EXHIBIT 10A

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12	or the country of shirth direction	GORDON PA	ARK-LI, Clerk
13	SUPERIOR COURT OF THE STATE OF CALIFORNIA Deputy Clark		
14	COUNTY OF SAN FRANCISCO		
15	UNLIMITED CIVIL JURISDICTION		
16			
17	Coordination Proceeding	JUDICIAL COUNCI	L COORDINATION
18	Special Title (Rule 1550(b)) MARRIAGE CASES	PROCEEDING NO.	4365
19	CITY AND COUNTY OF SAN	Case No. 429-539 (Consolidated with C	ase No. 504-038)
20	FRANCISCO, a charter city and county,	DECLARATION O	,
21	Plaintiff/Petitioner,	GALATZER-LEVY CITY AND COUNT	IN SUPPORT OF
22	vs.	FRANCISCO'S COI CHALLENGE TO N	NSTITUTIONAL
23	STATE OF CALIFORNIA, et al.	STATUTES	MARKIAGE
24	Defendants/Respondents.	Haaring D. (WD D
-		Hearing Date: Hearing Judge:	TBD Richard A. Kramer
25		Time: Place:	TBD 304
26		Date Action Filed:	March 11, 2004
27		Trial Date:	Not set
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I, Robert Galatzer-Levy, declare as follows:

- I know the facts stated herein of my own personal knowledge, except those facts known on information and belief, and if called as a witness I could and would testify competently thereto.
- 2. I am a psychiatrist, a psychoanalyst, a child and adolescent psychiatrist and a Lecturer in psychiatry at the University of Chicago. I received an M.D. from the Washington University School of Medicine in 1971. I was licensed as a physician by the State of Illinois in 1974 following a Residency in Psychiatry at the University of Chicago. I have maintained a private practice in psychiatry since that time. I have been a member of the American Psychoanalytic Association since 1984 and have served on a number of committees within that organization, including as chair of its Committee on Scientific Activities. I have co-authored or co-edited four books in my field, including *The Course of Gay and Lesbian Lives: Social and Psychoanalytic Perspectives*, which was co-authored with Dr. Bertram J. Cohler and published in 2000. A true and correct copy of my *curriculum vitae* is attached hereto as Exhibit A.
- 3. Between 1994 and 2000, I conducted an extensive study of the classification of homosexuality as a disease or mental illness. I conducted this study in my role as a member of the American Psychoanalytic Association's Committee on Scientific Activities. At that time, the American Psychoanalytic Association was the only one of the major mental health providers' professional associations that had failed to adopt the position that homosexuality was not a disease or mental illness. The other major associations, including the American Psychiatric Association and the American Psychological Association, adopted this position in the 1970's. My committee was asked to review existing literature and conduct research on the issue and make a recommendation to the association as to the adoption of an official position.
- 4. In conducting this study, I extensively reviewed the scientific literature on this topic. A complete list of the literature I reviewed in connection with this study can be found in the References section of *The Course of Gay and Lesbian Lives: Social and Psychoanalytic Perspectives*. I also relied upon my years of experience in private practice, during which I have treated numerous individuals who happened to be gay or lesbian.

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- 5. As a result of the study, I concluded that homosexuality is not a disease or mental illness. Based upon this study, the committee recommended that the American Psychoanalytic Association adopt an official position that homosexuality is not a disease or mental illness. The Association did so shortly thereafter.
- 6. The research conducted in connection with this study later became the basis for my book, *The Course of Gay and Lesbian Lives: Social and Psychoanalytic Perspectives.* Some of the specific conclusions I reached, and their bases, are explained in greater detail below.
- 7. Same-gender sexual orientation is not a disease or mental illness. This conclusion has been widely adopted in the medical community, including, as previously stated, by the major mental health providers' organizations. The conclusion is based upon three primary factors.
- 8. First, same-gender sexual orientation is pervasive. Homosexuality appears in all contexts and is pervasive in the sense that it is found throughout history and all cultures in which it has been studied.
- 9. Second, to be classified as a mental illness or disease, a condition must inherently stress the health of the individual. Homosexuality causes no such inherent stress. Generally, the mental health of homosexuals does not inherently differ from that of heterosexuals. Any additional stress specific to the mental health of homosexuals is the product of being the object of societal disdain and oppression; it is not caused by the same-gender sexual orientation of the individual.
- 10. Third, to be classified as a disease or mental illness, a condition must be discrete. That is, there must be a bright line methodology for determining whether an individual is afflicted with the condition. For example, pneumonia is discrete in the sense that it is possible to medically determine whether an individual has pneumonia or not. A person cannot be suffering from pneumonia somewhat. Rather, he suffers from pneumonia or he does not. This is not true of sexual orientation. The sexual orientation of any given individual falls within a spectrum

- between same-gender orientation and opposite-gender orientation. Nearly all heterosexual people are capable of some homosexual response, and nearly all homosexual people are capable of some heterosexual response. Hence, no sharp line distinguishes homosexuality and heterosexuality.
- 11. The conclusion that homosexuality is not a disease or mental defect leads me to conclude that the fact of homosexuality does not inherently affect the individual's ability to contribute to society. As previously stated, homosexuality does not inherently stress the health of the individual. Because of this, there is no increased instance of psychiatric illness in gay and lesbian individuals except that which is the result of oppression or societal disdain. Freud was said to describe mental health as the capacity to love and work. Thus, a mentally healthy individual is capable of work and thus contributing to society and the homosexual individual is equally capable as other individuals to contribute to society.
- support for my conclusion that homosexuality does not affect one's ability to contribute to society. As opportunities to participate in the larger society have increased, we find more and more openly gay and lesbian individuals visibly active in society. For example, there is currently a large and growing number of openly gay and lesbian elected officials. Gay and lesbian individuals also occupy a very wide range of occupations and social positions. There is no indication that sexual orientation limits occupation with the exception of the limitations imposed through active discrimination. Additionally, gay and lesbian individuals have been effective in addressing the problems of other gay and lesbian people. The capability of gay and lesbian people to organize an effective response to the HIV crisis is an indication of the ability to a significant segment of the gay and lesbian population to respond in a socially responsible way to a social crisis.
- 13. Gay and lesbian individuals also make a significant contribution to society in their role as parents. As a child and adolescent psychiatrist and psychoanalyst I have wide professional experience and knowledge regarding the psychological development and needs of children and adolescents generally. I have worked extensively with gay and lesbian parents and

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their children in my private practice. I have participated as an expert in many child custody cases involving one or more gay or lesbian parents. I have also reviewed a large volume of research on this topic, including two outcome studies which examined differences between children raised in gay and lesbian households and those raised by heterosexual parents. A chapter in the book The Scientific Basis of Child Custody Decisions, which I co-edited, an extensive review of parenting by gay and lesbian individuals, supports the opinions expressed here.

The fact that the institution of marriage has been unavailable to gay and lesbian 14. parents has and does, in my experience, adversely affect the children of those relationships. Children form bonds with their caretakers, regardless of the legal status of those caretakers' relationship. If a couple is not married, the child being raised by that couple loses many legal protections afforded to children of married parents. If the couple separates, the child of a homosexual couple can be horribly damaged when one psychological parent loses legal status. This damage could be prevented by his or her parents being married.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 1st Day of September, 2004.

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