

Psychiatric Clinical Faculty Association Newsletter

Paul Bohn, *Editor-in-Chief*

Lela DeGolia, *Editor*

Spring 2013

President's Column

The mission of the Psychiatric Clinical Faculty Association, as always, is to enhance clinical psychiatry training at UCLA. We are currently engaged in a rapid expansion of our activities toward this end.

The core of our service lies in our direct support of clinical training, most prominently through our groundbreaking experiential course in psychotherapy for psychiatry residents. In this course, residents are matched with senior clinical faculty members to engage in a long term psychotherapy. The program has continued to be a success since its inception two decades ago, this past year enrolling 22 trainees.

This year, the PCFA will broaden our educational activities at UCLA. First, we will play a bigger role within the supervision programs: in recruiting clinical faculty members as supervisors, in pairing residents with faculty members, and in assisting faculty members in their work as supervisors, offering technical and educational support.

Second, we will organize and sponsor more educational events. We currently sponsor a speaker at our annual Distinguished Psychiatrist Seminar events, which will focus more on thoughtful and perhaps controversial topics in modern psychiatry. Last fall, we hosted Dr. Peter Kramer (author of *Listening to Prozac*, among other books), who gave a rousing dinner talk to the residents and then a thoughtful lecture to the PCFA annual meeting. This year's speaker will be Dr. Allen Frances, speaking on the DSM-5, the mission of modern psychiatry, and what he will argue are their joint

failures. It promises to be another in a line of fascinating and thought-provoking talks. We plan on adding a second annual lecture as well, in the form of a sponsorship of a Semel Institute Grand Rounds on the topic of psychotherapy. This annual event will be sponsored in the memory of our dear colleague, Dr. David Coffey, who died suddenly last year and left a generous and unexpected bequest to the PCFA. We remain indebted to Dr. Coffey for all his work for the PCFA and we hope such an event will go some way in honoring him.

Through the years, the PCFA has provided funds for recruitment events for the residency and fellowship programs. Our hope in doing so is to help UCLA better attract our next generations of colleagues and successors. Over the past three years, we have sought out ways to be sure that the residents, especially the interns, know that we, the clinical faculty, are avail-

able to assist them in their educations and in their career development. We hope that all members of the clinical faculty will join us this June for our fourth annual



Robert V. Ashley, M.D.

Intern Welcome event, to remind the interns that by entering training at UCLA, they are also entering our collegial society.

PCFA's members perform extraordinary service to UCLA. PCFA itself, as an organization, hopes to match that service with the ongoing activities it supports.

PCFA's Fourth Annual Intern Welcome Barbeque.

Please come help us welcome and celebrate our new colleagues on the eve of their internship! The beginning of internship is a significant milestone for every psychiatrist, and we hope to mark that moment with our collegial spring celebration. All interns, residents, faculty and their families are invited. This year's event is set for Sunday, June 23rd, the day before the interns actually start work!

A barbeque dinner will be served.

Sunday, June 23rd, 2013, from 2:30 to 5:30 p.m., at the UCLA Sunset Canyon Recreation Center (on the UCLA campus).

RSVP to Ms. Lela DeGolia: ldegolia@mednet.ucla.edu

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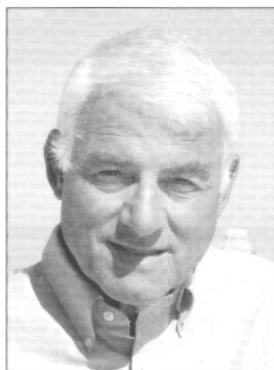
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Distinguished Psychiatrist Seminar Series

Allen T. Pack, M.D.



Allen Frances, M.D.

The Distinguished Psychiatrist Seminar Series (DPSS) is 18 years old. That's old enough to vote and to register for the draft. In this 18th year, the event for the DPSS will be to criticize, constructively, the DSM 5 with the help of Allen Frances, the Task Force Chair on DSM 4. Dr. Frances, also the former Chair of the Department of Psychiatry at Duke, has been the very eloquent and vocal critic of the APA's new manual, which will be released in May. Let me quote Dr. Frances' notes on his upcoming presentation, "There is a massive misallocation of scarce mental health resources. The 'worried well' are over-diagnosed and over-treated: the moderately and severely ill are neglected. It makes no sense that so many people (25%) qualify for a mental disorder and that 20% of the general population take at least one psychotropic medication, meanwhile only one third of severely depressed get treated and a million psychiatric patients are in jail for nuisance crimes that could have been avoided if there was proper community care and decent housing. Psychiatry has to stay within its competence and get back to its core mission. DSM 5 is a giant step in the wrong direction that is creating a crisis of confidence in our field. I will specify the problems and suggest solutions."

The DPSS will take place in October, by which point even the most apathetic of us will have had a run-in or two with the new taxonomy and, I think, will relish the opportunity to hear and participate in the discussion. By then we will, of course, have totally solved any issues we might have had with the new CPT codes!

The format will be the same as previous years, with a reception and case discussion Friday night, for Dr. Frances and the residents of UCLA and its related programs. Saturday morning, Dr. Frances' program will follow the PCFA Annual meeting at the James West Alumni Center.

For those of you who were unable to attend last year, Peter Kramer, of Listening to Prozac fame, spoke. His talk was entitled, "How do we know what we know..." His articulate presentation critiqued psychiatric and scientific research and included insights about statistical analysis, publication bias, evidence-based research in a story-telling field, and whether antidepressants actually work.

Our new venue, the Alumni Center, is perfect. It has an informal indoor/outdoor feel, the audience is close to the speaker which facilitates discussion, and there is space for our breakfast buffet tables in the back of the room. All in all, this new venue provides for an intimate, relaxed, collegial milieu.

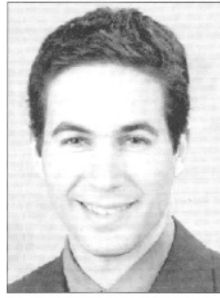
This year promises to be just as interesting, and probably more than a little contentious. Come join us on October 5, 2013 for the annual meeting and Distinguished Psychiatrist, 2013!

Chief Residents' Column *Sahib Khalsa, M.D., Ph.D. and Elizabeth Nakamura, M.D.*

When we were asked to write an article for the PCFA newsletter, we considered simply cataloguing and detailing the major developments within the residency this academic year. While there have been many exciting events, including the creation of a new residency website, selection of a new residency class, and broadening of the PCFA involvement with the residency, we decided instead to share with you some of the things that we have learned as chief residents this year.

The position of chief resident is awkward by nature. We are privy to a great deal of information as chief residents. This includes knowledge of the inner workings of the residency and department, struggles that our own colleagues may be undergoing, and institutional gossip. We are not only privy to this information but are frequently expected to contribute to solving problems that arise. While this knowledge and these expectations in many ways place us in a clearly administrative role, we nonetheless remain trainees. This can sometimes lead to uncertainty about when we should and should not act, or how to best intervene. Though sometimes uncomfortable, we embraced this awkward role, with the hope that our efforts would lead to positive and meaningful changes for the residency community and department as a whole.

Our efforts to change the culture of grand rounds are one example. Residents are told that they are expected to attend weekly grand rounds, and many residents express the belief that attending grand rounds is an important educational activity. But, resident attendance at grand rounds has lagged in recent years. In investigating this issue, it became clear to us that the grand rounds experience had evolved over time from a vaunted intellectual experience, educating all members of the department, to a prescribed medium for fulfilling the Continuing Medical Education (CME) requirements of the



**Co-Chief Resident
Sahib Khalsa, M.D.,
Ph.D.**

department faculty and community psychiatrists. This was not by design. Rather, it was a combination of the unintended consequence of CME regulation, for which residents are not eligible, as well as a reduced speaker recruitment budget, also the unintended consequence (or intended?) of the departure of pharmaceutical company influence in medical education. We also identified a number of environmental factors contributing to the problem, including poor faculty attendance at grand rounds. This engenders an implicit message that grand rounds, while an important activity, is not essential to a trainee's development. Through our efforts and the efforts of a number of supportive faculty members, and ultimately the direction of Dr. Whybrow, the institutional winds are shifting. A comprehensive review process evaluating grand rounds has begun. This is intended to revitalize and broaden the appeal and educational value of this erudite tradition, for trainees and faculty alike.

Another area where we have devoted our attention pertains to improving communication between the inpatient psychiatric services at the Resnick Neuropsychiatric Hospital (RNPH) and community psychiatrists who admit patients to our hospital. To provide some background, there has historically been limited communication between the inpatient psychiatry teams and outpatient providers, even though the value of coordinating care between these services is obvious. We brought to the administration's attention the potential consequences of poor communication between inpatient and outpatient teams, and the degree of their responsiveness has been impressive. The PCFA also simultaneously engaged

the administration on this issue. Our combined efforts have led to some early improvements in communication. Resident awareness of the importance of this issue has increased, and surveys of this process have suggested a dramatic turnaround in contact between residents and outpatient providers. The formation of a committee composed of both RNPH and PCFA leadership has provided further indication of the teamwork on this issue. This committee's goal is to identify practical changes that can be made to the current system to enhance communication. This includes having clear mechanisms in place for residents to contact outpatient providers and vice versa, as well as providing outpatient providers with information about what to expect when their patient presents to UCLA for admission. We are optimistic this will further improve relations between the psychiatric community and our institution.

These two experiences typified for us the optimal combination of advocacy, coordination, and thoughtful critique of the status quo that, when supported by institutional authority, results in meaningful improvements that benefit all. We have also learned that sometimes the judicious application of restraint can be equally effective. Some problems cannot be solved within the span of a chiefship. Some require a level of authority much greater than our own. Others will never be improved without a dramatic large-scale health systems revolution. Though awkward, the experience of being a chief resident has helped us to evolve our judgment. We learned the art of determining when attentive listening is most needed and when swift



**Co-Chief Resident
Elizabeth
Nakamura, M.D.**

Report on Child Psychiatry *Shirah Vollmer, M.D.*

The Child Psychiatry Fellowship continues to thrive at UCLA under the able stewardship of Sheryl Kataoka, MD and Marcy Forgey, MD. We have a lot to be proud of. We continue to have seven spots for child psychiatry each year, with one spot dedicated to a 3-year slot that includes a year of research training.

This was another wonderful year for recruitment. Our new fellows include: Cory Jaques (UCLA), Vandai Le (Cambridge), Esther Oh (Harbor-UCLA), Linslee Egan (UCLA), Robert Haskell (Cornell), and Julie Hall (UCLA) in the categorical track, and Marc Heiser (UCLA) in the research track.

This was also a sad year for UCLA Child Psychiatry, as two of our esteemed faculty members passed away. Kenneth Silvers, MD, and Christoph Heinicke, PhD, both passed in June, 2012. The enormity of these

losses was felt by all of the trainees and faculty members in the division.

UCLA Child Psychiatry had another great year at the NAMI walk. We are grateful to the PCFA faculty members who sponsored us, and we thank the PCFA for helping to fund our T-shirts. We are also grateful to the PCFA for supporting our recruitment efforts. In addition, we thank the PCFA for participating in our retreat, providing clinical lectures to the child fellows, teaching the clinical practicum, and giving weekly psychotherapy supervision. The division is grateful for these vital volunteer activities.

Another exciting new development for UCLA Child Psychiatry is the development of an international elective. This elective will give fellows the opportunity to seek out a two to four week rotation in which they explore child psychiatry in other countries. This year, two of our second year fel-

lows spent time learning how child psychiatry is delivered in India.

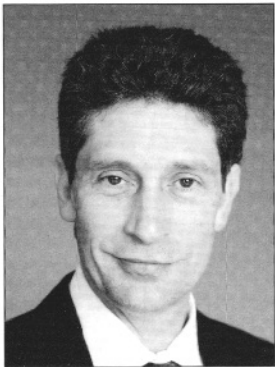
We also have some new elective clinic rotations available to our fellows. These include the CHAMP Clinic for Bipolar Disorder, CAPPs for prodromal youth, and the Autism Clinic, which is now providing treatment as well as assessments.

I am proud to be the liaison for child psychiatry to the Psychiatric Clinical Faculty Association. Please contact me if you have any questions or concerns.



Shirah Vollmer, M.D.

Editor's Column *By Paul Bohn*



Paul Bohn

I attended a "jewel" of a conference in a "jewel" of a location this April. The 35th annual Anxiety and Depression Association of America (ADAA) conference was held in La Jolla this year. These conferences offer workshops and lectures from a wide variety of speakers on topics relevant to anxiety and depression. The conference is small enough to foster camaraderie (and gossip!), yet diverse enough to satisfy both psychiatrists and non-MD mental health attendees.

The ADAA (formerly known as

the Anxiety Disorders Association of America) is a unique organization with its own journal, newsletter and annual meetings. It was originally started as a self-help group by anxiety patients, but it soon morphed into an organization of patients, clinicians and researchers. Depression and Anxiety, edited by Peter Roy-Byrne of the University of Washington, is outstanding; it is the official journal associated with the ADAA. The newsletter contains articles of interest to patients, clinicians and researchers alike (The journal and newsletter are free to members.). The conference meets annually and has both clinical and research oriented simultaneous sessions.

What a smorgasbord of topics to choose from! To give you some idea of the variety of topics they offer, I'll share with you some of the seminars I attended: "Happiness, Depression,

and the Power of Social Networking," by James D. Fowler, PhD (His research suggests that you can lose weight by having skinny friends!), "Order and Disorder in the Emotional Brain," by Richard J. Davidson, PhD, and "Complicated Grief: An Insiders View," by Katherine Shear, MD. Other seminars I attended had such diverse titles as "Bio behavioral Mechanisms of Intervention for Mood and Anxiety Disorders" and "Beyond Mindfulness: How the Values of Buddhist Philosophy and Positive Psychology Can Enhance the Cognitive Behavioral Treatment of Anxiety and Depression."

This conference clearly has something for even the most discerning of internalizing disorder aficionados. As for the gossip, you will have to speak to me directly.

Report of the Psychotherapy Program (Psychiatry 483) *Andrew T. Russell, M.D.*

It has been a pleasure to complete my fourth year as teaching supervisor for the Psychotherapy Program and as faculty liaison to the Psychiatry Clinical Faculty Association (PCFA). This program is now in its 21st year. For the first 16 years it was under the capable leadership of Robert Pasnau, M.D.; it continues to be an honor to follow in his footsteps. I am ably assisted in the administration of the program by Lela DeGolia, Executive Director of the PCFA. In addition, Mark Thompson, MD and Van DeGolia, MD continue to be essential to the program's success. Mark or Van schedule individual meetings with all the residents interested in the program and then arrange their assignment to available PCFA faculty. This is not easy given geographic, scheduling and availability issues, not to mention special interests of the residents. Many thanks to Drs. Thompson and DeGolia for the many hours they contribute to the program.

Over the years, more than 400 residents from UCLA, Harbor and Sepulveda have engaged in this unique educational psychotherapy experience. The program continues to be extremely popular with both residents

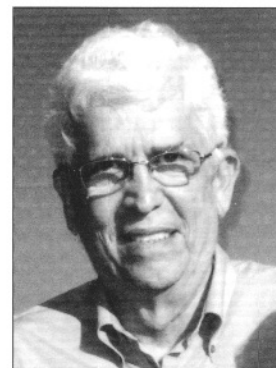
and clinical faculty alike, and it serves as an important recruitment tool for the Department. Psychotherapy training, much less the experience of a personal psychotherapy, is under continuing pressure from other escalating demands in psychiatry training. UCLA stands out among other programs as being able to offer this elective to its residents at a reasonable cost.

Demand for the program remains high. Over the prior academic year, 22 residents contacted me and were referred to Dr. DeGolia or Thompson for assignment. Several other residents continued in the program for a second or even third year. Twenty-five residents have expressed interest since this July. Fifty-three faculty have volunteered to participate in the program, although some may not be available during the course of any given year. This past year they provided more than 1100 hours of psychotherapy. We added four new faculty last year – Sarah Bein, Thaddeus (Jude) Juarez, Elliott Markoff, and Robert Moradi. Your participation is appreciated! As demand remains high, towards the end of the academic year we sometimes have more difficulty finding a match for the residents. For this reason, we

are currently reaching out to new potential faculty. The residents pay \$35 per session to their therapist which in turn is donated to the PCFA. These monies have been

used to support a variety of training related initiatives and activities. In 2011-2012 we collected \$38,000. Faculty seeing more than one resident include Thomas Brod, Thomas Ciesla, Daniel Fast, Robin Frasier, Donald Freeman, Malcolm Hoffs, Wansoon Martin, Jim Rosenblum, and Bella Schimmel. My apologies if I have left anyone off this hard working list as we continue to receive activity reports.

In summary the psychotherapy program continues to thrive and provide a very special experience for our residents and faculty. It has been a pleasure to help coordinate it this year. Many thanks to all who have contributed to the program's success.



Andrew T. Russell, M.D.

Telling us about Yourself: A New Requirement for PCFA Membership *Richard J. Metzner, M.D.*

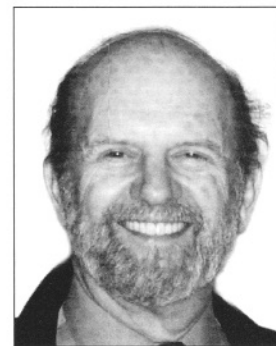
The PCFA Board of Directors is working closely with the Department of Psychiatry and Biobehavioral Sciences to provide an accurate and comprehensive online membership database as part of our upgraded website. In this endeavor, we have conferred with some residents about the information needed from us to better assign teaching responsibilities. We have also spoken with staff members of the Resnick Neuropsychiatric Hospital about what they need from us to improve the care of patients we refer. When the new website goes online

shortly, this new membership database will become an essential part of maintaining clinical faculty appointments and receiving academic promotions.

For that reason, the Board of Directors voted on March 6, 2013 to require all members to provide the information necessary to include their profiles in the database. A small component of each PCFA member's departmental information is already in the Semel Institute public faculty directory. When we complete the database, our entries will be comparable to the more comprehensive ac-

ademic profiles already included for other members of the faculty.

Included with this newsletter mailing is the Member Profile Form to be completed and returned to Lela DeGolia as soon as possible.



Richard J. Metzner, M.D.

Update on Medical Student Education

Margaret L. Stuber, M.D., Assistant Dean of Student Affairs for Well-Being and Career Advising,
Daniel X. Freedman Professor of Psychiatry and Biobehavioral Sciences • mstuber@mednet.ucla.edu

2013 is a big year for the David Geffen School of Medicine (DGSOM). In February we had our LCME accreditation visits, this summer we will have our first medical students whose entire medical school bill will be covered by a gift from Mr. Geffen, and in the fall we expect to break ground for a new education building. All of these contribute to our school being, as Dean Washington is fond of saying, "the best medical school in the known universe".

All of you can share my delight that eight of the graduating class of 2013 matched into psychiatry residencies and one additional graduate matched in a Medicine-Psychiatry program. Thanks to your contributions, our courses in medical neuroscience,

psychiatry, and behavioral sciences have been very highly rated by our students and have helped prepare them for a new world of medical practice. This includes a greatly increased emphasis on interprofessional teamwork and communication in medical education. There is also a new focus on the behavioral and social sciences in pre-medical education, as evidenced by the addition of a new component testing these areas for the MCAT, starting in 2015.

I am now in an additional role in the DGSOM. In October I became the first Assistant Dean of Student Affairs for Well-being and Career Advising. The primary impact for you is that I am now recruiting faculty to men-

tor students through the Well-Being program, in addition to the usual small group courses. In the Well Being Program physician faculty members meet

with groups of students periodically throughout their first and second years to serve as role-models and informal mentors. If this of interest to you, or if you are looking for other teaching opportunities, please contact me!



Margaret L. Stuber, M.D.

Treasurer's Report for Fiscal Year 2012 Joshua E. Pretsky, M.D.

The financial status of PCFA is stable at this time, especially with the generous addition to our funds provided from the bequest of David Coffey. The board has begun planning how to invest and utilize these additional funds. We are discussing how to increase our support to the residencies, how to invest the funds, and how much to allocate to each purpose. Allen Pack and I had a mid-April meeting with a financial advisor experienced in advising non-profit organizations. Thanks to Allen for helping to

find this advisor!

On another front, Lela DeGolia and I recently met with our accountant, Cindy Chan, to review and streamline our online Quick Books account. We have eliminated duplicates and unused accounts, renamed accounts to best match their purpose, and created new categories to capture additional desired information. With this effort our organization's books are more coherent, efficient, and effective.

In addition, we are also able to better track annual dues payments. If you

have not yet made your 2013 dues contribution, I encourage you to do so at this time. Please send payment of \$100 to PCFA in the self-addressed envelope enclosed with this newsletter.



Joshua E. Pretsky, M.D.

Chief Resident's Column

(continued from page 3)

action is most appropriate. This skill may be the most valuable gift we could have received through this experience.

As we look to graduation, we are

so appreciative of the PCFA's support for our residency, and for us personally. We feel this is best exemplified by the PCFA members' provision of psychotherapy supervision and mentorship. We are also very grateful for the PCFA's support of other residency activities such as enhancing recruit-

ment efforts and sponsoring Psychiatry and the Cinema programming. We were humbled to learn of the bequest left by Dr. David Coffey, and look forward to seeing how his vision will continue to enhance our psychotherapy training experience.

PCFA Member Profile Form**REQUIRED**

Name _____

Background and Training:

Undergraduate Degree:

Year received _____ Institution _____

Post-graduate Degree(s) (e.g., M.D., Ph.D., D.O.):

Degree _____ Year received _____ Institution _____

Degree _____ Year received _____ Institution _____

Psychiatric Residency Training:

Years: _____ to _____ Institution _____

Psychoanalytic Training (if applicable):

Years: _____ to _____ Institution _____

Other Professional Training: _____

Practice Information:

Practice Style: _____

Theoretical Orientation: _____

Type of Patients (check all that apply): Individuals Couples Families Groups Children Adolescents Adults
 Geriatric Inpatient

Diagnostic Interests: _____

Supervision Information:

Names of Residents supervised in the last five years:

Hours of availability to supervise a resident at this time:

Monday from _____ to _____ Thursday from _____ to _____

Tuesday from _____ to _____ Friday from _____ to _____

Wednesday from _____ to _____ Saturday from _____ to _____

Office Type: Commercial Residential

Address: _____

Office Phone: _____

Mobile Phone: _____

Other emergency contact number (important for those who refer patients to UCLA): _____

E-Mail: _____

Other Pertinent Information _____

Attach CV and recent photo

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