were sick or crazy? I am lucky that I can only imagine the difficulties that the LGBT community used to face in this regard. Had I been born in 1950 instead of 1980, there is a good chance that I might have been pulled out of college and sent to an intensive aversion therapy program. Instead, I am successfully completing medical school and considering residency programs.

David Kessler, M.D.

*Continued from page 1*

### California Medical Campus in San Francisco.)

Jim lived on the Lee family compound near Palo Alto, started a family, and practiced at the Palo Alto Clinic. After his wife died of cancer, Jim decided to come out as a gay man. Before doing so, he went East and consulted with Dr. Howard Brown, the New York City Health Commissioner, the first notable "out" gay doctor in the country.

While maintaining his Palo Alto connections, he rented a week-end apartment in San Francisco. With Frank Rundle and Richard Pillard, he was a pioneer in the early efforts to establish the Gay Caucus. (He also found time to become "an attentive companion to young men from society's fringes", a phrase recently used to describe another individual.)

It was Jim who precipitated my professional and public coming out. In 1978, while on the psychiatric staff of the Univ. of California San Francisco, a colleague and I clandestinely planned a Grand Rounds presentation on Homosexuality. We invited Jim as part of a panel, who had already given such talks at other locations. I had recently become actively involved in several gay professional groups, and it was becoming obvious that in order for me to be effective I would have to be out.

I therefore resolved that during the discussion period following Jim's presentation, I would get up and say "As a longtime gay psychiatrist myself ..." That was exactly what I did, and, although I obviously remember the preamble very clearly, I can no longer recall the rest of my remarks.

Since the Grand Rounds was being televised to the Psychiatry Departments of all the other Univ. of California campuses, I had managed to come out in an altogether wholesale fashion and became the first openly gay physician at UCSF. My department chairman, a renowned psychoanalyst, chaired the session. I was told that the TV camera managed to capture his facial expression as I concluded my statement. He did not seem overly pleased.

All these and other memories have been stirred up on the occasion of this award, for which I am humbly and sincerely grateful. My involvement at that time with the Gay Caucus and similar groups was undoubtedly one of the most meaningful periods of my life, and I continue to be thankful to have had that opportunity.

It would be presumptuous of me to attempt to offer suggestions for the future direction of the AGLP. The times are different now, compared to the period I have sketched above, and a younger generation will naturally have its own priorities. It is gratifying to see the interest and involvement of so many of the members, including many still in training, and to realize the continuing importance of the social support that the organization offers.

On a larger canvas, if our in-house APA concerns seem less urgent, consideration might be given to enlarging our focus by coordinating with other groups (e.g., GLMA, AMA, World Psychiatric Association, International Gay & Lesbian Human Rights Commission, Amnesty International) when such joint efforts would seem feasible and appropriate.

In any event, Congratulations, in advance, on our upcoming Thirtieth Anniversary!

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## Call for Nominations for AGLP Executive Committee Andy Tompkins, M.D.

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*Andy Tompkins, M.D.*

write to you with some exciting news. The AGLP election cycle calls for three new officers to be elected at the annual meeting in May 2008. Ubaldo Leli has asked me to chair the nominations committee which I accepted. The membership will vote on president-elect, vice-president, and treasurer. These are two year commitments.

Who are eligible for these three offices? Any general member who is a psychiatrist is eligible. Nominees should be prepared to work hard but also to have fun. We meet twice a year as an executive board, once in the fall and once in the spring. The fall meeting is in Washington, DC as a part of the APA Components meeting. The spring meeting is in the APA meeting city —

Washington, DC in 2008, San Francisco in 2009 and New Orleans in 2010. As well, we meet virtually via email discussions and have monthly conference calls. This is an exciting time for the organization and we would love to see new faces and fresh ideas to move us forward.

What do the individual officers do? The President-elect will assist the president and will take over from Ubaldo Leli, MD as the AGLP president at the end of his term. The vice-president's main task is organizing the annual AGLP meeting. This is a large task but is quite fulfilling as you help choose speakers, the theme for the all-day Saturday symposium, assist the local arrangements committee with social events and various receptions, and organize the small group sessions in the AGLP hospitality suite. The current VP is Kenn Ashley, MD. The treasurer's main task is keeping track of the money. He or she prepares reports on the status of cash flow and assists the executive director with money related issues. The current treasurer is Petros Levounis, MD.

The nominations committee is accepting nominations from members. Please nominate a member by contacting me at [atompkins@aglp.org](mailto:atompkins@aglp.org).

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## Austrian Psychiatric Conference and Conversion Therapy

George Harrison, M.D.

In the months since the last newsletter a concerted effort to speak out about a plan to include a presentation on conversion therapy at a psychiatric conference in Graz, Austria was led by members of AGLP here and abroad. As a result, the "therapist" withdrew from the conference. This effort was in large part spearheaded by Gene Nakajima, M.D. and other members of our international psychiatry membership. These members spent significant amounts of time organizing and crafting this response to the representation of conversion therapy as a sanctioned psychiatric tool.

What may not be clear from the brevity of the press release included here is the intensity of the resistance to respond to the protests. Members of the organizing committee as well as some of the officials of the sponsoring organization persistently tried to obscure the issue by saying that it wasn't about homosexuality but focused on the ICD 10 diagnosis, Egodystonic Sexual Orientation. In the statement of the organizers they felt this discussion did not indicate that homosexuality was a disorder but only described individuals as pathologic when conflicted about an orientation. This is in absence of factors such as social context or the effects of stigma. They indicated that the conference would never promote or endorse discrimination against homosexuality itself. Additionally, as recent scientific basis for these arguments they cited the widely discredited 2003 article in *Archives of Sexual Behavior* by Robert Spitzer which stated that motivated patients could successfully change their sexual orientation from homosexual to heterosexual. The other comment from the organizers was that a resistance to discussion in an academic forum should be labeled as intolerance.

therapy of gay and lesbian people is unscientific, harmful, and unethical. . . By inviting these speakers to your conference, you are granting scientific legitimacy to a discredited therapy that not only continues to pathologize gay people, but is based on the erroneous assumption that homosexuality is a mental illness and that gay men and lesbians can and should change their sexual orientation."

After receiving letters from AGLP, its members, and local Austrian groups, OEGPP's Vice President, Dr. Christoph Stuppaeck, requested to the organizers that Hoffman's invitation to speak be withdrawn. Three days later, the organizers announced that Hoffmann had withdrawn from the conference.

Ubaldo Leli, MD responded: "AGLP is happy to have played a role in protecting vulnerable gay patients from potential harm. We now hope to work collaboratively with OEGPP to help them formulate a more scientific sound policy toward gay and lesbian patients."

AGLP is an allied organization of the American Psychiatric Association. Both groups maintain that conversion therapies are potentially harmful to patients. The APA's position statement can be found at: [http://www.psych.org/psych\\_pract/copptherapyaddendum83100.cfm](http://www.psych.org/psych_pract/copptherapyaddendum83100.cfm).

AGLP has produced "Abomination: Homosexuality and the Ex-Gay Movement" a documentary detailing, through personal accounts, the harm caused by conversion therapy (for more info on Abomination go to <http://www.aglp.org/pages/abomination.html>).

Coverage in the Media:

The Advocate  
09/15/07-09/17/07  
[http://www.advocate.com/news\\_detail\\_ektid48899.asp](http://www.advocate.com/news_detail_ektid48899.asp)

**A**GLP President, Ubaldo Leli, MD, wrote the OEGPP in August: "Conversion therapy of gay and lesbian people is unscientific, harmful, and unethical. . . By inviting these speakers to your conference, you are granting scientific legitimacy to a discredited therapy that not only continues to pathologize gay people, but is based on the erroneous assumption that homosexuality is a mental illness and that gay men and lesbians can and should change their sexual orientation."

What follows below are the AGLP press release about the issue and the coverage that our efforts received in the Advocate.

### Press Release From AGLP

For Immediate Release – September 13, 2007

#### AGLP Protest Leads Conversion Therapist to Withdraw from Austrian Psychiatric Conference

PHILADELPHIA, PA —In response to a letter-writing protest campaign initiated by the Association of Gay and Lesbian Psychiatrists (AGLP), a conversion therapist has withdrawn from speaking at a psychiatric conference in Graz, Austria.

The Austrian Society of Psychiatry and Psychotherapy (OEGPP) is a sponsor of an upcoming conference, "Religiosity in Psychiatry and Psychotherapy," to be held this October in Graz, Austria. Markus Hoffmann, a German conversion therapist who leads an evangelical group that attempts to convert gays and lesbians into heterosexuals, had been invited to speak.

AGLP President, Ubaldo Leli, MD, wrote the OEGPP in August: "Conversion

#### Gay shrinks get conversion therapist booted from conference

A group of gay and lesbian psychiatrists successfully campaigned to remove a conversion therapist from an Austrian mental health conference.

The Association of Gay and Lesbian Psychiatrists initiated a letter-writing campaign against Markus Hoffman's participation in the October conference in Graz. According to the AGLP, Hoffman is a German conversion therapist who leads an evangelical group that attempts to change the orientation of gays and lesbians.

The organizers of the conference—the Austrian Society of Psychiatry and Psychotherapy—pushed for Hoffman to be disinvented after being inundated with letters from AGLP members. Seemingly under pressure, Hoffman announced he had withdrawn from the event.

"AGLP is happy to have played a role in protecting vulnerable gay patients from potential harm," AGLP president Ubaldo Leli said in a release. (The Advocate)

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**Chicago and Prague: Upcoming Psychiatric Meetings Needing Lesbian and Gay Workshops**

Gene Nakajima, M.D.

Chicago, Institute on Psychiatric Services, Chicago, Oct 2-5, 2008. Submission deadline is December 10, 2007. This is APA's other meeting which they hold annually. Between 1,500 and 2,200 register for this conference. I am probably going to organize a three quarter day long session on LGBT mental health. The next APA John Fryer, MD award will be presented. The winner will also give a lecture on lesbian and gay mental health. If you want to participate in a lesbian and gay workshop, please contact Gene Nakajima, MD at [gnakajima@alumni.stanford.org](mailto:gnakajima@alumni.stanford.org) by November 10, 2007. More info should be up soon at [www.psych.org](http://www.psych.org) after October 1. We may be able to suggest one or two keynote speakers. These do not have to be psychiatrists, but the APA can not pay anyone so it is best to have local speakers in the Chicago area. Please let Gene know if you have any suggestions.

**Prague, World Psychiatric Congress, Sep 20-25, 2008, Deadline Dec 17, 2007**

The next WPA World Congress of Psychiatry takes place in Prague from Sep 20-25, 2008. The deadline for submission is Dec 17, 2007, 9 months before the meeting. If you want to submit in a workshop or symposium on LGBT or HIV/AIDS issues, please contact [Gnakajima@alumni.stanford.org](mailto:Gnakajima@alumni.stanford.org) by Nov 22, 2007. [www.wpa-prague2008.cz](http://www.wpa-prague2008.cz) The World Congress occurs every 3 years and can attract more than 10,000 psychiatrists.

One gay workshop has been accepted to the World Psychiatric Association International Meeting in Melbourne, Australia from Nov 28—Dec 2, 2007 (The WPA holds an international meeting in years between the more highly attended Congresses). For more information please see [www.wpa2007melbourne.com](http://www.wpa2007melbourne.com) I know 8 AGLP members who are attending the conference in Melbourne. We are co-hosting a reception with the Australian gay psychiatry group.

The following year there is a WPA International Meeting in Florence April 1-4, 2009. <http://www.wpa2009florence.org/>

The next large WPA World Congress will be in Buenos Aires, October 11-15, 2011

If you want to submit a talk for any of the above conferences, please let me know the title and your contact information. Eventually I will need a 150-200 word abstract. Send it to [Gene.Nakajima--gnakajima@alumni.stanford.org](mailto:Gene.Nakajima--gnakajima@alumni.stanford.org)

**Opera During the APA Conference In Washington, DC**

Gene Nakajima, M.D.

The Washington National Opera will be performing the opera Tamerlano by the (possibly gay) composer Handel. It will star the openly gay countertenor David Daniels, and tenor Placido Domingo. The performance dates during the APA are Friday May 2 at 7p and Sunday May 4 at 2p. Because this opera has a very well known cast and the Kennedy center opera house is relatively small (2200 seats), tickets will be hard to obtain for these weekend performances if you buy them close to the APA meeting. Tickets go on sale in October. To buy tickets call (202) 295-2400 or see [www.dc-opera.org](http://www.dc-opera.org).

**Report from Pakistan**

Ubaldo Leli, M.D.



I am sitting in a clinic in Karachi, while my friend and host, a young, gay, Pakistani psychiatrist, trained partially in the US, attends to his private practice. Ten months ago, after completing his PGY-2 year as a psychiatric resident at a hospital in South Dakota, his contract was not renewed, his US visa expired, and

he was obliged to return to Pakistan. I did what I could at that time to help him secure a new position in the US, but to no avail: no program was willing to sponsor a residency applicant without an immigrant-status US visa. His only alternative was to return to the Islamic Republic of Pakistan, a far from welcoming environment for a gay man, despite his family ties.

My friend sees his patients between 5:00 and 10:00 PM. Because of the heat—especially now, during monsoon season—evening hours are more comfortable. It's cool and pleasant in the room where I wait. The air conditioning buzzes away, making me feel safe and protected. As I rest and gather my thoughts, a young attendant brings me a cup of warm green tea and some ibuprofen. My friend and I have just returned from a visit to the Shigar Fort—the ancient summer residence of a Baltistan maharaja, now converted into a luxury hotel—located in the Karakorum mountain range. As a result of the altitude, I have had a headache since our visit there.

The clinic is located in an imposing but slightly dilapidated hospital building—much of Karachi appears to have recently weathered World War III. Noticing, as we climbed four flights of stairs to reach the clinic, what appeared to be heavy blood stains along the stairwell walls, I repressed as best as I could images of Taliban beheadings, bullets slaughtering innocent people, and other terrifying possible explanations of the gore. I gathered my courage, and asked about the blood on the walls, unsure, as I often have been during my visit, if my question was inappropriate, naïve or offensive. I was relieved when he laughed and explained that the stains were the residue of betel nuts. The chewing of crushed betel nuts, wrapped into small pastilles along with such additional ingredients as sandalwood, tobacco, cannabis, and chalk, is popular in southern Asia, and it is apparently not a breach of etiquette to spit out a chewed mouthful at any convenient location. (I had been enticed to sample betel nut only the night before, while chatting with two hijiras, transsexual prostitutes, who occupy a position in Pakistani society with no real Western equivalent. I had to spit out the concoction as soon as I tried it; it was like chewing sandalwood soap.)

Once we arrived at the clinic, I was introduced to the security guard, a dark-skinned young man, with a cheerful face and a somewhat childish expression, holding a gun across his chest. He greeted me in a respectful and friendly manner—he was obviously aware that the doctor's American friend would be visiting—but appeared a bit surprised to find me wearing a kurta, the local costume. I asked about the weapon, which struck me as excessive for a psychiatric clinic, and was assured that it was not loaded. My friend encouraged me to pose for a picture with the guard. It would show my friends back in the US how genial and down-to-earth Pakistani people are, and would dispel the mistaken conceptions, propagated by the American media, about

Continued on page 11

## APA Candidate Interviews

### George Harrison

The APA elections are coming up again. Although the membership of AGLP makes up a small percent of the total membership, voting in the election greatly enhances the chances that the priorities of our membership are represented through the APA. To make this easier online voting will be available. Simply go to the APA website, sign in and click on the "Online Ballot Preference" link under the Spotlight section of the home page. Chose the online ballot option and you will be able to cast your vote via the net.

Voting online or by mail will start December 22 and end February 5th.

The Newsletter has a tradition of polling the candidates on a couple of topics which concern our membership. We sent these by return receipt email to all of the candidates and followed up with certified letters for those with whom we hadn't been able to contact. This year thirteen of the fourteen candidates responded. One candidate, Richard Altesman, M.D., withdrew his nomination prior to the election. That communication with the Newsletter is included at the end of the article. Below are the candidates for each of the contested races and the submitted statements.

The two questions this year were:

- 1). If you are elected, what kind of relationship would you expect to establish with the Association of Gay and Lesbian Psychiatrists?
- 2). AGLP is an affiliate organization of the APA. How do you think that our organization can assist the APA in its mission?



**Post: President-Elect**  
Donna Norris, M.D.

1). As Speaker of the APA Assembly, a member of the Board of Trustees, and now as Secretary-treasurer, I have had the opportunity to consult with many members of AGLP about important ideas and concerns pertaining to patient care and legislative initiatives. As APA President, I will have greater latitude to work officially and directly with your leadership. While some APA members are concerned about APA's involvement in social concerns, I believe that the APA must be proactive and interested in the psycho-social changes of the country and their

influences on the lives of all Americans including women, children, African Americans and other minority an underrepresented groups and those in poverty. I had the opportunity to respond to your members during my last APA election and reviewed activities in which the APA has been supportive to your legislative agenda. APA has established policy positions on important social issues: homosexuality and civil rights[1973]; against the use of the death penalty and juveniles[2001] and persons with diminished capacity[2004]; in favor of adoption and so-parenting of children by same-sex couples [2002]; and same sex civil marriage[2005] all of which I strongly support. As the APA considers social concerns and policy, it is important to seek consultation from APA members with special expertise in these areas certainly including AGLP to assist in planning a strategy to inform and to educate our membership.

2). This is an important time in our country as we stand on the brink of health care reform. The APA and AGLP need you as strong advocates for our patients. We understand best our patients' needs for integrated quality mental health services and must to be a creative part of this process. This is our joint mission to obtain access to care for our patients.

If elected as APA President, I envision my relationship with members of the Association of Gay and Lesbian Psychiatrists as an opportunity to continue to listen and to learn about AGLP concerns and priorities. The APA values the contributions which AGLP members are already making to our mission. This collaboration is not a new process as AGLP members are actively engaged in the educational mission of the APA through work during the Fall Components and task forces, our journals, and during our annual meetings. During these elections, the AGLP Newsletter is a communication tool for views of the candidates.

I hope that this dialog will continue an exchange of ideas between AGLP members and the APA President.



**Post: President-Elect**  
Alan F. Schatzberg, M.D.

1). I am honored to have been nominated to run for APA President-Elect. The APA needs not only to be an effective advocate for the practice of psychiatry and the care of our patients, but must also serve as a standard bearer for the scientific aspects of our specialty. I believe, as an organization, we have spent a great deal of effort and have had considerable success in the past 10 years in clinical advocacy, but have lagged on cutting edge science. The result has been that many of the very best psychiatrists do not belong to the organization,

feeling it is irrelevant. Among our members, there is a sense of apathy reflected in low—and constantly decreasing—voter turnout, poor attendance at annual meetings, a sense of wondering of why they should belong to the organization, and even a lack of pride in their specialty. It is my impression that this state of affairs holds regardless of sexual preference. As President, I will work on both practice-related issues as well as on improving the scientific, educational, and professional identity aspects of our field.

2). The APA needs to have strong working relationships with sub-specialty organizations—e.g., child psychiatry, research, societies, etc. as well as groups with special identities based on gender, ethnicity, etc. In the Bay Area, diversity is the rule and not the exception, and our Department includes men and women, gays and heterosexuals, ethnic minorities, etc. We make no distinction based on these characteristics. Instead, we strive for excellence for all. If elected, I will work with your group as well as others to make the APA and our profession stronger.



**Post: Secretary-Treasurer**  
David Fassler, M.D.

1). I would envision maintaining a positive and collaborative association with AGLP. As Secretary/Treasurer, I can serve as a conduit to the Board for issues of particular concern to AGLP and its members. I would also look to groups such as AGLP for recommendations regarding appointments to APA Components.

I also think I have a strong track record on a number of issues of particular concern to AGLP. Early in my career, I was involved in research on children's knowledge and attitudes about AIDS. I produced a series of educational materials for use with very young children. A book which I co-authored, *What's a Virus, Anyway?*, is still in print. It is one of the few books which can actually be used to explain AIDS to a 5 year old child.

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

## APA Candidate Interviews

*Continued from page 8*

2). From my perspective, the primary mission of the APA is to advocate for our patients and our members. In this regard, I believe that the allied and affiliated organizations, including AGLP, can and do play an important role by influencing and often directing APA policies and priorities. AGLP has the ability, and, in my opinion, the obligation to raise issues through the Assembly and other APA components. AGLP can also assist the APA by providing appropriate background information when issues of particular interest or relevance come before the Board.

If elected Secretary/Treasurer, I would welcome continued input from AGLP on issues of mutual interest and concern. I would look forward to continuing an open and productive dialogue and collaboration.

**Post: Secretary-Treasurer**

Burton V. Reifler, M.D., M.P.H.

1). I would like to continue the mutually respectful and cordial relationship that currently exists between the AGLP and the APA. If elected I would like to meet with AGLP's leadership to establish the personal relationships that can help facilitate this. Also, I would like to make sure I understand the issues AGLP is most concerned about, for example specific language in DSM V, or the misinformation perpetuated through presentations on "reparative" therapy, such as were planned for a conference in Austria this year.

2). AGLP can help ensure that many key issues remain highly visible within the APA. Besides the examples of DSM V and "reparative" therapy noted above, another issue the AGLP can help the APA keep firmly in mind is discrimination, both conscious and unconscious. For example, in the April 2007 AGLP Newsletter, Karl Jeffries, a UCSF resident, writes movingly about how he and his partner overlooked inadvertent homophobic language directed at their son, even at what he describes as a "very progressive school." His essay reminds us that even our most progressive institutions and APA members are well served by bringing discrimination into conscious awareness so it can be dealt with effectively and constructively.

**Post: Trustee-at-Large**

Dilip V. Jeste, M.D.

1). If elected as a Trustee-at-Large, I will maintain a close relationship with the Association of Gay and Lesbian Psychiatrists. 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 Gay, Lesbian, Bisexual, and Transgender 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 elderly people with different sexual orientations. I have worked closely with several AGLP members within our own clinical and academic program for a number of years.

I have also done some research with people with HIV infection or AIDS in the HIV Neurobehavioral Research Center at the University of California, San Diego. A couple of years ago, as a member of the Search Committee for the APA's Medical Director, I made sure that the short list of candidates interviewed for that position included a well qualified member of the AGLP.

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. As psychiatrists, we need to participate in broader dialogues, especially when issues impact on human dignity and freedom. The goal of access to the best available mental healthcare must apply to all the sectors of the society. I will always

be available for conversation and consultation with the AGLP. I will be attentive to the concerns of the AGLP members and will seek to ensure that these concerns are taken seriously within the APA.

I would also like to invite all AGLP members to visit my web site at <http://www.dilipjeste.com> and send me your comments, questions, and suggestions. I will be appreciative of your input and feedback.

2). The AGLP should make its views known to the relevant APA groups and components. Let me illustrate this point with one example in which I can help directly—viz., the DSM-V. I am a member of the APA's DSM-V Task Force. I am also a member of the joint APA-WHO Committee on Diagnostic Harmonization, which will focus on making the DSM-V and the ICD-11 diagnostic categories similar. (Both these classifications are expected to be published in 2012). One of the diagnostic categories of particular interest to the AGLP will be the Gender Identity Disorder. It will be critical for the AGLP to give advice to the DSM-V Task Force on this topic. This could be especially important because the impact of the diagnosis may not be restricted to the USA, but could be felt worldwide, if the ICD-11 categories and criteria are similar to those in the DSM-V. For this reason, the AGLP should also look at other current diagnostic categories within both the DSM-IV-TR and the ICD-10. The DSM-V will be based, in part, on new research and field trials to be conducted over the next several years. The AGLP should, therefore, recommend specific research projects that could have an impact on the final classification.

One of my goals is to increase opportunities for diversity in APA leadership. The AGLP should play a role in suggesting candidates for various positions. The AGLP should be represented on all the relevant major components of 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.

**Post: Trustee-at-Large**

Francis G. Lu, M.D.

1). As Trustee-at-Large, I would build on my relationships with leaders of AGLP by working in an open and collaborative way with the aim of increasing cultural competence and diversity in APA. I have been an advocate for sexual minorities throughout my 30-year career at the UCSF Department of Psychiatry at San Francisco General Hospital as part of my efforts to advance cultural competence and diversity. I was most honored to be the 2003 awardee of the AGLP Distinguished Service Award in "for his tremendous efforts in promoting cultural competence within the APA and psychiatric residency training which has thereby fostered improved treatment and acceptance of GLBT people." In 2005, as Chair of the APA Council on Minority Mental Health and Health Disparities, I worked closely with the Committee on Gay, Lesbian, and Bisexual Issues (Jack Drescher, Chair), the Caucus Assembly Representative (Margy Sved), and the Deputy Representative (Mark Townsend) to pass through the Assembly the APA Position Statement in Support of Legal Recognition of Same-Sex Civil Marriage, which was eventually approved by the Board of Trustees.

2). I would like to suggest the following ways AGLP can assist APA in its mission:

1) As one of 18 Allied Organizations, AGLP may recommend one "Allied Organization Representative" (AOR) who is an APA member in good standing to serve on one appropriate APA component as a representative of the Allied Organization. The appointment can be made to one of 68 components. I note that this year there is no AGLP AOR. I would work with the APA and AGLP to ensure an AOR each year.

2) DSM-V. AGLP can provide important input to the APA Task Force on DSM-V Study Group on Gender and Cross-Cultural Issues that was just constituted in August 2007. This Study Group will work with all the DSM-V Workgroups as they deliberate about DSM-V. Previous work in this area by the AGLP and the Committee on Gay, Lesbian, and Bisexual Issues could be a starting point.

3) GLB Fellowship Program. AGLP can work with the Committee toward securing outside

## APA Candidate Interviews

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funding for this Fellowship Program; the APA Board of Trustees has approved both the Fellowship Program and the request to seek outside funding. Modeled after the existing APA Minority Fellowship Program, this Fellowship Program would select outstanding residents interested in GLB issues to attend the Fall Components Meeting and the Annual Meeting and to participate on one of the components.



**Post: Trustee-at-Large**  
Ann Marie T. Sullivan, M.D.

1). I would like to thank you for this opportunity to speak to your members. As your APA Trustee-At-Large, I will look forward to regular communication between the Association of Gay and Lesbian Psychiatrists on issues and actions important to your membership. In my six years as APA Area 2 Trustee and previously as Assembly Representative, I have supported policies and activities that serve our mutual members, and will continue to do so as your Trustee-At-Large.

2). Advocacy for our profession and our patients is most effective when organizations with similar interests work closely together to further their goals. I will work to strengthen our collaboration on educational and advocacy initiatives important to our members and our patients, and welcome your ideas and suggestions as to how to be most effective. I can be reached at [sullivan@nychhc.org](mailto:sullivan@nychhc.org).



**Post: Member-in-Training Trustee-Elect**  
Capt Melinda Fierros, MD, USAF

1). I hope to establish a collaborative, honest relationship with the AGLP. I believe in the "open door" policy and welcome any thoughts or observations with regard to the needs of your membership. I am confident that together we can brainstorm to find solutions to the issues that matter most to your organization. I hope to develop a rapport with all of the APA's affiliate organizations that encourages brainstorming and creativity as part of the problem-solving process.

2). The AGLP plays a crucial role in assisting the APA in its mission. The AGLP provides the APA with first hand knowledge and experience regarding the issues that affect the homosexual population in today's social and political climate, and how this affects their mental health needs. Their perspective on how to educate and appeal to this demographic with regard to mental illness is invaluable, as is their perspective on how to educate and enlighten the population at large about common misconceptions regarding homosexuality. The APA and the AGLP need to work together in their political advocacy efforts for the gay and lesbian community, so that this population can have the same rights as their counterparts. Through the promotion of research and collaboration with other gay and lesbian organizations, I believe real progress can be made towards this end. The AGLP is vital to the success of such efforts.



**Post: Member-in-Training Trustee-Elect**  
Christian D. Neal MD, MPA

1). If elected to serve as Member-In-Training Trustee, my responsibility is to function as a representative of all Members-in-Training to the Board. The issues that psychiatry faces are extremely complex and can only be addressed if we can truly operate under the banner of "organized psychiatry." As such, I would expect to establish a strong and open relationship with the AGLP. If I were to not do so the premise of my position would be undermined.

2). How can the AGLP assist the APA mission? It must continue to educate, enlighten, and advocate. If any aspects of our profession are under-addressed it invalidates efforts in other areas and the mission of our Association fails. This affiliate's mere existence assists

the APA mission, in that it ensures no segment of our diverse population is ignored. Every part of this organization is pivotal to its continued relevance. We cannot stand to the side and allow discrimination, bias and stereotypes undermine the care of any of our patients. Nor can we let those same concepts demoralize any member of our diverse profession. A quote from a great activist summarizes my beliefs on this... "Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."

Thank you for this opportunity and I look forward to continuing to further the mission of the APA as your MIT Trustee.



**Post: Member-in-Training Trustee-Elect**  
Scott Shaffer, M.D.

1). As member-in-training trustee-elect, I would establish a strong relationship with all special interest groups of the APA, including the Association of Gay and Lesbian Psychiatrists. I would be committed to collaborating with members of the AGLP on ways to make trainees more aware of issues that are of importance to the LGBT community. I would provide AGLP members-in-training with a voice on all issues that are brought before the Board of Trustees of the APA. As our field continues to evolve, I believe that humanism and education must be emphasized in psychiatric training. I would ensure that the AGLP plays a significant role in working towards this goal.

2). The AGLP can contribute significantly to the ability of the APA to carry out all aspects of its mission. In order to promote the highest quality care for people with mental disorders, the AGLP can provide all APA members with an increased understanding of the unique needs and concerns of the LGBT patient population. The AGLP can advocate for more education to ensure that there are no disparities in the way care is provided for patients of all sexual orientations. The APA, in its mission to represent the profession of psychiatry, often becomes involved in our country's political arena. The AGLP can advise the APA on how to fight for the legalization of same-sex marriage, which is an issue that has a profound impact on the quality of life for so many of our gay and lesbian patients.

**Post: Area 2 Trustee**  
James E. Nininger, M.D.



**Post: Area 2 Trustee**  
Seeth Vivek, MD, D.FAPA

1). First, I want to thank you for reaching out and seeking my views. If elected I would be proactive in seeking an open and robust relationship. I will seek the counsel of AGLP leadership on all relevant issues and ensure that they have easy access to me.

Compared to most medical associations, the APA is more democratic and open. However it was only a few years ago, that discrimination and bigotry were condoned, with "scientific basis." Even the attempt to change an individual's sexual preference was considered to be reasonable therapy. Fortunately it is only the rare individual (I hope!) who still believes in that.

Growing up in the 60's and choosing psychiatry has impacted my values in a transformational way. Over the years I have learned a great deal from my Gay and Lesbian friends, my patients and their families, and it is my hope that I will continue to grow.

Now, I oversee 2 residency training programs and 2 fellowship programs and have insisted on cultural competence being part of core training. I teach a course on interviewing technique and strongly focus on sensitivity, in issues of sexual preference.

## APA Candidate Interviews

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I will be open to listening and learning by attending meetings I am invited to, and reading material sent to me. I will be an active advocate for AGLP on the Board.

2). The AGLP is a very important affiliate of the APA. You have led the way on several crucial changes in policy. You can continue to assist the APA in its mission in significant ways. I hope you will continue to keep key issues on the front burner. The leaders of AGLP should have full access to APA decision makers and voice their concerns in a timely manner. Prejudice of any kind, whether it is inadequate research or patronizing condescension needs to be fought.

We should ensure that there is adequate representation of Gay and Lesbian psychiatrists on various components of the APA. There should be standing seminars on the agenda of the APA annual meeting with a prominent time slot assigned to a special award lecture of the AGLP (e.g. The Fryer award, The Paulsen award).

I am open to dialogue and education on other issues. I would be honored to represent your members on the APA Board. I ask for your vote.

**Post: Area 5 Trustee**

Mary Helen Davis, M.D.

1). I hope to maintain an ongoing working relationship with members of the AGLP. I have valued the leadership of this group with respect to their participation over the years in the assembly. Members of this group were responsible for my initial nomination and decision to run for the Board of Trustees three years ago. My goals have been to improve and increase communication between the BOT and other areas of APA leadership and governance. I am available and willing to listen to any concerns or suggestions as well as providing information

about the function of the board of trustees. — Mhdavis610@aol.com

2). I see the APA's primary mission and responsibility as advocating for the profession, our membership and the patients we treat. We try to do this in a myriad of ways. Activity in the areas of public affairs via the healthyminds.org website, the division of government relations legislative agenda on both the national and state level, our annual meetings and development of DSM V are just a few of the venues used to work towards our goals. We need the active participation of our membership, inclusive of our affiliates to identify and promote the needs of our membership, to assist in policy development and to understand and help educate ourselves in all the areas impacting our profession and our patients. AGLP has made vital contributions bringing both voice and perspective to our national leadership.

**Post: Area 5 Trustee**

Harold M. Ginzburg, M.D., J.D., M.P.H.

1). This is a "When was the last time you beat your significant other?" question. I was one of the early physician-psychiatrist researchers involved in the HIV/AIDS epidemic, as I was conducting research among intravenous drug users when they began to develop immunosuppressive conditions in the early 1980s. I witnessed, first-hand, the effective advocacy of the Gay and Lesbian psychiatrists as they brought to national attention an epidemic that few wanted to acknowledge. Your organization has a well deserved reputation of identifying unpopular

social positions and providing the community-at-large with educational material to increase awareness and understanding.

Thus, as a Trustee for Area V, I would work with Mark Townsend, M.D., your representative who attends Area V meeting (Dr. Townsend and I are faculty members at LSU-New Orleans), to disseminate information and support positions that reflect the needs of your associations' membership.

2). The American Psychiatric Association, as the largest professional organization repre-

senting the interests of all psychiatrists, requires assistance and support from the membership of the various component and affiliate organizations to educate the public about the role of the psychiatrist-physician in the community. My work in HIV/AIDS commenced in 1982 when the mechanisms of disease transmission and intervention were just being explored. The fight for education and community awareness to stem the tide of fear and funding for research to develop therapeutic interventions, led to the introduction of the first retroviral medication, and demonstrated the effectiveness of Gay and Lesbian Psychiatrists. They had a leadership role in identifying a problem and providing direction for the APA to take a national position. This pro-active clinical and research role is seen as a continuing role for AGLP.

AGLP is aware that as America grays, as the baby boomer generation approaches retirement, all physicians, especially psychiatrists, will be called upon to deal with large numbers of physically ill individuals with concurrent or consequent mental illnesses. AGLP needs to continue to take a leadership role in emphasizing the need for adequately funded private and public insurance programs to care for the elderly and in recognizing that psychiatrists, as physicians, have a substantive and unique role in addressing and treating the psychopharmacological medical-mental health needs of our aging communities.

Email correspondence with Richard Altesman, M.D.:

"Dear Dr. Harrison,

Thank you for writing and affording me the opportunity to communicate to the AGLP members. Although I have not done so just yet officially, I will probably be needing to withdraw my name due to personal reasons. However, I did want to express unofficially my support for your Association and its goals and values. My young adult son, of whom I am an extremely proud father, is a gay professional. Seeing the world through his eyes and knowing some of the issues he deals with has helped me become acutely aware of many of the issues faced by the gay and lesbian community. It would have been a pleasure to work with your Association. And as I remain an active member of the Assembly, I will fortunately still have this opportunity, albeit on a smaller scale. Thank you again, and best of luck with your efforts.

Richard Altesman, MD"

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## Pakistan

*Continued from page 7*

lack of safety in Pakistan. The picture was taken. The guard, in a sweet gesture, placed his arm affectionately around my shoulder. I felt comfortable and protected. Men are nice here, I thought. In America, such intimacy in a similar situation would be anathema.

I sit in on a psychiatric interview of a patient with depression, and discuss the case with my junior colleague. At 10:30, we leave the clinic and head to a restaurant for a bite to eat. Loudspeakers hum the prayer chanted by the Muezzin, as they do five times a day, and the city is a sea of lights and screeching cars. At a Sindhi restaurant, we have a dinner of barbecued meats and Coke.

Back home, before going to bed, I mention to my host how friendly and sweet the security guard had been. That gun, I say, I would have never have been able to go near it, had it been loaded. My host confessed that it was; explaining that it is just for security, not really necessary. He tells me also, that, although he hadn't mentioned it before, an armed guard was hired to sit discreetly in the garage downstairs for the length of my visit. "After all, you are an American."

I turn to him with a sense of gratitude and concern, but he doesn't hear me. He is kneeling on the floor, bowing his head repeatedly in prayer. There is no uncertainty as to the direction of Mecca, and America, I realize, is just a bit further on.

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**THANKS TO THE FOLLOWING WHO HAVE GENEROUSLY SUPPORTED AGLP FOR 2006-2007****EXCEPTIONAL ESTATE BEQUEST**

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## Postcard from China

Ubaldo Leli, M.D.

**F**or the last three years, I have been making regular visits to China, mainly to the city of Chengdu, in Sichuan province, to lecture, consult with, and supervise a group of academicians interested in psychoanalysis. Chengdu is a city of 10.3 million people, and the capital of Sichuan, the most highly populated province in China. A profound interest in psychoanalysis in China has been growing steadily over the past fifteen years, since a professor at Sichuan University—one of China's most prestigious academic institutions—was trained in Paris as a Lacanian analyst, and returned to Chengdu to start a master level program in Psychoanalysis there. My intention here, however, is not to speak of psychoanalysis in China, but of what I've observed of the country's gay life.

Homosexuality has been legal in mainland China since 2001, when it was removed from the penal code, but homosexuals can still be prosecuted or harassed for the crime of Hooliganism, effectively interpreted as any disorderly behavior that disturbs the "Harmonious Society" that is the social goal of the new Communist leadership.

In China there are 1.3 billion people. Even according to the lowest estimates (1.5% of the population) this would indicate a population of approximately twenty million homosexually oriented people. Historical reference to homosexuality can be found in some of the earliest records. During the Tang Dynasty (618-907 A.D.), Chinese poets produced a host of beautiful poems subtly hinting at the emotions related to love between men (women, apparently, have remained historically discreet). During the Qing Dynasty—the last, which fell to the Republic in 1911—male prostitution was expressly forbidden, evidence of its prevalence. However, even though historically homosexual behavior was not persecuted per se, men were—and still are—expected to get married, and procreate children, preferably male, to care for their parents in old age.

**H**omosexuality has been legal in mainland China since 2001, when it was removed from the penal code, but homosexuals can still be prosecuted or harassed for the crime of Hooliganism, effectively interpreted as any disorderly behavior that disturbs the "Harmonious Society" that is the social goal of the new Communist leadership.

Chinese gay men were often referred to as "those of the cut sleeve" or "those of the half peach", designations derived from well-known traditional stories. In one, an emperor cut off the sleeve of his robe in order not to awaken his male lover, who had fallen asleep atop it; in the other, another emperor, during a hunting expedition, insisted on reserving during his trek home half of a particularly tasty peach for his lover to taste upon the emperor's return.

During the Maoist Communist period and up until recently, homosexuality was considered a western perversion, a degrading and pathological capitalistic vice. After 2001, however, Chinese society had changed sufficiently that gay men could begin to become more visible. The film, *Lan Yu* (2001), shot in Beijing in part before and in part after the Tianmen Square insurrection, depicts well the changing atmosphere of the era. Although forbidden in China, the film was widely circulated there, in pirated copies, among nearly everybody interested in homosexuality—gay people and counselors alike. Its candid handling of the plight of someone with a predilection for his own sex, and who do not want to

marry, was a clear indication of gay identity becoming more visible and viable.

At the time of my first visit to China, there was only one gay bar in Chengdu, and two in Beijing. The Chengdu bar was little more than a garage with a cement floor, where quickly made up drag queens offered lively performances. In Beijing, the main gay bar, XXX, was a disco comparable to New York City's Splash, which catered to the large community of expats attracted to Asian men, and to their Asian counterparts. ON-OFF, a more low-keyed, local bar, was closed by the time of my second visit in 2006. Also in 2006, a gay festival at the University of Beijing was raided and shut down, purportedly with official police permission, during its first few hours. Currently, *Brokeback Mountain*, the film by Taiwanese director, Ang Lee, is banned in mainland China, but universally circulated in pirated copies.

Given this atmosphere of less-than-open acceptance of homosexuality, I was surprised to discover, during my last visit, in August 2007, that not only had gay bars multiplied in Chengdu—there were now at least five—but that there was an LGBT Center called "Aibai", whose name translates as "white love". Aibai had originated as a gay and lesbian website, and now had asserted itself as a physical presence, with LGBT centers in both Beijing and Chengdu.

A friend, who volunteers as a counselor at the Chengdu Aibai Center, invited me and my partner, Larry, to give a talk there. We chose the topic, "long-term gay relationships", as a means to introduce ourselves, our main goal being to open a more general conversation with the group about gay life in China.

The Center was located in a sixth-floor walk-up in a residential apartment building. We were very warmly welcomed by a group made up primarily of young college students, along with the director of the center and his partner of three years, a surgeon, both of them about ten years older than the rest of the attendees. The walls of the center were lined with gay literature, mainly magazines, in both Chinese and English, dealing for the most part with entertainment and pop culture, and with HIV/AIDS issues. The Aibai Center focuses officially

on AIDS education and prevention in the young gay population of the local Chengdu universities (there are at least six). It is a private, non-governmental entity, and, as such, is subject to being arbitrarily closed by local authorities with scant excuse. It has, however, remained open for more than one year without harassment.

Larry and I were welcomed by about thirty young people, all male, except for two women. With everyone seated in a circle, we opened the session with a brief history of our 22-year relationship. The counselor friend who introduced us to the center had explained to us that, although many of his professional colleagues must know that he is gay, he must remain officially in the closet in order not to jeopardize his job. Neither could he hope to one day share a home with a lover, since two unmarried men living together would create a scandal. He therefore described his relationships as purely sexual, with a long-term romantic relationship a virtual impossibility. (A similar report came from a friend in Beijing, who does live with his lover, a government worker, although

## AGLP Fall Business Meeting Minutes Saturday, September 8, 2007, 9:00am – 5:00pm

JW Marriott Hotel, Washington, DC

Present: Ubaldo Leli, President, Kenn Ashley, Vice-President, George Harrison, Newsletter Editor, Roy Harker, Executive Director, Jack Drescher, Mary Barber, Stephan Carlson, Mark Townsend, Phil Bialer, Mark Manseau, Karl Jeffries, Andy Tompkins, Brent Anderson, David Scasta, Gene Nakajima (by phone), Petros Levounis (by phone), Serena Volpp, and members of the APA Committee on LGBT Concerns.

Excused: Dan Karasic, Mason Turner

Minutes were recorded by Roy Harker and George Harrison.

### Report on Annual meetings:

Washington, 2008

Local Arrangements Committee – Brent Anderson, Dan Hicks

First meeting was in August. The Committee consists of Dan Hicks, Martin Chin, Sami Khaliff, Stuart Sotsky, and Brent Anderson, chair. Dan Hicks and John McCall will host the opening reception on Friday, May 2.

Opening Reception: We are looking at the HRC new headquarters. We may be able to reach a reciprocal agreement to hold costs down. Closing Banquet will be constrained by the small budget. Estimates are now ranging in \$20,000 range. In past years, Janssen grants have underwritten most of the cost of these events. The Kennedy Center is a prime contender for the event, but the costs are prohibitive. Stephan Carlson will work with Brent to see if some grant funding could be generated to support this event. Some discussion followed as to the relevance of a DJ. We also discussed ways to highlight the Women's pre-reception this year. Martin Chin will do the content for the Guidebook. The board was overwhelmingly supportive of producing a guide this year. Sami will be handling the Early Career (EC) Brunch. Andy gave a brief history and highlights of more successful EC brunches. There are often times conflicting with APA events. Monday has been a successful time in the past. We may consider an EC reception rather than a brunch. Andy, Kenn, and Brent will work together to establish date, time, and venue. People of color committee may be held at Zorba's, a local restaurant. Brent will be in touch with Gene Nakajima to coordinate. SO event may include the Botanical Gardens or the Library of Congress. We will contact local LAGCAPA members to determine a venue for their reception. We will be working with the APA once again this year to secure the official AGLP hotel. Our placement should be made known in November.

Awards: Distinguished Service Award, usually a local non-AGLP member. Paulsen Award – service to AGLP, always an AGLP member. Stewart Nichols Award – to a local community organization. Local Arrangements Committee will make recommendations to Dan Karasic, chair of the awards committee.

Stewart Sotsky suggested that the May 2008 Annual Meeting may be a timely opportunity to present a special award to Frank Kameny and highlight gay history recognition to AGLP members. Perhaps we could acknowledge them at the closing awards banquet.

Gene Nakajima asked if we should set up a session by AGLP at the APA. Gene will join our October phone meeting to discuss this issue further.

San Francisco, CA, 2009

Local Arrangements Committee not yet established and no chair has been assigned.

New Orleans, LA 2010

Mark Townsend will be chairing the local arrangements committee.

Mark will also begin to work on a social event at IPS in New Orleans in October 2007, a gathering on October 12, 2007, 6:00pm, at the home of Brobson Lutz, 1022 Dumaine Street, New Orleans, LA.

### Board and Committee Reports

#### Executive Director - Roy Harker

Membership Report:

Decline seems to have stabilized in the last few months although we will continue to need to push for new members. There is a continued problem in that there needs to be some percent of members that are also APA members.

There was a discussion about where the new members came from. This information was not immediately available. Roy will send a "Buddy Letter" to the Board Members to welcome the new members. We will be adding a new line in the application to indicate if someone referred the new member to the organization.

An exit interview was given to ex-members that have not renewed. About 20% responded. Notable information was that there was a concern about the low numbers of women and a need for focus on women's issues. The cost of membership was not a factor mentioned in the survey response. In general it seemed that there was feeling that it was important to have the organization but not the desire to support it financially through membership. There were some comments that the benefit of belonging to the organization was not clear if the person did not attend the annual meetings.

There was a discussion of a digital divide: the members that work best with digital communication vs. the members that want hard copy mailings. It was noted that the biggest decline in membership came as the organization moved to digital interactions. This may have been coincidental or causative. There was a desire expressed to have a moderated listserv for the membership. The President expressed the need to address the needs of members from both camps. In a related matter, all issues of the Newsletter will be made available on the web including the current issue.

The Vice President said that there may be a feeling that AGLP is less relevant and that it is important to be more visible. He suggested more presence at meetings other than APA meetings. Other suggestions were that something should be sent to members such as notices about what is new on the website including the newsletter. Marc Manseau, Medical Student Representative, suggested sending emails to members asking for active response. Members may be more engaged if compelled to action for something that is meaningful to them.

Other ideas were to send the AGLP magnet for early membership renewal. Jack Drescher encouraged the board members to communicate to people that we do not know at meetings rather than visiting with familiar members. The Executive Director reminded the Board that the reception desk should be populated with Board Members to facilitate a more welcoming presence. Mark Townsend, MD, and Mary Barber, MD, commented that the mission of the organization is one of advocacy but there is also an important social element that transforms the connection to personal one making membership more meaningful.

George Harrison will review of our current brochure and we will plan to revise before the next Annual Meeting. In our history section of the brochure there was discussion as to the need to talk about removal of homosexuality from DSM?

#### Budget Items:

There is currently a negative balance of \$1,430 for the Nichols Award. An initial discussion of possible solutions was tabled for the next conference call because of time.

Student Travel Fund donations have been declining and balance is down but not negative at present. There was a suggestion to highlight the recipients of this money. Marc Manseau, Medical Student Representative, will write something about this for the Newsletter.

Grant money donated for the completion of Abomination, the AGLP film project, will stay with the film. As the film is the property of AGLP the profits will go toward the general budget of the organization.

Haworth owes AGLP \$5,000 in royalties for the year. Executive Director has been working with them to try to get them to send this.

The fall meetings are running under budget.

The budget for communications was significantly over because of the telephone conferencing monthly. Members of the board generally said that this was an important use of the money. The President will work with the Executive Director to investigate a cheaper alternative, e.g., Skype.

Discussion of the \$2000 left to the organization by Marshall Stiles will be tabled to the October phone conference.

#### President - Ubaldo Leli

Ubaldo said he would like to focus on more international issues. He also put forth his slate for consideration of the Nomination committee: Andy Tompkins as Chair, Mary Barber, Mark Townsend, Karl Jefferies, and Jack Drescher as committee members. Mary Barber motioned to approve the slate. Seconded by Kenn Ashley. No discussion followed. All in favor, none opposed. Office open for election include Vice-president, Pres-elect, Treasurer, and Secretary. The slate must be announced to the membership by the end of January in accordance with AGLP bylaws.

#### Vice-president - Kenn Ashley

Kenn suggested we host more social events at other psychiatric meetings in an effort to heighten AGLP's profile with non-member APA attendees. Kenn will be organizing an event in Florida next year. Kenn would like to get a list of related meetings for the next few years and begin a more organized effort. Social events could also be coordinated with other organizations.

#### Development Officer – Stephan Carlson

Stephan does not believe that membership revenue alone will solve our current financial

**AGLP Meeting Minutes***Continued from page 14*

dilemma. Mary Barber, Phil Bialer, Rob Lopatin, and Roy Harker will be working with Stephan over the coming months to develop a cohesive strategy for development. Karl, Jeffries, and Marc will also work with this committee.

**Newsletter - George Harrison**

Deadline for the next newsletter is October 15. The date is changed so that we can get responses from the APA candidates for the election issue.

**Journal - Mary Barber, Howard Rubin, Jack Drescher**

The transition from Editor Jack Drescher to Editors Mary Barber and Howard Rubin is going smoothly. The Journal has been renamed the Journal of Gay and Lesbian Mental Health. AGLP is looking for funding from the American Psych Foundation to support resident submissions. Haworth, publisher of the Journal, has reapplied to MedLine. A decision is still pending. Mary and Howard are collecting articles for their first issue due in August of 2008. Jack requested that we record the AGLP symposiums for publication in the Journal.

In a related matter, Jack Drescher reported that Haworth has been purchased by Taylor and Francis. This may impact our relationship in so far as the publication of the Journal is concerned.

**Women**

This committee remains without a chair and committee support. We need to do some public and broad appeals to our membership to invigorate this group. More focus could be given to women's issues in our annual symposium in a sustained effort over several years. The value of the organization to women is not generally apparent. Lack of critical mass is still an obstacle.

**Minority Outreach**

Mauricio Romero-Gonzalez may be taking over this committee as chair. Successful events in San Diego included a meeting in the hospitality suite and dinner.

**Early Career - Chris McIntosh**

No Report

**Residents - Andy Tompkins, Karl Jeffries**

This committee is committed to working on increasing member numbers of residents, working particularly with Ellen Haller in CA to help promote AGLP to residents.

**Medical students - Marc Manseau**

AMSA has accepted a proposal to present the film "Abomination" in Houston. Marc Manseau and David Scasta will be traveling to present. Reimbursement for student travel will be made available.

**Membership**

George Harrison will review of our current brochure and we will plan to revise before the next Annual Meeting. In the "our history" section there was discussion as to the need to talk about removal of Homosexuality from DSM.

**International - Kenn Ashley**

The committee is organizing gatherings in Melbourne, Nice, and Prague.

The Austrian Society of Psychiatry and Psychotherapy (OEGPP) is a sponsor of an upcoming conference, "Religiosity in Psychiatry and Psychotherapy," to be held this October in Graz, Austria. Markus Hoffmann, a German conversion therapist who leads an evangelical group that attempts to convert gays and lesbians into heterosexuals, had been invited to speak. After receiving letters from AGLP's president, its members, and local Austrian groups, OEGPP's Vice President, Dr. Christoph Stuppaeck, requested to the organizers that Hoffman's invitation to speak be withdrawn. Three days later, the organizers announced that Hoffmann had withdrawn from the conference.

Jack Drescher is fielding Press comments and questions. Information has been posted on the AGLP website including a letter of protest for users to download and submit. This effort has been spearheaded expertly by Gene Nakajima.

**Psychoanalysis - Chris McIntosh**

Chris McIntosh was approved as the new chair of the Psychoanalytic Committee. The original purpose of the committee was to advocate for and support gay analytic candidates in training, something that was perhaps no longer a necessary task. It was suggested that a shift in focus for the committee could be to provide a forum during the AGLP meetings for members interested in discussing psychodynamic concepts. As such it was suggested that the name of the committee could be changed to the Psychodynamic Psychotherapy Committee to reflect a broadening mandate. The Board would like to broaden the scope even further, possibly shorten the name to

the Committee on Psychotherapy.

**Workshop on Shame in the Therapeutic Relationship**

There were no members who came to the workshop this year, and in keeping with the aforementioned discussion regarding a potential change in mandate, it was suggested the nature of the annual workshop could be re-evaluated. Perhaps with rotating topics or discussions at the suggestion of members. Chris will write a column for the next AGLP newsletter soliciting suggestions for topics and/or speakers.

**HIV**

HIV will become a Presidential prerogative beginning in Washington 2008 and will be held in the President's Suite. Communication remains an obstacle to the success of this meeting. We will facilitate the access in a confidential way.

**Transgender**

No representative has been present for some time. Ubaldo proposed sun-setting this committee. The committee consensus was that we keep this committee open.

**AGLP Film Project - David Scasta and Mary Barber**

There is a split on the committee on how to proceed. David proposed that the film needs a minor edit to address criticism about the scientific methodology. He also proposed that AGLP should continue to market the film instead of licensing it to a distributor. Mary felt that the film stands on its own as it is and that editing it at this point would be counterproductive. She advocated for distribution by Frameline, a distributor of LGBT film and videos.

The debate will continue, but should be resolved soon considering that the film will soon become dated. Regarding the scientific information put forth in the film: An insert to the text accompanying the film may be a good solution for all concerned.

**Report from Committee - Serena Volpp**

A DSM-V task force has been appointed. Task forces on gender and cultural issues have been named. It's unclear if sexual orientation is considered in this category.

The Committee has been approached by the APA Affinity Committee as to the gay-friendly nature of the Marriott Corporation. Marriott is approved by HRC.

Fryer Award- A selection has been made for the 2008 and the name will be submitted to the committee for approval. There was some consensus that the award's profile be elevated. We are looking for an award for someone in 2009 in San Francisco - hopefully someone who is both high profile and has made significant contributions to LGBT Mental Health.

GLB Fellowship: Proposed by Petros Levounis in 2000, this fellowship may be included under the Astra-Zeneca Fellowship umbrella.

GID task force - APA positions on GID needs clarification and, while the APA diagnosis has been developed, no APA position statements or guidelines exist.

A brochure is being developed for the APA Public Affairs division: "Let's talk about sexual orientation." A fact sheet was developed previously, but this brochure will expand on that information.

A Component Workshop theme for Washington 2008 will be "Coming out."

A new large project - APA wants to review all of their position statements over the next five years. The Committee has eleven that they will review. The reviews will be submitted to the AGLP Board for review and input.

The Board expressed their gratitude to the Committee for extensive amount work well done.

**Report from Caucus - Mark Townsend, Representative; Phil Bialer, Deputy Representative**

Both representatives have been talking with Nada Stotland about the components and getting appropriate and more visible LGBT representation. Mark will furnish a list of available positions.

**AGLP Representative to the APA Assembly - David Scasta**

AAOL's (Assembly Allied Organization Liaison) are currently in "survival mode". They are going to have a component presentation this year in Washington on boundary maintenance. There are not many LGBT issues coming up in the assembly right now. AGLP now has two MUR Committee liaisons. Jack Drescher made note of the stalling of the GID discussion in the research council. An action paper may spur some movement on this issue. Practice guidelines should be developed if the GID remains

MUR submitted a symposium on Violence against LGBT persons for the Washington 2008 Annual Meeting.

## AGLP Meeting Minutes

*Continued from page 15***Nominating Committee - No Report****New Business**

The remaining Rundle Funds will be directed to general operating expenses given that the bulk of the funds achieved their board-mandated purpose.

**Equality Forum:** The Equality Forum has approached AGLP, through member Mark McClurg, to present at their next gathering in Philadelphia in April 2008. The topic will be body-image issues in the LGBT community. Panelists may include Petros Levounis, Jack Drescher, Danny Garza, Jose Vito, and Gene Nakajima.

**Washington APA 2008 Symposium:**

Gene Nakajima submitted a proposal for the APA meeting with AGLP listed as the allied organization. He doubts there will be a problem with it getting into the program. Nada Stotland, MD, the president elect, has agreed to be a discussant, but she may find that she is too busy to come.

If the symposium is accepted, Richard Pillard, MD will be coming to the meeting, so he may be a good candidate for one of the AGLP awards.

The title of the symposium is: "Stop It: You're Making Me Sick" revisited. It highlights landmarks in the struggle to normalize lesbian and gay lives. Its objective will be to provide understanding of historical and contemporary perspectives on psychiatric diagnosis and homosexuality, appreciation of the need to make changes in nosology concerning sexual orientation in DSM-V and ICD-11, and to understand the clinical issues that face Lesbian, Gay, Bisexual and Transgender people today that were misconstrued to be pathology in years past.

Meeting Adjourned at 4:27pm

Next Meeting: Phone meeting October 9, 2007, 3:45pm EDT

**AGLP Executive Committee Phone Conferences****AGLP Executive Committee Phone Conference****Wednesday, July 11, 2007**

3:45pm (EDT) - 12:45pm (PDT)

**Meeting Minutes**

Present: Ubaldo Leli (from Pakistan), Kenn Ashley, Mary Barber, George Harrison, and Roy Harker

**Washington Fall Meeting:**

Saturday, September 8, 2007: 8:30am to 5:00pm, JW Marriott Hotel. Room Reservations are made through the AGLP website at [www.aglp.org](http://www.aglp.org).

Kenn will call Brent Anderson regarding a Washington Welcoming Reception. Meeting Space and block of hotel rooms have been arranged.

**Symposium:**

Some discussion has taken place between Mary, Howard, and Kenn regarding a topic – possibly political in nature given the upcoming presidential election and Washington venue. We may want to be in touch with speakers from the some of the Washington-area PACs before the Fall Meeting.

**Development:**

Stephan Carlson will be added to future communications of the executive board, given his new status as Chair of the Development Committee.

**Website:**

The AGLP Website has been completely overhauled and redesigned. General announcement will go out when completed. Overall response from exec committee was positive.

Mary discussed Group for the Advancement of Psychiatry (GAP) – and the GLBT web component. We hope to publish this on our website when completed and approved. It is currently being hosted by the AGLP website at [www.aglp.org/gap](http://www.aglp.org/gap). The links are currently "blind" to the public.

**AGLP Documentary Film:**

ABOMINATION is appearing in a number of significant festivals this summer, including Philadelphia and Reel-to-Reel in North Carolina. David Scasta, M.D., will be going to North Carolina to be part of Q&A discussions following the film. Roy Harker will be handling Q&A at the Philadelphia Festival. We received another royalty check from CustomFix this week in the amount of \$296.30. This brings the total royalties to date to \$1,873.15.

Next meeting date will be Wednesday, August 8, 2007

3:45pm (EDT) - 12:45pm (PDT)

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**AGLP Executive Committee Phone Conference****Wednesday, August 8, 2007**

3:45pm (EDT) - 12:45 (PDT)

**Minutes**

Present: Kenn Ashley (leader in absence of Ubaldo Leli), Mary Barber, Howard Rubin, George Harrison, Dan Karasic, Petros Levounis, Stephan Carlson, and Roy Harker

**Symposium**

Mary and Kenn are working on format for symposium. Looking at possibly linking with HRC and other advocacy groups. Different topics are still under consideration. They are looking to broaden the focus beyond psychiatric issues.

George brought up women's issues in AGLP- The "L" is missing in AGLP. Suggests we make a concerted effort to concentrate on women's issues for the next few years. We could also focus on lesbians for one of the awards in Washington. More Newsletter articles on women's issues – especially from men – should be appearing. One-on-one development of women's membership seems to work best. Family Pride/COLAGE (Children of Lesbians and Gays Everywhere)/National Center for Lesbian Rights (NCLR) could be a resource for AGLP symposium presenter. Dan will follow up with NCLR. There was a consensus for more family-oriented programs.

**Fund Raising - Stephan Carlson**

First Meeting on Aug 8. Kenn Ashley, Robert Lopatin, and Stephan in attendance.

Needs a list of successful grant proposals, list of Corporate Donors to date. Roy will supply. Looking for defined programs to fund. The Journal may be an ongoing project that would be of interest to potential donors. New projects for AGLP are generally in order. Development of new projects would be a good topic for the fall meeting.

**Fall Meeting**

Washington, DC, September 8, 2007, 8:30am to 4:30pm

J.W. Marriott - 1331 Pennsylvania Ave NW, Washington, DC 20004 (202) 393-2000 Room Reservations: [www.aglp.org](http://www.aglp.org)

Welcome Reception: Venue to be determined. We will charge \$25 once again this year to offset costs.

**Membership Development**

We discussed the potential of an Exit Interview-web based link sent to members who have "retired" over the past year. COLAGE currently has a survey of their membership to get ideas about why people are joining (or not) and get ideas for projects. Survey may be a topic at the fall meeting. Howard will develop a draft survey to be distributed to the board. It will include some ranking of activities, if they are not members – and why not? Ideas could come from the COLAGE website – [www.colage.org](http://www.colage.org).

Roy included a link to a recently-completed membership survey developed with another organization as a sample of what we could consider. Women's issues need to be covered in discussion on membership development. Exit survey could also provide some valuable material in this regard. We currently have a basis for an exit interview on our website – although it has never been instituted. The link to this page is [www.aglp.org/pages/exitform.html](http://www.aglp.org/pages/exitform.html). A new AGLP program would also be a membership driver for funding. A program to develop membership in under-represented states could also be project worthy of funding.

**Website Feedback**

New design much appreciated

Women's Issues Bulletin Board – Mary/George

HIV Issues Bulletin Board – Kenn/George

**Cash Flow**

We will encourage people to pre-pay for 2008. We request that Ubaldo, as president, write a note asking members to consider pre-paying for 2008. That will be distributed upon receipt.

**AGLP receptions at other APA meetings**

Receptions at "non-APA" meetings may enhance our visibility with those who no longer attend the Annual Meeting. Upcoming Psych Service in NOLA: Kenn will try to organize an event. Financing such an event? How to communicate? Kenn will ask specific members who he knows are traveling to these meetings and look for feedback.

*Continued on page 17*

## AGLP Meeting Minutes

*Continued from page 16***New Business**

MAYU is organizing the Second Latino Mental Health Conference: Culture, Mental Health and Aging. Its program in English and Spanish. There was a request from Dr. Mauricio Romero-Gonzalez, that AGLP sponsor its success.

Agreed. Roy will be in touch with Mauricio to find out requirements.

**AGLP Brochure**

We will "Sticker" old brochures with new pricing structure.

**AGLP and Equality Forum**

Mark McClurg, M.D. (AGLP Member) (mamclclurg@earthlink.net) has informed us that the Board of the Equality Forum has accepted us to present at the forum in May of 2008. Mark will work with whatever committee or individuals are assigned. The topic they wish to cover is "body image."

Our next meeting will be the fall meeting on September 8.

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**AGLP Executive Committee Phone Conference****Wednesday, October 10, 2007**

3:45pm (EDT) -12:45 (PDT) SKYPE Conference Call

Present: Ubaldo Leli, Kenn Ashley, Mary Barber, Howard Rubin, George Harrison, Petros Levounis, Roy Harker, Gene Nakajima, Chris McIntosh, Marc Manseau

**Local Arrangements Washington DC, May 3-8, 2008 – Brent Anderson**

Virian and Cosmo Club are being considered for the closing banquet venue. The Committee will try to make a decision at the November meeting. Money may be available from Janssen via Stephan Carlson.

Roy has been in touch with HRC regarding the use of their facility for the Opening Reception. We may be using up to four adjoining rooms on the first floor. Catering details have not been finalized, nor a final contract with HRC.

Awards: The Local Arrangements Committee are pursuing the following nominations for awards:

For the Community Service Award: SMYL Sexual Minority Youth League; PRIDE, a Substance abuse program Psych. Int. of Washington; Children's Hospital Support Group: Parents of GID Children.

Distinguished Service Award: Founder of SLDN, Dickson Osbourne; Jim Grand, Openly-gay city council member in DC; Adam Vbbin, first openly-gay VA state Legislator

These nominations will be forwarded to Dan Karasic. Paulsen Award: Dan Karasic will make some suggestions.

Symposium: Panel discussion with Martin Chen still being developed.

San Francisco, CA, May 16-21, 2009 – No chair identified to date.

**Fund Raising – Stephan Carlson**

Stephan and Rob Lopatin are combing through documents sent by the National Office. They will be meeting again before the next EC meeting in November and will make a more detailed report then. Stephan has been in touch with his local Janssen Rep concerning possible funding during the annual meeting. Janssen has been receptive to his request and will be back in touch.

**Membership Development**

Revised Brochure: Brochure will be re-circulated with comments from George, Mary, Kenn, and Jack. There was some discussion as to the appropriateness of some of the images, but the consensus was that the images should remain as is.

**Website**

ECP/Resident Bulletin Board: ECP Bulletin Board is functioning, but there has been no response from Karl regarding its usefulness or effectiveness. We will follow up at the next meeting. HIV Issues Bulletin Board; Not yet functioning.

**Marshall Stiles Bequest:**

Discussion deferred to a later meeting.

**Nominating Committee – Dan Karasic**

No Report

**Journal – Mary Barber**

MedLine Status; No update

Women's Committee Discussion was deferred to a later meeting.

**Psychotherapy – Chris McIntosh**

The Board agreed to call the Committee, "The Committee on Psychotherapy." The committee has met and is developing programming for the Washington 2008 meeting.

Skype calling was problematic, but the technology issues will be resolved by the next meeting. Total cost for this Skype meeting was \$5.48.

Our next meeting will be Wednesday, November 14, 2007 3:45pm (EST) – 12:45pm (PST)

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**China***Continued from page 13*

his partner maintains a fictional address where he receives mail.) Since the students we were meeting at the center were about ten years younger than our counselor friend, we asked if for them a same-sex couple sharing a home was an impossible dream. The younger people were more hopeful, and not only expressed the conviction that a gay or lesbian couple could live together in modern China, but informed us that several of them either were already, or wished to be, in a committed, long-term relationship. Whether this is a sign of changing times, or of the students not yet having experienced the pressures of the workplace and the practicalities of setting up their own homes, is a question that will only be answered in time.

Given the students' optimism regarding social acceptance of homosexuality—or at least of same-sex cohabitation—it was surprising that when we asked how many of them expected that their families would pressure them to get married and have children, the majority raised their hands. According to published statistics, about 40% of Chinese gay men are married in heterosexual marriages.

The attitude of the mental health counselors in China appears to be changing dramatically. Consider a story I was told of a university student who a few years ago sought help from a school counselor for his anguish over feeling attracted to men. The counselor gave him a mirror, and asked: "What do you see there? A man or a woman?" More typically nowadays, I have been informed by more than one Chinese colleague, counselors and psychotherapists aim to make gay patients comfortable with themselves, so that they can lead happy lives. Furthermore, AIDS education has made remarkable advances in China, since promotion of the use of condoms is no longer considered pornography, which, along with prostitution, is illegal in China.

Hopes are high that the positive steps made toward the acceptance of homosexuality in China will continue to advance. Communication between the Chinese LGBT community and ours can make a major difference. I am planning to establish a continuing contact between Aibai and AGLP through our International Committee. Provided Aibai is not shut down or hampered because the government feels it may, for instance, tarnish the image of China during the 2008 Olympic Games, we can look forward to a vital and fruitful interaction.

The following is a link to the Annual Report of the Chengdu Aibai Center:  
<http://www.aglp.org/images/AibaiAnnualReport.doc>

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