



Susan Somerville, RN
President

Mount Sinai Beth Israel
First Avenue at 16th Street
New York, NY 10003
T 212-420-2873
C 516-724-7739
F 212-420-2881
Susan.Somerville@mountsinai.org

January 16, 2015

Colleen M. Tarpey
Garfunkel Wild, P.C.
111 Great Neck Road
Great Neck, NY 11021

Dear Ms. Tarpey,

On behalf of Mount Sinai Beth Israel (MSBI), I would like to thank you for the opportunity to discuss transferring the former Saint Vincent's Catholic Medical Center (SVCMC) Thayer Lindsley Endowment to the MSBI Department of Surgery. As the leading hospital in lower Manhattan serving a diverse community, we are the ideal medical center to continue the impactful legacy of Mr. Thayer Lindsley.

The closing of SVCMC in 2010 was a loss for our city and health care community. For more than 100 years, MSBI and SVCMC both served all who were in need and made indelible marks on generations of patients and health care providers. For much of the 1980s, MSBI and SVCMC were at the center of the fight against HIV/AIDS in lower Manhattan, identifying and treating this life-threatening disease and leading the way for other medical institutions across the country and throughout the world. Today, the legacy created by both institutions continues as MSBI is developing a geriatric HIV/AIDS program—an initiative that was unimaginable 30 years ago.

MSBI was extremely fortunate to recruit numerous members of the St. Vincent's staff after the hospital's closure in 2010. Entire programs and departments, including the Cystic Fibrosis Center and Community Health Department, joined our hospital, as did leading physicians including former St. Vincent's Department of Surgery Chair, Christopher Mills, MD. Dr. Mills has provided great insight into the history and use of the Thayer Lindsley Endowment and is enthusiastic about the potential transfer of funds to the MSBI Department of Surgery.

MSBI is part of the Mount Sinai Health System (MSHS), which includes seven member hospitals and a top-20 medical school, the Icahn School of Medicine at Mount Sinai. With five hospital campuses in Manhattan and one each in Brooklyn and Queens, 12 minority-owned free-standing ambulatory surgery centers, and a network of more than 430 primary care physicians, 2,784 full- and part-time physicians, and 3,783 voluntary physicians, MSHS is the largest health care system in New York State. Formed in 2013 when Mount Sinai Hospital and the Icahn School of Medicine merged with Continuum Health Partners, Inc., MSHS has created a system of clinical excellence and unrivaled research across New York City.

As part of the Mount Sinai Health System, MSBI departments and physicians have the unique opportunity to participate in translational research projects, combining clinical and scientific expertise. The MSBI Department of Surgery is heavily engaged in a Surgical Oncology and Vascular Surgery Outcomes Research project. Our vision is to create a database to track and analyze clinical outcomes with a goal of seeing improvements in quality of care, patient outcomes, and, in collaboration with bench

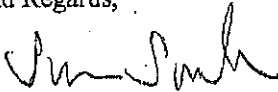
researchers at the Icahn School of Medicine at Mount Sinai, uncover novel treatments. It is our hope that the Thayer Lindsley Endowment can be used to support this important hospital initiative.

Combining the Thayer Lindsley Endowment with an existing project within the MSBI Department of Surgery will help in maintaining oversight for quality assurance and statistical analysis. The funds will be used to support personnel and technology that are both main components of the project, ultimately resulting in better patient outcomes. Michael Wayne, MD, Justin Steele, MD, Thomas Bernick, MD, and Robert Grossi, MD—all former SVCMC faculty—are currently engaged in this project and will benefit directly from the transfer of funds.

MSBI and the former SVCMC share a common mission: to serve the health care needs of the community of lower Manhattan. MSBI would be honored to continue the longstanding tradition of SVCMC and the Thayer Lindsley Foundation through the transfer of funds in support of a Surgical Oncology and Vascular Surgery Outcomes Research project.

Thank you for the opportunity to present this proposal and for your consideration. I would welcome the opportunity to discuss our vision and mission in more detail and look forward to continuing the conversation. Please do not hesitate to contact me should you have any questions.

Kind Regards,



Susan Somerville, RN
President, Mount Sinai Beth Israel

Cc: William B. Inabnet III, MD, Chair, Department of Surgery, Mount Sinai Beth Israel
Michael Trager, Director of Development, Mount Sinai Health System

EXHIBIT 4

McInerny Fund - Question

The McInerny Fund appears to have been formed to provide healthcare through SVCMC's Community Health Department to persons who are homeless or living in Single Room Occupancy ("SRO") hotels in New York City. Some of the donations were specifically for healthcare for the homeless/SRO population, one was for "Community Outreach" and two were for SVCMC's Community Health Department. It is our understanding that all of these donations were to support Dr. Phillip Brickner's work in the shelters and SRO hotels.

The petition cites Mount Sinai's Community Health Department as an appropriate substitute beneficiary because it expanded its home visiting services to the geographic area and population previously served by SVCMC. This rationale does not appear to comport with the purpose of this Fund. Does Mount Sinai's Community Health Department, in fact, provide healthcare services in homeless shelters and SRO hotels? This Fund should be restricted to supporting the provision of onsite healthcare services in NYC homeless shelters and/or SRO hotels.

Response

Upon Saint Vincent's closing, its Community Health Department, including Dr. Phillip Brickner, and his programs, combined with Mount Sinai's Division of General Internal Medicine. At that time, Mount Sinai became the new home of Saint Vincent's historic Chelsea-Village House Call Program (CVHCP), which has provided multilingual interdisciplinary primary care to hundreds of homebound elders in the Chelsea, Greenwich Village, Chinatown and Lower East Side areas of Manhattan since its founding in 1973. While CVHCP finds itself in a new institution, the program's name and founding mission have been carefully preserved. Care teams, consisting of a physician, a nurse practitioner and a social worker, deliver customized team-based care to frail, homebound elders in downtown Manhattan, many of whom suffer from multiple chronic conditions. At Mount Sinai, CVHCP provides these services for approximately 350 patients annually and conducts more than 1,600 home visits a year. Of CVHCP's current patient population, approximately 46% reside in zip code 10011, encompassing the Greenwich Village and Chelsea areas. Another 30% reside in zip codes 10009 and 10010, including Gramercy and Stuyvesant Town. The remaining 24% of patients reside in other downtown neighborhoods, including Chinatown, Lower East Side, Tribeca, East Village and West Village. These are the neighborhoods formerly served by St. Vincent's programs.

CVHCP at Mount Sinai has renewed St. Vincent's historic relationship with St. Francis, three lower Manhattan Single Residence Occupancy (SRO) buildings in St. Vincent's former neighborhood, as well as Encore 49 Residence, a residential SRO facility that houses 89 formerly homeless, mentally ill elderly on Manhattan's west side. Historically, Dr. Brickner and other St. Vincent's physicians treated many of these SRO residents, but the working relationship was discontinued after the hospital's closing. The patients residing in the St. Francis SRO are exclusively homebound (most for psychiatric reasons), are largely dependent on Medicaid benefits, and would not receive medical care if not for the services of CVHCP. This renewed relationship was spearheaded by Dr. Russell Kellogg in 2011, one of CVHCP's original SVCMC founders, who recently retired after seeing the program through its transition to Mount Sinai.

St. Vincent's effort to protect the homeless populations in New York City also continues at Mount Sinai's Division of General Internal Medicine through the Brickner Community Medicine Tuberculosis (TB) and Ultraviolet (UV) Research unit. This unit was birthed from St. Vincent's Department of Community Medicine's work with the homeless, providing preventive healthcare in over 33+ shelter clinical settings. While Dr. Brickner was observing active TB cases in the 1,000 bed men's shelter on Wards Island where St. Vincent's was providing clinical services, he remembered applying UV to clean the air in order to interrupt transmission. This initiated the process of using UV in homeless shelters through a national study - The Tuberculosis Ultraviolet Shelter Study (TUSS) - in conjunction with researchers at the Harvard School of Public Health. TUSS was supported by the NYC Department of Homeless Services, who understood the connection between applying UV to interrupt the transmission of TB within the homeless and shelter-staff population. Despite St. Vincent's closing its doors, Dr. Brickner's 23-year-long effort to control tuberculosis among the impoverished homeless continues at Mount Sinai.

In summary, the McNerny Fund would support the delivery of healthcare and preventive health services to homebound, SRO and homeless populations under the auspices of the Chelsea-Village House Call Program and Mount Sinai's Division of General Internal Medicine.

Samuel and May Rudin Endowment Fund - Question

SVCMC's suggestion that this and other Funds go to Mount Sinai's Comprehensive Health Program-Downtown (the "MSCHP-D") raises questions about what type of facility this is and what services it provides. From its website, MSCHP-D appears to be an outpatient clinic that focuses on HIV/AIDS-related services, but this is not absolutely clear.

The Rudin Fund was created to support nursing services and the development of drug protocols for AIDS and other terminally ill patients who require hospital or hospice care. SVCMC needs to determine whether MSCHP-D provides hospital or hospice care to its terminally ill patients, which might consist of outpatient hospice care. If MSCHP-D provides outpatient hospice services, does SVCMC have any documentation or reason to believe that SVCMC had an outpatient hospice program and that this Fund was intended to support it?

This Fund should in any event be restricted to the support of nursing services and the development of drug protocols for AIDS and other terminally ill patients who require hospital or hospice care.

Response

St Vincent's downtown HIV program, now known as MSCHP-D, merged after St. Vincent's closing to comprise part of Mount Sinai's Institute for Advanced Medicine (IAM), which provides clinical services to HIV+ persons at six locations throughout Manhattan. The IAM's current patient population is over 10,000 infected individuals from all areas of New York - a city that experienced 1,578 deaths related to HIV/AIDS in 2012. The Samuel and May Rudin Endowment Fund would allow MSCHP-D to continue providing for its significant HIV/AIDS population by supporting clinical care as well as hospice, when necessary. MSCHP-D also works with the Chelsea-Village House Call Program (formerly of St. Vincent's) at Mount Sinai

to provide home-based care to HIV patients when needed. Four fulltime nurses and four full time medical assistants support the care needs of the HIV+ population.

In addition, the MSCHP-D houses an active clinical research program, including drug trials. The Chief of Infectious Diseases at Mount Sinai, Dr. Judith Aberg, is a world-renowned researcher with multiple clinical research initiatives currently under way or in development at the downtown location. HIV+ patients have the opportunity to enroll in these studies, many of which are exploring drug interactions and HIV therapies. Please see attachments for 1) a full list of the HIV-focused clinical trials underway at MSCHP-D and 2) a list of recent and current HIV+ clinical trials housed at Mount Sinai Hospital, in which MSCHP-D patients can and do enroll. Matt Baney, the former director of HIV Services at St. Vincent's, continues as the Administrative Director of the MSCHP-D today.

Supportive Care/AIDS Endowment Fund - Question

We need additional information about the type of supportive care program, especially bereavement and counseling services that MSCHP-D provides to terminally ill patients and their family and friends. If MSCHP-D has a supportive care program similar to the one operated by SVCMC, the Fund can be probably be transferred to that entity with its use restricted to supportive care services, not for treatment or diagnostic services. If MSCHP-D does not have such a program, the issue is where this Fund should be redirected.

Response

The Supportive Care Program at St. Vincent's was created to provide care to HIV+ patients. It was originally funded through the work of Judy Peabody in the mid 1980's and was earmarked for HIV supportive services including home care, hospice, bereavement counseling, respite, etc. The staff and faculty at the MSCHP-D continue to provide all of these services at Mount Sinai in concert with the home-centered efforts of the Chelsea-Village House Call Program, particularly through team-based social workers and nurse practitioners.

Medical Treatment & Research Endowment Fund - Question

This is another case in which it is not self-evident why SVCMC suggests that this Fund be transferred to MSCHP-D. Despite its name, this Fund appears to have been intended to support education and research in oncology and related disciplines. SVCMC needs to determine whether MSCHP-D conducts oncology research or trains residents or other doctors-in-training in oncology. Unless SVCMC can demonstrate that this Fund was intended to support treatment of cancer patients in the absence of research or physician-training, SVCMC needs to explain why it has suggested MSCHP-D as the substitute recipient for this Fund. Absent any information to the contrary, the substitute recipient of this Fund must use it to support oncology research and/or educate interns, residents or other doctors-in-training in oncology.

Response

MSCHP-D has an active clinical research program under the direction of Dr. Aberg as stated above. Currently, a section of Dr. Aberg's team is currently working on research activities relating to HIV and cancer. MSCHP-D also trains fellows, residents and interns in the clinic on

a rotational basis. All trainees are trained in HIV and associated disciplines that intersect with HIV, including oncology.

Surgical Oncology Fund - Question

SVCMC suggests that this Fund go to SMCHP-D. Does SMCHP-D perform cancer-related surgery? If not, SMCHP-D is not an appropriate recipient. Any recipient's use of this Fund would have to be restricted to supporting cancer-related surgery.

Response

Mount Sinai has an active cancer program. MSCHP-D currently refers patients from our HIV program to Mount Sinai's cancer center for appropriate diagnosis and treatment. There is a recognized relationship between HIV and several different forms of cancer. The fund would be used to support cancer related surgery at our institution.

Clinical Trials underway at MSCHP-D as of August 1, 2014

- A Phase 3, Randomized, Double-Blind Study to Evaluate the Safety and Efficacy of Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide Versus Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Disoproxil Fumarate in HIV-1 Positive, Antiretroviral Treatment-Naïve Adults
- A Phase 3, Randomized, Double-Blind Study to Evaluate the Safety and Efficacy of GS-9350-boosted Atazanavir Versus Ritonavir-boosted Atazanavir Each Administered with Emtricitabine/Tenofovir Disoproxil Fumarate in HIV-1 Infected, Antiretroviral Treatment-Naïve Adults
- A Multicenter, Randomized, Double-Blind, Double-Dummy, Phase 3 Study of the Safety and Efficacy of Ritonavir-Boosted Elvitegravir (EVG/r) Versus Raltegravir (RAL) Each Administered With a Background Regimen in HIV-1 Infected, Antiretroviral Treatment-Experienced Adults
- A Phase IIIb, Randomized, Open-Label Study of the Safety, Efficacy, and Tolerability of Switching to a Fixed-Dose Combination of Abacavir/Dolutegravir/Lamivudine from Current Antiretroviral Regimen Compared with Continuation of the Current Antiretroviral Regimen in HIV-1 Infected Adults Who are Virologically Suppressed
- An International, Multicenter, Prospective Observational Study of the Safety of Maraviroc Used with Optimized Background Therapy in Treatment-Experienced HIV-1 Infected Patients

Mount Sinai Hospital HIV Clinical Trials

| Funding Source | Department | Project Title | Budget Start Date | Budget End Date |
|----------------------------------|--------------------------|--|-------------------|-----------------|
| HRSA | HIV | Early Intervention Services | 1-Jul-12 | 30-Jun-13 |
| HRSA | HIV | Ryan White Part D | 1-Aug-12 | 31-Jul-13 |
| NYCDOHMH | HIV | Prevention with Positives | 31-Aug-12 | 30-Aug-13 |
| NIDDK | Medicine | STELLATE CELL-HIV INTERACTIONS AND HEPATIC FIBROSIS | 23-Sep-11 | 31-Aug-13 |
| NIDA | Medicine | IMAGING VIROLOGICAL SYNAPSES DURING PARENTERAL HIV TRANSMISSION | 1-Sep-12 | 31-Aug-13 |
| Robin Hood Foundation | Medicine | Screening and Treatment of Hepatitis C in Primary Care | 1-Nov-12 | 31-Oct-13 |
| NYSDOH | HIV | Meningococcal Vaccine program | 1-Aug-13 | 30-Nov-13 |
| HRSA | HIV | Pediatric/Adolescent Program (NYU) | 1-Jan-13 | 31-Dec-13 |
| Teva Pharmaceuticals | Medicine | Armodafinil for HCV Patients Starting Interferon Treatment | 5-Jan-13 | 4-Jan-14 |
| NIAID | Medicine | INDUCTION OF IMMUNITY BY NON-REPLICATING HIV-1 | 1-Apr-13 | 28-Feb-14 |
| NYCDOHMH | HIV | HIV Prevention/NPEP | 1-Mar-13 | 28-Feb-14 |
| NYCDOHMH | HIV | Care Coordination Grant | 1-Mar-13 | 28-Feb-14 |
| Kadmon | Medicine | Hepatitis C Treatment Psychosocial Readiness Assessment Tool: Web Site Development | 21-Mar-13 | 20-Mar-14 |
| NIAID | Medicine | MODULATING ANTI-HIV IMMUNITY BY PLASMACYTOID DENDRITIC CELLS | 1-Apr-13 | 31-Mar-14 |
| NICHD | Medicine | METABOLIC EFFECTS OF IN UTERO ANTIRETROVIRALS ON HIV EXPOSED UNINFECTED INFANTS | 1-Apr-13 | 31-Mar-14 |
| NIAID | Medicine | HIV DYSREGULATION OF HUMAN PLASMACYTOID DENDRITIC CELLS | 1-Jun-13 | 31-Mar-14 |
| NCCAM | Public Health & Prev Med | META-ANALYSIS OF CAM THERAPIES FOR HIV | 1-Apr-13 | 31-Mar-14 |
| NIAID | Microbiology | HTLV-1 ANTAGONISTS OF HIV RESTRICTION FACTORS | 15-Apr-13 | 31-Mar-14 |
| NYSDOH | Medicine | The Mount Sinai Primary Care Treatment Program for Hepatitis C | 1-Apr-13 | 31-Mar-14 |
| NYSDOH | HIV | Mental Health Services | 1-Apr-13 | 31-Mar-14 |
| NIMH | Neurology | EFFECTS OF EARLY-LIFE STRESS ON BRAIN DYSFUNCTION IN HIV+ ADULTS: AN FMRI STUDY | 1-May-13 | 30-Apr-14 |
| NIMH | Pathology | THE MOUNT SINAI INSTITUTE FOR NEUROAIDS DISPARITIES | 1-May-13 | 30-Apr-14 |
| NINDS | Neurology | THE MANHATTAN HIV BRAIN BANK | 1-May-13 | 30-Apr-14 |
| New York State Health Foundation | Medicine | HepCure Application | 1-May-12 | 30-Apr-14 |
| FIC | Medicine | MOUNT SINAI-NEW YORK STATE-ARGENTINA HIV PREVENTION PROGRAM | 1-Jun-10 | 31-May-14 |
| NIAID | Microbiology | GENOMIC DETERMINANTS OF INTRINSIC ANTIVIRAL HOST DEFENSES | 1-Jun-13 | 31-May-14 |
| NIDA | Medicine | OPTIMIZING VITAMIN D TREATMENT IN HIV/AIDS: AN RCT | 1-Jul-13 | 30-Jun-14 |
| NIDA | Neurology | DOPAMINE NEUROBIOLOGY IN HIV-ASSOCIATED COGNITIVE DYSFUNCTION AND SUBSTANCE USE | 1-Jul-13 | 30-Jun-14 |
| NEI | Ophthalmology | STUDIES OF OCULAR COMPLICATIONS OF AIDS - CHAIRMAN'S OFFICE | 1-Aug-12 | 31-Jul-14 |
| NIAID | Medicine | USE OF A NOVEL ANTIGEN LOADING PLATFORM FOR DENDRITIC CELL-BASED HIV VACCINES | 1-Aug-13 | 31-Jul-14 |

| | | | | |
|-----------------------|--------------|---|----------|-----------|
| NINDS | Neurology | HIV-ASSOCIATED NEUROPATHY: ETHNIC DISPARITIES AND PATHOGENESIS | 1-Aug-13 | 31-Jul-14 |
| NIAD | Microbiology | HIV EVOLUTION DRIVEN BY INTRACELLULAR DEFENSES | 1-Aug-13 | 31-Jul-14 |
| NYCDOHMH | HIV | HIV Outreach Program | 1-Oct-13 | 30-Sep-14 |
| Elton John Foundation | HIV | nPEP Medication Program | 1-Oct-13 | 30-Sep-14 |
| NIMH | Medicine | INTERVENTION TO IMPROVE HCV TREATMENT UPTAKE AND ADHERENCE IN HIV/HCV COINFECTION | 6-Aug-13 | 31-Jul-16 |