

the LOUISIANA PSYCHIATRIC MEDICAL ASSOCIATION Newsletter



LPMA IS A BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

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APA DISTINGUISHED FELLOWS ANNOUNCED

Congratulations to Drs. D. Dale Archer, David S. Dawes and A. Kenison Roy, III who were elected to the status of Distinguished Fellow of the American Psychiatric Association. Their election reflects recognition by their peers of their outstanding abilities, talents and contributions. They will receive a special medallion at the Convocation of Fellows at the APA Annual Meeting in Atlanta on May 23, 2005.

Dr. Dale Archer is the Founder, Director and CEO of the Institute for Neuropsychiatry in Lake Charles and the Medical Director for psychiatric services at Lake Charles Memorial Hospital. He also directs the psychiatric outpatient rehab services and the intensive



Dr. Dale Archer

outpatient substance abuse clinic. He has been instrumental in maintaining support staffing and bed availability for a diverse age group inclusive of adolescents, adults and the geriatric population.

Dr. Archer graduated from Tulane University cum laude with a BA degree in Philosophy. He was selected to be a Tulane scholar and was elected to Phi Beta Kappa. He received a medical degree from the University of Texas Health Sciences Center in San Antonio where he also completed a psychiatry residency. He is a Diplomate of the American Board of Psychiatry and Neurology (ABPN). Through telemedicine he provides consultation and continuity of services to those that reside in rural areas. He contributes to academic advancement via the LSU School of Medicine in Shreveport, particularly providing psychiatric consultation by telemedicine to the family practice residents and staff who are treating individuals with developmental disabilities. Dr. Archer has appeared on various TV programs and radio talk shows to enhance mental health education and has presented numerous papers on a local and national level.

Dr. Archer served on the LPMA Public Affairs and Governmental Affairs Committees and co-

chaired the Budget Committee. He was a member of both the Calcasieu Parish Medical Society Impaired Physician and the Lake Charles Memorial Hospital Impaired Physician committees. He served on the Calcasieu Parish Mental Health Advisory Board.

Dr. David Dawes is the Medical Director for the Lafayette General Medical Center Mental Health Unit and Associate Medical Director of the Lifecare Partial Program. He is in private outpatient practice at the Neuropsychiatric Clinic



Dr. David Dawes

in Lafayette. He does inpatient and consulting work and ECT at Lafayette General Medical Center.

Dr. Dawes graduated from LSU in Baton Rouge and received a medical degree from the LSU Medical Center in Shreveport. He completed a psychiatric residency at the University of New Mexico School of Medicine and VA Hospital. He is board certified by ABPN and has added qualifications in Geriatric Psychiatry. He instructs family practice residents and nursing students at Lafayette General Medical Center. He is the Secretary for the CME of Acadiana.

Dr. Dawes was president of the Acadiana Psychiatric Association and Vice President of LPMA. He is a member of the advisory Board and a speaker for the Alzheimer's Association of Acadiana. He



Dr. A. Kenison Roy, III

also gives talks to the Sickle Cell Support Group. He teaches both adults and adolescents at the Asbury United Methodist Church.

Dr. A. Kenison Roy, III is the Medical Director of New Freedom, Inc., an outpatient treatment program. He is also

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RE-ENERGIZING LPMA LOCAL CHAPTERS & RAMPING UP LPMA COMMITTEES

DAVID EDWARD POST, M.D. PRESIDENT

Recently, I received a letter from the Louisiana State Board of Medical Examiners who expressed their appreciation to the LPMA for keeping them informed about the issue of psychologist prescribing. In response, the LSBME notes that they are: *"embarking on a rule making efforts to regulate physicians who supervise, collaborate, or otherwise consult with mid-level practitioners..."* LPMA will remain in communication with the Board of Medicine so that we can be of help to the Board in their rule making efforts.

I have also continued to attend the Public Mental Health Review Commission meetings in Baton Rouge. These important meetings address many aspects of public mental health care delivery. I also wish to express my appreciation to both Dr. Patricia Touns and Dr. Jodie Holloway for taking the time to attend as well. Their presence allowed your LPMA a better opportunity to participate in the Adult, Child, and Forensic mental health workgroups. (See "Project Legacy" at www.lpma.net for more details.)

As I round the 'final turn' of my LPMA Presidential lap, I am claiming victory on behalf of the LPMA General Membership, who has long commented about having a larger voice in the LPMA. To reach out to our general membership, we surveyed the membership at our Fall 2004 meeting. I am pleased to report that your responses were most thoughtful and creative.

If the strategic planning data is acted upon, LPMA will certainly be better positioned to address the many challenges LPMA will surely face in the years ahead. As well, our patients are also counting on us to advocate for them.

Yet, for a vibrant LPMA, we need your help and participation to follow through on the great ideas submitted.

For those who are truly motivated to get involved, opportunities for participation abound!

Synthesis of the LPMA Survey Raw Data includes:

- 1) Improved Communication (overall) and with LPMA committees;
- 2) Annual Strategic Planning Surveys;
- 3) Better delineation of specific work assignments for committees;
- 4) Improved public Liaison with other community organizations;

- 5) Improved Public Education about Mental Illness;
- 6) Improved Awareness about the LPMA and the role of psychiatrists;
- 7) Improved Recruiting Efforts (particularly of Members-in-Training and Early Career Psychiatrists);
- 8) Increased Rotation of LPMA meetings in the state of Louisiana; and
- 9) Re-energizing local LPMA Chapter meetings. To 'get the ball rolling,' I set up email discussion groups for all of our committees and local chapters.

You will hear more about this initiative as I orient Committee Chairs and Chapter Presidents. I encourage each of you to come to Sandestin (April 15-17) and participate in sharing your ideas and seeing how you can get involved. Additional thanks to Tulane for their role in organizing the CME program.

Please consider attending the LPMA Spring Sandestin meeting; I also urge you to attend the next meeting of your local LPMA Chapter.

LPMA's effectiveness is in direct proportion to LPMA's grassroots and general member involvement. Translation: Your LPMA needs your involvement at the level of your local Chapter and at the level of the LPMA Committees!

Again, I remind local chapters to consider holding some meetings at member homes rather than having only pharmaceutical talks. Additionally, holding such meetings on a consistent schedule (ex: such as on the 3rd Tuesday) helps members in their scheduling efforts. One way some members might help out could be to offer their home as a site for a local chapter meeting.

On other fronts...I remind members that the annual American Psychiatric Meeting (APA) meeting is in Atlanta in May. The theme of this year's meeting is Psychosomatic Medicine. I am encouraged to see an emphasis on Psychiatry's role within General Medical. Psychiatrists know that conditions like: diabetes, gastrointestinal disease, and cardiovascular disease are all influenced by one's mental health. The numerous APA programs and symposia are very impressive.

I will look forward to seeing each of you in Sandestin and perhaps (hopefully) also in Atlanta! Remember, LPMA wants and needs your continued ideas and participation! ■

CONTRIBUTIONS WELCOME

Contributions to the LPMA Newsletter are welcome. Both personal and professional items of interest in written or photograph form are sought. Every effort will be made to preserve the spirit and intent of the author when it is necessary to shorten or edit an article. Authors' opinions do not necessarily reflect the official opinion of the Louisiana Psychiatric Medical Association. Letters to the editor and responses to those letters are also welcome.

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PATIENT-SAFETY CONCERNS DON'T DELAY IMPLEMENTATION OF PRESCRIBING LAW

BY AARON LEVIN

Louisiana regulators heard one more round of comments on the state's new law governing prescribing privileges for psychiatrists in November and expect to implement rules governing prescriptive authority soon.

"The rule should become final on January 20, barring any unforeseen problems," said Brenda C. Ward, executive director of the Louisiana State Board of Examiners of Psychologists.

Representatives of APA and other medical groups again registered objections to the draft regulations at the hearing, while officials of the Louisiana Psychological and American Psychological Associations offered their support. However, the board made no substantial changes to the draft.

David Edward Post, M.D., a Baton Rouge psychiatrist and president of the Louisiana Psychiatric Medical Association acknowledged the duty of the psychology examiners board to implement the new law, but also said that proposed regulations "fail to protect patients, fail to establish adequate training requirements, and do not address access-to-care issues."

Patient safety could be compromised because the proposed rules do not require prescribing psychologists to have any contact with a physician during training or to undergo any medically supervised clinical experience with patients, he said.

The proposed rules demand "successful graduation with a postdoctoral master's degree in clinical psychopharmacology" or the equivalent, including instruction in anatomy and physiology, biochemistry, neurosciences, pharmacology, psychopharmacology, clinical medicine/pathophysiology, and health assessment, including relevant physical and laboratory assessment. No supervised practicum is required, according to Paula Johnson, deputy director for state affairs in the APA Department of Government Relations.

The California School of Professional Psychology, a division of Alliant International University in San Francisco, already offers one such training program in Baton Rouge in cooperation with the Louisiana Psychological Association. The one-year program is held on weekends, costs \$9,500 and claims 195 graduates as of 2004. Such barebones instruction and a lack of clinical experience concerns Post and other physicians.

"It's hard enough to be a psychiatrist and do a

good job with medications," said Jeanne Estes, M.D., a psychiatrist and president-elect of the East Baton Rouge Parish Medical Society. "The psychologists think they can waltz in after two years of part-time training and know what we learned in medical school"

Post also expressed concern regarding special populations. "Psychologists should not be allowed to prescribe to children and the elderly, who have physiologic and pathophysiologic differences well beyond the scope of the training," he said. He also raised concerns about patients with mental disorders and comorbid conditions like diabetes and cardiovascular disease.

The draft rules also contain no provisions to provide more access to care for underserved populations by inducing or requiring prescribing psychologists to serve in rural or inner-city communities, he added. Access was a prime argument proffered by psychologists in favor of prescribing.

Even the phrase, designated psychologists licensed to prescribe medications for the management of "mental and emotional disorders" came under fire. The term "medical psychologist" prompted objections from the Louisiana Council of Child and Adolescent Psychiatry, arguing that patients might confuse "M.P.s" with "M.D.s."

The Louisiana law also lacks a provision requiring prescribing psychologists to carry malpractice insurance, raising the possibility of higher malpractice liability premiums for physicians working with medical psychologists, said Estes.

The lack of medical expertise among members of the psychology board troubled Post, as well. No recognized medical organization—such as the state medical society or a medical school—will have any role in overseeing practitioners covered by the new law, he said. This has drawn opposition by other medical organizations as well.

"We believe that the present rules do not provide adequately for the safety and protection of patients," said Vincent Culotta, Jr., M.D., an obstetrician/gynecologist, and spokesperson for the Louisiana State Medical Society, in an interview. "There's no real definition of 'consultation' with physicians, and if that is not adequate, then patients may not get the best medications or may

2005 APA ELECTION RESULTS OFFICIAL

APA Medical Director James H. Scully, Jr., M.D. reported that the Committee of Tellers met on Feb. 25, 2005 and reviewed the results of the 2005 election. The Committee reported that 10,424 paper and online ballots, representing the votes of 34.1% of the eligible voting members, were returned. Of these, 2,458 or 23.6% voted online. The candidates elected (with the percentage of votes) were as follows:

President-Elect:
Pedro Ruiz, M.D.
(73.5%)

Vice President:
Nada L. Stotland, M.D., MPH
(61.7%)

Trustee-at-Large:
David Fassler, M.D.
(61.6%)

Member-in-Training Trustee-Elect:
Lysiane A. Ribeiro, M.D., MPH
(55.5%)

Area 2 Trustee:
Ann Marie T. Sullivan, M.D.
(60.1%)

Area 5 Trustee:
Mary Helen Davis, M.D.
(52.9%)

These results are official as the Board accepted the Tellers Committee's report on March 6, 2005.

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APA/AACAP TESTIFIES AT SENATE HEARING ON FDA APPROVAL PROCESS, PEDIATRIC ANTIDEPRESSANTS

Dr. Fassler's testimony emphasizes that medication, in general, and the SSRI antidepressants in particular, are an important option when treating child and adolescent depression.

Arlington, Va. – The American Psychiatric Association (APA) and the American Academy of Child and Adolescent Psychiatry (AACAP) thank Sen. Michael Enzi (R-WY) for his leadership in holding today's U.S. Senate Health, Education, Labor and Pensions Committee hearing on the Food and Drug Administration (FDA) approval process, including labeling changes for the prescription of antidepressant medications to treat children and adolescents with depression.

Child and adolescent psychiatrist David Fassler, M.D., will testify at the Senate hearing on behalf of the APA and AACAP. Dr. Fassler's testimony emphasizes that medication, in general, and the SSRI antidepressants in particular, are an important option when treating child and adolescent depression. He says, "Research has clearly demonstrated that medication can be extremely helpful, and even lifesaving, for many children and adolescents with psychiatric disorders, but medication is most effective when it's used as a component of a comprehensive treatment plan, individualized to the needs of the child and family. The SSRI antidepressants are generally well tolerated by children and adolescents, and despite frequent media reports to the contrary, there is no scientific evidence to suggest that these medications increase the risk of suicide."

Dr. Fassler's testimony points out the need for more research, particularly long-term follow up studies, on both the safety and efficacy of antidepressants

medications in children and adolescents. Fortunately, several studies are currently underway, with funding from the National Institutes of Mental Health. In their recommendations to Committee members, the APA and AACAP are calling for the formation of a pediatric and adolescent Central Nervous System Advisory Committee at the FDA comprised of experts including child and adolescent psychiatrists and pediatric neurologists.

Open access to data from all clinical trials, including data from negative trials and unpublished research is also critically important for physicians and parents to make fully informed decisions about treatment options. For this reason, the APA and AACAP have been at the forefront of the call for the development of a publicly accessible, national registry of clinical trials.

In his recommendations, Dr. Fassler also noted the shortage of pediatric mental health specialists and researchers, and urged them to support legislation that would help ease this workforce shortage. Finally, he called on parents to be advocates for their children to ensure that youth with depression or any other mental illness receive a comprehensive evaluation by a trained and qualified mental health professional.

APA and AACAP have jointly developed a new Web site, www.ParentsMedGuide.org, to provide parents and physicians with as much information as possible about the evaluation and treatment of childhood and adolescent depression. ■

ETHICS MATERIALS ON APA WEBSITE

The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry, (which includes the APA Procedures for Handling Complaints of Unethical Conduct, *Opinions of the Ethics Committee on the Principles of Medical Ethics* and the *Ethics Primer of the American Psychiatric Association*) can all be found on the APA website, www.psych.org.

PRESCRIBING LAW

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have problems with drug-drug interactions."

"We hope that there will be no problems, but we remain very concerned," he added.

The psychology board took note of the written and oral comments, but largely, dismissed objections, saying that it lacked any authority to change the statute. The board said it "welcomes the new challenge of regulating medical psychologists and believes the proposed rules will assist the board in carrying out

its mandate."

APA will look at the final regulations to see whether they conform to the law, said APA's Johnson. Major discrepancies between the final rule and the statute may provide an opportunity for further challenges.

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MOCTEZUMA: AN EARLY DESCRIPTION OF *SUSTO* FROM CONTEMPORARY SOURCES

A PAPER PRESENTED BY PATRICK J. DOWLING, M.D. AND WALLACE K. TOMLINSON, M.D. IN BARI, ITALY AT THE SOCIETE INTERNACIONAL D'HISTOIR DE LA MEDECIN

From the earliest years of the Spanish conquest of the New World, writers have shown an intense interest in the medical lore of the indigenous peoples. Sahagun, Martin Delacruz, Francisco Hernandez as well as the anonymous writers of the *Relaciones Geográficas* have provided such voluminous, and in some cases, systematic reports of the illnesses observed and the remedies employed. Despite this seeming completeness, however, the contemporary reader is struck by the paucity of allusions to mental illness. In fact, aside from passing references such as Sahagun's description of ocelot meat for madness (Sahagun, 1975), there is no sixteenth century medical description of, nor remedy for, any illness which today would be incontrovertibly classed as a psychiatric disorder.

Yet mental illness certainly did exist in the Prehispanic New World. By 1566, only forty-five years after the conquest, the number of mentally ill in Mexico City alone was sufficient to require the establishment of a psychiatric hospital, San Hipolito, which, after a decade of construction finally opened its doors in 1577 (Mareno, 1942: 194).

If, indeed, descriptions of mental disorders in indigenous peoples are to be found they are most likely to be found in the "non-medical" literature of the period of the conquest, especially since these conditions have social manifestations, which may be traumatically evident to others in the society. The most historically consequential of these descriptions is of the paralyzing panic which gripped Moctezuma, the Aztec emperor of the Tenochca Empire, the most successful militaristic power in the history of Mesoamerica, at the news of the approach of the Spaniards in 1510. This behavior is rendered all the more dramatic if we call to mind that, prior to this contact, Moctezuma was apparently a forceful and even brutal ruler, commander of three million warriors (Gomara 1964: 195), who subjects later said of him "he terrorized the world, there was dread in the world, there was terror before him..." (Sahagun, 1975: 66).

The warnings of impending disaster in the form of omens and auguries had haunted Tenochtitlan. The capital of the Empire on the site of present-day Mexico City, for ten years before the conquest. When Moctezuma witnessed a captured bird with a "mirror" on his head, which revealed in its reflection an

army of conquerors dressed for battle and carried on the backs of deer, he took it to be an evil omen, but commanded his followers to maintain absolute secrecy (Sahagun, 1975: 3). When the Spaniards did at last arrive, the emperor initially believed that Quetzalcoatl had returned. Yet instead of enthusiasm for the arrival of the god, Moctezuma appeared grief stricken..

...while this was happening, (Moctezuma) enjoyed no sleep, no food. No one spoke more to him. Whatsoever he did, it was as if he were in torment. Oft times it was as if he sighed, became weak, felt weak. No longer did he enjoy what tasted good, what gave one contentment, what gladdened one (Sahagun 1975: 17).

He himself described the feelings of "...a great torment in my heart...as if it were washed in chill water..." (Sahagun.1975: 19). Sahagun's informants reinforced this description referring to him as "terrified," "saddened," and "fainting away" (1975:20) His mood seemed to deepen as the Spaniards drew nearer. He would alternate between apparently infectious displays of weeping, especially when told of the loudness of the Spanish cannon (Sahagun 1975: 25), and periods of withdrawal and anguished ruminations. He considered fleeing, but finally "no longer had he strength...no longer had he energy" (Sahagun 1975:26). When his own messengers told him that the Spaniards were determined to see him, "he only lowered his head, he only sat with bowed head...he sat with his head hanging down. No longer did he speak aloud, he only sat dejected for a long time, as if he had lost hope (Sahagun 1975: 34). As a com-



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INSIDE APAPAC— HOW YOUR CONTRIBUTIONS ARE SPENT

JOHN J. WERNERT, M.D.
CHAIR, APAPAC BOARD OF DIRECTORS

Even where we have all been frustrated with the difficulty in getting the Mental Health Equitable Treatment Act through this Congress, our PAC efforts have helped achieve a record, bipartisan level of cosponsors in the House and the Senate.

As APAPAC continues to grow and enjoys more and more success, I wanted to take this opportunity to reach out to our supporters and those of you who have not yet supported the PAC to explain the PAC Board's decision-making process. The PAC Board considers many factors when deciding which candidates receive APAPAC contributions and the PAC Board makes every effort to prioritize our PAC activity to assist candidates who clearly champion APA's priority legislative agenda. Approximately 75% of APAPAC-supported candidates have co-sponsored APA priority issues, including, of course, issues such as enacting non-discriminatory coverage of treatment of mental illness in general health insurance and in Medicare, research funding, and medical records privacy. The PAC Board also believes that it is crucially important for APA to stand with our physician colleagues and the rest of medicine on major issues that affect all physicians. These include issues of concern to APA members as physicians, such as the Medicare physician payment update and medical liability reform. If one factors in these issues, the remaining 25% of APAPAC-supported candidates are supportive. This bears repeating: when assessing candidate patronage (through co-sponsorship or voting records) of APA-priority legislation and/or APA-supported physician priorities, all PAC-endorsed candidates have supported APA in at least one, and often multiple, areas.

Of course we hope that the full range of APA's specific priority issues is supported by every Member of Congress and candidate for elective office to whom we give, but this cannot always be the case. PAC contributions also give the APA an excellent opportunity to reach out to and educate individuals who have supported APA on general health issues such as the Medicare payment update, but who have not previously supported other APA priority issues such as cosponsoring legislation to require non-discriminatory coverage of treatment of mental illness. This educational function can yield tangible results. For example, APAPAC activity allowed our Medical Director to be the sole featured speaker at a breakfast of fiscally conservative (mostly Southern) Democrats who have rarely backed the APA's legislative priorities because of perceived conflicts with their strong pro-business views. As a direct result of this activity, we picked up new cosponsors for the "parity" bill and for our bill to end Medicare's

50 percent coinsurance for outpatient mental health services. If we had based our decision to host the breakfast strictly on prior cosponsorship of APA priority legislation, this would never have happened.

Thus, the PAC Board believes it is important to keep in mind APA's overall legislative advocacy objectives and to bolster the work of the APA's advocacy efforts and to foster good working relationships with all Members of Congress who have a direct impact on our overall legislative priorities, including both "APA-specific" issues and issues of more general concern to psychiatrists as physicians. The PAC Board aims to represent all APA members and strongly believes that to properly and thoroughly advocate for our patients and our profession we need to educate, lobby, and support both candidates for Congress who already support our issues as well as those who do not at this time.

The PAC also contributes to Members of Congress in positions of leadership (Speaker, Majority & Minority Leaders of both houses, Committee Chairs and Ranking Members, etc). The leadership sets the priorities for House and Senate legislation, thus impacting APA's interests in a myriad of ways. Not supporting leadership would be immediately noticed and would, in our judgment, be politically dubious and would potentially damage the APA's on-going advocacy efforts. Even where we have all been frustrated with the difficulty in getting the Mental Health Equitable Treatment Act through this Congress, our PAC efforts have helped achieve a record, bipartisan level of cosponsors in the House and the Senate. APA support for the "doubling" campaign for research funding was also materially helped by bipartisan support in the House and Senate leadership and general membership. PAC dollars, working in tandem with our hard-working Department of Government Relations lobbying team, also help in ways that are not always visible to the membership by opening communications that are useful in ways beyond straight cosponsorship of APA priority legislation. PAC-supported Members have, for example, written letters to Federal agencies on behalf of APA issues, supported APA nominees for appointments to advisory panels, and quietly helped craft non-legislative solutions to issues that impact our members in many ways.

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BYLAWS OF THE LPMA



Chapter 1 – Membership

Section 1. To maintain membership in good standing all members are required to participate in continuing education according to the standards of the American Psychiatric Association and to pay their dues within the time specified.

Section 2. Members-in-Training shall be physicians who have been accepted into an approved psychiatric residency training program. Upon completion of approved psychiatric training, Members-in-Training should be advanced to General Membership, unless they are pursuing advanced psychiatric training. Member-in-Training status shall not exceed six years for those pursuing advanced psychiatric training.

Section 3. General Members shall be physicians who have completed an acceptable program of training in psychiatry and who have either a valid license to practice medicine or hold an academic, research or governmental position that does not require licensure.

Section 4. Fellows, Life Members, Life Fellows, Distinguished Life Fellows, Honorary Fellows, Inactive Members, Inactive Fellows and any other type of membership that might be conferred by the APA will be concurrently conferred by the LPMA.

Section 5. Affiliates shall be individuals who have shown significant interest in community and scientific matters pertaining to mental health. Affiliates are not members and are ineligible to vote or hold office but are encouraged to participate in scientific and social functions.

Section 7. Privileges and duties of various membership categories:

	May hold office	Pay Dues	Votes or Nominates
Member-in-Training	yes	yes	yes
General Member	yes	yes	yes
Fellow	yes	yes	yes
Distinguished Fellow	yes	yes	yes
Life Member	yes	yes*	yes
Life Fellow	yes	yes*	yes
Honorary Fellow	no	no	no
Inactive Member	no	no	no
Inactive Fellow	no	no	no
Inactive Disting. Fellow	no	no	no

*Members, Fellows, and Distinguished Fellows achieving Life status after 1995 must pay 66% of dues the first 5 years of Life status, 33% the next five years and no dues thereafter.

Chapter II – Election to Membership

Section 1. Application for membership shall be made in writing to the Membership Committee on forms approved by the Council and the APA. Procedures regarding endorsement and submission shall be determined in collaboration with the appropriate officials of the American Psychiatric Association.

Section 2. Membership actions will become effective after approval by the APA and the LPMA within a specified time period.

Chapter III – Dismissals, Resignations, and Transfers

Section 1. Loss of membership in the district branch or in the American Psychiatric Association shall entail loss of membership in both.

Section 2. All requests for resignations must be submitted in writing to APA and LPMA.

Section 3. All requests for transfers of membership between district branches and membership category changes must be submitted on applications designed for these purposes. All indebtedness to the association must be settled before a member can be permitted to transfer to another district branch unless the Council waives this rule for good cause.

Chapter IV – Executive Council

The Executive Council shall function as the executive body of the association. In the intervals between society meetings, the Council will execute policies, make recommendations concerning membership applications and take such other action as may be necessary on behalf of the Association. The Council will meet monthly except in August and December. Special meetings of the Council may be called by the President or at the request of any four members of the Council.

Section 1. The President shall preside at all meetings of the association, function as chair of the Council, appoint committees and perform such other duties as ordinarily pertain to his office. The President-Elect shall perform the duties of an absent President and shall assume the office of President at the expiration of the term of the President. In the absence of the President and the President-Elect, the duties of the President shall be performed by the Secretary. The President or the presiding officer must clear the meeting room of all but voting

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LPMA BYLAWS

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members during business sessions of the association.

Section 2. The Secretary shall keep all records and issue all notices to members and shall have charge of the arrangements necessary for the meetings of the association exclusive of the scientific program. The Secretary shall take the roll at each meeting and record the minutes. The Secretary may delegate any or all of the above duties.

Section 3. The Treasurer shall have responsibility for the collection and disbursement of all funds of the association subject to the approval of the Council and/or membership. He shall render a written report to the association at the Annual Meeting. The Treasurer may be bonded in an amount determined by the Council if the Council deems it necessary.

Section 4. The Representatives to the APA shall represent the district branch at the meetings of the Assembly of the American Psychiatric Association. They shall report to the Executive Council and general membership at regular intervals.

Section 5. The President's term of office shall be one year. The President cannot hold elected office for four years thereafter. All other elected officers shall serve one-year terms with the option of succession for another term if re-elected. Representatives and Deputy Representatives shall be elected for three-year terms with the option of unlimited succession if re-elected. Elected officials shall assume office on the last day of the next annual meeting of the APA.

Chapter V – Elections

Section 1. The Nominating Committee must mail its slate of nominees to the general membership by January 15. Nominations by petitions signed by 10% of the membership must be received by the Secretary by February 15. Ballots will be mailed out after the Spring Meeting and must be returned to the Secretary two weeks after receiving them. The candidate for each office receiving a majority of votes on the ballots received shall be declared elected. If a second ballot is required, it must be mailed to the members and returned to the Secretary two weeks after receipt.

Section 2. A proposal for a recall election may be initiated by petition by 10% of the voting membership or by majority vote of the Executive Council. A mail ballot shall then be sent to the general membership to be returned no later than 30 days upon its issuance. Recall shall be effected if 2/3 of

the voting membership so indicates.

Chapter VI – Committees

Section 1. The Nominating Committee shall be composed of a chair appointed by the presiding president of this association within the first 60 days in office, the immediate past chair of the committee, two members selected by the Council and one member from each of the chapters, the latter to be selected by the membership of the chapter. The President-Elect will be a non-voting member of the committee. Membership on the Nominating Committee will be for one year but may be extended to up to 3 years if the member accepts reappointment.

Section 2. The Membership Committee consisting of 6 members shall be appointed by the President and approved by the Council. The first committee shall be appointed for terms of 1, 2, and 3 years. After the first committee is appointed, all appointments shall be for 3 year terms. The Chair shall be appointed for 3 years and be eligible for another 3 year appointment at the discretion of the President and Executive Council.

Section 3. The Ethics Committee and the Committee on Constitution and

Bylaws shall be appointed by the President. They must be chaired by a past president and have the representation of at least one member from each chapter. Members of the Committee on Constitution and Bylaws shall serve for a minimum of one year but may be reappointed for up to a total of three years. The chair and members of the Ethics Committee are subject to reappointment each year but may serve unlimited terms. The chair of the Ethics Committee must have a minimum of two years experience on the committee.

Section 4. The Committee on Governmental Affairs shall be appointed by the President. There shall be a minimum of 5 members.

Section 5. The Continuing Education Committee shall be composed of a chair appointed by the President of this association. This chair will be selected from the members of the previous year's committee and shall serve for one year. The committee will be composed of one representative from each state chapter and one representative from each AMA approved medical school in the state of Louisiana and as many as 3 additional members appointed by the President at his discretion. Membership on this

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CONSTITUTION

LPMA, District Branch of the American Psychiatric Association

Article I – Identification

Section 1. The name of this organization shall be the Louisiana Psychiatric Medical Association, a district branch of the American Psychiatric Association.

Section 2. The Louisiana Psychiatric Medical Association shall remain incorporated under the laws of the State of Louisiana as a non-profit, scientific organization.

Section 3. Distribution of assets on dissolution. In the event of termination or dissolution of the association, its assets shall be distributed according to the order of the Executive Council in conformity with the laws of the State of Louisiana governing such procedures.

Article II – Objectives

Section 1. The objectives of the district branch shall be to foster the science and progress of psychiatry in cooperation with and as a constituent part of the American Psychiatric Association to serve as an influence toward the maintenance of high professional and administrative standards thereto related and to assist the American Psychiatric Association in promoting its aims and objectives. These are to: (a) improve the treatment, rehabilitation and care of the mentally ill, the mentally retarded and the emotionally disturbed: (b) promote research, professional education in psychiatry and allied fields and the prevention of psychiatric disabilities: (c) advance the standards of all psychiatric services and facilities: (d) foster the cooperation of all who are concerned with the medical, psychological, social and legal aspects of mental health and illness: (e) make psychiatric knowledge available to other practitioners of medicine, to scientists in other fields of knowledge and to the public in accordance with the ethical guidelines of the APA and LPMA: (f) promote the best interests of patients and those actually or potentially making use of mental health services.

No substantial part of the activities of this association shall be devoted to influencing legislation excepting as it may pertain to the promotion of mental health. This district branch will adhere to the APA charter but will not be bound by the decisions of the APA on legislative issues.

The association shall not intervene or participate in political campaigns of candidates for public office.

None of the above aims or objectives are to be

expanded or misconstrued to serve as the basis for intervention by the association in civil, social, or political issues which are not directly related to psychiatric research, education or practice. Support of certain issues by a majority of the constituent members on grounds other than psychiatric does not suffice to bring such issues to the floor of the association for deliberation or action.

Article III – Territorial Jurisdiction

For the objectives above stated the territorial jurisdiction of this district branch of the American Psychiatric Association shall be delimited by the geographical boundaries of the State of Louisiana.

Article IV – Membership

Requirements for membership in the Louisiana Psychiatric Medical Association shall be the same as those for the American Psychiatric Association at the time of application.

Section 1. Any physician who is or who is eligible to be a Member-in-training, General Member or Fellow of the American Psychiatric Association and who resides or practices within the territorial jurisdiction of this district branch shall be eligible for membership.

Section 2. There shall be the following categories of members: Members-in-training, General Members, Fellows, Distinguished Fellows, Life Members, Life Fellows, Distinguished Life Fellows, Honorary Fellows, Inactive Members, Inactive Fellows, Inactive Distinguished Fellows and Affiliates as defined in the Bylaws.

Article V – Officers

The officers of this association shall be President, President-Elect, Secretary, Treasurer, and Representatives. They shall be elected by mail ballot in accordance with the provisions of Chapter V of the Bylaws. Other officers shall be the Vice-Presidents who will be the Chapter Presidents.

Article VI – Executive Council

This Council shall consist of the officers, the immediate past-president, the four executive advisers, the editor of the association newsletter, the historian, the parliamentarian, and a member-in-train-

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BYLAWS

Continued from 8

committee shall be for one year and may be extended up to 3 years if the member accepts reappointment.

Section 6. Chairs of standing committees may appoint subcommittees to address appropriate issues. The life of the subcommittee may extend beyond that of the parent committee in order to complete its assigned task(s).

Chapter VII – Chapters

Section 1. Formation. When a group of not less than 10 American Psychiatric Association members residing in a contiguous geographic locality within the State of Louisiana desire to create a chapter of the Louisiana district branch, they will proceed in the following manner: They will submit to the Secretary of the Louisiana district branch a petition personally approved by signed statement of the proposed charter members signifying their intention to conduct their chapter organization and business in accordance with the Bylaws of the Louisiana district branch, proposing the designation by which it would be known, and requesting a specific geographic jurisdiction. The Council will consider the application and make a report and recommendation to the membership of the district branch at a regular or special meeting. If approved by a majority vote of the members present and voting, the chapter will be created subject to the provisions of Section 2.

At the time when chapters are first formed, a smaller group may petition for chapter status and be approved by the Council on grounds of distance from the center of other chapter groups.

Following the approval of the first chapter, the balance of the state shall thereafter be organized into one or more chapters in accordance with the procedure above. No chapter shall be considered as finally created until the combined territorial jurisdiction of all approved chapters shall include the place of residency or practice of 75 percent or more of the Louisiana members of the American Psychiatric Association.

Section 2. Membership. Classification of membership and qualification for membership shall be the same as for the district branch. Persons applying for membership in the district branch from within the territorial jurisdiction of a chapter shall apply for membership through the chapter, and acceptance for membership in the district branch will be automatically followed by membership in the chapter. Members-in-training shall not be bound by this section.

Physicians eligible for membership in the Loui-

siana district branch residing or practicing within the political boundaries of the State of

Louisiana, but outside the territorial jurisdiction of any approved district branch chapter, shall choose the chapter to which they wish to belong until such time as a new chapter may be formed to include their place of residence or practice.

Section 3. Officers. The officers of the Chapter will consist of a President, President-Elect, Secretary, Treasurer or Secretary-Treasurer and up to three Councillors, one of whom shall be, after the first year, the immediate past-President. The President of the chapter shall be a member of the Council of the Louisiana district branch. Chapter officers shall be elected at an annual meeting to take place prior to the annual meeting of the American Psychiatric Association and will assume their new responsibilities each year at the close of business of that annual meeting in the same manner as the officers of the district branch.

Section 4. Committees. Chapters may form such committees as desired by the officers and members. Chapters shall have equal representation on all district branch committees insofar as possible, the member of which shall be chosen from nominees provided by the chapter President.

Section 5. Meetings. All meetings of each chapter shall be open to attendance by any member of the district branch. Each chapter shall have sufficient meetings to conduct necessary business and to further the goals of the chapter and the district branch.

Chapter VIII – Procedure

The procedure of the association shall be governed by Robert's Rules of Order, Newly Revised, except where otherwise indicated in these Bylaws.

Chapter IX – Dues

Dues for this association shall be proposed by the Executive Council, subject to ratification by a majority of those voting in a mail ballot.

Chapter X – Assessments

A special assessment may be proposed by the Executive Council and shall become binding when approved by a majority of the members voting in a mail ballot. Special assessments are subject to the following restrictions:

- a. The assessment shall serve a single purpose

CONTINUED ON 15

LPMA CONSTITUTION

Continued from 9

ing. Three members-in-training will be non-voting members of the Council. In addition, each chairperson of a standing committee or ad hoc committee shall serve as a voting member of the Council. The president will present nominations for executive advisers, historian and parliamentarian at the first Council meeting after installation. If approved by a majority of the Council members present, they will serve until a new president is installed.

Article VII – Executive Committee

The Executive Committee (of the Executive Council) is composed of the President, President-Elect, Secretary, and Treasurer. The Executive Committee functions in the interest of the LPMA when directed by Council or when needed for advice or assistance by the President. The activities of the Committee must be approved by the Council, but it is empowered to act in emergencies or when there is insufficient time in which to convene the Council. Decisions by the Committee must be unanimous.

Article VIII – Quorum

A quorum of this association shall consist of 15% of the active membership, except at the business session of a General Membership meeting, where a quorum shall be 10%. A quorum of the Executive Council shall be 5.

Article IX – Amendments

Proposals to amend the constitution can be initiated: (1) by a majority vote of the membership present at a business meeting, a quorum being present, or (2) by submission to the Executive Council of the proposal endorsed by at least six members in good standing. All amendments must be discussed at a General Membership meeting before they are submitted in a mail ballot. The proposed amendment(s) along with the Council's recommendation shall be submitted in writing to the membership. This shall be done at least thirty days before the next general or specially called meeting. A ballot shall be submitted to the members and returned within 60 days after the meeting, at which time results will be announced to the members. Approval of two-thirds of those voting in a mail ballot shall be required for adoption of the amendment(s). If adopted, the amendment(s) shall become immediately effective.

NEWS ITEMS

Dr. Jeanne Estes was appointed to represent the LSMS on the Public Mental Health Review Commission. The Commission was created in 1999 and reauthorized in 2004 to continue its work of studying ways of restructuring the public mental health system in the state. Dr. Estes succeeds Dr. John Smith.

Dr. Bill McBride was honored at the Veterans Affairs Medical Center Employees Association Golden Celebration of Medical Service Banquet. The association honors physicians who have at least 50 years of medical service caring for veterans.

Dr. David A. Mrazek, professor and chair of the Department of Psychiatry at Mayo Clinic, was the Ochsner Clinic Foundation's 10th Annual Gene L. Usdin, M.D. Distinguished Visiting Lecturer in Psychiatry on Friday, February 11. At 12:00 noon that day, he spoke to the staff of the Ochsner Department of Psychiatry and LPMA members on *Psychopharmacogenomics* and, that evening, spoke at a dinner meeting on *Gene Knowledge: How Well Do You Know Yourself?*

Dr. Lillian Robinson writes that she misses New Orleans and her wonderful friends but loves living in Seattle. She is between Puget Sound and Lake Washington with the snow capped Olympic Mountains west and the Cascades, including Mt. Rainier on the east. She lives in the Hearthstone, a retirement facility on Green Lake. She reads to people who are blind because of macular degeneration and is still active in the American Academy of Psychoanalysis. ■



Dr. Bill McBride



Dr. David A. Mrazek

Article X – Committees

There shall be the following constitutional committees: Ethics, Membership, Nominating, Governmental Affairs, Constitution and Bylaws, and Continuing Education with functions and procedures as defined in the Bylaws.

Article XI – Annual Meeting

An annual business meeting shall be held in the spring as late as practical but before the annual meeting of the APA.

Article XII – Adoption Date

The Constitution, as adopted on September 17, 1976, will go into effect at noon on the last day of the APA meeting in 1977. ■



Sandestin Hilton Hotel, Destin, FL

LPMA SPRING MEETING: APRIL 15-16

The LPMA Spring Meeting will be April 15-16, 2005 at the Sandestin Hilton Hotel in Destin, FL. The scientific program is a reprise of the one that was cancelled by Hurricane Ivan last September. The topic is "Creativity and Affective Illness." Make your hotel reservation before March 20 by calling 850-267-9500 and mention the LPMA program. The rate is \$169 single or double plus taxes and a \$14 resort fee.

If our description of the resort seems "déjà vu," it is, but it bears repeating. If you have never been to this resort, you have a treat in store. The sand is the whitest anywhere and the water is several beautiful shades of green. Many think it is the best beach in the USA. The spacious guest suites feature private balconies overlooking the beach. And we will not have to worry about a hurricane in April.

There are four championship golf courses, 14 tennis courts, two outdoor pools, two whirlpools, a full-service salon and fitness center, a full-service marina and bicycle rentals. They offer a recreation program for children and nightly live entertainment the program accompanies this article.

Friday, April 15

7:30 AM Registration and Continental Breakfast
 8 AM-Noon LPMA committees
 12:00 Noon –
 3:30 PM General Membership Meeting
 6:30 PM Reception and Award to Aretta Rathmell

Saturday, April 16

7:30-8:30 AM Registration and Continental Breakfast
 8:30-8:45 Welcome and introductions ... Patrick T. O'Neill
 8:45-9:45 "Can Creativity Exist in a State of Euthymia"...
 Lori Davis
 9:45-10:00 Questions and Answers
 10:00-10:15 Coffee break
 10:15-11:30 "Walter Anderson's Alternative Reality: Bipolar
 Disorder in Disguise?"... Paul Rodenhauer
 11:30-12:15 "Spirituality and Mental Illness"... Janet Johnson
 12:15-12:30 Questions and Answers
 12:30-1:30 Lunch on your own
 1:30-2:15 "Affective Illness in Rock Stars"... Jose Artecona
 2:15-3:45 Workshop Session 1
 A. "Creativity as It Relates to People with Bipolar
 Disorder" ... Davis
 B. "Creativity and Mental Illness"... Rodenhauer
 & Artecona
 C. "Spirituality and Mental Illness"... Johnson
 3:45-4:00 Coffee Break
 4:00-5:15 Workshop 2 (repeat of Workshop 1)

for adults. Both elegant and casual dining options are on site and there are other fine restaurants nearby.

LPMA committee meetings will be held Friday morning and the General Membership meeting will be in the afternoon. **Friday evening there will be a reception at which Dr. Aretta Rathmell will receive the Edward H. Knight Memorial Award for outstanding contributions throughout her career to the field of mental health.** This award is not given each year. In 2002 it was given to Dr. Dudley Stewart.

The scientific program entitled "Creativity and Affective Illness" has been planned by the Department of Psychiatry and Neurology at the Tulane Medical School. The faculty includes Jose Artecona, M.D., Assistant Professor of Psychiatry, Tulane; Lori Lynne Davis, M.D., Clinical Associate Professor of Psychiatry & Behavioral Neurobiology, University of Alabama at Birmingham; Janet Johnson, M.D., Associate Professor of Psychiatry, Tulane; and Paul Rodenhauer, M.D., Professor Emeritus, Department of Psychiatry, Tulane. The agenda for

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Psychiatric Association and the Louisiana Psychiatric Medical Association. The American Psychiatric Association is accredited by the ACCME to provide continuing medical education for physicians.

The APA designated this educational activity for a maximum of 7 Category 1 credits toward the AMA Physician's Recognition Award and for the CME requirement of the APA. Each physician should claim only those credits that he/she actually spent in the activity. ■

COMMITTEE TAKES FELLOWSHIP AND DISTINGUISHED FELLOWSHIP NOMINATIONS

The LPMA Membership Committee will meet at 10 AM at the Spring Meeting on Friday, April 15 at the Sandestin Hilton Hotel in Destin, FL to nominate members for APA Distinguished Fellowship. Members of the committee are Drs. Mary Jo Fitz-Gerald (Chair), Navin Patel, Aretta Rathmell, David Rees, David Regan, Ted Reveley, John Smith and Kashinath Yadalam.

Criteria for APA Distinguished Fellowship:

1. General Membership in APA for at least eight years
2. Primary designation as a psychiatrist
3. Significant contributions in at least five of the areas shown below
 - a. Certification by ABPN or an equivalent board
 - b. Involvement in the work of the district branch or other APA components
 - c. Involvement in other medical and professional organizations
 - d. Participation in non-compensated mental health and medical activities of social significance
 - e. Participation in community activities unrelated to income producing activities
 - f. Clinical contributions
 - g. Administrative contributions
 - h. Teaching contributions
 - i. Scientific and scholarly contributions

You do not need contributions in all of the fields, but you do need significant contributions in at

least five fields. The first one is required.

If you are interested in applying or in nominating a member, call the LPMA office at 800-438-6471 or 504-891-1030 or contact one of the members of the committee. **The LPMA deadline for receiving completed applications along with support letters from three Fellows is June 1, 2005.**

The eligibility criteria for the category of Fellow are as follows.

1. General Member for at least five consecutive years
2. Certification by the ABPN, the Royal College of Physicians and Surgeons of Canada or the American Osteopathic Association
3. Three letters of recommendation from current Fellows, Distinguished Fellows, Life Fellows or Distinguished Life Fellows
4. 90-day review period for the district branch to offer comments about the Fellowship candidate
5. Approval by the APA Membership Committee during their Fall Meeting
6. Approval by the APA Board of Trustees at their December meeting

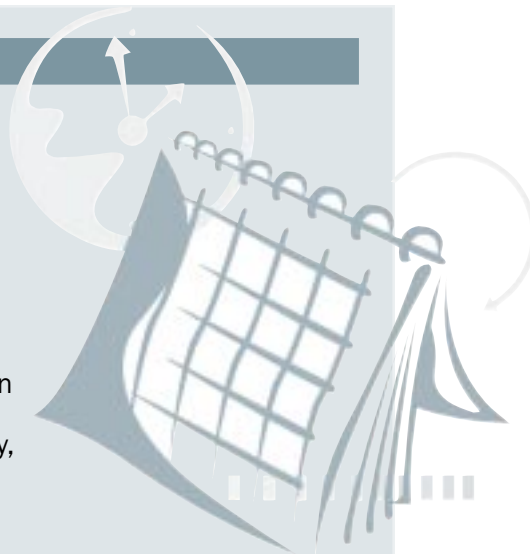
Applications and letters of recommendation for Fellow must be submitted by June 1, 2005, to the American Psychiatric Association, Membership Department, 1000 Wilson Blvd., Suite 1825, Arlington, VA 22209-3901. ■

SAVE THESE DATES!

LPMA FALL MEETING

OCTOBER 12-15, 2005
Royal Sonesta Hotel, New Orleans

The LPMA Fall Meeting is scheduled for October 12-15 in conjunction with the Southern Psychiatric Association meeting being held at the Royal Sonesta Hotel in New Orleans. LPMA business meetings will be held on Friday, October 14.





Dr. Kenneth Sakauye

DR. SAKAUYE TO RECEIVE WEINBERG AWARD

Dr. Kenneth Sakauye will be the recipient of the 2005 Jack Weinberg Award at the APA Annual Meeting in Atlanta in May. He is being honored for his lifelong efforts in teaching, clinical research and advocacy for the field of Geriatric Psychiatry.

Dr. Sakauye joined LSU in 1988 to develop the LSU/Touro Infirmary Geriatric Community Mental Health Center and start the region's only ACGME approved Geriatric Psychiatry training program, initially funded through an NIMH training grant. He moved with LSU to Ochsner when they started a joint residency in 2002. He will coordinate an evolving teaching consortium between LSU, Ochsner, the VA, Tulane and Kenner Regional (a Tenet Hospital) to pool teaching resources and expand clinical services in the city. LSU's Geriatric Education Center once named him "Mr. Geriatrics."

Dr. Sakauye has volunteered at the APA since 1984, starting as a Minority Observer in the Council on Aging, serving on the Council, and later chairing the APA Task Force on Minority Elderly and its conversion into a standing Committee on Minority

Elderly. He chaired the Task Force Report on Minority Elderly (1994) and a Curriculum Resource Guide for Cultural Competence (1977). He was Chair of the Council on Aging that oversaw the first NIMH and was Chair of the Council on Aging during the APA administrative reorganization in 2000-03. He is currently a consulting member of the Committee on Minority Elderly as it updates the Curriculum Resource Guide for Cultural Competence.

In Louisiana, Dr. Sakauye chaired the Aging Committee for the LPMA, worked with the Governor's Task Force on Alzheimer's Disease and other projects, held leadership roles in reorganizing the Alzheimer's Association Chapter in Louisiana into a larger and more effective organization over the past few years and has remained very active in clinical care, teaching and clinical research at LSU.

He is an officer of the American Association for Geriatric Psychiatry, Chair of the Group for the Advancement of Psychiatry Committee on Aging and served on NIMH, AOA and NIH review groups and editorial and review boards. ■

APAPAC— HOW YOUR CONTRIBUTIONS ARE SPENT

Continued from 6

We attempt to concentrate PAC support to members of the committees and subcommittees in Congress that have jurisdiction over health issues (including but not limited to the: Senate Appropriations Committee {Subcommittee on Labor, Health & Human Services, and Education}, Senate Finance Committee {Subcommittee on Health Care}, Senate Committee on Health, Education, Labor & Pensions {Subcommittee on Substance Abuse & Mental Health Services}, Senate Committee on Veterans' Affairs, House Appropriations Committee {Subcommittee on Labor, Health & Human Services, and Education}, House Committee on Education & the Workforce {Subcommittee on Employer-Employee Relations}, House Committee on Energy & Commerce {Subcommittee on Health}, House Committee on Veterans' Affairs {Subcommittee on Health}, House Committee on Ways & Means {Subcommittee on Health}, and the Congressional Mental Health Caucus. It is critically important for House & Senate Leadership and legislators on committees of jurisdiction to receive support from the APAPAC for many of the reasons discussed above, since they are the individuals who have the most control over the issues that affect our patients

and our practice.

There has been some concern that APAPAC dollars are too balanced between Republicans and Democrats, given what is perceived to be a stronger base of support for our issues among Democrats. Over the last few years, we have worked very hard to ensure that APAPAC is more balanced than it has been in the past. It is a fact of Washington life that with one party in control of Congress and the White House, it would do us no good to be perceived as a PAC that is dominated by support for the political party out of power, and we can assure you that party leaders keep close track of this. Despite that fact, you should know that of medical association PACs, APA is in fact still - by far - the most "Democrat-oriented" PAC, a source of some clear irritation among the GOP. We believe APAPAC has done a very respectable job of supporting our friends while acknowledging the reality of our current political landscape.

Generally, incumbents enjoy a tremendous advantage in the election process and often times run unopposed or virtually unopposed (which is re-

CONTINUED ON 20

MEMBERSHIP COMMITTEE

Changes since the last Newsletter Membership report are as follows.

Deceased: Dr. Herman Colomb

New Distinguished Fellows: Drs. Dale Archer, David Dawes, A. Kenison Roy

New Fellows: Drs. Greg Brown and Gregory Seal

New Distinguished Life Fellows: Drs. Christopher Meyers, Paul Rodenhauser, Dudley Stewart

New Life Members: Drs. John Bick, Eleanor Krimerman, Harvey Rifkin, Gerald Robertson

Reinstatements: Dr. Dennis Kelly, Jr.

Members-in-Training: Drs. Allyne Henderson, Kimberly Law, Sanjay Rao of LSU/Ochsner; Namish Saran of LSUHSC, Shreveport; Caroline Campion, Tammy Chen, Cynthia Fields, Amy Hudkins, Manon Mashburn, Gregory Paul of Tulane

Upgrade to General Member: Drs. Jose Artecona, Christopher Borrillo, Francis Bryan, Degan Dansereau, Pamela Jones, Phuong Nguyen, Ravindra Reddy,

Transfer-in: Drs. Jody Brown (GM) of Shreveport from Ohio, Shilpa Srinivasan (GM) of New Orleans from Georgia, Jason Thomas of Metairie from Texas

Transfers-out: Drs. Tara Hammond to Georgia, Siham Muntasser to West Virginia

Dropped for failure to pay 2004 APA dues: Drs. Milton Anderson, William Bloom, Gordon

Blundell, Charles Bowers, III, Edgardo Concepcion, George Daul, Jr., Richard Donovan, Dorota Gawlas, Victor Gonzalez, Stephanie Gravois-Rupe, Griselda Gutnisky, Rama Kongara, William Leggett, Robert McCormick, Leszek Michalewicz, Phuong Nguyen, Geraldine Payne, Jerry Sanders, Elizabeth Schwarz, Carmen Sugai, Damon Tohtz, Angela Traylor

Member Updates

Dr. Jody Brown is in practice at the Air Force Clinic in Shreveport. She received her medical degree from the University of South Florida College of Medicine in Tampa. She completed a General Psychiatric Residency at Wright State University Medical School/ Wright Patterson Air Force Base in Dayton, Ohio. She also completed a Child and Adolescent Fellowship there. She is a Diplomate of the American Board of Psychiatry and Neurology.

Dr. Shilpa Srinivasan is a Geriatric Fellow at LSUHSC, New Orleans. She graduated *summa cum laude* from Albert Sjerit Gyorgyi Medical University in Szebeeb, Hungary and completed a psychiatric residency at Tulane Medical School..

Dr. Jason Thomas is a Forensic Fellow at Tulane. He received his medical degree from the American University of the Caribbean in St. Maarten and completed a psychiatry residency at the University of Texas Medical Branch in Galveston. ■

LPMA Directory Corrections

Dr. Jasjit K. Singh was omitted from the LPMA Directory. He is a Member-in-Training at LSUHSC, Shreveport. His address is 2163 Burgundy Ridge Drive, Shreveport, LA 71118. His email address is rimisingh@hotmail.com.

Dr. Patrick Dowling's Board Certification in Child Psychiatry was omitted.

Dr. David Post's correct email address is dpost007@medscape.com.

Any member who wants a copy of the 2004-05 LPMA Directory may request one from the LPMA office.

BYLAWS

Continued from 10

which is within the legitimate purview of the LPMA and which purpose is clearly defined in a written statement issued by the Council.

b. An assessment shall be limited to \$100 per member, but the Council may reduce the amount of the assessment for certain categories of membership.

c. The time period by which the assessment must be paid, including installments, shall be stated in the written instrument.

d. Moneys collected by assessment which exceed the cost of the stated purpose shall be placed in the treasury general funds of the association unless these residual funds constitute 25% or more of the assessment, in which case they will be used to reduce the dues of members for the following year, dollar for dollar.

e. Failure of a member to pay an assessment shall be treated the same way as failure to pay dues. ■



INTERNET RESOURCES

LPMA
www.lpma.net

National Mental Health Association
www.nmha.org

American Academy of Psychoanalysis and Dynamic Psychiatry
www.aapsa.org.

National Alliance for the Mentally Ill
www.nami.org

American Psychiatric Association
www.psych.org

American Psychoanalytic Association
www.apsa.org

PRIM B. SMITH, JR., B.B.A., J.D., M.DIV.

1925-2004

Prim Smith died January 29, 2004. In so many ways, he was a “man for all seasons.” He was important to the LPMA in general and to so many of us individually. Some members might be unaware of Prim’s varied important, effective accomplishments and involvements. He was such a modest, unassuming person.

After serving in the Army Air Corps during World War II, Prim retired as a captain. Subsequently, he received degrees from both the Tulane School of Business Administration and Tulane Law School. He was president of not only his college but also his law school fraternity. After a brief period of practicing law, he became First Assistant U.S. Attorney in New Orleans, a position in which he assisted in the integration of the public schools.

After a few years, Prim felt called to serve as an Episcopal clergyman and moved to California, where he received his divinity degree. He returned to New Orleans to serve as curate of St. Augustine Episcopal Church in Metairie. Later, he was Episcopal chaplain to Tulane, Loyola and Dominican colleges as well as pastor of the Chapel of the Holy Spirit. He was an empathic, effective counselor to many individuals and couples. He studied bioethics at Georgetown University and became a clinical associate professor at LSU and Tulane medical schools, in addition to being an adjunct associate professor at Tulane University School of Public

Health and Tropical Medicine. He was a member of the Tulane Hospital Ethics Committee and the Ochsner Clinical Investigations Committee.

At Tulane, Prim established the Episcopal Ministry to Medical Education and provided his services 50 hours weekly without compensation. He was devoted to this Ministry and, after retiring, continued to function as a fundraiser.

What is of cardinal interest to the LPMA is Prim’s dedication to our association. He was an affiliate member and attended most of our semiannual meetings. He served on the Committee on Psychiatry and Religion and frequently attended meetings of the Committee on Psychiatry and Law. He also was so enjoyable socially. Of course, Prim had a special identification with, and incentive to be involved in, our organization, attending meetings with his lovely wife, Charlene, who has been with the LPMA over 30 years and serves so capably as our executive director.

A lecture series on medical ethics has been established in Prim Smith’s name at Tulane Medical School with an initial contribution of \$5,000.00. LPMA members are encouraged to contribute to this lectureship fund in Prim’s memory (checks should be made payable to Tulane University Health Sciences Center, noting in the lower left hand corner that the contribution is designated to the Prim Smith Lecture Series on Medical Ethics).

Submitted by Gene Usdin, M.D. ■

JAY B. CUTLER, J.D.

1931-2005

APA and LPMA mourn the loss of Jay B. Cutler, J.D., past APA director of government relations and special counsel, who died after a battle with cancer on March 4 at the age of 74. He served as APA director of government relations from 1977 to 2003. In this capacity he helped broaden Medicare coverage for the treatment of mental illness and blocked government efforts to steer mentally ill patients towards cheaper and less effective medication.

Known for his remarkable dedication to the education about and destigmatization of mental illness not only to legislators, but also to the public, Cutler’s tireless personal and professional efforts created a profound shift to public awareness and understanding of substance abuse and other mental disorders. ■

DR. MARTENSON FIRST SPEAKER IN REV. SMITH LECTURESHIP SERIES

Dr. Robert L. Martenson, James A. Knight Chair of Humanities and Ethics in Medicine and Professor of Surgery at Tulane University School of Medicine, will be the first annual lecturer in the Rev. Prim Smith Lectureship Series on Medical Ethics at 12:00 noon, **Wednesday, April 27** at J. Bennett Johnston Auditorium at Tulane University School of Medicine. He will speak on *Bioethics on the Brain*. His talk will be preceded by lunch at 11:30 AM. Members of the LPMA are especially invited to attend. ■

HERMAN D. COLOMB, M.D.

1933-2004

With the death of Herman (Hokey) D. Colomb, M.D., not only did I lose a friend, colleague and business partner, an era came to an end for New Orleans psychiatry. Hokey's parents, Henry D. and Anna C. Colomb started the Colomb Clinic here in the 1940s and it was the home of the New Orleans Psychoanalytic Institute. This clinic was home to not only the Colombbs, but also a large number of psychiatrists over the years including Max Johnson. Hokey was the last in this line, and the Colomb Clinic is no more, despite the fact that this building itself still houses a number of us at this time. His family's contributions did not stop at Psychiatry, as his aunt, Bessie Colomb, RN, was affiliated with Touro Infirmary and was so highly regarded, the Class of Nursing in 1956 dedicated their Yearbook to her!

Hokey and I met when I returned to the city after a stint in the Military in 1973, just in time to participate in the formation of Coliseum House, where Hokey was the first President. It was a small, one unit facility at first, but under his leadership it soon doubled in size and the second unit to open was named after his mom, the Colomb Unit. He and the facility weathered a number of storms through the years, until he participated in the dissolution of the medical staff there when the differences between

the medical staff and the ownership had irreconcilable differences — the only hospital medical staff to do such a thing in the State, and perhaps in the country. He was also on the medical staffs of Touro, DePaul, and the Veterans Administration hospitals.

He was a soft-spoken leader whose influence was felt at the Louisiana Psychiatric Association, now the LPMA, where he served in a number of positions, including President. He also was a frequent Delegate to the Louisiana State Medical Society House of Delegates, representing the Orleans Parish Medical Society most capably. He also was active in the Southern Psychiatric Association and graciously was one of my sponsors to that organization, a group that we both enjoyed immensely.

He loved fine wines and indulged that avocation by being a part owner in the Uptown Square Winery; that enterprise even had a subsidiary at the 1984 World's Fair. He was also active in various other civic and oenophile organizations.

He is survived by his three daughters, Beth, Nanette, and Erin "officially," but also his memory will live on in all of us who had the pleasure of knowing him. He will be sorely missed.

Submitted by Dudley M. Stewart, Jr., M.D. ■



MOCTEZUMA: AN EARLY DESCRIPTION OF *SUSTO*

Continued from 5

mander, he appears to have been unable to act against the enemy (Sahagun 1975: 37).

Although he appears to have regained his composure briefly when Cortez finally did arrive, he was unable to resist the Spanish demands, and surrendered his empire to the Spanish monarch in a tearful and dramatic speech that he was unable to complete because of the intensity of his sobbing (Gomara 1964: 185; Cortez 1986: 99). Although contemporary accounts little more of his subsequent deterioration, Renault Diaz reports that the actual cause of his death was his refusal to accept treatments after he was inadvertently stoned by his own subjects (Diaz del Castillo 1956: 310), a report entirely consistent with his previous state of mind.

It is worth noting that the Aztecs themselves found all this as bewildering and inappropriate as we do. Not only did his major vassals finally desert him in anger (Sahagun 1975: 45), but even the people

who witnessed his cremation spoke of him as a "blockhead," and complained of the foul smell of his burning corpse (Sahagun 1975: 66). In their bluntly stated opinion, he had not behaved as they thought a ruler should.

A modern *curandero* or folk healer would immediately recognize this pattern as characteristic of *susto*, an emotional disorder brought on by a frightening experience and leading to symptoms which, in western medicine, are most frequently associated with depression with comorbid anxiety.

The modern condition known as *susto* has been reported occurring throughout Latin America from Peru (Gillin 1948) to Texas (Trotter 1982; Rubel 1960). Trotter (1982: 218) ranks *susto* among the thirty most common ailments in his community survey in the Spanish speaking areas of the lower Rio

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MOCTEZUMA: AN EARLY DESCRIPTION OF *SUSTO*

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As a result, *susto*, viewed as an interpersonal strategy to obtain relief from overwhelming social stress, appears, in the case of Moctezuma, to have been a failure.

Grande Valley of Texas. It is, after *nervios*, the second most common emotional disorder. It is also known as *pusmo*, *jami*, *espanto*, *perdido de la sombra* (Rubel 1964: 270) and *nerro* (Bolton 1981: 262), but is to be distinguished from *mal ojo* and *caida de moloera*, which mainly affect children (Rubel 1960) and from *bilis* (O'Neal 1975: 59). According to Foster (1953: 211) *susto*, at least in the Mesoamerican sense, is not found in either modern or historical Spanish culture, although a probably related condition called *assustru* has been reported in Sardinia and (Signorini 1982: 313), an area historically related to Catalonia. I will return to this topic later.

The basic syndrome as reported by Rubel (1964: 270), consists of listlessness, loss of appetite, disinterest in dress and personal hygiene, loss of strength, depression...introversion and restless sleep. Gobel (1973: 40) adds fear and anxiety to the list of symptoms, as well as an obsession with soul loss and death.

Gillen (1948: 387) emphasizes the "withdrawal from normal social activity and responsibility, and the signs of a temporary collapse of the ego organization." He also quotes Barbachano's report from Chiapas that *asustados* are unusually susceptible to loud noises (1948: 398)

The DSM-IV (1994) lists appetite disturbances, inadequate, excessive, or troubled sleep, feelings of sadness and of low self worth and lack of motivation, as well as such somatic symptoms as headache, muscle aches, and diarrhea and notes that sufferers "experience significant strain in key social roles."

While there are many theories regarding the etiology of *susto*, most can be grouped into those of the *asustados* and *curanderos* themselves, and those of anthropologists, cultural theories that emphasize the role-alien behaviors typical of the condition.

The name implies the notion of "fright" as central to the conceptions of the illness, which we find in Indian and Latin American folk tradition. Gillen (1948: 387) prefers to translate *susto* as "magical fright," since as an illness, it goes beyond the ordinary meaning of the Spanish word and includes both physical and psychological changes related to "soul loss" Gobiell (1973: 38).

The *tonalli*, translated by Lopez-Austin as "the irradiation contained in the body" (1988: 183) was, prior to the conquest, quite different from the Western concept of the soul. It was in-

stead a manifestation of each individual's relation to the cosmic powers, and particularly to the sun, which through its radiant warmth and its regularity created both life itself and the destiny of each man. The *tonalli* can be thought of as the result of one of the forces of mythical time penetrating into the time of man and being defused all over the earth as "light-heat" (Lopez-Austin (1988: 205). The *tonalli* is also related to valor (Lopez-Austin (1988: 193), an attribute quite relevant to our illustrations.

Although many earlier anthropologists have taken note of this illness, it was Gillen (1948: 399) who called attention to the "relief and reward from the psychological difficulties of life" afforded by *susto*. Since then, most writers have concentrated their attention on the *asustado's* abandonment of social role expectations as a response to external stress. In his 1964 paper, Rubil states that the salient feature of all the cases he had studied was the victim's helplessness.

Moctezuma deteriorated rapidly. He lost interest in eating, sleeping, talking and other activities. His strength failed him, and he suffered from faintness. Sensitivity to loud noises is suggested by his reaction to the news of the Spanish cannon. He complained of an inner dysphoria, which we would today associate with intense depression. He displayed dramatic personality changes in the form of cowardice and indecision, though in the past he had been a feared and cruel warrior.

In retrospect it would seem that the Aztecs were highly ambivalent regarding the role expectation of their rulers, demanding brutality, but resenting the consequence of having so brutal an emperor. As a result, *susto*, viewed as an interpersonal strategy to obtain relief from overwhelming social stress, appears, in the case of Moctezuma, to have been a failure.

Historians for generations have been amazed at the ease with which a small number of Spaniards, poorly disciplined, and far from their own sources of support, conquered one of the greatest military empires in the world in only two years. In retrospect, it is apparent that the reaction of the defending rulers, a reaction consistent with a diagnosis of an emotional disorder, contributed as much as the strength of the conquerors in making the New World a Spanish colony.

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DISTINGUISHED FELLOWS

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the Medical Director of the Chemical Dependency Unit at River Oaks Hospital in Harahan. He was the Founder and Medical Director of the Chemical Dependency Units at Slidell Memorial Hospital and at Riverbend Hospital in Metairie.

Dr. Roy graduated from the University of Houston and received his medical degree from Tulane Medical School where he also completed a psychiatric residency. He is board certified by ABPN and is certified by the American Society of Addiction Medicine. He is Clinical Assistant Professor of Psychiatry at Tulane and has taught medical students and other professional students at Tulane. In addition, he gives presentations to community-based groups.

Dr. Roy chaired the LPMA Continuing Education and Insurance committees. He is a Fellow of the American Society of Addiction Medicine (ASAM) and served on their Board of Directors. He chaired the ASAM Membership Committee and the State Special Society Task Force where he has been a mentor to new members and new chapters.

Dr. Roy is on the Louisiana State Medical Society (LSMS) Mental Health and Substance Abuse Committee and was a delegate from Jefferson Parish Medical Society (JPMS) to the LSMS House of Delegates. He served on the Speaker's Bureau and chairs the Drug Free Schools Committee.

Dr. Roy was appointed by the Governor of Louisiana to the Louisiana State Board of Certification for Substance Abuse Counselors. He was on the Board of Directors for Bridge House, a non-profit residential addiction treatment facility and is medical director for Grace House as an uncompensated advisory physician for a public sector residential facility for women.

We also congratulate Drs. Gregory Brown and Gregory Seal who were approved for Fellow status in the APA. They will be sent a Fellowship certificate and Fellowship pin in recognition of their new status and will be publicly acknowledged at the Convocation in Atlanta. Information about applying for Distinguished Fellow or Fellow can be found on page 13 of this newsletter. ■

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APAPAC – HOW YOUR CONTRIBUTIONS ARE SPENT

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flected in the PAC's list of support). In the case of open-seat races, the PAC Board works with APA members in that district and state as well as the District Branch to ensure we obtain any and all information possible. The PAC Board also looks to support Members of Congress that are considered our allies, those who are both pro-psychiatry, and pro-physician, regardless of their leadership status or committee assignment. In most cases, APA joins with medical specialty and health industry associations in co-hosting events for these individuals, presenting an important unified face to matters we are concerned with as a physician community.

In addition to these factors, the PAC Board considers requests from APAPAC members and those that come directly from District Branches/State Associations. For all potential contributions: the candidate, opponent, district, position in Congress, leg-

islative record (of both candidates and when applicable), and likelihood of victory are all considered.

Rest assured; the PAC Board does not make these decisions lightly. Each contribution is thoroughly evaluated based on a comprehensive candidate review while keeping the APA's advocacy agenda and strategy as the top priority.

Thanks for the opportunity to provide a general explanation of how these voluntary APA-members' contributions are distributed and how the PAC Board of Directors works to protect and represent the interests of all APA members. If you are not yet a member, please join many of your colleagues by contributing to the PAC online at www.psych.org/members/apapac/index.cfm. For more information, please contact APAPAC Manager Jason Pray at jpray@psych.org or 703-907-8581. ■

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