



Texas Society of Psychiatric Physicians NEWSLETTER

OCTOBER / NOVEMBER 2001

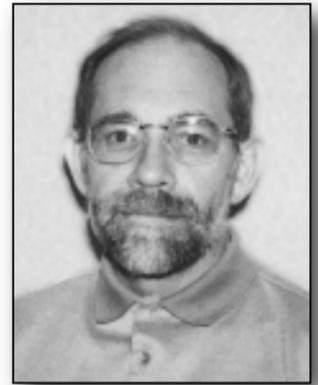
A New Order?

Joseph Castiglioni MD, PhD

Several years of regulatory and educational efforts to make the American workplace safer against acts of homicide began to pay off by the end of the 1990s. The decade saw a steady reduction in the actual numbers of workers killed each year in 1999 compared to 1992. Nineteen-ninety-nine saw 643 Americans murdered while at their jobs, compared to 1,044 in 1992, a decrease in absolute numbers of nearly 40%, even though the total workforce grew in that period. This optimistic trend was itself murdered on the day of destruction in September. Since then President Bush has urged us to accept the reality of an indeterminately long war against enemies who will try to disrupt our daily lives. Subsequent descriptions of enhanced airport security and Presidential appeals to resume normal travel in the skies were followed by the revelation that the military now has a limited standing authority to shoot down civilian airplanes that threaten population centers. While individually, these

actions seem both prudent and considered, their juxtaposition illustrates the dissonant messages we will have to reconcile more consciously and deliberately from this point onward. By a certain reckoning, those who board commercial airliners might be considered heroes for facing the supreme risk in support of the national economy. We who spend money at the mall, buy a new car, and return to our daily work in defiance of terrorists are combatants on the potential front lines of malevolent activity. Since that day in September most of my patients have expressed a great sadness at the loss of life and innocence at the World Trade Center and in Washington, D.C. Some of them have become more easily disturbed by familiar hardships that would not have been problematic before. Others have respectfully contrasted the magnitude of the tragedy with their own relatively minor difficulties, and found new appreciation of what they have. Most have continued on with humility in the face of what is and what might be, and per-

haps with a wish to be the instrument of justice- or in some cases the hand of vengeance pretending to be justice. There is a desire to locate a designated psychic place for such a trauma in the context of usual expectations and prior experience, to make a fit that allows such a discontinuity to be less dramatic, and therefore seem less unpredictable. Should each of us take more responsibility for our own safety, or should we trust "paternal entities" such as the government to shield us? This question previously involved issues such as crime and gun control in the public debate, and in the psychotherapist's office, issues such as the mechanics by which one's relationships succeeded or failed. But all strategies to navigate the days of our lives suffer from our own inability to control every variable. Since September 11 the list of variables has grown long, to include things such as airplanes landing in office buildings, and malignant microbes wafting on the breeze in search of tissues to infect. We will have to learn to rec-



JOSEPH CASTIGLIONI, MD, PHD

ognize the new nature of safe places and dangerous places. In one sense, this new reality simply revisits concepts that psychotherapists have taught patients for a long time: be aware, live in the present, consider the consequences of your decisions, and rule your emotions while also heeding their voice.



Task Force to Recommend Mental Health Service Improvements

Larry Tripp, MD, former TSPP President of Dallas, has been appointed to a 19-member Task Force to advise the Texas Board of Mental Health and Mental Retardation on a model TDMHMR should use when purchasing community mental health services in the future.

Rudy Arredondo, TDMHMR Board member of Lubbock, chairs the group appointed by Board Chairman, Andrew Hardin of McKinney. "While the task force is building on the advances made by previous pilot projects, our critical role is to receive input to comprehensively develop a fundamental structure and function to be used in the future," Arredondo said. "Through meetings and other public forums, consumers, advo-

cates and providers from urban and rural areas will have ample opportunity to voice their needs and concerns. This group is committed to consumer choice and to efficiency and accountability."

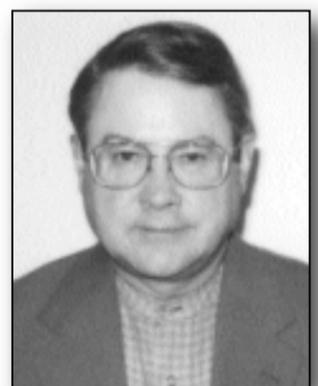
The Task Force had its initial meeting on September 27 and is to prepare a report, due March 31, 2002, defining the roles of the state and local authority, centers and state hospitals, and develop a timeline for implementation.

Arredondo said that pilot projects, called 2377s, in Tarrant, Travis and Lubbock counties, along with the NorthSTAR project will provide a basis for defining the new roles and service models.

"Mental health service delivery is chang-

ing," he said. "Our system needs to evolve from a process that calls for funding to other contracting agencies to one that centers on directly purchasing services. This group's task is paramount to ensuring that urban and rural Texans have access to quality care."

Other task force members are: Danette Castle, Lubbock; Charles Cooper, Dallas; King Davis, Austin; Beth Epps, Dallas; Tom Hamilton, Houston; Ron Harris, McKinney; Aaryce Hayes, Austin; Guy Herman, Austin; Regina Hicks, Houston; Joe Lovelace, Dripping Springs; Jim McDermott, Ft. Worth; Kim McPherson, Austin; Ed Moughon, Big Spring; Rosemary Neill, El Paso; Jim Nickerson, Pittsburg; Janet Paleo, San Antonio; and, D. Pascal, Dallas.

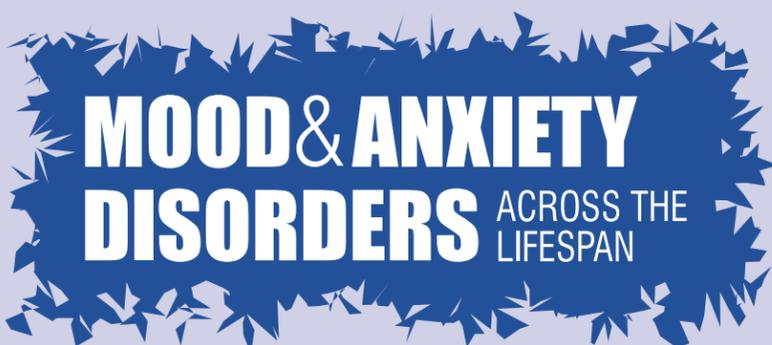


LARRY TRIPP, MD

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TSPP Annual Convention and Scientific Program



If you have not already made plans to attend the TSPP Annual Convention and Scientific Program on November 2-4, 2001 at the Moody Gardens Hotel in Galveston, it is not too late. Please attend, participate in organized psychiatry, receive 10 hours of Category I CME, visit with colleagues from around the State, and enjoy the social events and amenities of the Moody Gardens resort.

See Page 3 for Convention and Scientific Program Schedule

TSPP and Advocacy

Lets talk about one of the success stories of psychiatry in the U.S. over the past decade: advocacy. For convenience, I will discuss our major advocacy partners, the efforts of TSPP and the APA on advocacy in the areas of research, clinical services and stigma, and, finally, what I see as the implications of these efforts for you as an individual psychiatrist.

The APA has initiated a winning e-mail newsletter, entitled *APA Advocacy News* (Advocacy@psych.org.). For this regular newsletter, we are talking about advocacy as an action verb. The short, to the point, executive summary comments have clear headings so that I can hone in on those areas of high interest to me, browse if a bit interested, or pass over if I do not have the time. There is a section on current developments in the states. This can be helpful in learning of a success in one state that otherwise might go unknown to you for many months. The recent issue states that Delaware passed legislation including substance dependence in those mental illnesses requiring parity coverage in the state. We have a particular interest in this issue in our department, thus the passage of HB 100 in Delaware is something that we can track down and see how the Delaware experience could be transplanted to Texas.

Cross-referencing is a strength of *Advocacy News*. There is a highlight of a presentation made by Surgeon General David Thatcher on Mental Health, Culture and Race. Living in San Antonio, this is of great importance to our department and psychiatrists in the community. I can click to read the full report of Thatcher, or our President, Richard Harding's, response to Thatcher's address. Similarly, there are links to full articles that have appeared in *Psychiatric News*, thereby allowing the person with interest quick access to source documents. This is great stuff. It highlights the strength and depth of staffing of the APA, the benefits that can come from linking efforts at the state and national level, and is as accessible as your home or office computer.

At the national, state and city level, three major advocacy organizations have dramatically strengthened efforts to reduce stigma, make the case with legislators for adequate funding for services and research, and promote legislation which strengthens access to care. The longest serving of these is the Mental Health Association. It is perhaps the most broad-based of the three major organizations, with links to all professional organi-

zations dealing with mental illnesses, and a broad base of community leader support. The state office located in Austin, long led by Stella Mullins, is seeking a new Executive Director, pending Mrs. Mullins' retirement.

The National Alliance for the Mentally Ill has its base in concerns about those with severe and persistent mental illnesses, particularly schizophrenia and bipolar disorder. It has very strong financing at the national level and in Texas, thus is able to fund larger programs than any other of the advocacy programs. It has an extensive and well-qualified, paid staff and the capability to develop policy statements that influence political and clinical decisions. NAMI pays more attention to needs for respite and long term care than any other advocacy organization. A major percentage of the members of NAMI are parents and other family members of persons with severe mental illnesses.

The National Depressive and Manic Depressive Association is the largest advocacy organization whose members principally are persons who have the mental illnesses on which they focus. Senior officers of the organization, currently led by the very effective Lydia Lewis, have experienced these diseases from the inside. Interestingly, although the organization encompasses persons with depression and bipolar disorder, the active members, and participants in the self-help groups in communities throughout the state and nation are much more likely to have bipolar disorder than recurrent depression. I believe that this is because bipolar disorder seems to the person with the illness to be something that happened to him/her—a burden and partner—as it were, with which he/she has to live. As a result, the person is much more likely to seek and find benefit from sharing experiences with others with some similar experience. I serve on the Scientific Advisory Board of NMDA, and TSPP's Executive Director, John Bush, is the President of National DMDA. We both have a strong commitment to its goals and efforts. As most of you know, each of these organizations seeks professional members. You can individually aid your practice and profession by such membership, just as the TSPP and the APA can benefit by close alliance with these organizations at the state and national levels.

The above are not the only advocacy organizations of importance. Smaller but important organizations exist for most psy-



CHARLES L. BOWDEN, MD

chiatric disease concerns, including suicide, anxiety disorders and the more loosely structured Alcoholics Anonymous. An additional advocacy strength is funding of research and emphasizing psychiatric research priorities with members of Congress. Two additional organizations are stellar in this regard. The National Alliance for Research in Schizophrenia and Depression, or NARSAD, has substantial funding for grants, particularly targeted toward younger investigators, and an outstanding central office staff. Similarly, the more privately administered Stanley Foundation provides major support for individual investigators and for several Stanley Centers, located both in the U.S. and several foreign countries. The centers largely engage in naturalistic, effectiveness type studies.

A last group of advocacy partners are the large research pharmaceutical companies. These organizations directly fund many worthwhile educational efforts at the civic, advocacy organization, academic department and professional organization level. While corporations are certainly paying attention to their corporate goals, their experience in working with physicians, patients and other persons intimately involved with psychiatric and other medical illnesses results in their having substantial appreciation of the needs that could be better met with improved funding and treatment policies.

One final point. The markedly improved treatments and diagnostic techniques which our patients enjoy is in substantial part the result of the successes of the just-completed Decade of the Brain. This effort was spearheaded by the APA, made possible by technological advances such as brain imaging procedures, but as assertively endorsed and publicized by the above advocacy organizations as by any of the psychiatric societies.

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

A District Branch of the American Psychiatric Association

EXECUTIVE COUNCIL 2001-2002

EXECUTIVE COMMITTEE (*)

President Charles L. Bowden, MD
President-Elect R. Sanford Kiser, MD
Vice President Karen Dineen Wagner, MD, PhD
Secretary-Treasurer J. Clay Sawyer, MD
Immediate Past President Deborah C. Peel, MD

COUNCILORS (*)

A. David Axelrad, MD Jefferson E. Nelson, MD
 Gary L. Etter, MD Deborah C. Peel, MD
 Alex K. Munson, MD Margo K. Restrepo, MD

REPRESENTATIVES TO THE APA ASSEMBLY (*)

A. David Axelrad, MD Priscilla Ray, MD
 Robert G. Denney, MD Paul H. Wick, MD
 Tracy Gordy, MD, Area V Rep.

REPRESENTATIVES TO APA DIVISIONS (*)

APA Division of Government Relations . . . Leslie Secrest, MD
 APA Division of Public Affairs Timothy K. Wolff, MD

COMMITTEE CHAIRS (*)

Budget Committee J. Clay Sawyer, MD
 Children and Adolescents Committee Carl Pfeifer, MD
 Constitution and Bylaws Committee Raul Capitaine, MD
 Continuing Medical Education Cmte Rege Stewart, MD
 Early Career Psychiatrists Committee . . . Richard Noel, MD
 Ethics Committee Michael R. Arambula, MD
 Fellowship and Awards Committee Patrick Holden, MD
 Forensic Psychiatry George A. Trapp, MD
 Government Affairs Cmte Martha E. Leatherman, MD
 Long Range Planning Committee Robert Denney, MD
 Managed Care Committee Bernard M. Gerber, MD
 Members-in-Training Section Jacquie McGregor, MD
 Membership Committee Gary L. Etter, MD
 Newsletter & Website Committee Edward L. Reilly, MD
 Joseph Castiglioni, MD
 Nominating Committee Deborah C. Peel, MD
 Professional Standards Cmte Madeline Harford, MD
 Public Affairs Committee George Santos, MD
 Public Mental Health Services Cmte Larry Tripp, MD
 Task Force on Addictive Disorders Edgar Nace, MD
 UR Complaint Service R. Sanford Kiser, MD
 Bernard Gerber, MD

CHAPTER REPRESENTATIVES (*)

Austin Chapter Kathryn McIntyre, MD
 Bexar County Chapter Franklin C. Redmond, MD
 Brazos Valley Chapter Joseph Castiglioni, MD
 Corpus Christi Chapter Raul Capitaine, MD
 East Texas Chapter James Buckingham, MD
 El Paso Chapter Gerardo Gregory, MD
 Galveston-Jefferson Chapter Grace K. Jameson, MD
 Heart of Texas Chapter
 Houston Chapter Richard Noel, MD
 Lone Star Chapter J. Clay Sawyer, MD
 North Texas Chapter William R. Lynch, MD
 Red River Chapter Joseph Black, MD
 South Texas Chapter Roberto Gonzalez, MD
 Tarrant Chapter Edward S. Furber, MD
 Victoria Chapter
 West Texas Chapter Parviz Malek-Ahmadi, MD

MEMBER-IN-TRAINING REPRESENTATIVES (*)

Austin State Hospital Nazrul Islam, MD
 Baylor College of Medicine Cindy Marshall, MD
 Baylor Child/Adolescent
 JPS Psychiatric Residency Sophia Encarnacion, MD
 Texas A&M, Scott & White Suresh Durgam, MD
 Texas Tech, El Paso Gabriel Hernandez, MD
 Texas Tech, Lubbock Shalini Aggarwal, MD
 UTHSC, Houston Ignacio Valdes, MD
 UTHSC, Houston, Child/Adolescent Madhuri Kamble, MD
 UTHSC, San Antonio Joe Hernandez, MD
 UTMB, Galveston Trina Cormack, MD
 UTMB, Child/Adolescent
 UT Southwestern Daralynn Deardorff, DO
 UT Southwestern, Child/Adolescent Michael Scott Woods, MD
 UT Southwestern, Geriatric

REPRESENTATIVES FROM OTHER ORGANIZATIONS

Texas Depart. of MHMR Steven Shon, MD
 TMA Interspecialty Society Cmte J. Clay Sawyer, MD
 TSPP Auxiliary Patty Tuthill
 TSCAP Jaime Quintanilla, MD
 TEPER Grace K. Jameson, MD
 TMHLG Madeline Harford, MD

TSPP EXECUTIVE OFFICE

Executive Director John R. Bush
 Assistant Director Debbie Sundberg

(*) Voting member of the Executive Council

Congratulations...

The APA has notified TSPP of members who have achieved the status of Life Member and Life Fellow effective January 1, 2002. New **Life Members** are: **Joseph Black, MD** (Vernon); **Dennis Dalton, MD** (Dallas); **Harold Domres, Jr., MD** (San Antonio); **Paul Hill, MD** (Temple); **Richard Jaeckle, MD** (Dallas); **Raymond Liverman, DO** (Arlington); **William Munyon, MD** (Austin); **Damaso Oliva, MD** (San Antonio); **George Trapp, MD** (Dallas); and **Javier Zapata, MD** (Bellaire).

New **Life Fellows** include: **Thomas Brandon, MD** (Houston); **John Dale, MD** (Houston); **Norman Decker, MD** (Houston); **Charles Hauser, MD** (Tyler); **James May, MD** (Corpus Christi); **Habib Nathan, MD** (San Antonio); **Richard Pesikoff, MD** (Houston); **Alfredo Suescum, MD** (San Antonio); and **Roy Varner, MD** (Houston).

TSPP Elections

Nominations for TSPP elective offices will be finalized at the Annual Business Meeting on November 3, 2001 in Galveston at the Moody Gardens Hotel during the Annual Convention and Scientific Program. Positions to be considered in the 2001 elections include:

- President-Elect**, one year term, 2002-2003
- Secretary-Treasurer**, one year term, 2002-2003
- Councilor-at-Large**, three year term, 2002-2005
- APA Representative**, three year term, 2002-2005

During 2002-2003, R. Sanford Kiser, MD (Dallas) will be President and Gary L. Etter, MD (Fort Worth) will be Vice President.

The Nominating Committee, composed of Deborah C. Peel, MD, Chairman, Jefferson E. Nelson, MD, and A. David Axelrad, MD, have met and by majority vote, selected **Madeline W. Harford, MD** (Dallas) to oppose **Priscilla Ray, MD** (Houston), nominated by the Houston Chapter for President-Elect.

For the position of Secretary-Treasurer, the Nominating Committee by majority vote selected **Clifford K. Moy, MD** (Austin) to oppose **J. Clay Sawyer, MD** (Waco), who was nominated by the Lone Star Chapter for

re-election to a second term.

The Nominating Committee unanimously selected **Lynda M. Parker, MD** (Amarillo) as a candidate for Councilor-at-Large, succeeding Alex K. Munson, MD (Georgetown), who is completing his second three year term.

By majority vote, the Nominating Committee selected **Kathleen B. Erdman, MD** (Dallas) to oppose **Robert G. Denney, MD** (Fort Worth) for the position of APA Assembly Representative. Dr. Denney was nominated by the Tarrant Chapter for re-election to his second term as APA Representative.

Following the finalization of the slate of candidates during the TSPP Annual Business Meeting on November 3, 2001, elections will be governed by the TSPP Bylaws, Chapter Nine, as follows:

Section II. At the annual business meeting, the nominees for office recommended by the Nominating Committee, the nominees for office submitted by the Chapters, and the nominees submitted by written petition signed by at least 20 voting members, shall be presented to the entire voting membership present. Additional nominations may be made from the floor by any voting members.

Section III. The election of officers shall

be conducted by mail ballot whenever more than one slate of officers is nominated. The ballot shall list in alphabetical order, as candidates for office all members nominated in accordance with the Constitution and Bylaws. The ballot shall not in any way indicate the particular process by which the candidate was nominated. If no nominations are made by the Chapters, by petition, or from the floor, the slate submitted by the Nominating Committee will be considered to be elected by acclamation by those members at the annual business meeting.

Section IV. In contested elections, the ballots shall be mailed to all voting members within seven (7) days after the Annual Business Meeting. The ballots must be returned within thirty (30) days following the Annual Business Meeting...

As stipulated in Section V-VIII, the ballots will be tallied and reported at a regularly scheduled meeting of the Executive Council and the certified election results announced by mail to the entire membership following the Executive Council meeting.

Elective positions are currently held by the following members:

Officers 2001-2002:

President – Charles L. Bowden, MD (San Antonio)

President-Elect - R. Sanford Kiser, MD (Dallas)
 Vice President - Karen D. Wagner, MD (Galveston)
 Secretary-Treasurer - J. Clay Sawyer, MD (Waco)

APA Representatives:

A. David Axelrad, MD, Houston (2001-2004, first term)
 Robert G. Denney, MD, Fort Worth (1999-2002, first term)
 Priscilla Ray, MD, Houston (2000-2003, second term)
 Paul H. Wick, MD, Tyler (2001-2004, third term)

Councilors-at-Large:

Gary L. Etter, MD, Fort Worth (2001-2004, first term)
 Alex K. Munson, MD, Georgetown (1999-2002, second term)
 Margo K. Restrepo, MD, Houston (2000-2003, second term)

Representative to the APA Division of Government Relations:

Leslie H. Secrest, MD, Dallas (2000-2003, first term)

Representative to the APA Division of Public Affairs:

Timothy K. Wolff, MD, Dallas (2000-2003, second term)



TSPP Annual Convention and Scientific Program DAILY SCHEDULE

FRIDAY, NOVEMBER 2

8:00 am - 8:00 p.m. Registration, First Floor Foyer, Moody Gardens Ballroom
 7:30 am - 5:00 pm **Committee Meetings**
 7:30 am - 9:00 am Government Affairs CommitteeVine 2
 9:00 am - 10:30 am Professional Practices CommitteeSalon H
 Children and Adolescents CommitteeSalon G
 Budget CommitteeVine 1
 Ethics CommitteeSalon F
 10:30 am - 12:00 pm Newsletter & Website CommitteeVine 1
 Managed Care CommitteeSalon H
 Membership CommitteeSalon F
 Texas DMDAVine 2
 Fellowship CommitteeSalon G
 12:00 pm - 2:00 pm Committee Member Luncheon ProgramIvy 2
 "Update on Utilization Review"
 Sponsored by TSPP UR Complaint Service
 2:00 pm - 3:30 pm Constitution & Bylaws CommitteeSalon G
 Early Career Psychiatry CommitteeVine 1
 CME CommitteeSalon H
 Task Force on Addictive DisordersSalon F
 Public Affairs CommitteeVine 2
 3:30 pm - 5:00 pm Foundation Board MeetingVine 1
 Long Range Planning CommitteeSalon F
 Public Mental Health CommitteeSalon G
 Forensic Psychiatry CommitteeSalon H
 MIT SectionVine 2
 5:00 pm - 6:30 pm **Executive Council Meeting**Ivy
 6:30 pm - 7:30 pm **Welcome Reception with Exhibitors**Salons A,B,C

SATURDAY, NOVEMBER 3

7:00 AM - 5:00 PM Registration/Information, First Floor Foyer, Moody Gardens Ballroom
 7:00 am - 7:45 am Continental Breakfast for RegistrantsSalons A,B,C
 7:00 am - 2:00 pm ExhibitsSalons A,B,C

8:00 am - 5:45 pm **Scientific Program**Moody II Ballroom
"Mood and Anxiety Disorders Across the Lifespan"
 8:00 am - 9:00 am "Update on Treatment of Anxiety Disorders in Adults"
 R. Bruce Lydiard, PhD, MD
 9:00 am - 10:00 am "Mood Disorders in Children and Adolescents"
 Karen Dineen Wagner, MD, PhD
 10:00 am - 10:30 am Refreshment BreakSalons A,B,C
 10:30 am - 11:30 am "Long Term Management of Depression in Adults"
 Robert MA Hirschfeld, MD
 11:30 am - 1:15 pm **Annual Business Meeting Luncheon**Salon D
 1:30 pm - 2:30 pm "Novel Treatments for Bipolar Disorder"
 Tricia Suppes, PhD, MD
 2:30 pm - 3:30 pm "Treatment of Mood and Anxiety Disorders
 During Pregnancy and Lactation"
 Zachary N. Stowe, MD
 3:30 pm - 3:45 pm Refreshment Break
 3:45 pm - 4:45 pm "Advances in Cognitive Therapy for Chronic Depression"
 Ruth E. Levine, MD
 4:45 pm - 5:45 pm "Galveston: The Origin of Academic Psychiatry in Texas"
 Grace K. Jameson, MD
 6:15 pm - 6:45 pm **Reception, Annual Awards Banquet**Foyer, Moody I
 6:45 pm **Annual Awards Banquet**Salon D

SUNDAY, NOVEMBER 4

7:30 am - 1:00 pm Registration/Information, First Floor Foyer, Moody Gardens Ballroom
 8:30 am - 12:45 pm **Scientific Program**Moody II Ballroom
 8:30 am - 9:30 am Resident Paper Competition Winner
 9:30 am - 10:30 am "Treatment of Mood Disorders in the Elderly"
 Michael O'Boyle, MD, PhD
 10:30 am - 10:45 am Refreshment Break
 10:45 am - 12:45 am "Duty to Warn? Update on Tarasoff in Texas"
 T. Howard Stone, JD, LLM
 12:45 pm Closing Remarks

Annual Campaign 2001

An Opportunity to Participate

Have you made your annual contribution to the Texas Foundation for Psychiatric Education and Research (TFPER)? If not, the Development Board and Board of Directors of the Foundation encourage you to support the Foundation's Annual Campaign. "I am pleased to announce that the Foundation launched its ninth Annual Campaign...

Annual Campaign 2001... on October 1," said Miriam Feaster, President of the Foundation's Development Board. "We are grateful for the growing number of TSPP members who have supported the work of the Foundation through their charitable giving and we are optimistic that this will be our most successful Campaign to date. Giving this year has already surpassed our results during 2000."

According to Mrs. Feaster, persons who make their 2001 donation prior to or at the TSPP Annual Convention in Galveston on November 2-4 will receive a gift of appreciation at the Foundation's booth in the Convention exhibit area.

"TSPP members have provided the nucleus of our support in the past," said Grace K. Jameson, MD, Chairman of the Foundation's Board of Directors. According to Dr. Jameson, TSPP members have accounted for about 60% of funds contributed to the Foundation since it began raising money in 1993.

"All members of TSPP are members of the Foundation, but unlike many other membership foundations, TFPER does not assess members dues. Instead, our Board made the decision to encourage members to contribute to the Foundation voluntarily," added Dr. Jameson. The Foundation has only one fund-raising function each year, an Annual Campaign that is conducted from October through December.

"Because TSPP has been generous in providing staff and resources to the Foundation, virtually 100% of a donor's gift may be allocated to programs supported by the Foundation," said Mrs. Feaster. "This administrative support has given our Foundation the

opportunity to become financially viable in a relatively short period of time."

Each TSPP member received a mailing in October about **Annual Campaign 2001**. According to Mrs. Feaster, the emphasis of **Annual Campaign 2001** is to encourage unrestricted donations to enable the Foundation to support three areas of interest: ending stigma and discrimination; ensuring access to quality psychiatric care; and, improving treatment through research.

To date, the Foundation has received 841 contributions totaling about \$201,059. The Foundation's goal during its formative years has been to build a solid financial base while beginning to invest its funds carefully in programs that meet the Foundation's objectives. Forty-four grants amounting to \$37,900 have been awarded to date.

TSPP was instrumental in founding the Foundation as a non-profit organization in December 1991. The Internal Revenue Service subsequently recognized the Foundation as a 501(c)(3) organization which entitles donations to be deducted from income taxes to the full extent of the law. The Foundation is independently governed by a Board of Directors, twelve of whom are elected by the membership. The balance of the Board is composed of persons who hold leadership positions in organized psychiatry

and in mental illness advocacy organizations.

The structure of the Foundation also includes a Development Board which is charged with identifying programs to support and directing fund-raising activities.

Members of the Board include: Diane Bathchelder (Austin); Jacque' Collier (Georgetown); Miriam Feaster (Friendswood); Hal Haralson (Austin); Eva Koll (Friendswood); Harry Lundell (Austin); Don Marler, PhD (Austin); Stella Mullins (Austin); and Gail Oberta (Austin).

Please help to make **Annual Campaign 2001** our best campaign. Please donate as

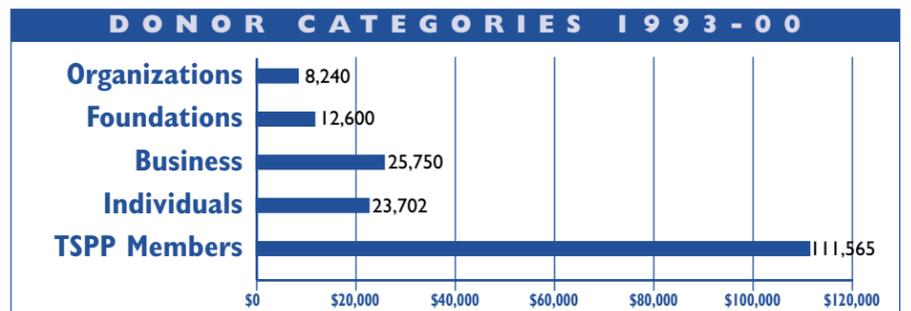
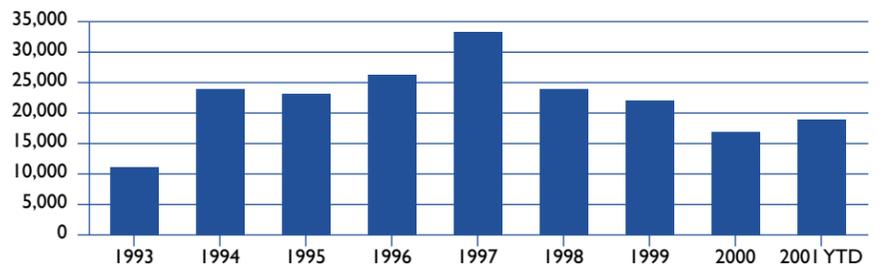


MIRIAM FEASTER, PRESIDENT
FOUNDATION DEVELOPMENT BOARD

generously as you can. Your participation is important and we hope will be rewarding.



Annual Campaign Results



TEXAS FOUNDATION FOR PSYCHIATRIC EDUCATION AND RESEARCH ANNUAL FUND 2001

I am pleased to support the Foundation with a contribution of:

\$50 \$100 \$250 \$500 \$1000 \$ _____

I am pleased to commit to Club 2000 and help the Foundation enter the new century with a pledge of:

\$ _____ payable over the period of _____

DONOR INFORMATION

Name _____

Address _____

Telephone () _____

Contact me about a PLANNED GIFT.

Special Instructions/Requests: _____

Please make your check payable to "Texas Foundation for Psychiatric Education and Research"
401 West 15th Street, Suite 675, Austin, Texas 78701.
Your contribution is tax deductible to the full extent of the law. Thank you for your support!

Candidates for Foundation Board Announced

Elections to be Conducted at Annual Meeting

The Nominating Committee of the Texas Foundation for Psychiatric Education and Research, composed of Charles Bowden, MD, Bernard Gerber, MD and Edward Reilly, MD submit the following slate of candidates for positions on the Board of Directors:

Four Three Year Terms (May 2002-May 2005)

- ★ **David Briones, MD** to be re-appointed to another 3 year term.
- ★ **Edward Reilly, MD** to be re-appointed to another 3 year term.
- ★ At his request, Robert Stubblefield, MD will retire his seat on the Board. The Committee will recommend that **Art Farley, MD** be appointed to a 3 year term beginning in May 2002.
- ★ **Tracy Gordy, MD** to be re-appointed to another 3 year term.

Elections for these positions will be conducted at the Foundation Annual Membership Meeting at the Moody Gardens Hotel in Galveston on November 2, 2001 during the TSPP/Foundation Annual Business Meeting. Foundation members, which include all TSPP members in good standing, may submit names of candidates for the position of Foundation Director by submitting a petition signed by at least 20 members. Nominations may also be entertained from the floor during the Annual Membership Meeting. If there is a contested election, the election will be conducted by mail ballot in accordance with the Bylaws of the Foundation. Otherwise, the election will be conducted at the Annual Membership Meeting.

The Foundation's Board of Directors are charged with supervising, managing and con-

trolling all of the policies, activities and affairs of the Foundation. There may be as many as 21 individuals holding a position of Director. There are two classes of Directors. Designated Directors are persons serving on the Board by virtue of positions they may hold in organized medicine or among mental health advocacy organizations (ie President-Elect of TSPP, Secretary-Treasurer of TSPP, Immediate Past President of TSPP, President of the Development Board, President of the TSPP Auxiliary, President of the NAMI Texas, Chairman of the Mental Health Association in Texas, President of the Texas Depressive and Manic-Depressive Association, Chair of the TSPP Public Affairs Committee and Chair of the TMA Committee on Psychiatric Health Care and Mental Retardation). There are cur-

rently 7 Designated Directors.

In addition to Designated Directors, the Board is composed 12 Elected Directors. Elected Directors are elected by the membership of the Foundation to serve three year terms on the Board. At least 3 Elected Directors must be past Presidents of TSPP.

Current Elected Directors include Robert Bennett, MD, Charles Bowden, MD, David Briones, MD, Tracy Gordy, MD, Grace Jameson, MD, Alex Munson, MD, Edward Reilly, MD, Margo Restrepo, MD, Linda Rhodes, MD, Robert Stubblefield, MD, Larry Tripp, MD, and Paul Wick, MD. Designated Directors currently are Miriam Feaster, Tom Hamilton, Paul Koll, Deborah Peel, MD, George Santos, MD, Clay Sawyer, MD and Jean Setzer, PhD.



Legislative Interim Committees

Several Legislative interim committees have been established and interim charges have been assigned to standing committees which are of interest to TSPP and its members.

The Senate Committee on Health and Human Services has been charged to make recommendations on three mental health/mental retardation issues: 1) Availability and adequacy of mental health services for children and adolescents and their families, including services funded through the mental health system, Medicaid, the Children's Health Insurance Program, and other funding sources the Committee considers relevant; 2) Community mental health services delivery structure, including the efficacy of continuation or expansion of the NorthSTAR managed care pilot and the role of local community MHMR centers as mental health authorities; and, 3) Texas Department of Mental Health and Mental Retardation's allocation formulas for distributing mental health and mental retardation funds to local communities.

The Committee is composed of Senators Mike Moncrief, Chairman, John Carona, Vice Chair, David Bernsen, Mario Gallegos, Chris Harris, Frank Madla, Jane Nelson, Eliot Shapleigh and David Sibley.

A Senate Special Committee on Prompt Payment of Health Care Providers has been

appointed to evaluate the effectiveness of existing state law and agency rules designed to ensure prompt payment of health insurance claims to providers by insurance companies. The Committee is to assess the level of industry compliance with current law and the necessity of additional enforcement measures. The Committee is also to determine the factors affecting the timeliness of reimbursements and make recommendations to improve the process. The Committee is composed of Senators Jane Nelson, Chairman, John Carona, Vice Chairman, Troy Fraser, Mario Gallegos, and Judith Zaffirini.

A Joint Interim Committee on Health Services, co-chaired by Senator Judith Zaffirini and Representative Patricia Gray is to study three major issues: 1) Monitor Medicaid and the Children's Health Insurance program cost issues, including: a) Medicaid cost containment activities; b) Implementation of SB 43, 77th Legislature, regarding Medicaid simplification; c) Health and Human Services Commission reorganization of Medicaid and CHIP administration; d) CHIP and Medicaid acute health reimbursement rates; e) Medicaid and CHIP caseload and cost projections; f) Federal actions affecting Medicaid and CHIP costs; and, g) any other items deemed pertinent by the Joint Committee; 2) Study the cost effectiveness of twelve month continuous eligibil-

ity for Medicaid and CHIP and make recommendations to the 78th Legislature; and, 3) Monitor the implementation of legislation passed by the 77th Legislature regarding interagency bulk purchasing of pharmaceuticals.

Other members of the Joint Committee are Senators Robert Duncan, Jane Nelson, Steve Ogden, Eliot Shapleigh and Representatives Garnet Coleman, Craig Eiland, Kyle Janek, and Arlene Wohlgemuth.

The Long Term Care Legislative Oversight Committee has been given the following interim charges: 1) Monitor implementation of SB 1839, SB 415, HB 154, and SB 1 provisions regarding nursing homes (77th Legislature), including activities related to quality of care, nursing home regulation, nursing home rate methodologies, liability insurance, and any other relevant issues and legislation; and, 2) Make recommendations to the 78th Legislature on any changes needed to improve the quality of nursing home care, assure effective use of public funds for resident care, and improve the affordability of nursing home liability insurance.

The Committee is composed of Senator Robert Duncan, Chairman, Rep. Elliott Naishtat, Vice Chairman, Senator Chris Harris, Senator Mike Moncrief, Ms. Pat Karrh, Mr. Phil Elmore, Rep. Craig Eiland,

and Rep. Jim McReynolds.

The Senate Committee on Finance, Chaired by Senator Rodney Ellis, has been assigned the following interim charges: 1) Survey and assess Texas' current tax system, including taxation authority given to units of local government. The survey should identify the economic value associated with all current taxes, as well as current exemptions and abatements. 2) Study the issue of rising medical costs and its impact on the state budget, including health and human services, correctional managed health care, education and state employee benefits. The Committee may review private pay insurance. The Committee's report should recommend ways to control cost increases and identify best practices and opportunities for savings.

Other members of the Finance Committee are Senators Chris Harris, Vice Chairman, Gonzalo Barrientos, Robert Duncan, Troy Fraser, Mike Jackson, Jon Lindsay, Eddie Lucio, Steve Ogden, Carlos Truan, John Whitmire, and Judith Zaffirini.

Reports from all interim Committees and standing Committees are due by November 15, 2002.

TSPP members who have an interest or expertise in areas to be studied by the interim committees should notify the TSPP office.



Letters...

There is something disturbing about the article in the Psychiatric News by Dr. Milton Altschuler in the "ethics corner" [TSPP Newsletter, June/July 2001, "The Ethics Corner"]. It sounds as if the author is trivializing child/adolescent pathology. It seems that children's and adolescent's problems are not so severe or disabling that they require intensive long-term hospitalization.

The article refers to long-term hospitalization of children and adolescents during the 1980s and the '90s and goes on to question if this is an ethical issue. It previously refers to "litigation regarding inappropriate hospitalization," as if this justifies the assumption that any such hospitalization by definition was inappropriate. It goes on to state that it is an ethical question because of "exploitation of the patient." Certainly exploitation of any type is immoral and leads to distrust even if done only one time. It still reflects negatively on all psychiatrists. However the article is misleading in that it seems to condemn all long-term hospitalization of children/ adolescents as unethical and unneeded. Actually all the research reports show that child/adolescent disorders are generally under-diagnosed and under-treated. Mental illness has been traditionally ignored and minimized in this age group. Even with the for-profit psychiatric hospitals there has never been enough psychiatric beds to meet the demands of the babyboon generation. I recall a teenager committing suicide while waiting to get into hospital bed during those years.

During the '70s and '80s churches and government agency setup programs to help children/adolescents obtain treatment who did not have insurance. One such facility in Dallas was run by Catholic nuns at Mt. Carmel Center. They were treating the teenagers while having them live in the center and working with them daily. I talked with the sister and asked her how long they kept adolescents. She said they needed to keep them a year at least to help in changing their lives. Was this exploitation?

Is it moral to treat depressed, acting out, sexually abused, suicidal, runaway, psychotic adolescents and teenagers in the streets and jails? A recent newspaper article reported young adult female suicided after long-term residential treatment was denied by the HMO when she was a teenager.

Certainly exploitation in excess of treatment is inappropriate and always abhorrent. However, this also applies to excessive surgery, medication, outpatient psychotherapy, psychological testing, psychoanalysis, ECT, etc. Moreover, who decides what is ethical: the author, attorneys, HMOs, insurance companies, clergy, authorities, parents of the children, physicians?

The first part of the Hippocratic Oath speaks to model relationships with fellow physicians. Is it ethical to glibly discount other physicians diagnosis and treatment recommendations while off-handedly ignoring the research and historical facts?

Frank Crumley, M.D.
Dallas, Texas

YOUR CAREER... YOUR SUCCESS... YOUR FUTURE...

...that is what the **Texas Society of Psychiatric Physicians** is all about: focusing on all aspects of psychiatric care, from public and academic psychiatry to private practice - from child psychiatry to geriatric psychiatry... with a purpose captured by our Mission Statement: "TSPP is dedicated to developing the highest quality of comprehensive psychiatric care for patients, families and communities."

Our strength comes from the participation of **all** psychiatrists. TSPP offers a united and strong voice advocating for psychiatry and our patients before the Texas Legislature and State regulatory agencies. TSPP provides representation with other medical specialties in the House of Medicine to preserve and strengthen the physician-patient relationship. TSPP offers leadership in the formation of coalitions with mental health professionals, as well as with patient and family groups in advocating for access to quality care and ending stigma and discrimination against patients and psychiatric treatments. TSPP directs the development of statewide public education programs and coordinates contacts with the media to increase the understanding of psychiatric disorders and to enhance the image of psychiatry. TSPP offers quality CME through its Annual Scientific Conferences. TSPP provides leadership in the development of practice guidelines and advocates for psychiatrists and patients with managed care organizations and third party payors. TSPP effectively represents members to the APA as one of its largest District Branches. TSPP offers an opportunity for the development of friendships with other psychiatrists and networking possibilities.

Membership offers a great deal for you, your patients and your practice. Selecting professional memberships is an important decision. **TSPP is your advocate and your representative in these challenging times. Without a strong and unified TSPP, who else is going to effectively advocate for you and the interests of psychiatry?**

**Together,
we DO make a difference!**

Texas Society of Psychiatric Physicians

401 West 15th St. #675 ★ Austin, Texas 78701 ★ 512/478-0605
e-mail: TSPPofc@aol.com ★ website: www.txpsych.org

Look Doc, No Wires!

Steve Levine, TMA Communication Director

Since their earliest days of training — during those foggy, sleepless nights as medical students and residents on-call — most physicians have experienced the “delights” of wireless communication. Even long-in-the-tooth clinicians still can’t avoid those 3 a.m. pages or cell phone calls announcing an emergency or a patient in labor or a worried parent with a feverish infant.

Like other working professionals, many physicians think of beepers, cell phones, or wireless personal digital assistants (PDAs) as electronic leashes. They allow you to spend (at least part of) the evening at the movies, a restaurant, or family outing while retaining the power to reel you back into your practice at a moment’s notice.

Many other industries have found ways to use wireless technology to revolutionize how they do business. As the speaker at one recent conference put it, “The average parcel delivery truck driver is equipped with more advanced communication technology than the average office-based physician.”

According to recent estimates, however, at least 90 percent of U.S. physicians carry either a cellular phone or a pager. With that hardware already in place, the technology isn’t far off that will transform those devices from necessary nuisances into instruments of quality patient care. And three of the nation’s largest corporations — IBM, Microsoft, and Pfizer — recently joined forces to develop that technology.

The Promise

Imagine these timesaving, and possibly life-saving, possibilities:

- You’re driving home from the office, stuck in traffic, when a text message appears on your cell phone. A long-time patient needs a medication refill. By punching one button, you (1) fax the prescription to the pharmacy, (2) update the patient’s medical record, and (3) notify the patient by e-mail that she can pick up her pills in the morning.
- You’re making rounds in one of the two hospitals you staff when your pager beeps to indicate a message from the office. A patient has just shown up in the emergency room — at the *other* hospital, of course — with chest pain and shortness of breath. Your pager screen also displays a pertinent ECG strip that shows signs of a mild myocardial infarction. With a few key strokes, you ask your staff to rearrange your morning appointments because you’ll be stopping to check on the patient at the other hospital. You also transmit your standard admitting orders to the hospital’s nursing station.
- You’re covering your four-physician practice for the weekend. Your partner’s patient with chronic kidney disease calls the answering service complaining of a red, swollen, and painful right leg. Because your practice already has installed a complete electronic medical record system, you can review the patient’s recent history, lab results, and medication records on your PDA before you even return the call. You think about writing a new prescription, but the system’s “brains” warn you of a potential drug interaction that you hadn’t considered.
- Your hospital is looking for ways to reduce

expenses in the busy cardiac care unit. They’ve targeted the three technicians who watch all the blood pressure, oxygen saturation, and ECG displays for any abnormalities. A vendor promises to replace those technicians with a sophisticated computer monitoring system that can transmit the patient data to your wireless receiver and sound an alarm when the output data crosses predetermined limits.

The Risks

Some of these exciting wireless technologies already are available in sophisticated physician offices and hospitals around the country. They’re not cheap to purchase or install (the cardiac data monitoring unit discussed above starts at \$90,000), but they promise to increase efficiency and effectiveness in the long run. Still, numerous other roadblocks stand in the way of their mass adoption. They include:

- Wireless technology itself. If you’ve been on the other end of a static-filled cell phone call or a garbled pager message, you can imagine the problems that could accompany the transmission of complicated data to any wireless device.
- No common platform. Cell phones, wireless access protocol phones, pagers, and PDAs operate with no single software standard. Until one standard wins out, technology developers and physicians will be reluctant to pour cash into something that could become the 2005 version of the eight-track tape.
- Security and confidentiality. The possibility of intercepting a wireless transmission gives hackers one more target in the e-

health arena. Their claims of “HIPAA compliant” notwithstanding, developers are still hard at work developing encryption systems that meet the standards set out by the Health Insurance Portability and Accountability Act of 1996.

- The dearth of cyber-cash. The technology shakeout of the past 12 to 18 months has eliminated many firms with good ideas but no market share. One wireless firm whose October 2000 news release said it could “provide the best physician-oriented applications available today in a scalable architecture that can be easily modified to include new functionality” now has a Web site that announces it is “temporarily disabled.” (Of course, there are those who claim that *anyone* who writes like that should be out of business anyway.)

And in Conclusion

As with many emerging technologies in health care, we need to keep an eye on trends in interactive wireless applications. The IBM/Microsoft/Pfizer enterprise certainly has the operating capital to develop some blockbuster opportunities.

“We see this as a huge market that’s about to grow even further,” said Russell Ricci, general manager of IBM Global Healthcare. “The introduction of wireless handheld technology will enable physicians to do what they need to do simply, easily, and inexpensively.”

It’s interesting to note, however, that none of the three companies has had much more to say about this partnership since they announced it March 29, 2001.



Billing Compliance

Are You Heading in the Right Direction?

Development of a compliance plan is currently a voluntary process, and some wonder if the benefits are worth the hassle and expense associated with implementation; some have heard that they must spend thousands of dollars on attorneys and consultants in order to get the job done. Other uncertainties include: What are the risks and benefits of implementing a plan? Is it even necessary? When and how should I conduct chart audits? Should I hire an attorney to ensure attorney-client privilege? If I find billing errors, what steps should I take? Can I do this on my own, or should I hire a consultant?

The Texas Medical Association has developed a home study, “Billing Compliance: Are You Heading in the Right Direction?” to help you answer these questions. Experts in the areas of health care financing, health law, and auditing offer practical advice on implementing an efficient, cost-effective plan that will not only protect your office from billing errors, but also improve your general business practices and empower your staff.

Upon completion of this program, physicians should be able to:

- Define the components of the OJG com-

pliance plan for individual and small group physician practices in order to design and implement a practice-specific compliance plan;

- Discuss the pros and cons of implementing a compliance plan, and how it can provide legal protection in case of a fraud-and-abuse investigation; and
- Demonstrate the ability to audit docu-

mentation of services effectively in accordance with HCEA Documentation Guidelines and use this audit data to implement a compliance plan.

This home study course consists of four audio compact discs, paired with a syllabus that contains various resources and self-assessment questions. Physicians who complete this course can earn 6 hours of

AMA PRA Category 1 credit in ethics. TMLT-insured physicians can receive a liability insurance discount of up to 3 percent (not to exceed \$1,000).

The course is now available to TMA members for \$90. To order or for more information, call Gay Anderson, TMA, at (800) 880-1300, ext. 1421, or (512) 370-1421, or gay.anderson@texmed.org.



How to Boost Profitability

TMA Physician Services Can Help

Many areas of a medical practice need continuous attention and monitoring to ensure success and profitability. TMA Physician Services can show you how monitoring the following areas can affect practice revenue and enhance daily operations.

- Up-to-date fees and schedules. As costs associated with running a practice continue to rise, practices should review and adjust their fee schedules annually to help offset these increases.
- Billing processes. The billing/collection process starts with patient scheduling and continues through insurance verification,

copy collections, billing, payment posting, patient collections, and claims resolution. A problem in any of these steps can cause delayed payments or lost revenue for the practice.

- Accounts receivable management. Practices should have formal protocols in place with regard to collecting account balances. Waiting until a delinquent account becomes 90 days old significantly decreases your chances of collecting.
- Appropriate coding. Practices often overlook correct coding when seeking ways to increase profitability.

For a review and analysis of your revenue management and coding procedures, turn to your organization — the Texas Medical Association. TMA’s expert consultants will provide your practice with recommendations for improvement as well as on-site training for physicians and medical office staff. TMA Physician Services offers customized, practical solutions for your unique operational challenges. Contact a TMA consultant today at (800) 523-8776 or physician.services@texmed.org.





From the Outside

Daniel Creson, MD, PhD

Barbara Dent is a true student of medical history in Texas. Her interest in the evolving social complexities of medicine encompasses an interest in psychiatry's early decades in West Texas. In the following guest article, Barbara's interactive participation in a variety of historical initiatives and her experience in historical research and in the collating of historical material helps to bring to life the experience of one of the first psychiatrists in El Paso.

Brief History of Psychiatry in El Paso

Barbara Dent, Curator, El Paso Medical Museum

The term *psychiatry* was coined in 1887. Since then attitudes toward mental illness and its treatment have changed greatly. The treatment of mental patients improved in Texas during the early 1900s with the advent of the private sanitariums, catering to patients with drug and alcohol addiction. Soon it became obvious that psychiatry was a specialty of medicine and should be treated as such. As a result it became a discipline added to the medical school curriculum. In the 1920s non-university postgraduate psychiatry residency programs were introduced in Texas. By the 1930s the study and practice of psychiatry was still in an infant stage and for people with psychiatric problems there was very little help available. In Texas, mentally ill patients, requiring confinement, were usually sent to the local jail, from there they were either released or committed to the State Asylum.

In an interview with Dr. Frank Schuster, Jr. (1927-2000) concerning the early practice of psychiatry in El Paso, he said, "...there was Dr. S. D. Swope (1865-1946), who was a hypnotist and also an internist. He was a practitioner of Sigmund Freud's teaching... the stereotype of the old school, the beard and the whole works.... In his later years he still had a little consulting room with a couch in his house on Montana Ave. He saw the patients in the jail, filled out and signed the commitment papers."¹ Dr. Swope was listed in the 1941 El Paso City Directory as a physician with "special attention to mental and nervous diseases."

Just prior to the US involvement in WWII, all physicians graduated by 1940 who were 35 years old or younger, were required to register for the "draft" and if physically fit were conscripted into the Medical Corps. These physicians were then assigned to locations and medical disciplines that the military service deemed necessary. Existing military hospitals were designated to certain medical or surgical specialties. William Beaumont Army Hospital in El Paso, Texas was designated for Orthopedics, Plastic Surgery, and Psychiatry.

Dr. Arlin Cooper enlisted in the Army and was sent to William Beaumont Hospital in 1940, in an interview with him he said, "...I was sent to Win. Beaumont and Col. Edwards, the commanding officer, asked 'well what kind of service would you like?' This was early in 1940 and I said that I would like something in Internal Medicine or Cardiology. He said, 'Well, we don't have anything open in those fields, but as of today, you are a psychiatrist.'² Dr. Cooper was assigned to the psychiatric section along with Dr. Joe Hornisher (1904-1905). Dr. Hornisher had completed some training in psychiatry in Vienna in 1935 and was a little more advanced in the specialty, so he was in charge.

At the end of the war Dr. Cooper returned to El Paso and officed with a group of internists, limiting his practice to psychiatry. His patients in need of hospitalization were placed in the County Jail or in private homes. There was a cell like room at the County

Hospital that was used for violent patients, but it was unsatisfactory and dangerous. This room was under the stairs on the 1st floor with an exposed water pipe in the ceiling and many a patient committed suicide there. Dr. Cooper and Dr. Edward Stern (1906-1995) along with a number of civic organizations started a local Mental Health Society and with the El Paso County Medical Society lobbied for a mental hospital. The County would not even agree to put this item on the meeting agenda. One day in 1949, Dr. Cooper received a phone call from Sheriff Falby, asking the doctor to accompany him to the RR Station to meet the westbound Texas & Pacific Train. "A passenger has gone berserk and he's a mental patient, come with me to pick him up? ...the patient was in a manic state and completely disoriented, so we took him to jail."³ This patient was from a wealthy, nationally known shoe manufacturing family. When Dr. Cooper phoned the family to tell them about their relative they were shocked. To think that a city the size of El Paso would not have a mental hospital and that patients had to be cared for in jail was appalling news. That phone call made the national news! El Paso received a black eye because of this incident and brought immediate action. The County Commissioners called an emergency meeting. The meeting room was packed with interested persons and the County voted that day to build a mental hospital. The El Paso County Mental Hospital, Gilbert Annex, was named after County Judge Victor Gilbert and opened in 1951. This building remained functional until the 1970s when new Texas State regulations required that psychiatric units be part of a general health facility.

All of the psychiatrists in town donated their services at the Gilbert Annex and the Psychiatry Department functioned quite well. Soon, the Department was divided into two sections with one general chairman. The inpatient section was housed in the Gilbert Annex with Dr. Joe Hornisher as Chief. Dr. Hornisher had returned to El Paso and entered private practice after his retirement from the Army. The outpatient service was housed in an old house off campus with Dr. George Schlenker (1906-1970) as Chief. Since these two sections served different functions, individual staff personalities and priorities occasionally clashed, as was the case with Dr. Schlenker and Dr. Hornisher. One particular day while on rounds these two men had a difference of opinion. According to Dr. Schuster, Dr. Schlenker "just uncorked, and there with one blow, decked Dr. Hornisher... The story made the evening news and there was great ferment... But out of that brouhaha an actual separate outpatient psychiatry division was established with a separate chairman."⁴ This was the lineal beginning of the present community Mental Health/Mental Retardation Center.

By the 1950s the psychiatric services in El Paso had improved. The Child Guidance Center opened with Dr. Chester Lee Reynolds

as its 1st CEO, who remained in that position until his retirement in 1970. Dr. Reynolds, a retired Navy Captain, was a trained Child Psychiatrist and brought an air of respect to the Center and to the specialty.

Providence Memorial Hospital was dedicated in 1952 and opened with a state of the art psychiatric ward, "One South." This special unit was made possible through the personal efforts of Dr. Cooper, Dr. Edward Stern, Dr. Schlenker, Dr. Frank Schuster, Jr., and Dr. Raymond J. Bennett (1907-1989).

In 1956, with the decline of tuberculosis, St. Joseph's Hospital began accepting psychiatric patients. Their new facility, built in 1972, provided for an increase in psychiatric beds. In 1980 St. Joseph's was sold to HCA and later became one of Columbia's psychiatric facilities.

Delivery of health care began to change in the 1960s with Federal and State governments instituting new regulations governing the practice of medicine. New mental health and rehabilitation facilities were established in the community. These centers brought with them different methods of treatment and reimbursement. This situation caused concern within the medical community and left an impact on the public as well as the physicians involved.



BARBARA DENT

Footnotes:

- 1 Oral History, Dr. Frank Schuster, Jr.
- 2 Oral History, Dr. Arlin Cooper
- 3 Ibid.
- 4 Oral History, Dr. Frank Schuster, Jr.
- 5 Dr. Arlin Cooper and his wife, Delphine, will celebrate their 60th Wedding Anniversary this year, he is 91 years of age. Dr. Chester Lee Reynolds will celebrate his 95 birthday in Dec. 2001.

References:

Creson Dan, M.D., "Mental Health", *The New Handbook of Texas*, Texas State Historical Association, 1996.

Texas Medical Association Library.

Texas State Board of Medical Examiners.

Oral Histories:

Dr. Arlin Cooper, Dr. Frank Schuster, Jr., and Dr. Edward Stern, 1994.

Telephone Interviews:

Mrs. Arlin Cooper and Dr. Chester Reynolds, June 2001.

MEMBERSHIP CHANGES

NEW MEMBERS

The TSPP Executive Committee approved the following membership applications:

MEMBER IN TRAINING

Amison, Terako S., MD, Houston
 Chiu, Sara M., MD, Houston
 Eknayan, Donald, MD, Houston
 Fernandez, Danilo, MD, Dallas
 Garvin, Jason, MD, Pearland
 Giggie, Marisa, MD, San Antonio
 Gillum, Heather, MD, Dallas
 Harrison, Cathleen D., MD, San Antonio
 Huang, David L., MD, Hollywood Park
 Khaleeq, Erum, MD, Houston
 Khan, Farah, MD, Temple
 Martin, Christopher, MD, Houston
 Martinez, Melissa, MD, Houston
 Maze, Gregory, MD, Galveston
 McLaren, Kimberly, MD, Houston
 Miranda, Liliana, MD, Houston

Ochsner, Audra L., MD, San Antonio
 Opry, Jon L., MD, San Antonio
 Plummer, Cathy, MD, Houston
 Quinlan, Julia D., MD, San Antonio
 Roundy, Kent D., MD, Pearland
 Schillerstrom, Tracy, MD, San Antonio
 Shiekh, Michael A., MD, Dallas
 Sim, Stephanie, MD, Houston
 Singh, Arvind, MD, Dallas
 Smeal, Janis, MD, Houston
 Unsell, Randal, MD, Plano
 Uzokwe, Festus, MD, Houston
 Vance, Kelly, MD, Houston
 Zaki, Ateka, MD, Houston
 Zavala, Juan, MD, San Antonio

GENERAL MEMBER

Burkett, Joseph, MD, Fort Worth
 Byerly, Matthew, MD, Dallas
 Husain, Mustafa, MD, Dallas

Oandasan, Aileen, MD, League City
 Urrate, David C., MD, Dallas
 Wilson, Gary, MD, San Antonio

Member in Training to General Member

Konyecsni, William, MD, KY
 Rao, Mrudula, MD, San Antonio
 Wu, Xiaoyan, MD, Irving

TRANSFERS FROM OTHER DISTRICT BRANCHES

Barker, Charles, MD, Houston
 Dranetz, David M., MD, San Angelo
 Layeni, Abimbola, MD, Terrell
 Mendoza, Ruben V., MD, Amarillo
 Rosenthal, Leon, MD, Dallas
 Stone, Michael M., MD, Galveston

TSPP Awards Banquet

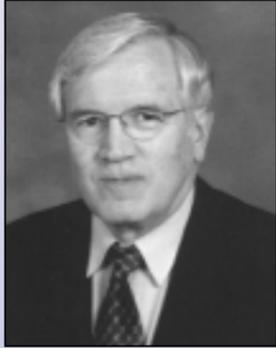
The TSPP Past President's Council invites all members to attend the TSPP Awards Banquet to help honor the recipients of TSPP's Awards, scheduled for Saturday, November 3, 2001 at 6:45 pm at the Moody Gardens Hotel in Galveston. A reception will precede the banquet beginning at 6:15 pm.

DISTINGUISHED SERVICE AWARD

The TSPP Distinguished Service Award, established in 1975 to recognize individuals for sustained contributions to psychiatry, will be presented to Tracy R. Gordy, MD (Austin), Paul H. Wick, MD (Tyler), and Robert L. Williams, MD (Houston).



TRACY R. GORDY, MD



PAUL H. WICK, MD



ROBERT L. WILLIAMS, MD

PSYCHIATRIC EXCELLENCE AWARD

The TSPP Psychiatric Excellence Award, established in 1991 to recognize individuals who have demonstrated sustained excellence in psychiatry, will be presented to George A. Constant, MD (Victoria), Ignacio Magana, MD (McAllen), Mohsen Mirabi, MD (Houston), John Sadler, MD (Dallas), and Roy V. Varner, MD (Houston).



GEORGE A. CONSTANT, MD



IGNACIO MAGANA, MD



MOHSEN MIRABI, MD



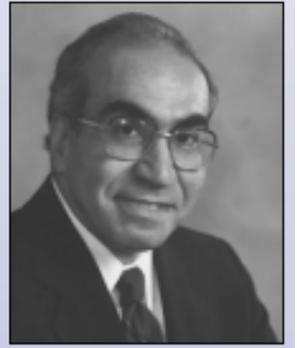
JOHN SADLER, MD



ROY V. VARNER, MD

SPECIAL SERVICE AWARD

The TSPP Special Service Award, created in 1975 to recognize outstanding service to community and to psychiatry, will be presented to Adib R. Mikhail, MD (Houston) and Jane Preston, MD (Houston).



ADIB R. MIKHAIL, MD



JANE PRESTON, MD

CALENDAR OF MEETINGS

NOVEMBER, 2001

- 2 **TSPP Committee Meetings**
Moody Gardens Hotel
Galveston, Texas
- 2 **Executive Council Meeting**
Moody Gardens Hotel
Galveston, Texas
- 3 **Annual Business Meeting**
Moody Gardens Hotel
Galveston, Texas
- 3 **TSPP Awards Banquet**
Moody Gardens Hotel
Galveston, Texas
- 3-4 **TSPP Annual Scientific Program**
"Mood and Anxiety Disorders Across the Lifespan"
Moody Gardens Hotel
Galveston, Texas
Hotel Reservations: 800/582-4673 or 409/744-4673; Roomrate \$120
Contact: Debbie Sundberg, 512/478-0605
- 7-10 **Learning Disabilities Association of Texas**
37th Annual State Conference
Renaissance Austin Hotel, Austin, Texas
Contact: LDAT, 512/458-8234
- 9-11 **APA Assembly Meeting**
Washington DC

FEBRUARY, 2002

- 16-17 **TSPP Committee and Executive Council Meetings**
Austin, Texas

APRIL 2002

- 20-21 **TSPP Committee and Executive Council Meetings**
Dallas, Texas

TSPP MEMBER INFORMATION UPDATE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

() ()

TELEPHONE _____ FAX _____ E-MAIL _____

Send your update information to:

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401 West 15th Street, Suite 675
Austin, Texas 78701
512/478-5223 (fax)/TSPPofc@aol.com (E-mail)

The TSPP NEWSLETTER is published six times a year for its membership in February, April, June, August, October, and December. *Members are encouraged to submit articles for possible publication.* Deadline for submitting copy to the TSPP Executive Office is the first day of the publication month.

Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

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