



**AGLP**  
*Opening Minds*

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*Dan Karasic, M.D., President of AGLP, and Mary Barber, M.D., Immediate-Past President present Frank Kameny and Barbara Gittings with the first APA John E. Fryer, M.D. Award at the Institute of Psychiatric Services in New York*  
*Ellen Dallager Photography*

## The First Annual John E. Fryer, M.D. Award

George Harrison

The inaugural APA John E. Fryer, MD Award was conferred on Barbara Gittings and Frank Kameny, PhD, on October 7th in New York City at the APA's 58th Institute on Psychiatric Services. This award was endowed by the members and friends of AGLP and will be given annually to a public figure that has made significant contributions to LGBT mental health. Besides a stipend and award plaque, the award features a lecture at an American Psychiatric Association (APA) Annual Meeting. Gay rights pioneers; Ms. Gittings and Dr. Kameny stirred the audience with their memories of the early days of the gay rights movement from the 50's onward. They detailed their struggles with the psychiatric community to remove homosexuality as a disease from the diagnostic manual. The award is named after John Fryer, a long time member of AGLP, who courageously appeared at the APA in 1972 declaring that he was a homosexual psychiatrist and challenging the idea that homosexuality was a disease. This panel was organized and moderated by Ms. Gittings and Dr. Kameny. This instrumental discussion was one of the important public steps which eventually resulted in removing homosexuality from the diagnostic manual.

The *Newsletter* is pleased to be able to present Ms. Gittings lecture here. We hope to publish Frank Kameny's speech in the next Newsletter.

Ms. Barbara Gittings has been a gay rights activist since 1958, when she started the New York chapter of the lesbian organization Daughters of Bilitis. She edited *The Ladder*, DOB's national magazine, from 1963 to 1966, and introduced photo covers of lesbians, a victory over pervasive gay invisibility of the time. In 1965, she marched in the first gay pickets at the White House and Independence Hall in Philadelphia, demanding for homosexuals an end to discrimination and

*Continued on page 3*

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The Newsletter of the  
Association of Gay and Lesbian Psychiatrists  
Editor, George Harrison, M.D.

Published quarterly from 4514 Chester Avenue,  
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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, M.D., 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, 2007.

#### 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



George Harrison, M.D.

Since our last edition of the newsletter the one year anniversary of Katrina came and went. The true proportions of this event were brought into some clarity for me watching Spike Lee's *When the Levees Broke*. This four hour documentary on HBO detailed the storm and its aftermath and was told in clips which were brought to life by a large group of New Orleans residents. They spoke passionately about the difficulties they faced first from the hurricane and then from the malfeasance of the relief effort. It was an effective indictment of our government's attitude towards race and class. I was left feeling how could this happen in my country?

Just as concerning was how could these issues so easily slip from the national attention as time passes? It seems as a country we have a need to check out. I look to my own experience and realize that I screen out most of the news media in order to tolerate the actual details of living in a country where the policies of the people in power are antithetical to my beliefs. As Psychiatrists, we often work with people affected by a history of poverty and the experience of living in a racist society. One of the challenges that I face as an instructor is helping my trainees to find a balance between

bearing witness to the social context of our patient's lives and being in a state of constant overwhelm.

It is late October now and the news has been full of Republican indiscretions with pages and the great news from the Supreme Court of New Jersey (Go Garden State!). Is it possible that the pendulum is starting to swing back? There is some hope for a regime change after the election and that a different set of priorities could win out moving us to a time when no American is disposable. This would definitely be news I wouldn't mind listening to.

...

## President's Column

Dan Karasic



Dan Karasic, M.D.

The session for first John Fryer Award was electric—far exceeding my expectations for the event. The reason: the two awardees, Frank Kameny and Barbara Gittings, as well as the memory of John Fryer. Their talks were powerful and emotional, while punctuated by humor. The astonishing progress our community has made in 35 years, to which we owe Gittings and Kameny a great debt—was apparent.

It was clear why Kameny and Gittings became leaders of the LGBT rights movement at a time when it must have been quite risky to be open about one's sexuality. Gittings and Kameny were fearless voices who unabashedly demanded to be heard. It was not enough to know what was right, and to see a better future. They went out and made it happen.

Kameny's description of seizing the microphone at an APA convocation 35 years ago was comic—especially the image of elderly APA distinguished fellows swinging their medals in battle—but one could only imagine the emotions of the activists back then. The exhilaration-- of liberation from the closet and of taking direct action—must have mixed with fear. Having already survived losing his job due to homophobia, and having learned to fight back, Kameny was unusually qualified to seize the microphone.

John Fryer donned a mask and wig for the famous 1972 APA panel with Gittings and Kameny, but his presence was just as courageous. Fryer was speaking in front of his psychiatrist colleagues. Being recognized could have been career ruin.

What is so inspiring to me, hearing about the actions of Gittings, Kameny, and Fryer, is the power of the individual. These were three individuals, each with important talents, but they were not rich or famous or politically powerful. They remind us that an individual, challenged by injustice, can succeed in changing the world for the better. With

First Annual John E. Fryer, M.D. Award

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the right to be judged as individuals. "It was risky and we were scared. Our cause seemed outlandish even to most gay people." She was a charter member of the boards of directors of the National Gay and Lesbian Task Force (founded 1973) and the Gay Rights National Lobby (founded 1976), which was the forerunner of the Human Rights Campaign.

Besides participating in the landmark APA lecture with Dr. Fryer, Ms. Gittings also produced three gay exhibits for APA including "Gay Love: Good Medicine" in 1978 showing gay people as healthy and normal. Ms. Gittings continues to push for gay equality.

We appreciate Ms. Gittings allowing us to publish her lecture and salute her for a lifetime of work which is the foundation for all the progress towards the rights that we enjoy today.

(Editor's Note: the speech makes references to slides which were not available for inclusion.)

### Show-And-Tell Speech On Acceptance

Of The First John E. Fryer, M.D. Award

From The American Psychiatric Association

Barbara Gittings

**W**hen our American movement for full civil rights and equality for homosexuals got launched 56 years ago, we had a huge range of basic problems to tackle.

We were denounced as immoral and sinful. We were punished as criminals and lawbreakers. We were labeled sick and needing cure. We were mostly invisible as gay people, which made it hard for gay men and lesbians to develop good social lives and to create a movement to battle injustice and prejudice.

It's difficult to explain to anyone who didn't live through that time, how much homosexuality was under the thumb of psychiatry. The sickness label was an albatross around the neck of our early gay rights groups--it infected all our work on other issues. Anything we said on our behalf could be dismissed as "That's just your sickness talking." The sickness label was used to justify discrimination, especially in employment, and especially by our own government.



*Gittings lectures at the Fryer Award Presentation*

Some brutal methods for curing us in vogue at one time included incarceration in mental hospitals, lobotomies and aversion therapy. That last is where they show you pictures of the "wrong" kind of sexual partner and give you an electric shock, then show you pictures of a person you should like and play nice music to persuade you to change your choice of sexual partner. Here the gay male patient, lying down, is being treated to a sexy picture of a woman.

There were of course other efforts at curing homosexuality that were less physically brutal, including psychotherapy, but they all thrived on the notion that homosexuality was bad for the individual and for society and should be fixed. You can see more on this in a video called *One Nation Under God*. Though the film is mainly about the faith ministries that try to convert gays to heterosexuality, it's chock full of anecdotes on psychiatric cures and footage of psychiatrists expounding on how sick homosexuals are.

You all know about one book that especially popularized the sickness view. *Homosexuality: A Psychoanalytic Study*, published in 1962, claimed to be a scientific study comparing a group of gay men in psychoanalysis with a group of heterosexual men also in analysis. The authors including Dr. Irving Bieber pumped in at the beginning their belief that homosexuality was psychopathological, and they worked their meager statistics up and down and sideways, and lo! at the end they plucked out those beliefs as scientific conclusions.

What a shameful work. More shameful is that it was uncritically accepted at the time. I'm not aware of a single review or comment in the contemporary psychiatric literature that pointed out that the Bieber authors failed to follow science. This bothered me. I talked to a psychologist, Dr. Fritz Fluckiger. He wrote a detailed critique of the Bieber study called "Research Through a Glass, Darkly." It was published in 1966 in *The Ladder*, the magazine of the national lesbian organization Daughters of Bilitis, which I was editing at the time. Unfortunately Dr. Fluckiger wasn't an M.D. analyst and his review wasn't published in a professional journal.

But reaction was building to the sickness label's bad effect on gay individuals' self-image and on our movement's fight for equality. One of the Bieber psychoanalysts gave a public lecture in December 1964 plainly titled *Homosexuality: A Disease*. Four gay protesters showed up; they demanded and got 10 minutes' rebuttal time for their spokesman.

Another key event was the anti-sickness statement adopted in 1965 by Mattachine Society of Washington and many other gay organizations. Frank Kameny has told you about that. Eventually gay groups were demanding official reconsideration of homosexuality as sickness. Here's a petition to APA in a lesbian newspaper in 1971. We were also taking a pro-active stand, saying that we are the experts on homosexuality.

Changes in thinking were brewing among psychiatrists, spurred in part by the pioneer work in the 1950s of psychologist Dr. Evelyn Hooker, which challenged traditional views about homosexuality. Psychiatrist Dr. Judd Marmor was especially influential because of his own evolution away from the old orthodoxy. A good account of the developing shift is in Ronald Bayer's book *Homosexuality and American Psychiatry: The Politics of Diagnosis*, published in 1981.

Things came to a head in 1970 when gays invaded several psychiatric meetings, targeting in particular sessions on aversion therapy. Here's a tabloid newspaper headline from May 1970. (The word "Girls" doesn't refer to the gay men but to the feminist women who also turned up to protest psychiatry's abuse.)



First Annual John E. Fryer, M.D. Award

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Protesters seized microphones and denounced psychiatry for hurting instead of helping us. The angry disrupters said "Stop talking about us and start talking with us."

Wisely, the APA met this demand. At its 1971 meeting in Washington, DC, there was a panel of gay people including Frank Kameny titled *Lifestyles of Non-Patient Homosexuals*. We jokingly called it "Lifestyles of Impatient Homosexuals." But it was the first time the APA acknowledged that there are homosexuals who aren't in therapy and have no need for it.

Also Frank and I disrupted a lecture on aversion therapy, and forced an exhibitor of aversion therapy materials to remove the slides he was selling for use on homosexuals.

The next year, 1972, Frank and I were invited to be on a panel in Dallas called *Psychiatry: Friend or Foe to Homosexuals: A Dialogue*. My partner Kay said, "This isn't right." Here you have two psychiatrists pitted against two gays, and what you really need is someone who is both. The panel moderator Dr. Kent Robinson agreed to add a gay psychiatrist if we could find one. In 1972 who

Meanwhile, behind the scenes in APA the wheels were already moving to consider taking homosexuality off the list of mental disorders as part of a general revision of the *Diagnostic and Statistical Manual*. This long and difficult debate is well recounted in Bayer's book. When the Board of Trustees endorsed the recommendation to de-list homosexuality in December 1973, a major Philadelphia newspaper headlined its story *Homosexuals Gain 'Instant Cure'*. The trustees also passed a civil rights resolution opposing laws and official discrimination against gay people.

Of course a stroke of the pen doesn't change attitudes. The official cure was contested and had to be later ratified in 1974 by APA membership. This political battle is told in detail in Bayer's book *Homosexuality and American Psychiatry*.

Mindful of the need for continuing education, APA gave the National Gay Task Force exhibit space at several later conventions. In 1976 in Miami we did *Homophobia: Time for Cure*, with displays of materials illustrating anti-gay attitudes and policies and practices. Part of our prescription to cure homophobia was these photos of gay couples. Surprisingly, they drew strong reaction. One dubious doctor asked, "Do these relationships really work?" Many psychiatrists were used to thinking of us as miserable patients with troubled lives, and they needed to see some reality.

Besides participating in the landmark APA lecture with Dr. Fryer, Ms. Gittings also produced three gay exhibits for APA including "Gay Love: Good Medicine" in 1978 showing gay people as healthy and normal. Ms. Gittings continues to push for gay equality.

would come forward? Oh how we searched! Kay and I wrote letters and made phone calls around the country. (Remember, no e-mail in those days.)

At last, John Fryer said yes, provided he could wear a wig and mask and use a voice-distorting microphone. Dr. H. Anonymous was born.

We smuggled him in his disguise through back corridors into the packed lecture hall. He really rocked the audience, speaking as a closeted gay person to his own colleagues, telling why he couldn't be open in his own profession. To back up John Fryer, I read excerpts from letters I'd solicited from the other gay psychiatrists who felt they had to decline to be on the panel. (Kay and I are still trying to find those letters in the mass of gay movement materials we're organizing to donate to a gay archive.)

Here are some informal pictures of John Fryer in recent years, after he came out. [In 2002, getting the Distinguished Service Award from the Association of Gay and Lesbian Psychiatrists. At that meeting, with his sister Kathy whom he loved dearly. And with one of his dogs.]

Also at the 1972 APA meeting, Frank and I were given a booth in the exhibit hall. With much help from friends, I set up an eye-grabbing display, *Gay, Proud and Healthy: The Homosexual Community Speaks*. Frank wrote the flyer. This exhibit featured the word LOVE in big letters. I think it was the only place in the whole convention where that word LOVE appeared.

There were more eye-openers for the psychiatrists. At APA's dinner-dance at the conclusion of the conference, Frank took as his date Philip Johnson, a gay activist from Dallas. And when the band struck up a waltz, Frank and Phil sailed out onto the dance floor. The other heterosexual dance couples all pretended they didn't see what they saw!

At this time, 1976, gay psychiatrists were coming out of the closet and had launched a Gay Caucus, whose newsletter was on hand. Its members helped staff the booth to talk to colleagues. That's Dr. James Paulsen at the table at right.

My last APA exhibit, *Gay Love: Good Medicine*, was in Atlanta in 1978. Again we featured gays not as patients but living happy and healthy. And this time I was able to get five gay psychiatrists willing to be in the exhibit with their photos and credentials--quite a breakthrough! The Gay Caucus in APA was now taking steps to become an official sub-group of APA.

Still the closet was emptying slowly. One psychiatrist wrote this piece on *The Invisible Gay Psychiatrist* for distribution at that 1978 conference; he urged those who couldn't come out to take other specific steps to push things along.

By 1979 the Gay Caucus went fully public by taking part in the gay community's first National March on Washington. Sorry I don't have a better picture. You know well the rest of your history.

Thank you for recognizing my and Frank Kameny's work toward healing the wounds of prejudice and discrimination. I'm sure John Fryer would be thrilled and deeply gratified, as I am, by this award in his name. By drawing attention to the mask and the damage it does, Dr. H. Anonymous helped tear away disguise and secrecy. He gave courage to his fellow gay and lesbian psychiatrists to be fully themselves and to affirm, in Frank's great motto, that *Gay Is Good*.

The gay community's mental health improved dramatically when we spoke up for ourselves and took charge of our own destiny. I'm so glad I was a player in this part of gay history and that I got to know the incomparable John Fryer.

**PHOTOS FROM IPS NEW YORK CITY**



*Barbara Gittings receives the first John E. Fryer, M.D. Award  
Ellen Dallager Photography*



*Reception Host Phil Bialer and His Partner Danny Colvin*



*Recognizing Barbara Gittings at the Reception*



*Dan Karasic, M.D., present the Fryer Award to Frank Kammeny  
Ellen Dallager Photography*



*Lesbian and Gay Families Panel at IPS*



*Serena Volpp, M.D., Barbara Gittings, and the Rev. Larry Waltz*



*Gittings lectures at the Fryer Award Presentation*





AGLP, GLPNY, and NYGLP co-sponsored the Reception



Barbara Gittings at the Fryer Award Presentation



AGLP, GLPNY, and NYGLP sponsored reception

## AGLP Newsletter Available in Electronic Format

All AGLP Members with a working email address on file with the National Office received the August and November 2006 issues of the Newsletter in electronic PDF format. The Executive Committee of AGLP is hoping that you find this format more convenient than the traditional print version and will elect to continue to receive this newsletter in this format.

There are many benefits to receiving the Newsletter in this PDF format:

- PDFs are currently the industry standard for this type of document and read easily by all computers.
- Electronic delivery means faster delivery. There is no production and mailing time required to get the Newsletter to you as soon as it is completed.
- Hyperlinks to email address and URLs are embedded in the document. You can pull up any reference or contact any listed person while you read by simply clicking on the highlighted link.
- This issue, and every issue of the AGLP Newsletter is available any time through our website at [www.aglp.org](http://www.aglp.org).
- There is considerable cost savings to the organization with reduced printing and mailing expenses.

If you have not already elected to receive the Newsletter in this format, please consider doing so today. To change your preference:

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Email continues to be the most efficient way for AGLP Members to stay in touch. If you have not supplied us with an email address, please consider adding it to your profile.

While you are there visiting your profile, make sure your email address and contact information is all up to date. As always, if you have any questions or concerns please be in touch with Roy Harker in the National Office.

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### President's Column

*Continued from page 2*

their bravery and dogged persistence, they helped make our profession one in which we can thrive, without the threats faced not that long ago. While our profession is now one that accepts and supports us, we still face a world filled with injustice. I hope we can repay our debt to Fryer, Kameny, and Gittings by continuing the fight.

Now about AGLP: we seem to be turning a corner, in righting our finances and in membership. A number of you have volunteered involvement with committees and other activities. We still need more volunteers—especially for the Membership, Development, and Women's Committees, but we welcome your involvement of any kind.

I'm excited about our San Diego meeting in May; you'll be hearing more about that soon. In addition to a great AGLP conference on addiction medicine, and the receptions and parties, I'm especially looking forward to the second John Fryer Award.

• • •

## APA Candidate Interviews

### George Harrison

The APA elections are coming up again and the Newsletter is happy to highlight the occasion. This is an important opportunity for our readers to make a difference in the character of the APA. APA voting members may now opt to receive an online ballot instead of the traditional paper ballot for voting in APA elections. Those who choose the online ballot option by November 6 will be sent an e-mail on December 22 with their ballot control number and online voting instructions for the 2007 election. Those who do not choose the online ballot option will continue to be sent a paper ballot but still have the option to vote online. To select the online ballot option, go to the home page of APA's Web site at [www.psych.org](http://www.psych.org) and click on "APA Election Online Ballot Preference" in the Spotlight section.

This year we canvassed the candidates for APA positions about two questions. We sent return receipt email to all of the candidates and followed up with those with whom we hadn't been able to contact with certified letters. This year twelve of the fourteen candidates responded. Below are the names of all the candidates for each race and statements from those who submitted them.

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). As work progresses on DSM-V, what are the mental health issues concerning the Lesbian, Gay, Bisexual, and Transgender communities which you believe should be included in this long awaited update? How would you ensure that these issues are researched and addressed?

## CANDIDATES FOR PRESIDENT-ELECT

### Spencer Eth, M.D.



Spencer Eth, M.D.

1). I am Spencer Eth, and I welcome this opportunity to introduce myself and share my views with members of the Association of Gay and Lesbian Psychiatrists. My background includes training in psychiatry in New York City and child psychiatry in Los Angeles. I've worked in public settings (County and VA hospitals in Los Angeles) and for the last ten years in a voluntary teaching hospital in Manhattan. As a psychiatrist practicing in the West Village, I have worked closely with gay and lesbian psychiatrists and patients. Although I am a straight man, I have tried to become more sensitive, fair and open minded about issues of sex, gender, self-identification and orientation

in our society, especially as they affect colleagues and patients. I strongly support all of the APA position statements regarding these issues, and I will continue to do so as your APA President.

2). Strengthening the APA's relationship with affiliated psychiatric organizations is vital. In addition to the APA, I am a member of the American Academy of

Child and Adolescent Psychiatry and the American Academy of Psychiatry and Law. The APA must work closely with the AGLP on common areas of concern, and the AGLP should be well represented on all relevant APA components, including research committees that address LGBTQ issues. Regarding the development of the DSM-V, I would insure that AGLP members are included in the work groups formulating diagnoses that are of special importance to gay and lesbian patients and psychiatrists. My pledge is to listen, respect and value our shared commitment to our patients and our profession. I would appreciate your support in this election for President-Elect.

### Nada L. Stotland, M.D., M.P.H.



Nada L. Stotland, M.D., M.P.H.

1). As Speaker-Elect and Speaker of the APA Assembly, I invited the president of AGLP to annual meetings with the leadership of other identity-centered allied organizations, to hear what their concerns were and what the APA might do to address them. I still have the notes from those meetings, and have been trying ever since to convene those important meetings--something I would be able to do as president of the APA. As a member and chair of the APA Assembly Committee of Minority and Underrepresented Group Representatives, I advocated, generally successfully, for every issue and action paper brought to the Assembly by the GLB Caucus. As the Chair of the Joint

Commission on Public Affairs, I explained the APA's decision to take a position against so-called 'reparative therapy' to the media and the public. After the Assembly and Board (including me) voted to support same-sex civil marriage, I appeared on Bill O'Reilly's(!) show on Fox News to defend this position. Bill O'Reilly said "Madam, your organization is wrong." Our organization was not wrong--but there are still those within it who use uninformed and deeply prejudicial language such as "the gay agenda." Whether I am elected or not, my agenda will be to continue my close collaboration with the AGLP to further scientific knowledge and public understanding of the difficult issues still faced by gay, lesbian, and bisexual individuals--and psychiatrists--and to advocate for the civil rights that are essential to their mental well-being.

2). The stigma, ostracism, and physical violence risked by gay and lesbian persons have profound effects on their mental health. It is essential that these effects be distinguished from other contributors to psychopathology. Scientific experts on gay, lesbian, bisexual and transgender issues must be included at every stage of the DSM V development process. I demanded to know the composition of the initial steering committee, and read the research agenda for DSM V. The absence of attention to these issues led me to become the initial instigating force behind the addition of a minority/cultural group to those charged with the identification of knowledge gaps to be addressed by DSM V. Without consistent oversight and political pressure by AGLP and the related entities within the APA, and the support of the APA leadership, the issues of minorities including gay and lesbian persons will not be adequately addressed by DSM V. I initiated that oversight and that pressure, I know that it is essential to the quality of the document and the values of the APA, and could do so even more effectively as the president of the APA.

## APA Candidate Interviews

*Continued from page 7***CANDIDATES FOR VICE PRESIDENT****Carol A. Bernstein, M.D.***Carol A. Bernstein, M.D.*

1). I believe that APA's relationships with allied organizations are critical to its survival as a membership organization focused on representing psychiatrists and their patients nationwide. In this regard, I would hope to have a strong and collaborative connection with the Association of Gay and Lesbian Psychiatrists so that we can work together to address the needs and concerns of this segment of the psychiatric community. In particular, I would work to ensure that gay, lesbian and transgendered psychiatrists are appropriately represented on APA Councils and Committees. In my "regular" job as Residency Director at NYU, I work closely with Dr. Serena Volpp who is currently the chair

of the Committee on Gay, Lesbian and Bisexual Issues. Dr. Volpp is the unit chief on our primary training unit at Bellevue Hospital and we discuss issues of importance to the AGLP community on a regular basis.

2). As you know, APIRE has produced two books whose chapters reflect white papers which have been developed to address "A Research Agenda for DSM V." It is my understanding that to date, gay, lesbian and bisexual issues have not yet been included and that the Committee on Gay, Lesbian and Bisexual Issues is in the process of producing a white paper for consideration. I will strongly advocate that this white paper receives equal attention as DSM V moves forward. In addition, I will work to assure that as the appointments for the DSM V Steering Committee and Work Groups are made there is adequate representation from the GLB community so that those psychiatrists with expertise and knowledge of diagnostic considerations and treatments relevant to this patient population are fully integrated into the DSM V process.

I am also aware that transgender issues merit special consideration because of the complicated and somewhat controversial relationship of the community to the diagnosis of gender identity disorder. Dr. Ruiz is in the process of establishing a Task Force on Transgender Issues and I will make sure that the efforts of this Task Force are appropriately represented in DSM V. In particular, APA must focus on evaluating the status and validity of diagnoses in this area and the efficacy of treatment. As with all work on the DSM V, it is critically important that any research efforts include psychiatrists with expertise in these particular diagnostic areas.

**Renee L. Binder, M.D.**

1). If elected, I will represent the interests of the Association of Gay and Lesbian Psychiatrists. I will continue the work that I have done throughout my professional career. For example, under my leadership as Chair of the Committee on Judicial Action, the APA signed on to an amicus curiae brief in the US Supreme Court case, *Lawrence v. Texas*. This case struck down sodomy laws in the U.S. I also was co-author of an APA resource document on child custody that

*Renee L. Binder, M.D.*

supported custody by gay and lesbian parents. In addition, I have been a discussant on APA panels and symposia that have addressed the issue of same sex civil marriage.

2). I feel strongly that mental health issues concerning the Lesbian, Gay, Bisexual, and Transgender communities should be included in the DSM-V. I have a history of advocacy concerning these issues. For example, in July 2006, I gave a presentation on Gender Identity Disorder to the Board of Trustees. My recommendation was that the APA should prepare a position statement or a resource document on the treatment of Gender Identity Disorder and create a Task Force on Transgender Issues. This was approved by the Board of Trustees.

**CANDIDATES FOR TRUSTEE-AT-LARGE****Roger Peele, M.D.***Roger Peele, M.D.*

1). As a Member of AGLP for two decades, I would expect to continue to support our organization's goals, strategies and tactics to reduce homophobia at all areas that are within the reach of the American Psychiatric Association. While we may win many battles over the years, it is sadly clear that we are a long ways from abolishing homophobia. As a "straight" psychiatrist, I see my role as one to support AGLP being heard, not as a spokesperson for AGLP. For example, I was among the ringleaders who obtained seats in the Assembly for Lesbian, Gay and Bisexual Psychiatrists as a recognized minority category two decades ago. I would welcome supporting other initiatives to be sure that AGLP gets a full hearing.

2). This is a very timely question given that by the date of this publication, the DSM-V Task Force is likely to have had its first meeting [scheduled for November 2 and 3, 2006]. I am a member of that Task Force. While I was not significantly involved in the early 1970s effort to remove "homosexuality" from DSM-II, I was part of the core group who successfully had "ego-dystonic homosexuality" removed from DSM-III-R. I would guess that the "Transgender" part of the question is likely to be a DSM-V issue. I await guidance from AGLP as to what changes are needed in DSM-V.



## APA Candidate Interviews

*Continued from page 8***Joseph E. V. Rubin, M.D.***Joseph E. V. Rubin, M.D.*

1). I would expect to establish and maintain a mutually accessible and close working relationship with the Association of Gay and Lesbian Psychiatrists. APA has a number of groups of informed and interested members such as yours, and I consider you and them to be among the great strengths of our organization. When your group and others have formal representation in our governance we call you a minority; in fact, together you constitute a sizeable and involved portion of our membership. Most importantly you draw the attention of our leadership and membership to issues of importance to access to care for gay, lesbian, bisexual, and transgender patients. I believe in the future that caucuses of members with shared interests should have greater roles in APA governance.

2) I am going to have to answer this question in a somewhat general way; I do not know enough about the mental health issues pertinent to the Gay, Lesbian, Bisexual, and Transgender communities. What I do know is that such issues exist, that they have historically been poorly recognized and even more poorly addressed, and that many of the reasons for this have been political and discriminatory. There is research evidence regarding the mental health needs of these communities, and our job at APA is to make sure it is considered and incorporated into our work, DSM-V development above all. The Association of Gay and Lesbian Psychiatrists will need to coordinate with other organizations of "minorities" to make sure its voice is heard at the level of the DSM Work Groups. It also will need to be heard at the Task Force (Steering Committee) level and it is the Board's responsibility to make sure this is accomplished. If elected, I will be alert to this need and will do what I can in cooperation with your organization to meet it.

**Jagannathan Srinivasaraghavan, M.D., D.F.A.P.A.***Jagannathan Srinivasaraghavan, M.D., D.F.A.P.A.*

1). I am an ethnic minority and am the APA Assembly Representative of the Caucus of Asian American Psychiatrists. I have been closely working with all Minority/Underrepresented Groups in the APA and in the past year Chaired the APA Assembly Committee of Representatives of M/UR Groups. I have organized many component workshops and issue workshops and have worked closely with members of your Association. Both at the annual meeting in Toronto and Institute in New York, I presented with members of Association of Gay and Lesbian Psychiatrists. My relationship will continue to be cordial, welcoming, open-minded and friendly with all your members to break barriers and to work

together on common concerns and issues.

2). First of all, any issues discussed in DSM-V should be devoid of statements that can be stigma producing to any minority groups, whether it is based on ethnic background, gender or sexual orientation. Where knowledge on mental health issues specific to any minority group is known, that knowledge should be disseminated. I would use my position to influence that we study and conduct research of biologic factors, epidemiology, precipitating and aggravating factors, course and outcome of illnesses with specific emphasis in different subgroups. As and when our knowledge reaches a threshold, I would support specific guidelines involving all the subgroups including Lesbian, Gay, Bisexual and Transgender individuals.

**CANDIDATES FOR MEMBER-IN-TRAINING TRUSTEE-ELECT****Chris E. M. Esguerra, M.D.***Chris E. M. Esguerra, M.D.*

1). As Member-in-Training Trustee Elect on the APA Board, I would make sure to maintain a strong relationship with AGLP as well as listen to its concerns and bring them to the board. I already share many of the concerns of AGLP's members, having joined as a member-in-training. Furthermore, I plan to engage other resident members of AGLP in order to allow our voices and concerns be heard by the APA.

2). I believe that DSM-V should address the need for and importance of sensitive care for our patients overall, not only through our practice, but also in the wording of its diagnostic criteria. This sensitivity to our patients should not only pertain to LGBT patients, but to

patients of any other minority or cultural background. As a gay Filipino, I feel that culturally competent and sensitive care is just good psychiatric practice. A specific issue in the upcoming DSM-V that I would closely monitor, provide input, and bring in concerns is the changes in the criteria for gender identity disorder.

**Samantha A. Shakman, M.D.****Lauren M. Sitzer, M.D., M.A., Ed.M.**

1). In order to address the major issues facing psychiatry, it is necessary to hear multiple perspectives. I plan to actively gather the input of the Association of Gay and Lesbian Psychiatrists along with other special interest groups by establishing personal relationships with individual members who can guide me to better understand and address important issues. I would seek to establish forums both in person and virtually, to gain the insight of diverse APA members. As the Member-in-Training Trustee Elect, I would strive to address the concerns of gay and lesbian trainees and educate all trainees regarding gender-related

*Continued on page 10*

## APA Candidate Interviews

*Continued from page 9**Lauren M. Sitzer, M.D., M.A., Ed.M.*

issues. In this capacity, I would aim to increase the focus in medical school, residency, and continuing medical education training on topics specifically related to the gay and lesbian population including discrimination, hate crimes, AIDS, gay and lesbian youth, and same sex marriage and adoption. If elected, I will be highly dedicated to continuing to increase the diversity of practitioners of psychiatry and eliciting varied opinions.

2). Given that the primary purpose of the DSM is to facilitate communication among mental health professionals, it is important that the DSM-V be a work that encourages providers to consider sexual identity in conjunction with

examining normative, age-specific developmental tasks. For any psychiatric diagnosis to be valid, the social influences on the course of a disease must be considered and it is necessary that it take into account a variety of factors such as race, language, religion, sexual identity and gender. In order to ensure that these issues are appropriately researched and addressed, providers must be comfortable taking a good sexual history, using gender neutral terms, distinguishing between sexual identity and sexual behavior, and remaining open to the idea of non-traditional relationships, which will foster open and trusting communication in a safe and tolerant environment, as the basis of sound research in the field.

**CANDIDATES FOR AREA 3 TRUSTEE****Houshang G. Hamadani, M.D.***Houshang G. Hamadani, M.D.*

1). I will continue to attend to the concern and interest of our gay and lesbian colleagues as I did during my tenure as Rep. of Area III. (as you may know I chaired the meeting of area III when we gave positive recommendation to the Assembly regarding the same sex marriage).

2). As a member of the board I would see to it that the special issues regarding the gay and lesbian population is taken into consideration. In the light of a new understanding of the subject of gender identity, revision of the section of gender identify disorder is necessary. Also I would recommend that the issues of adoption by same sex, same sex marriage and artificial insemination be mentioned in the appendix so when psychiatrists are faced with these issues among their parents and children, they can properly handle the situation.

**John C. Urbaitis, M.D.**

1). The AGLP representative in the Assembly would be one contact, and your leadership can designate others. I will be glad to confer with these members during the Assembly and Area Council Meetings, and I will be glad to maintain e-mail phone and other communication between meetings. In addition, I expect to stay available to any other Area 3 APA members with questions and concerns.

2). I assume the threshold criteria will be continued, i.e. a disorder is identified/diagnosed only in the presence of significant distress of compromised functioning. I expect other more specific concerns will arise, and as a member of the BOT I would assure that these are thoroughly discussed at both DSM Task Force and Assembly and BOT levels. I expect the leaders of AGLP will have further input, and I will be eager to learn of specific issues and concerns.

I worked with the DSM IV Task Force as Assembly Liaison, and know many of the leading people who are working on DSM V. I will be continuing my relationships with them, and will follow DSM V developments closely in many areas. With my long-term knowledge of the DSM process and my long-term service in APA Assembly and other components, I shall continue to meet and work with a wide range of people concerned with these issues.

I look forward to APA continuing to serve the needs and consider the concerns of all our many members.

**CANDIDATES FOR AREA 6 TRUSTEE****Thomas K. Ciesla, M.D.**

1). I am currently the incumbent Area 6 Trustee. I have had no formal relationship with AGLP, nor have I been solicited for that purpose. From my perspective as a voting member of the Board of Trustees, my duty of loyalty is primarily to the APA, and secondarily to my constituents in California, some of whom are AGLP members who are active in APA components and governance.

When issues come before the Board, I vote on them in whatever way seems reasonable and proper and in the best interests of the APA. For example, when the question of supporting gay civil marriage came before the Board in July 2005, I was among the Board members who voted to support it, and it became the official policy of the APA.

2). Your second question about the development of DSM-V as to "the mental health issues concerning the lesbian, gay, bisexual, and transgender communities" required some reflection on the proper role of the Board in its development. Even in 1973 when the Board courageously removed homosexuality *per se* from the DSM, the decision was based on science, notwithstanding the immense political conflict which that decision occasioned at the time. As you know, the DSM-V process is now under way, under the Board's overall supervision. The Board's duty is not to be expert in the many nosologic categories under review, but to ensure an orderly DSM-V process, free of politics, bias, conflicts of interest, and parochial concerns. Further, its duty is to assure that the process is put into the hands of knowledgeable scientists and clinicians in order to bring the best that modern psychiatric science has to offer to this immensely important task.

**Ravi Goklaney, M.D.**

•••

## New AGLP Resident Representative

Karl Jefferies, M.D.

It is with great enthusiasm that I accept the role of resident representative to the Association of Gay and Lesbian Psychiatrists. I look forward to working with the AGLP in continuing its historic work in advancing awareness and understanding of LGBT mental health issues and needs.

I am a first year resident in the psychiatry residency training program at the University of California, San Francisco, where I also just recently graduated from medical school. I am originally from Colorado, but have lived in the San Francisco Bay Area for the past 11 years. I completed my undergraduate degree in chemistry at the Colorado College in Colorado Springs, after which I moved on to the University of California, Davis. There I completed two years of graduate school in organic chemistry, followed by a teacher credentialing program in secondary science education. I taught chemistry to high school juniors and seniors for six years in San Francisco before I started my medical education.



Since coming out at the age of 21, I have taken on many different roles in the fight for LGBT equality. Many have been a bit more passive roles, like standing with thousands who protested the hateful anti-gay legislation Amendment 2 passed by the Colorado voters in 1992 or being an informal, confidential mentor to questioning

youth at the high school where I taught. Others were more active, like working to maintain funding and administrative support for a gay men's support group at UC Davis and being a faculty sponsor for a bold, though ultimately unsuccessful, student-driven petition to start a Gay-Straight Alliance at the Catholic school where I taught.

While at UCSE, after recognizing many deficiencies regarding LGBT health issues in the curriculum, a classmate and I petitioned the administration with ideas that we had to improve the education the students were receiving. For our efforts, my classmate and I received a Chancellor's Award for GLBT Leadership, and ultimately, a steering committee was created which was responsible for ensuring that sexuality was addressed at all levels of the School of Medicine's curriculum.

I live in the East Bay city of Berkeley, along with my partner of 12 years, David, and our two adopted sons Cole and Nathan, ages 6 and 5.

•••

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*Hilton San Diego Gaslamp Quarter, site of the AGLP Opening Reception, Sunday, May 20, 2007*

Our opening reception will be on Sunday, May 20, 2007, in the Corona Foyer of the Hilton San Diego Gaslamp Quarter, (401 K Street, San Diego, California, United States 92101) a beautiful room with outdoor balcony. We hope to attract many people, both AGLP and APA members, to our opening reception this year. Located in the heart of the historic Gaslamp Quarter, the Hilton is across the street from the San Diego Convention Center and two blocks from Petco Park.

• • •



*San Diego Convention Center*



*Skyline/Marina view from Pt. Loma*



*A Panda at the San Diego Zoo  
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*Balboa Park Reflecting Pool*

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