

Psychiatric Times

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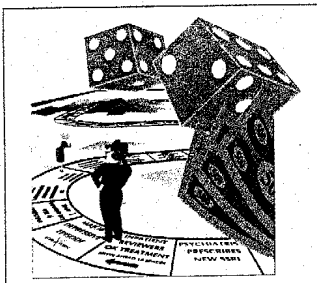
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Health care reform and its effect on psychiatry is the focus of this month's special report, which features the latest on parity, costs and Hawaii's mental health delivery system.



Rep. Cooper Predicts Fall Reform Passage

by Arline Kaplan and Sandra Somers

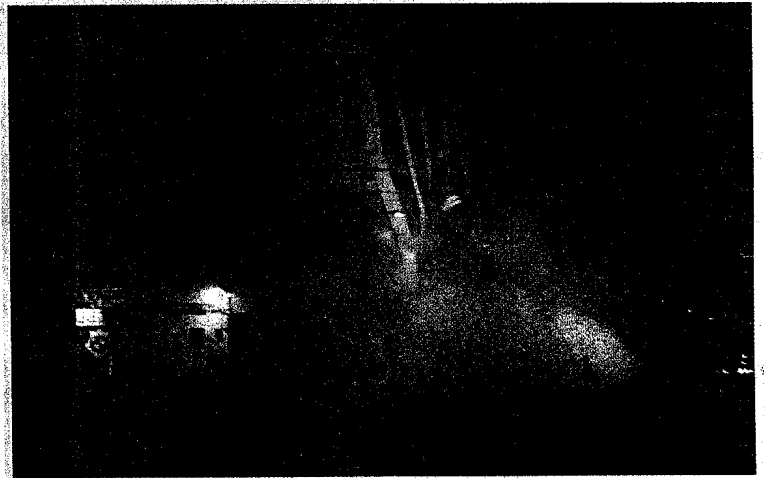
Predicting that a health care reform bill will pass this fall, Rep. James "Jim" Cooper (D-Tenn.) warned attendees at the recent annual meeting of the National Association of Psychiatric Health Systems (NAPHS) that "1994 may be more important in terms of health care policy than any other year in our lifetime. Congress in all probability will make a greater statutory change this year than we have done since the New Deal in the 1930s."

Cooper, who spoke via satellite to the group, was one of several health care decision makers and influencers addressing NAPHS. Among them were Tipper Gore, who also spoke via satellite, and Sen. James Jeffords (R-Vt.), a member of the Senate Committee on Labor and Human Resources.

A member of the House Subcommittee on Health and the Environment, which has jurisdiction over health care reform legislation, Cooper said, "The final votes will be cast in September or October of this year. I think a bill will pass. Whether it is a good bill or a bad bill will be determined primarily by how hard we work in the interim."

There are five major approaches to health care reform in Congress, Cooper said. He explained that the far left approach, the single-payer Canadian-style plan (HR 1200, S 491) introduced by Sen. Paul Wellstone (D-Minn.) and Rep. Jim McDermott (D-Wash.) has 91 cosponsors in the House. On the far right is the Comprehensive Family Health Access and Savings Act (S1807), introduced by Rep. Bill Archer (R-Texas) and Sen. Phil Gramm (R-Texas) which centers on a medical savings account.

"The two on the far left and right don't
(Please see NAPHS, page 8)



Lisa Robyn Samsky

The Barrington Building is demolished, along with records, medical equipment and memorabilia.

Psychiatrists Lose Practice Site After Deadly Earthquake

by Joseph F. Duffy

The psychiatrists' recorded voices at the receiving end of the phone calls tried to be reassuring, because the callers would be disrupted, now-displaced patients. "Had to relocate because of earthquake damage," started one message. "... please call, records destroyed..." mentioned another. "I hope all is well," ended most. "If this is an emergency, call me at...and I'll get back to you within minutes," promised all.

On any weekday prior to the 6.7 earthquake that shook Southern California on Jan. 17, those calls would have reached 11665 West Olympic Blvd. in Los Angeles, where stood the six-story Barrington Building, a practice site for an estimated 100 of Southern California's most prominent psychiatrists, among other medical professionals.

After receiving severe structural damage

from the earthquake and being quickly condemned by the city, the Barrington Building, which was built by a group of psychiatrists, was razed. Today, the building serves as a graveyard for patients' records, expensive medical equipment, years of research and myriad personal items used to make offices seem like second homes.

Some psychiatrists recovered nothing from the Barrington Building before the wrecking ball's first destructive hit; others moved quickly, braving the precarious, tenebrous structure and the possibility of violent aftershocks to salvage whatever they could.

"It was very scary," admitted L. James Groid, M.D., a psychiatrist who practiced exclusively at the Barrington Building for 25 years. "I went up there first without a flash-

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Earthquake

Continued from page 1

light and I thought this was crazy, because I'm going up these stairs not knowing if there was another stair in front of me. Then I got a flashlight and realized the stairs were fine, and I got up to the fourth floor. My office was a mess, but it and most of my equipment was intact. I helped three or four other psychiatrists get some of their things out."

Grold said that he needed to get into the building to get his appointment book, so he could call his patients. Luckily, Grold found it convenient to keep all of his patient's records at his home, where they weathered the earthquake unscathed.

Marshall Cherkas, M.D., Ph.D., a psychiatrist who practiced in the Barrington Building for 26 years, also braved the building and was able to gather his current patients' records and some office equipment. He couldn't retrieve anything, however, from his consultation room.

"I lost 30 years of patient files, all my consultation room equipment, paintings, desks, equipment, all my diplomas, degrees, licenses and board certificates," said Cherkas. "I thought I had lost about \$7,000 worth of things originally, but when I sat down and started listing, it was over \$25,000."

William Power, M.D., a psychiatrist who practiced in the Barrington Building for five years and dared to venture to the sixth floor after the earthquake, shared the same feelings of menace as Grold when first ascending into the building.

"It was pitch black in that building, and going up the stairwell was quite the harrowing experience," said Power. "My office was on the top floor, so I had to go all the way to the top and then all the way back down. The damage was massive."

Power didn't know if he would be able to return to his office, so he grabbed what he called essentials: a backup disk for billing, his address book and one batch of files, things that he thought would help him keep track of his clients. Power said the other things — computers, faxes and furniture — could all be replaced in time.

"I went up there searching, and it was so frightening to be in the building with the possibility that at any moment there could be an aftershock," Power said. "With two kids at home, the risk was too great to take." So Power left the building and did not attempt a second trip to his office.

"I've talked to people who had lost years and years of memorabilia and books," said Power. "I've only been in practice eight years and that seems like a long time. I've talked to [psychiatrists in the Barrington Building] who had practiced 30, 40, even 50 years."

Inside the Barrington Building

When the earth trembled, it destroyed more than the materials used to hold the Barrington Building together; it shattered a sense of community and family that seemed to pervade the tenants, especially those who practiced there for more than 25 years. The Barrington Building was a place that boasted the glitter of celebrities coming in for various services and where, for about 27 years, Kay Veach's coffee shop was the heart of good conversation and home cooking.

"Clearly, this is a tight group," said Cherkas about the Barrington Building's tenants. "Tenants stayed there a long time. There was not a lot of in and out shifting. It really represented a family. I had buddies I'd go to lunch with regularly. We would meet in the coffee shop, where I actually had a table reserved for me." Power felt that his short stay at the build-

ing didn't afford him enough time to forge "a long-term friendship" with the building. However, he said that occupants who had been practicing at the Barrington Building for 20 to 25 years and had bonded with the building's sense of family would probably have a harder time getting over the loss.

Cherkas called going to work at the same place for 26 years and then suddenly not seeing the same faces "quite disturbing."

Grold captured the tenants' silent awe as they gathered at the site as if to pay last respects to a fallen friend: "It was interesting to see the people watching the building, just looking at it and nobody talking. It was like everyone being at a funeral. Really quiet. Then at night, with the flood lights, it was bizarre, really bizarre."

Reduced to Rubble

Today, the Barrington Building the tenants knew is gone, reduced to rubble, its concrete shell now smothering the offices' unretrieved contents, as well as anything else that was left in the building's belly. There has been word of allowing the tenants to sift through the tons of debris in hope of finding something of value. Some psychiatrists laughed at the thought; others displayed a modicum of hope.

"I had a little two-drawer file cabinet with all my diplomas and financial records that would be invaluable to get," said Cherkas. "It was a heavier than normal one, so there's always residual hope that I could get it, but who knows? With tons of stuff falling on top of it and with the rain, I would guess my chances are about one in four."

On the other hand, Power said he would not be there if tenants are allowed to sift through the rubble.

"To me it would feel too futile and somewhat painful to see how devastating the damage was and that there's really not much you can do about it at this point," said Power. "I think I'm just going to pass."

Also adding to the distress of going through the rubble are the vehement voices of those psychiatrists who walked the floors of the post-quake Barrington Building and felt the building was torn down too quickly.

"As an analyst I have to look at it in the most comprehensive sense I can," explained Cherkas. "I have a personal animosity about the speed at which the building was determined to be at great risk. I went up in that building and the interior looked absolutely perfect. There were no cracks. There was a little bend in the door frame at one point, so clearly there was some stress inside, but I didn't feel any risk."

"If people are willing to take the risk [to go back inside], they should have that opportunity," said Power. "But I realize the way our society is structured, people are held liable for other people's irresponsibilities, so I can see why management couldn't allow that. If I took the risk and something happened, I don't think I would sue. But some people would."

Psychiatrists' Reactions

The majority of psychiatrists interviewed by *Psychiatric Times* are keeping busy and becoming active in relief efforts to help cope with the earthquake's deleterious effects. All of the psychiatrists interviewed had already established new offices and were getting in touch with patients. But as Grold explained, there's a lot of delayed reaction to this type of disaster.

"My way of coping is to become active," said Grold. "That's why I went into the building and got my stuff."

It's also why Grold joined a volunteer group of 12 doctors called the National Disas-

ter Medical Assistance Team, mobilized by the Federal Emergency Management Agency (FEMA). This responsibility allows Grold to care for earthquake victims at the epicenter's front lines, thus helping him to keep his mind off his own problems. (Please see related story on page 6.)

Grold also said he doesn't think training has much to do with psychiatrists' capability to cope with the earthquake's ramifications.

"You just do what your personality structure is like," said Grold about the psychiatrists who contemplated entering the Barrington Building after the quake. "I saw several [psychiatrists] who were extremely anxious and becoming unglued. And they're professional people." But in the same breath, Grold seemed to reflect on his own dangerous journey into the battered Barrington Building when he said with a slight snicker, "I don't know what you could say is more rational, going into the building or not going into the building."

Most of the psychiatrists who worked in the Barrington Building did not get in to retrieve records and other property. Cherkas said some of them are depressed and angry, but that everyone is going to try to survive.

"I can tell you emotionally that I've been getting up at about 4:34 every morning, if that has any significance to you," said Cherkas, referring to the time of the early morning earthquake. "I find it difficult to get back to sleep. I'm thinking about the immense amount of things I have to do: loans, FEMA, getting equipment, buying paintings."

With a laugh, Grold told of how a cactus that he kept in his Barrington Building office could have directed a career move: "Twenty-five years ago, a patient gave me a tiny cactus. It grew to almost seven feet tall. It was looking great, about four inches away from the ceiling in my office, when I said, 'I'm in my

60s now. When that plant hits the ceiling, I'm going to retire.' Now I can't retire."

Power said "the best thing [to do to help yourself cope] is a combination of talking about it and getting away from it, distracting yourself from it because it is overwhelming and you can overwhelm yourself if you think too much about it."

"Everyone is really shaken by this earthquake," Power said. "I've lived in California all my life and nothing's been as unsettling and terrifying as this one."

Patients' Reactions

The effort psychiatrists from the Barrington Building have put forth to get in contact with their patients has seemed admirable and exhaustive. Some psychiatrists also have tried to make contact with ex-patients caught within the quake's daunting reach, which stretched as far east as Las Vegas.

"There were a few people in the [San Fernando] Valley I couldn't get to for several days, even a few ex-patients I wanted to check in on and see how they were doing," said Michael Gales, M.D., a psychiatrist who practiced in the Barrington Building part-time for eight years. "You couldn't get through. I had one patient whose home was two miles from the epicenter. He was in no-man's-land out there."

Gales said he has one patient who may need to be hospitalized as a reaction to the earthquake's tumultuous effects.

"She had anxiety disorder with panic attacks, plus a bad marriage," said Gales. "She was making it, doing a little better, and then the earthquake completely unhinged her. She hasn't been sleeping, she has more panic attacks and she feels she doesn't have anyone to turn to."

(Please see Earthquake, page 6)

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