

PHELPS

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from
Phelps
Memorial
Hospital
Center

Fall 2002

Phelps Today

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Strategic Initiatives

Phelps' ultimate objective is to meet the needs of the community. The Hospital's Board of Directors monitors patients' needs for services. In response, we identify and prioritize new and expanded hospital programs, and these priorities then become strategic initiatives. Following are two examples of this process.

Physical & Occupational Rehab

Patients who use Phelps' physical rehab services include individuals recovering from orthopedic and spine surgery, strokes, or sports injuries, as well as those who have pain from arthritis or back injury. In 1995, Phelps constructed a new 6,000 square foot center to expand our outpatient physical and occupational rehabilitation services. The program had outgrown its old space on the hospital's ground floor that was staffed with two therapists in 1990. The 6,000 square foot facility was built to accommodate up to 120 patients per day, even though our therapists had been treating half that number.

The need for rehab services has grown beyond our expectations. Currently, 27 physical and occupational therapists provide inpatient and outpatient care. Sixteen clinical staff treat as many as 150 outpatients each day, 12 hours a day on weekdays and 6 hours on Saturdays. This tremendous growth has prompted a decision to once again build a completely new outpatient rehabilitation center. Phelps' Board of Directors recently approved the construction of a 9,000 square foot facility, which will house additional state-of-the-art equipment and expanded clinical programs.

Emergency Training & Poison Education Center

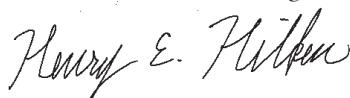
In 1984, Phelps partnered with our community's volunteer ambulance corps and other emergency services to provide pre-hospital emergency medical education. Since then, Phelps' Emergency Training Center has taught

20,000 responders, who staff volunteer and paid ambulance squads and numerous other organizations in all levels of care, including: First Responder, Emergency Medical Technician, Paramedic, Emergency Vehicle Operator, Pediatric Prehospital Care, Prehospital Trauma Life Support, CPR, Advanced Cardiac Life Support, Pediatric Advanced Life Support, Hazardous Materials, and Weapons of Mass Destruction.

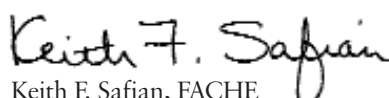
Last year, the Center expanded its breadth of service through integration with Phelps' Hudson Valley Poison Education Center, which presents information on poison, bioterrorism, and radiation to schools and community groups in 24 New York State counties, from New York City to the Canadian border.

As our population ages, there is an increasing need for emergency responders in our community; and, September 11 brought the realization that we need to be prepared for the possibility of terrorist acts. It is essential that physicians, paramedics, nurses, and EMTs be at peak readiness. This can only be accomplished by first-rate emergency medical and decontamination training. Our new facility will soon be constructed on Phelps' campus to create an optimal training environment. Its construction is being made possible substantially through a very generous donation to the Capital Campaign.

Even as the construction of these projects is being initiated, planning goes on for fulfillment of our next "strategic initiatives" — our commitment to serving the



Henry E. Hilken
Chairman, Board of Directors



Keith F. Safian, FACHE
President & CEO

The Wonders of Cosmetic Dentistry



There are a number of techniques available today that make it possible for everyone to have the gleaming smile they've always wanted.

Tooth whiteners may be applied in one of three ways: The most popular method, and the one that has been around the longest, is the use of whitening trays custom made by the dentist to fit the teeth exactly. The patient takes the trays home and after applying a whitening gel, wears them while sleeping for 3 days to 2 weeks, until teeth have reached desired whiteness (there is a limit to how white teeth will get). The whitening gel uses a peroxide derivative and comes in flavors such as mint, melon, or bubble gum. An alternative to take-home systems is to undergo teeth whitening in the dentist's office with a system like "Britesmile." This method takes only one hour.

Whitening strips available over-the-counter are used in the same way but are not custom fit, so the active ingredient can leak out, irritate gums, and cause sensitivity. Some over-the-counter kits have mouthpieces that fit over the teeth like a sports mouth guard. With this method, the whitening agent tends not to reach between the teeth, resulting in a striped effect where teeth have white centers and dark edges.

Once teeth are whitened, the effect typically lasts 2-6 years.

The process does not damage the teeth, and there is no limit to the number of times teeth can be whitened. The gel is not toxic; in fact, when it touches saliva, it turns to water. While mild sensitivity may occur during whitening, it usually disappears within three days. Whitening can pose a problem where there are pre-existing crowns, because the process only whitens natural teeth, not man-made material.

A word of advice about toothpaste—the regular types are best. "Whitening" toothpastes do not whiten teeth, and they can cause sensitivity, as do tartar control pastes and those with peroxide. They all have chemicals in them that irritate the teeth.

Bonding is a process whereby a substance sticks to teeth. There are at least twenty different shades of bonding that can be used as filling material that matches the tooth. The bonding material starts out as a soft putty substance that is hand-sculpted to look like a tooth. It can be as small as a dot or large enough to cover an entire tooth. Bonding is where the dentist's artistic talents come into play.

In the 70s, bonding materials were softer and more porous than those used today, so they generally did not last as long as silver fillings and were prone to discoloration. Today, the bonding materials are much stronger and won't change color for years. In fact, bonding can reinforce a tooth and make it stronger.

The strength of bonding ensures that porcelain veneers remain firmly attached to teeth. In the 40s and 50s, people used to have crowns put on all of their teeth, which meant drilling all around each tooth. Now, a porcelain facing made by the lab can be put on the front of the tooth, and it stays there because it adheres so well to the bonding.

(Continued on page 14, col. 2)

West Nile Virus



Introduction

A new *tourist* visited the Western Hemisphere recently, engendering a distaste that had nothing to do with isolationism, jingoism, or NAFTA. When the flavavirus, known as West Nile virus, came to the New York area, it caused 62 human cases of West Nile encephalitis, an infection of the brain tissue. Nine cases were in Westchester. While most patients were 50 years of age and older, three were 16 years or younger. Seven fatal cases occurred in patients 68-87 years old.

Testing revealed persistent infection in over-wintering mosquitoes and led to a much-publicized campaign to destroy the immature mosquito population. Issues of pesticide usage in residential areas, and the continued emergence of new infectious diseases, were highlighted.

Epidemiology

Eighteen species of wild birds are host to the virus. A bite from the major transmitter of the disease, the mosquito, *Culex* spp., accidentally involves humans in the virus lifecycle. There is no known human-to-human transmission, nor is it considered likely.

The incubation period is 5-15 days, averaging 6 days. Illness most typically occurs during the second half of August but is seen from August 2 to September 22. The number of people infected is 140 to 300 times the number who have been diagnosed.

Symptoms and Signs

The most common symptoms are high fever, muscle weakness, headache, a change in mental functioning, tremors, seizures, coma, rash, stiff neck, joint pains, sensitivity to light, and muscle pain. Muscle weakness is a unique characteristic of the New York outbreak and was associated with brain damage in the brainstem, the area that controls basic functioning.

Treatment

There is no effective treatment to directly kill the virus once it is established. Mild cases are treated with fluids, anti-inflammatory medications, and rest. More severe illness is managed according to severity of the pain, weakness, light disturbance, inability to take fluids, change in behavior, and trouble with breathing. If severe pain, weakness, or inability to take nourishment occurs associated with fever, see your healthcare provider, especially if you are immunocompromised or over age 60 years.

Testing

Tests are available to your health care provider through public health laboratories. Testing is unnecessary for mild cases of fever, headache, and weakness or in asymptomatic people exposed to known or suspected cases.

Prevention

As usual, the best offense in disease control is a good defense: *prevention*. NYC and surrounding counties have been taking measures to decrease the mosquito population. Eliminating standing water on a large scale is difficult, costly, and could change other aspects of the environment negatively. Larvicide is applied to standing water where mosquitoes breed in an attempt to kill the insect before it becomes an adult and capable of transmitting the disease. If the virus is found in emerging mosquitoes and/or birds, aerial spraying of pesticides may be repeated for a more emergent attempt at mosquito control.

(Continued on page 14, col 1)

(West Nile—cont'd from p. 2)

The likelihood of pesticide-related illness is very small. If after a known spraying, your asthma is worse or you develop nausea, vomiting, headache, skin rash, weakness, eye irritation, or changes in behavior, contact your provider and/or the Poison Control Center (see numbers below) to seek advice.

If during May to October you, a loved one, or friend is suspected of having West Nile encephalitis, ascertain that your provider will report the illness to public health authorities.

How to prevent exposure

Eliminate small pools of standing water by removing tires and buckets, changing the water in the bird bath at least once a week, cleaning the pool and maintaining adequate chlorination, draining or tightly covering the pool if not in use, and unclogging gutters and downspouts. Secure windows and doors with tight-fitting screens.

Try to avoid being outside when mosquitoes are most active— evening, night, and early morning. When outside, wear long-sleeved shirts, long pants, and socks. Insect repellents with DEET can be useful, but do not use on infants. Use a 10% or lower concentration for children, and no more than 30% for adults. Do not apply to children's hands, to avoid eye irritation from touching the eyes. Be sure to very carefully read and follow the "Directions for Use" on the package of any repellent.

Summary

We all need to be vigilant, but not panicky. Every headache or muscle ache should not engender a visit to your doctor. Observe preventive behaviors outlined above, and promptly report any illness with fever, severe muscle weakness, and a change in behavior or consciousness to your provider. Be especially wary if you are or care for someone who is immunocompromised and/or greater than 60 years of age. Seek information from the resources below to be further educated. Don't panic and enjoy the cool evenings of summer.

West Nile Virus — Resources

The Westchester County Department of Health can be reached at 914-637-4700.

New York City's Department of Health can be reached at 212-788-9830. Their website is www.ci.nyc.ny.us/health.

The *CDC* can be accessed through www.cdc.gov/ncidod/dvbid/arbor/West_Nile_QA.htm

Poison Control number:
1-800-222-1222.

*by Bruce Heckman, MD
Editor, Phelps Today*

(Dentistry—cont'd from p. 13)

The next step up from porcelain facings is crowns. Traditional full crowns are really only needed when there is extensive decay. Otherwise, with modern dentistry, there isn't a need to cut down as much tooth any more.

With cosmetic dentistry, much improvement is possible. In only two appointments, an entire cosmetic smile "lift" might just transform your mouth into that Julia Roberts smile you've always wanted!

Michael Teitelbaum, DMD is an Associate Attending physician at Phelps in the division of Dental/Oral Surgery. He earned his dental degree at the University of Pennsylvania, residencies at Lutheran Medical Center and N.Y.U. College of Dentistry. His office is located in Briarcliff Manor (914-941-2000), mydoctor.com/smile.

PHELPS TODAY is a publication of Phelps Memorial Hospital Center.

Phelps is a member of the StellarisHealth Network.

Phelps is a member of The Mount Sinai-NYU Health System.

Editor

Bruce Heckman, MD, MPH

Managing Editor

Mary Sernatinger

Editorial Advisors

Lucy Engelhardt, RN

Kenneth C. Kaplan, MD

Keith F. Safian, FACHE

Q & A with Dr. Bergstein

Acute Sinusitis



Photo by Lee Aks

Q. How common is sinusitis?

A. Sinusitis is the most common reason for a patient to visit a primary care physician's office in the US. More than 37 million Americans have at least one episode annually. Recent increases in sinusitis are attributed to increased allergy symptoms as well as pollution and greater resistance to antibiotic therapy.

Q. What is sinusitis?

A. A sinus is an air-filled cavity surrounded by bone and lined with membrane. Any inflammation of this membrane can lead to an infection of the sinuses. *Acute sinusitis* is a limited condition that responds to antibiotics as well as to decongestants. *Chronic sinusitis*, an infection that is persistent and occurs approximately three to four times annually, will be addressed in the next edition of *Phelps Today*.

Q. What are the signs and symptoms of acute sinusitis?

A. Symptoms include facial pain/pressure, nasal discharge, acute nasal obstruction, cough, and decreasing ability to smell. One can suffer bad breath, fatigue, and occasional fever as well. There may also be green/yellow, thick nasal discharge. Symptoms can last for more than four weeks. Acute bacterial infection may be initiated by a common cold or allergies. If subsequent to a cold or if significant allergy symptoms worsen after five days, a patient may be suffering with acute bacterial sinusitis.

Q. How is acute sinusitis treated?

A. Acute sinusitis is most commonly treated with 10 to 14 days of antibiotics. Additionally, topical and systemic decongestants may be recommended to improve the patient's symptoms.

Q. What measures can be taken at home to relieve sinus pressure?

A. Moisture from a vaporizer or steam is important to relieve sinus congestion. Also, nasal moisturizing sprays help small hairlike cells within the membrane (cilia) to clear the infection.

Q. How effective are non-prescription nose drops or sprays?

A. Nonprescription nose drops can help initially in allowing the patient to breathe better and controlling symptoms; however, they should not be used for more than three days, as described on the label. These nasal sprays include products such as Afrin, Neo-Synephrine, and Dristan 12-Hour Nasal-Spray. Regular moisturizing sprays, such as saline or Pretz are excellent moisturizing nasal sprays.

Q. How does a physician determine the best treatment for acute sinusitis?

A. The best treatment lies in a properly attained history and physical examination in order to determine if the patient is, in fact, suffering with an acute bacterial sinus infection.

Q. What does the physical examination for sinusitis entail?

A. Your otolaryngologist (ear, nose, and throat physician), will examine your entire facial and nasal region, looking for evidence of a significant postnasal drip, the type of discharge that you may be experiencing, as well as performing an endoscopic evaluation via a fiberoptic scope. This is not a painful procedure and often yields the exact nature of the patient's infection.

(Continued on page 12, col. 2)

(Sinusitis—cont'd from p. 3)

Q. What other diagnostic tests may be taken?

A. Other diagnostic tests may include a culture, a CAT scan of the sinuses, and allergy testing.

Q. What is nasal endoscopy?

A. An endoscope is a special fiberoptic instrument a specialist uses to examine the interior of a patient's sinuses, looking for specific sites that may be responsible for infection.

Q. Why does an ENT specialist perform a nasal endoscopy?

A. Nasal endoscopy allows the physician specialist to obtain an accurate view of all areas of the sinus drainage pathways so that causes for a sinus infection, including nasal polyps, become readily apparent. Limited topical anesthesia is required. Often the procedure is performed on a video, allowing patients to view their own sinuses.

Q. What course of treatment will the physician recommend?

A. Initially, the physician may recommend nasal cortisone sprays, nasal moisturizing sprays, as well as decongestants. An antibiotic will be recommended if an acute bacterial infection is found. If findings are consistent with viral upper respiratory tract infection, an antibiotic will not be prescribed. Antihistamines will be prescribed if a patient is found to have symptoms consistent with allergies.

Q. Will any changes in lifestyle be suggested?

A. Smoking can stun the cilia in the sinus lining, preventing the immune system from helping to clear the infection. Additionally, marked hydration to include lots of fluids is quite important in resolving an acute infection.

Some information in this article is from www.aaohns.org.

Dr. Michael Bergstein is a Senior Attending at Phelps and is the Medical Director of Phelps' Center for Swallowing Disorders. He is Board Certified in Otolaryngology/Head & Neck Surgery as well as Facial Plastic and Reconstructive Surgery. Dr. Bergstein has offices in Sleepy Hollow and Yorktown. (914-631-3053)

Volunteering

If you would like to experience the personal fulfillment of being a Phelps *Volunteer*, call (914) 366-3170. There are more than fifty jobs from which to choose! To become a *Hospice Volunteer*, call (914) 366-3325.

Donate Blood

When you donate blood, you give *the Gift of Life*. Phelps' Blood Donor Room will gratefully accept your donation. To make an appointment, call (914) 366-3916.

EMT

The Emergency Training Center provides a full range of emergency medical education to health care professionals, offering a wide selection of programs for community ambulance providers, advanced emergency cardiac care for hospital employees, and custom-designed programs for businesses. Call (914) 366-3676 or visit www.phelpshealth.org for emergency training schedules.

Champagne Ball 2002

This year's Champagne Ball — *Phelps Loves New York!* — will take place on November 9 at Brae Burn Country Club in Purchase.



The occasion will honor Alice and Tom Hales, Betsy and Doug Wilson, Ruth Balli, and Joyce Weiser. For information, call (914) 366-3111.

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Group Counseling

All groups are led by certified clinicians.

The following groups meet at Counseling Center at Phelps in Sleepy Hollow (914-366-3600):

Separation & Divorce Group - To help adults adjust to the stresses associated with relationships in transition.

Transitions Group - Re-entering mainstream vocational pursuits.

Generations: Older Adults Group - Retirement, losses, depression.

Women's Group (Bilingual) - Depression, family issues, and acculturation.

Coping with Losses - Depression/anxiety associated with death, medical problems, loss of employment, etc.

Generations: Young Men's Group - Work and relationships.

Generations: Mature Men's Group - Work and relationships.

Women's Group - Depression, work, and relationship issues. (Also offered at Ossining.)

The following groups meet at Ossining Counseling Center in Ossining (914-944-5250):

Life Skills Development - Life and coping skills in cognitive-behavioral model.

Young Adult Group - Males & females dealing with issues of late adolescence.

Early Adolescence Group - Learn productive ways of dealing with school, peer, and family experiences and other issues of early adolescence.

Positive Parenting - Held at Phelps Echo Hills in Hastings (914-478-0633):

Help in becoming more effective and positive in relating to your children.

Most insurance plans accepted, including Medicaid and Medicare; sliding scale available.

We welcome suggestions for additional group offerings.

Wounds

Why Some Don't Heal, What You Can Do



Photo by Margaret Fox

While most people feel pain if they step on a sharp object, there are some conditions that cause a lack of feeling in the foot. This lack of nerve sensitivity is fairly common in diabetics and in people with circulatory problems. A person who needs bypass surgery, for example, may very well have circulatory deficiencies elsewhere in the body, such as in the legs or feet. Individuals with high blood pressure could also have circulatory problems without realizing it. If feet stay white for a long time when exposed to the cold or are unusually red at other times, it could be due to inadequate circulation.

The body's natural response to a break in the skin - a wound - is to begin a healing process that generally will last 7-10 days. The initial response to a wound is called the inflammatory response, a complex process that allows the body to heal itself. If the wound has not healed by the end of the 7-10-day period, the body's acute healing capabilities are no longer brought to bear in that area, and the condition can become a non-healing, chronic wound.

Those with circulatory problems and lack of nerve sensation in the feet are at risk for developing chronic wounds, since a wound that doesn't cause pain can go unnoticed and untreated. Nerves in the feet are less responsive as we age, so there is an even greater possibility of untreated wounds occurring in older persons.

People at risk for developing chronic wounds due to diabetes or circulatory problems should be sure to check their legs and feet daily, using a mirror to see the bottom of the feet, and a physician should evaluate the skin condition and foot and leg pulses every few months.

Just as a person who is bedridden can develop bedsores if his position is not changed frequently, a person whose foot constantly rubs against a bump in his shoe can develop a sore. The skin, after all, is just a thin separation between bony prominences of the foot and the shoe. If there is constant pressure at one point, the skin breaks down, and the pressure, if continued, doesn't allow the wound to heal. Old shoes and sneakers should be changed regularly, and the inside of one's shoes should be examined by hand to be sure there are no rough spots. Runners should change their sneakers at least every three months.

If a wound develops in anyone with diabetic or circulatory conditions, special care should be taken to keep the wound clean. After showering, wash the site of the wound a second time, dry it well, then bandage it, and keep it dry. Once a wound develops, it is important to off-load that part of the foot with special shoes or an orthotic device. At times, the person needs to completely stay off the non-healing wound.

Walking is beneficial, even if it is moving back and forth inside the house! This gets the blood flowing, supplies the nerves with nourishment, and keeps steady pressure off the site of the wound. If there are no signs of healing within several days or if the wound deteriorates, then medical evaluation should be sought immediately.

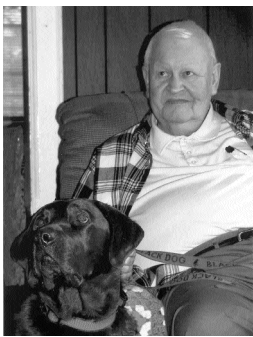
Often, patients who seek treatment at the Wound Healing
(Continued on page 12, col. 1)

(Wounds—cont'd from p. 9)

Institute at Phelps have wounds that have not responded to three or four different medical attempts to heal them. In many cases, the wounds are no longer in a "healing mode." At Phelps' Wound Healing Institute, those wounds are debrided to trigger the healing response into action once again. Depending on the patient's underlying condition and whether the wound is wet, dry, or infected, different types of creams, ointments, and medicines may be used to aid healing and reduce or prevent infection. While undergoing treatments at the Wound Healing Institute, patients continue to seek care from their primary care physician for whatever condition has caused the wound to occur. Physicians at the Wound Healing Institute stay in constant touch with the primary care physicians to allow for a coordinated approach to wound healing.

This article was contributed by Marc G. Lewy, DPM. Dr. Lewy graduated from the New York College of Podiatric Medicine in 1988. He is a former Chief of the Podiatry Section, Department of Surgery, at Phelps. He is Board Certified in Primary Care in Podiatric Medicine by the American Board of Medical Specialties in Podiatry and is a member of the medical panel of the Wound Healing Institute at Phelps. Dr. Lewy sees patients in his office in Tarrytown (631-8891). To contact the Wound Healing Institute, call 366-3040.

Pet Therapy



This photo, which accompanied an article about Hospice Pet Therapy in the previous issue of Phelps Today, was taken by

Michael Henes, D.V.M.

For Seniors

Phelps Senior Privilege

Senior Privilege is a free membership program for people 55+ that offers benefits and educational presentations designed to enhance life and health. Members also enjoy social gatherings and opportunities for day trips.

To join Senior Privilege, just call 366-3220, and ask for an enrollment form.

Senior Consultation Service

An expert Phelps/Mount Sinai geriatrician conducts a comprehensive health evaluation and consults with the patient, his family, and personal physician to formulate a healthy living plan.

Memory Loss Program

A health evaluation by a geriatrician is followed by in-depth memory testing by a neuropsychologist from The Mount Sinai Medical Center.

For information about the programs listed above, call (914) 366-3223

Mature Adult Support Groups

Discussion topics include: retirement, losses, health issues, and lifestyle changes. *For schedules and fees: (914) 366-3600*

Hospice

Phelps Hospice provides a special kind of care for terminally ill patients and their families in the warm and familiar surroundings of their own home – with easy access to the finest medical care available. Care is adapted to meet the unique physical, emotional, and spiritual needs of each patient. To learn about Phelps Hospice, call (914) 366-3325.

Ongoing . . .

Alzheimer's and Dementia Caregivers Support Group

(914) 428-1919

Bereavement Support Groups

(914) 366-3325

Better Breathers' Club

(914) 366-3712

Blood Donations

(914) 366-3916

Blood Pressure Screenings

Wednesdays 9:30 - 11:30 am.

Appointments necessary:

(914) 366-3220

Cardiovascular Rehab

(914) 366-3740

Celiac Sprue Support Group

Sue Goldstein: (914) 428-1389

CPR Classes

(914) 366-3166

Mammography

(914) 366-3440

My Sister's Place

1-800-298-SAFE (7233)

Nutrition Counseling

(914) 366-3220

Parents of Children with Life-Threatening Food Allergies (Information)

(914) 941-7838

Physical/Occupational Therapy

(914) 366-3700

Physician Referral

(914) 366-3367

Senior Privilege

Free membership program for adults 55+

(914) 366-3223

Wellness Center

Exercise under RN supervision

(914) 366-3752

To learn more about Phelps programs and services, visit www.phelpshospital.org
Phone: (914) 366-3000

Hepatitis B

Birth Dose Can Save Lives

There is a requirement in New York State for every pregnant woman to have a blood test to determine if she is carrying the Hepatitis B virus. If the test is positive, her baby will be vaccinated and treated within 12 hours of birth, since Hepatitis B can be passed from an infected mother to her baby during birth.

The American Academy of Pediatrics and National Center for Infectious Diseases of the Center for Disease Control (CDC) recommend that *all* infants receive the first dose of Hepatitis B Vaccine at birth or before hospital discharge; however, most hospitals do not offer the vaccine unless the mother tested positive for the disease during her pregnancy. Phelps initiated a program whereby every baby born at the Hospital will receive the Hepatitis B vaccine, with parental consent.

According to the CDC, Hepatitis B is responsible for an estimated 4,000 to 5,000 deaths each year in the US due to cirrhosis and liver cancer. Some adults with Hepatitis B may be severely ill, and some may not show any symptoms. Even if a pregnant woman shows no symptoms; it is possible for her to pass the virus to her baby.

According to the Center for Disease Control, perinatal cases of Hepatitis B account for 4 percent of all acute cases but a disproportionate 24 percent of all chronic cases. Ninety percent of infants infected at birth will develop chronic infection. For 15-25 percent of chronically infected persons, the disease is fatal. Three doses of the Hepatitis B Vaccine are required: one at birth, the second at 1-2 months, and the third at 6 months.

The program at Phelps was made possible with the help of Jim Pierson of Sleepy Hollow, whose association with several foundations allowed him to direct \$20,000 to underwrite the vaccination program for a period of two years.