



The Hamaspik Gazette

News of Hamaspik Agencies and General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:
HOW MANY CUPS OF WATER DO YOU DRINK A DAY?
A: 1-5 B: 6-10 C: 11+
Respond to: survey@hamaspik.org



HEALTH STAT

A WEALTH OF CANCER SCREENINGS

| Country median income, 2013: | Diagnosis rates, 4 common cancers, 2013: |
|------------------------------|--|
| \$75,000 or more | 225 per 100,000 |
| \$40,000 or less | 150 per 100,000 |

Source: Dartmouth study, New England Journal of Medicine, June 8



HEALTH QUOTE

"I'M NOT WORRIED ABOUT ARTIFICIAL INTELLIGENCE GIVING COMPUTERS THE ABILITY TO THINK LIKE HUMANS. I'M MORE CONCERNED ABOUT PEOPLE THINKING LIKE COMPUTERS, WITHOUT VALUES."

—Apple CEO Tim Cook, MIT commencement speech, June 9



HEALTH TIP

TAKE A BITE OUT OF SUMMER, NATURALLY

Want to repel mosquitoes without chemical mosquito repellent? Try citronella-based natural sprays instead.

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PUBLIC POLICY NEWS

NEVADA: 1ST MEDICAID-FOR-ALL STATE

AS THE PUBLIC HEALTHCARE PROGRAM FOR THE POOR SINCE ITS LAUNCH ON JULY 1, 1966, MEDICAID HAS LONG BEEN LIMITED TO PEOPLE WITH LOW INCOME. BUT THE NEVADA CARE ACT, APPROVED JUNE 2 BY THE NEVADA LEGISLATURE (BELOW), WOULD LET ALL NEVADANS GET MEDICAID REGARDLESS OF WHAT THEY EARN. REPUBLICAN GOV. BRIAN SANDOVAL HAS SUPPORTED MEDICAID EXPANSION BUT HASN'T SAID IF HE'LL SIGN THE BILL. IF HE GOES AHEAD, NEVADA BECOMES THE FIRST U.S. STATE TO PROVIDE MEDICAID TO EVERYONE.



PUBLIC POLICY NEWS

Gov. Cuomo Moves to Cement Federal '10 Essential Health Benefits' into State Law

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HAMASPIK NEWS

Hamaspik on Medicaid's Front Lines of Care for State's Most Medically Involved Youths

CONFIDENTIAL CHILD-PATIENT SUPPORT PROVIDED THROUGH NEW YORK'S NEW HHSC PROGRAM

It goes without saying how hard it is to care for a child with mental-health and/or medical diagnoses.

"It's daunting for parents of kids with five-six conditions," says Hamaspik of Rockland County social worker Aviva Salamon, LMSW. Such parents "hone in on one and neglect the others."

But the New York State Dept. of Health (DOH) noticed that trend a few years ago.

In response, it added the new Health Home Servicing Children (HHSC) program to Medicaid, the healthcare program for the poor.

State health officials were concerned with

the recurring, and costly, ER and other hospital visits made by medically-involved children on Medicaid—and worked on a preventive solution.

Now, young Medicaid members can get the help they need.

And in the greater Hudson Valley, parents struggling to care for medically-involved kids on Medicaid can now get HHSC help through its non-profit ally, Hamaspik.

What's a Health Home?

According to official state literature, a

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Services Provided by NYSHA AGENCIES

OPWDD

COMMUNITY HABILITATION

Providing: A personal worker to work on daily living skill goals

HOME BASED RESPITE

Providing: Relief for parents of special needs individuals

AFTER SCHOOL RESPITE

Providing: A respite program for after school hours and school vacations

DAY HAB PROGRAM

Providing: A day program for adults with special needs

SUPPLEMENTAL DAY HAB PROGRAM

Providing: an extended day program for adults with special needs

CAMP NESHOMAH

Providing: A day program for children with special needs during summer and winter school breaks

INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA)

Providing: A supervised residence for individuals who need out-of-home placement

INDIVIDUAL SUPPORT SERVICES

Providing: Apartments and supports for individuals who can live independently

ENVIRONMENTAL MODIFICATION

Providing: Home modifications for special needs individuals

SUPPORTED EMPLOYMENT

Providing: Support and job coaching for individuals with disabilities to be employed and to maintain employment

ENHANCED SUPPORTED EMPLOYMENT

Providing: Job developing and coaching for people with any type of disability

MEDICAID SERVICE COORDINATION

Providing: An advocate for the individual to access and coordinate available benefits

HOME FAMILY CARE

Providing: A family to care for an individual with special needs

INTERMEDIATE CARE FACILITY

Providing: A facility for individuals who are medically involved and developmentally delayed

IBS

Providing: Intensive Behavior Services

PLAN OF CARE SUPPORT SERVICES

Providing: Support for families of individuals with special needs

FAMILY SUPPORT SERVICES

Providing: Reimbursement for out of ordinary expenses for items or services not covered by Medicaid

PARENTAL RETREATS

Providing: Getaways and retreats for parents of special needs individuals

SELF DIRECTION

Fiscal Intermediary (FI) — providing: accounting and billing for vendors that support individuals who self-direct their own supports

Broker — providing: one-on-one, independent brokering of all necessary services and supports to individuals who self-direct their own supports

DOH

CARE AT HOME

Providing: Nursing · Personal care aide · Therapy · Respite · Medical supplies · Adaptive technology · Service coordination

EARLY INTERVENTION

Providing: Multidisciplinary and supplemental Evaluations · Home and community based services · Center based services · Parent/child groups · Ongoing service coordination · Physical therapy · Occupational therapy · Speech therapy · Special education · Nutrition · Social work · Family training · Vision services · Bilingual providers · Play therapy · Family counseling

NURSING HOME TRANSITION AND DIVERSION WAIVER PROGRAM (NHTD)

Providing: Service Coordination · Assistive

technology · Moving assistance · Community transitional services · Home community support services · E-Mods · Independent living skills · Positive behavioral interventions · Structured day program

TRAUMATIC BRAIN INJURY

Providing: Service Coordination · Independent living skills training · Day programs · Rent subsidy · Medical equipment · E-Mods · Transportation · Community transmittal services · Home community support services

CHILD & ADULT CARE FOOD PROGRAM

Providing: Breakfast · Lunch · Supper · Snack

HEALTH HOME SERVING CHILDREN (HHSC)

Providing: Intensive, comprehensive care management and family/community support services for children with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care

SENIOR DINING/SOCIAL DAY PROGRAM (SHNOIS CHAIM)

Providing: Daily onsite lunches and social/educational activities for community seniors (Orange County only)

APPLIED BEHAVIOR ANALYSIS (ABA)

Providing: behavior modification for children with autism covered by private insurance

LHCSA - HAMASPIKCARE

PERSONAL CARE & SUPPORT SERVICES

Providing: Home Health Aides · Homemakers · Personal Care Aides · Housekeepers · HCSS aides

COUNSELING SERVICES

Providing: Dietician/Nutrition counselors · Social Workers

REHABILITATION SERVICES

Providing: Physical therapy · Speech therapy · Occupational therapy · individuals

PACE-CDPAS

Providing: Personal care aides for people in need

INDIVIDUAL AND ENVIRONMENTAL SUPPORTS

Providing: Minor maintenance for qualified

SOCIAL MODEL

Providing: A social day program for senior patients

NURSING SERVICES

Providing: Skilled observation and assessment · Care planning · paraprofessional supervision · clinical monitoring and coordination · Medication management · physician-ordered nursing intervention and skill treatments

HAMASPIK CHOICE

A Managed Long Term Care Plan (MLTCP) approved by New York State

HCR

ACCESS TO HOME

Providing: Home modifications for people with physical disabilities

RESTORE

Providing: Emergency house repairs for senior citizens

HOME REHABILITATION PROGRAM

Providing: Remodeling dilapidated homes for low income home owners

NYSED

VOCATIONAL REHABILITATION SERVICES

Providing: Employment planning · Job development · Job placement

JOB COACHING

Intensive and ongoing support for individuals with physical, mental and/or developmental disabilities to become employed and to maintain employment

NYSHA

ARTICLE 16 CLINIC

Providing: Physical therapy · Occupational therapy · Speech therapy · Psychology · Social work · Psychiatry · Nursing · Nutrition

TRAINING

Providing: SCIP · CPR & first aid · Orientation · MSC CORE · AMAP · Annual Updates · Com-Hab/Respite · Family Care training · Supportive Employment

CENTRAL INTAKE

Providing: The first contact for a person or family in need of Hamaspik services

HAMASPIK GAZETTE

Providing: A bilingual monthly newspaper informing the community of available Hamaspik services

OMH

HEALTH AND RECOVERY PLAN (HARP)

Providing: long-term social, emotional, employment, peer-support and other mental-illness recovery supports

HEALTH NEWS

Too Much of Anything Isn't Good—Especially “Energy Drinks”

EXTREME CAFFEINE INTAKE CLAIMS ANOTHER YOUNG PERSON

The sudden passing in April of a high-school student was caused by intake of dangerous levels of caffeine in a short period, South Carolina authorities said mid-May.

Davis Cripe, 16, collapsed after drinking a latte, a large Mountain Dew soda and a 16-ounce “energy drink” in the span of two hours. The excessive caffeine apparently stopped his heart.

Consuming extreme levels of caffeine—the primary stimulant in coffee, soda and so-called energy drinks—has garnered headlines in recent years.

In Sept. 2015, the FDA warned five national

distributors against the ongoing and dangerous usage of pure powdered caffeine. A single teaspoon equals about 28 cups of coffee.

A May 2014 study in the *Journal of Nutrition, Education and Behavior* found an association in teens between energy drink consumption and engaging in other unhealthy behaviors.

In April of that year, a Maryland bill that would have banned the statewide sale of energy drinks to minors was voted down almost un-

animously. That bill defined “energy drinks” as beverages containing 71 milligrams or more of caffeine in a 12-ounce

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PUBLIC POLICY NEWS

States Given Three More Years to Adopt ‘Home and Community-based Services’ Changes

FEDERAL MEDICAID MOVES 2019 TRANSITION DEADLINE TO 2022 TO ASSIST IN ‘COMPLEX TASK’

Change is good. But good change takes time.

That’s the essential message conveyed in May by a bulletin posted by Centers for Medicare & Medicaid Services (CMS) official Brian Neale.

Mr. Neale, who heads Medicaid’s Center for Medicaid and CHIP Services, was referring to a 2014 change made to the Home and Community-based Services (HCBS) Waiver rules.

The HCBS Waiver allows state agencies like New York’s OPWDD to use Medicaid to fund such vital disability supports like the group homes operated by non-profit partners like Hamaspik.

In 2014, the federal CMS changed the definitions of “Home and Community-based Services”—and gave states five years to transition all its affected programs.

The New York State Office for People With Developmental Disabilities (OPWDD), and sister state agencies coast to coast, have since been in the thick of revamping related services.

“In light of the difficult and complex nature of this task, we will extend the transition period for states to demonstrate compliance with the home and communi-

ty-based settings criteria until March 17, 2022,” wrote Mr. Neale. “We anticipate that this additional three years will be helpful to states to ensure compliance activities are collaborative, transparent and timely.”

Practically speaking, the changes mean that housing and employment programs for people with disabilities must be even more person-centered and community-based than they are already.

Come 2022, with states attaining compliance, individuals with disabilities will have been given even more personal choices of where (and how) to live and work—taking the already-impressive progress of the person-centered movement to an even further level of personal choice.

The new regulations state that “home and community-based settings” must be integrated in the community—as well as selected by the individual, provide privacy and respect, and allow people with disabilities the ability to make independent choices about their services and providers.

With the transition deadline now moved up by three years, the OPWDD has more time. ★



► PUBLIC POLICY NEWS

New Interagency Council (IAC) Head Thomas McAlvanah Visits Hamaspik

STATE NON-PROFIT TRADE GROUP LEADER LEARNS COMMUNITY NEEDS FIRST-HAND



MEETING OF MINDS: (L-R) Mr. McAlvanah, HamaspikCare Business Development Director Marty Follman, Rockland County Legislator and Hamaspik Director of Public Affairs and Government Relations Aron Wieder, HamaspikCare Administrator Asher Katz

Thomas McAlvanah, a disability supports industry veteran recently tapped as Executive Director of the Interagency Council (IAC), visited Hamaspik of Rockland County on May 25.

Mr. McAlvanah spent several hours with Hamaspik's leaders, garnering first-hand familiarity of its community's needs and how the non-profit agency works to meet them.

The IAC's new leader was first greeted at his mid-day arrival by Aron Wieder,

Hamaspik's Director of Public Affairs.

Longtime Hamaspik MSC Supervisor Nechama Nissenbaum next gave him a tour of Hamaspik's offices, during which he met the staff of the agency's numerous departments and supports.

The IAC leader, who led the Lifespire non-profit for 34 years followed by a brief stint at the Queens-based AABR, also met with Hamaspik's Asher Katz and Yoel Bernath.

Mr. Katz heads up the popular Hamaspik-Care home-care agency, which services seniors and others in ten counties from New York City through the greater Hudson Valley. Mr. Bernath serves as Executive Director of Hamaspik Choice, a managed long-term care (MLTC) plan.

Following the tour, Mr. McAlvanah sat down

for a meeting with Meyer Wertheimer, agency founder and Rockland County Executive Director, and Hamaspik's leadership team. On the table were Hamaspik's most pressing concerns, and those of the communities it serves.

Mr. Wertheimer also expressed appreciation for the IAC's decades of critical industry advocacy, and congratulated Hamaspik's honored guest for his new appointment.

Both parties came away with heightened respect for each other and a sense of mutual support.

The Interagency Council of Developmental Disabilities Agencies, Inc., known as the IAC for short, is a New York State disability non-profit trade group. Hamaspik has long been a member. ★

► PUBLIC POLICY NEWS

Hamaspik on Medicaid's Front Lines of Care for State's Most Medically Involved Youths

CONFIDENTIAL CHILD-PATIENT SUPPORT PROVIDED THROUGH NEW YORK'S NEW HHSC PROGRAM

◀ CONTINUED FROM COVER

Health Home is "a care management service" in which "all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed."

New York State Medicaid's Health Home Servicing Children program, as its name implies, exclusively services individuals with multiple diagnoses ages birth through 21.

To qualify for HHSC, besides having Medicaid, young people must have at least one qualifying mental-health condition and/or two chronic medical conditions. (See side bar.)

The HHSC member is given a Care Manager to coordinate all medical care needs.

Now a non-profit partner of the HHSC program, Hamaspik of Rockland County is an officially-designated Care Management Agency (CMA)—and currently, the only CMA in upstate New York State's greater Jewish community.

As such, Hamaspik's CMA Care Managers now have daily access to NetSmart, the computer program provided by HHSC that manages all patient care information. NetSmart is updated constantly by every professional who cares for HHSC patients.

In technical terms, the HHSC's NetSmart system is built around the axis of the Health Home model: the interdisciplinary team. Using the system, providers and caregivers can access and share information in one centralized location as part of that interdisciplinary team.

More importantly, it enables everybody involved in the high-risk individual's care to communicate in order to best serve the individual's needs and prevent gaps in services and care. The system can also be used to track appointments

and manage medications.

Using NetSmart, not to mention that good-old-fashioned human touch of extensive phone time with parents, Hamaspik's Care Managers spend a good chunk of their days at Hamaspik's main Monsey offices coordinating care providers, addressing all issues, and otherwise discharging HHSC patients' care plans and goals.

Running from one doctor to another, and putting out one fire after another, was the endless experience of HHSC-patient

parents while attempting to best address their children's multiple needs. The new program re-

duces those hurdles.

Bringing the Health Home, Home

Since Hamaspik's HHSC program went live, its Care Managers have been conducting initial patient assessments and making regular visits—each geared to the specific needs levels of each individual patient.

But the program is only at its beginning, according to At-Home Services Director Moshe Laufer. "There is a demand for it," he says.

Mr. Laufer also emphasizes the strict privacy to which the new program—and, indeed, Hamaspik—rigorously adheres.

Serving a community with heightened privacy sensitivities, particularly those involving children or family members with special needs, the Director asserts that those concerns are taken very seriously at Hamaspik—and for two reasons.

One is the strict Health Insurance Portability and Accountability Act, or HIPAA law, the national regulation

widely considered the gold standard in patient information privacy.

That law requires training in—and strict adherence to—all HIPAA privacy requirements for any caregiver with access to patient info.

The Care Managers at Hamaspik's new HHSC—like Hamaspik's nurses, social workers, Medicaid Service Coordinators (MSCs), Direct Support Professionals (DSPs) and event front-desk receptionists—are therefore fully trained, professional and vigilant when it comes to patient privacy protection.

The second, and equally important, reason for 100-percent confidentiality at Hamaspik's new HHSC program is the aforementioned increased sense of privacy in the community Hamaspik services—with parents commonly not wanting anyone to know of their children's medical issues.

Under Hamaspik's meticulous and professional compliance with all HIPAA privacy laws, parents are assured that their confidential information will be fully protected and their sensitivities validated and respected, Mr. Laufer insists.

But the new program's biggest breakthrough is the fact that parents of high-risk children now have somewhere to turn—a resource for assistance with the challenging task of navigating the medical and mental health care systems. ★



ON THE FRONT LINES: Hamaspik HHSC Care Manager Yeshaya Stern in the thick of work

Some qualifying conditions

In most cases, a child must have two of the following diagnoses to qualify for HHSC; with Severe Mental Disorder (SMD) or other diagnoses, one is enough. The full list consists of several hundred diagnoses.

- Asthma • Anxiety • Blindness • Bipolar disorder • Cancer • Cerebral palsy • Depression • Diabetes • Epilepsy • Glaucoma
- Heart Disease • Migraines • Psoriasis • Psychosis • PTSD • Severe Mental Disorder (SMD) • Schizophrenia • Ulcers

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► HAMASPIK NEWS

For One Child with Autism, Hamaspik's ABA Program Delivering "Major" Improvements

MOTHER CREDITS FOUR-YEAR-OLD'S FIRST WORDS, SOCIAL INTERACTIONS TO ONGOING TREATMENT

The child was biting everything, relays Mrs. Reiny Steif.

Speaking to the *Gazette*, the Director of Hamaspik of Rockland County's Autism Services cites a mother's testimony.

The young mother is a loving caregiver of a beautiful four-year-old girl with severe autism spectrum disorder (ASD)—not to mention a raft of other debilitating diagnoses, including epilepsy, and a behavioral habit of trying to literally get her little teeth into everything.

But before the caregiver brought her precious charge to Hamaspik's applied behavior analysis (ABA) program, she was "at her wits' end," Mrs. Steif reports.

No more.

Since her child began receiving daily services through Hamaspik's ABA program, the loving mother has been happy—and for very good reason.

Besides witnessing a dramatic drop in biting (and hair-pulling) incidents, Mommy is all too happy to report the following "major" magic: Her formerly non-verbal child recently spoke her first three words.

And Mommy wholeheartedly credits that, and more, to ABA.

As Mrs. Steif quotes her, "It would not have happened without ABA."

What is ABA?

Applied behavior analysis (ABA) is the newest trend in treating children with ASD, and has been for several years now. It ameliorates negative behaviors in children with autism by painstakingly working with them one-on-one to lovingly but firmly repeat and reinforce positive behaviors.

While insurance companies initially didn't cover ABA at the start of its popularity, the long-term treatment method

is required to be covered by law in many states, including New York.

Treatment with ABA begins with the child's extensive initial assessment, which conducts a good number of tests to establish the child's thorough profile. That assessment is conducted by a Board Certified Behavior Analyst (BCBA), a credentialed professional schooled in the science of ABA.

After initial assessment, the BCBA will draw up and execute a long-term treat-



ment plan.

That plan, which is constantly updated with detailed notes and records, is carried out by the "para" (paraprofessional), the trained one-on-one ABA coach who works directly with the child, often for hours on end.

In repeated lengthy visits by a para over the course of months, ABA effects positive behavioral changes in its patients—and, if the mommy here is any indication, sometimes dramatically so.

Getting ABA

But because of the higher costs of applied behavior analysis, especially since a course of near-daily treatment typically runs for months (if not years), ABA involves quite a bit of paperwork and other logistics involving coverage by health insurance.

But anything Hamaspik does, it does its best to do it well—and do it right.

That value was in full effect when Hamaspik of Rockland County launched its applied behavior analysis (ABA) services program for children with autism.

Despite New York State having one of the most ample ABA coverage policies in

who are also getting ABA from Hamaspik have found not just a superlative program that delivers results for their precious children—but also a Director who functions as an insurance advocate and navigator with notable know-how.

And, as a result, Hamaspik's ABA patients—both those getting paras, at home, or those slated to shortly be getting paras at home—are being well cared for.

A department grows

A growing number of children with ASD are now being supported by Hamaspik throughout the greater Hudson Valley region.

Under the diligent directorship of Mrs. Steif, an agency mainstay for several years, Hamaspik's Autism Services Dept. has been working with parents of kids with ASD—and working hard for parents of kids with ASD—for nearly nine months now.

All along, Mrs. Steif has also been delivering superlative "customer service," Hamaspik style.

Since her Department's inception, Director Steif has personally presided over the initial assessments of each of her program's little beneficiaries.

Mrs. Steif has seen to it that each child under Hamaspik's care is progressing, working over the past several months with Hamaspik's BCBAs.

And given the detail, and ancillary time, required to finalize an initial assessment for ABA services, a number of additional cases are in the pipeline at Hamaspik's ABA department.

However, as they wait for final approval from insurance companies to begin receiving the rigorous and repetitive ABA services, parents are "excited" by their children's near-future treatment plans as prepared by Hamaspik's expert BCBAs, Mrs. Steif reports—"and are looking forward to seeing real progress and real behavioral change." ★

To apply for Hamaspik ABA services or for more information, please call Mrs. Steif, Hamaspik of Rockland County Director of ABA Services, at 845-503-0239.

► PUBLIC POLICY NEWS

Too Much of Anything Isn't Good—Especially "Energy Drinks"

◀ CONTINUED FROM PAGE E2

container. It was driven by the family of a 14-year-old Maryland boy who died after drinking too much caffeine.

A 2013 study in the *Journal of the Academy of Nutrition and Dietetics* found that energy drink consumption tripled among

teens in recent years. And by 2016, market research company Packaged Facts reported that the energy drink market had \$25 billion in annual sales—an increase of seven percent since 2011.

And in 2010, a 23-year-old British man died after ingesting two spoons of caffeine

powder followed by an energy drink—equivalent to 70 cans of the Red Bull energy drink, according to the coroner.

The American Academy of Pediatrics (AAP) says adolescents shouldn't consume caffeine at all, and the American Beverage Association, representing 95 percent of energy drink makers, advises consumers that they're not recommended for kids.

While a 2012 investigation by the FDA found no reason for action against high-caf-

feine drinks, the federal agency still recommends that adults consume no more than 400 mg of caffeine, or about four to five cups of coffee, a day.

Safe daily caffeine intake is between 150 to 250 milligrams, according to experts—anything above which actually decreases concentration... and worse at extreme levels beyond that.

A single energy drink contains up to 300 mg of caffeine. ★

► HAMASPIK NEWS

Hamaspik Hosting 2nd Annual Weekend Retreat

ROCKLAND COUNTY KIDS WITH SPECIAL NEEDS GETTING ANOTHER GREAT RESPITE WEEKEND

Fun. Games. Day. And night.

That'll be the basic scenario over an entire exciting Shabbos weekend in the near future.

Come Friday, June 23, buses filled with children with special needs will be rolling towards their weekend destination—the Crowne Plaza Hotel in Stamford, Connecticut!

But “fun” and “games” does not mean an empty 48 hours filled with superficial stimulation. Far from it!

Supervised day and night by the team of on-site counselors—all of whom are thoroughly trained by Hamaspik Special Events Coordinator Mrs. Brenda Katina—the attendees will be learning and growing all Shabbos long, enjoying nearly two full days of healthy indoor recreation.

The “counselors,” of course, are professionally trained Hamaspik Direct Support Professionals (DSPs), the people who work with the event’s “guests of honor” all year ‘round at Hamaspik.

And now, the community kids with disabilities who benefit from Hamaspik of Rockland County’s respite programs will be benefiting from a Shabbaton—replete with a full Shabbos-appropriate regimen of activities—all for them!

Like last year’s event, the Shabbaton program is a weekend retreat along the lines of the Shabbos weekend events that have become popular in the community for all sorts of non-profits and groups over the last two decades.

And with said organizations organizing Shabbatons for their constituents, explains Hamaspik of Rockland County Director of Day Services Shlomo Kornbluh, it was time for Hamaspik of Rockland County to organize one of its own, too.

Of course, the program is of equal value and important for parents of children with special needs—giving them a weekend of relief and respite, too.

Besides being popular, said Shabbatons are also effective—in reinforcing whatever mission is subscribed to by the organizing hosts, and, of equal importance, giving guests that critical added sense of belonging to the greater community in terms of having a Shabbaton like “they” do.

But the upcoming Hamaspik Shab-

baton has something no other Shabbos weekend event has—Hamaspik’s very own Mrs. Katina.

Running the show this year once again, Mrs. Katina is not only deftly coordinating all attending staff—which, as always, will include an on-site, on-duty licensed EMT—but also the entire “curriculum” from start to finish.

And for the children to be attending the Shabbaton, that means no end of lots of laughter and fun as only Mrs. Katina and her retinue of interactive games can deliver.

Children attending will be provided with full customized supervision per their individual needs, up to and including all special dietary restrictions and even a one-on-one “shadow” as necessary.

Excited youths (and their motivated staff) arriving on Friday afternoon will likewise be greeted at the hotel’s front entrance by a smiling Mrs. Katina, where they will each collect a welcome package.

And once settled into their rooms (attendees will be under adult supervision at all times), it’s off to the races, and quite literally, as a round of interactive and competitive games will be led by Mrs. Katina and staff even before Shabbos starts.

Full (and

healthy) meals, accompanied by familiar traditional songs, will be served throughout Shabbos, and the post-meal stretches both Friday night and Saturday day will be filled with plenty of fun and games.

Of course, not to worry: Last year’s highlight—an exciting live band to whose music the children danced and sang with joyous abandon—will be back again!

It’s a fitting climax to an exhilarating weekend—a Shabbaton that all but

shouts, “We love you for who and what you are!”

And not only will loving parents get a much-needed weekend respite for themselves, allowing them precious rejuvenation, but their precious children will come home rejuvenated, too. ★

For more information and/or for reservations, contact your child’s Hamaspik of Rockland County Medicaid Service Coordinator (MSC) directly ASAP. Space is limited!



Give your child the experience of a

FUN-FILLED SUMMER!

Camp Neshomah is divided in two phases:

- 1** From the end of school till the schools summer program
- 2** From after the school’s summer program till the start of new school year.

- ספעיעלע פלאן פאר יעדע קינד
- פרעכטיגע גראונדס אינטער פרייען הימל
- רייכע אקטיוויטעטן מיט ארטן און קרעפטס
- גרויסארטיגע טריפס
- נארהאפטע מיטאנס
- געטרייע און פראפעשינאלע קאונסילערס
- פרייע טראנספארטאציע

- Individual plans for each child
- Spacious outdoor grounds
- Exciting programs & Arts 'n Crafts
- Trips
- Nutritious meals
- Devoted staff
- Free transportation

Separate Boys & Girls

A project of:



Boy's Division: 845.425.3043

Girls Division: 845.425.3421



Happening In health Today

ANTIBODIES FROM EBOLA SURVIVOR KILL VIRUSES

In recent laboratory tests, antibodies extracted from a single Ebola survivor killed off the three known human Ebola virus strains. The joint research was conducted by the U.S. Army Medical Research Institute of Infectious Diseases and its non-profit and commercial partners.

Antibodies are molecules produced by the immune system that bind to a specific substance, such as an invading virus. Antibodies recognize small, often unique, portions of viruses—allowing the immune system to target and kill viruses.

The 2013-2016 Ebola epidemic in West Africa highlighted the need for an effective Ebola treatment or vaccine. The research was published this May in the *Journal Cell*.

CANNABIDIOL CUTS SEIZURES IN RARE CHILD-EPILEPSY CASES: NYU STUDY

A study by New York's very own NYU Langone Medical Center finds that cannabidiol, a natural drug derived from the cannabis plant, dramatically reduces seizures in children with a rare and difficult-to-control form of epilepsy.

Within the randomized, double-blind study, participants experienced convulsive seizures at a rate ranging from four per month to over 1,700.

But during the 14-week study, frequency of convulsive seizures decreased from an average of 12.4 to 5.9 per month in the cannabidiol group, compared with 14.9 to 14.1 in a placebo group. Put otherwise, the change in seizure frequency amounted to a 39-percent average decrease for the cannabidiol group patients, compared with roughly 13 percent in the placebo group.

The FDA currently considers cannabidiol an investigational product for treating children with epilepsy and has expanded access provisions that allow its use.

WITH SCHIZOPHRENIA, RECOVERY-ORIENTED TALK THERAPY IMPROVES LIVES

A new study at the University of Pennsylvania suggests that a type of talk therapy called recovery-oriented cognitive therapy

may provide lasting benefits for people suffering from schizophrenia.

The approach has a therapist help the patient identify goals like getting a specific job, reconnecting with family, or living independently. The therapist then works with the patient to overcome challenges and prevent relapse.

The study of 60 patients found those who got the therapy showed major improvements after 18 months of treatment and six months of follow-up compared to those who got standard treatment.

Study volunteers got either 1.5 years of recovery-oriented cognitive therapy or standard treatment. Standard treatment includes antipsychotic medication and services from local community mental health centers like counseling, housing services, peer support and work rehabilitation.

Schizophrenia is a serious mental illness. People with low-functioning schizophrenia are often isolated from the outside world, lacking any future goals.

Despite decades of research about recovery among people with schizophrenia, many mental health experts still consider it a progressive and deteriorating disorder.

But the study showed that the specialized therapy “produces an enduring change in beliefs and skills that enables individuals to continue to maintain gains without their therapist,” the authors wrote.

“Even individuals with the most seemingly recalcitrant illness can improve and start to succeed at achieving their personally meaningful chosen goals,” they concluded.

Clinicians shouldn't give up on these people when it seems they aren't improving as quickly as hoped, they said. “More intensive treatment [more frequently than once a week] might quicken their recovery response,” they added.

The results were published June 1 in *Psychiatric Services in Advance*.

WHY TEEN MENTAL ABILITY SWELLS THOUGH BRAIN SHRINKS

Scientists have long known that the brain's gray matter decreases in volume during adolescence—even though mental performance improves dramatically from childhood to young adulthood. Researchers

at the University of Pennsylvania now say they know why.

Gray matter is the tissue in brain areas involved in seeing and hearing, memory, speech, emotions, decision making and self-control, among other things. The research finds that despite losing volume during that period, it gets denser to compensate.

The study was published recently in the *Journal of Neuroscience*.

FIGHTING ANTIBIOTIC RESISTANCE... WITH YOGURT?

When it comes to fighting infectious bugs that can fight off antibiotics, medicine may have a new weapon: yogurt.

Researchers found that a strain of *Lactobacillus* bacteria inhibited the growth of 14 different strains of drug-resistant bacteria, including five strains resistant to the dangerous *E. coli* bug. *Lactobacillus* is commonly found in yogurt.

The researchers' preliminary findings were presented at the ASM Microbe conference in June.

BIG TOPICS AT BIGGEST CANCER-CARE CONVENTION

Over 38,000 cancer specialists met in Chicago June 9-13 for the annual American Society of Clinical Oncology convention, with these subjects (among others) getting buzz at the event:

Combination immunotherapy/standard (drug and/or chemotherapy) treatment: Over 750 studies of such combo treatments are under way. But the sky-high costs of such treatments are a factor.

Tumor genetics, not body location: Ongoing R&D on targeting tumors for specific genetic defects, not location, has so far yielded one FDA approval. More drugs are being explored.

Zytiga for prostate: Results show that drug Zytiga, along with standard hormone therapy, reduces mortality risk by about 40 percent in men with newly diagnosed advanced prostate cancer.

New Chinese medicine: A Chinese company's experimental immunotherapy for multiple myeloma, called CAR T-cell therapy, produced impressive remission rates in a small study.

RESEARCH LINKS INTESTINAL BACTERIA TO BRAIN BLEEDING

A study in mice suggests that bacteria in the gut can influence the structure of the brain's blood vessels, and may be responsible for producing malformed blood vessels called CCMs. In turn, CCMs that bleed into the brain can lead to stroke or epilepsy.

University of Pennsylvania scientists found that when gut bacteria were eliminated in genetically engineered mice, the mice developed far less CCMs in their brains.

The research, published in *Nature*, adds to an emerging picture that connects intestinal microbes with nervous-system disorders.

MORE CF PATIENTS FDA-CLEARED FOR KALYDECO

People with the genetic disease cystic fibrosis (CF) could only take Kalydeco if they had one of ten mutations. With a mid-May approval by the FDA, though, CF patients with an additional 23 rare mutations may now also benefit from Kalydeco, for a total of 33 mutations.

“Many rare cystic fibrosis mutations have such small patient populations that clinical trial studies are not feasible,” explained FDA official Dr. Janet Woodcock.

The approval means that future FDA approvals may rely on sources other than clinical trials.

MEDICAL MOGUL: 5-10 YEARS TO BLOOD-CANCER CONTROL

Multi-millionaire medical entrepreneur Jay Walker recently predicted that leukemia and blood cancer are “probably five years, maybe ten” years away from being rendered livable conditions. Walker made the prediction May 17.

Mr. Walker, who was labeled the Thomas Edison of his age by *Forbes* magazine in 1999, is a co-founder of TEDMED, the medical edition of the world-famous TED conference.

RESEARCHERS SEEKS NEW ANTIBIOTICS, INFECTION APPROACH IN 'SAFE BUGS'

Inside every human body are trillions of harmless bacteria—collectively called the *human microbiome*. Bacteria also produce substances called *small molecules*. Small molecules can be a source of new antibiotics.

In groundbreaking research, University of California, San Francisco microbiologist Michael Fischbach is now hoping to discover the 100 most common bacteria in the human microbiome.

Dr. Fischbach and team then plan to discover which small molecules each bacterium produces. They will then find out which of each bacterium's genes make those small molecules.

The team will next remove those genes

SEE PAGE 07 >>

Gov. Cuomo Moves to Cement Federal '10 Essential Health Benefits' into State Law

EXECUTIVE ACTIONS TO MAKE NEW YORK FIRST U.S. STATE ADOPTING KEY ACA MEASURE

A June 5 statement announced New York Gov. Andrew M. Cuomo's unilateral executive actions to "protect access to quality, affordable health care for all New Yorkers."

The actions, according to a statement from the governor's office, are "in response to federal activity threatening the Affordable Care Act (ACA) and its insurance marketplaces."

Central to Gov. Cuomo's executive orders is an instruction to make the so-called "Ten Essential Health Benefits"—one of the pillars of the federal ACA law—a pillar of state law.

The idea is that if the ACA—and required coverage of the "Ten Benefits"—is repealed at the national level,

insured New Yorkers will still be protected by state law at the state level. The House recently passed its American Health Care Act (AHCA) bill that would "repeal and replace" the ACA if the AHCA is ratified by the Senate and the White House.

Under the Affordable Care Act, commercial health insurance plans are legally required to cover the following ten categories of care: Ambulatory patient services, emergency services, hospitalization, maternity care, mental health services, prescriptions, rehab services, lab services, preventive services, and pediatric services.

The executive order, issued to the New York State Dept. of Financial Ser-

vices (DFS), will require that insurance plans provided in New York cover said ten categories of protections.

Further moving to cement New York's ACA healthcare plan market, currently one of the country's most stable, the governor also ordered a state Dept. of Health (DOH) business ban on any insurer withdrawing from New York's State Health Marketplace.

That executive order to the state DOH will bar any retreating company from any contract with the state's Medicaid, Child Health Plus, or Essential Plan programs. It also bans such insurers from contracts with any other state agency.

Once drafted and implemented,

the regulations—which would go into effect immediately—would make New York the first U.S. state with its own "Ten Benefits"—in effect, an ACA of its own regardless of what happens in Washington. ★



WHERE CHANGE HAPPENS: Albany's Capitol building

« CONTINUED FROM PAGE E6

from the bacteria and transplant the geneless bacteria into live mice, to see what happens to the mice when the bacteria can't produce their small molecules inside the mice.

Dr. Fischbach believes that the small molecules produced by the human microbiome keep us healthy—but that we just don't yet know exactly how.

But in a few years, if his theory is correct and his catalog of harmless human bacteria—and their small molecules and their purpose—is complete, Dr. Fischbach believes that the discoveries could lead to new antibiotics and other health breakthroughs.

In related news, researchers at the California-based Salk Institute are working on what they call *tolerance*—the theory that

some bacteria actually work to keep patients alive during infection.

The researchers' radical belief challenges mainstream medicine's approach to infection—namely, producing ever-new antibiotics to kill bugs that are currently resistant to all antibiotics.

Instead, the Salk researchers are working on why some mice remain healthier than others when infected with specific bacte-

ria—and how to bring their apparent benefits to infected humans, too.

Specifically, the researchers hope to eventually develop bacteria-based drugs that help combat muscle wasting and loss of appetite in patients battling infection, or undergoing chemotherapy.

In short, the theory says, "Don't fight an infection with antibiotics—help the body tolerate it." ★

Sincerest condolences

From the NYSHA and greater Hamaspik family to our very own

Dr. Abraham Berger, M.D.

Medical Director, NYSHA Article 16 Clinic, and his entire family at the passing of his dear mother,

Mrs. Ruth Berger

רהל רות בת אברהם ע"ה

of Zurich, Switzerland.

May we know of no more sorrow.

Meyer Wertheimer
Founder, Hamaspik

Joel Bernath
Executive Director,
HamaspikChoice

Joel Freund
Executive Director,
NYSHA, Inc.

Joel Brecher
Director,
NYSHA Clinic

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► HAMASPIK NEWS

Happenings Around Hamaspiik



Hamaspik of Kings County Integrated Resident Performs Perfectly at Job-Related Incident

EMPLOYEE TAKES CHARGE OF STRESSFUL SITUATION, VALIDATES AGENCY LONG-TERM SUPPORT WORK

It would be admirable enough for any individual.

But this past mid-May, a school monitor “riding shotgun” on a Brooklyn school bus did exactly what she was trained to do in the event of a non-injury vehicular accident: call kids’ parents.

What gives the story even more of a happy ending is not the fact that not one toddler on board was even slightly harmed. (The monitor, as always, had ensured they were safely seat-belted.)

Neither was it the fact that a responding member of Hatzolah, the community volunteer ambulance corps, took the time to write a letter to the school’s principal praising the monitor.

The news here, rather, is the long-term triumph of hours, days, weeks and months of support work invested in the young woman by Hamaspiik of Kings County Medicaid Service Coordinator (MSC) Mrs. Chedva Freund and the entire agency team.

Having originally lived in a Hamaspiik of Kings County group home, the individual was painstakingly supported for years by staff “until they saw that she can go on in life and integrate even more in the community,” says Mrs. Freund.

Backed by MSC Supervisors Shalva

Sashitzky, Chavie Silberman and her fellow MSCs, Mrs. Freund worked hard to ultimately place the young woman permanently with an “amazing” family in the community. “They take such good care of her emotionally and physically.”

But it gets better.

Thanks to Hamaspiik, the now-integrated individual was further integrated after the agency got her a job as a preschool teacher’s aide at a prominent private school—where the young lady not only works in the classroom with little kids, but rides home on the bus with them, too.

And when that bus was involved in an accident the afternoon of May 16 in the middle of the busy Brooklyn neighborhood of Flatbush, the young lady rose to the occasion.

Remaining calm under fire, the bus monitor followed protocol, retrieving a list of parents’ phone numbers and professionally calling each to collect their unharmed precious bundles.

“As a Hatzolah member on the scene, I wanted to compliment your bus monitor” for her professional reaction,

wrote the volunteer



EMT, who is also a school parent.

“A potentially chaotic scene was controlled very quickly,” he noted. “By the time the police arrived, all of the parents were already there, or on their way. It made the scene so much safer, and calmer.”

But that one moment of calm under crisis was the culmination of years of Hamaspiik’s loving and tireless supports and services.

“She deserves the best,” Mrs. Freund simply states. “She is unbelievably responsive and devoted.”

We couldn’t agree more. ★

Turning Caterpillars into Butterflies

Among the several season-themed activities ushering in the renewal of spring-time at Hamaspiik’s South 9th residence were the magical metamorphosis of caterpillars into butterflies.

The natural phenomenon, on display for several weeks in glass jars at the Hamaspiik of Kings County group home, culminated in late May, reports Home Manager Mrs. Cziment.

Using all-in-one kits including live caterpillars, residents lovingly cared for the delicate creatures throughout their early life stages, growing more excited each day as they slowly transformed.

But at Hamaspiik, it isn’t just caterpillars that have change they can believe in. ★



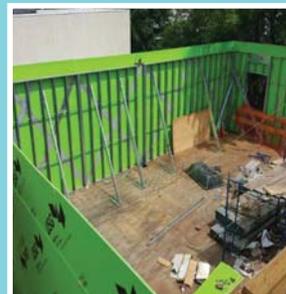
Going up at Hamaspiik’s Brooklyn Hub

Hamaspiik of Kings County’s Borough Park hub expansion marches on at an impressive clip. Since construction started this March 9, things have literally only been going up.

As of this June 13 writing, contractors have erected walls for the first of two new floors that will create 5,400 square feet of new offices, conference

rooms and training spaces.

With the entire structure mostly wrapped with netted scaffolding, the site looks like a giant gift box. But when construction ends in fall of 2017, the three dozen new specialists slated to take up office will indeed be a present to the community that Hamaspiik continues to serve and support. ★



UNDER WRAPS, FROM THE TOP DOWN: Construction at 1402 14th Ave.

► HAMASPIK NEWS

Happenings Around Hamaspiik



Plant-based Growth Formula

At their afternoon program this past May 24, the vibrant young men and boys of Hamaspiik of Orange County's After-school Respite (ASR) got into the Shavuos spirit by planting saplings.

The Biblical Jewish holiday marks the Giving of the Torah on Mt. Sinai, which is said to have miraculously flowered

with verdant foliage at the time; flowers and greenery have been a customary holiday theme ever since.

But the plant-based activity didn't just work young fingers and minds. With seeds and saplings planted today shooting forth with growth tomorrow, it also symbolized Hamaspiik's work. ★



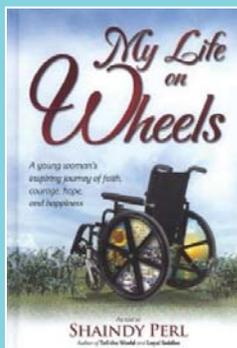
MANUAL LABOR OF LOVE: Hamaspiik of Orange County Day's "boys" are all hands-on come Shavuos

Keeping Inspiration Rolling!

Inspirational speaker and Hamaspiik resident Ms. Breindy Hershkowitz, who lives at Hamaspiik of Rockland County's Fosse Shvesterheim IRA, spoke to a group of visiting seminary students this past Wednesday, June 7.

Ms. Hershkowitz, author (with writer Shaindy Perl) of *My Life on Wheels* addressed several dozen post-high-school girls at the

Hamaspiik Terrace hall on the premises of Hamaspiik of Rockland County's hub in Monsey, Upstate New York.



The young women, visiting with the endearing Ms. Hershkowitz for the second consecutive year, came away with the universal message of faith and hope amid adversity. ★



The Very Picture of Out and About

It's not an "I Love New York" promotional brochure, an outdoor-products catalog or a culinary article clipping. What is it? Springtime at the Women's Division of Hamaspiik of Rockland County's Day Habilitation (Day Hab) program, that's what!

Director Mrs. Esty Schonfeld sent the *Gazette* these two perfectly roasted marshmallows—at least in picture form.

The shot was captured by Day Hab Direct Support Professional (DSP) Mrs.

Esther Goldstein this past May 15 at yet another Day Hab community integration outing at Spring Valley, New York's Eugene Levy Park. The weather, like the photo (and the outing), was perfect.

Philosophically speaking, we're not sure if the top marshmallow is half-eaten or half-leftover, but photographically speaking, we're as hungry for more as the "Day Habbers" are for more community-based activities. ★

The Autism Update

News and developments from the world of research and advocacy

Century-Old Drug Helps Improve Autism Symptoms In Some Boys

A small new study by the University of California, San Diego found that autism symptoms improved in five boys given a century-old drug for sleeping sickness.

The small clinical trial involved ten boys with autism. Five got a single infusion of suramin, a drug developed in 1916, and the other five got a placebo.

The first five showed significantly better functioning in language, behavior and willingness to socialize over a period of several weeks. The other five showed no improvement.

The study was published in the *Annals of Clinical and Translational Neurology*.

The significance of the study lies in the fact that autism spectrum disorder (ASD) therapy is often based on behavioral methods, sometimes accompanied by drugs. It's considered most effective when treatment begins as early as possible.

As such, much research is focused on developing methods of early screening for infants and toddlers likely to have autism.

But these boys were older than toddlers.

The youngest was five, the oldest 14; and the average age was 9.1 years. So if the research is confirmed, it would mean there's more brain plasticity in older children on the spectrum than has been believed.

It would also mean that for the first time, a drug would be proven to treat an underlying cause of autism.

According to the researchers, the results warrant a larger trial. They're planning to next test 40 children diagnosed with autism.

The research was preceded by a study that found suramin reversed ASD symptoms in mice. That study, published recently in *Translational Psychiatry*, was designed to test the researchers' hypothesis that autism, whatever the cause or trigger, results in reduced communication between brain cells—a cellular stress response that suramin is theorized to inhibit.

When the results were positive, researchers took the next step of testing the drug on children.

Drug research is usually funded by pharmaceutical companies seeking to bring new

medicines to market. But suramin, a drug introduced in 1916, is long off-patent, so that financial incentive is lacking.

The benefits of using such an old drug includes the lower cost of an off-patent drug, and that it has an extensive history of use, according to researchers—allowing risks to be better assessed than with a drug that has never been put into people.

However, suramin can be toxic, so expert medical guidance is needed. Parents are advised to not experiment with the drug and risk harm to their children.

Anecdotal signs of improvement began within hours of a single intravenous dose of suramin, researchers said. This was later confirmed in all five boys with standard assessments, such as the Autism Diagnostic Observation Schedule 2 (ADOS-2). Higher ADOS-2 scores indicate more autism symptoms.

Signs of improvement reported by the parents lasted as long as six weeks, researchers, but were almost entirely gone by eight weeks.

The exception is that motor skills learned during that window tended to persist.

One of the seven-year-olds had been working for almost a couple of years learning to tie his shoes. He learned to tie his shoes during the study—a skill that remained even though his language and behavioral gains waned by eight weeks. ★



Developed in 1916 by Frederick Bayer and Co., Bayer 205 (later renamed suramin), was given out free of charge for clinical trials of the first production batch. Credit: Science Museum, London

Airline Disability Complaints Over Double in Decade

While air travel may be flying at an all-time high, a new report from the federal Government Accountability Office (GAO) says that complaints to airlines from travelers with disabilities are, unfortunately, flying high, too.

According to the report, disability-related complaints doubled from 2005 to 2015. While under 14,000 complaints were filed in 2005, over 30,000 were logged in 2015, the GAO now says.

Some 58 percent of complaints revolved around airlines failing to provide assistance,

generally with wheelchairs, the GAO found. Seating accommodations, damage to assistive devices and problems related to service animals were also common issues.

The report also indicated that the U.S. Department of Transportation (DOT) collected 944 disability-rated complaints in 2015, compared to just over 500 in 2005.

Still, the GAO looked at disability training efforts at a dozen airlines and found that all met federal requirements. ★

Mom of Girl with Autism Creates Child-tracking Drone

Most parents have wished at times they had a second set of eyes to keep on their children. And, as any parent of a child with autism will tell you, that wish is all the more fervent for them.

But Milwaukee resident Ms. Christine Carr, the proud mother of six-year-old Lillian, who has autism, is doing something about it: She's built Nanny, a custom-made drone that not only literally hovers over its youthful charge if necessary but also provides live streaming video.

Nanny, a combination of the words "nanny" and "mommy," is currently just a prototype; there's currently only one Nanny in existence.

Nanny works by detecting if the child steps outside invisible electronic boundar-

ies marked by wireless transmitters set up in backyards, houses or even specific rooms inside houses. If the transmitters' wireless "fences" are broken, Nanny will fly close to the child and play a recorded voice message from the parent to prompt the child to go to a safe area.

The Nanny device will be "as customizable as possible because children with autism have individual needs," Ms. Carr told a local newspaper.

According to a 2012 survey done by Autism Speaks, the New York-based autism advocacy organization, 49 percent of parents of a child with autism spectrum disorder (ASD) reported that the child attempted to wander or run away at least once after age four. ★



UP WITH COMPLAINTS: Department of Transportation Headquarters.

In the Know

ALL ABOUT... CHICKENPOX

Thanks to the chickenpox vaccine, generations will grow up not knowing the endlessly itchy discomfort of chickenpox, a virus-caused mild disease now largely relegated to history.

But those not fortunate enough to have been vaccinated will know good and well what chickenpox is.

Chickenpox is an infection by the varicella virus that causes an itchy rash with small, fluid-filled blisters. Chickenpox is highly contagious to people who haven't had the disease or been vaccinated against it. Before routine chickenpox vaccination, virtually everyone got chickenpox by the time they reached adulthood, sometimes with serious complications. Today, the number of cases and hospitalizations is down dramatically.

For most people, chickenpox is a mild disease. Still, it's better to get vaccinated. The chickenpox vaccine is a safe, effective way to prevent chickenpox and its possible complications.

SYMPTOMS

Chickenpox infection appears ten to 21 days after exposure to the virus and usually lasts about five to ten days. The rash is the tell-tale indication of chickenpox. Other signs and symptoms, which may appear one to two days before the rash, include:

- Fever
- Loss of appetite
- Headache
- Tiredness and a general feeling of being unwell (malaise)

Once the chickenpox rash appears, it goes through three phases:

- Raised pink or red bumps (papules), which break out over several days
 - Small fluid-filled blisters (vesicles), forming from the raised bumps over about one day before breaking and leaking
 - Crusts and scabs, which cover the broken blisters and take several more days to heal
- New bumps continue to appear for several days. As a result, a patient may have all three stages of the rash—bumps, blisters and scabbed lesions—at the same time on the second day of the rash.

Once infected, a person can spread the virus for up to 48 hours before the rash appears, and remain contagious until all spots crust over.

The disease is generally mild in healthy children. In severe cases, the rash can spread to cover the entire body, and lesions may form in the throat, eyes and mucous membranes elsewhere in the body. New spots continue to appear for several days.

When to see a doctor

If you suspect that you or your child has chickenpox, consult your doctor. He or she usually can diagnose chickenpox by examining the rash and by noting the presence of accompanying symptoms. Your doctor can also prescribe medications to lessen the severity of chickenpox and treat complications, if necessary. Be sure to call ahead for an appointment and mention you think you or your child has chickenpox, to avoid waiting and possibly infecting others in a waiting room.

Also, be sure to let your doctor know if any of these complications occur:

- The rash spreads to one or both eyes.
- The rash gets very red, warm or tender, indicating a possible secondary bacterial skin infection.
- The rash is accompanied by dizziness, disorientation, rapid heartbeat, shortness of breath, tremors, loss of muscle coordination, worsening cough, vomiting, stiff neck or a fever higher than 102 F (38.9 C).
- Anyone in the household is immune deficient or younger than six months old.

Risk factors

Chickenpox, which is caused by the varicella-zoster virus, is highly contagious and can spread quickly. The virus is transmitted by direct contact with the rash or by droplets dispersed into the air by coughing or sneezing.

Risk of catching chickenpox is higher for individuals who:

- Haven't had chickenpox
- Haven't been vaccinated for chickenpox
- Work in or attend a school or day care
- Live with children

Most people who have had chickenpox or have been vaccinated against chickenpox are immune to chickenpox. If you've been vaccinated and still get chickenpox, symptoms are often milder, with fewer blisters and mild or no fever. A few people can get chickenpox more than once, but such a situation is rare.

Complications

Chickenpox is normally a mild disease. But it can be serious and can lead to complications or worse, especially in high-risk people. Complications include:

- Bacterial infections of the skin, soft tissues, bones, joints or bloodstream (sepsis)
- Dehydration
- Pneumonia
- Inflammation of the brain (encephalitis)
- Toxic shock syndrome
- Reye's syndrome for people who take aspirin during chickenpox

Who's at risk?

Those at high risk of having complications from chickenpox include:

- Newborns and infants whose mothers never had chickenpox or the vaccine
- People whose immune systems are impaired by medication, such as chemotherapy, or another disease, such as cancer
- People who are taking steroid medications for another disease or condition, such as children with asthma
- People taking drugs that suppress their immune systems

Chickenpox and shingles

People who have had chickenpox are at risk of shingles, another disease caused by the varicella-zoster virus. After a chickenpox infection, some of the varicella-zoster virus may remain in the nerve cells. The virus can reactivate and resurface many years later as shingles—a painful band of short-lived blisters. The virus is more likely to reappear in older adults and people with weakened immune systems.

Shingles can lead to its own complication—a condition in which the pain of shingles persists long after the blisters disappear. This complication, called postherpetic neuralgia, can be severe.

However, a shingles vaccine called Zostavax is available and is recommended for adults

age 60 and older who have had chickenpox.

TREATMENT

In otherwise healthy children, chickenpox typically requires no medical treatment. Your doctor may prescribe an antihistamine to relieve itching. But for the most part, the disease is allowed to run its course.

For people with high risk of complications

For people who have a high risk of complications from chickenpox, doctors sometimes prescribe medications to shorten the duration of the infection and to help reduce the risk of complications.

For those in any high-risk group, doctors may suggest Zovirax or another drug called immune globulin intravenous (Privigen). These may lessen the severity of the disease when given within 24 hours after the rash first appears.

Other antiviral drugs, like Valtrex and Famvir, also may lessen the severity of the disease, but may not be approved or appropriate for all cases. In some instances, the doctor may recommend getting the chickenpox vaccine after exposure to the virus. This can prevent the disease or lessen its severity.

Don't give anyone who has chickenpox, whether child or adult, any medicine containing aspirin because that combination has been associated with a condition called Reye's syndrome.

Treating complications

If complications do develop, the doctor will determine the appropriate treatment. Treatment for skin infections and pneumonia may be with antibiotics. Treatment for encephalitis is usually with antiviral drugs. Hospitalization may be necessary.

LIFESTYLE AND HOME REMEDIES

To help ease the symptoms of an uncomplicated case of chickenpox, follow these self-care measures.

Don't scratch

Scratching can cause scarring, slow healing and increase the risk that the sores will become infected. If your child can't stop scratching:

SEE PAGE E13 >>



RELIC OF THE PAST? Any trusted pediatrician will assure you that, thanks to the chickenpox vaccine, kids are extremely unlikely to see this nowadays



Status Report

Happening In Hospitals Today

Missouri Expands First-in-nation Doc-shortage Law

As a result of Missouri's planned expansion of a first-in-the-nation law aimed at addressing a pervasive doctor shortage, numerous doctors from around the U.S. could become eligible to treat patients in that state's underserved areas.

The newly passed Missouri legislation would broaden the reach of a 2014 law that sought to bridge the gap between communities in need of doctors and physicians in need of jobs.

That law created a new medical li-

cense: "assistant physicians"—professionals who graduate medical school and pass key medical exams but aren't placed in residency programs needed for certification. But it took nearly 2.5 years before Missouri finally began accepting applications on Jan. 31.

By that time, however, some applicants no longer qualified because too much

time had lapsed since their medical exams. The new legislation seeks to turn back the clock, so those who became ineligible during the slow roll-out can still get licensed as assistant physicians.

Supporters hope the legislation, if signed by the governor, will help jumpstart a program that has been promoted as a model for other states.

Nearly 6,800 places in

the U.S. are short on primary care physicians, from particular medical clinics to certain urban communities and entire rural counties, according to the U.S. Dept. of Health and Human Services (HHS). Of those, 225 are in Missouri.

Missouri's assistant physician license is available to all legal U.S. residents who graduated from medical school within the last three years and passed the first two rounds of medical licensing exams within the last two years. It lets them provide primary care in "medically underserved" areas with the supervision of another physician. People can work as assistant physicians indefinitely, essentially sidestepping traditional residency requirements. ★



Frequent Employee Training Combats Ransomware

Ransomware, or malicious software that holds hospitals' computerized patient information hostage unless a ransom is paid, is among today's hospitals' top problems.

But while most ransomware attacks—which mostly come by way of e-mails with embedded computer viruses—are blocked

by firewalls, it turns out that the human factor is key.

As such, according to a recent report, a growing number of hospitals are pushing repeat training for all employees in using computers on site—especially with regards to e-mails. ★

Supreme Court Backs Faith-based ERISA Exemptions

On June 5, the U.S. Supreme Court unanimously issued a decision that revives a decades-old practice exempting faith-based hospitals from federal pension regulations. The eight justices ruled that faith-based hospitals' pension plans qualify for an exemption

from the Employee Retirement Income Security Act (ERISA) law. The hospitals and health systems involved in the case will now not have to pay premiums to the Pension Benefit Guaranty Corp. or fully fund their pensions to meet ERISA requirements. ★

Emergency-room Do's and Don'ts

What to do—and not do—when visiting a hospital emergency room? Here are some helpful strategies and tips:

- Try to have someone come with you or meet you at the ER to be your advocate and helper.
- Always carry your card and other health insurance info—if you land in an ER, you're covered.
- Save time and unnecessary tests by knowing your medical history and providing it readily—a patient with stomach pain who's recently had his appendix removed should say so right away.
- Let the admitting desk know if symptoms get worse or you develop new ones, but don't exaggerate your symptoms to get seen sooner—you'll get more tests and be seen later.
- Once assigned a cubicle, learn the names of your assigned nurse/doctor, since they are the best ones to ask for help, including pain relief and whether it's safe for you to eat or drink.
- For a healthy distraction, bring inspirational books or reading materials along with you.
- Try self-calming measures like deep breathing or meditation to counter the normal stress felt when in an ER—it can help to mini-

mize symptoms and counter a tendency to feel defensive.

● Patients who arrive after you will always go ahead of you if they have life-threatening emergencies—so expect to wait long if you don't, and don't complain about others seen first.

● When ready for discharge, be sure you understand all instructions for continuing or follow-up care you may need—and request a number to call if your condition worsens later.

Some 120 million Americans go to an ER, a number that grows annually even as more hospitals close their ERs (there are now 22 percent fewer than 20 years ago). According to CDC stats, the average ER wait time before seeing a doctor is 55 minutes. ★



HOUSE RULES: If you ever end up here, be sure you know what—and what not—to do



Status Report

Happening In Hospitals Today

Nonprofit Pushes Hospital for More Deaf-friendly ERs

Florida resident John Paul Jebian, who is deaf and speaks using American Sign Language (ASL), is pushing Miami's Baptist Hospital for a more effective standard of ASL interpreter services. Mr. Jebian, founder of Miami's Waving Hands nonprofit, had difficulty communicating with hospital ER staff at a July 2012 visit.

This May, a court ruled that Jebian's lawsuit alleging violations of the Americans with Disabilities Act (ADA) on account of inadequate ASL interpretation could proceed.

With on-site interpreters costly and difficult to arrange, hospitals tend to gravitate towards live video conferencing with professional ASL interpreters when deaf

patients are being treated.

But deaf patients sometimes report that conferencing equipment doesn't work well, or that nurses don't know how to set up and operate it, or that screens are too small for crowded rooms. And dozens of instances around the country have been documented of deaf patients reporting not being provided adequate interpreter services.

According to Andrew Rozynski, co-director of the Eisenberg & Baum Law Center for Deaf and Hard of Hearing in New York, "it doesn't really matter if the treatment came out okay." Speaking to health news outlet *STAT News*, he said, "What these

Doctor-Owned Practices Now Below 50 Percent

According to an American Medical Association (AMA) report released May 31, doctors who own their own practices no longer represent the physician majority in the U.S. for the first time ever. The share of practice owners dropped from 53.2 percent in 2012, to 47.1 percent in 2016, according to the study.

What's more, the share of physicians who

work for an employer increased from 41.8 percent to 47.1 percent over the same timeframe.

The leading cause of the shift were physicians under the age of 40, two-thirds (65.1 percent) of whom opted for employment rather than ownership in 2016, up from 51.3 percent in 2012. ★

cases assert is that they didn't have an equal opportunity to participate in their health care."

Nearly four percent of the U.S. population identifies as either deaf or having serious difficulty hearing. The ADA mandates that hospitals receiving federal funding provide deaf patients with help to ensure effective communication. Permissible

options include on-site and remote interpreting, handwritten notes, and captioned telephones.

Since 2011, the Department of Justice's Barrier-Free Health Care Initiative has settled 16 cases involving interpreting services for deaf hospital patients, with some settlements reaching \$70,000, according to *STAT*. ★

« CONTINUED FROM PAGE E11

- Put gloves on his or her hands, especially at night
- Trim his or her fingernails

Relieve the itch and other symptoms

The chickenpox rash can be very itchy, and broken vesicles sometimes sting. These discomforts, along with fever, headache and fatigue, can make anyone miserable. For relief, try:

- A cool bath with added baking soda, uncooked oatmeal or colloidal oatmeal—a finely ground oatmeal that is made for soaking.
- Calamine lotion dabbed on the spots.
- A soft, bland diet if chickenpox sores develop in the mouth.
- Antihistamines such as diphenhydramine (Benadryl, others) for itching. Check with the doctor to make sure your child can safely take antihistamines.
- Acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin IB, Children's Mo-

trin, others) for a mild fever.

PREVENTION

The chickenpox (varicella) vaccine is the best way to prevent chickenpox. Experts from the CDC estimate that the vaccine provides complete protection from the virus for nearly 98 percent of people who receive both of the recommended doses. When the vaccine doesn't provide complete protection, it significantly lessens the severity of the disease.

The Varivax chickenpox vaccine is recommended for:

- Young children. In the U.S., children receive two doses of the varicella vaccine—the first between ages 12 and 15 months and the second between ages 4 and 6 years—as part of the routine childhood immunization schedule. The vaccine can be combined with the measles, mumps and rubella vaccine, but for some children between the ages of 12 and 23 months, the combination may increase the risk of fever and seizure from the vaccine.

Discuss the pros and cons of combining the vaccines with your child's doctor.

- Unvaccinated older children. Children ages seven to 12 years who haven't been vaccinated should receive two catch-up doses of the varicella vaccine, given at least three months apart. Children age 13 or older who haven't been vaccinated should also receive two catch-up doses of the vaccine, given at least four weeks apart.

- Unvaccinated adults who've never had chickenpox but are at high risk of exposure. This includes health care workers, teachers, child care employees, international travelers, military personnel, adults who live with young children and all women of childbearing age. Adults who've never had chickenpox or been vaccinated usually receive two doses of the vaccine, four to eight weeks apart. If you don't remember whether you've had chickenpox or the vaccine, a blood test can determine your immunity.

The chickenpox vaccine isn't approved

for:

- People with weakened immunity and/or people taking immune-suppressing medications
- People who are allergic to gelatin or the antibiotic neomycin

PROGNOSIS

Parents typically wonder whether vaccines are safe. Since the chickenpox vaccine became available, studies have consistently found it safe and effective. Side effects are generally mild and include redness, soreness, swelling, and, rarely, small bumps at the site of the shot.

It's possible to get chickenpox more than once, but this isn't common. However, if you're older than 60, talk to your doctor about the shingles vaccine.

Bottom line? If you've had chickenpox, you don't need the chickenpox vaccine. A case of the chickenpox usually makes a person immune to the virus for life. ★



Public Health And Policy News

FEDERAL HOUSING CUTS WOULD HURT HEALTH: STUDY

A study published June 5 in *Health Affairs* found that people receiving housing assistance from the federal government—through vouchers, public housing and subsidies for so-called multifamily homes—also increased people's likelihood of having health insurance and access to regular care.

These findings add to a growing body of evidence that suggests stable housing could help its recipients better manage their health.

"This income boost people are getting through housing assistance can free up scarce resources to be spent on other things," said Andrew Fenelon, an assistant professor at the University of Maryland's School of Public

Health and one of the paper's authors. "We haven't had [before] this clear evidence that these housing assistance programs ... actually lead to improved health."

PUBLICLY FUNDED CANCER TRIALS ADD THREE MILLION YEARS

From 1956 through 2016, 193 Phase III (late-stage) clinical trials for cancer treatments that were funded by the U.S. government involved over 200,000 volunteer patients, helped green-light 14 new cancer drugs and extended lives by an estimated total of 3.34 million years.

That's according to new research from the U.S. National Cancer Institute (NCI), a division of the National Institutes of Health.

According to NCI estimates, the dollar return on investment from federal funding equals \$125 for each year of life gained.

"The cost of this research is relatively low," said study leader Dr. Joseph Unger. "So with high impact and low cost, it's a great value for taxpayers."

The study ran June 5 in *JAMA Oncology*.

HIGH-Deductibles NOW 40 PERCENT OF U.S. JOB-BASED PLANS

Among U.S. adults with employer-sponsored health insurance coverage, high-deductible health plans are gaining ground, according to a June 6 report from the National Center for Health Statistics (NCHS), a division of the federal U.S. Centers for Disease Control (CDC).

But the report also finds that high out-of-pocket costs (deductible) cause members to skip or delay needed medical care too often.

Nearly 40 percent of adults with job-based coverage were in a high-deductible plan in 2016, the report said—up from just over 26 percent in 2011.

NEW YORK STATE SEEKING PHARMACY BENEFITS MANAGER

In early June, the state's Department of Civil Service and the state Insurance Fund opened the high-stakes bidding process for pharmacy benefit services for the 1.1 million people in the state who get health insurance through those two agencies. The winning bidder will provide services for a five-year period beginning Jan. 1, 2019.

FATE OF FEDERAL CHIP PROGRAM UNCERTAIN

The Children's Health Insurance Program (CHIP), which has insured millions of kids nationwide under Medicaid since the 1990s, now faces an uncertain future.

The two years of funding authorized by Congress in 2015 for the program end in September 2017—but Congress, which is approaching its July 4 summer break, currently has not acted to fund it past that date.

Making matters more uncertain is the fact that state CHIP program directors nationwide had to have known earlier this year whether there would even be a CHIP program next year—leading to some already preparing to close up shop in the near future unless new federal funding is secured.

WHO ELECTS NEW DIRECTOR-GENERAL

The World Health Organization (WHO), the United Nations' global health watchdog, recently elected Dr. Tedros Adhanom Ghebreyesus as its 8th Director General.

Dr. Tedros, as he is known, is an Ethiopian-born African native who got his higher medical education in England and previously served as Ethiopia's Minister of Foreign Af-

fairs and Minister of Health. His resume includes battling African malaria and expanding Ethiopia's healthcare infrastructure.

Dr. Tedros was chosen on May 23 in the WHO's first membership-wide election for Director-General. He replaces Dr. Margaret Chan, who served the maximum two five-year terms. Until this vote, WHO Directors-General were simply chosen by the WHO's executive board.

The WHO is responsible for several recent global health triumphs, particularly the recent Ebola virus outbreak in West Africa which, despite thousands of victims, could have been unthinkable worse without the agency's numerous counteractions.

GOVERNORS WORKING ON OWN SET OF HEALTHCARE REFORMS

Congress only has to pass it. But governors have to execute it.

That's why a group of U.S. governors is now working on its own version of federal healthcare reform—one built from each member's hands-on, bottom-up perspective as the one person in each of their states who is directly responsible for making Congressional laws happen.

From that real-world view, Ohio Gov. John Kasich and about 12 others are working on a bipartisan approach. Their plan, a hybrid of the existing Affordable Care Act (ACA) law and the still-unpassed American Health Care Act (AHCA), both rejects and retains key features of both.

It would preserve the ACA's expansion of Medicaid, an expansion that the AHCA would largely reverse. On the other hand, it would also strength traditional free-market individual healthcare plans.

HEALTH-TECH APPROVAL OVERHAUL UNDERWAY AT FDA

History has repeatedly shown—especially in recent years—that nimble, lean and innovative new products and services run circles around cumbersome, lumbering government regulations and regulators.

What's often happened is that a new device or company hits the market and becomes popular, with authorities scrambling to catch up—a process that often takes years.

That's also the case now with the Food and Drug Administration (FDA), the gargantuan federal watchdog responsible for the health and safety of America's food supply, as well as current and new medical devices, medications and treatments.

Bakul Patel, the FDA's associate director for digital health, is currently working on a central digital health unit within the agency—with an eye towards changing the FDA's entire approach to innovative biomedical technology, largely by making it easier for new solutions and technology to get to market faster.

The FDA has already loosened its approach to digital health, releasing new guidance last summer that indicated general wellness apps and devices wouldn't face FDA scrutiny. ★



LESS HOUSING, LESS HEALTHCARE ACCESS: Reduced federal funding for public housing like the Karley Square houses of Detroit (hometown of HUD Secretary Dr. Ben Carson) may reduce the poor's access to healthcare



The Senior Care Gazette

HamaspikCare Hosts Packed Community Parkinson's Awareness Event

MONSEY PRESENTATION BY 'SPARKS OF LIFE' ORGANIZATION DRAWS OVERFLOW CROWD



Sparks of Life, a growing Jewish community support organization for people affected by Parkinson's, was hosted this past Tuesday, May 9 by HamaspikCare for an informative, interactive presentation to the greater Monsey community and beyond.

From as far as Kiryas Joel and Brooklyn and as near as the greater Monsey community, around 150 eager participants converged on Hamaspik of Rockland County's central headquarters at 58 Rt. 59 in the heart of Monsey to learn more about the life-affecting Parkinson's condition.

The free-of-charge "Evening of Support," held at the on-site Hamaspik Terrace social hall, was hosted by HamaspikCare, the popular community agency for seniors and others in need of a wide range of home care services.

Guests began arriving before the official 7:30 p.m. beginning time. All were greeted by fresh hot coffee, light refreshments and a friendly Hamaspik contingent on hand to welcome attendees and answer questions.

Those staffers were longtime Hamaspik of Rockland County Intake Coordinator Mrs. Rochel Tress, HamaspikCare Director of Business Development Mordechai Follman, and Hamaspik of Rockland County NHTD/TBI Director Mrs. Tzivia Frommer.

By the time 7:30 arrived, a capacity crowd was on hand—with Mr. Follman reporting that every seat was taken, reflecting a strong community demand for cutting-edge Parkin-

Parkinson's.

After an inspirational introduction, Rabbi Gruskin delivered a brief overview of the current world of Parkinson's research and

of NYU Langone Medical Center's Fresco Institute for Parkinson's and Movement Disorders.

Dr. Gilbert walked the crowd through the ins and outs of living with Parkinson's, imparting her authoritative and up-to-date knowledge on how best to treat the diagnosis—and, more importantly, how to react to it.

According to Dr. Gilbert, a Parkinson's diagnosis is not a grim sentence despite it currently having no cure. Medication to effectively reduce symptoms does exist, and research goes on, the expert emphasized.

A question-and-answer session followed Dr. Gilbert's hour-long presentation. Audience members asked real-life questions and got practical answers, giving them vital information and empowerment.

Sunni Herman, Executive Vice President at the Jewish Home at Rockleigh in Rockleigh, New Jersey, presented last but not least—leaving the crowd with the all-important message that regular physical exercise is absolutely vital for people with Parkinson's.

Not only should people with Parkinson's work out or otherwise engage in physical exercise daily, stressed Mrs. Herman, but should even push themselves to go further than they would had they not had Parkinson's.

The informative and empowering event ended at 10:30 p.m.

"People felt so supported and so validated—we just had rave reviews!" reports Mrs. Tress. "They were thrilled. They came out with such chizuk [support—ed.], I can't tell you!"

Critically, that support also extended to the many present family members of people with Parkinson's, Mrs. Tress added. "They're patients, too, and they felt so supported."

"Don't stand alone," reads Sparks of Life's slogan. And with HamaspikCare's help, community members affected by Parkinson's now won't have to. ★

For more information about Sparks of Life, please leave message at 732-806-1133—all calls strictly confidential. For more information about HamaspikCare, call 1-855-HAMASPIK.



AT THE HEART OF A COMMUNITY: Hamaspik's Rockland County headquarters facility, centrally located in the heart of Monsey on Rt. 59, was the site of an empowerment event touching the heart of the community

son's information.

The event was formally opened by Rabbi Moshe Gruskin, serving as emcee. Rabbi Gruskin is a resident of Lakewood, New Jersey and Parkinson's activist who has turned his own diagnosis into a drive to help others with the disease.

Since founding Sparks of Life in March of 2016, Rabbi Gruskin and company have been hosting public awareness events. With HamaspikCare positioned to bring cutting-edge medical awareness to a large constituency, Sparks of Life went with HamaspikCare to bring the community up to speed on

treatment.

World-renowned inspirational speaker and author Rabbi Paysach Krohn next addressed the crowd.

Among other uplifting messages, Rabbi Krohn suggested that people with Parkinson's should try to focus on volunteering or otherwise doing things to help others, even if only little things—giving them that critical sense of contributing rather than constantly feeling like a helpless patient.

Next addressing the community was Rebecca M. Gilbert, M.D., Ph.D. A leading Parkinson's authority, Dr. Gilbert is Director

D-Day: The Medical Front

A critical but sometimes-overlooked part of D-Day, the June 6, 1944 invasion of Europe by Allied forces, is the hundreds of combat medics who treated fellow soldiers at the scene.

Private First Class Edwin Pepping was a 21-year-old combat medic with the 101st Airborne Division when he helped liberate Europe on that legendary day. "You didn't have a chance to be nervous," Mr. Pepping,

now 94, said in a recent Military Health News interview.

Mr. Pepping recalls spending hours helping fellow medics treat the wounded, using whatever supplies they could find as most of theirs was lost in the chaos. Working out of a makeshift French rural hospital, Pepping and his fellow "Band-Aid Bandits" saved over 80 lives that day. ★



The Senior Care Gazette

June: Alzheimer's Awareness Month—Go Purple!

Worldwide, 47 million seniors and others are living with Alzheimer's and other dementias, according to the Alzheimer's Foundation—which is now actively encouraging everyone to “Go Purple!” or otherwise mark the annual June observance of Alzheimer's Awareness Month. The month-long awareness event, was inaugurated in 1983 by then-President Ronald Reagan, himself later an Alzheimer's patient.

In the meantime, the Foundation advocates ten research-based health and lifestyle habits to help keep brains

healthy and otherwise free of cognitive decline:

- Exercise daily—swim, bike, walk or otherwise increase your heart rate and blood flow.
- Learn new things—education at any age helps reduce risk of cognitive decline.
- Don't smoke—evidence shows that smoking increases risk of cognitive decline.
- Watch that heart—obesity, high blood pressure and diabetes can impact cognitive health.

● Protect the head—brain injuries raise risk of cognitive decline and dementia.

- Eat right—while there's limited linkage between food and Alzheimer's, a good diet can't hurt.
- Sleep on it—poor sleep is associated with a host of problems. Get at least seven hours a night.
- Mind your mind—some studies link depression with risk of cognitive decline. Keep chins up!
- Use “social capital”—studies keep associating more family and friends with better brain health.



Of the estimated 5.5 million Americans living with Alzheimer's dementia in 2017, an estimated 5.3 million are age 65 and older.

- Take the brain train—Challenge yourself with puzzles, art, games or other mental stimulators. ★

More Patient-reported Outcomes (PROs) for New Huntington's, Parkinson's Drugs

Since 2015, the FDA—and the entire pharmaceutical industry—has been gradually shifting towards including patient-reported outcomes (PROs) in the approval process for new drugs.

In contrast to the scientifically measurable data normally used for drug approvals, PROs are largely based on anecdotal evidence.

That shift loomed large at the Movement Disorders Society's early-June convention in Vancouver. The industry group focuses on such conditions as Huntington's and Parkinson's disease. It now believes that PROs for non-movement symptoms like sleep disturbance, depression and anxiety—all too common along said patients—may help with faster approvals. ★

Sleep Deprivation Triggers Brain Self-destruction: Study

According to a new study by the Marche Polytechnic University in Italy, sleep deprivation makes the brain essentially “eat” itself, increasing the chances of chronic sleep loss and the development of Alzheimer's and other forms of dementia.

According to the researchers, cells of sleep-deprived brains consume synapses, or endings of nerve cells in the brain—affecting the ability to focus and learn and causing long-term permanent brain damage.

Brains need to get enough sleep to recharge and clear away toxic byproducts. In healthy brains with sufficient sleep, cells consume discarded cell matter. But where there is chronic lack of sleep, that process apparently occurs in an unhealthy way—with sleep-deprived brains clearing out more neurons and synaptic connections than it should.

According to the National Sleep Foundation, adults should get between seven and nine hours of sleep per day. ★

Prepared to Pop Pills? Pop These Seven Questions First

Before starting any new medication, says a May 29 tip from the federal National Institute on Aging (NIA), seniors should ask their doctors these seven questions:

1. How many times a day should I take it? At what time(s)? If the bottle says take “4 times a day,” does that mean 4 times in 24 hours or 4 times during the daytime?
2. Should I take the medicine with food or not? Is there anything I should not eat

or drink when taking this medicine?

3. Will this medicine cause problems if I am taking other medicines?
4. What does “as needed” mean?
5. When should I stop taking the medicine?
6. If I forget to take my medicine, what should I do?
7. What side effects can I expect? What should I do if I have a problem? ★

