

# PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

## President's Column

# Advocacy, Advocacy, Advocacy

Kathleen Moreno, M.D.



Just as in real estate the adage is location, location, location so the adage for APA, CPA and SCPS is advocacy, advocacy, advocacy. We advocate for our patients, our profession and our organization. It is this advocacy that propels us to be successful in reaching the goals we have set and to avoid the chaos brought on by others that may lead our profession and patients into a major train wreck. We have been very successful, thanks to so many of our members who maintain such an active role in these very potentially dangerous issues. There is no time like the present to continue in full force to continue and expand our membership. Next month, the membership dues statements for 2011 will go out. I want to thank all of our members for continuing to be supportive of our organization and hope that we can get some of our nonmember colleagues to join.

There were also about 100 members who have not yet paid the 2010 dues and are in jeopardy of losing their membership, I hope that these beloved members will be able to pay this year's dues now and then perhaps next year's dues next year.

We have a number of activities planned at the local, state and national level for our members. The local SCPS activities are being held to foster education, mentoring opportunities and networking among our colleagues. This includes an Educational High Tea being hosted by the Women's Committee on October 23; a brunch being hosted by the GLB Issues Committee on September 26 and an event being hosted by the Public Psychiatry Committee on October 5. With over 1000 members, we are one of the largest district branches in the United States. In addition, there is a CPA Conference being held in La Quinta October 8-10 at which time the CPA Council will also be meeting. This month the APA Component Meetings will be held in Arlington, VA. Nationally with 38,000 members, we are one of the most influential organizations worldwide.

As a member of the APA you have an organization advocating and making a difference at the local and national levels by educating policy makers, the media and the public about mental illness. In addition, you will continue to receive *The American Journal of Psychiatry* and *Psychiatric News*. These publications offer the latest developments on psychiatry related topics. There are many resources available that may be great references for use in your practice such as a managed care help line and CPT Coding Services. There are many CME opportunities both on-line and at the Annual Meeting and the Institute on Psychiatric Serv-

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ices. In addition, you may not have been aware that there are many discounts on services that you may qualify to receive. Please visit the APA website for more details.

In addition to the APA advocating on the federal level, the CPA continues to be very active in advocating at the state level. CPA continues to be active on a number of legislative issues. In addition, our members have attempted to visit with their local legislators as constituents to discuss on personal levels important financial issues. Dr. Mary Ann Schaepper, our president-elect, was successful in meeting with an aide from Senator Dutton's office. Senator Dutton is on the finance committee responsible for AB3632, a bill that funds treatment for mentally ill children having difficulty succeeding academically. Dr. Robert Burchuk, our past president and Mr. Mark Gale, from NAMI, were able to meet with a key staff from Assemblyman Blumenfield's office to discuss issues concerning the budget and AB3632. These were important meetings in which our members were able to educate those in policy-making on these important issues.

It may be a difficult year for all of us financially. Our members are billed separately by the SCPS, CPA and APA. We at SCPS, as the district branch of the CPA and APA, are always trying to save money and keep the dues as low as we can and to continue to be as successful as we have been in our endeavors. We want to continue to be able to recruit Members-In-Training and retain the Early Career Psychiatrists, as well as, our seasoned psychiatrists. We certainly are a great resource for each other.

## Looking for Some Fun and Charitable Exercise on October 2nd?

### Join the NAMIWalk on the 3rd St Promenade Santa Monica

<http://nami.org/walkTemplate.cfm?Section=NAMIWALKS&template=/customsource/NAMIWalks/WalksiteDetail.cfm&walksiteID=112>

SCPS has been a proud sponsor of the NAMIWalks in SCPS' jurisdiction for the past several years.

Come visit SCPS' booth before the walk.

Watch the newsletter for photos from the walk.

# Letter from the Editor

Colleen Copelan, M.D.

I Understand Totally



It's me, back with another doctor-as-patient story. This time at USC University Hospital in a great deal of pain following shoulder surgery.

which is nowadays routinely assessed as the "sixth vital sign." The pain is rated---by the patient-- on a scale of zero to ten, with 10 being the worst pain ever.

I felt pretty good when I got to my room. I rated myself a six. The nurse gave me an oxycodon. Over the next few hours the pain got worse, and worse. It was definitely a ten. And I was desperate for relief---and mortified to be "med seeking." The nurse understood, "totally," she said.

But, hours later, it was ever worse--and I had already used up my

maximum rating! It's a twelve, I pleaded. Two notches worse than my worst pain ever. By then it was another shift and another nurse but, like the first, he believed me too. "I completely understand," he said, and re-assured me that pain was anticipated and would be treated effectively. And I was assured---and me and my pain were treated effectively.

My patient-doctor take-home re-learned lesson: Effective treatment works more effectively with a big dose of understanding and re-assurance. Totally.

The anesthesiologist told me that shoulder replacements---shoulders and knees---were more painful than hips. I had the hip and knee surgery so at least I knew where I was, pain wise. The nurses asked about my personal pain level,

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**Roderick Shaner, M.D.**, Medical Director  
Los Angeles County  
Department of Mental Health  
550 S. Vermont Avenue, 12th Floor  
Los Angeles, CA 90020

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## Who's Your Mentor?

Maybe you don't have one. Maybe you would like to become one, because you used to be mentored yourself and found it helpful. Having a mentor is like having a guiding light. It's someone who's already walked the path of a chosen career for some time, and is now more knowledgeable about the world, from both personal and professional perspective. An aspiring psychiatrist, new to the field, may sometimes feel uncertain, in need to ask questions or confess her worries and concerns in a safe environment. A mentor knows how to listen and she or he understands, because at some point, she too stood at the crossroads wondering which way to go.

A good mentor is not a therapist or a supervisor, but rather a friend and a role model. She's honest and supportive. Often times, it is the people who were mentored themselves, who are willing to pass the gift of mentorship to a younger colleague.

SCPS's Women's Committee has been working on establishing a mentorship program that would allow female psychiatry residents, early career psychiatrists and possibly medical students with strong interest in psychiatry, to have a mentor. We hope that the program will assist with matching people who not only share a specific career interest, but who can also form a long-lasting friendship where mutual sharing of their experience will be a source of personal growth for both.

If you would like to become a mentor, or get mentored yourself, please, don't hesitate to contact the SCPS office. We can provide you with further information and assistance with the process. Below, you may find the general outline of the program's rules.

### SCPS - WOMEN'S COMMITTEE MENTORSHIP PROGRAM- GUIDELINES

#### MENTOR:

- \*serves as a role model, resource person and confidant
- \*provides support and encouragement
- \*recommends ways to develop specific skills
- \*provides information regarding career and career development, assists in planning a career path
- \*gives feedback and shares critical knowledge
- \*inspires the mentee

#### MENTEE:

- \*decides on the focus of interest (this may change as the relationship develops and different needs or interests evolve)
- \*chooses the main goal(s) of a mentorship relationship
- \*works on achieving the goal(s) by taking active steps
- \*maintains contact with the mentor
- \*appreciates the mentor's help and assistance

#### GUIDELINES:

1. Mentorship program is NOT a substitute for clinical supervision or personal therapy. Mentors will NOT serve as supervisors or therapists, but may help a mentee to find a therapist, if needed.
2. A mentee should meet with her assigned mentor on regular basis (at minimum every three months in person, possibly in addition to phone/email contact in between). It is the mentee's responsibility to initiate and maintain contact with her mentor.
3. The mentor and the mentee will not voluntarily disclose their mentorship communications.

4. The relationship is voluntary and chosen by both parties.
5. A mentor can choose to mentor one or more people, preferably one at a time. There is no requirement or limit on how many people one mentor can help.
6. A mentorship group is an option (e.g. one mentor meeting at the same time with 2 or more people), however, individual relationship is preferable.
7. Mentors need to be members of SCPS.
8. After the initial meeting, **if agreed upon establishing a mentorship relationship, a commitment of one year is recommended.** At the end of each year, both the mentor and the mentee will be asked to provide anonymous feedback on their experience with the mentorship program.
9. Should either of the parties decide to withdraw from the relationship – “no fault” conclusion would be accepted and a different mentor/mentee assignment can be arranged for.
10. Should there be any questions or concerns regarding the mentorship relationship, Women’s Committee can be consulted in confidence. The Women’s Committee will provide an ongoing assistance with the program.

## **You are cordially invited to a Tea Party**

### **Women’s Committee of Southern California Psychiatric Society**

Announcing its first social networking meeting for female psychiatrists.

The theme of the meeting:

#### **“Juggling a Personal and Professional Life”**

##### **Speakers:**

**Mary Ann Schaepper, M.D.**

**Yara Salman, M.D.**

**October 23<sup>rd</sup>, 2010 at 2:30 pm in Arcadia**  
(further details will be provided upon RSVP)

**Please, RSVP by October 15 to [scps2999@earthlink.net](mailto:scps2999@earthlink.net)**

**Space is limited.**

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***“When I was in my early teens, I decided that I wanted to leave the world a little better place than the way I found it.”***

**Interview with Lissy Jarvik, MD, PhD. Interviewed by Yara Salman, M.D.**

**Lissy Jarvik, MD, PhD** (Born in:1924, in Hague, Netherlands).  
Professor Emeritus at UCLA and a Distinguished Physician at the Department of VA.

In 1940, Dr.Jarvik escaped with her parents and a younger sister - thanks to the courage of Aristides De Sousa Mendez, the Portuguese counsel in Bordeaux, France, who, contrary to explicit instructions from his government, issued 30.000 visas to refugees and others, who needed them - among them 10.000 Jews. Emigrated to US in 1941. Before going to medical school, she got a PhD degree in Psychology and started working on a twin study on normal aging (looking at cognitive functioning in aging twins 60 years and older, following them for 20 years).



She got her medical degree at Case Western Reserve in Cleveland, Ohio and did her internship at Mount Sinai in New York. She did both her residency in pediatrics and subsequently, psychiatry, at Columbia University. She was one of the first tenured women professors at UCLA.

She is a widow of Murray Jarvik, MD PhD, psychopharmacologist and Professor Emeritus at UCLA and VAGLAHS, with whom she enjoyed 53 yrs of married life. She is a mother of two sons and a grandmother to three grandchildren.

She continues to work, pursuing her research in Alzheimer’s disease - part-time. She has an active personal life, enjoying spending time with her family, friends. Dr.Jarvik also volunteers as a mentor and a member of the Women’s Committee at SCPS.

***What brought you on the path to psychiatry?***

I first took a residency in Pediatrics and I wanted to be a pediatrician – I loved kids and the idea of working with kids, seeing them grow up and what have you. In my last year of the residency I was asked by one of the attendings to cover his practice while he was going away for a month. My oldest son was about 2 years old and covering a pediatric practice at that time usually meant covering a solo practice and you’re on 24/7 and that in itself was a big order. But more so I did a house-call on a Sunday which like 90% of house-calls was unnecessary – just a very stressed out mother with a kid that had a cold. The mother was telling me how they did not have any money or anything and she could not afford to pay and so I decided I was not going to charge them. As I was leaving the house, in comes the television repair-man and he wanted to be paid in advance and she had the money ready for him – so I thought, I’m not gonna like that, so I decided pediatrics wasn’t for me. But mostly because at that time I subsequently had another child and I couldn’t possibly be a good mother and also be practicing that way. So I went into psychiatry. I had already worked in the psychiatry department for several years because the study of cognitive changes in aging twins on which I had been working. The Residency Committee, or whoever made these decisions then, gave me a year’s residency credit for what I had learned

in pediatrics. I then did my residency in psychiatry.

***How did you end up in Los Angeles?***

In 1972, my husband was invited by Jolly West, the chair of Psychiatry at UCLA to join the Department. We had each taken a one-year leave to try out what it would be like to live in LA. At the end of the year, Murray was offered a tenured professorship, but I was expected to come on different terms. At the time I was Associate Professor at Columbia and unwilling to accept anything less at UCLA. We went back to New York and continued negotiating. I visited UCLA and met with Jolly over the Christmas holiday and told him that I would come only if he could offer me a regular FTE. His response was: “You know, Murray told me that he was coming...?”, so I said: “Well, let’s see if he comes without me?!” Eventually, he took me seriously and decided to sacrifice one of his FTEs for me. The campus appointments committee decided that my CV qualified for a full, rather than Associate Professorship, so that’s what I got! The same year that I came, Barbara Fish also came from New York, she was a child psychiatrist. We were the first two women full Professors with regular FTEs in the history of the UCLA Department of Psychiatry.

***How different do you think is the world of psychiatry for women physicians these days?***

I think, the world not only in psychiatry but in medicine is very different these days – because, while there were very, very few of us, I think the general statistics now say half or more of physicians out of medical schools are women, so that’s an enormous difference. When I was in the medical school, actually there were a large number of us, relatively speaking - there were 7 of us who started in class of about 70 – there were so many of us because it was right after WW II. One of the classic examples of what was happening to us was, when I was working in a lab during the first year of medical school, one of my classmates said: “What are you doing here taking up a man’s place, why don’t you go home where you belong?!” and it was said openly not just by fellow students, but by faculty, and that was the atmosphere, like: “What are you doing here?!”

***I’m curious how did you respond to comments like that?***

Kept quiet. I wasn’t looking for a fight or anything, I just wanted to get my work done and stayed out of his way from then on. I met him subsequently, at 20 year or so at medical alumni reunion, he had no idea of what he had said, but I sort of reminded him.

***Who or what inspires you?***

Early on, I was inspired by a charismatic family physician who married my favorite aunt, to follow his career path. Afterwards, books such as *Microbe Hunters* by Paul de Kruif, and *Arrowsmith* by Sinclair Lewis were my inspiration. For a long time, I have been getting excited when I hear or read something that is new to me and makes me think that it can help me formulate hypotheses that may advance knowledge. One example: Raymond Pearl, one of the renowned statisticians more than half a century ago, pointed out the fallacy of assuming that a correlation represented a causal relationship. He reported that the annual harvest of tea leaves in China correlated significantly with something I have now forgotten, like the number of births in New York City. That made me such an avid believer in longitudinal studies as the basis for understanding changes and stability with aging.

***What would you tell the young psychiatry resident that you wished someone had told you when you were in the beginning of your career?***



At this stage of your career you have demonstrated knowledge, abilities, stamina and the drive to fulfill the requirements of any career in psychiatry – there are many many different types of career you can choose – you should think carefully what type you think you will enjoy. From then on, hard work is no longer enough.

Cynically expressed, it's not what you know (if you're like me, you'll always be the type of person who will make sure she knows more than enough) but whom you know, and even more important, who knows you. It took me a very long time to realize that, and then, I did so only in retrospect. How come?

I had a husband who knew everyone and whom everyone knew – everyone who mattered, everyone who was “important”. My husband was a member of the “old boys network” – and eventually, when I was willing to take time away from work in order to socialize, all the doors were open to me.

And, most important of all perhaps, I wish someone had told me that honesty is NOT always the best policy. Sparing people's feelings is more important – whether you review a book, a manuscript, a grant application, or whatever, accentuate the positive and make your dampened enthusiasm a subtle subtext!

***You expressed an interest to be a mentor to another female psychiatrist. Why do you think it's important?***

Mentors can tell you the pros and cons of certain career choices and can find people who can tell you the pros and cons of others. Mentors can introduce you to the people you need to know, and more important, who need to know you. Mentors can help you to examine options to overcome obstacles as they arise. Mentors are an important source of feedback, reality checks.

***What is your philosophy of life?***

I'm a practical person, not a philosophical one. I take what life has to offer, welcoming the chances that come my way, rather than mapping out in detail a plan for the future. I am a great believer in luck and grateful when I recognize that it is coming my way. Generally, I tend to do the very best I can. Having said that, I must admit that at the age of 6 years I decided to become a physician. And, I always assumed that I would get married — but only after getting my MD. And, I did so. Within 6 months of graduating I was on my honeymoon. I always wanted to be a mother; I was fortunate to have two wonderful children, and a little later, three wonderful grandchildren. I have been most fortunate in my life through the help of others. Therefore, I try to help others. Mentoring has been an important way to help others achieve their potential. Research has been a way to fulfill a pledge I made to myself in my early 'teens, i.e., that I would leave the world a better place than I found it. My research in gerontology and geriatrics has contributed, together with that of many others, to improve, at least slightly, the existence of those living to a ripe old age.

***When you look back, what do you think you would have done differently?***

There are so many things. I'll give you just one example which explains a number of my decisions which I have regretted. Whenever an invitation to an event conflicted with a professional or scientific meeting to which I had made a commitment as a speaker, panel, committee or board member, I invariably turned down the other invitation, no matter what it was. That way I lost the opportunity to become Los Angeles Woman of the year (I think the title was something like that) because the award had to be accepted in person. And, another time I turned down the offer to talk about the just published book I had written with Gary Small. That was at a meeting of a major Aging Society, and thereby forfeited the opportunity to have it become a best seller.

***Thank you to Dr Jarvik for this wonderful interview.***

## **PLEASE NOTE DATE CHANGE!**

The Gay, Lesbian and Bi Issues Committee invites SCPS members, including residents, to attend our Welcome Brunch on **Sunday September 26, 2010 at 10:30 am. Dan Fast, MD DFAPA hosts the meeting in his West Hollywood home.**

All SCPS members who would like to discuss current glb mental health issues with Committee members, and possibly join the Committee are welcome.

The GLB Issues Committee was founded in 1993 and has the following charge:

1. Support gay, lesbian and bi members.
2. Educate SCPS members, Committee members and members-in-training.
3. Enhance education in Southern California training programs.
4. Serve as an SCPS resource for clinical consultation and referral.
5. Address local gay, lesbian and bi public mental health issues.

**For more information, please contact the Chair, Stanley Harris, MD DFAPA at 213-740-9866 or [seh52@yahoo.com](mailto:seh52@yahoo.com)**

## **SCPS' ECT Committee is looking for new members.**

**Anyone interested in ECT should contact  
Mindi at [scps2999@earthlink.net](mailto:scps2999@earthlink.net)  
or Barry Kramer, M.D., Chair  
[kramerb@cshs.org](mailto:kramerb@cshs.org)**

**The committee meets quarterly alternating  
locations between Cedars and  
WLA VA.**

# Save The Date!

Psychopharmacology Update 22  
 Saturday, January 29, 2011  
 The Olympic Collection  
 11301 Olympic Blvd  
 Los Angeles, CA 90064

Confirmed Topics/Speakers:  
 An update on the BALANCE and SPARKLE Trials  
 Frederick Goodwin, M.D.

Genetics in Psychiatry: What, Why and How?  
 Sheldon Preskorn, M.D.

Update on the Psychopharmacologic Treatment  
 of Schizophrenia  
 Stephen Marder, M.D.

Psilocybin to Treat Anxiety in Advanced Cancer Patients  
 Charles Grob, M.D.

Fifth topic unconfirmed

## Continuing Education

The Southern California Psychiatric Society is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The Southern California Psychiatric Society takes responsibility for the content, quality and scientific integrity of this CME activity.

The Southern California Psychiatric Society designates this educational activity for a maximum of 5 *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.



# Council Highlights

## June 10, 2010

Marcy Forgey, M.D., *Secretary*



The new and returning Council members readily assembled into Billingsley's for the start of the new year under the leadership of President Kathleen Moreno, MD, who called the meeting to order at 7pm and warmly welcomed all new members to the Council.

Dr. Moreno reported on the Women's Committee meeting held on June 9. The Women's Committee is planning an educational tea/workshop for Saturday, October 23 on Wellbeing and Balance in a Woman's Personal and Professional life. The Council approved financial support of \$1500 to the Women's Committee for the October 23 event and two additional events that they are planning. The Committee is also planning a mentorship program.

Dr. Moreno happily announced that the SCPS had received thank you letters from training directors, James Spar, MD, and Murray Brown, MD, for the \$500 contributions toward the graduation ceremonies of the UCLA Psychiatry Residency Program and the UCLA San Fernando Valley Psychiatry Training Program. Congratulations again to the graduates!

David Reucker, MD, MIT Representative, reported on the joint SCPS/SCSCAP meeting held at the home of William Arroyo, MD, on June 8 with the theme of "The Metabolic Syndrome." William Wirshing MD presented a review of 20 years of antipsychotics and Preetpal Sandhu MD presented on current standards of measurement for the metabolic syndrome. The evening was reportedly a great success with 20 people in attendance.

Dr. Moreno reported on behalf of the Website Committee that the yearly calendar has been developed and that the SCPS is happy to have nonprofit events added to our annual calendar on our website. She also explained that while the contract for Mindi Jo Thelen, our Executive Director, is not finalized, she expects this process to be complete by September.

Larry Lawrence, MD, Treasurer, updated the Council on the following issues from April: the need to spend some equipment money to purchase new computers as the SCPS computers are very outdated and the exploration of the use of credit cards for use for dues collection, which will be explored during the summer.

Dr. Lawrence reported that with the elimination of the early payment discount, we have collected more in dues income compared to last year. We have received less in publications income, likely related to the economy. An advertising campaign will be conducted in the summer. Hopefully the online public directory will generate more hits to the website and will be attractive to advertisers.

The Council enthusiastically approved membership for the following new members as recommended by the Membership Committee:

Linda Do, DO (Member-in-Training, Loma Linda)

Monica Sullivan, DO (Member-in-Training, Loma Linda)

Thinh Duy Mai, MD (Member-in-Training, USC)

SE Specter, MD (Member-in-Training, UCLA)

Syeda Baig, MD (General Member from San Bernadino, working in a county clinic and in private practice, treating adults and children).

Reporting for the Program Committee, Michael Gales, MD, announced that the annual psychopharmacology meeting will take place on January 29 at the SCPS headquarters. Frederick Goodwin, MD, from NIMH will be coming and Stephen Marder, MD, will be talking about schizophrenia. All members are encouraged to attend.

Roderick Shaner, MD, presented the Public Psychiatry report. He described the current budget situation in public psychiatry as “very unsettled”. The Governor’s proposal means fundamentally changing realignment and that the structure of sales tax to support mental health services would be gone, that a huge budget gap remains, and that there will be a huge push to integrate mental health and substance abuse treatment with primary care and that there is little certainty on how this will play out. The Council agreed to contribute \$500 to support 1-2 small meetings for members to conduct round table discussions of these very important and timely issues in public psychiatry.

In the Public Affairs Report, Eric Levander, MD, described the joint meeting with NAMI which took place the previous Thursday, with 25 in attendance. At the meeting, conservatorships were discussed as well as the assessment of dangerousness, the state of the budget and its impact on mental health treatment, and political advocacy. Ongoing collaborative meetings were planned for at least twice annually with the next one in February. Dr. Levander would like psychiatrists interested in speaking at a NAMI meeting or participating in the NAMI Walk on October 2 to contact him.

Dr. Lawrence Gross reported on the APA Assembly meeting, including the impacts on the APA due to reduction in pharma support. Briefly, he noted that the Assembly had rejected the Appelbaum report, which delineated 14 proposed recommendations to regulate and significantly curtail individual psychiatrists’ relationships with the pharmaceutical industry. There continues to be a movement to tie maintenance of certification to licensure and to eliminate lifetime maintenance. Carol Bernstein, the new APA President, requested all state associations to submit to APA their opinions on the top 3 issues that APA should focus on as well as recommendations for how to address them.

Council members were reminded that by June 27, the California Medical Board requires all psychiatrists to put up a notice in their offices or waiting room stating that they are licensed by the Medical Board and providing contact information for the board.

Daniel H. Willick, Esq. gave an orientation about the legal responsibilities of the members of the Council to all Council members.

The meeting was adjourned by Dr. Moreno at 9:32pm with plans for the next Council meeting to be held on Thursday, September 2 at 7pm at Billingsley’s. However, the Council had agreed to pursue other venue options for future meetings due to cost and safety concerns.

# CLASSIFIED ADVERTISEMENTS

## Miscellaneous

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ALL EDITORIAL MATERIALS TO BE CONSIDERED FOR PUBLICATION IN THE NEWSLETTER MUST BE RECEIVED BY SCPS NO LATER THAN THE 5TH OF THE PRECEDING MONTH. NO AUGUST PUBLICATION. ALL PAID ADVERTISEMENTS AND PRESS RELEASES MUST BE RECEIVED NO LATER THAN THE 5TH OF THE PRECEDING MONTH.

### SCPS Officers

President ..... Kathleen Moreno, M.D.  
 President-Elect ..... Mary Ann Schaepper, M.D.  
 Secretary ..... Marcy Forgey, M.D.  
 Treasurer ..... Larry Lawrence, M.D.  
 Treasurer-Elect ..... Amir Ettekal, M.D.

### Councillors by Region (Terms Expiring)

Inland ..... Magdi Mikhael, M.D. (2012)  
 San Fernando Valley ..... Steve Soldinger, M.D. (2011)  
 ..... Saba Syed, M.D. (2013)  
 San Gabriel Valley/Los Angeles-East ..... Hanu Damerla, M.D. (2012)  
 ..... Allen Mogos, M.D. (2013)  
 Santa Barbara ..... William Vollero (2012)  
 South Bay ..... Margarita Krasnova, M.D. (2013)  
 South L.A. County ..... Joseph Simpson, M.D. (2013)  
 Ventura ..... Robert Carvalhor, M.D. (2013)  
 West Los Angeles ..... Laurie Casaus, M.D. (2013)  
 ..... David Fogelson, M.D. (2012)  
 ..... Michael Gales, M.D. (2013)  
 ..... Eric Levander, M.D. (2011)  
 ..... Samuel Miles, M.D. (2011)  
 ..... Heather Silverman, M.D. (2012)  
 ECP Representative ..... Arastou Aminzadeh, M.D.  
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 State Legislative Representative ..... Ronald Thurston, M.D.  
 Public Affairs Representative ..... Eric Levander, M.D.

### Assembly Representatives

Lawrence Gross, M.D. (2013) ..... Roderick Shaner, M.D. (2012)  
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