

NALGAP Reporter

*Serving the Lesbian, Gay,
Bisexual, and Transgender
Communities since 1979*

Volume. **XIX** No. 2 Summer, 2006

NATIONAL AND REGIONAL ACTIVITIES

NALGAP's Annual Conference Returns to NAADAC

This year NALGAP's Annual Conference will be held in conjunction with the country's largest professional addiction organization, NAADAC (The Association of Addiction Professionals). NAADAC has begun a tradition of holding their annual conference in conjunction with one of their state affiliates. This year's affiliate is CAADAC, so the conference will be held in Burbank, CA at the Burbank Hilton.

NAADAC and CAADAC have been extremely hospitable to NALGAP – all of the literature for this conference bills the conference as an equal partnership among the three organizations. It is an historic event for NALGAP to have equal status with these groups. We've come a long way from our earliest attempts to establish a gay and lesbian caucus at the NAADAC Conferences in the early '80's.

For the first time in recent years, there will be a NALGAP

SAVE THE DATES!

■ NORTHEAST

Cape Cod Symposium on Addictive Disorders
Hyannis, MA, Sept. 7-10

■ NATIONAL

In partnership with NAADAC & CADAAC
Burbank, CA, Sept. 28-Oct. 1

■ MIDWEST

SASH (Society for the Advancement of Sexual Health)
Chicago, Oct. 19-21

■ MARRCH

(Minnesota Association for Resources and Recovery and Chemical Health)
St. Paul, MN, Oct. 24-26

track throughout the conference! In addition to an opening Cultural Diversity Plenary session where three NALGAP presenters will cover issues on bisexuality, women of color, and co-occurring disorders, there will be a NALGAP workshop offered during every breakout session at the conference.

Thursday evening will feature a nationally known gay celebrity who will share a recovery story. Saturday will include our NALGAP

Membership Lunch, and we will present our Annual Awards together with the other two organizations at a special awards dinner followed by a dance. Participants will be invited to sign dance cards if they want to dance with board members. Funds raised by NALGAP Board Members will go directly into assisting with the costs of this conference and other NALGAP activities.

NALGAP members will receive discounted registrations for this great event. Our Board will have it's only face-to-face annual meeting the day prior to the conference, and we will share highlights at the Membership Lunch on Saturday.

**CAADAC/NAADAC/NALGAP Annual Conference
Information: Strengthening the Addiction Workforce:
Building for the Future**

**Sept. 28 - Oct. 1, 2006
Hilton Burbank Airport and Convention Center
Burbank, California**

Go to the link below for information about registration, the hotel, discounts for airfare and other great items:

<http://naadac.org/documents/display.php?DocumentID=170a>

Nalgap Partners with Cape Cod Symposium

For the past several years, the prestigious Cape Cod Symposium on Addictive Disorders has requested that NALGAP offer workshops within the Symposium. Last year NALGAP named the Symposium one of three Regional NALGAP Gatherings. This year the Symposium welcomes NALGAP as a partner!



There will be two very informative NALGAP workshops plus a post conference offering.

Joe Amico and Phil McCabe will repeat their workshop on Crystal Meth that received a standing-room only reception at SECAD last year. Rainbow Bridge, a non profit organization, will share how they organized Town Hall Meetings in several CA communities around the issue of crystal meth. Sunday's post conference training on GLBT Cultural Diversity issues will include

board members Phil McCabe, Marge Charmoli, Penny Ziegler, and Cheryl Reese.

Prior to the Saturday evening session, NALGAP will hold a Dessert Reception for members and those interested in NALGAP.

CONFERENCE INFORMATION: 19th Annual Cape Cod Symposium on Addictive Disorders

September 7-10, 2006
The Four Points Sheraton Hyannis, MA

For more information visit:
<http://www.ccsad.com/>

NALGAP President Hosts Regional Gatherings

In addition to our Annual Conference in Burbank and our partnering with the Cape Cod Symposium, President Joe Amico will be presenting at the SASH (Society for the Advancement of Sexual Health), EAPA (Employee Assistance Professionals Association), and MARRCH Annual Conferences. While there, he would like to meet with any NALGAP members attending the conference or in the area. Stop by the Alternatives booth in the Exhibit Hall at any of the conferences to get details and meet up for a "regional" NALGAP Gathering. Details for each conference are

listed below:

EAPA's 2006 Annual World EAP Conference

October 6-8, 2006
Gaylord Opryland Resort and Conference Center in Nashville, Tennessee

<http://www.eapassn.org/public/pages/index.cfm?pageid=787>

17th Annual SASH National Conference "Creating a Culture of Healthy Sexuality: Education and Enrichment"

October 19-21, 2006
Hyatt Regency McCormick Place Hotel Chicago, IL

http://sash.net/addicts/conference_main.aspx

Minnesota Association of Resources for Recover and Chemical Health Annual Conference (MARRCH)

October 24-26, 2006
River Centre in St. Paul, MN

http://marrch.org/displaycommon.cfm?an=1&subarticle_nbr=19 (no spaces)

Finnegan-McNally NALGAP Founders Award to Bob Cabaj

The Finnegan-McNally NALGAP Founders Award will be given, at the discretion of the NALGAP Board of Directors, to individuals whose professional and/or volunteer activities over a period of 25 years or more reflect the

The wonder is not that he does all these things, but that he does them and still has time for a rich personal life and for his development as a creative, mature human being.

examples set by NALGAP's co-founders, supports and furthers NALGAP's mission, and improves opportunities for LGBT individuals to benefit from substance abuse prevention treatment, and recovery support programs and services."

It seems only right that Bob Cabaj should be the recipient of the Finnegan-McNally NALGAP Founders Award, honoring him for over 25 years of dedication to the cause of LGBT substance abuse treatment. He will be given the Award at the NALGAP Annual Conference in Burbank. A quick look at Bob's life experiences clearly supports his receiving this award.

Currently, Bob is Director of Community Behavioral Health Services, San Francisco Department of Public Health; a psychiatrist in private practice; and an Associate Clinical Professor in Psychiatry at the University of California, San Francisco.

He graduated from Notre Dame in 1970, from Harvard Medical School in 1974, and completed his Residence in Psychiatry at Cambridge Hospital in 1977.

He began his volunteer work

for the LGBT community early — from 1975–81 at the Homophile Community Health Service in Boston as a Supervisor, Consultant; from 1986-91 as Co-Chair of PRIDE Institute's



Bob Cabaj, recipient of the Finnegan-McNally NALGAP Founders Award

National Advisory Board. He has continued to this day — providing services to the Centers for Disease Control, to the Dept. of Health and Human Services, to SAMHSA, to CSAT; serving as Board member, officer of such organizations as the Association of Gay/Lesbian Psychiatrists, NALGAP, California Psychiatric Assoc., and the Gay and Lesbian Medical Assoc.

In addition, he has given many lectures, papers, presentations to professional groups; written numerous articles, including chapters for *The Textbook of Homosexuality and Mental Health* (1996); and taught, supervised, and mentored many medical students from UCSF.

The wonder is not that he does all these things, but that he does them and still has time for a rich personal life and for his development as a creative, mature human being.

Bob is richly deserving of this award that recognizes his accomplishments and who he is as a person.

In Memoriam

In one month's time, we have lost two of our pioneers and leaders, two of the people who have led the way for us in the ongoing fight for our rights, our dignity, our lives.

The National Gay and Lesbian Task Force speaks for all of us in our loss of Eric Rofes.

Task Force Mourns Death of Eric Rofes, A Leader, Activist and Visionary

WASHINGTON, June 27 — The National Gay and Lesbian Task Force mourns the death of Eric Rofes, a leader, activist, visionary, former board member and dear friend to the Task Force. He died yesterday as the result of a heart attack.

"... a brilliant thinker and writer, and above all else, a wonderful person and friend."

"Words cannot express the loss we all feel. For more than 30 years, Eric was our movement's visionary. He pushed us to be better, to never lose sight of what our movement for liberation is all about, and to love each other, fight for each other and celebrate our community. He was an organizer without par, a brilliant thinker

and writer, and above all else, a wonderful friend.

Our hearts go out to his partner Crispin Hollings and all the members of his extended family.”

Matt Foreman, executive director of the National Gay and Lesbian Task Force

“Eric Rofes was one of the most extraordinary voices in our community. He spoke —



Eric’s death is a loss to all of us, of a rare voice of truth.”

and suffused others — with the joy of being who we are. His leadership in the communities where he lived, and in the national community, contributed enormously to our understanding of the need

for honest discussions about the LGBT community and its issues. Eric’s death is a loss to all of us, of a rare voice of truth.”

Task Force board member Loren Ostrow, co-chair of the Los Angeles Gay and Lesbian Center

“Eric fought fiercely and organized tirelessly for our freedoms to love, to live and to thrive. His leadership and energy guided much early organizing in Boston. Eric and other Boston organizers morphed into the famed ‘Boston Mafia,’ a cadre of activists who left the city and assumed leadership positions in LGBT and AIDS organizations in New York,

“... he will always be remembered as a world changer who showed us the way.”

Washington, D.C., San Francisco and Los Angeles. I met Eric at *Gay Community News* in 1983 when, as a greenhorn from the Midwest, I was honored to learn and grow in his political light and determination to change the social and political space we queerfolk occupy. Eric's circles of friends go far beyond Boston, and he will always be remembered as a world changer who showed us the way. No better memorial can be built to him than to walk his path to freedom, to liberation and to democracy.”

Sue Hyde, director of the Task Force’s Creating Change Conference

“Eric Rofes was a strong feminist who was never afraid to put his privilege on the line for those around him. He bore witness to every major issue for three decades as he talked about war, homelessness, HIV, violence, health, reframing our families, sex and sexuality. His gentle spirit will be sorely missed.”

Kerry Lobel, former executive director of the Task Force

About Eric Rofes

Eric Rofes started his activism in the 1970s in Boston where he worked on *Gay Community News*. He was a founder of Boston's first group for lesbian, gay, bisexual and transgender (LGBT) teachers, two of the first LGBT youth groups in the country and the first Boston-based group focused on organizing gay and lesbian voters (Boston Lesbian and Gay Political Alliance). He was a founding member of the Boston Men's Childcare Collective, which provided childcare at women's music concerts and shelters for battered women.

He was an elected delegate to the 1980 White House Conference on the Family.

From October 1985 to April 1988, Rofes served as executive director of the Los Angeles Gay and Lesbian Community Services Center, the largest LGBT non-profit organization in the world. The center initiated some of the nation's first HIV prevention programs, created a shelter for LGBT and homeless youth and

opened the first and largest HIV testing site in California. In 1989, Rofes became executive director of Shanti Project, a pioneering AIDS service group in San Francisco.

He served as a member of the Los Angeles AIDS Commission and the San Francisco Ryan White Council, and was a board member of the National Gay and Lesbian Task Force from 1989 to 1994, the National Lesbian & Gay Health Association and the Funding Exchange's OutFund for Gay Liberation. Rofes co-chaired the Southern California No on LaRouche Committee, which successfully defeated a statewide AIDS quarantine initiative. At the time of his death, he served on the board of the Woodhull Freedom Foundation.

He led the organizing of three national summits focused on the health and wellness of gay male communities, including the most recent summit in October 2005 in Salt Lake City. From 1999 to the time of his death, Rofes was an associate professor of education at Humboldt State University in Arcata, California.

He was a major contributor to the Task Force's Creating Change conference, which he attended annually and where he presented some of the most challenging and stimulating material.

In addition, he published 12 books, including *Reviving the Tribe: Regenerating Gay Men's Sexuality and Culture in an Ongoing Epidemic* (Haworth, 1996) and *Dry Bones Breathe:*

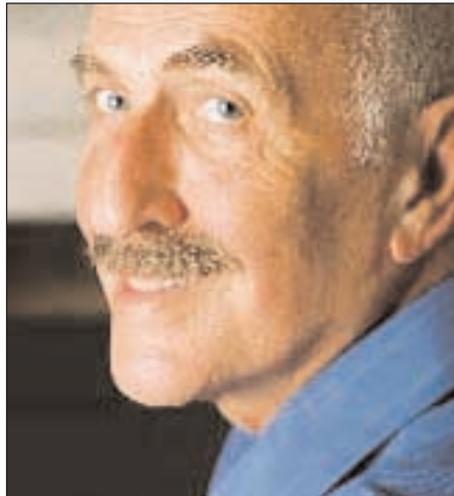
Gay Men Creating Post-AIDS Identities and Cultures (Haworth, 1998).

MEDIA CONTACT:

Roberta Sklar, Director of Communications
media@thetaskforce.org
646.358.1465

AIB Mourns the death of founder, Dr. Fritz Klein

12/27/32 - 5/24/06



The American Institute of Bisexuality (AIB) announces and mourns the loss of Dr. Fritz Klein, AIB's founder and Board Chairman. He died Wednesday morning, May 24, following a cardiac arrest at home in San Diego, California. He was 73.

Born Fred Klein, Dr. Klein is best known for his pioneering sex research and the development of the multi-dimensional Klein Sexual Orientation Grid, which measures the complexity and fluidity of sexual orientation.

The Klein Grid, first published in 1978, expanded on the "zero to

six" Kinsey scale. The Klein Grid measures actual sexual experiences, but also sexual attractions, fantasies, emotional preference, social preference, lifestyle and self-identification as they relate to a person's past, present and ideal future. Klein's research showed that these factors can change over time for an individual, and vary not just between but also within groups of straight, gay and bisexual people. He concluded that people generalize from their own experiences and feelings to assume, often wrongly, that other people must experience their own sexual orientations the same way.

As a result, Klein concluded sexual orientations are too complex to be broken into simple, well-defined categories. Nonetheless, he was a tireless activist especially concerning bisexual issues and community. He was known all over the world for his groundbreaking research and writing, ranging from the academic publication of the Klein Grid in the *Journal of Homo-sexuality* in 1985 to popular books and articles concerning bisexuality, as well as a novel, *Life, Sex and the Pursuit of Happiness* published in 2005 by Harrington Park Press.

Klein was born in Vienna, Austria in 1932. While still a small boy, he fled with his family to New York City to escape anti-Semitism and the impending war. He later studied medicine in Switzerland at Bern University and received an MBA from Columbia University. Dr. Klein was a board-certified psychiatrist for 30 years in New York and San

Diego until his retirement. Early in his career, he realized that there was a void in knowledge about sexual orientation, specifically in the area of bisexuality. He placed an ad in the Village Voice for a meeting that resulted in the creation in New York of the "Bisexual Forum," which recently celebrated its 20th anniversary. During this period he wrote *The Bisexual Option*, 1978, and co-authored: *Man, His Body, His Sex* (Doubleday & Co.) in 1978.

After moving to San Diego, Dr. Klein founded the "Bisexual Forum" for that city in 1982, wrote several books, and founded and became Editor of *The Journal of Bisexuality*.

Dr. Klein founded the American Institute of Bisexuality (AIB), a public benefit charity, in 1998 to encourage, support and assist research and education about bisexuality, and served as Chairman of the Board up until his death. He was known for being outspoken, controversial and compassionate, and for his love and support of theater and the arts.

In the ongoing struggle of LGBT people to obtain the civil rights that every American is entitled to, in the ongoing struggle for recognition and equality — these two pioneers will be sorely missed. But their spirits will continue to inspire us and light our way.

President's Corner

This fall promises to be the most ambitious conference season ever for NALGAP.

Currently NALGAP will be represented in at least five national conferences in seven weeks during September and October. My hope is that you will



be able to attend at least part of one of these great events to connect with other NALGAP members and become more active in our vital organization, the only national organization that has advocated for GLBT concerns in addiction treatment for 27 years.

Details for all these conferences are located here in the Reporter and on our web site. The Board has worked hard at developing ongoing relationships with the four national organizations in co-sponsoring these conferences. We are pleased to have been invited to the table and to be in such prominent placement at these events.

In addition, we have finally initiated a members list serve! Many of you requested this addition to our services. We are indebted to our Vice President, Phil McCabe, for bringing this project to a reality. You'll find instructions on how to join this list serve on the NALGAP website—www.nalgap.org. I am

a member of several other professional list serves and find them of great value in sharing resources, ideas for working with difficult/unique clients, and getting the word out on various activities.

You may have noticed a new look in The NALGAP Reporter these last two issues. We are indebted to Alternatives, Inc. for publishing this colorful edition. Also, I am always grateful to our editors, Dana Finnegan and Emily McNally, for their tireless efforts in keeping this publication going.

For a small organization with limited funds, I believe we offer our members tremendous services. Each month our board meets via conference call and reviews requests that come into our office via telephone and emails: graduate students looking for resources, programs seeking inservices on GLBT issues, individuals seeking support in recovery, to name a few.

In September we will elect our officers for another year and seek nominations for additional board members. Please consider becoming more involved and letting a board member know the ways you would like to serve: as a board member, fund raising, speakers bureau, or something else you'd like to offer. Just make it known.

Hope to see you this fall,

Joe Amico, President
818-502-2271 joecd1@aol.com

Addiction Psychiatric Help: *The Doctor is Out...*

Dear Dr. Penny:

I've been in recovery for 12 years now, and somehow I managed to escape getting infected during the early HIV epidemic. Now I've discovered that I have hepatitis C. I was into cocaine and alcohol, but never used needles. How did I get infected? My doctor told me I probably don't need treatment because my liver is functioning normally. Does this sound like good advice, or should I be seeing a specialist? Does hepatitis treatment work?

— **Frightened in Fresno**

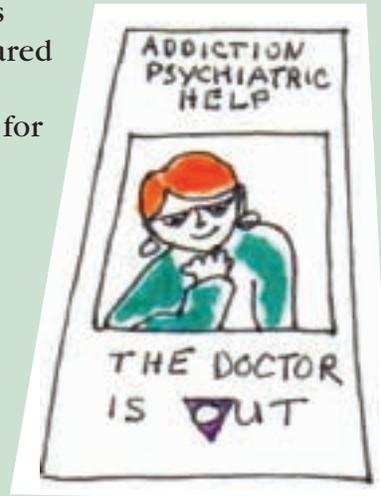
Dear Frightened in Fresno:

Hepatitis C is a viral infection that is transmitted through contact between the blood of an infected individual and the blood or mucous membranes of another person. It is rarely if ever sexually transmitted. The majority of infected persons have a history of having received blood transfusions, blood products, or having been injection drug users. However, sharp instruments contaminated with even tiny amounts of blood can be the source of in-

fection, and this may include shared razors, toothbrushes, straws for nasal drug use, nail files and clippers. Some infected persons have no apparent source of infection.

Once the virus enters an individual's blood stream, it invades cells and multiplies, then produces a viral illness similar to the flu, which may be very mild. A certain percentage of people recover completely and clear the virus. For the rest, a period of low-grade chronic infection begins which goes undetected for 10 to 15 years. People usually discover they are infected when a blood profile shows mildly elevated liver enzymes. Follow-up testing reveals the presence of the virus.

Once the virus enters an individual's blood stream, it invades cells and multiplies, then produces a viral illness similar to the flu, which may be very mild.



Decisions about treatment for hepatitis C (HCV) are usually based on the results of a series of blood tests followed by a liver biopsy. These tests will provide your treating physician with important information about the stage of your viral

infection, the genotype of your virus, how much virus you have in your system (viral load), and how much damage has already been done to

This viral infection has now become the most common reason for liver transplant.

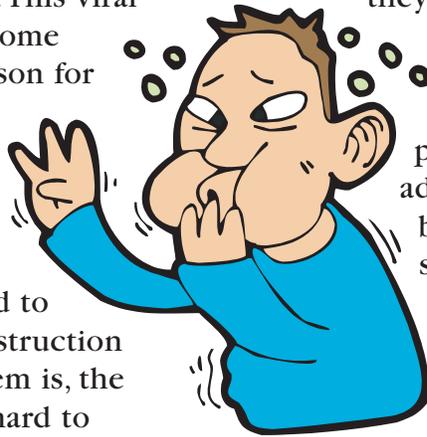
your liver. There are 3 known genotypes of this virus in humans; Type I is the most common in the U.S., while II and III are more common in Europe. Type I is the most resistant to treatment with the current treatment protocol, which is peginterferon plus ribavirin taken for 12 to 18 months. Types II and III usually respond to the same regimen in 6 months or less.

Liver damage from untreated hepatitis C often

progresses slowly but relentlessly, destroying healthy tissue and replacing it with nodules and fibrous bands, and resulting in cirrhosis and ultimately liver failure. This viral infection has now become the most common reason for liver transplant. Since the progression of active viral infection is relentless, most people who have the virus should be treated to prevent or halt the destruction of the liver. The problem is, the treatment regimen is hard to tolerate. Most people feel tired and sluggish in the early stages of taking the medication. A smaller number experience nausea, loss of appetite, weight loss and a general feeling of being sick. Depression is also common, especially when one has a past history of depression.

For people in recovery, feeling sick and feeling depressed can be relapse triggers. It is very important that your recovery program be as strong as possible during the treatment period, with action taken including increasing your frequency of meetings, increasing contact with your sponsor, involvement in service work and Step work, and seeking help from a counselor and/or addiction psychiatrist for symptoms of depression and cravings for alcohol and

other drugs. Many physicians and clinics that treat Hepatitis C are reluctant to accept patients who are in early recovery because of fear that they will relapse.



However, with strong support, people with addiction can be treated successfully for HCV at any stage of recovery.

Some persons should not take the medications for Hepatitis C. These include those with advanced HIV disease who have severely compromised immune systems; women who are pregnant or may become pregnant, or men or women who have female partners who are pregnant or may

become pregnant; persons who have demonstrated allergic reactions to either Interferon or Ribavirin or who have toxic/chemical or autoimmune hepatitis; persons in liver failure or with sickle cell disease or thalassemia major. The therapy has many potential side effects and drug-drug interactions with antiretroviral agents used to treat HIV. It should be managed by specially trained infectious disease or gastroenterology physicians or others with experience treating viral hepatitis.

In spite of all these warnings, I would still encourage you to

The earlier you begin the treatment process, the better the chances of preserving your liver and enjoying the fruits of your hard-won recovery.

contact a specialist or specialty clinic in your area and get evaluated. Hopefully you can also find a support group for persons recovering from both addiction and viral hepatitis. The Internet has a wealth of information on the subject, including a website, hcvanonymous.com, a group using the 12 Steps in their recovery from hepatitis. Their home page contains many links to other sites for information, support and guidance. The earlier you begin the treatment process, the better the chances of preserving your liver and enjoying the fruits of your hard-won recovery.



Want to Join NALGAP?
Visit our website and register online: www.nalgap.org

NALGAP REPORTER
Published and Edited by:

Dana G. Finnegan, PhD, CAC
drdanafinn@comcast.net

Emily B. McNally, PhD, CAC
emcnally@psychoanalysis.net

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