



STAY FOCUSED

John J. Stangel, MD, WCMS President



Now that the initial flurry of activity about the recent health care legislation has ebbed a bit, it is particularly important not to lapse into a state of distance or disinterest. Regardless of your position on the legislation, it still has onerous consequences. Now is the time that it is critical to maintain our voices, to make our legislators understand that **THE VOICE AND THE POSITION OF THE AMA WAS NOT THE VOICE ITS MEMBERS**. To do this we have to become and stay politically active. As we make our position known we must not break into rival camps, fighting among ourselves. It is critical that we stay focused and relentless in our efforts. It is not good enough for us to send emails

to each other to point out the dire consequences of the legislation. We have to use the laws themselves as a motivation to do something. We must never think back to this time and realize, but for our efforts the finest medical system in the world was lost, and it was lost on our watch. There are outside opportunistic forces circling the medical profession like buzzards slowly picking us apart. They are doing it now, even as you read these words. Having good intentions or planning to help in the future is not enough. The time is now! Take your energy, now, at this moment and get involved in the WCMS and MSSNY. By merely joining, you increase our numbers and thus our power. By coming to meetings and bringing colleagues you can do even more. **Our Annual Meeting is on June 8th**. Attending that meeting is a meaningful step. Write letters to the *Westchester Physician* newsletter. We want and need to hear from you whether or not you agree with us. We represent all physicians, of all views, from within Westchester. By writing you do not even have to leave your home to make yourself heard by hundreds of others.

Our new health care system is far from perfect and there is a profound need for improvement. The direction of the force for improvement, that leadership, must come from physicians.

We, the members of MSSNY, are truly privileged to have a new president, Leah McCormack, MD That she is the perfect leader at this critical time is dramatically apparent from Dr. McCormack's Inaugural speech that follows. When you read the speech I believe you will agree that she is a leader for all physicians, no matter what the specialty or political position. ♦

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The Westchester Physician

Published by the
Westchester County Medical Society

333 Westchester Avenue
Suite LN-01
White Plains, NY 10604
(914) 967-9100 / FAX (914) 967-9232

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The deadline for the June issue is May 31st.

Email your submissions to:

Peter Acker, MD, Editor
Peterrba@aol.com

Lori Van Slyke, Newsletter Coordinator
lvanslyke@gmail.com

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FROM THE EDITOR . . .

My "Out of Office" Experience

By Peter Acker, MD



I wrote in these pages a number of months ago a piece entitled "It's the Environment, Stupid." It had been inspired by a talk given by Dr. Cathy Kim as part of the Grand Rounds at the Maria Fareri Children's Hospital. Dr. Kim is the Associate Director of the Children's Environmental Center at the medical center and her talk focused on the myriad environmental influences that affect children's health and well being. It was almost literally a "remove the blinders" moment for me as I reflected on being closeted in my office seeing patient after patient while being, of course, aware of environmental affects, but not particularly focused on the sheer scale of its impact. It reminded me of the adage, "give a man a fish and you will feed him for a day, teach a man to fish and you will feed him for life." Was I merely handing out fish day after day? Take childhood obesity, for example. The practice model would be to measure weight and height, calculate the Body Mass Index, plot these data on a percentile chart, take a dietary and exercise history and then counseling. All of these are worthy, though most practitioners would probably agree that it feels a bit like bailing a sinking ship with a teaspoon. A more impactful approach might involve looking into such things as school meals and vending machines, petition local authorities to increase the number of bike trails, organize walk to school groups, etc. Ok, I admit, I haven't been spotted outside of any schools protesting the high calorie meals served there and I haven't contacted any politicians about bike trails as a result of Dr. Kim's talk, but I am much more mindful of what is going on outside my office and I think that makes me a bit more effective in my office.

I recently had another "out of office" experience. The circumstances were as follows: A growing consensus among general pediatricians is that optimal management of children with asthma should include regular spirometry. Traditionally, this has been the purview of pediatric pulmonologists and pediatric allergists and indeed, most of the more severe asthmatics in our practice are managed by these sub-specialists. But "mild" asthmatics often underreport symptoms and a clear chest during a single office visit does not necessarily correlate with the state of the patient's airway all the other days when he/she is not in the office. "It's like managing blood pressure without a sphygmomanometer", Dr. Allen Dozor, pediatric pulmonologist at New York Medical College, told me. And so it was Allen that I contacted in order to learn more about in office spirometry.

He kindly invited me to spend a morning with him in his faculty practice office. I watched as he interacted with a variety of patients and we would go over the spirometry results together. I was immediately struck by the lack of correlation in some cases between the self reporting and the spirometry results. In those cases, Allen would gently probe and find that, well "come to think of it, I am coughing at night and I do sometimes forget to use my Flovent." Holy lie detector! This was amazing and convincing.

But I was also struck by something else, perhaps more important. As I observed Allen take histories, I realized that I probably hadn't observed a skilled experienced practitioner ply his trade since my residency. His ability to extract information while simultaneously inquiring about other life issues, establishing a human connection and offering both practical advice and encouragement in a short visit was inspiring and educational. It occurred to me that we should all do more of this. Just as we continue our education with reading texts and journals and attending lectures, we should occasionally visit another doc and just watch. We'd all be the better for it. ♦

INAUGURAL SPEECH

MSSNY 2010-2011 President Leah McCormack, MD



Below is a reprint of Dr. McCormack's Inaugural Speech as presented on April 17, 2010 at the MSSNY Annual Meeting held in Tarrytown, NY

As physicians, we are trained to diagnose and care for our patients. It does not take a master diagnostician to see that the profession of medicine is in critical condition.

Doctors suffer from loss of autonomy, over-regulation by government and insurance companies, and interference with the doctor-patient relationship by 3rd parties. We cannot set our own fees for the services we provide. We are denied the ability to privately contract with our patients and balance bill without penalty. We are not allowed to collectively negotiate. The insurance companies continue their tricks to delay and deny us adequate payments. We are overwhelmed by laws, and rules, and regulations.

MSSNY recently commissioned a study on the Economic Impact of Private Practice Physicians in New York State. Of the approximately 70 thousand licensed physicians in the state, almost 61% participate in private practice. Aside from caring for the health of New York's residents, which is truly priceless, these practices contribute immensely to the state economy, employing over 300 thousand people and generating billions of dollars in income, sales, and tax revenues. Yet many physicians are struggling to survive.

Doctors are subject to price-fixing and receive such poor payments for services that we cannot afford to give our staffs raises or upgrade our equipment or facilities. We cannot afford our liability premiums. We cannot keep our practices financially viable. The costs of a medical education are so great, that students have lost hope of ever having their own practices and can no longer afford to choose primary care fields.

The attitude of society towards physicians has also changed. If there is a character in a novel or a movie who is a physician, invariably he or she turns out to be the villain. The media loves to print negative stories about physicians on page one, but all the good that we do is never publicized.

Increasingly, patients have the attitude that their illness is somehow the doctors fault, and that any failure to have a perfect outcome must mean that the doctor has made a mistake. Of course if the doctor is to blame, then the patient must be entitled to monetary compensation.

There was a time when the doctor-patient relationship was paramount and we were able to care for our patients to the best of our knowledge and abilities and in the patients' best interest. Decisions regarding care and cost were made between the patients and the doctor. The relationship with 3rd party payors was between patients and their insurance companies. Patients accepted responsibility for their own well-being, for participation in their treatment and for the costs of their care. Physicians cared for their patients, putting the patients' needs first, caring for those who could not afford care, and rendering untold amounts of charity and uncompensated care.

Wishing for a return of the things that were good about our profession is not an unhealthy nostalgia for the past but a rational understanding that this is what made American health care the envy of the world. We have seen how leaders from other countries, even those with nationalized care, come to America for treatment.

(continued on page 5)

Inaugural Speech 2010-2011 MSSNY President *(continued from page 4)*

We are tired of being told that the free-market does not work, when we all know that what we have now is not a free-market system. We are tired of practice schemes that are developed by bean-counters and social engineers.

We live with the fear that a lawsuit will destroy our lives and that all we have worked for will be lost in a moment. We are denied the most basic tenet – that we are human beings, that we are capable of unintentional error, that we are not monsters who wish to harm our patients, and that we are deserving of at least the consideration of forgiveness.

In the past, we have put others needs before our own and that is what we wish we could continue to do, but if we are to help others, we must be whole ourselves. I am reminded of the video that the airlines show before take-off where you are instructed to first put the oxygen mask on yourself before attempting to help others with their masks. It is time for physicians to reach for the oxygen mask for ourselves. No one else is going to help us. The Medical Society should declare this the Year of the Doctor and make a renewed effort to improve the lot of physicians.

We must avoid divisions within our profession that weaken us. We cannot divide along lines of primary care or specialist or hospitalist, employed or academic physician, or private practitioner. Even if some of us benefit, what is bad for any one of us, will ultimately be bad for all of us. Our enemies seek to divide us. We must not let them.

This has been a difficult year and the debate over health system reform has been particularly contentious. Like the population in general, doctors are deeply divided on the issue. I would venture to say that the majority of practicing physicians are not happy with either the process or with the bill that was finally passed by Congress. The partisan nature of its passage, the backroom deals and secrecy, the exemption of congress from being subject to the law, and the ignorance of what was actually contained in the bill was a disgrace.

We appreciate the efforts of our AMA leaders to achieve the best results they could for physicians. Many are pleased that 32 million more Americans will have health insurance coverage, that there will be pilot programs for tort reform, and that Medicaid payments will increase. But many doctors are angry and disappointed with organized medicine and with the failure to achieve significant and meaningful tort reform, or a permanent fix of the SGR.

Doctors are frustrated by the Pollyanna spin that has been put on the legislation. We are concerned that the AMA seems to be promoting the legislation and a partisan agenda. Our AMA has rightly indicated things in the law that need to be changed. Doctors want our AMA to be more out-spoken in advocating for physicians and challenging the negative aspects of the law.

Those of us who deal with Medicare or Medicaid have justified apprehension of the independent medical advisory board. Doctors are fearful of government and its power to crush us. We dread the new bureaucracies created by this legislation. We are alarmed by the awesome powers that the Secretary of Health and Human Services will possess.

We are concerned that the projected CBO cost may be a vast underestimation of the true cost, just as Medicare has been, and that ultimately the system and its programs will become insolvent and fail, leaving our patients in a worse situation than they are now. We do not want to be put in the position of controlling costs and rationing care instead of giving the best and most appropriate care to our patients.

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Inaugural Speech 2010-2011 MSSNY President *(continued from page 5)*

Doctors are disturbed that there is not more transparency in our AMA and in MSSNY. I have not left the AMA but I sense that the AMA has left me. There is an anger in the physician community. Rightly or wrongly, many doctors feel betrayed by organized medicine and membership is declining. I would ask anyone who is contemplating resignation to please remain a member and become more engaged. If you were unhappy with the decisions that were made, then tell your delegates to the AMA how you want them to vote. Tell your councilors to MSSNY how you feel about the issues and insist that they represent your viewpoint.

Physicians are at a critical juncture now. Times of great change and upheaval are also time of great opportunities. We need to take advantage of these opportunities to re-establish ourselves as those best suited to make decisions about our profession, and to make improvements for the benefit of patients and physicians.

First and foremost, we must maintain our principles. Too often we have compromised and accepted changes that were not in the best interest of our patients or our profession in order to maintain a seat at the table. But too often physicians have been the main course.

We should not support individual bills especially when the bill is likely to change into something we do not even recognize. Instead, we should make clear statements of what we support and what we oppose based upon our principles.

We may not always win but at least we will maintain the respect of our member physicians and we will be more credible to our legislators. We must not agree to support legislation in return for empty promises from government that usually fail to materialize. We are told if we do not "go along with things" then it will be worse for us. We cannot go along with legislation that contains items that violate our principles in exchange for a few items that are good. We should stand upon principle and if we lose a particular legislative battle, then we have still won a victory. We may suffer for our ideals but at least we will not have been complicit in the destruction of our profession.

Our members tell us that one of the main benefits of membership in MSSNY is advocacy. It is very difficult to successfully advocate when our state and federal capitols are in such a dysfunctional condition that we do not know from one day to the next if a politician will even still be in office. For over 20 years, I have traveled to Albany on legislative day, with mostly the same agenda that remains unrealized. We cannot keep doing the same thing and expect a different result. I believe we must change our tactics.

Our physicians have tired of the yearly trek to Albany, to listen to the same legislators, saying the same things. Rather than having our public servants lecture us, I propose we invite them to come to our offices, and hospitals and medical societies and listen and learn how they can best serve us. Or perhaps we should have a state-wide educational day when doctors can step out of their hospitals and clinics and offices and learn how to become more politically active.

Our President believes we prefer to amputate feet for 50 thousand dollars, rather than treat diabetes, and that we prefer to do tonsillectomies needlessly because it pays more than if we just prescribe antibiotics. Our United States Senator thinks we bill patients four thousand dollars for waving to them while they lie on a gurney in the hallway. They think if only physicians were not crooks, billions could be saved.

I do not believe these are unintentional misstatements. I think they are part of a concerted effort to undermine physicians and designed to lead the public to be more accepting of less trained and less costly providers.

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WCMS Annual Meeting

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Inaugural Speech 2010-2011 MSSNY President *(continued from page 6)*

Doctors need to work closely with our communications department to quickly respond to negative press and inflammatory statements made about physicians. No disparaging comments or untruths about physicians should be allowed to go unchallenged.

In order to be successful, we must revitalize our PAC. We need to face facts. Although it is a nice sentiment, we are not naïve enough to believe that politicians are really our friends. We cannot continue to funnel our limited PAC dollars to legislators who do not support us.

I propose that our PAC look at our legislators' stance on a few of our key issues, such as tort reform, health insurance reform, collective negotiation, ability to privately contract and balance bill without penalty, and health savings accounts. Then MSSNY should create and disseminate an annual report card on each elected official that we can use in making decisions about political support.

Our doctors need to know what is really happening in Albany, what our governmental affairs staff is working on, and what bills are under consideration. We need to know what our members need to be doing at the grassroots level to help and we need to enlist our patients to join us in our causes.

We need a policy section on our MSSNY website so that physicians can easily enter key words and quickly access relevant MSSNY HOD policy decisions.

We also need to encourage our physicians to seek election to political office. We should create programs that help physicians develop their leadership skills and improve their public speaking abilities. Our AMA sponsors a candidate school; we should have one here in New York for our physicians. The election of physicians or other non-attorneys may be the key to finally bringing change to Albany.

We must seek and demand meaningful tort reform. As a result of federal health system reform, MSSNY hopes to obtain funds for pilot programs that will look at alternatives to the current medical liability system. We all know that the current system is broken; it is inefficient, flawed and unfair in its verdicts and judgments.

We need tort reform in order to bring down the oppressive burden of our liability insurance rates. We must tell our legislators very clearly that another freeze is not an acceptable solution to the problem.

We have had a long and close relationship with our endorsed insurance carrier, MLMIC, which was founded by MSSNY physicians in response to the liability crisis in the 1970s. We look forward to continuing to work with our friends and colleagues at MLMIC on the issues to achieve meaningful tort reform and a favorable insurance climate for our physicians.

The coming year will bring its own set of problems and challenges. I ask for your help and good wishes and for your prayers. If we ever needed the blessings of Divine Providence, it is now. I may not be successful, and I only have one vote, but I do promise to give my best efforts for the doctors of New York State.

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Inaugural Speech 2010-2011 MSSNY President *(continued from page 8)*

When faced with making decisions, I have tried to ask: Is it good for patients? Is it good for physicians? Is it right? And is it good for liberty? Freedom is an essential health requirement for every human being. Patients and physicians must be free to make decisions about their lives and health without interference from government or insurance bureaucrats.

We are standing at this moment in our place in the long line that stretches back across time to when the first human being selflessly reached out a healing hand to comfort and care for one another. What has made our profession of medicine noble is our commitment to the patient-physician relationship and all that entails.

Our responsibility to the patient is our chief duty. We must resist the idea that we have more of a duty to society, or to government, than to our individual patient. As the cost of health care increases, as we know it will, due to an increase in population, and increase in access to health insurance, advances in technology and an aging population, we may be asked to compromise this principle. We must beware of the slippery slope that suggests some lives are of more value than others. Every human life is of inestimable worth and deserving of our care with compassion and respect and human dignity.

I will conclude with an excerpt from Alfred Lord Tennyson's poem, Ulysses, an appropriate allegory for the current state of our profession.

*"Come, my friends,
 'Tis not too late to seek a newer world.
 Push off, and sitting well in order smite
 The surrounding furrows; for my purpose holds
 To sail beyond the sunset, and the baths
 Of all the western stars, until I die.
 It may be we shall touch the Happy Isles,
 And see the great Achilles, whom we knew.

 Though much is taken, much abides; and though
 We are not now that strength which in the old days
 Moved earth and heaven; that which we are, we are,
 One equal-temper of heroic hearts,
 Made weak by time and fate, but strong in will
 To strive, to seek, to find, and not to yield"*

Thank you. ♦

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COMMISSIONER'S CORNER . . .

Arboviral Mosquito-Borne Diseases

*Christine Falco, M.S. Animal and Vector Control Specialist
Cheryl Archbald, M.D., M.P.H., Acting Commissioner of Health*

West Nile virus is the most commonly occurring arbovirus in Westchester County. Although this disease is considered endemic in the county, due to larval control, adult mosquito surveillance conducted by the Westchester County Health Department (WCDH) and weather conditions, there have been very few human cases in recent years. In addition to West Nile virus, there have also been other less frequently occurring mosquito-borne viruses detected in Westchester County.

For the surveillance of arboviral mosquito-borne diseases, during the summer months, WCDH maintains a network of 20 traps located throughout the county to capture adult mosquitoes. The captured mosquitoes are identified by species and tested by the New York State Department of Health (NYSDOH) for the presence of arboviral disease. The source of the data provided below is derived from both the County's surveillance network and from other New York and Federal surveillance systems.

Other Arboviral Mosquito-Borne Diseases

LaCrosse Virus (LAC)

LAC is transmitted from infected mosquitoes to chipmunks and squirrels. In rare cases, humans may be infected with this virus by the bite of an infected mosquito. The virus invades the central nervous system, including the spinal cord and brain. The fatality rate in humans is one percent.

In 1978, there was one fatal human case of LAC in Westchester County. In 2006, LAC was reported in mosquito batches from Nassau, Monroe and Orange Counties. Nationwide, six human cases were reported in 2007 and 27 human cases in 2008. None of these cases was in New York; however, last year a LAC positive mosquito batch was found in Orange County, NY.

Trivittatus Virus (TVT)

Infection with TVT is asymptomatic and manifests as a nonspecific febrile illness usually with headache that lasts from a few days to months. The elderly and the young are more susceptible. In 2006, there was one TVT positive mosquito batch in Westchester County. In 2008, two TVT positive mosquito batches were found in New York State and 14 more in 2009, although none of these was in Westchester County.

Jamestown Canyon Virus (JC)

JC virus has been associated in rare human cases with an encephalitis-type illness. In 1981, there were two human cases in Westchester County. Three JC positive mosquito batches were found in Westchester in 1981 and 1983. In 2007, there was one JC positive mosquito batch in Westchester County. There were 3 human cases of JC in New York State in 2008 and one JC positive mosquito batch in Westchester in 2009.

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Commissioner's Corner - *Arboviral Mosquito-Borne Diseases*

(continued from page 11)

Eastern Equine Encephalitis (EEE)

EEE has a fatality rate of 35 percent in humans (90 percent in horses) and has caused a total of three human deaths in New York (one fatal case each year in 1971, 1983 and 2009). The deaths occurred in children aged five weeks to seven years. Symptoms of EEE range from mild fever, anorexia and depression to sudden onset of headache, high fever, chills and vomiting. In more severe cases, symptoms may progress to seizures, coma and death.

In 2007, EEE was reported in 17 mosquito batches in New York State; and 19 mosquito batches tested positive for EEE in New York State in 2008. Last year, 59 mosquito batches were EEE positive in New York State and there were four human cases nationwide, including one in New York. To date, EEE has not been found in Westchester County.

Highlands J Virus (HJV)

HJV is maintained in fresh water swamps where blue jays and scrub jays act as its reservoir. It can on rare occasions cause disease in humans but the symptoms are less severe when compared to those of EEE. In 2009, there were 23 HJV positive mosquito batches in New York State. No human cases have been documented in New York State.

Cache Valley Virus (CV)

CV causes birth defects in sheep and other animals and may also be responsible for human birth defects. In 2009, in Westchester County, there were no human cases, although 15 CV positive batches of mosquitoes were collected in 2009.

Arboviral Mosquito-Borne Disease Prevention and Identification

To reduce the risk of contracting mosquito-borne arboviruses, WCDH advises residents to utilize various strategies aimed at reducing their exposure to mosquito bites. This may be accomplished by staying indoors during twilight hours as most mosquitoes are active during this time. WCDH also recommends elimination of standing water around the home and the judicious use of repellents with no more than 30 percent DEET. Repellents for children 5 years old and younger should contain 10 percent DEET or less and DEET should not be used on infants. Botanical repellents approved by the NYSDOH contain Picaridin and oil of lemon eucalyptus. It is important to follow directions on the repellent container and wash treated skin when exposure has ended.

As the summer months approach, local health providers are advised to provide information to patients regarding mosquito-borne diseases and their prevention. Advising patients of precautions they may take to avoid becoming infected with these serious and sometimes life-threatening diseases is a critical component in prevention as these diseases are not vaccine-preventable and there are no antibiotics or antiviral drugs that have been proven effective.

When attempting to diagnose an illness it may be helpful to take into account the recent travel history of the patient as well as their local environment and activities. Travel history is important as a person may have been exposed to a wide variety of arboviruses outside of Westchester County.

Healthcare providers concerned of potential arbovirus infection in their patients should contact WCDH for guidance regarding testing for these diseases. All cases of arboviral illnesses should be immediately reported to the Westchester County Health Department by calling 914-813-5000. For more information on arboviral pathogens and mosquito-bite prevention, please visit the Health Department website at www.westchestergov.com/health. ♦



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WCMS Member Opinions

Healthcare Reform—Point and Counterpoint

(April Issue, Westchester Physician)

I read with sincere interest your articles on the healthcare reform debate by Dr. McIntyre and Dr. Lerner. Dr. McIntyre I believe presents a very good honest review of the healthcare reform and I congratulate him on his presentation. Dr. Lerner, however, I find is very disappointing. He states at the bottom of the first page “despite my many disappointments I am glad the law was enacted because it does provide insurance to 32 million individuals who were otherwise uninsured”. However in no time during Dr. Lerner’s article does he address the fact that there is no money provided for payment for all these services for people who will be insured. Savings alluded to are never going to happen.

Cuts in Medicare services and payments in fees is unacceptable. Medicare fees are already too low as it is and any cut in them will take away coverage for the large Medicare population that we are already providing quite satisfactory medical care. To take from the Medicare population which pays its dues and give to people who have never paid a nickel into the system is neither fair nor just in anyway whatsoever. If Dr. Lerner wants to provide coverage for 32 million individuals he must find a better way to do so, but not by taking away from Medicare patients.

The law is also very unclear on how to implement all these changes and how to pay for them and I therefore find that for anyone to endorse it as it is in the present form is not being realistic. Medical care is expensive and it has to be paid for. There is no such thing as free medical care as there is no free food in this country either. People need housing, people need food, people need medical care, but they must participate in paying for it. The 51% who are working 60 to 70 hours a week to pay for the other 49% will not tolerate any further burden on their work efforts to support a group of people many of whom refuse to work.

There needs to be a better healthcare plan and a better system of welfare assistance that puts people who can work to work and does not keep them on the government dole forever. These people in public housing, on the public Pole all vote democratic because the Democrats promise them free everything at our cost. I have been working all my life and will continue to do so until the end and pay excessive taxes to support many people who do not care to work but who can work.

Elio Ippolito, MD
Sleepy Hollow, NY

WCMS Member Opinions

WCMS' Endorsement of the Surgical Coalition Statement on Health Care Reform

(WCMS Blast Email—March 2010)

First of all the "surgical coalition statement" runs contrary to many other physician organizations. I recently forwarded the recommendations of the American Academy of Pediatrics of which I am a member. I fully support them.

Health Care Reform in our country is long overdue. Many specialty physicians only view the issues of payment for procedural care. The issue is much larger. It involves public health, accessibility and affordability of care, societal responsibility, evidence based medical standards, accountability, transparency and many other complex issues. "Laissez faire, laisser aller" is not the solution.

Government might not be the best manager. It is overburdened with bureaucracy and inefficiency. The bureaucracies of the most insurance companies are even worse. Furthermore they favor the shareholders over the policyholders.

Unfortunately party politics took over this discussion. For a long time health care in this country should have been viewed as a research and resolution undertaking.

We are all paying enormous amounts of money as taxpayers for people who are uninsured, there is waste and lack of accountability. Preventive care is not stressed, standards are not established, corporate profits take precedence over quality of care and fair compensation to physicians.

As far as financing medical care, we will all pay one way or another. My personal fantasy is to end public health insurance companies, i.e. responsible to share holders and make them mutual, i.e. owned by policyholders.

Even if this bill is not perfect, it addresses many problems. We have to face the fact that our public health statistics compare unfavorably with that of other developed countries.

Gerard J. Mayer MD FAAP
Yorktown Heights, NY

**Letters and comments regarding the content in *The Westchester Physician* are welcome.
Please email your letters/comments to bfoy@wcms.org or fax them to (914) 967-9232.**

2010 HIGHLIGHTS

MSSNY HOUSE OF DELEGATES

- MSSNY should continue to seek the enactment of medical liability reform as one of its major priorities; MSSNY should urge the AMA to do the same.
- MSSNY should oppose taxes placed on physician services.
- MSSNY should seek legislation to require insurance companies to provide potential purchasers true, expected, out-of-network costs if patients opt for out-of-network care.
- MSSNY should support legislation that would repeal antitrust protection afforded to the insurance industry that gives them excessive domination and anti-competitive control over physicians in any market.
- MSSNY should support federal and state legislation that requires health insurers to spend a minimum of 85% of their premiums collected only for medical care and require that any excess funds be refunded to premium payers.
- MSSNY should urge the AMA to seek active involvement in the drafting of all program directives regarding CMS' medical record initiative, to assure that data collection is not used in the pursuit of fraud, waste and abuse.
- MSSNY should be directly involved in the development of health information technology standards across New York State in an affordable manner that will also improve efficiency and accuracy in national health care.
- MSSNY should advocate for the adoption of a method for distributing H1N1 influenza vaccine similar to that used to distribute the 2009-2010 vaccine; vaccine distribution should be prioritized for physicians, hospitals, public health departments and health clinics.
- MSSNY should seek legislation/regulation to assure that health insurers' Medical Director be directly available within two business days to discuss denials based on medical necessity with the treating physician.
- MSSNY should seek legislation/regulation that would require health plans to declare exactly what is covered and what is not covered in their plans and not allow them to change coverage without notifying the insured in a timely manner so that the insured could change policies without disruption to coverage;
- MSSNY should also seek legislation that requires all health plans to use a standardized form to describe the benefits and limitations of their plans.
- MSSNY should urge the Superintendent of Insurance to require United Healthcare/Oxford to issue ID cards to subscribers that prominently identify the primary insurance company name with appropriate mailing address. If a claim is denied for untimely submission due to confusion regarding the correct insurer, United should make restitution for the denied claim.
- MSSNY should oppose the use of non-wooden, specifically aluminum, bats by children through age 18 who play baseball or softball. ♦



Westchester Members Win at MSSNY's Fifth Poster Symposium

MSSNY's Resident and Fellow Section (RFS) held its fifth annual poster symposium on April 16, 2010 as part of the House of Delegates meeting at the Westchester Marriott in Tarrytown. Sixty posters were presented in two categories: I) Clinical Medicine/Health Policy-Medical Education and II) Clinical Vignettes.

This year's participants received multiple compliments on the high caliber of their work. The sixty posters were selected from 136 submitted abstracts. The following Westchester County Medical Society members won as follows:

Category I - 3rd Prize

Carla Venegas, MD, Montefiore Medical Center-North Division
*"Resolving the Controversy Around Rapid Response System Efficacy:
Positive Outcomes from Addressing Potential Barriers"*

Category II - 3rd Prize Co-Winner

Harneet Kaur, MD, Westchester Medical Center
"Hepatocellular Carcinoma and Atomic Bomb Exposure"

Congratulations Drs. Venegas and Kaur!



MSSNY 2010 HOD - WCMS Representatives

(Left to right) Luke Selby and Marissa Friedman (NYMC Medical Students); ; Robert Lerner, MD; Andrew Kleinman, MD, *Co-Chair*; Joseph McNelis, MD; Bonnie Litvack, MD, *Chair*; Robert Soley, MD; John Stangel, MD, *President*; Mark Fox, MD; Kira Geraci-Ciardullo, MD; Peter Liebert, MD; Michael Rosenberg, MD; Stephen Schwartz, MD; Robert Ciardullo, MD; Joseph Tartaglia, MD; William Walsh, MD; and Brian Foy, *Executive Director*.

Compliance Deadline for Red Flags Rule is June 1, 2010

Enforcement of the Red Flags Rule is scheduled to begin on June 1, 2010. The Federal Trade Commission (FTC) has delayed enforcement of the Red Flags Rule four times since November 2008 with the most recent delay on November 1, 2009 when the FTC agreed to delay enforcement until June 1, 2010. The FTC has not granted any further delays to the scheduled June 1, 2010 enforcement date.

The Red Flags Rule was promulgated as the result of a law enacted by Congress (the "Fair and Accurate Credit Transactions Act") in which Congress directed the FTC to develop regulations requiring "creditors" and "financial institutions" to address the risk of identity theft. As a result, the FTC promulgated the rule to require all covered entities to develop and implement written identity theft prevention programs to help identify, detect, and respond to patterns, practices, or specific activities—known as "red flags"—that could indicate identity theft.

The Red Flags Rule applies to any institution considered a "creditor." A creditor is defined as "*any person who regularly extends, renews, or continues credit; any person who regularly arranges for the extension, renewal, or continuation of credit; or any assignee of an original creditor who participates in the decision to extend, renew or continue credit.*" The FTC, however, considers a medical practice that accepts insurance or allows payment plans to be a "creditor" and subject to the Red Flags Rule.

For example, the FTC believes a physician is a creditor if he/she does not regularly demand payment in full, either in advance or at the time services are rendered, and instead bills a patient after services are rendered. The FTC also believes a physician is a creditor if he/she agrees to bill a patient's health insurance first, but holds the patient ultimately accountable for any non-covered portion of their fee, as is routinely the case with respect to co-pays, deductibles and services not covered by insurance. ♦

For more information, go to the MSSNY website at www.mssny.org



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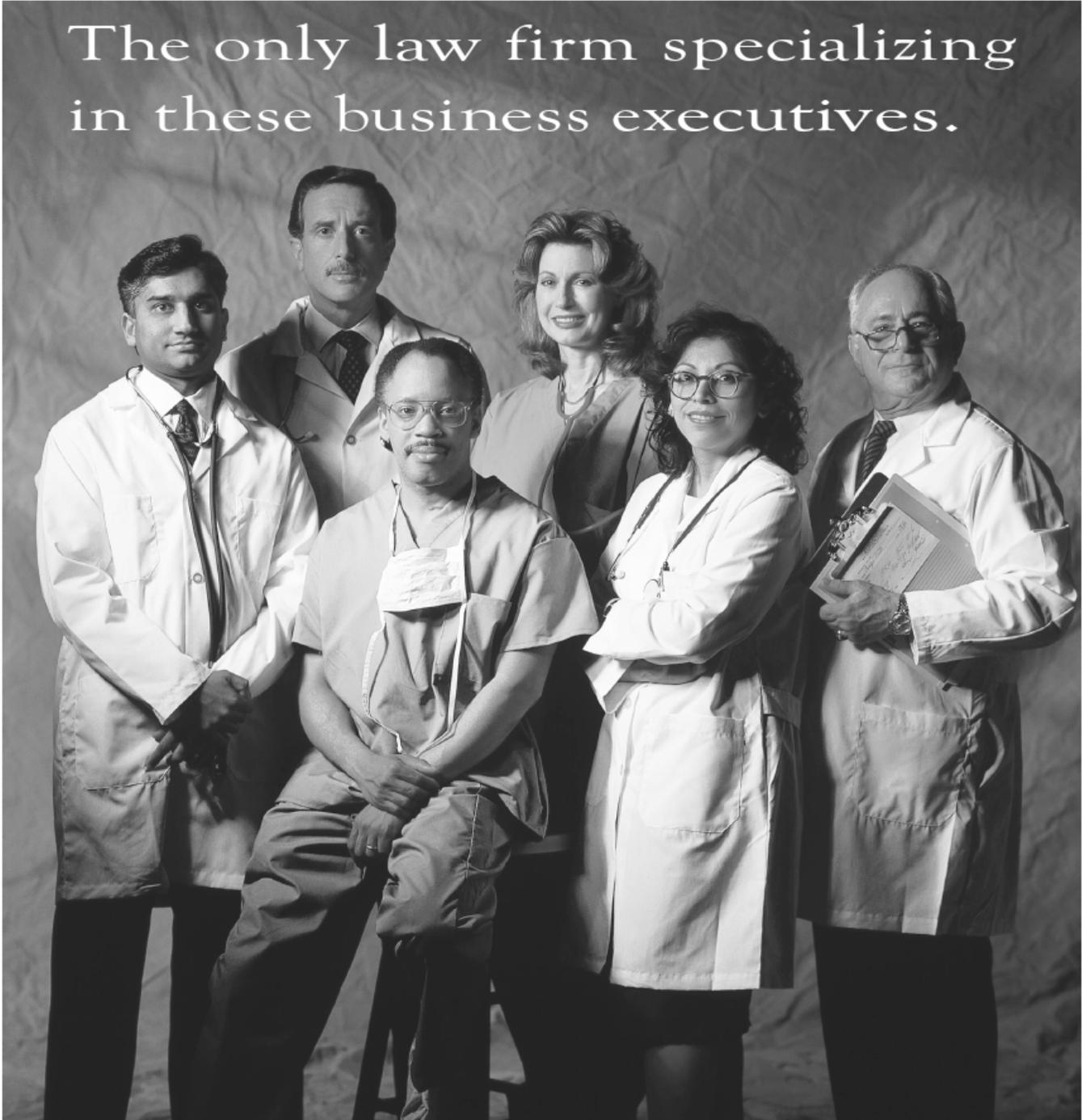
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2010-2011 WCMS/WAM Nominating Committee Report

The WCMS/WAM Nominating Committee met on May 3, 2010 and hereby nominates the following slate of officers to be voted on at the June 8th Annual Meeting and will take office **effective July 1, 2010**:

PRESIDENT <i>Joseph Tartaglia, MD</i>	MSSNY HOUSE OF DELEGATES <i>(Four for two years; term ending 2012)</i>
PRESIDENT-ELECT <i>Abe Levy, MD</i>	DELEGATES <i>Mark Fox, MD</i>
VICE PRESIDENT <i>Joseph McNelis, MD</i>	<i>Joseph McNelis, MD</i>
TREASURER <i>Robert Ciardullo, MD</i>	<i>Stephen Schwartz, MD</i>
SECRETARY <i>Thomas Lee, MD</i>	<i>Joseph Tartaglia, MD</i>
PRESIDENT – ACADEMY OF MEDICINE <i>Karen Gennaro, MD</i>	ALTERNATE DELEGATES <i>Louis McIntyre, MD</i>
	<i>Alfred Tinger, MD</i>
	<i>Robert Lerner, MD</i>
	<i>Danielle Deluca-Pytell, MD</i>

Joseph Tartaglia, MD, President-Elect, automatically assumes the office of President and outgoing President, John Stangel, MD, assumes the office of Immediate Past President. Additional candidates may be nominated from the floor at the WCMS/WAM Annual Meeting, provided that each nomination is supported by a petition signed by at least 100 members, as specified in the Bylaws.

WESTCHESTER COUNTY PHYSICIAN PRACTICES SHOWN TO BE A MAJOR ECONOMIC DRIVING FORCE

A major economic study focused on private practice physicians in New York State indicates that the estimated 1,317 physician practices in Westchester County are driving \$1.9 billion into the county's economy through the employment of 10,323 physicians and staff members.

The study was developed by Specialized Analytics and Kavet, Rockler & Associates, a Storrs, CT, research organization, and was funded by the Medical Society of the State of New York (MSSNY).

According to the study, each private practice physician's office in Westchester County employs an average of 8 individuals with each practice putting an average of \$1.4 million into the economy. "This translates into real money going into the local economy to pay the rent or mortgage, buy groceries, put gas in the car and buy from local retailers," commented Dr. Leah McCormack, then President-Elect of MSSNY and Chair of the economic study. "While the focus of local physicians and their staff is alleviating pain and getting people better, we seldom recognize that these team members also participate in the local community, help their kids with homework, vote in the local election and are part of the local economic backbone."

Private practice physician offices in Westchester County, according to the data, put an estimated \$180,948 per employee into the local economy. This, in turn, spins off an estimated \$17,844 per employee to fund schools, police and fire departments, road maintenance and other municipal and county services through local taxes. Almost the same amount is generated to pay state taxes.

On average each of New York's 42,000+ private practice physicians has three employees [alternatively you can say that "each of New York's 18,000+ private practices has nine employees"], according to the study but data indicates that an additional four people are employed in support of each private practice physician's office. "A total of 160,000 individuals work in physicians' offices in New York," according to Dr. McCormack. "That's about equal to the combined population of Albany and Schenectady."

Physicians in the state deliver 260,000 babies each year and provide more than 100 million office visits for New Yorkers. According to the study, private practice physician offices rank second in the state in terms of total business establishments and sixth in terms of total employment. ♦

For further information, contact Lynda Lees Adams at (516) 428-6391 or ladams@mssny.org

MSSNY Capital Update

IMMEDIATE PHYSICIAN ACTION ON COLLECTIVE NEGOTIATION URGED!

All physicians are urged to contact their legislators in support of legislation (A.4301A, Canestrari/S.5204, Breslin) which would permit physicians to engage in collective negotiation with health insurers under close state supervision. This bill is vitally important to physicians and patients in our ongoing efforts to restore fairness to the current grossly inequitable situation which allows insurers to virtually dictate all of the terms of their contracts with physicians and other health providers.

This bill obviously is strongly opposed by the health insurance industry. It is currently in the Assembly Ways and Means Committee and the Senate Health Committee. All physicians are requested to contact their legislators in support of this legislation: Assembly (518) 455-4100; Senate (518) 455-2800. Moreover, physicians can send a letter in support of this and other managed care reform initiatives by going to <http://www.capwiz.com/mssny/issues/alert/?alertid=13283276&type=ST>

Physicians are also asked to speak to their patients about health insurers' dominance and the negative consequences which this dominance has for patients seeking needed care.

PHYSICIAN ACTION NOW IS VITALLY IMPORTANT!

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WCMS MAY BOARD HIGHLIGHTS



At its meeting on May 6, 2010 at WCMS Headquarters, the Board...

- Heard from the President, John J. Stangel, MD, who addressed the April issue of *Westchester Physician*, which offered two important, yet opposing views by members on health system reform, and encouraged the Board to encourage members to submit their views to the WCMS for publishing in future issues of the newsletter.
- **Approved the Report of the Committee on Membership/Member Credentials**, as presented by Bonnie Litvack, MD, acting chair. See page 9 of this newsletter for a listing of our new members. *The Board acknowledged the passing of Diana Oquendo, MD, an OBGYN from Sleepy Hollow, NY, who died on January 18, 2010 and offered a moment of silence.*
- **Reviewed a current list of members who had not yet paid their 2010 dues to WCMS and MSSNY. The list of 147 members was divided and Dr. Litvack asked Board members to review it, to call members to encourage them to pay their dues, and determine a reason for late payment or no payment. This information will be transmitted back to the WCMS for follow-up. Dues revenue is critical to the continued functioning of the medical society in service to its members!**
- Heard from Dr. Litvack, Chair of the WCMS Delegation to MSSNY, regarding the Delegation's activities at the MSSNY Annual Meeting, April 16-18, 2010, at the Westchester Marriott in Tarrytown. WCMS offered 15 resolutions on various issues for consideration by the MSSNY House of Delegates. *(The June Issue of the Westchester Physician will include details.) She also announced the election of the following WCMS members to MSSNY leadership positions: Kira Geraci-Ciardullo, MD, Vice Speaker; Andrew Kleinman, MD, Assistant Treasurer; Bonnie Litvack, MD, 9th District Councilor; and Michael Rosenberg, MD, Board of Trustees. The Board offered its congratulations and best wishes for success!* Lastly, Dr. Litvack mentioned that the Delegation was so impressed with the inaugural speech of new MSSNY President Leah McCormack, MD, that the entire speech is included in this issue of the newsletter.
- Heard from Amy Newburger, MD, Immediate Past President and Chair of the Nominating Committee. The Nominating Committee met on May 3, 2010 and the slate of officers recommended for 2010-11 will be submitted for approval by the membership at the WCMS Annual Meeting on June 8, 2010, at Crabtree's Kittle House in Chappaqua. See page 21 to review the slate of officers.
- Heard from Dr. Kleinman, Vice Chair, Committee on Budget and Finance, who presented the 2009 draft audit of the WCMS/WAM financial statements for review. He reported that the auditor was present when the audit report was reviewed at the Committee meeting on April 28th. The audit reflects the combined activities of the WCMS and WAM and includes a clean opinion from the Auditor asserting the scope of the audit, confirming operational accuracy and clearly stating the absence of any fraud. After a brief discussion between the Board and Committee members, **the Board approved the 2009 Audit as presented.** Due to concerns regarding decreasing dues revenue, the Board asked that the Executive Director and Auditors meet as soon as feasible to address current WCMS and WAM operating income and expenses and report back to the Board with a plan as to how ameliorate poor cash flow trending.
- Heard from the members of the Legislative Committee, who discussed a recent meeting at the Medical Society with Congresswoman Nita Lowey. The focus was on health system reform and how to make the law signed by President Obama better through amendatory legislation or regulation. Following that meeting, a few members of the Committee prepared a formal response to the Congresswoman, which will be provided to all Board members and is available to any interested member of WCMS. The Committee plans to follow up with Ms. Lowey and hopes to receive a response to the concerns expressed in the letter.
- Heard from the WCMS Executive Director regarding the *WCA Call to Action Campaign* – a Rally will be held on May 20, 2010, 5:30pm at the Rye Town Hilton. The WCMS is partnering with the Westchester County Association (WCA) to help promote the Rally in an effort to raise awareness of the need to reform Albany by electing business-friendly legislators. **All members are encouraged to attend the Rally! Please go to www.CallToActionCampaign.org to learn more about the campaign and register for the Rally.** ♦

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