

WASHINGTON PSYCHIATRIC SOCIETY NEWS

JAN/FEB 2010



WPS Officers and Directors

President

William B. Lawson, MD, PhD

President-Elect

Elizabeth Morrison, MD

Secretary

Avram Mack, MD

Treasurer

James F. Dee, MD

Immediate Past-President

Harold I. Eist, MD

Editor

Judith A. Nowak, MD

Co-Editor

Harold I. Eist, MD

Executive Director

Patricia H. Troy, MEd, CASE,
IOM, CAE

WASHINGTON PSYCHIATRIC SOCIETY TURNS 60!



By Judith Nowak, MD, FAPA

WPS celebrated its 60th birthday on November 20, 2009 with a wonderful party at the J. W. Marriott Hotel, attended by nearly 300 of our members and APA guests. Many thanks to the Anniversary Committee co-chaired by Drs. Beth Morrison and Jim Dee.

Dr. Roger Peele writes that in the late 1940's, Daniel Blain, APA Medical Director, envisioned the formation of local branches across the country and developed a path to attain this goal. For WPS, this materialized on January 6, 1949, when Dr. Blain met with seventeen Washington area psychiatrists who agreed to organize a charter, and within six weeks, WPS was created. Over 100 members attended its first meeting where Addison M. Duval, MD was elected our first President. In 1952, the APA Assembly of District Branches was established and WPS's Addison Duval became the first Speaker. Three district chapters, Northern Virginia, Suburban Maryland, and DC, were

created in the 1960's. As the membership grew, a governing Council, now a Board of Directors, was formed which has been much less hierarchical than those in many other large district branches. Since its founding, four of our members—Robert Felix, Jerry Weiner, Harold Eist and Carolyn Robinowitz—have been elected APA President. We have had a strong and active involvement in the APA Assembly. As Melvin Sabshin, past Medical Director of the APA has stated: "No District Branch has been more visible in the history of the APA Assembly than the Washington group." We have advocated for nondiscrimination, highlighted the harms of managed care, and championed psychotherapy as a part of psychiatry. WPS has also advocated for the nation's first parity bill and achieved the nation's strongest confidentiality law.

The party was welcomed by our current President, William Lawson and entertained by Billy Ts Time Machine, a rock band of local psychiatrists: Jerry Perman, Bill Thompson and Peter Falcone. The APA contributed The Un-assembled 4, a vocal quartet of Drs. Jerry Lewis, Don Brada, Mark Wright, and Dan Anzia.

The Wellstone Award was given to **Mental Disability Rights International (MDRI)** and accepted by **Eric Rosenthal, its Executive Director**. This award was established by the WPS Board in 2002 to honor the work of Senator Paul and

Mrs. Sheila Wellstone and given to those who demonstrate visionary work benefiting parity in mental health and fighting the stigma of discrimination of mental illness. MDRI was founded by attorney Eric Rosenthal and it documents conditions, publishes reports on human rights enforcement, and promotes international oversight of the rights of people with mental disabilities. It worked with the United Nations to draft a new United Nations Convention on the Rights of Persons with Disability, a treaty which took effect in May, 2008. It represents a new addition to international human rights law and sets a new benchmark—that people with disabilities everywhere have rights to choices about their lives and full integration into society.



WPS 2009 Psychiatrist of the Year was given posthumously to **Luther D. Robinson, MD**, who died in this

anniversary year. He was Associate Professor Emeritus in the Department of Psychiatry and Behavioral Sciences at St. Elizabeths Hospital and was a pioneer in the field of mental health and deafness.



WPS 2009 Resident of the Year Award was received by **David I. Driver, MD, Psychiatry Resident at**

Continued on page 7.

INSIDE THIS ISSUE:

page 2

President's Message

page 3

Challenges in Dealing with the Muslim Patient

page 5

60th Anniversary Photos

page 6

Obituaries

page 7

WPS Awards



Washington Psychiatric Society

4401A Connecticut Avenue, NW, #358 Washington, DC 20008 • Email: admin@wdcpsych.org • Web site: www.dcpsych.org
T 202.595.9498 • F 410.544.4640

THE PRESIDENT'S COLUMN

WILLIAM B. LAWSON, MD, PhD, DFAPA



It is the best of times and the worst of times. Tremendous advances in our field, a reduction in stigma about psychiatric illness due to a more knowledgeable public have created a new day for psychiatry. However, recent events, especially the economic crisis, have also challenged our capacity to do good. Attending to intrapsychic needs must be made in the context of life stressors which include

problems in managing limited resources and limited opportunities, as well as pessimism about the future. It still remains true that when budgets are to be cut in public services, mental health services go first to the chopping block. Unfortunately, many of our patients simply cannot advocate for themselves and are marginalized because of stigma.

I am pleased to see that the **Washington Psychiatric Society** has taken a strong advocacy stand. It is needed. Inpatient beds are closed and many public programs are shrinking, as state and local departments of mental health either shift to outpatient services, “privatize,” or simply get out of providing direct services. The reasons given can seem appropriate: avoid institutionalization, reap the benefits of private sector management, and create new service options. Unfortunately, these efforts often produce less than desirable results because the money often does not follow the patient and because there is little recognition that our patients do not tolerate change well. Psychiatric organizations working collaboratively with support organizations and public officials can

make sure that the needs of patients are addressed. The WPS has a long history of playing such a role.

The earthquake in Haiti was a terrible disaster by anyone’s reckoning. Hundreds of thousands died, millions are homeless, and the infrastructure of a country was devastated. The response from this country has been tremendous. I have been impressed by the recognition that psychiatrists and other mental health professionals have an important place in these efforts. Family members in this county who have lost loved ones or their emotional support systems need our help and the DC Department of Mental Health and volunteers from the Washington Psychiatric Society have stepped up to provide help for these local survivors. Haitian officials recognize that they are facing a vast number of acute traumatic and post traumatic syndromes and that these can become worse without early intervention. Medical teams to Haiti are now including psychiatrists. We may not be the first responders but we can do much to limit the long term consequences.

DR. SUSAN LAZAR CHOSEN AS PSYCHOANALYTIC SCHOLAR

By Judith Nowak, MD, FAPA

The Council on Psychoanalytic Education, sponsored by the American Psychoanalytic Association, has selected **Susan Lazar, MD, DLFAPA**, as the traveling woman psychoanalytic scholar for 2010. This honor offers psychoanalytic institutes and societies across the country consultations with outstanding female psychoanalysts.

Dr. Lazar is a Clinical Professor of Psychiatry and Behavioral Sciences at George Washington University, Clinical Professor of Psychiatry at Georgetown University School of Medicine and the Uniformed Services University of the Health Sciences, and a Training Analyst at the Washington Psychoanalytic Institute. She was profiled in the November 20, 2009 edition of *Psychiatric News* and the book she edited and coauthored with other members of the Committee on Psychotherapy of the Group for the Advancement of Psychiatry, *Psychotherapy Is Worth It: A Comprehensive Review of its Cost-Effectiveness*, will soon be published by American Psychiatric Publishing Inc.

Dr. Lazar will be traveling for a weekend of lectures and workshops to the San Diego Psychoanalytic Society and Institute in March 2010 and the Wisconsin Psychoanalytic Institute and Society in May 2010.

WPS WEBSITE: CHANGES TO PROTECT OUR MEMBERS PRIVACY

To better serve our members, we have made the following changes to how information is accessed in our Member Database by visitors to our website.

- “Find a Psychiatrist” Service – When someone accesses this part of our website, they will only see the WPS member’s name, office address and office telephone number. They will not see their fax number, email address, or any other information.
- When a fellow WPS member views a colleague’s data, they will see the member’s fax number, cellular telephone number and email address, in addition to their address and office telephone number.

CHALLENGES IN DEALING WITH THE MUSLIM PATIENT

With names in the news like Muzammil Hassan from Staten Island, who killed his wife in a case of domestic violence, or Nidal Hasan from Walter Reed, who gunned down innocent people in Fort Hood, Texas, the extent of mental health problems in the Muslim population and how to address and treat them are revealed as important issues.



BY AYESHA MIAN, MD

Whether it is the story of the quiet schizophrenic who never seeks help because the family insists there is no psychiatric problem or the withdrawn, depressed child who turns to drugs and alcohol, it is evident that psychiatric illness exists in the Muslim community as much as it does in all other communities.

As a psychiatry resident at George Washington University, I have encountered patients from different backgrounds and cultures of the Muslim faith. Whether it is a recent immigrant from Jordan, an American born descendent of parents of Paki-

stani origin, or a Caucasian convert to Islam, they are vulnerable to mental illness. However, these patients face several barriers to seeking treatment. One of the major hurdles I have faced in my experience of treating Muslim patients is the stigma of mental illness that exists so strongly in this population. As a result, some may never seek help and those who do may not have the support or approval of family members. In addition, there is lack of awareness of mental illness and of treatment options. In many cases there is limited access to health care: they may not have health insurance and may never have visited a physician. Those that are fortunate enough to have a primary care physician may never be referred for specialty care.

Therefore, in working with patients from this background it is important to be aware of their cultural backgrounds and that they may hold notions about mental illness very different from our own. Also, the family

unit may be more important than the individual. This can lead to seemingly paradoxical problems. On the one hand, the support we often seek from the patient's family may not be available if they are suspicious of and hostile to treatment. On the other hand, the family may intrude itself uncomfortably into the treatment.

For example, some patients may insist that family members accompany them into the consulting room, requiring their presence for security. It also happens that an overbearing family member may insist on staying in the office with the patient who may passively comply. In either case it is important to study family interactions. It is especially important to pay attention to safety issues both inside and outside the office since domestic violence too frequently plagues this community. It is always crucial to find ways to discuss questions of violence and abuse in private with these patients. On the positive side, their faith in God, spirituality, close-knit

families and religious ideas about suicide may actually be protective against self harm.

There is a great deal of work that needs to be done by Muslim community leaders in youth and family centers to stimulate a helpful and accepting awareness of mental illness and to dispel stigma in varied Muslim religious diasporas. As physicians we can be helpful by reaching out to these leaders and to their communities. This includes joining hands with local agencies that serve these populations—especially our colleagues in primary care and family medicine who may be open to education regarding the mental health and social issues they may encounter in their Muslim patients.

CAPSGW SYMPOSIUM ON ATTACHMENT ASPECTS

On Saturday, March 20, 2010, the Child and Adolescent Psychiatric Society of Greater Washington (CAPGW) will hold an all day symposium (8 a.m. - 4:15 p.m.) on **Multi-Dimensional Aspects of Attachment**. Speakers will include Jean Thomas, MD; Pier Ferrari, MD; Jill Scharff, MD; Judy Camerson, PhD; and Griff Doyle, PhD.

The meeting will be held at Suburban Hospital, Bethesda, MD. To register, you may call Diane Berman at 301.299.1393 or email her at capsgw@verizon.net.

CME will be awarded.



WASHINGTON PSYCHIATRIC SOCIETY

Leadership 2009-2010

President ~ William B. Lawson, M.D., Ph.D., D.F.A.P.A.

President-Elect ~ Elizabeth A. Morrison, M.D., F.A.P.A.

Secretary ~ Avram Mack, M.D.

Treasurer ~ James Dee, M.D., F.A.P.A.

Past President ~ Harold I. Eist, M.D., D.L.F.A.P.A.

Board of Directors

Antonia Baum, M.D., F.A.P.A.
Hind Benjelloun, M.D.
Richard Blanks, M.D.
Raymond Brown, M.D.
Brian Crowley, M.D., D.L.F.A.P.A.
David Driver, M.D.
Martin Funk, M.D.
Gustavo Goldstein, M.D., D.F.A.P.A.
Lee Haller, M.D., F.A.P.A.
Michael Houston, M.D., F.A.P.A.
Janice Hutchinson, M.D.
Kenyatta Jones, M.D.
Sheela Kadekar, M.D.
Robert Keisling, M.D., F.A.P.A.
Catherine May, M.D., D.F.A.P.A.
Ayesha Mian, M.D.

Judith Nowak, F.A.P.A.
Maheen Patel
Smita Patel, M.D., F.A.P.A.
Roger Peele, M.D., D.L.F.A.P.A.
F. J. Pepper, M.D., D.L.F.A.P.A.
Kayla Pope, M.D.
Richard Ratner, M.D., D.L.F.A.P.A.
Maryam Razavi, M.D.
Carolyn Robinowitz, M.D., D.L.F.A.P.A.
Shira Rubinstein, M.D., F.A.P.A.
Erminia Scarcella, M.D.
Humaira Siddiqi, M.D.
Eliot Sorel, M.D., D.L.F.A.P.A.
Stuart Sotsky, M.D., M.P.H., D.F.A.P.A.
Nesibe Soysal, M.D.
Cynthia Turner-Graham, M.D., D.F.A.P.A.
Thomas Wise, M.D., D.L.F.A.P.A.
Special Recognition-Larry Kline, M.D., F.A.P.A.

RED FLAG RULE DELAYED

The **Red Flag Rule** will require all entities that have “covered accounts” to develop and implement written identity theft prevention programs. The identity theft prevention programs must be designed to help identify, detect, and respond to patterns, practices, or specific activities—known as “red flags”—that could indicate identity theft. Implementation has been delayed several times and has been delayed yet again, pending Congressional action that may finalize legislation that will exempt many physicians.

On October 20, 2009, the House of Representatives unanimously approved HR 3763, a bill which would exempt from the coverage of the Red Flag Rule any health care, accounting, or legal practice with twenty or fewer employees, as well as certain other businesses. For that reason, on October 29, 2009, certain members of Congress requested that the FTC further delay enforcement in order to allow Congress to finalize this legislation. The Commission has complied with this request and is extending its deferral of enforcement of the Identity Theft Red Flag Rule until June 1, 2010.

To summarize, it appears that any health care practice with fewer than twenty employees will be exempt. However, we must await final passage of the above described legislation.

HIGHMARK MEDICARE AND 2010 REVALIDATION FORMS

If you receive a letter from Highmark Medicare Services requesting a revalidation application, it is imperative you submit the application within 60-calendar days from the date of the request. If this is not done, Highmark must revoke your billing privileges and impose a 1-year re-enrollment ban. This means you will be barred from participating in the Medicare program for 1-year from the effective date of the revocation. It is important to note that a revocation, in this situation, will be effective 30 days after the notification of such action is mailed. The notice of revocation will also include your right to appeal.

If you do not receive a letter requesting a revalidation application, no action is required. Highmark asks that physicians do not proactively submit an application for revalidation. If you question whether you will, or should have received a revalidation letter, visit the Medical Society of DC’s website at www.msdc.org where you can click on Highmark’s “Revalidation Inquiry Tool.” You will be asked to type in your Provider Transaction Access Number (PTAN) and you will be told if you have been requested to fill out a revalidation application. This is very easy to do. Thanks to MSDC and their website, which is well worth visiting for other information as well.

ANNIVERSARY RECEPTION AND AWARDS
60th
 AWARDS



Clockwise, starting at top left: Beth Morrison and Lou Kopolow; Roger Peele; The Unassembled 4; Bill Thompson on keyboard; Peter Falcone and Jerry Perman playing guitars; Harold Eist, Bill Lawson, and Beth Morrison.

Thanks to APA Photographer David Hatchcox and WPS Volunteer Photographer, Eric Steckler, MD.



Obituaries

Srirangam S. Shreeram, MD



Dr. S. Shreeram, age 42, Associate Director of Psychiatric Residency Training at St. Elizabeths Hospital, Washington, DC died November 20, 2009 of the complications of a month long fight with the rabies virus. There was no known incident of exposure although the CDC found the rabies virus antigen of the Indian canine strain. As a physician trained in India and a careful, meticulous person, there is no doubt that Dr. Shreeram would have followed public health advice and been treated for any exposure. So, while there must have been some incident, perhaps as long ago as 7 years, it was so insignificant as to not stand out as exposure. His infection was an exceedingly rare and and profoundly tragic event.

Shreeram was born in February, 1967, the second child of Dr. Pankajam and Dr. SVS Rao of Srirangam, Tamil Nadu, India. He was educated at the Jawaharlal Institute of Post-graduate Medicine and Research, receiving an MBBS in 1989 and his MD in 1994. He subsequently studied at the University of Illinois in Chicago from which he graduated in 1997 with Fellowships in Child and Addiction Psychiatry.

He was a researcher at the National Institute of Mental Health and consulted at Capital Clinical Research. Dr. Norman Rosenthal, Director of Capital Research, states that "Shree worked with us for the past 5 years; and in this time, we all grew to admire

his intellect and insightful nature, coupled with his calm, warm, and respectful demeanour. His colleagues always turned to him for his thoughts and opinions on professional matters. When he was around, there was always a feeling of calm and a recognition that his patients were in excellent hands." Shreeram practiced as a Child and Adolescent Psychiatrist and as an Addiction Psychiatrist at St. Elizabeths Hospital where he was also a valued teacher and administrator in the Psychiatric Residency Program.

Shreeram is survived by his wife and two sons, aged 6 and 2.

A memorial fund has been set up, and if you would like to make a donation, please contact Dr. Farooq Mohyuddin at 202-645-8777.

A website has been created in Shreeram's memory and everyone is invited to send pictures or comments to be posted there. The link is <http://www.srirangam-shreeram.info>

Gene D. Cohen, MD, PhD, DLFAPA



Dr. Gene D. Cohen, 65, Geriatric Psychiatrist and health care pioneer, died peacefully at his Kensington, MD home surrounded by his loving family and friends after a brave 14 year fight against prostate cancer. "He was a luminary in establishing the field of creativity and aging, and I would say its foremost scholar," says Judah Ronch, dean of the Erickson School

at the University of Maryland-Baltimore County.

Educated at Harvard University and the Georgetown University School of Medicine, Dr. Cohen made his mark on the field of geriatrics by focusing attention on the latest findings of neuroscience in a way that benefited ordinary people. He was the first chief of the Center on Aging at the National Institute of Mental Health in the early 1970's and later served as acting director of the National Institute on Aging. Since 1994, he led the Center on Aging, Health & Humanities at George Washington University where he held the positions of Professor of Health Care Sciences and Professor of Psychiatry and Behavioral Sciences. His recent work and research focused primarily on creativity and the potential of older adults, including a landmark longitudinal study, the *Creativity and Aging Study*, funded with major support by the National Endowment of the Arts and AARP, proving that engagement in professionally conducted arts programs by older adults led to significant health benefits. This work built on neurological studies proving that brain cells do not die off as we age but continue to grow and form new pathways. Being creative, whether painting or coming up with a new recipe, nurtures and strengthens the brain. In recent years, he was a visiting scholar at AARP.

Gene authored over 150 publications. His last book, *The Mature Mind: The Positive Power of the Aging Brain*, is widely considered the groundbreaking book on creativity and aging. Dr. Cohen was a founding member of the American Psychiatric Association Council on Aging and the American Association for Geriatric Psychiatry. He was also the founding editor of the *American Journal of Geriatric Psychiatry and International Psychogeriatrics*.

His own creativity was expressed in his professional work and in his invention of board games. In the game, *Making Memories Together*, families of patients with dementia create "memory cards" to depict key events in a loved one's life. For his own father, who had Alzheimer's Disease and no longer recognized Cohen's mother, he created a

sequence of cards documenting his parents' courtship. "He was studying the pictures intently," Cohen said in an interview in 2008. "When he got to their 50th anniversary picture, he said, 'oh, the love of my life.'" "Through such activities," Cohen said, "as dreadful as the disease is, families are left with magical moments."

Dr. Cohen was devoted to serving people. He had a close relationship with the nonprofit IONA Senior Services in Washington, DC, where he had his office. For many years, he volunteered weekly as a clinician, counseling low-income older people.

Gene Cohen leaves behind his wife, Wendy Miller, and a daughter, Eliana Miller-Cohen, both of Kensington, MD, a brother Joel Cohen of Hayward, CA, a son, Alex Cohen and daughter-in-law Kate Cohen, both of Lincolnville, ME and four grandchildren: Ruby, Lucy, Ethan, and Bennett Cohen.

Memorial donations can be made to the Gene D. Cohen, MD, PhD Research Award at <http://www.creativeaging.org/donate/>.

Games invented exclusively by Gene Cohen's game company, GENCO™, can be purchased at http://www.genco-games.com/genco_order-new.html.

Thanks to Alex Cohen, Gene's son, and Beth Baker, writing for the AARP Bulletin, for their obituaries from which this appreciation was extracted.

Continued from page 1.

Georgetown University Hospital. Dr. Driver received his BS and MD degrees from the University of Sint Eustatius on the island of Sint Eustatius, Netherlands-Antilles. He also served in the US Army from 1995 to 2006. He has research experience on Childhood Onset Schizophrenia, Child Psychiatry Branch, NIMH and was a Research Assistant with the US Army Institute of Surgical Research at Brooke Army Medical Center, Fort Sam Houston, Texas. He has received numerous honors and awards, including that for his volunteer services with Big Brothers and Sisters of America, and is currently Secretary of the DC Psychiatric Society.



Citizens Review Panel for Children

The 2009 WPS Community Service Award went to the **Mont-**

gomery County Citizens Review Panel. This organization was established in 2001 by the Montgomery County Council as an independent board to evaluate how well state and local agencies respond to child protection needs. Its volunteers work many hours to improve the lives of foster children while serving as advocates for mental health services.



WPS 2009 Meritorious Service Award was presented to **Franklin Goldstein, Esquire** who serves

as General Counsel and lobbyist to the Maryland Chapter of WPS. He provides oversight on legal matters and has been an effective lobbyist at the Maryland General Assembly on proposed laws and regulations that impact directly upon psychiatrists.



Harold I. Eist, MD, DLFAPA was honored for **Distinguished Service as WPS President from 2008-2009.** Dr.

Eist just served his third term as WPS President and is a member for life of

the American Psychiatric Association, serving on its Board of Trustees as a past President of the APA. He is Clinical Professor of Psychiatry and Behavioral Sciences at George Washington University, a faculty member of the Howard University School of Medicine, Examiner for the American Board of Psychiatry

and Neurology, and former Medical Director of the DC Institute of Mental Hygiene. He has been honored with numerous awards for his work and is a distinguished guest lecturer in over 11 countries.

Many thanks to all who came and made this a special evening.

SAVE THE DATE!

**WPS
PRESIDENT'S DINNER
FRIDAY, APRIL 9
NATIONAL PRESS CLUB**

Are you ready to **relax and connect** with colleagues? **Join WPS for...**

Cocktails & Conversation

Washington Psychiatric Society knows how hard it can be to find time to relax while connecting with your psychiatric colleagues. We are excited to announce a series of low-key and laid back events designed to give you the opportunity to do just that!

These events listed below, are being held in different parts of the DC metro area and are METRO accessible. Additional updates will be placed on the WPS website at www.dcpsych.org.

- **March 25, 2010; 6:30-9:30 p.m. ~ DC City Club**
555 13th Street NW, Washington, DC 20004
- **April 4, 2010; 6:30-9:30 p.m. ~ Brabo's at the Lorien Hotel**
1600 King Street, Alexandria, VA 22314-2719
- **April 20, 2010; 6:30-9:30 p.m. ~ Maggianos Little Italy**
5333 Wisconsin Avenue NW, Washington, DC 20015

Mark the date to come and bring a colleague or two!



**Washington
Psychiatric Society**



Washington Psychiatric Society

4401A Connecticut Avenue, NW, #358
Washington, DC 20008
www.dcpsych.org

ITALIANPHYSICIANS.COM

by Phil Cotter

If you have traveled to another country whose language you do not speak, you may have personally experienced difficulty finding services to handle unexpected circumstances. The same is true of international visitors to the United States. Dr. Erminia Scarcella had this problem in mind when she conceived the web site, [italianphysicians.com](http://www.italianphysicians.com). When she worked with me to develop this site, her goal was to provide visitors from Italy access to physicians across medical specialties who speak Italian.

With any new website, work has to be performed prior to actual development. First, we identified a web hosting company which provides a location, maintenance services, and a means to establish a domain name. We chose [italianphysicians.com](http://www.italianphysicians.com). We needed development tools that were readily available and compatible with the environment of the hosting company. We chose PHP as the software

language and a free database product, MySQL, as the database management software.

Dr. Scarcella defined the general capabilities for the site: a home page describing the site and its purpose and providing links to other parts of the site; access to a search function in which users can select a specialty and view the identity of physicians; access to a search function in which users can find a hospital anywhere in the USA; access to the website of the Embassy of Italy; access to information on Italian Consulates across the country; the ability to contact me or Dr. Scarcella with suggestions; and the ability of the user to switch between Italian and English versions of the site.

The home page displays the Italian flag and a picture of a Roman ruin next to an American flag with a photo of the mall: they are linked by a caduceus. Every page has a button

that converts the text from Italian to English and vice versa.

The user input keys link one to the MySQL database. Selecting a specialty will cue the the server computer on which the database resides to display only physicians tagged with that specialty. The hospital search starts with a state, followed by a city, and then a list of hospitals. Where available, it is possible to call up a physician's website. For hospitals, there are links to a map specifying the location.

The Embassy link opens the website of the Embassy of Italy. The consulate page links to information about each Italian consulate in the US. The contact page allows users to send an email with comments and suggestions; and

both Dr. Scarcella and I have access to the email account.

Physicians are being added to the site which is operational. The Italian Embassy information technology staff is reviewing the site prior to approving the establishment of a link from the Embassy website to <http://www.italianphysicians.com>. Take a look.

