concert with the acuity and volume of patient care, and be available at all times.

The Department must participate in contract negotiations that affect reimbursement for EM, including capitation rates. The Department must develop its own budget and business initiatives. The Department must maintain control over ambulance diversion, in order to ensure the safety and optimum care of patients already in the ED. With the seismic retrofitting of the state's hospitals by 2008, the Department must have a central role in the design and construction of new facilities for emergency care.

Required faculty functions for the Department include a Chair, Vice-chair, Clinical Director, Research Director, Residency Director and assistant, Emergency Medical Services Director, Poison Center Director (if the site supports an accredited Poison Center), Pediatric Emergency Physician and Medical Student Director. Faculty should work no more than 20 clinical hours per week to afford time for academic work. The Department must be staffed with sufficient faculty to provide optimum care, comply with documentation requirements, and provide clinical teaching and supervision.

The Department must be eligible for laboratory space. Administrative and academic space must also be available. Equipment purchases must be the purview of the Department, including digital radiography, ultrasound, ED-specific information systems, and physiological monitoring.

Conclusion

Despite playing a critical role in caring for California's citizens, providing outstanding education to UC students and residents, and publishing substantial original research, EM in the UC medical schools continues to suffer second-class citizenship. Inability to influence policy and finance critically impairs the ability to improve all aspects of patient care, research and education. Only with ascension to department status, can UC EM take its rightful place among the nation's premier programs. The outstanding tradition of the University of California demands no less.

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A Great Triumph for Emergency Medicine
California Leads Again in a Landmark Step Towards Unity

A. Antoine Kazzi, MD, CAL/AAEM President

In order to address our 358 California AAEM members' educational needs, the CAL/AAEM and AAEM presidents submitted an educational proposal to CAL/ACEP in September 2000. In a landmark decision by its board of directors and its education committee, CAL/ACEP approved this proposal. The CAL/AAEM and AAEM boards later endorsed the agreement. The terms carry an outstanding value as a member benefit for AAEM, CAL/AAEM and CAL/ACEP. However, the most important value of this agreement is in its historical significance for the future of EM. It carries a clear and strong message calling for the unity of the specialty and its EM organizations and adds incredible momentum to efforts in that direction.

With an overwhelming majority, the CAL/ACEP Education committee voted to join CAL/AAEM in inviting all AAEM members (nationally) to attend the June CAL/ACEP 4-day Annual Scientific Assembly for a nominal fee of $100. For AAEM members who maintain an ACEP membership, the fee is further reduced to $50.

In return, AAEM invites all CAL/ACEP members to its 4-day February AAEM Scientific Assembly for the same discounted 100$ rate. AAEM also invites all CAL/ACEP members to its September 2-5, 2001, EuSEM-AAEM First Mediterranean EM Congress in Stresa, Italy, for the same discounted registration ($250) fee required from all AAEM members.

CAL/AAEM and CAL/ACEP have also agreed to hold together a landmark "California Business Forum" on controversial practice issues during the CAL/ACEP Scientific Assembly. Watch for details. This will be a most exciting event.

The goal is to continue this on a yearly basis. Certainly, AAEM-CAL/ACEP dual members retain their baseline free registration with their own organizations. Next year, AAEM will be on the West Coast (San Francisco or Las Vegas). Non-members would ordinarily be charged $250 for the CAL/ACEP Assembly, $300 for the AAEM Scientific Assembly, and $350 for the First Mediterranean EM Congress.

The AAEM Scientific Assembly is on February 22-25, 2001, at the Disney's Coronado Springs Resort, in Orlando, Florida. CAL/ACEP members who wish to take advantage of the discounted rates or of the pre-Assembly courses should promptly check the AAEM website at www.aaem.org where one can register on-line.

Such a strategy is a win-win for all our members, providing them with additional benefits and educational opportunities of the highest quality. Join us in all these annual events and let us celebrate Emergency Medicine and unity in our specialty. Congratulations to EM, CAL/AAEM, CAL/ACEP and AAEM.

Dr. Kazzi is a member of the Board of Directors of both AAEM and Cal/AAEM, and Associate Associate Chief of EM at UC I rvine

President's Message continued from page 3

I admit that I elected to avoid any negativity or direct criticism in that issue. Yes, I used the first message to extend an olive branch and to establish our journal as a tool that will bridge and not divide EM. Isolated, AAEM and its issues will die. We need to gain the credibility, the ears, and the confidence of the silent majority of EPs.

This is indeed an "alternative" strategy, a tactic that I deliberately have engaged CAL/AAEM into – with the support of the majority of our board, in order to take our issues and objectives closer to fruition. We need to earn the support of the majority of EPs that remain inactive or unaware of the threat to the independent practice of our noble profession. We owe our members to win the fight we engaged in. We cannot do it without the vast numbers of active EPs who remain within ACEP. We must recognize the good, in order for the majority to recognize the validity and objectivity of our AAEM objectives. No, we can never win if we keep fighting with the 2/3 of the ACEP leadership that actually believes in our issues. We must stop calling all of them "the enemy." We otherwise will continue to allow the dictators and multimillionaire scavengers to use our own best EPs, residents and educators against us again, again, and again.

I remind you that I deliberately elected to refer to CAL/ACEP and not ACEP, for I certainly hope you would agree that there is indeed a difference between the two. To say the least, you can nominate your board candidates and elect them by mailed-in ballots, the same way we do in AAEM. Active participation and careful observation would reveal that CAL/ACEP has clearly endorsed policies that address due process and non-compete clauses. CAL/ACEP voted to refuse to join ACEP in its $50,000 advertising campaign to non-ABEM/AOBEM physicians to join before the end of the year 2000. There is no "exorbitant cost" to "the scientific assembly" since CAL/ACEP offers an outstanding 4-day annual Scientific Assembly as a free member benefit.

Yes, the majority of EPs believe that national ACEP is staff-driven, and not physician-driven. I certainly hold that same belief. However, CAL/ACEP runs its operations with 2 kind and caring full-time employees. This is nearly the same staff-ratio that we use in AAEM – both organizations being nearly of the same size. Dr. Goldfarb would be first to recruit them for AAEM if he got to work directly with them. Kind, caring and dedicated, Sheila and Deborah, the CAL/ACEP staff, do not dominate nor interfere in the development of strategy for our specialty. AAEM knows this for a fact, for I have closely worked with them for half a decade - often enough in adverse tension with other CAL/ACEP directors due to my AAEM activity.

I have met Dr. Goldfarb since my first message, and am glad that he agreed to consider an appointment to the CAL/AAEM Board of Directors. His energy, commitment and attention are obvious assets that we cannot afford to loose. I am confident that his participation will play a vital role in advancing our issues on every front. CAL/AAEM is in critical need for such active participation. We need volunteers and not only dues.

I wish to conclude with the following message to CAL/ACEP and ACEP carried by Dr. Goldfarb's letter: CAL/AAEM and AAEM must and will maintain course until our principles prevail. We cannot and will NOT accept words, position statements and educational pieces. We need a truly representative leadership and brave legislative action to protect our patients, our clinicians and the future of EM from the abuses of the profit-driven mentality that has been prevailing for three decades. We carry this message loud and clear - perhaps even deeper into the ranks and minds because of the alternative strategy that the CAL/AAEM leadership has elected to support. In assuming leadership, there comes a point when silence or inaction becomes treason.

Are you afraid to complain about ED overcrowding?

Robert W. Derlet, MD

Recently, a Midwest EM physician was fired because he complained of severe overcrowding. According to my sources, the physician was on duty one evening when the ED was overwhelmed with patients that far exceeded the capacity of the ED, and his pleas to the hospital for more resources went unanswered. As a result, a least one patient had a poor outcome, but when the physician complained about the inadequate size of the ED relative to the volume, he was blamed for the poor outcome and terminated.

I have heard that some physicians are afraid to complain about severe overcrowding for fear of personal retaliation or for fear that the ED group may lose the contract from the hospital. We would like to collect more data on this problem. If you work in an overcrowded ED, but are afraid to complain to your ED group or hospital, we would like to know. Information will be kept confidential and reported only as "a hospital on the East Coast," etc. Please send the facts to me via e-mail: rwderlet@ucdavis.edu.

Assay information for Ciguatoxin:

The company that sells a ciguatoxin assay is:

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