I am honored to be a candidate for AACAP’s Councilor-At-Large. My child psychiatry career started after taking a faculty position at the University of Pennsylvania, but still felt as if I needed to learn more about growing up in America in order to understand and treat American patients. Since completion of my child training I have worked in private, public and academic settings. My quest to learn more (could be neurotic) never stopped. I obtained MFT in family therapy, finished Psychoanalytic training and continue to learn from AACAP, mentors, colleagues, patients, and their families. I am fortunate to have a rich, rewarding experience teaching trainees, medical students, family therapy, psychology and other students. The most rewarding experience is making some difference in decreasing suffering and enriching patients’ lives. My introduction to the organizational aspects of AACAP occurred in 1995, when I was invited to chair the Program committee of Philadelphia ROCAP. We have been able organize Annual Staples lecture, Career Day, mock boards, Annual Child & Adolescent Psychopharmacology & Psychotherapy conferences, and other educational, advocacy and social programs. Since then, my involvement with AACAP has become more substantial, as a member of 1996 AACAP local arrangements committee, family committee, diversity and culture committee, delegate to assembly, co-chair of membership committee and board member of inaugural AACAP-PAC. I have been a frequent presenter at annual meetings on topics such as culture, immigration, psychotherapy, fatherhood, psychopharmacology, and aggression. I am also fortunate to have mentored several trainees and younger colleagues in promoting their scholarly activities. Some of the current issues that I feel the AACAP organization is facing include work force sufficiency, advocacy for children, discrimination, and the controversies around managed care and industry. In addition WHO estimates that by 2020 one in five of the 73.6 million children and teens will suffer from mental health problems. At present 20 percent receive appropriate treatment. Gregory Fritz’s Presidential initiative “Integrated care” can foster a new level of collaboration between pediatricians, primary care providers, psychologists, and other mental healthcare professionals. Of those children, cultural and racial diversity will be exponentially increase. Dr. Paramjit Joshi’s presidential initiative, “Partnering for the World’s Children” offers a model for enhanced global integration. I will encourage AACAP to address our professional needs and the mental health needs of children arising from these issues. I feel fortunate to be an adopted son of America, and to be practicing in the best profession, Child and Adolescent Psychiatry which gives me an opportunity to integrate knowledge from biological, developmental, psychological, familial, social, and cultural perspectives with scientific, humanistic approaches to treat and promote mental health of children and adolescents. Being a Councilor at Large would allow me the opportunity to use my enthusiasm and creativity to support AACAP, its 9000 members and its leadership in their efforts to provide the best to our children’s mental well being.