

Q&A:  
Mental Health  
Benefits / 4

Internal  
Medicine  
Department / 5



Avoiding  
Winter's  
Pitfalls / 7

# yale health care

NEWS FROM THE YALE HEALTH PLAN

VOL. III NO. I JANUARY – FEBRUARY 2000

## *Eating Disorders About More Than Food*

CAROLE T. GOLDBERG, PSY.D.

*Department of Mental Hygiene*

When asked to describe someone we are not likely to say “she’s really great – she’s tiny,” but this is typical of how someone with an eating disorder would evaluate themselves. Estimates are that eight million Americans – 90% of them women – suffer from one or more of the most common eating disorders: anorexia nervosa; bulimia; and binge eating disorder. While age of onset is usually 12-18 years, eating disorders can occur at any age.

Anorexia nervosa is characterized by the reduction of 15% of ideal body weight due to a decrease in food intake and/or purging, and in the absence of other explanato-

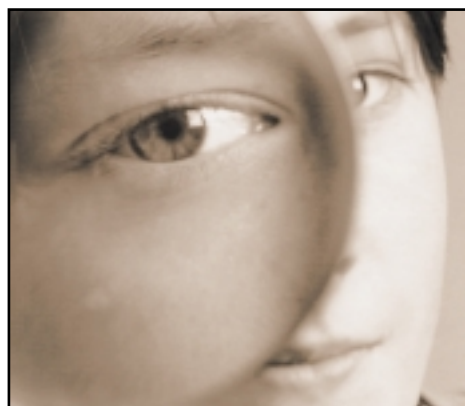
*continued on page 3*

## Eyes Offer Window on Health

RHEA HIRSHMAN

*Editor*

Vision is more than just one of our senses. It is also a metaphor. We say “Seeing is believing.” We use “see” to mean “understand,” as in “Do you see what I mean?” Similarly, our eyes are not isolated organs. While we can debate whether they are “windows to our souls,”



there is no doubt that our eyes are windows to our health.

Jim Santanelli, OD, of YHP’s Department of Ophthalmology and Optometry notes, “The eyes contain blood vessels, nerves, muscles and connective tissue,” so symptoms of many diseases – from diabetes to lupus to multiple sclerosis – can be detected during an eye exam, even if the vision is not being affected. For instance, adds Linda Shilberg, OD; “If you have high blood pressure, the clinician will be able to see a thinning of the blood vessels in the eyes and may ask if you’ve had your blood pressure checked recently.”

Maintaining eye health involves practicing good general health habits: eating well, getting enough rest, avoiding harmful sub-

*continued on page 2*

### C A L E N D A R

**Mondays**  
Weight Watchers  
at Work

**Tuesdays**  
Blood Pressure  
Screenings

**Wednesdays**  
Early Pregnancy  
Classes

FOR MORE, TURN  
TO CALENDAR  
LISTINGS ON  
PAGE 8

## EYE HEALTH

continued from page 1

stances. Tobacco use, for instance, can damage the optic nerve. High blood cholesterol can mean that the arteries in the eyes – like arteries in other parts of the body – can fill with plaque.

Care of the eyes starts with the first examination by a baby's pediatrician, and with the family's observing the child's behavior. "In monitoring young children, you're looking for the ability to fixate and focus on objects, as well as for eye-hand coordination," Santanelli says. Parents should also notice whether an eye turns in or out, whether a child turns her head consistently in one direction, favors one eye or blinks excessively. Any of these behaviors should be reported to the pediatrician.

Eye health tips for older children include making sure that they sit at an appropriate distance from the television and the computer. Television should be viewed from a distance of at least 5 or 6 feet; the optimum distance for using a computer monitor is 16-19 inches. Breaks should be taken from television at least once an hour and from the computer at least every half hour. Santanelli explains, "There is a muscle inside the eye that changes shape as we focus. If that muscle focuses in one place for too long, it becomes fatigued."

That's good advice for adults as well as children. So is wearing eye protection. "It's as important as wearing a bicycle helmet," Shilberg says. "If you need glasses for playing sports, get fitted with safety frames, which collapse harmlessly when broken." Non-prescription protective safety goggles should be used by those who encounter hazardous materials or fast-moving projectiles – anything from chemicals and falling debris to hockey pucks and handballs. And eyes should be protected from sun damage with wraparound sunglasses that offer total UVA and UVB blockage.

*Maintaining eye health involves practicing good general health habits*

## Important telephone numbers

<b>Urgent Care</b>	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
<b>Toll Free</b>	1-877-YHP-CARE
<b>Information</b>	432-0246
<b>Pharmacy</b>	432-0033
<i>Hours of operation</i>	
Monday–Friday	7:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
<b>Patient Representative</b>	432-0109

# in touch



As we reach our early 40s, the eyes begin to undergo normal changes associated with aging. The involuntary muscles around the eye become less flexible, while the lens of the eye begins to harden. Corrective lenses can help overcome the associated vision problems. Some

common diseases, such as hypertension and adult onset diabetes, can affect eye health at this stage.

The development of cataracts, although less common, is also part of the aging process. Douglas MacRae, MD, explains: "Cataracts occur when the lens becomes cloudy and the cloudiness impairs vision. This process can be exacerbated by hypertension and diabetes." Cataract surgery with an

intraocular lens implant is a highly successful procedure.

Susan Forster, MD adds, "There are also some common eye diseases which, while not part of the normal aging process, are more likely to appear as we and our eyes get older."

Two of these are glaucoma, a progressive degeneration of the optic nerve, and macular degeneration, the failure of the macula, the central portion of the retina responsible for central vision. Both of these problems can be detected with regular eye exams. While glaucoma is a serious condition that can lead to vision loss, it is treatable with medication. Treatments are available for some types of macular degeneration, and devices which enlarge type can improve the capacity to read in those with this type of vision loss.

MacRae offers this reminder. "Regular eye exams are an essential part of preventive health care – not just for the health of your vision, but for what your eyes say about what is going on in the rest of your body."

# from the desk of

CHRIS KIELT

DEPUTY DIRECTOR, YALE UNIVERSITY HEALTH SERVICES



One of my primary responsibilities at YHP is communications, and I am pleased to have this opportunity to write to you concerning some of the improvements YHP has made over the past several years in communicating with our members about YHP services and programs. In addition to this award winning newsletter, YHP offers its website ([www.yale.edu/uhs](http://www.yale.edu/uhs)), letters from the director, and mailings focused on explaining new offerings and events specific to our departments.

Most recently the YHP Member Services Department completed the revision of our Member Handbook. Members should have received a copy in the mail in December. \* Like many of our other publications, it has a new look and feel, and was designed to

make the information it contains clear and accessible. With the changeability of the marketplace for health care benefits, we want to communicate clearly about YHP benefits so that our members may make informed decisions for their health care needs.

Perhaps at no time in the last thirty years has such communication been more important. As health plans change owners and options and as benefits become more complex, we feel it is essential for YHP to help its members understand their benefits. Since the founding of YHP in 1971, our benefits and services have expanded greatly to meet members' evolving needs. Just in the last year or so we have clarified and enhanced out-of-area coverage, augmented our benefit for blood transfusions, and improved our

prescription medication benefit. In the near future we look forward to communicating with you about a further YHP benefit enhancement — our Cardiac Wellness Program. And, while our methods of communicating improvements have changed, our core mission — providing the Yale community with excellent and accessible care — has remained constant.

The new Member Handbook provides a complete explanation of YHP benefits and programs. You may also check our website ([www.yale.edu/uhs](http://www.yale.edu/uhs)) for an on-line version of the new publication. As always, I welcome your suggestions and comments on this, our latest communication effort.

*\* If you haven't received a new YHP Member Handbook, please contact YHP Member Services at (203) 432-0246 or via email at [member.services@yale.edu](mailto:member.services@yale.edu).*

## EATING DISORDERS

*continued from page 1*

ry factors. The person has a distorted body image and an intense fear of obesity which does not diminish, no matter how thin the person becomes. A persistent denial that anything is wrong is common even though the person may be at a life threatening level of starvation. Approximately 6% of those with anorexia die from complications and the mortality rate is likely to increase with the length of illness.

Bulimia is a condition that involves a cycle of binge eating, and purging through excessive exercise, laxatives, diuretics, enemas or other medications. Often, someone with bulimia is afraid they will be unable to stop eating and may purge to interrupt the cycle. Self-deprecating thoughts and depression are common. Bulimia, although a serious

disorder, is generally not life threatening. More than half of those who suffer from bulimia recover, about 40% improve, and 10% continue to have the full disorder.

Eating disorders may be an attempt to use food to solve complex emotional problems. Treatment must focus both on changing the dangerous behaviors and on the exploration and resolution of underlying issues. Family and friends of those with eating disorders may feel confused, guilty, angry, and frustrated in attempts to get through to the sufferer. Even so, it is important not to ignore the situation. Speaking up may help save someone's life. As with all difficult communications, it is crucial to plan what will be said and to select a time when feelings are calm and interruptions unlikely.

•Give specifics about why you believe there is a problem: "I see you are losing a lot of weight." Or: "You are withdrawing."

•Use "I" statements. "I'm worried." "I don't know how to help." "I feel hurt when you shut me out."

•If you get the common response that "Nothing's wrong" or "It's not your business," say that what happens with the family member/friend/roommate is your business.

•Have a specific goal: open communication; getting a medical assessment, nutritional evaluation; therapy for family and/or individual.

•Communicate that you are there to listen and help, not judge.

•Seek help for yourself. In this difficult situation, it is important to be able to express your own feelings.



## MENTAL HEALTH BENEFITS

# questions, answers

*By answering your questions, this column will help you get the most out of your YHP membership.*

*Send your questions to:  
Member Services Q & A,  
Yale Health Plan,  
17 Hillhouse Ave.,  
P.O. Box 208237  
New Haven, CT  
06520-8237.*

*We'll get them answered  
by someone "in the know."*

**Q. May I choose my own clinician if I want to see someone for mental health services?**

A. Yes. Your YHP coverage allows you to be reimbursed for mental health services received from any clinician who is licensed in Connecticut in any of the following categories: psychiatrist (MD); clinical psychologist; clinical social worker; psychiatric clinical nurse specialist (APRN); alcohol/drug counselor. No prior authorization or review by YHP is needed.

**Q. What services are provided by the Department of Mental Hygiene for adult (non-student) YHP members?**

A. Adult YHP member may obtain consultations and referrals from the department. You are welcome to make an appointment with one of the department's clinicians (203-432-0290) who can evaluate you and provide a referral to a mental health professional in the community.

**Q. What is the coverage for outpatient mental health treatment?**

A. Treatment provided by a licensed professional in any of the above categories is reimbursed for University employees, staff and faculty members for up to 30 sessions in a year at the rate of \$40/session after a \$100 deductible. There is a lifetime maximum of 150 sessions. Bills should be submitted to the Claims Department for reimbursement. Associate members have a different reimbursement schedule, and should check with the Claims Department.

**Q. Is family or couples therapy covered?**

A. Yes, as long as it is provided by one of the licensed professionals listed.

**Q. Is therapy for a child covered?**

A. Yes. The evaluation and referral process is done in collaboration with the child's pediatrician. You may also self-refer. The coverage for a child's therapy is the same as above.

**Q. What happens if I need to be hospitalized?**

A. If you are admitted by a clinician to a YHP-approved hospital for mental health or substance abuse treatment, your hospitalization is covered as follows. You have up to 30 days of coverage for in-patient treatment, after which 180 days must elapse before you are eligible for another 30 days. You also have an additional 15 days which may be used during that 180-day period. For more information, contact the Claims Department.

### ENHANCED PHARMACY PHONE SERVICE

A number of enhancements are planned to the YHP Pharmacy's telephone service. While the phone number will remain the same (203-432-0033), a new telephone tree will allow for several options, including getting basic information (such as hours), accessing the prescription refill recording line, and speaking directly to a pharmacist. In addition, a new refill recording system will provide more efficient service by allowing members to punch in the prescription number and obtain immediate information about a prescription's refill status. If a prescription is not refillable you will be informed immediately and asked if you would like a pharmacist to contact your clinician. Watch for more information about using this new and improved refill system.

# Redesigning Access to Internal Medicine: The AIM Project

RHEA HIRSHMAN

Editor

David Smith, MD, chief of YHP's Internal Medicine Department, compares the work of the primary care clinician to that of the conductor of a symphony orchestra. Not only do they both keep track of what's going on in a complex environment but, as he notes, the job of each is to "make the best use of all the available resources."

"Before YHP was established," he says, "Yale employees had good insurance coverage, but someone would have to go to one place for a Pap smear, another to have her blood pressure medication adjusted, another place to see her physical therapist. There was no one place where all of the patient's medical information was kept and no one overseeing the care of the whole person, much less focusing on prevention." The establishment of YHP in 1971 allowed for a physician or nurse practitioner to function as the member's personal clinician in a setting where the majority of medical and medical support services needed by most members would be readily available.

But obtaining a timely, non-urgent appointment with one's primary care clinician has sometimes been a frustrating experience. As YHP grew to its current membership of over 25,000 – with 19,000 non-student members who access their care through Internal Medicine – waits of several weeks for a routine appointment or a physical exam were not uncommon. Cindy Russo, RN, MS, CNA, the department's clinical manager, notes that "This is a systems-related problem, shared by many other health care organizations." The solution was to change to a new "open access system," similar to those successfully implemented in other primary care settings around the country as well as in YHP's Ob/Gyn Department this past spring.

Instead of having to schedule an appointment several months in advance, members will be able to book appointments with their clinician of choice by calling the department a day or two before they would like to come in. For routine follow-up appointments, the department will contact the member for scheduling. "The

idea behind this kind of system," Smith says, "is taking care of today's needs today." The department has been working down its appointment backlog, and is ready to go with the open access system.

Achieving the overall goal of creating a genuinely accessible department has involved many months of planning, and the reconfiguring of everything from the roles of department personnel to the telephone system and equipment. For instance, expanding the role of the med-



*Pictured are some of the clinicians and administrative staff who make up the Internal Medicine team.*

ical assistant, explains Ivy Alexander, C-ANP, APRN, MS, a nurse practitioner, was essential to accomplishing another priority: "...developing a system which allows the primary care clinician and the member to have maximum time together during an appointment."

Improved telephone access, Russo notes "is just as important as appointment access." She continues, "In the new system, there will be staff members dedicated to answering the phones away from the main desk. When you call for an appointment, or to request a call back from your clinician, you won't be calling a receptionist who's also trying to greet a line of people checking in. Also, we're encouraging members to let us call them back to make followup appointments. This will further free up incoming phone lines for members calling in for other reasons."

Another aspect of creating greater accessibility is to further integrate primary care with ongoing preventive care by

addressing preventive health care needs intentionally at each visit. Smith says, "While there is still a place for the routine physical exam, especially for new patients, we're moving away from the notion that that is the only time we can address prevention."

Alexander explains. "If you came in for a cold, I'd also review routine preventive care. This might include checking for recent screenings such as a mammogram, and reviewing risk factors for prob-

lems like heart disease and diabetes. I might request routine blood testing and/or inquire about other factors that might be relevant to your own family history. I'd also make sure that your immunizations were up to date. We want to seize every

opportunity to review and update what each patient needs."

Smith notes that the newly implemented team approach will also provide better use of the department's resources. Teams will consist of physicians, nurse practitioners, physician associates, RNs and medical assistants. Alexander says, "Each patient will have access to the expertise of the various team members – for instance, the RNs will be much more active in providing health education." Additionally, patients can be cared for by someone who is informed about their medical history even if their primary care clinician is not available.

"Of course, this open access system is a work in progress," Smith says. "We'll continue to evaluate and develop procedures so that the excellence of the clinical care we provide is matched by ease of access to that care. We welcome members' questions and comments."

# books/information

## BOOK REVIEWS



Reviewed by Linda Bell,  
MS, RD  
Office of Health  
Promotion & Education

### THE EYE BOOK (\*)

Gary Cassel, Michael Billig, and  
Harry Randall  
The Johns Hopkins University Press,  
1998

Provides information about caring for the eyes and protecting vision, with special attention to changes and diseases that occur in the adult years. A

wide range of topics is covered, from what to expect during an eye exam to how common medications affect the eyes.

### CONQUERING HEART DISEASE: NEW WAYS TO LIVE WELL WITHOUT DRUGS OR SURGERY (\*)

Harvey Simon  
Little, Brown and Company, 1994

Focuses on adopting a healthy lifestyle to prevent heart disease. Topics covered include exercise, aspirin, alcohol, fat, fiber and estrogen.

### THE NEW LIVING HEART

Michael E. DeBakey & Antonio M. Gotto  
Adams Media Corporation, 1997

An updated version of The Living Heart, first published twenty years ago, one of the first books written for the public to describe the function of the heart, including prevention and treatment of heart disease. This revised volume includes information on recent medical advances, how to recognize the warning signals that often precede a life-threatening problem, and information on diet and cardiac rehabilitation.

### THE NEW LIVING HEART DIET

Michael E. DeBakey, Antonio M. Gotto,  
Lynne W. Scott, and John P. Foreyt.  
Simon and Schuster, 1996

This book, one of the most comprehensive on nutrition and heart disease, provides information about topics such as risk factors for heart disease, cholesterol and triglyceride measurements, managing diabetes, and preventing and treating high blood pressure. Offers a large recipe section, guides to selecting food in supermarkets and suggestions for eating out.

\*Available for review from the Betty Stowe Memorial Bookshelf, located on the fourth floor of YHP.

## WELCOME NEW YALE HEALTH PLAN MEMBERS

Welcome to our new members who joined YHP during the University's open enrollment period.

Watch for your membership packet which includes a YHP member handbook, a list of primary care clinicians and member identification card/s. Please read the handbook carefully as it contains important information about using the health plan. Call the Member Services Department at 203-432-0246 if you have any questions regarding benefits or if you need help choosing a primary care clinician.



## CHOOSE AND USE A YHP PRIMARY CARE CLINICIAN

The experience of our members shows that health care is best provided through a strong relationship with a primary care clinician who provides preventive care, treats for routine conditions, monitors ongoing problems, and coordinates any needed specialty care. You will soon receive a letter naming your primary care clinician. If you have seen one clinician regularly, that is the name you will most likely find in the letter. If you have not seen any clinician regularly, one has been designated for you. If you would prefer to see a clinician other than the one named, you may request a change by coming in to or calling Member Services (203-432-0246).

## CHANGE OF NAME OR ADDRESS

Yale Health Plan subscribers who change their name, addresses or phone number should notify their department's business manager. In addition, it is necessary to notify YHP directly so that your records can be updated in case your clinician needs to reach you. If your name or address or phone number has changed and you have not informed us, please contact Member Services at 203-432-0246.

## yale health care

published by Yale Health Plan

17 Hillhouse Avenue  
New Haven, CT 06520-8237  
(203) 432-0246  
URL: [www.yale.edu/uhs](http://www.yale.edu/uhs)  
email: [member.services@yale.edu](mailto:member.services@yale.edu)

Paul Genecin, MD  
Director

Noreen Slater  
Communications Coordinator

### Editorial Board

Linda Bell, MS, RD  
Nutritionist

Ellen Budris, RN, MSN  
Health Promotion Specialist

Nancy Creel  
Manager, Member Services

Carole Goldberg PsyD  
Psychologist

Chris Kielt  
Deputy Director, Operations

Joann Knudson, MD  
Chief, Ob/Gyn

Elise Low  
Member Representative

Carol Morrison, MD  
Chief, Pediatrics

Rhea Hirshman  
Editor

Maura Gianakos  
Graphic Design

Harold Shapiro  
Photos

# healthy ideas

## AVOIDING WINTER'S PITFALLS

Staying safe during winter exercise presents particular challenges. Warm up and stretch before and after physical activity to prevent muscle strains and injuries. Running outdoors can cause injuries when you slip on wet or icy pavement, when you tighten your muscles because of tricky weather, or when wind-chills cool your muscles even as you exercise. To avoid injury, shorten your stride, run more slowly, and try to find a place to run indoors. During any outdoor winter sport, wear goggles (with sun protection) to prevent freezing of your corneas. Protective gear is important for skating, and head and mouth guards should be mandatory for hockey. A hat helps retain body heat.



Temperatures in the 20's and 30's with winds at 15 to 20 mph create wind-chill temperatures of -10 to +15 degrees F. But the temperature does not have to be below freezing for frostbite to occur, and it can occur quickly. Protect exposed body parts like ears and nose, as well as fingers and feet. Frostbite treatment entails re-warming for about 20 minutes in warm water (not hot!) without rubbing, as rubbing will damage tissue.

## ALLERGENS LURK

Many people are aware of allergies in the hay fever season but don't associate their homes with allergy symptoms in the winter. With windows and doors closed, there is little air movement. Mold, mildew, dust mites, fibers and animal dander can contribute to congestion and fatigue.



Limit exposure to allergens. Reduce mold by airing out your bathroom daily after showers and replacing your shower curtain if you have not done so in the last six months. Change towels frequently. Enclose pillows, mattresses and comforters in zippered vinyl casings. Wash bedding weekly in temperatures over 130 F to kill dust mites. Replace your furnace filter and have vents cleaned at least yearly – preferably before the heating season. Vacuum frequently, but make sure you have a HEPA filter so that you are not just propelling the dust into the air. Dust frequently, especially in sleeping areas. It may be helpful to keep animals out of bedrooms. Sleep with your window open a crack or air out your bedroom before sleeping. Rugs over concrete floors in basements encourage dust mite growth and should be avoided. If you use a humidifier, clean the filter weekly, start with a new one at the beginning of the season and add a cleaner to the reservoir. Do not over-humidify your home if you have indoor allergy symptoms.

## THE BASICS OF EYE DILATION

If you are a new patient, have a personal or family history of eye health problems, or have certain conditions (such as diabetes, glaucoma, severe nearsightedness) your eye care clinician may suggest dilating your eyes. Dilated eye exams involve instilling drops into the eyes so that the pupil becomes larger, enabling the clinician to obtain a closer and wider view of the retina. Dilating drops take about 30 minutes to become effective. If your pupils have been dilated, your near vision will usually be blurred for about four hours after the exam. Because the drops will make your eyes sensitive to light, you

should bring sunglasses to wear after the exam. Some patients may feel uncomfortable driving and will want to arrange for someone to drive them home. Contact lens wearers should bring backup glasses with them to avoid wearing contacts until the effects of the drops have worn off.

## R. DeBernardo Retires, First Chief of Allergy

Robert DeBernardo, MD, a clinical immunologist who developed the Department of Preventive Medicine and Health Education at Yale Health Plan, is easing into retirement after almost three decades of service.

A graduate of Georgetown University Medical School, DeBernardo came to the health plan at its inception in 1971 after having completed a fellowship in rheumatology at Georgetown and a fellowship in clinical immunology at Johns Hopkins Medical School. During his tenure at YHP, he served as assistant to the director of YHP, chief of the Inpatient Care Facility, chief of Subspecialty Services and, from 1991-1998, as chief of Preventive Medicine and Health Education, the program he was instrumental in establishing. His multiple interests have led him to pursue a Master's in public health from the University of Connecticut, where he previously received an MBA degree in 1990.

DeBernardo notes that he is only going into "semi-retirement" as he will be conducting allergy clinics one day a week at YHP while continuing work on his MPH and doing part-time clinical research on asthma and indoor air quality at UConn Medical School. He adds, "I'm also looking forward to learning to play the piano, and to woodworking, reading and traveling."



# calendar

## ONGOING WELLNESS PROGRAMS

**Early Pregnancy Class**  
Held in room 405 on the 2nd Wednesday of each month from 10:30–11:30 for YHP members. To register, call the Ob/Gyn Department at 203-432-0222 or stop by the appointment desk. We encourage you to bring a supportive person.

**Weight Watchers at Work**  
Mondays, 12:15–1:00 in room 405. You can join any time. For information, call 203-432-1892.

**Blood Pressure Screenings**  
Tuesdays from 10:00–11:00 in room 406. Open to the Yale community free of charge, by referral or on a walk-in basis. For info, call 203-432-6853.

**Health Risk Assessments**  
Health risk assessment questionnaires are offered to the entire Yale community free of charge on the first Wednesday and Thursday of the month from 2:00–3:00 in room 406. For more information, call 203-432-6853.

**Post-partum Reunion Classes**  
Held on the 3rd Friday of each month in room 405 from 10:00–11:30. Please bring your new babies to this great support network for all new moms! Conducted by Wendy Madore, RNC. Call the Obstetrics/Gynecology Department (203-432-0222) to register.

**Adult CPR Classes**  
Adult CPR classes are held monthly. For information, call 203-432-1892.

**Yale Health Plan Cancer Support Group**  
Life Options is a support group for adult YHP members who have been diagnosed with cancer, regardless of type of cancer or stage of disease. The group meets weekly with a facilitator. There are three 15-week programs each year. Group members can enroll in consecutive series of meetings. Funded partially by the Edith S. Hallo Fund and by a small weekly fee charged to each participant. To enroll or for more information, contact the facilitator, Mona Felts, MSW, at 203-432-0290.

*The Office of Health Promotion and Education is investigating member interest in a diabetes support group. If you are interested, please call Ellen Budris at 203-432-7601.*

## yale health care

Yale Health Plan  
Member Services  
17 Hillhouse Avenue  
P.O. Box 208237  
New Haven, CT 06520-8237



FIRST CLASS  
U.S. Postage  
PAID  
New Haven, CT  
Permit No. 526