



MOUNT SINAI
SCHOOL OF
MEDICINE

Michael G. McDonald, NYSCEF: 08/19/2015
Executive Vice President
and General Counsel

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December 2, 2011

Robert A. Wild, Esq.
Attorney for
Saint Vincent's Catholic Medical Center
Garfunkel Wild, P.C.
111 Great Neck Road – Sixth Floor
Great Neck, NY 11021

Dear Mr. Wild,

I am writing on behalf of The Mount Sinai Hospital, a New York not-for-profit corporation, and the Mount Sinai School of Medicine, a New York education corporation, (together, "Mount Sinai"), both of which are tax exempt under section 501(c) (3) of the Internal Revenue Service, with regard to certain endowment funds formerly used to support programs of Saint Vincent's Catholic Medical Centers ("Saint Vincent's"). I understand that these funds will be subject to a cy pres proceeding in New York County Supreme Court, of which the New York Attorney General will be a party, to determine how the purposes of these funds can be best fulfilled. Because Mount Sinai has established new programs providing the same or expanded services by former Saint Vincent staff to the same patients in Saint Vincent's former location, Mount Sinai respectfully submits that these endowment funds should be transferred to Mount Sinai to support these programs. The funds in questions are the Supportive Care Endowment Fund, the Community Medicine Endowment Fund, and the De Navarro Endowment Fund. The factual basis for Mount Sinai's request is as follows:

After Saint Vincent's closure in May 2010, Mount Sinai hired a significant number of former employees of the Saint Vincent's Community Medicine Program and its AIDS/Supportive Care Clinic and leased clinical space from Saint Vincent's in order to ensure that Saint Vincent's patients' care would not be disrupted and that these patients would receive quality care in the future. Now based in a new location in close proximity to Saint Vincent's, these Mount Sinai programs, including the Chelsea-Village House Call Program, the Mount Sinai Comprehensive Health Program-Downtown, and a Community Medicine practice (together, the "Mount Sinai Programs" or the "Programs"), provide much needed care to the Lower Manhattan population, particularly to those groups traditionally lacking healthcare services.

Distributions to Mount Sinai of any remaining assets in Saint Vincent's Supportive Care Endowment Fund, the Community Medicine Endowment Fund, and the De Navarro Endowment Fund, would greatly support these Programs and, we submit, would best accomplish the purposes of these endowment funds.

The Supportive Care Endowment Fund

The Supportive Care Endowment Fund was established in 1988 to support Saint Vincent's ground-breaking work in HIV/AIDS treatment. Funds were initially used to provide care to homebound patients suffering from HIV/AIDS. With the advent of retroviral therapy in the 1990s, home-based visits became no longer necessary and much of the care provided by St. Vincent's physicians and staff was transferred to the Saint Vincent's HIV/Supportive Care Clinic located on its West Village campus. Individuals from all five boroughs came to the Saint Vincent's Clinic seeking treatment. Chelsea-Clinton and Harlem were and continue to be particularly hard hit areas during the epidemic.

The new Mount Sinai Comprehensive Health Program—Downtown ("Mount Sinai HIV/AIDS-Downtown") was initially housed in the Saint Vincent Clinic's original location and is now housed a short distance away in Chelsea. Mount Sinai also hired thirty former employees of the Saint Vincent's clinic, including physicians, social workers, nurses and many administrative staff. These measures ensure that the HIV/AIDS patients who live in lower Manhattan will receive the same high-quality care that Saint Vincent's provided. Dr. Barbara Johnston, who formerly helped head the Saint Vincent's Program, serves as the Associate Director of Mount Sinai HIV/AIDS-Downtown, and Matt Baney, the former Director of Saint Vincent's Program, serves as Mount Sinai HIV/AIDS-Downtown Director.

Mount Sinai HIV/AIDS-Downtown physicians include primary care doctors, psychologists and psychiatrists, as well as specialists in dermatology, gynecology, neurology and adolescent HIV care. It offers case management, substance abuse counseling, and social work services through a staff of social workers, and it ensures a high quality, team approach to treating the whole patient for services including basic and complex medical care, ongoing psychosocial issues, and HIV.

Currently, Mount Sinai HIV/AIDS-Downtown provides care to approximately 2,000 patients and averages a total of approximately 14,000 patient visits a year. An additional 20 to 25 new patients are added each month. Well over half of this patient base is composed of minorities, including 37.5% African American, 14.4% Hispanic/Latino, and 2% Asian. An additional 20 to 25 new patients are added each month.

Mount Sinai HIV/AIDS-Downtown is experiencing a large influx of gay male patients due to its location in Chelsea, which is widely viewed as the epicenter of the HIV/AIDS epidemic in New York City. Mount Sinai HIV/AIDS-Downtown is also using targeted outreach efforts to adolescent patients and has seen an increase in this patient population as well.

Additional recent outreach efforts include a presence at community events such as the Gay Pride Parade, the AIDS Walk, the Harlem Health Fair, among many others, and relationships with numerous community-based organizations, such as the AIDS Service Center, Alianza Dominica, Gay Men's Health Crisis, Hispanic AIDS Form, Aid for AIDS, LGBT Center, God's Lover We Deliver, Access-a-Ride, the Village Center for Care, the Bailey House and the HIV Law Project, among numerous others.

Mount Sinai HIV/AIDS-Downtown is also involved in several significant research trials related to HIV management and care. Current work includes a protocol from the NIH regarding adherence to HIV medicines targeting individuals with alcohol and drug problems as well as Hepatitis C and Vitamin D trials composed of The Mount Sinai HIV/AIDS-Downtown patients.

Given the above facts and Mount Sinai's commitment to ensuring that services will be provided to Saint Vincent's former patient base and others suffering HIV/AIDS, Mount Sinai believes that this Program is the most credible and worthy recipient of Saint Vincent's AIDS/Supportive Care Endowment Fund's remaining assets.

The Community Medicine Endowment Fund

Saint Vincent's Community Medicine Endowment, formerly known as the McInerney Endowment, was established to fund health care services to the homeless, homebound and elderly. We submit that the best application of any remaining endowment fund assets is to support Mount Sinai's efforts to provide care to this under-served population. Mount Sinai expanded its home visit services to the geographic and demographic area previously served by Saint Vincent's Chelsea Village Program, which focused on providing care to the homebound and elderly. It also established a Community Medicine general program to foster educational and research work in this area of medicine.

Under the guidance of the Mount Sinai Visiting Doctors Program, the largest academic home-based primary care program in the nation, the new Chelsea-Village House Call Program ("Mount Sinai Chelsea Village Program"), provides services to homebound and elderly patients in downtown Manhattan up to 59th Street. The clinicians in these two programs make an estimated 6,000 visits annually to provide comprehensive primary care to over 1,300 elderly or ailing adults who are unable to leave their homes. Currently, the Mount Sinai Chelsea Village Program serves over 200 of these homebound patients and aims to increase its capacity by further expanding services.

Besides geriatrics patients, patients include adults with psychiatric, neurological, and other complex and terminal illnesses. The Mount Sinai Chelsea Village Program works closely with home care, visiting nurse, community and hospice agencies to provide care twenty-four hours a day, seven days a week. Program staff, including physicians, a registered nurse, and social workers provide preventative health care, diagnosis and treatment of medical conditions, prescription of medications with emphasis on safety and affordability, support to family members and caregivers, referrals for rehabilitation, assistance with practical needs such as wheel chairs, pain management,

and comprehensive patient-centered end-of-life care for the terminally ill. The Mount Sinai Chelsea Village Program also plans to integrate a teaching component through the training of Mount Sinai medical students, residents and fellows in the near future. These trainees gain valuable perspective and appreciation of the many medical, social, economic, and emotional challenges patients and their families face.

In addition to providing home visits, Mount Sinai established a Community Medicine Program, first located in the former site of Saint Vincent's Community Medicine Program, the O'Toole Building, and now located just a short distance away on Seventh Avenue. The Program is led by Dr. Russell Kellogg, who formerly headed Saint Vincent's Community Medicine Program, and it includes both educational and research components. Dr. Phillip Brickner and his research team performs critical work on tuberculosis prevention, research that he formerly conducted at Saint Vincent's.

The De Navarro Endowment Fund

The De Navarro Endowment was established to help care for New York City's needy Spanish-speaking people. Twenty-five percent of both the Mount Sinai Chelsea Village Program and the Visiting Doctors Program's patient base is Spanish speaking. Approximately 14.4% of the Mount Sinai HIV/AIDS-Downtown patients are from Hispanic/Latino backgrounds, and this number will continue to rise as New York City Department of Health and Mental Hygiene statistics indicate that approximately 69% of new HIV diagnoses among foreign-born individuals in New York City are from Central America, South America and the Caribbean (excluding Puerto Rico and the U.S. Virgin Islands). In addition, Mount Sinai serves a significant number of Hispanic speaking patients who traditionally do not have access to health care at its Upper East Side campus, particularly due to its close proximity to Harlem and other areas of upper Manhattan.

These Programs are thus ideal candidates to receive the remaining De Navarro Endowment fund assets and thereby to continue to fulfill the endowment's purposes.

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Mount Sinai has made significant efforts to ensure that patients formerly served by Saint Vincent's are provided with high quality healthcare. Mount Sinai especially recognizes the need to provide services to the elderly, homebound and needy, to those who suffer from HIV/AIDS, and to others who traditionally struggle to receive quality healthcare. Saint Vincent's Supportive Care, Community Medicine, and De Navarro Endowments were established for these very purposes and any assets from these endowment funds would provide critical funding to ensure care in Saint Vincent's tradition. Distribution of these endowment funds to the Mount Sinai Programs would best fulfill the endowment funds' purposes.

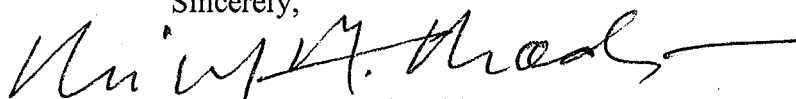
In the event there are other Saint Vincent funds of which Mount Sinai is not presently aware and which have purposes that would best be fulfilled by supporting these Programs or other

Robert Wild, Esq.
December 2, 2011
Page 5

appropriate programs at Mount Sinai, I understand that Mount Sinai will be given an opportunity to present its position that these funds' remaining assets should be transferred to Mount Sinai as well.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael G. Macdonald", with a long horizontal flourish extending to the right.

Michael G. Macdonald