



West Hudson Psychiatric Society
of the American Psychiatric Association
serving Rockland, Orange, Sullivan & Delaware Counties



P.O. Box 741
Pomona, N.Y. 10970-0741
Tel/Fax: (845) 638-6992
www.rfmh.org/whps

eSynapse

June 2013

Editor's Comments

James Flax, MD, MPH, DFAPA

THANK YOU, THANK YOU, THANK YOU to all those who have contributed to this issue of eSynapse! Please scroll through everything below as there are many items you will find interesting and useful throughout.

You will find a synopsis of our meetings so all readers will have an idea of district branch business. But, it's only a synopsis. You have **got to come** to a meeting to appreciate the rich discussions. **PLEASE JOIN US June 21st @ 12 Noon**. See below.

There are two eulogies for Dr. Mary Mercer who died this past May. I had met Dr. Mercer at many of our dinner meetings. I found in those brief meetings a wonderful, empathic and joyous person. I'm delighted to have the readers of eSynapse get to "meet" her, if you haven't already.

Syed Abdullah, MD once again sent us an erudite article. Lois Kroplick updates us on the programs of the Mental Health Coalition.

Dr. Sobel from NKI sent me memos from the NYS OMH on guidance for complying with the SAFE Act of NYS for staff of state facilities. I, like many of you, are hearing of a wide range of policy decisions regarding the SAFE Act that are causing confusion and consternation among all those affected, particularly gun owners. I've heard of gun owners and police officers relieved of their weapons only because they had received prescriptions for antidepressants. I've heard of any emergency room admission being reported. The guidelines don't recommend these actions but do recommend any involuntary admission be reported. The SAFE Act has introduced confusion into our jobs that I don't welcome. How much easier would it be to keep the entire issue of gun ownership out of the practice of psychiatry and simply add substantial penalties (20 or 30 years) for possession of an illegal firearm or use of a firearm in a crime?

There are ads for jobs, offices for rent in Rockland, Depression Support Groups, research subjects at NKI, and malpractice insurance that may interest you. Please scroll

all the way to the end to see it all. And, if you are not receiving the MSSNY eNews, here's a link where you can read about issues of interest to all of medicine in New York State: <http://www.mssny.org>.

LIST-SERV

I have written in previous issues about the creation of a **list-serv** where a member can notify the entire list of a patient needing care, their requirements (location, insurance, expertise, etc) and any one who is a member of the list can reply (on or off list) if they have an opening. Ivan Goldberg, MD (of Psycho-Pharm listserv fame) graciously agreed to host this list at Psycho-pharm.com and we are going to try it out but need enough of our clinicians (private practice and clinics) to participate to make it work. This list-serv could work for other communication as well. So far 12 have indicated an interest. We don't have a "critical mass" for this list-serv to work well. If you want to be included in this listserv and keep this project alive, please email me at drflax@aol.com.

Email allows us to communicate with you more efficiently and in a timely fashion. You are receiving this publication because we have your email address. All the other members whose email addresses we don't have are not getting this news. Please ask every APA member you know to **SEND THEIR EMAIL ADDRESS TO** Liz Burnich at westhudsonpsych@gmail.com. Please ask every psychiatrist you know who is not an APA member to please join and **SEND US THEIR EMAIL ADDRESS**.

COME ON, ALL YOU MEMBERS. SOME OF YOU BESIDES THE REGULARS MUST HAVE NEWS

My goal in publishing this electronic newsletter is to increase communication between and among all of our members. I can only do this with your participation. I want a psychiatrist from every organization, clinic and institution in the counties of Rockland, Orange, Sullivan and Delaware to send me an article, of any length, describing any events, news, changes, presentations or opinion. That means that **YOU** can contribute by designating someone at your place of employment, or volunteering yourself, to send me something about where you work, how you practice, opinions about anything of relevance to psychiatrists, promotions, births, recipes, accomplishments, summer vacations, new hires, new programs, case observations.

There are a *myriad of opportunities* for you to become involved in your community through your district branch. The advantages are numerous in addition to the pleasure of giving back. There is the true pleasure of working with your colleagues in psychiatry and/or in other mental health fields. There is the opportunity to be creative in developing a program around your interests. There is the joy of learning something new.

IT'S A FREE LUNCH!

**West Hudson Psychiatric Society
Next Executive Council Meeting
Il Fresco Restaurant, Orangeburg, NY**

Journal Club (15 minutes) PROMPTLY at 12 Noon
Followed immediately by Business Agenda
Date: Friday, June 21st, 2013 @ 12 Noon at Il Fresco in Orangeburg, NY.

Please contact Dr. Russell Tobe, MD (rtobe@NKI.RFMH.org) (845) 398-6556) if you are planning to attend.

If you speak to your colleagues who are not members of the APA, remind them to become members. If members, tell them you've received your eSynapse and ask if they received theirs. If not, tell them to email Liz Burnich at westhudsonpsych@gmail.com with their email address so they can be added to the list.

While some have indicated it is too costly to join the APA, the link below will remind you of the many benefits. The West Hudson Psychiatric Society Membership is one of the least costly in the nation and we hope to keep it that way. The benefits are numerous. <http://www.psych.org/Resources/Membership.aspx>

PRESIDENT'S COLUMN

Russell H. Tobe, Russell.Tobe@gmail.com

As an early career psychiatrist in our regional area for two years, I view it a great privilege to act as President of the West Hudson Psychiatric Society (WHPS) for the next two years. It is my sincere hope that my limited regional experience will be counterbalanced against a fresh appraisal of WHPS coupled to openness in obtaining feedback and guidance from as many in our membership as are willing to contribute. This seems even more important in our current practice environment, which is particularly active and dynamic. It is my expectation that we will be able to collaboratively support each other through ongoing and expanding educational initiatives alongside collegiality as we collectively navigate the new tides of state and local budget changes, CPT coding changes, parity, DSM 5, I-STOP, the New York State SAFE Act, and others.

Dr. Mary Mavromatis has been instrumental, along with the Executive Council and Dr. Nigel Bark (APA Assembly Representative), in the robust evolution of our branch during these past two years. Our most significant branch matter has been the welcoming of Elizabeth Burnich as our first Executive Director. In working with Dr. Mavromatis, and through significant tenacity, Liz has not only assisted in creating an improved organizational structuring of our branch but has also streamlined efficiency. She has forged collaborations with numerous district branches across the country and positioned WHPS with a stronger presence at a national level. Through their efforts and those of other branch members, WHPS has received competitive funding through the American Psychiatric Association (APA) for infrastructure development (notably website development) and remains positioned to apply for further development grants in educational initiatives and innovation. These development opportunities are perhaps most important to our district branch relative to others, given our modest catchment and membership. As we have forged ahead, we have continued to participate in community initiatives such as depression screening, maintained support for our local mental health advocacy groups with Lois Kroplick acting as public affairs representative, linked community members in mental health treatment, published eSynapse with Jim Flax remaining as editor, and welcomed charismatic

speakers for our seasonal educational talks chaired by Raj Mehta. I am also appreciative of efforts of Diane DiGiacomo, Dom Ferro, Susan Hoerter, Lois Kroplick, and Marc Tarle for their specific past and/or future representation in leadership positions on the Executive Council. I am also excited to announce that Mona Begum has been nominated for WHPS president-elect (2015-2017), and I look forward to working closely with her should she be elected.

While this has been an exciting time for WHPS, much work remains. As WHPS continues to welcome ideas for new educational initiatives, we are in the process of laying out new DSM 5 training experiences. Development of our website is now underway. We have welcomed more active involvement of several members and continue to welcome everyone's participation. Involvement of our colleagues committed to public health, systems-based care, and academics has increased and we remain particularly motivated to have our branch meet the needs of all members. As an academic psychiatrist, a primary focus of my presidency will be to explore new ways to forge pathways for increasing involvement and communication with our public health, systems-based care, and academic colleagues towards the goals of educational transfer and balanced representation. Through this, it is my hope that all members will increasingly view WHPS as a platform for education and advocacy. Please contact me at any time.

SUMMARY FROM EXECUTIVE COUNCIL MEETING **Friday, May 10, 2013**

Attendees Present - Mary Mavromatis, Raj Mehta, John Fogelman, Lois Kroplick, James Flax, Mona Begum, Nnamdi Maduekwe

Journal Club – Dr. Flax introduced and led a discussion of Intimate Partner Violence (IVP). An informative handout was distributed. Attendees joined in a discussion that included references to their own clinical experiences.

President's Address – Dr. Mavromatis reported that the Spring Dinner Meeting held on Friday, April 19, 2013 at La Terrazza was successful. There were twenty-six attendees, twenty-three of whom were WHPS members. Mr. Seth Stein, Esq. of NYSPA was the speaker, and he addressed the difficult matter of the new CPT coding. The response to his presentation was very favorable. Attendees commented that they had a better understanding of new charting and changing billing requirements.

Mention was made about the upcoming Fall Dinner Meeting, the date for which has not yet been determined. Suggestions for the meeting, some of which came by email, included:

- Dr. Jeffrey Lieberman, APA President-Elect
- Dr. Merrill Herman on substance abuse
- Dr. Pat Bloom on meditation for medical purposes
- APA, PRMS or NYSPA speaker(s) about risk management topics, such as ISAFE, ISTOP, EHR's, MOC.

Website – Xsimple was contracted to create the WHPS website. The initial site should be published by the end of May. There will be website sponsors to offset the cost.

Information Booklet – letters are in preparation, but are not yet available, to be sent to physicians about practice and professional information. The cost of this project will be covered by an APA grant.

APA Grant for DSM-5 training - Dr. Mavromatis reported that in 2014 the APA will award DB's grants for DSM-5 training. An application will be submitted. The APA also will be awarding grants for innovative projects. A representative of the WHPS will attend the membership Chair meeting at the APA convention where innovative DB projects will be discussed. Perhaps we will gain insight into what innovative projects the WHPS can develop.

MHA, along with NAMI and the Coalition/Women's Group, had a successful 9th Annual Wellness Walk and 5K Run at Rockland Lake State Park on Saturday, April 20. Fifteen Coalition members participated. The event raised \$9,000, of which only \$2,000 was spent on expenses, leaving a net profit of \$7,000.

NAMI will have a "National Walk" across the Brooklyn Bridge on Saturday, May 11 at 9:30 am as a fund-raising event.

The Women's Group will have its next meeting on Friday, June 7 at Mona's home.

DBSA wants to expand from one meeting a year to four. The next meeting will be on Sunday, June 9 from 3 to 5 pm at Good Samaritan. Dr. Flax will attend.

NAMI will have its award dinner on Wednesday, June 19 at 5:30 pm at the Paramount Country Club. The WHPS will place a \$250 full-page ad in their journal.

RPC Grand Rounds will be on Wednesday, July 10 from 1:30 – 3 pm. The topic will be "Putting DSM-5 into Action." The speakers will be Drs. Nigel Bark and Russ Tobe. Consideration is being given to having either a pre-reception lunch or a post-reception coffee, with the hope that it might increase attendance. It was decided that a complimentary gift is not necessary. There also was discussion about a similar additional meeting in September for the WHPS membership, possibly held in Orange County. The costs of such a meeting will be borne by the APA because it would not be a regular meeting. It would be for education and for membership recruitment for the APA.

The Mental Health Coalition will hold its next Public Forum on Wednesday, October 19 at 7 pm at RCC. One of the speakers will be the psychologist Dr. Jeffrey Rudolph. He will talk about CBT in the treatment of depression. Ca

Next WHPS Executive Council Meeting will be on Friday June 21st, 12 Noon sharp at Il Fresco Restaurant in Orangeburg, NY.

CORRESPONDENCE

(Editors note: I vowed when I started this publication to publish anything sent to me. Please send me announcements, news, notices, rumor, recipes, innuendo, ads etc).

DR. MARY MERCER

Eulogy delivered by Dr. Carlos Dews at the funeral for Dr. Mary E. Mercer, 2 May 2013, Grace Episcopal Church, Nyack, New York.

I first met Dr. Mary Mercer in the 1980s when, as a graduate student, I had discovered the manuscript of the autobiography Carson McCullers worked on during the final years of her life. I needed help deciphering the handwriting of the various people, Dr. Mercer among them, who had helped McCullers with her manuscript.

I knew of Dr. Mercer from my first reading of a biography of McCullers but had never had a reason, or the courage, to contact her. Dr. Mercer responded to my query and helped me identify the handwriting in the manuscript then later vouched for me with the McCullers Estate when I wanted to publish an edition of the autobiography.

She continued to assist me at various points in my career, especially when I was appointed the Founding Director of the Carson McCullers Center for Writers and Musicians in McCullers's hometown of Columbus, Georgia.

I can say without equivocation that I owe my academic career to Dr. Mercer. She opened doors for me that I could never have opened on my own. I will be eternally grateful for her trust in me.

(But all of) (Those of) us who love the work of the writer Carson McCullers owe Dr. Mary Mercer a great debt of gratitude; for her care of McCullers during the final years of the writer's life and for her vigilance in ensuring McCullers's literary legacy will continue.

Given how important they were in each other's lives it seems appropriate to read an excerpt from McCullers's autobiography in which she describes how she came to meet Dr. Mercer.

McCullers wrote:

I went professionally to Mary Mercer because I was despondent. My mother had died, my dear friend John La Touche had died and I was ill, badly crippled. A friend of mine had suggested strongly that I go to see Mary Mercer. I resisted just as strongly. I resisted psychiatry itself, as I did not accept it as a medical science. The last thing left to me was my mind and I was not going to let anyone fiddle with it.

Dr. Mercer lived in the county and was a specialist for children. I had expected Dr. Mercer would be ugly, bossy and try to invade my soul's particular territories.

I would have to call her to make an appointment. That was one telephone call I delayed and suffered over. Walking with my crutch to the living room, picking up the receiver, putting it down, and going through all the motions except actually calling. Finally, I did call, and in a low, pleasant voice Dr. Mercer made an appointment for me.

The day before I went to see her I was awake at three o'clock in the morning, and was getting dressed by nine for an eleven o'clock appointment. So, well before the appointed hour, I was waiting at Dr. Mercer's office. The screen door was hard for me to manage and almost knocked me down. I was breathless by the time I actually faced Dr. Mercer.

She was and is the most beautiful woman I've ever seen. Her hair is dark, her eyes gray-blue and her skin very fair. She is always impeccably dressed and her slim figure radiates health and grace. She always wears one strand of pearls. Most of all, her face reflects the inner beauty of her noble and dedicated mind.

I not only liked Dr. Mercer immediately, I loved her, and just as important, I knew I could trust her with my very soul. There was no difficulty in talking to her. All the rebellion and frustration of my life I handed over to her, for I knew that she knew what she was touching. When the fifty-minute session was over, she asked me what I was going to do then.

"Go home and think things over," I said.

"It's my lunch time," she said, and to my great surprise and unbounded delight, she asked, "Would you like to join me for lunch?"

We never mentioned psychiatry at lunch. We talked of books, but mostly we ate in silence. She had said in our first fifty-minute session, "I love words, but I tell you Mrs. McCullers, I'm not going to be seduced by your words. I've seen your play but I've not read any of your books. I want it to stay that way, and will not read them until our therapy is finished."

Thereafter after every session we had lunch together, and that was the solace and high point of my day.

Therapy went marvelously well, and in less than a year, she discharged me as a patient. We have become devoted friends, and I cannot imagine life without our love and friendship.

So wrote McCullers, in the final year of her life, of how she came to know Dr. Mercer.

I must say that Dr. Mercer, the consummate professional, was always quick to point out to me that McCullers had stretched the truth a bit in the story of their meeting. Dr. Mercer insisted that she asked McCullers to have lunch with her near the end of their treatment and not after their very first session.

Carson McCullers first appointment with Dr. Mercer was in 1958. At age 41, McCullers, suffering from depression after the death of her mother and the paralysis caused by a series of strokes, had attempted suicide. Dr. Mercer began her treatment by making sure that McCullers received the best medical care available; she ordered a battery of tests and referred McCullers for treatment that immediately reduced the burden of pain she suffered due to her strokes.

We will never know, nor should we, the details of McCullers's treatment in Dr. Mercer's consulting room; but we know the results. The final eight years of McCullers's life, though a struggle physically, were perhaps the happiest of the writer's life. Thanks to Dr. Mary Mercer.

McCullers died, at age 50, in 1967, eight years after her first appointment with Dr. Mercer.

“The time has come to speak about love.” A line from Carson McCullers’s *The Ballad of the Sad Café*.

More important than the care she provided to McCullers as a patient, Dr. Mercer, after their professional relationship had ended, provided McCullers with love.

McCullers had spent her life looking for someone like Dr. Mercer. Dr. Mercer provided, at long last, the “we of me” that McCullers had described so beautifully in her novel *The Member of the Wedding*. Dr. Mercer provided Carson McCullers with mature, unconditional and enduring love, perhaps for the first and only time in the writer’s life. Dr. Mercer’s care gave Carson eight additional years of life and the gift of feeling that she was understood and loved without doubt.

But Dr. Mercer’s love did not end with McCullers’s death. Dr. Mercer guarded the flame of McCullers’s literary and biographical legacy with a single-minded devotion. She was known by all scholars of McCullers life and work as the keeper of the flame and protector of McCullers’s literary and personal reputation.

Soon after McCullers’s death Dr. Mercer purchased the writer’s home here in Nyack and has now, for more than 45 years, maintained it as a residence for creative spirits. She also purchased many of McCullers furnishings, artwork, and items of personal significance to the writer. Along with McCullers’s attorney, Ms. Floria Lasky, and her agent, Robbie Lantz, Dr. Mercer looked after the affairs of McCullers’s literary estate. Dr. Mercer was instrumental in having an historical marker placed in front of McCullers’s house at 131 S. Broadway here in Nyack. She had the back garden of the house landscaped into a jewel of a park. More recently Dr. Mercer provided items for the museum and support for the Carson McCullers Center for Writers and Musicians.

* * *

I’d like to end, as I began, with words from Carson McCullers. In an essay McCullers wrote about loneliness, she characterizes the gift of love that Dr. Mercer provided to her and that McCullers and Dr. Mercer have left to us all.

McCullers wrote:

“Love is the bridge that leads from the I to the We . . . Love of another individual opens a new relation between the personality and the world. The lover responds in a new way to nature and may even write poetry. Love is affirmation; it motivates the yes responses and the sense of wider communication. Love casts out fear, and in the security of this togetherness we find contentment, courage. We no longer fear the age-old haunting questions: "Who am I?" "Why am I?" "Where am I going?" - and having cast out fear, we can be honest and charitable.”

* * *

Dr. Mary Mercer lived a life of honesty, charity, integrity, dignity, and love. She is a model for us all. We will miss her greatly.

* * *

Eulogy for Mary Mercer, MD delivered by Bert Pepper, MD
5/2/13 Grace Church, Nyack

My thanks to Pastor White, Joan Mertens, and to all of you who have come today to honor the life of Mary Mercer, who made good use of her talents, skills, and energies for over 100 years, in the service of others.

A key aspect of Mary's personality was her determination to get to her destination. She accepted that there would be obstacles and detours, but these did not deter her.

Mary's father taught her to drive when she was quite young, below the legal age, and it was very hard for her to stop driving. More about that later!

Her father refused to support her going to medical school, her destination. She detoured, through a different health profession, either physical or occupational therapy, and worked her way through medical school. She then trained in psychiatry and was on faculty of Cornell medical school for a number of years.

Mary was married for a time to Dr. Ray Trussell, Dean of the public health school at Columbia and NYC Commissioner of Health. There were no children. Dr. Trussell was not an easy person. After the marriage ended Mary remained in the 5 Tweed Boulevard house. Anyone who has known her in the past 50 years has visited her magnificent home.

During her decades in Nyack Mary practiced psychiatry, and was long engaged in volunteer activities and public service. It was in that period of time that she became a friend, physician, and caretaker of Carson McCullers. Dr. Carlos Dews will speak of that relationship.

One of Mary's important activities was to support the Mental Health Association and the creation of the Rockland County Mental Health Board. My first job out of graduate school, in 1962, was to be hired by Mary as the first county mental health director. She then energetically and creatively supported the creation of the mental health center in Pomona.

Mary's Museum: the Metropolitan Museum of art. Mary told me that somewhere in her middle years she mentioned to a friend that she was interested in painting but did not know much about it. Thereafter, her friend took her to the Met regularly, where she would stand in front of a chosen painting for a long time, saying nothing. Mary, being a head taller, would stand right behind her and stare at the painting, trying to understand what her friend was looking at. She eventually realized that this allowed her to enter the picture, and see it in a new way. She became so entranced by art that she regularly spent a day or two a week at the Met. She claimed ownership and referred to it as "My museum".

Hear attack: While entertaining out-of-town friends in her home for the weekend – a weekend that featured Mary cooking, and climbing the mountains of Rockland to show

her friends the beauties of the Hook, the river, etc. Mary suffered severe chest pain. She kept climbing and she kept cooking, until the weekend ended and her friends left. That she called her doctor, who promptly hospitalized her with a massive heart attack. I don't recall if she was in her 60s or 70s at that time.

After her medical recovery Mary decided that she had to do something about her health. She went to the most esteemed program of the day at Duke University, and undertook to be treated by the doctor who had devised the famous rice diet. The program was successful, and she traveled to Duke every year thereafter for decades. She changed her lifestyle and diet, and gave these changes credit for her longevity.

Driving: When Mary was in her 80s, she told me that her physician at Duke had made her promise to stop driving when she turned 90. When I took her out to dinner in her 91st year I noticed that her car was still in the carport. I said, "Mary, what about your promise to your doctor, that you would stop driving at 90? With a quiet shrug, she said, "Oh, he died".

Finally, I must mention that in the last decades of her life Mary had the wonderful good fortune to be befriended by and cared for by Joan Mertens and a crew of wonderful helpers. Joan has devoted an incalculable amount of time, energy, and love to caring for Mary these last years. All who cared about Mary owe Joan our heartfelt thanks.

Rockland County has lost one of its fabled citizens. Mary Mercer was a role model for those who want to live a direct, productive, energetic, creative, generous life; a life devoted to others.

UPDATE ON THE MENTAL HEALTH COALITION - **2013**

Lois Kroplick, DO, DFAPA



Energy and enthusiasm is high at the Mental Health Coalition meetings. In February, the MHC board decided to have a membership drive. Each board member recruited a new member to the

general meeting in March 2013. Since that time, the conference room has been filled with new members and positive energy.

Over the past month, Coalition members have participated in two walks, which were fundraisers. On April 20, 2013, fifteen Coalition members along with MHA and NAMI members participated in the annual walk at Rockland Lake. The three groups ended up making a total of \$7000! The best part of the Walk was connecting with other mental health professionals, family members and consumers. Rockland County has always been a unique county where the entire mental health community participates in projects in an effort to destigmatize mental illness and promote mental health. There is a true sense of community in Rockland County.

On May 11, 2013, several Coalition members, including myself, Rena Finkelstein, Jennifer Clark, Leslie Davis and Leonard Davis attended the NAMI WALK in New York City. The Coalition donated \$250 to NAMI for the Walk. The Coalition members joined Rena Finkelstein's team, "Rena's Rangers" which raised \$2000 for NAMI! As one of the participants at the walk, it was so exciting to walk over the Brooklyn Bridge! Just before the walk, it was raining hard and we all wondered how this walk was going to take place. However, once the walk began there wasn't a drop of rain! Once again, it was so empowering to see professionals, family members and consumers working together to destigmatize mental illness and educate the public that help is available. I came back to Rockland County that day with renewed energy!

The Public Forum will be held this year on October 16, 2013 at Rockland Community College at 7pm. The topic will be Depression, Treating the Whole Person. The Coalition members have already been busy interviewing prospective speakers. One speaker, Dr. Jeff Rudolph, a psychologist who practices in New Jersey and New York City, will be speaking about Cognitive Behavioral Therapy and other techniques to treat depression. We will also have a consumer and a psychiatrist speak about depression. Each Forum has been a great event for the community. Approximately, 400-500 people come to the Forum each year! Please join us on October 16, 2013!

Every person that attends makes this event more successful!

The NAMI AWARD dinner will be held June 19, 2013 at the Paramount Country Club in New City, NY at 5:30pm. The recipients of the 2013 Award are Dr. Suzanne Vogel-Scibilia, Diana Siegel, the Mental Health Association of Rockland County and Kerri Strumph, a Suffern High School student. Tom Chapin will provide the entertainment. The cost of the event is \$110 per person. You can show your support for NAMI by coming out to the event or taking out an advertisement in the event journal. You can contact the NAMI office at (845) 359-8787. To attend this great event just send in your money to reserve a place. Make the Check out to NAMI-FAMILYA and mail it to this address:

NAMI-FAMILYA
P.O. Box 635
Orangeburg, NY 10962

The new Mental Health Coalition Board for 2013-2014 is:

Co-Presidents-Jennifer Clark, Leslie Davis
Corresponding Secretary-Leslie Barnett
Recording Secretary-Craig Caliciotti

Treasurer-Melissa Breland
Membership-Ana Standard
Public Forum/College and HS programs-Rena Finkelstein
Historians-Lois Kroplick, Carol Olori
Past Presidents: Dom Ferro, Sherry Glickman

Please join us at the upcoming events:

NAMI AWARD DINNER-June 19, 2013 at Paramount Country Club at 5:30pm
COALITION GENERAL MEETING-September 12, 2013-Robert Yeager Health Center
Building F Conference Room 12 Noon
PUBLIC FORUM-Oct 16, 2013-RCC 7pm

I look forward to having more psychiatrists join me in the Coalition's mission to destigmatize mental illness and promote mental health! When you join the Coalition, you will also network with a lot of wonderful colleagues.

Any questions, please call me at 845 641-1770

The Gaia Hypothesis and the Destiny of Man

Syed Abdullah, M.D.

The concept of Mother Earth, or as the Greeks called her long ago, Gaia, has been widely held throughout history. As a result of the accumulation of evidence about the natural environment and the growth of the science of ecology, there has recently been speculation that the biosphere may be more than just the complete range of living things within their natural habitat of soil, sea and air. James Lovelock.

What is the Gaia Hypothesis? Simply stated, it is the belief that our earth is one huge living entity greater than any prehistoric animal we have discovered. Atmospheric chemist James Lovelock, working for NASA, and the world- renowned microbiologist Lynn Margulis devised the Gaia hypothesis. In their 1979 publication *Gaia: A New Look at Life on Earth* they wrote: "The entire range of living matter on Earth from whales to viruses and from oak to algae could be regarded as constituting a single living entity capable of maintaining the Earth's atmosphere to suit its overall needs and endowed with faculties and powers far beyond those of its constituent parts." They defined Gaia as "a complex entity involving the Earth's biosphere, atmosphere, oceans and soil; the totality constituting a feedback of cybernetic systems which seek an optimal physical and chemical environment for life on this planet."

The idea was so new and unprecedented that the peer review process for its publication was slow and generally negative. Their proposal regarding the existence of a living Earth was regarded as unscientific and at best a poetic metaphor. According to the Gaia hypothesis, the history of life on Earth can be regarded as a progressive modification of the

planet's chemistry and temperature by biological organisms acting in ways that enhance their own survival and flourishing. The Earth's atmosphere, for example, was modified over billions of years, by photosynthetic microorganisms, from one that was predominantly carbon dioxide and methane, into its present oxygen-rich state. This oxygen-rich atmosphere set the stage for the evolution of multicellular life forms that ushered into the "Cambrian explosion" that took off some 570 million years ago. The term "Cambrian explosion" is used to denote the appearance of animal phyla that preceded the beginning of the Cambrian geological period and continued through out this geological period.

During the Cambrian period there was a vast diversification of life, and finally the colonization of the Earth by plants and animals. Then, 250 million years ago, as the result of a catastrophic event 95% of the life forms were extinguished. The leading explanation of these mass extinctions are attributed to the havoc caused by asteroids slamming into the earth. Every time, following these catastrophes, Gaia picked up the thread and started over again. Dinosaurs and flowering plants eventually evolved to dominate the earth. This was the Cretaceous period some 146 to 65 million years ago. The asteroid that brought the Cretaceous period to an end is estimated to have been 10 miles wide, creating the 110-mile diameter Chicxulub crater off Mexico's Yucatan Peninsula. Other massive asteroids, some 10 times larger, have visited the earth from time to time, causing havoc on the slowly evolving life forms. Each time Gaia went about restructuring and reviving the Biosphere.

Commenting on this indefatigable attempt of Gaia to reestablish life on earth led James Lovelock to ask the question "To what extent our collective intelligence is also part of Gaia? Do we as a species constitute a Gaian nervous system and a brain which can consciously anticipate environmental changes?" Ronald Bailey has posed the interesting possibility that having gotten tired of getting whacked by asteroids she has evolved technologically sophisticated, big-brained mammals that can travel in space as a way of protecting herself from asteroids. Calling it 'just a thought' that perhaps like antibodies that protect the body from invading disease organisms, humans can defend Gaia from extraterrestrial intruders!

The earth's atmosphere today is 79% nitrogen, 21% oxygen with traces of carbon dioxide, methane and argon. As we know, this is crucial to the survival and subsistence of life on earth. Compared to this, the atmospheric compositions of Mars and Venus are 95-96% carbon dioxide, 3 to 4 % nitrogen, with traces of oxygen, argon and methane that is not conducive to the development of life forms, as we know them. In the 1960s James Lovelock was asked by the Jet Propulsion Laboratory and NASA to help design experiments to detect life on Mars. Lovelock, on the basis of the analysis of the gaseous composition of the Martian atmosphere predicted that no life would be found on Mars - because of the 'dead equilibrium' of its atmosphere.

Looking from the perspective of outer space he saw the earth, not so much as a planet adorned with diverse life forms, but a planet transfigured and transformed by a self-evolving and self-regulating living system. By the nature of its activity it seemed to qualify as a living being. He named it Gaia, the Greek Goddess that drew the living world from Chaos. Gaia is not a synonym for the biosphere and it is not simply the collection of life forms on the planet termed the biota. The biosphere and the biota taken together form a part, but not the whole, of Gaia. The rocks, the air, the oceans are all parts of Gaia. Gaia has continuity with the past back to the origins of life and to the future as long as life persists. Gaia cannot be known just by knowing individual species or life forms living together. Gaia

is a total planetary being. Gaia, according to this hypothesis, is a living entity and that its temperature, oxidation, acidity are in a state of dynamic homeostasis maintained by active feedback processes operated automatically.

Stephen Miller in a brilliant review of James Lovelock's book: *The Ages of Gaia* makes some very interesting observations on the concepts of Gaia. One of his comments is that perhaps there is awareness appropriate at every level of the life process. Perhaps that is a property of life. We might assume that the production of the human species is a great step upward for Gaia, a sort of rapidly evolving brain tissue. Or that Gaia prepares the earth as a cradle and crucible of consciousness evolving. Miller states "Other analogies come to mind; are we part of her arsenal of interplanetary spores? What stage would Gaia be in now? Is our species part of her maturity or an incubation period? Is Gaia herself somehow part of a larger living being, perhaps on a galactic scale? If so how do the cells of this larger being remain in communication? Will we eventually be able to experience something of the awareness which Gaia has?"

Lovelock points out that Gaia, being ancient and resourceful enough to have carried out these successive changes of the planet in spite of asteroid collisions and other setbacks, herself is probably not endangered by the relatively momentary depredations of the human species as it befouls and cripples the bio-dynamics of its environment. Rather, the danger is to the human race, not only by our own actions, but also by Gaia's reaction to them. When Lovelock first expressed his ideas about Gaia, the science behind his constructs was still very sketchy and provoked a storm of criticism. But it also aroused much research and thinking, and raised our consciousness to newer possibilities awaiting us. As Teilhard de Chardin noted over half a century ago, "the human person is the sum total of fifteen billion years of unbroken evolution now thinking about itself." By the same reasoning we are not separate beings on Gaia: We are a mode of being of Gaia. Gaia's story is our common sacred story.

In the beginning of his book *The Dream of the Earth*, Thomas Berry says, "One of the most remarkable achievements of the 20th century is our ability to tell the story of the universe from empirical observation and with amazing insight into the sequence of transformations that has brought into being the Earth, the living world, and the human community. There seems, however, to be little realization of just what this story means in terms of the larger interpretation of the human venture." Ultimately, we are called to consciously participate in the further evolution of the universe through love and knowledge. The meaning of the Gaia theory lies through that door. Indeed with love, wisdom and humility man could wear the mantle of Gaia's consciousness.

Guidance for Implementing the Secure Ammunition and Firearms Enforcement (SAFE) Act in OMH Psychiatric Centers

April 5, 2013

OMH Inpatient Programs:

- Initial and Interim Automated Solution: All inpatients residing in an OMH facility as of March 16, 2013 **who are on an involuntary status** will be electronically reported to the Integrated SAFE Act Reporting Site (ISARS) database which has been established by Central Office using data from MHARS.
- All involuntary admissions to a State PC from March 16 – April 5, 2013 will also be reported in the same manner.
- All admissions (both voluntary and involuntary) to a State PC from April 5, 2013 until the long term solution outlined below is in place, will also be automatically electronically reported, **unless** the treating physician documents that a particular person *does not meet* MHL 9.46 reporting requirements and he or she notifies John Allen by e-mail (within one business day of the admission) so that the report for that person can be deleted from the data transfer from OMH to the County Director of Community Services, or his or her designee. Procedures must be put in place to ensure that such reports are made in a timely manner to Mr. Allen, whenever appropriate.
- In all such cases in which a report is made, the admitting psychiatrist will be recorded as the reporting clinician.
- Long Term Automated Solution: The MHARS automated clinical record system will be modified to include a function for recording (for each admission regardless of voluntary or involuntary status) whether or not the individual meets criteria for reporting under the SAFE Act. Those that meet criteria will be reported through the Central Office MHARS process. Those that don't meet criteria will **not be** reported to the Integrated SAFE Act Reporting Site (ISARS) database established by Central Office. As above, the admitting psychiatrist will be recorded as the reporting clinician for all reports made under the SAFE Act.
- Documentation: In all cases, the admitting psychiatrist must document whether or not the individual being admitted meets the criteria for a report under the SAFE Act, MHL section 9.46. That criterion is as follows: "likely to engage in conduct that will cause serious harm to self or others." Once the MHARS function is enabled, the admitting psychiatrist will document on the 725 admission form by checking the box that indicates "meeting" or "not meeting" criteria for a SAFE Act report.

In addition, in all circumstances, any clinician who is mandated to report under MHL section 9.46 (i.e., physicians, psychologists, registered nurses, and licensed clinical social workers, who provide direct mental health treatment services) may at any time make an individual report using the Integrated SAFE Act Reporting Site (ISARS) under the provisions of the SAFE Act.

OMH-operated Outpatient and Residential Programs:

- Each hospital shall have one or more designated staff member(s) to coordinate reporting activities and to accept reports from mandated reporters within the hospital who have direct knowledge of and / or individuals subject to Secure Ammunition and Firearms Enforcement (SAFE) Act reporting requirements (the designated staff member(s) must be one of the four types of mandated reporters).
- All mandated reporters who provide direct mental health treatment services and have direct knowledge of individuals subject to the SAFE Act reporting requirements, must notify the designated staff member of the information they have about the individual subject to the SAFE Act reporting requirements.
- Once one of the mandated reporters has made a report to the Integrated SAFE Act Reporting Site (ISARS) which has been successfully submitted, it is unnecessary for other mandated reporters to make separate additional reports to the ISARS.
- The designated staff member is responsible for confirming with the mandated reporter who made the report, that the report was successfully submitted and for obtaining from the mandated reporter the ISARS confirmation number.
- If the designated staff member is unable to confirm that a report was accepted and has reason to believe that the patient is subject to SAFE Act reporting requirements, the staff member is then personally responsible for making a report to ISARS.
- In the event that a mandated reporter who did not make a report to ISARS learns that a report was not accepted and the mandated reporter has reasonable cause to believe the individual patient is subject to SAFE Act reporting requirements that mandated reporter must also attempt to make a report.

In addition, in all circumstances, any clinician who is mandated to report under MHL section 9.46 (i.e., physicians, psychologists, registered nurses, and licensed clinical social workers, who provide direct mental health treatment services) may at any time make an individual report under the provisions of the SAFE Act.

New York State SAFE Act Frequently Asked Questions (4/15/13)

On January 15th the Legislature passed and the Governor signed into law the NY Secure Ammunition and Firearms Enforcement Act of 2013 (NY SAFE Act). Among its provisions is one requiring mental health professionals to report patients who are "likely to engage in conduct that would result in serious harm to self or others," codified as Sec. 9.46 of the Mental Hygiene Law. The Chairman's office distributed a memorandum, dated March 8, 2013, regarding

the new reporting requirement and the statute went into effect on March 16, 2013.

Official OMH guidance has been provided in a separate document. Below is additional guidance in an FAQ format. Should there be additional questions, please do not hesitate to call Christopher Tavella @ 8004, Mary Barber, MD @ 8062, or Ed Herman, MD @ 8308 or (845)674-0133.

In addition, OMH is requiring that each facility designate a SAFE Act local coordinator to log all reports made for individuals in our community services and residential programs and ensure that any reports filed via the SAFE Act web page are accepted. The designated coordinator is Ed Herman, MD @ 680-8308 or (845)674-0133. He must be contacted prior to all reports being made by community providers and again following confirmation (we must log all confirmation numbers).

Where is the OMH guidance information on the SAFE Act located? – The OMH website (www.omh.ny.gov/omhweb/safe_act/index.html) contains 1) a set of “Frequently Asked Questions,” 2) a recorded Webcast for providers along with a PDF of slides entitled “Introduction for Mental Health Providers” that accompanies the Webcast, 3) a set of “Guidance Documents,” and 4) a “9.46 Reporting” portal. The Guidance Documents consist of a “Mental Health Law Section 9.46 Guidance Document,” an “Integrated SAFE Act Reporting System User Guide” (which contains very specific instructions on how to file a report), and a “Hospital Guidance” document for Article 28 and Article 31 hospitals.

Who must report under the statute? – The statute imposes a reporting obligation on every “mental health professional,” defined as a “physician, psychologist, registered nurse, or licensed clinical social worker,” who is “currently providing treatment services to a person” whose behavior meets the statute’s requirements. All physicians and nurses, not just psychiatrists or psychiatric nurses, would appear to be covered by the statute. However, as you will see in the attached guidance document, RPC can coordinate efforts and have one designated provider in situations where there are multiple RPC providers. The designated reporter in clinic settings will be the treating psychiatrist/nurse practitioner.

How and when is a report made? – A report is made through the reporting portal on the OMH website (<https://nysafe.omh.ny.gov/>). The statute specifies that the report should be made “as soon as practicable.”

What circumstances trigger an obligation to report? – A reporting obligation exists when a mental health professional “determines, in the exercise of reasonable professional judgment, that such person is likely to engage in conduct that would result in serious harm to self or others.” Mental Health Law (MHL) Section 9.46 Guidance Document on the OMH website indicates that this standard “is consistent with” the “likely to result in serious harm to self or others

standard” that is used for emergency “removals” from the community to a psychiatric hospital for examination under MHL Section 9.45 and with the standard for emergency admissions for observation, care and treatment under MHL Section 9.39. However, OMH views the language of 9.46 more broadly, reasoning that Sections 9.45 and 9.39 contain the element of risk of imminent harm (9.45 provides that “immediate care and treatment in a hospital is appropriate”), whereas Section 9.46, at least on its face, does not. According to this interpretation, one might be treating a patient who one feels meets the 9.46 reporting standard, but who nevertheless might continue to be treated safely (although presumably followed closely) as an outpatient.

How probable must serious harm be to meet the “likely to engage in conduct” standard? – The statute does not specify how likely the occurrence of harm must be before the reporting requirement is triggered. Given the uncertainties in predicting future behavior, we believe that it is reasonable to interpret the statute as requiring that harm must be *more likely than not* (i.e., a 51% or greater probability) before the reporting requirement is triggered. Under this interpretation, one would assume that a majority of patients one would report, at least as an outpatient, would at a minimum require an evaluation in an emergency room if not an inpatient admission.

What constitutes “serious harm?” – The statute is silent on this key issue. However, the OMH Mental Health Law Section 9.46 Guidance Document sets forth the definition in the Mental Hygiene Law applicable to Section 9.45 (“likely to result in serious harm”): “(a) a substantial risk of physical harm to the person, as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself, or (b) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior which places others in reasonable fear of serious physical harm.” Under this definition, for example, superficial cutting does not constitute serious harm, but a gunshot wound to the head or amputation of a limb does.

How imminent must harm be to be covered by the statute? – Again, the law is silent on this question. Your judgment will be the ultimate deciding factor in whether a report is filed.

To whom must the patient be reported? – The statute requires that reports be made through the OMH website. Once submitted and accepted, the report will be forwarded to the local county Commissioner of Mental Health (the law calls them Directors of Community Services).

Once a patient’s name is reported, what will happen with the information? - The statute requires that the County Commissioners must determine whether the person reported meets the criteria for dangerousness. If, following some assessment/evaluation process, the Commissioner agrees that the person is likely to engage in such conduct, the individual will be further reported to the DCJS (Division of Criminal Justice Services). The DCJS will check the information

against a State database of all persons with licenses for handguns and automatic weapons to determine if the license should be suspended or revoked, whether the person is ineligible for a license in the future, or whether the person is otherwise disqualified under state or federal law. **If a patient is hospitalized in response to a belief that he or she may engage in conduct that would result in serious harm, must the patient be reported as well?** –OMH Counsel's office has indicated that even if a patient is in a hospital setting, that patient nevertheless may meet the reporting standard. In other words, the prevailing interpretation appears to be that one would make a report based on the condition of the patient at the time the clinician is evaluating the patient without regard to the possibility that the patient may not be reportable once that patient receives treatment, even in a relatively secure setting. OMH has developed a short-term and long-term solution to making reports from an inpatient setting (see attached guidance document).

Does an outpatient provider need to report a patient who would otherwise be deemed reportable if that patient is sent to an emergency room? – If an outpatient clinician believes that a patient meets the statutory reporting criteria, whether or not the patient is sent to an emergency room for evaluation, the clinician must make a report.

How frequently must a clinician make a report on the same patient? - The statute offers no guidance on this question. The State will be creating a database of people reported under the statute that will be maintained for five years. OMH has indicated that in its view an outpatient who meets the reporting standard under 9.46 but whom a provider believes can be treated safely as an outpatient should be reported at each clinical encounter as long as the patient continues to meet the statutory criteria for reporting in the view of the outpatient clinician.

Should patients be told that their names are being reported? – Studies of patients whose threats to third parties have triggered warnings to the victim or the police have suggested that outcomes are improved (i.e., patients are more likely to remain in treatment) if they are told in advance that a warning will be issued. It seems likely that the same conclusion would apply to reporting required under this statute, particularly if the report is made by a clinician who has an ongoing treatment relationship with the patient. Hence, a discussion with the patient whose name is to be reported would seem preferable, although it is not required by the statute. However, when the mental health professional believes that they or a third party would be endangered by informing the patient in advance of their intent to report, it is acceptable to forego informing the patient.

Are there any exceptions to the reporting requirement? – Reports need not be made if the mental health professional concludes, "in the exercise of reasonable professional judgment" that a report "would endanger such mental health professional or increase the danger to a potential victim or victims."

How should homeless patients be reported? – There is no reference in the statute to patients who are homeless. We would suggest, for the sake of simplicity, that a provider report the individual for the locality in which that provider is located.

Can I be sued for my decisions to report or not to report? – The statute provides some immunity from liability: “The decision of a mental health professional to disclose or not to disclose in accordance with this section, when made reasonably and in good faith, shall not be the basis for any civil or criminal liability of such mental health professional.” In the event of an adverse outcome, the focus will be on whether decisions were made “reasonably and in good faith.” Obtaining consultation and documenting the decision process may be helpful in establishing that both criteria were met.

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Depression Support Group

Depression support group meets 2 times a month in Pomona, NY. We are inviting new members at this time. We are moderated by a clinical social worker. This is not a therapy group but social support for people fighting depression. Call Kathy for more information (914) 714- 2837.

Rockland County Depression and Bipolar Support Alliance

is a peer-to-peer run support group for people with depression, bipolar disorder, anxiety disorder or any related mood disorder and their friends and family. The support group meets every Thursday night from 6:30 - 8:30 at St. John's Episcopal Church, located at 365 Strawtown Road in New City. Reservations are not required, you just need to show up. There is no fee for attending the support group meetings. This is a very warm and welcoming group run by people who have been there and can help. Any questions please call Leslie or Leonard at 845-837-1182.

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My case load is rapidly increasing, diverse with many fascinating and challenging patients from all over New Jersey. It would be a great opportunity for an early career psychiatrist. I know many young child psychiatrists want to start out on their own these days but this is a unique opportunity.

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It is a wonderful opportunity to practice and learn in a relatively affluent area, although as I stated I get referrals from all over New Jersey! I have 40 years of private practice experience and see a wide range of patients.

Fee for service is very competitive with other practices. You must have your own Malpractice insurance and be on no insurance panels. If you are interested or have any colleagues or know any child Fellows who you think might be interested, please contact me or have them contact me at 973-943-1740.

Howard S. Rudominer, M.D.
www.doctorrudy.com
Assistant Clinical Professor of Psychiatry
NYU Langone Medical Center
New York, New York



Research Opportunity for Your Child or Teenager

If your child or teenager is healthy and at least six years old, they may be able to volunteer for a research opportunity at the Nathan Kline Institute. By participating, you and your child or teenager can learn about the tools scientists use to understand how the brain works.

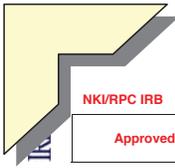
This study includes questionnaires, MRI scanning, and more. You and your child or teenager will be compensated up to \$200 and will get to see pictures of your child's brain.

Located in Orangeburg, NY
(exit 6W off the Palisades Parkway)
Also accessible via Red and Tan and
Coach bus services.



For more information or to participate call
845.398.2183 or email us at
rocklandsample@nki.rfmh.org





NKI/RPC IRB

Approved 1/18/13



Does your child or teenager often feel nervous or worried?



We are currently inviting children and teenagers, between the ages of 9 and 16 to participate in a research study to better understand how children pay attention to emotional faces. We hope to better understand how changing attention may reduce anxiety.

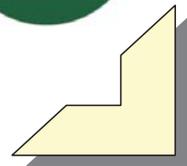
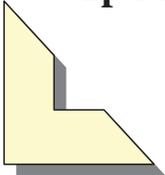
Participation in the study involves ONE visit to the Nathan Kline Institute for approximately 2 hours. The visit will include questionnaires, computer attention games, and an fMRI scan (a non-invasive way to look at the brain).

We will provide a financial compensation of \$50 for your time.

Located in Orangeburg, NY (exit 6W off the Palisades Parkway)
For more information call:

Alexis Moreno
845-398-2184
vrp@nki.rfmh.org

Catherine Stewart
646-754-5105
catherine.stewart@nyumc.org



Free Psychiatric Research Evaluations at the Nathan S. Kline Institute for Psychiatric Research

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Our psychiatric research evaluation may help diagnose emotional, behavioral, or developmental disorders.

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Evaluation includes a thorough psychiatric research interview completed by a trained professional that will discuss present and past behaviors and symptoms, medical history, family history, interactions with others and an IQ screen.

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Alexis Moreno
845-398-2184 vrp@nki.rfmh.org**

