

Dissolution of Marriage in the above-referenced cause of action. A final hearing has been scheduled for July 6, 2006 at 1:15 p.m. in the Allen Superior Court, Fort Wayne, Indiana. Notice by publication is given for the reason that the whereabouts of Najmi Siddiqui are unknown and efforts through diligence to locate him for serving him notice of this proceeding have failed. You must respond to the aforesaid petition to the Allen Superior Court within thirty (30) days of the last publication of this notice or these matters will be determined by the Court in your absence. Witness my hand and seal this 8 day of March, 2006. Therese M. Brown, Clerk, Allen Superior Court, BURT, BLEE, DIXON,

SUTTON & BLOOM, LLP, ATTORNEYS FOR PETITIONER5, 1000 Standard Federal Plaza, Fort Wayne, IN 46802, 260/426-1300. 3X 3/29/06 QG

LEGAL NOTICE

NOTICE OF FORMATION OF LIMITED LIABILITY COMPANY. NAME: JAMAICA AVE. LLC. Articles of Organization were filed with the Secretary of State of New York (SSNY) on 02/28/06. Office location: Queens County. SSNY has been designated as agent of the LLC upon whom process against it may be served. SSNY shall mail a copy of process to the LLC, 222-15 Jamaica Avenue, Queens Village, New York 11428. Purpose: For any lawful purpose. 6X 4/19/06 QG

LEGAL NOTICE

Complete Constructive Change CCCLX, LLC has been formed for the purpose of conducting any lawful business that it sees fit. Date of filing: 01/13/2006 Offices located in Queens County The Secretary of State has been designated as agent upon whom process may be served. Copies of process shall be mailed to: CCCLX 230-12 145th St., Rosedale, NY 11413 6X 4/19/06 QG

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Caryn Schwab, chief executive officer of Mount Sinai Hospital of Queens stated: "The residents of Queens want health care close to where they live. We know this anecdotally and research proves it. Going to another borough for care creates significant isolation from family and friends..."

are too few hospital beds in Western Queens to serve the area's burgeoning population. "The five-borough average for the number of beds per thousand population is 3.6," she told the commission members. "In Western Queens, there is less than one bed per thousand. Just sit with those figures for a minute: 3.6 beds per thousand in New York City overall, less than one bed per thousand in Western Queens."

Just because a service is in Manhattan, and "Manhattan is close", or so it seems in terms of miles, the view is very different from the other side of the bridge, Schwab added, also agreeing with Marshall that healthcare services in Manhattan may well prove inaccessible to those residents of Queens who must try to use them.

"To most residents of Western Queens, when it comes to getting health care, the [Queensboro] Bridge is a gate, not a gateway," Schwab declared. "The residents of Queens want health care close to where they live. We know this anecdotally and research proves it. Going to another borough for care creates significant isolation from family and friends. It requires sick patients and anxious families to take a bus or subway, or it's an expensive car or taxi ride. The *American Journal of Public Health* reports that transportation issues affect 1 in 5 elderly patients' access to care. It has been shown that proximity is crucial to minimize barriers for culturally diverse and minority patients. Travel only compounds access issues."

"The issue isn't even about hospitals," Liu declared in his testimony before the commission. "It is about people and the need for people to be close to medical care—emergency and otherwise. [On February 26], a student at Francis Lewis H. S., Andrew Tsai, was seriously injured and nearly killed in a horrific car accident. Andrew, who lost one leg and is clinging to life, had to be transported all the way from Eastern Queens to a hospital in Manhattan. There is no good reason for this kind of hospital care disparity to exist."

"I have been in health care in New York for a long time," Schwab, who started working for

the New York City Health & Hospitals Corporation in 1981 and served as a healthcare advisor to then Mayor Ed Koch, added. "I have worked on many sides of the fence—government, public and voluntary. I have worked with some of the best and brightest. Together, we have worked through very tough healthcare issues. Today we face the thorniest challenges of my career—a growing uninsured population; intense focus on quality and safety; maintaining and expanding research and biotechnology so they continue to function as key economic drivers in New York City and New York state; workforce shortages and a hospital system in grave financial trouble.

"If there is one message I'd like to leave you with this evening, it is this: a one-size solution does not fit all. Each borough and geographic area within the borough needs to be looked at unto itself."

"Last month when I wrote to the governor, I asked that the New York state Department of Health refrain from approving any action to reduce or eliminate any beds or services in the borough of Queens," Marshall concluded. "Instead, rather than closing the doors on the working poor and the uninsured, let's open the doors that will lead to a fuller and healthier life for our deserving residents."

English... ing to tell of new job opportunities that come with more fluency in English.

The story of English conversation in Queens has three chapters, the past, starting in the '70s through the '90s. A new century starts the latest chapter.

In the late 1970s Community United Methodist Church became one of the first churches in Queens to establish a multi-language, multi-cultural program and began to explore ways of making newcomers welcome in their new surroundings.

Lockie Wall, a member, wanted to help people get acquainted with new residents who came from many lands. Over the course of time she enlisted many volunteers to help new residents converse in English. After Lockie retired to Baltimore, Maryland, Aquila Yagoda followed her. She, too, poured out her energies with her volunteers.

In the 1980s and '90s Joanna Hofman, who had earned a doctorate in her field, met with success with her skills and devotion as a registered nurse. When the pastor thanked her for the imaginative ways she worked with volunteers and students, she would always give credit to others for their service in the English Conversation Program in Community Church.

We recall her relation with the Reverend Kathleen Clark, one of the teaching volunteers who professionally served in the Global Ministries of the Community United Methodist Church, nationally, internationally and locally. Applicants as teachers or students were not required to list their religious affiliation. Students were encouraged to speak English at home and to watch television, read newspapers and magazines and then talk about them at their sessions. The students were to do most of the talking and the tutor's job was to ask questions and promote discussion.

A church that historically began with other languages, located in one of the most diversified communities in our country still continues to find opportunities to serve God's people in amazing and challenging ways.

Queens... From page 1

families. Please do not misunderstand: I am not advocating for the closure of Manhattan-based hospitals. However, I am calling for the commission to fulfill its mission by correcting the misalignment of services in Queens."

"Closing weak hospitals to improve the financial standing of more stable ones will only shift the high costs of health care in New York, not eliminate them," City Councilmember John Liu (D-Flushing) testified. "If New York state truly wants to provide quality health care and be responsive to community needs, we must be willing to make the necessary investments to carry out this mission. Closing hospitals is a mistake we can ill afford." He urged the commission not to move in that direction.

State Senator Ada Smith (D-Jamaica) noted that the 18-member commission exists to evaluate which hospitals should be closed. Smith is co-sponsoring legislation on behalf of the Save Our Safety Net Campaign that would require the commission to consider healthcare needs, including ambulatory care, when conducting examinations into the supply of general hospital and nursing home facilities, especially in minority communities. "Any hospital closing has a divesting effect on a community," Smith said in a statement. "There needs to be consistent and fair consideration for how the commission chooses which hospital facilities to close."

Mount Sinai Hospital of Queens (MSHQ) is the only hospital in Western Queens, in stark contrast to Manhattan, "where hospital sits beside hospital", MSHQ's Schwab testified. The communities of Astoria, Long Island City and Sunnyside, which make up its primary service area, together are home to 225,000 residents. Only two hospitals, Elmhurst and St. John's, the last-named currently in bankruptcy, exist in the MSHQ secondary service area, which includes the neighborhoods of Jackson Heights, Woodside, East Elmhurst and Elmhurst, and where another 415,000 people reside. "The healthcare environment in Queens has never been so fragile," Schwab said.

The strain on those healthcare services that are available is enormous. Schwab cited MSHQ as an example. "Since Mount Sinai Hospital of Queens was purchased by Mount Sinai in 1999, we have been working hard to bring top quality care and service to our deserving residents, including renovating the Emergency Department; renovating and upgrading our diagnostic and imaging services; adding endoscopy suites; creating a patient

resource center to help educate our community about how to stay healthy as well as seek information when they are ill," she explained.



"Manhattan-based institutions continue to use Queens residents to justify their services and beds," Marshall declared. "Here in Queens, five community boards have no hospital, while in Manhattan five world-renowned institutions are located within 20 blocks of each other..."

"Upgrading the quality of care has been paramount. Mount Sinai Queens was one of the first hospitals to be designated a Stroke Center by the [city] Department of Health. We have been a leader in providing palliative care in a community hospital setting. We brought highly qualified Mount Sinai faculty to provide anesthesia and emergency care in Queens. And, despite the pressures of today's healthcare environment, we have been financially healthy since we became Mount Sinai.

"We have worked hard to maximize the beds available in the hospital. Our length of stay has been reduced almost a day in the past few years. This has allowed us to accommodate the growing number of patients seeking care at our hospital. Yet despite these efforts, our current occupancy rate is 89 percent. With no ability to expand within the existing facilities, we will deplete our capacity next year. Our Emergency Department is already beyond capacity. And the operating rooms function with a great deal of overtime to accommodate a 17 percent increase in surgeries since 2000."

Schwab and Marshall concurred that there