

# PHELPS

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from  
Phelps  
Memorial  
Hospital  
Center

Winter-Spring 2002

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# Proactive in Your Defense

Only a few months ago it would have been impossible for any of us to even imagine the tragic events of September 11. Since that day, our appreciation for all aspects of our lives has deepened. Our friends and families are more precious. We have a new sense of connection with our communities and our country. And the significance of our local hospital has taken on new meaning.

We now realize that local hospitals and emergency responders are crucially important when a disaster occurs. At Phelps, there has been an emphasis on emergency preparedness for many years, and ours is the only hospital in Westchester with a full-time manager devoted exclusively to emergency training and preparedness. Twenty thousand EMTs, paramedics, and other first responders have received training at our Emergency Training Center, hundreds of whom responded to the World Trade Center disaster.

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*Phelps has been at the forefront of planning for events that we hope will never happen.*

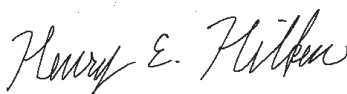
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Phelps has been a back-up hospital for Indian Point for two decades, requiring our Emergency Department staff to undergo annual radiation decontamination training. Procedures learned through this training are comparable to those applied to victims of biological or chemical exposure, a threat that has recently become more real.

To ensure our ability to care for multiple victims, Phelps constructed a permanent decontamination facility on the hospital grounds last summer. A front page article in the November 3, 2001 edition of *The Journal*

*News* featured the decontamination unit at Phelps, noting that it was planned before the September 11 terrorist attacks and was believed to be the first such unit at a Westchester County hospital.

Phelps has been at the forefront of planning for events that we hope will never happen. We are committed to enhancing our preparedness and to providing training that will ensure that the emergency responders in our community are capable of handling any situation that could possibly occur.



Henry E. Hilken  
Chairman, Board of Directors



Keith F. Safian, FACHE  
President & CEO

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PHELPS TODAY is a publication of the Phelps Memorial Hospital Center.

*Phelps is a member of the StellarisHealth Network.*

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

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[www.phelpshospital.org](http://www.phelpshospital.org)  
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# Bioterrorism

## *Some Facts, and How to “Prepare”*



*Medical personnel meet mock victims of pesticide exposure during recent drill at Phelps' Decontamination Center. (Photo by Marcy Marier)*

Bioterrorism – the intentional or threatened use of viruses, bacteria, fungi, or toxins from living organisms to harm humans, animals, or plants – is not a new concept. Smallpox was used as a weapon during the French & Indian War (1754-1767) when British soldiers knowingly distributed infected blankets to Indian Tribes. Anthrax was the subject of biological weapon research at least 80 years ago. The Japanese fed botulism to prisoners of war in Manchuria in the 1930s. In 1980, several deaths occurred in Chicago from cyanide-laced Tylenol capsules, and ten restaurant salad bars in Oregon were deliberately contaminated with salmonella by the Bhagwan Shree Rajneesh cult in 1984. Sarin gas, developed in Germany in 1938 as an insecticide, was released in a Tokyo subway in 1995. Five thousand victims were treated and eight people died.

To be used as a biological weapon, some infectious agents need to be genetically altered. For example, anthrax originally occurred among farm animals that became infected from ingesting the bacteria in soil contaminated by animal waste. “Professional grade” anthrax is genetically modified so that it is more potent, with a spore size that penetrates deeper into the lungs. The most potent form – “weaponized” anthrax – is fur-

ther modified genetically to make it resistant to antibiotics and to float freely when released into the air. A highly sophisticated lab is needed to manufacture weapons grade aerosol anthrax, and the technology required to release it over a wide area is not easily obtainable.

Cutaneous (skin) anthrax starts out looking like an insect bite, then becomes larger and may blister and blacken. As it progresses, it usually does not itch or cause pain and generally heals without treatment. Thousands of spores must be inhaled to cause a single case of inhalation anthrax, making infection of large numbers of people unlikely through a single source, such as a letter. If you should receive a suspicious piece of mail, put it down, cover it, wash your hands thoroughly, and call local law enforcement for evaluation. Anthrax is *NOT* transmitted person-to-person. The disease responds to antibiotics such as Cipro, Penicillin, or Doxycycline. The drugs should not be stockpiled, and taking them as a preventive measure may cause unnecessary reactions and promote resistance to treatment.

People with a weak immune system are most susceptible to smallpox, which is spread through saliva droplets. Because smallpox is a virus, it does not respond to antibiotics; however, there is a vaccination against the disease that can prevent or lessen its severity if given prior to or up to four days after exposure. The vaccination, in fact, is responsible for eradicating smallpox in 1977, prompting the World Health Assembly to recommend discontinuing vaccination against smallpox in 1980. Despite speculation that smallpox could possibly be used as a biological weapon, the Centers for Disease Control does not recommend wide administration of the vaccine at this time, but will determine if it should be given on an individual basis.

*(continued on next page)*

*(Bioterrorism - Continued)*

Sarin is a “nerve agent” that inhibits the muscle “off switch.” As a bioterrorist agent, it would most likely be spread in a gas form. To minimize the effects of exposure to any such agent, an individual should quickly leave the area and remove contaminated clothing, thereby eliminating 80 percent of the contaminant. Contaminated clothing should be carefully wrapped in a plastic bag. Next, eyes should be flushed. A shower and shampoo will eliminate any remaining residue. Medical evaluation should then be sought.

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*... exchange fear  
for concern and  
paranoia for  
wise vigilance.*

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Generally, individuals can protect themselves against possible bioterrorist acts by keeping informed through reliable sources, such as the Centers for Disease Control, the National Institutes of Health, or New York State Department of Health. Issues should be discussed with friends and family, including children, who may be harboring fears that could be calmed by addressing them openly. As much as possible, exchange fear for concern and paranoia for wise vigilance.

*Information for this article was provided by:*

***Harish Moorjani, MD.***

*Dr. Moorjani received his medical degree from Maulana Azad Medical College in 1986. He completed his Internship and Residency at United Hospital Medical Center and a Fellowship in infectious disease at SUNY at Stonybrook. Dr. Moorjani is a Senior Attending at Phelps and is Chairman of the Quality Review Committee.*

***Jonathan Weinstein, MD.***

*Dr. Weinstein is a Board Certified Pediatrician who is currently serving as Education Coordinator for the Hudson Valley Poison Education Center. He received his medical degree from SUNY at Buffalo and completed his residency at Children's National Medical Center in Washington, D.C. ➔*

# Breast Cancer Detection



Breast cancer remains the most common malignancy among women in the United States today. The good news is that in recent years, there has been a dramatic improvement in long-term disease-free survival rates. The main reason for this trend is that more women are going for routine screening mammograms. This means that cancers are being detected in the earliest stages before they have had a chance to spread and when they can be treated successfully without resorting to radical surgery.

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## *The American Cancer Society recommends yearly mammograms*

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The American Cancer Society recommends that women have a yearly mammogram beginning at age forty. Women who fall into a high-risk category may be advised to start screening at an earlier age. Risk factors for breast cancer include: family history, early onset of menstruation (before age 12), late menopause (after age 55), age 30 or more at first childbirth or no history of full-term pregnancies, previous breast biopsy showing atypical hyperplasia (so-called “pre-cancerous” changes), and obesity. Other possible risk factors may include long-term use of hormone replacement therapy after menopause and alcohol consumption.

A relatively new technique called stereotactic biopsy can diagnose abnormalities that are discovered on a mammogram before they are large enough to feel (“non-palpable lesions”). The technique uses x-ray and computer technology to guide a needle directly into the spot that needs to be biopsied. Cores of tissue are then aspirated through the needle and sent to the pathologist to be analyzed. The patient is spared a trip to the operating room and associated anesthesia, and there is no large incision on the breast.

The newly created Breast Imaging Center at Phelps includes the latest in mammography equipment, dedicated breast ultrasound, and stereotactic needle biopsy. For the patient who has been diagnosed with breast cancer, Phelps provides a full range of state-of-the-art treatment modalities.

Phelps surgeons are experienced in breast conservation techniques (“lumpectomy” surgery) as well as sentinel lymph node biopsy, which reduces the need for extensive surgery on the lymph nodes under the arm. Our plastic surgeons are experienced in performing reconstructive procedures.

Radiation therapy and medical oncology services at Phelps are provided by Memorial Sloan-Kettering Cancer Center, one of the world’s leading institutions for cancer treatment.

*This article was provided by Martin G. Wertkin, MD. Dr. Wertkin earned his medical degree from SUNY Downstate in 1972 and completed his internship & residency at Mt. Sinai Hospital (1973-1978). He is board certified in Surgery and is a Senior Attending in the Department of Surgery/General Surgery at Phelps. Dr. Wertkin is also a Clinical Assistant Professor of Surgery at Mt. Sinai School of Medicine. His office is in Tarrytown (914-631-5533).*

# Q & A with Dr. Merker

## *The Family Practitioner*



*(Photo by Pat McMahon)*

### *Q. What is the definition of the medical specialty Family Practice?*

A. Family Practice, or Family Medicine, as it is sometimes called, involves provision of medical care for the total health of individuals and their families from birth through old age. Family Physicians are primary care physicians who can care for the whole family. They often have lasting relationships with patients and families for whom they provide comprehensive, personalized care on a continuing basis.

### *Q. What type of training does a Family Practitioner receive?*

A. To become a Family Practitioner, a medical school graduate must complete a three-year residency program in Family Practice. This training includes rotations in Obstetrics and Gynecology, Pediatrics, Internal Medicine, Geriatrics, Psychiatry and Minor Surgery. Family Practitioners' training also includes emphasis on preventive medicine to enable them to help patients make choices for healthier lives.

### *Q. What type of care does the Family Practitioner provide?*

A. Family Practitioners are primary care doctors who diagnose and treat the full range of problems people bring to their doctors. They specialize in caring for the physical, mental, and emotional well being of their patients through all stages of life. If a problem is beyond the scope of their medical expertise,

Family Practitioners, like other primary care physicians, will refer their patients to the appropriate specialist(s). Even after such referral(s), a Family Practitioner will often continue to coordinate the patient's care in order to ensure continued comprehensive patient follow-up.

### *Q. Are Family Practitioners Board Certified?*

A. Yes, all Family Practitioners must pass National Board Exams after their residencies. In fact, Family Practitioners must be recertified every seven years, more often than any other medical specialty. To achieve recertification, Family Physicians are required to complete a certain amount of Continuing Medical Education credits as well as to take a recertification exam.

### *Q. What is the advantage of seeing a Family Practitioner?*

A. A Family Practitioner offers patients a unique opportunity to have one physician care for them together with other family members through various stages of development and aging. By knowing the family, the physician may more easily identify family tendencies toward illnesses as well as better appreciate the interaction of social/emotional issues on one's physical well being.

### *Q. How does one find a Family Practitioner?*

A. You may call Phelps Physician referral line at 366-3367 for physicians in this area. For physicians in other locations, visit [www.familydoctor.org](http://www.familydoctor.org).

*Edward L. Merker, MD, graduated from Albert Einstein College of Medicine in 1981. He was Chief Resident at his Family Practice Residency Program at Overlook Hospital, which he completed in 1984. Dr. Merker has been an attending on staff at Phelps since he opened his office in 1985. Now, as a senior attending, he is the Director of the Department of Family Practice.*

# Depression

*Is it me, or is it my brain?*



Clinical depression, as opposed to a brief case of “the blues,” is a pattern marked by loss of interest in usually enjoyable activities, marked changes in sleep pattern (either very disrupted sleep or excessive sleep), lack of energy, loss of appetite and sexual interest, pessimism, and sometimes irritability. Trauma – death of a loved one, breakup of a relationship, loss of a job – may trigger depression. Other times it seems to emerge with no apparent cause. Even when there is a trauma, the strength and persistence of the depressed feelings must go beyond the norm to constitute a “clinical” depression. Frequently the depressed person is overwhelmed by these feelings and unable to make sense of them.

When Prozac was first put on the market, it rapidly became one of the most talked-about drugs, a “wonder drug” for treating depression. Prozac works by affecting the levels of serotonin, a chemical that transmits nerve impulses in the brain. Prozac was also found to reduce anxiety, and people taking it reported being able to concentrate better. It became almost fashionable to be taking Prozac. This was a major change in attitude, since taking medication to deal with one's feelings has had some social stigma attached to it. Before and since Prozac, many people resist medications for depression, feeling that needing medication is a personal “failure.”

Prozac's success made the public aware of brain chemistry as a cause of depression. Prior to

that, people's understanding of depression was vague at best, and many people suffering from depression just felt “there's something wrong with me” – often feeling guilty about it, a classic example of depressive thinking.

Through the media and self-help publications, another treatment for depression began to become better known about the same time as Prozac. This was cognitive (or cognitive-behavioral) therapy. “Cognitive” therapy, as the name implies, has to do with thinking. It is based on the fact that depressed mood is accompanied by – some would say caused by – depressed patterns of thinking. “Seeing the glass half empty,” always expecting the worst possible outcome to any situation, seeing no good qualities in oneself, recognizing only negative feedback from other people – all these are examples of “depressed thinking.”

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*Prozac's success made the public aware of brain chemistry as a cause of depression.*

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Cognitive therapy works by methodically helping a person revise such thought patterns. A depressed person may learn to make lists of all aspects of a situation, such as one's own strengths and weaknesses, and to focus on the positives instead of the negatives. The expectation of the worst possible outcome to every situation is broadened to include recognition of all possible outcomes, usually leading to awareness that the situation isn't as gloomy as previously thought. When the person really does feel he or she has some negative qualities, ways are found to overcome those, rather than getting bogged down in self-loathing.

*(continued on last page)*

## *(Depression - Continued)*

The existence of these two different approaches to depression confused many people: is depression a psychological problem, about how one thinks; or is it a brain chemistry problem? The answer is – BOTH. Research has clearly shown that chemical changes in the brain affect mood and can cause depression. Research has also shown that changes in behavior lead to changes in brain chemistry. If someone is experiencing “depressing” life events – divorce, unemployment, loneliness - there can be changes in the serotonin levels in the brain. Both the life events and the chemical changes contribute to the person feeling depressed.

What this means in terms of treatment is that medication and therapy (especially cognitive therapy) can be effective in relieving depression. In fact, studies have found medication and cognitive therapy to be about equally effective in mild depression. What the studies have found to be most effective for severe depression is the combination of therapy *and* medication. So, if you're feeling depressed, the best route is to consult with someone regarding the need for medications: a psychiatrist, psychiatric nurse practitioner, or primary care physician. For psychotherapeutic services, you can consult a psychiatrist, psychologist, nurse practitioner, or social worker.

*This article was contributed by John Guinan, PhD. Dr. Guinan was graduated from Fordham University and completed his post graduate training at Veterans Administration Hospital US Public Health Service. He is an Associate to the Staff in the Department of Psychiatry.*

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*In recent months, the Hudson Valley Poison Education Center at Phelps has received a number of requests from community groups wishing to learn more about bioterrorism.*

*Dr. Weinstein has been traveling around the state to speak on the subject. Anyone interested in having Dr. Weinstein give his presentation at a local function can reach him at (914) 366-3675.*

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# *New* Speech & Hearing Center

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The Donald R. Reed Speech & Hearing Center is now located at 777 North Broadway, Suite 303, in the Professional Office Building adjacent to Phelps.

*History:* The Junior League established the “Hudson River Speech Center” in 1950 in Tarrytown and moved it to a rent-free clinic at Phelps in 1956. In 1971, it was renamed to honor Donald R. Reed, an Irvington pediatrician who was devoted to the center over two decades.

After the addition of audiology services in 1996, the name was changed to the Donald R. Reed Speech & Hearing Center.

Radiographic swallowing studies were added in the 1980s; and in 1999, the Center for Swallowing Disorders was established as an adjunct to the Center.

*Today,* Phelps is the only community hospital in Westchester County with a full service speech & hearing center, and the only hospital that evaluates swallowing disorders using the FEESST method (Fiberoptic Endoscopic Evaluation of Swallowing with Sensory Testing).

The Donald R. Reed Center is the largest Speech & Hearing Center in the county, employing five full-time speech pathologists and one audiologist. The Center sees 90-100 outpatients per week for speech therapy and approximately 20 per week for audiology services. The Center was the first in the county to institute universal newborn hearing screening over a year ago.

*The new facility* provides considerably more space for therapy, testing, and offices. There is an observation area where parents can hear and view their child’s speech therapy session on a TV monitor, and there is a suite devoted entirely to hearing testing and hearing aid fitting.

Funds for the new facility were provided by the proceeds of Phelps’ 2000 Champagne Ball.

*Phone: (914) 366-3010*