

# HAMASPIK GAZETTE

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News of Hamaspiik Agencies and General Health



## For the community, by the community, of the community

*Hudson Valley cultural cross-section reflected in Hamaspiik Care HHA trainees*

Frantzy Vixamarre, 29, has been a Spring Valley resident since emigrating from his native Haiti in October of 2006. Currently a math and science student at Rockland Community College, Vixamarre has an eye towards a career as a registered nurse or a nurse practitioner.

Aryeh Fleischman, 22, is a soft-spoken Kiryas Joel native who decided to take his years of experience tending to his dear departed grandfather to the next level.

Both were also students at Hamaspiik Care's HHA Training Program.

Under the guidance of expert instructor Ellen Ritter, RN, the two-week course, held at January's end and February's beginning at Hamaspiik of Rockland County's administrative center, has educated a sizable class of freshly-certified Home Health Aides, or HHAs, the backbone of the still-growing Hamaspiik Care home-care services program.



**What a wonderful world:** Winter break for Acres Briderheim consumers in Florida

The twosome came to the course through different channels.

For Vixamarre, news of the training came via word of mouth, when a friend and fellow RCC student told him about it. Vixamarre thought it would burnish his credentials in any future application to nursing school—and having attended the day-long training sessions, he's proud of his affiliation with Hamaspiik Care.

"I like it," he says. "We've got some nice people around."

Mr. Fleischman read an ad in the Yiddish-language *Kiryas Joel Bulletin* about a month ago and thought the time was right. In the daily instruction sessions, Fleischman learned how to take blood pressure, check blood sugar levels, plan and prepare consumers' diets—and, significantly, how to properly care for Alzheimer's con-

*Continued on Page E12*

## Making the Cut

*Governor Cuomo, health leaders unite*

*In tough times to transform state health expenditures*

New York Gov. Andrew Cuomo, making good on his campaign promise to tackle the perennial state budget deficit, released his first Executive Budget proposal for the 2011-2012 state fiscal year this past

Tuesday, February 1, 2011.

"Our state is at a crossroads. After years of overtaxing and overspending, we are at the fiscal brink," wrote Cuomo in a letter to the public the following day. "We can continue

down our current road to financial ruin or we can take a new course—a road to recovery... Our budget efforts are not just a cutting exercise, but a management exercise."

The document outlines a spending reduction plan that will close the state's \$10 billion budget gap—at least on paper.

Cuomo's so-called "Gap Closing Measure" consists primarily of a 2.7 percent reduction in overall spending expected to save the state \$8.9 billion, with another \$1.2 billion attained through revenue.

From capping top-paid public-education employees' salaries to lowering the cost of bulk supplies purchases, Cuomo's budget leaves virtually no state entity unscathed.

Of the several social-services agencies run by the state, the OPWDD (Office for People with Developmental Disabilities) is facing the largest reduction—a 3.5 percent cut in funds from Albany, or \$167 million.

Within the OPWDD, the savings will be achieved by delaying the development of new community residential facilities, not applying the Medicaid Trend Factor, Health Care Adjustment and Cost of Living Adjustment (COLA) increases next year, reforming the financing of various agency programs, and a 10-percent reduction in the General State Operations Fund.

*Continued on Page E12*

### INSIDE

\*

Carlucci meets  
with special-needs  
community — E2

\*

The Future  
at Forshay — E3

\*

Growing at After-School  
Respite — E4

\*

A Day in Day Hab  
(Part 1 of 3) — E12

## HAMASPIK GAZETTE

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# Taking Each Soul Seriously

Rockland County Day Hab staff turns  
ISP into extraordinary occasion

"An ISP meeting? What's the big deal about that?" you may ask.

But for the teams of Hamaspik supervisors, managers, nurses and other staff who tend to the overall satisfaction, health and growth of individual consumers, it's a big deal indeed.

The *Individualized Service Plan* is the backbone of *Medicaid Service Coordination*, the axis around which revolves everything that capable Hamaspik *Medicaid Service Coordinators*, or MSCs, do for their consumers.

The annual ISP meetings of Hamaspik staffers, caregivers and consumers, at which personalized goals for the next 12 months are isolated, crystallized and captured in print, are seen by all as milestones on the road of progress traveled in the year past—and gateways to

greater things in the year ahead.

For one consumer, however, the ISP is also a social event—and thus cause for outright celebration.

Couple that with the personal, warm and caring relationships created between Hamaspik MSCs and their consumers in their daily work, and you get Hamaspik staffers who add their own compassionate touches to ISP meetings—doing whatever it takes to accommodate each consumer's unique personalities, preferences and habits, keeping each not just on target but happily so.

According to Hamaspik of Rockland County Day Hab Director Mrs. E. R. Kresch, consumer Chani has been dreaming about her upcoming ISP for quite some time now. "She loves to be surrounded by the people she loves and the people that love her and thrives on the compli-

ments thrown her way," Mrs. Kresch tells the *Gazette*.

That's not to say ISPs are planned compliment sessions, adds Hamaspik of Rockland County MSC Supervisor Nechama Nissenbaum. Rather, consumers in general—and Chani in particular—are praised at their ISPs for their annual achievements in such important areas like exercise, hygiene, living skills and so on, Nissenbaum explains.

That's why Direct Care Worker Mrs. F. Meyerowitz recently penned the following poem. Addressed to Chani, who takes her annual ISPs with the height of seriousness, its simple verses speak to the sensitive lengths Hamaspik's award-winning teams of MSCs will go to ensure that consumers, tendencies and all, are taken seriously too. ■

Dearest Chani,  
What a simcha [affair], I'm so excited!  
That to this ISP meeting I was invited.  
To the Guest of Honor—Chani—I say HELLO!  
Chani, dear, I love you so!

Chani, sweetie, you are such a treasure,  
Working with you is a nachas [contentment], a pleasure.  
It's only appropriate, right, and fair,  
That your maalos [qualities] and midos tovos [good character traits]  
I should share.

Chani—your pure neshama [soul] makes me melt,  
Your smiley bright face is eintz in di veltz [one of a kind]!  
You never, ever, forget to greet  
Any person you chance to meet.

Your davening [praying] is so special, so very real,  
Your always make the proper brachos [blessings] at every meal.  
As our "Resident Rebitzin" you play your part,  
The vintshin [best wishes] you give contain so much heart.

You focus on your goals every day,  
Now's my time to shout, "Hurray!"  
You do your jobs well, your paychecks you earn,  
You practice the math and money skills you learn.

Such a balabusta [homemaker]—you can cook and bake,  
Omelettes and salads, cookies and cake.  
Setting the table—you do it so well.  
All I can say is "I really kvell [take pride]!"

And what's really amazing for everyone to see,  
Is how Chani works on being healthy.  
Exercise daily for half-an-hour,  
And the healthy food choices? Such willpower!

All in all, Chani's a gem,  
So proud to be your staff, really, I am!  
So listen really well and make sure you hear;  
I LOVE YOU so much, Chani, my dear!

## HHS fast-tracking national anti-fraud technology

Fraud-detecting software to roll out summer 2011

The Centers for Medicare and Medicaid Services (CMS) was supposed to roll out fraud-detecting software programs in the ten most fraud-prone states by July 1.

However, according to Mary Agnes Laurenno, deputy director of CMS' Center for Program Integrity, the programs are expected to work well enough to allow national deployment.

The automated-analysis software, called predictive modeling, is intended to spot fraudulent bills among the 4.5 million claims submitted to Medicare each day.

Predictive modeling is the same technology credit card companies, insurance firms and financial institutions use to detect and prevent fraud.

It works by combing through vast amounts of data and building models based on patterns evident in the data. Medicare models might include data from health records, prescriptions, the cost of services and previous doctors' claims.

New billings would then be compared to the models, and claims that deviate from the norm would be subjected to further scrutiny.

"It is what credit card companies have been doing for decades," HHS Secretary Kathleen Sebelius said when describing predictive modeling in a speech last summer. "If ten flat-screen TVs are suddenly charged to my card in one day, they know something's not quite right, so they put a hold on payment and call me right away."

Still, predictive modeling of

Medicare claims is not expected to function in real time, but "in near real time," Laurenno said. Claims will be analyzed "shortly after they have been processed."

That means some fraudulent bills probably will still be paid before HHS detects the fraud. The agency will then have to try to

recover the money.

That approach—called pay and chase—is how Medicare and Medicaid have operated for decades. Predictive modeling is among a number of steps intended to end pay and chase and detect fraud in time to prevent phony claims from being paid.

## Rockland Human-Services Community Confers with Carlucci

Hamaspik, voluntary-agency peers make case to new State Senator

At the behest of respected voluntary agency Jawonio, newly-minted State Senator David Carlucci per-

sonally heard from ten leading agencies on the human-services community's concerns over the budget-cutting clouds gathering over Albany.

The listening session was held at Jawonio Tech in New Hempstead on Friday, February 4. In attendance were Sen. Carlucci and approximately 20 CEOs and leaders of various agencies serving the developmentally-disabled population, including Hamaspik's Executive Director Meyer Wertheimer.

In the course of

the 1.5-hour session, attendees expressed their community's general outlook for what they are facing with respect to proposed cuts, according to Jawonio spokeswoman Diane Hess. "We want to be part of the solution," said Hess of their message. "We understand the state is in trouble."

But while hospitals and nursing homes can fall back on private payers to compensate for lost Medicaid-covered clients, voluntary agencies—the majority of whose clients are Medicaid-covered—cannot, the group pointed out, according to Hess.

The industry leaders also expressed interest in the Senator, who just became the Chairman of the Senate's Regulatory Commission, scrutinizing "regula-

tions that impact how we do business," said Hess.

But more important than protecting funding for any particular program is protecting the people who make up that program. "Most important are the people we serve," says Hess—and, with any funding cut, "You're not just affecting programs, you're affecting individuals and their quality of life, and that's what we're hoping to protect," she says. "We're in it to help people."

Considering his fiscally conservative platform, was the Senator fair to the human-services community?

"He hasn't voted yet," responds Hess. "We invited him to listen. We found him to be an active listener and we hope he'll be an active advocate." ■



I hear you: Carlucci with Wertheimer

# A Well-Crafted Future

*At Forshay Briderheim, consumers find contentment hands-on*

Moishe S. likes puzzles. He's pieced together quite a few since he moved into Forshay. Yitzchak F. enjoys coloring, drawing and otherwise creating art. Several samples of his handiwork, including a black-and-gold sign heralding the joyous Jewish-calendar month of Adar, adorn the group home's walls. And the hand-assembled wooden crafts of Ari K., a non-verbal consumer, speak volumes.

All of the above, and many more, are in ample display in the halls and bedrooms of the Forshay Briderheim, one of HamaspiK of Rockland County's oldest group residences—but one of the youngest-spirited and freshest creativity-wise.

Home Manager Mrs. Sarah

Fischer, a HamaspiK mainstay with the agency for 18 years, greets the *HamaspiK Gazette* just inside the door of 64 Forshay Rd.

Wasting no time, Mrs. Fischer takes the *Gazette* around from room to room, pointing out the works of art lovingly fashioned by the group home's talented residents. The *Gazette's* digital camera dutifully snaps away.

In the dining room, several framed creations hang on the walls like triumphant trophies.

Two Direct Care Workers, Nachmun Cziment and Eliezer Zik, ask two consumers whether they'd like to show off their handiwork for the *Gazette*. The consumers gladly oblige. Standing in the center of the

room, the two young men hold their framed pieces of art like fundraising dinner awards, beaming with pride as only they can.

A hallway just past the dining room leads to the kitchen, laundry room and Mrs. Fischer's well-used office. Along its walls are more art: intricately colored drawings and completed puzzles in frames.

Throughout the residence, the art exudes an air of classy suburban living—the little nooks and crannies of finer middle American life in the middle of which the Forshay Briderheim, as a properly run Individualized Residential Alternative (IRA), finds itself.

But upstairs in Ari's bedroom is where inner potential finds physical expression in most dramatic form.

Atop a low-lying piece of furniture are mind-bogglingly intricate wooden scale models of international architectural icons. The Eiffel Tower to the right and the Empire State Building to the left are readily identifiable. Between them is what looks like an ornate old house, perhaps a replica of some famous residential address, or the residence of some famous person (often one and the same). On shelves below them are yet more models.

On the other side of the room sits the young woodworker's workstation, a small, felt-topped former billiards table whose pool-like raised rim keeps anything from falling off. It's helpful when you like working with tiny pieces as Ari does, and especially when you're working on building an intricate wooden model



**A portait of accomplishment:** Ari K. displays his work

of a classic car, as Ari is now.

In the corner of another bedroom, a tall, narrow shelving unit is filled with scale-model Lego reproductions of a police station and a construction crane, with proportionate attention to detail. And on the floor, what looks like a throw rug composed of colorful concentric ovals is really a cleverly patterned collection of Clics blocks.

Back downstairs in the recreation room, Moishe S., Forshay's resident puzzle-master, is hard at work on his next masterpiece. Although he's just gotten under way, a few pieces have already found their mates and a rudimentary image is taking shape.

And back in the dining room,

Mrs. Fischer produces a piece of incomplete latch-hook artwork. Mrs. Fischer's been teaching Ari how to do the knitted picture-making. Judging from the quality of the piece at hand, Ari's been coming along quite nicely.

"We're trying to give them some individuality and feeling of pride," Mrs. Fischer explains.

It's long been known that individuals with deficiencies in one area display unusual strengths in other areas. Like blind men with heightened hearing, those artistically inclined among Forshay's consumer body more than sufficiently compensate for any challenges with their multifaceted hands-on projects.

But the group-home's collection of handiwork, particularly the puzzles, is as much human-services metaphor as it is personal-achievement symbol. Like the painstaking work put day by day into each consumer, each puzzle piece is of little value on its own—but interlocked and put together, each is a critical part of a bigger picture, one readily on display at Forshay, and in more ways than one. ■



**A study in contentment:** Elizer Friedrich hits the books

## Meeting the People's Needs

*HamaspiK of Kings County continues matching services and the served*

In all economic climates, and especially in this one, there will always be individuals in need—economic, social, health and otherwise. Fortunately for them, there's always HamaspiK.

In a brief conversation,

HamaspiK of Kings County Intake Coordinator Mrs. Yehudis Heimfeld updates the *Gazette* on the latest goings-on in that branch of the large social-services agency—pointing out that despite the ongoing economic downturn—or perhaps because of it—people throughout Brooklyn are still turning to HamaspiK when it comes to health and human-services needs.

Mrs. Heimfeld recounts that the OPWDD's Family Support Services, or FSS, program, is moving along at a brisk clip. The 25-year-old program, an OPWDD mainstay provided by HamaspiK for years now, "enables individuals to create stable home environments which help them to keep

their jobs, care for other children and/or aging parents and keep the family unit together," former OPWDD Acting Commissioner Max Chmura explained in Albany testimony last year.

Additionally, ISS apartments are "going well," Mrs. Heimfeld says.

The OPWDD's Individualized Support Services program, among other things, offers quality low-rent apartments to high-function individuals with mental-health challenges—a pressing community need that the community continues to resolve through HamaspiK.

Although approval for services has slowed down at all voluntary agencies, not just at HamaspiK, due to Albany's ongoing budget constraints, Mrs. Heimfeld adds that calls are still coming in.

For example, community members constantly contact HamaspiK for Medicaid Waiver services like TBI, the HamaspiK staffer reports.

The Traumatic Brain Injury (TBI) program is one of several which waive the standard qualifications rules for Medicaid beneficiaries with uncommon situations like traumatic brain injuries.

"I spend a lot of time with people calling about Waiver... explaining and educating," says the Intake Coordinator, asked what her typical day looks like.

A robust number of other requests are for such key human services like Community Habilitation (the OPWDD program formerly known as Residential Habilitation, or simply "Res Hab") and IRAs (Individualized Residential Alternatives, or group homes), continues the capable Coordinator.

"People are desperate for IRAS," she says, despite already knowing that none are available, at least at the agency. "But people want HamaspiK." ■



**Accessible:** HamaspiK's B.P. office



**Puzzle me:** Moishe at work

# Celebration Time at Concord

*One IRA, two months, three parties*

If you ask Home Manager Mrs. Shaindel Goldberger, or even if you don't ask but just get the energetic employee's constant e-mail reports (details of which the Gazette now passes on to you), there's always something happening at Hamaspik of Rockland County's Concord Briderheim.

Besides the unexpected visit of Ramapo Town Supervisor Christopher St. Lawrence (as reported in Gazette #81), the Concord "Briderheimers" also marked the Jewish-calendar month of Shvat, and early January, with their first-ever "Hachnosas Orchim Day." Hachnosas Orchim refers to the mitzvah (commandment) to take in guests.

"We decided to invite Forshay Briderheim to our beloved home"—in the style of "Avrohom Avinu" ("our Patriarch Abraham"), as he is commonly called—Mrs. Goldberger notified the Gazette on January 5.

Abraham, according to tradition, maintained a four-sided, four-door tent so as to greet guests coming literally from every direction.

Mrs. Goldberger related how Concord, like Abraham, quite literally opened its doors—front, back and to both sides—posting two consumers at each entrance, one bearing

a welcome placard and the other gifts consisting of homemade cookies. "And, of course, a musician at hand," the Home Manager added.

Besides cookies, lemonade and tea were also prepared for Concord's guests.

Preparations for the visit, however, had begun the night before, with consumers calling their Forshay Briderheim counterparts to extend the heartiest of invitations. And when the Forshay consumers actually did appear at about 7:00 p.m., each was greeted with "the biggest smile," Mrs. Goldberger reported. "It was so much fun."

With the 16 consumers of both homes in Concord's living room, the live music took it up a notch, and "it was a blast," wrote Mrs. Goldberger. "The staff cheered the crowd, all consumers had a chance to sing into the mike, and they danced to the ceiling. It was beautiful."

On the afternoon of January 20th—the secular-calendar date coinciding with the 15th of the Jewish-calendar month of Shvat, also known as the New Year for Trees—Concord staff staged a "botanically correct" party celebrating the fruits of the earth per tradition, particularly the Shivah Minim, the seven species associated with



**Marching to their own beat:** Consumers clap and sing along at the percussion session

Eretz Yisroel (the Holy Land): Wheat, barley, grapes, figs, pomegranates, olives and dates.

With large photos of the seven adorning the walls and a glass vase filled with real-life samples, consumers came over to join the fun, that's when the real party began! With a live musician again on hand, "the evening was exciting and happy," Mrs. Goldberger reports—an evening made even more exciting by the visit of community-minded performer Mr. Zishe Schmeltzer, who composed the traditional rhyming lyrics known as grammen live on the spot, penning spontaneous verses about each consumer.

A third report popped up in the Gazette's inbox in mid-February.

"Yesterday we celebrated Purim Katan combined with a pre-birthday party," Mrs. Goldberger dutifully communicated on the 17th of the month. Purim Katan is the "Minor" Purim holiday marked when the Jewish calendar boasts two months of Adar, not one. (When the calendar year is a leap year, a second Adar is inserted to align the holidays with both their assigned solar seasons and lunar months.)

Although neither the Jewish calendar's Purim Katan nor the consumer's birthday were actually on the 16th of February, the Home Manager elected to celebrate both early for logistical reasons.

And so, in the upbeat spirit of the day, a professional percussionist was brought in, hand drums and all. The drummer introduced some basic rhythms, and, with the instruments passed around, everyone was invited to join in. Soon the whole room was filled with the visceral, exciting sounds of live percussion.

To further celebrate Purim Katan and the happy consumer's big day, consumers and staff received fluorescent Purim hats to keep, each with a large "Happy birthday!"

sticker prominently affixed to its crown. As for the birthday boy, he was honored with a colorful ribbon draped from his neck reading, "I am the birthday boy!" as well as a huge "Happy birthday!" banner adorning one wall.

Capping off the festive atmosphere was the attendance of several members of consumers' families, parents and young children alike.

Both months had one thing in

common: They conveyed Concord Briderheim's spirit of acceptance—that non-judgmental openness towards its consumers that radiates outward to embrace everyone. And they were fun too!

Still, "We don't count the months or the parties and the kochos [energies—ed.] it takes to bring happiness in this home," says Mrs. Goldberger. "Here we live a meaningful life." ■

## Taking Professionally Personally

*Hamaspik nurses meets regularly to maintain agency excellence*

The small, tight-knit corps of employees that are Hamaspik's professional nurses don't just discharge their duties professionally—they constantly work on improving their performance too.

That was the reason for the meeting of all Hamaspik nurses this past Friday, February 4—it was the latest regular meeting of the "Hamaspik Nurses Association," an unofficial, informal group. In attendance were Hamaspik of Rockland County Family Care Nurse Evie Steinhart, Hamaspik of Rockland County IRA Nurse Katia Sussholz, Hamaspik of Orange County Family Care Nurse Lolly Hutman and Hamaspik of Kings County IRA Nurse Judy Schwartz.

The regular get-togethers keep Hamaspik's team of RNs fully informed on all nursing-related goings-on inside the agency and out in the industry too. The bulk of the professionals' work revolves around tending to residential consumers' health in three counties, proficiently purveying on-site care and processing an endless parade of paperwork—all of which was brought up

in one form or another throughout the meeting.

Mrs. Steinhart laid out the agenda by passing out meticulously compiled packets of papers relating to issues at hand.

On the table for discussion were TD (tardive dyskinesia) assessments, AMAP protocol for lapsed recerts, administering meds to Day Hab consumers while on field trips, and frequently-asked questions on physicians' orders.

Also briefly joining was Hamaspik Care Field Nurse Lauren Wieder, RN; Director of Patient Services Chaya Back, RN later dropped in for a second to say "hi."

The meeting closed with smiles and goodbyes as the nurses variously headed back to their desks or their cars for the drive back.

It may have seemed little more than an informal meeting. But for the handful of certified and experience-tested RNs on the front lines of Hamaspik's daily caregiving, the get-together was further proof that at Hamaspik, everyone takes professionalism personally. ■

## Advocating All Ways

*Rockland County MSCs  
"not giving up on anything"*

"Our job is to be advocates for the consumers," experienced Hamaspik of Rockland County MSC Mrs. Perry Markowitz told the Gazette in June of 2010. "Part of doing that is looking out for any way to help them."

Seems that Mrs. Markowitz hasn't forgotten that job description (or, at the very worst, someone's been reading the Gazette).

In early February, the abundantly active Medicaid Service Coordinator secured ten weekly hours of Waiver At-Home Respite services for a direly deserving consumer, an 11-year-old boy with mental disability.

To be sure, credit for the breakthrough award of the Medicaid benefit goes at least partially to Hamaspik's unparalleled standing in the DDSO's eyes as a voluntary agency of repute.

That track record of truly representing its grassroots constituency was surely a factor in the DDSO's decision of to whom to allot an increasingly-scarce and budget-constrained service.

But thanks to the worthy efforts of one hardworking

MSC—over a three-year period, to boot—Hamaspik was able to successfully make the case for the child and his struggling parents.

And complementing one good turn with another was the good work put in recently by the equally motivated Mrs. Chana Singer.

In advocating for one of her consumers in any which way possible, the Hamaspik of Rockland County MSC tapped into the private-sector resources of the Sunshine Foundation, a non-profit organization that brightens the lives of children with chronic diseases or diagnoses by granting them small wishes.

Thanks to the \$2,000 grant bestowed by the organization on the consumer in question, in turn brought about through Mrs. Singer's efforts, the child's mother was able to introduce a substantial sum of sunshine into the child's life by custom-tailoring a room specifically for his individual disabilities and preferences.

As Mrs. Markowitz puts it, Hamaspik MSCs are best described as "not giving up on anything." ■

# A Tree Grows in Respite

Orange, Rockland County after-school programs produce ever-new fruits

children are trees in so many ways.

They begin as little seeds—delicate, vulnerable, fragile. They need constant nourishment, protection and care. They require attention and intervention as they grow. They need room to grow. And once they spread their arms and fully sink their roots, they can branch out and eventually bring forth new trees—backed by the solid grounding given to them in their youth.

This metaphor comes to life in so many ways at Hamaspik's After-School Respite Program—a therapeutic and remarkably successful OPWDD initiative with branches (no pun intended) in Orange and Rockland Counties. The Directors of its girls' divisions in both counties, Mrs. Rifky Freund and Mrs. Steiner, recently took the time to update the *Gazette* by phone on all "growings"-on.

## Fresh room for new roots

Like a fledgling fruit tree transplanted into a larger pot, the Hamaspik of Orange County Respite Program is showing signs of fresh

growth—a new phase that ties nicely to the recently-passed 15th of Shvat (Thursday, January 20), the Jewish-calendar date marking the New Year for Trees.

Perhaps the prime example of those is its newly-lowered admittance age from five to three—a response to a pressing community demand that could not be met until now for simple lack of space. With more room, however, comes more consumers. "We'll be getting quite a few," says Mrs. Freund.

In other news, the girls' division hosted a balloon-sculpting show with a live clown. Consumers also recently enjoyed a visit to a children's entertainment venue in Middletown and are currently working on several hands-on, long-term arts-and-crafts projects: a daily baking and cookbook-compiling activity, a large puzzle, and a hand-decorated jewelry box.

A Hamaspik staffer who also happens to be an Orange County Respite Program parent, in the office adjacent to the *Gazette's* office, overhears our conversation—and interjects that his own daughter has been coming home with impressive

arts-and-crafts projects of late.

Mrs. Freund acknowledges the appreciation, but adds that most of what Respite consumers get from the program is actually not seen by parents, with most of the action—and results—taking place on the premises. "The kids get a lot. The staff is very devoted and loving to the children," Mrs. Freund says.

Without realizing it, Mrs. Freund invokes the botanical theme again, going on to highlight the delicacy often required in tending to consumers, not unlike the kid-glove treatment needed by young saplings.

Because program consumers typically come after a day at school with its rigid rules, Mrs. Freund and team work hard to maintain an easy-going atmosphere. "They're usually tired, so we try not to make it difficult," she says.

Odd as it may sound, studies have shown that plants really do grow better when talked to or otherwise given positive feelings or "vibes" by their tenders. And metaphorically, the same seems to be true for Hamaspik of Orange County's After-School Respite Program.

"I know the children enjoy it very much," concludes Freund. "I have quite a few mothers telling me that their kids want to go to respite, not school. They like to come."

## The fruits of quality care

"Nothing out of the ordinary," quips Mrs. Steiner, girls'-division Director of Hamaspik of Rockland County's After-School Respite Program. "Just regular activities."

But considering that program's brimming array of exciting ongoing activities, that's a bit understated.

Due to logistical considerations (repairs were needed at their Fosse Shvesterheim headquarters), the girls' Respite Program is being held in temporary locations across the Hamaspik network for the time being, Mrs. Steiner reports—a fact that has hardly slowed up the schedule, however.

In recent weeks, Mrs. Steiner's young "trees" have engaged in cupcake-making to celebrate the recent engagement of a staff member, a straw-hunting activity, a round of Pass the Jellybean (a version of Hot Potato), a live musical performance, and an educational round of Memory in which consumers not only had to match identical cards but color them too.

But the theme of trees was hardly overlooked, especially with the New Year for Trees.

To mark that holiday, known in Jewish circles as Tu B'Shvat, a bulletin board was gaily decorated with colorful paper fruits, each individually colored by consumers, affixed to a flourishing paper tree. In a related activity, the young girls also created "plants" out of pieces of dried fruit on long wooden skewers, which were then "planted" in Styrofoam cups filled with "soil" made of seeds.

Older consumers in the girls' division also made edible fruit baskets out of fresh grapefruits and laughed their way through a "fruit hat" game, in which one player had to wear a hat decorated with the image of a fruit she could not see—and guess what fruit was on her head based on clues provided by other players.

Another tree-related skills-building game revolved around no less than 500 paper cutouts of fruit images scattered about the floor—which consumers then had to scurry around, pick up and drop into clearly-labeled and categorized manila envelopes. "Even the really little



Mixing it up: A consumer at work

kids did it, and very few ended up in the wrong envelopes," says Mrs. Steiner.

Finally, in a display of thematic intricacies, girls'-division consumers formed large fruit baskets by hand out of modeling clay, coloring them once dry and filling each with a kaleidoscopic assortment of "fruits" made of small bits of clay.

## Growing along

As the little members of Kiryas Joel's Orthodox Jewish community that they are, consumers at Hamaspik of Orange County's Respite Program faithfully adhere to the religious law of reciting brachos, or blessings, before eating food. But the precious toddlers and five-year-olds sometimes forget to recite the blessings, especially before a much-desired snack.

But though After-School Respite is primarily intended to give struggling parents much-needed time for themselves, Mrs. Freund emphasizes that it isn't a glorified babysitting service. "If staff is getting paid to take care of the kids, then I don't want them just sitting at the video," she says.

That's why, among other growth-building examples like arts and crafts activities, Respite staff gently and regularly remind charges to say their brachos.

"Now the kids are remembering a lot by themselves," says Freund, reporting growing retention of the custom. "The other day, one consumer reminded the other that she hadn't made a brachah. With the staff encouraging it, it turned into something that became hopefully habitual. It was cute to see how one child reminded the other."

It was a telling sign of yet another way kids are like trees: Nourish them enough, and they produce fruits of their own. ■



Enjoying the fruits of his labor: A consumer thrills to his food-based handiwork

## New pacemaker works during some MRI scans

A new pacemaker recently approved by the U.S. Food and Drug Administration is the first such device designed to be used safely during certain magnetic resonance imaging (MRI) exams.

Pacemakers are surgically implanted medical devices that keep heartbeats on track.

Because the powerful magnetic fields and radio frequency pulses generated by MRIs can interfere with pacemakers' electrical impulses that correct irregular or stalled heart beats, pacemaker patients are generally advised not to undergo MRIs.

Trouble is, about half of all

patients with pacemakers may require MRI scans—and MRI machines are known to have disrupted pacemaker settings and/or overheated the devices' wires, resulting in unintended heart stimulation, device electrical failure or tissue damage.

The new Revo MRI SureScan Pacing System implant includes a function that is turned on before a scan to prepare patients for MRIs, allowing patients carrying the device to safely undergo the scans. However, getting an MRI with a Revo is limited to certain patients, certain parts of the body, and certain

scanning parameters.

The FDA also is requiring additional training for cardiologists and radiologists who will use the Revo system.

"FDA's approval of the Revo pacemaker represents an important step forward toward greater device innovation," said Jeffrey Shuren, M.D., director of the FDA's Center for Devices and Radiological Health. "Those patients who meet the parameters for the device will be able to maintain their critical cardiac therapy while benefiting from the precise diagnostic capability of an MRI." ■

# Doing What It Takes, Whatever It Takes

*Hamaspik of Rockland County Day Hab staff bear it with flair*

When I visit, several of the consumers are in the dining room finishing lunch, while others are helping staff carry in large cardboard boxes of disposable supplies like Styrofoam cups and paper plates. The Day Hab's bi-monthly shipment has just arrived, and Manager Pinchas Knopfler, on top of things as always, is dashing about like a bumblebee, clipboard in hand, directing which consumers and staffers to take which boxes where.

But at any given moment at the Hamaspik of Rockland County Day Hab, somebody—usually Knopfler, a man who doesn't seem to get physically tired—is always aware of what's going on and where any given consumer is on the premises.

A few minutes later, there's no sign of the controlled chaos in the entryway. Save one severely autistic consumer who needs perpetual one-on-one attention sitting in Mr. Knopfler's office, Direct Care Worker at diligent hand, the Day Hab consumers have retired to their afternoon activities in the several spacious rooms on the building's two floors.

It's another day at the Hamaspik of Rockland County Day Hab Men's Division, and if what I've seen so far is any indication, painstaking attention to each individual consumer comes standard.

Eyal Lindeman, a licensed practical nurse (LPN) and a jovial wit to boot, is sitting in one corner of a large ground-floor activity room with a wheelchair-bound consumer, poring over the pages of a truck-sales circular. The consumer likes trucks and their intricacies, and as the consumer speaks difficultly-formed words as he points to various pictures, Lindeman respectfully responds, treating the worthy human

being hidden behind the consumer's disabilities with intelligence and humility.

Elsewhere in the room are various Hamaspik staff members attending to three or four other consumers—all of which are studying Mishnah with their Direct Care Workers at the moment.

How does Lindeman find Hamaspik? With a car, comes the tongue-in-cheek response.

But seriously, Hamaspik is "very amazing in what they do," says Lindeman of an agency he's been involved with since October of 2010. "It's real hands-on work," he says. And consumers, in his estimation, benefit greatly from the real-life work opportunities provided by the agency as well as their not-infrequent trips.

Pinchas Knopfler strides into the room as we speak. He always seems to be in two places at once. (Didn't I just see him in his office?) I ask him what the typical day looks at Hamaspik Day Hab like.

He looks at me. "Typical?" His smile says it all.

But after a little insistence, Knopfler divulges the Day Hab's daily schedule—or at least the rough skeleton thereof. Because consumers can be so innocently fickle and unpredictable, as I continue to learn, staff must be prepared to toss a planned activity out the window and improvise on the spot when a consumer decides he wants to do something else. There's only so much you can restrain a consumer, after all—these are adults and they must be respected, not to mention the numerous OPWDD regulations that govern their ongoing treatment and care.

But I digress. Throughout the course of their Day Hab day, con-

sumers engage in such staples as studying, Supported Employment (SEMP) or Enhanced Supported Employment (E-SEMP) work opportunities, Activities of Daily Living (ADL) skills-building classes, and even exercise sessions.

For the latter, a cozy exercise room filled with treadmills occupies a second-floor space commanding a belvedere view of the parking lot. For the ADL classes, at least six other spaces throughout the building are used daily to build consumers' familiarity with such basics including addition, subtraction, handwriting and personal hygiene.

A few minutes later, I find myself on the second floor where several of those rooms are located. Passing one, I spy the same consumer who had earlier been sitting in Knopfler's office. He has now found his way upstairs, Direct Care Worker Moshe Fried right beside him, and is shouting at no one in particular. Mr. Fried, a paragon of patience, hovers diligently. "I'm trying to get his energy out," he says without a trace of sarcasm.

In the exercise room, a consumer is gently ambling along on a treadmill, enjoying a peaceful but therapeutic stroll. A few minutes later he decides to sit down by the window to enjoy the view. Knopfler, passing by and spying him sitting, takes the time to pause his task at hand and ask the consumer whether everything's okay. (Sitting and doing nothing, especially for these individuals, is a strong indicator of sadness or other negative feelings.) "Exercise is good for you!" he cajoles the young man, gently suggesting he get back on the machine.

Back downstairs, the challenging aforementioned consumer has now made his way to a large recreation room, where a large electronic keyboard and miniature PA system sit on a table. The good news is that this particular consumer loves music—and the better news is that Mr. Fried, his one-on-one caregiver is a talented musician who plays several instruments, keyboard included.

The consumer spontaneously grabs the live mike and starts an impromptu vocal session. Ever alert, Fried quickly begins tickling the plastic ivories, laying down a basic bass and chord track to back the popular melody being belted out by the consumer.

Joining me in the doorway in observing the scene of dedication is Mr. Knopfler once again, popping in as he makes his rounds. As if reading my mind, Knopfler comments, "The staff [members] do everything to keep them calm." From what I've



**Mind:** Consumers and staff study Mishnah

seen thus far, he's right.

But now, it's time for Minchah.

To accommodate the mostly Orthodox Jewish consumers, the Day Hab organizes regular services for this daily afternoon prayer. The consumers trickle in and take seats around the several tables in the dining room, and soon, about three dozen men are standing in the silent recitation of the sacred words.

While they do Minchah, several large transport vans pull up outside; as soon as Minchah is over, the consumers will be heading home, most to their Hamaspik IRA residence, some to private homes.

Minchah breaks up about ten minutes later, with a summer-camp-like atmosphere filling the room as the consumers and staff make their way to the door, bundled up in winter clothing, and head out to their vans. One "one-on-one" consumer, a relatively young lad who must have a man about him at all times for his own safety, is even shepherded into the back of a car, where he will get the individualized, personal transportation that he needs.

As the airport-like activity unfolds in the parking lot, Knopfler, as usual, is watching it all, making sure everything is running smoothly. I ask him if he's ever not here. "Besides Shabbos and Rosh Hashanah/Yom Kippur," he unhesitatingly wise-cracks. His office desk, he adds, is where you'll find him the least.

Still, moments later, I find him collapsing into his office chair and snappily pulling up to his desk. What does the manager do when he's not

running around the building? He sighs a weary smile that somehow indicates he's got plenty of steam left. "Paperwork, billing, the lunch program, next month's ISPs, next month's payroll..."

I get the picture.

Back in the hallway, I find myself chatting with several Direct Care Workers. One tells me that he's the one who opens the building each morning. What time would that be? "Eight o'clock in the morning," says Chezky Levy.

For a day that starts that early and—at least for Knopfler—ends quite late, one would be forgiven for feeling a bit chipped around the edges, especially with the same challenges day in, day out. But despite the occasional downs, things at Hamaspik of Rockland County Day are always looking up. ■



**Heart:** Helping a happy consumer color his life



**Soul:** Putting on tefillin



# Day Habilitation Soaring Upwards

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# In the Know

All about... Cystic fibrosis

Cystic fibrosis (CF) is a chronic, inherited, genetic and life-threatening disorder in which the movement of salt (sodium and chloride) across cell membranes is abnormal, resulting in mucus that is thick and sticky in the lungs, sinuses and intestines.

CF mostly affects the lungs, pancreas, liver, intestines, sinuses and other organs. With its thick and sticky mucus, CF clogs lungs, causes breathing problems and making it easy for bacteria to grow. This can lead to problems like repeated lung infections and lung damage.

Thickened CF mucus also severely impedes function of the pancreas, causing major digestive and nutritional problems. CF can also cause fertility problems.

About 30,000 people in the United States have cystic fibrosis. About 1,000 new cases of CF, or 1 out of every 3,000 births, are diagnosed each year. The disease is most common among Caucasians of Northern European descent.

Symptoms and severity of CF vary widely: Some CF patients have serious problems from birth, while others have milder cases that don't appear until the teenage or young adult years.

There is currently no cure for CF. It generally gets worse with time, with more severe symptoms occurring more often as the patient ages. Lung function often starts to decline in early childhood in people who have CF. Over time, permanent damage to the lungs can cause severe breathing problems. Respiratory failure is the most common cause of death in CF patients. However, treatments have

improved greatly in recent years. Until the 1980s, most CF patients didn't make it past childhood or the teen years. Today, with improved treatments, some people with CF are living until their forties, fifties or older. But because CF is a severe, serious disease, it is imperative that CF patients—and their parents and family—get as much education and support as possible.

### Cause

CF is a genetic disease. It is caused when both parents have a defect in the gene CFTR. When two copies of defective CFTR genes are passed to the child, one from the father and one from the mother, the child gets CF. But each parent has two copies of the CFTR gene—and if each parent has one normal CFTR gene and one defective CFTR gene, each child has:

- A 25-percent chance of inheriting two normal CFTR genes;
- A 50-percent chance of inheriting one normal gene and one defective CFTR gene; and
- A 25-percent chance of inheriting two defective CFTR genes.

In plain English, a child whose parents both carry defective CFTR genes has a one-in-four chance of getting CF.

(If only the father or only the mother passes the defective CFTR gene to the child, the child does not get CF. He or she will be a CF carrier, however, and may pass the defective gene to children, who in turn will not get CF—unless they get a second defective CFTR gene from the other parent. In recent years, however, many cases of CF have undoubtedly been prevented by anonymous genetic testing services like Dor Yeshorim.)

### Symptoms

When CFTR is healthy and functioning normally, the body's cells regulate the movement of salt and water in and out of the cells. This produces normal sweat, and healthy and normally-functioning mucus.

### Mucus

Mucus is a substance made by the lining of some body tissues. It is normally a slippery, watery substance that keeps the linings of certain organs moist and prevents them from drying out or getting infected. However, when the CFTR gene is defective and not functioning normally, the mucus produced by body tissues is dehydrated because there is less water transported into the fluid, making it thick and sticky.

This abnormality—the lowered transport of chloride and water into cells, resulting in thick, sticky mucus—is the primary defect in CF. Like falling dominoes, the mucus causes a number of symptoms, each causing symptoms of their own:

- Mucus builds up in CF patients' lungs. This clogs airways, making breathing hard. Bacteria also easily grow in the built-up mucus. The bacteria cause lung infections. The infections can be frequent and serious. They sometimes consist of bacteria not common among non-CF people. They can cause frequent coughing and/or wheezing that brings up thick sputum (spit) or mucus that's sometimes bloody. They can severely damage or destroy the lungs over time.

• Abnormal secretions of mucus clog the tubes of the pancreas. The pancreas produces digestive enzymes that the small intestine uses to absorb fats and proteins in food—

but pancreas tubes clogged by mucus limit or block these digestive enzymes from getting to the small intestine. Without digestive enzymes, the absorption of fats and proteins in food is impaired. Fat-soluble vitamins (A, D, E and K) are also not well-absorbed when mucus blocks pancreas tubes—resulting in deficiency of these essential vitamins. Undigested fat and protein can cause intestinal gas, severe constipation (and swollen belly), malodorous stools, pain and/or discomfort, and all-around malnutrition.

- Mucus blocks the bile duct, the tube that carries bile from the liver and gallbladder to the small intestine. In CF, this may become blocked and inflamed, leading to liver problems like cirrhosis and occasionally gallstones.

### Excessive natural salt loss

Because of the abnormal movement of salt and water across membranes that is caused by the defective CFTR gene, CF patients can lose large quantities of salt in their sweat, which can predispose them to dehydration. This is another primary symptom of CF.

Because the body loses large amounts of natural salt when the CF patient sweats, the balance of minerals in the blood is upset, causing a number of health problems: dehydration, increased heart rate, tiredness, weakness, decreased blood pressure and heat stroke.

One of the first signs of cystic fibrosis (CF) that parents may notice is that their baby's skin tastes salty when kissed, or the baby doesn't pass stool when first born. In such cases, most of the other signs and symptoms of CF develop later. They are related to how CF affects the respiratory, digestive, or reproductive

systems of the body.

### Other symptoms

A hallmark of CF in children is poor weight gain and growth. These children are unable to get enough nutrients from their food due to the lack of enzymes to help absorb fats and proteins.

CF patients are also at increased risk for diabetes or osteoporosis (low bone density), and tend to have frequent bouts of sinusitis, an infection of the air-filled spaces behind your eyes, nose, and forehead. Frequent bouts of bronchitis and pneumonia also occur. Some people who have CF also develop nasal polyps (growths in the nose) that may require surgery.

Other complications include:

- **Clubbing**, the widening and rounding of the tips of fingers and toes because lungs don't move enough oxygen into the bloodstream
- **Rectal prolapse**, or internal rectal tissue protruding outside the body, particularly in infants, caused mostly by frequent coughing or straining during constipation
- **Pancreatitis**, or inflamed and painful pancreas
- **Intussusception**, or when a section of the intestines folds in on itself like an accordion, resulting in bowel obstruction, an emergency condition which requires immediate hospitalization
- Liver disease
- Diabetes
- Gallstones

### Diagnosis

#### Newborn screening

All states screen newborns for CF using a genetic test or a blood test. The genetic test shows whether a newborn has defective CFTR

genes. The blood test shows whether a newborn's pancreas is working.

#### Sweat Test

If a genetic test or blood test suggests CF, a doctor will confirm a diagnosis using a sweat test. This test is the most useful test for diagnosing CF. It measures the amount of salt in sweat.

For this test, doctors trigger sweating on a small patch of skin on an arm or leg. They apply a sweat-producing chemical to the skin and then use an electrode to provide a mild electrical current. This may cause a tingling or warm feeling.

Sweat is collected on a coil or filter paper and then analyzed. The sweat test usually is done twice. High salt levels confirm a diagnosis of CF.

#### Other Tests

If you or your child has CF, your doctor may recommend other tests, such as:

- Genetic tests to find out what type of CFTR defect is causing CF
- A chest x-ray to see whether the lungs are inflamed or scarred or whether they trap air
- A sinus x-ray to check for show signs of sinusitis, a CF complication
- A lung-function test to measure the size of the lungs, how much air they can breathe in and out (and how fast), and how well the lungs deliver oxygen to the blood
- A sputum culture to see what bacteria are growing in it (patients with *mucoid Pseudomonas* bacteria may have more advanced CF that needs aggressive treatment)

#### **Treatment**

While CF has no cure, treatments have greatly improved in recent years. Early treatment for CF can improve both quality of life and lifespan. Early treatment includes nutritional and respiratory therapies, medicines, exercise, and other treatments. Currently, the goals of CF treatment overall are to:

- Increase the amount of water in the airway mucus by inhaling a salt solution that is as salty as natural sea water (a major thrust in recent years)
- Prevent and control lung infections
- Loosen and remove thick, sticky mucus from the lungs
- Prevent or treat blockages in the intestines
- Provide enough nutrition
- Prevent dehydration

Depending on how severe the disease is, the patient may be treated in a hospital, where he or she may be treated by CF specialists. These doctors often work with a team of nurses, physical therapists, dietitians, and social workers in treating their CF patients.

#### Treating lung problems

For CF-related lung problems, there are four main treatments: chest physical therapy (CPT), breathing techniques, aerobic exercise, and medicines.

Also called *chest clapping* or *percussion*, chest physical therapy involves pounding the chest and back over and over with the hands or a device to loosen the mucus from the lungs so that it can be coughed up. For CF children, CPT is often administered manually by parents while children lie flat on their stomachs: gravity and force help drain the mucus from the lungs.

For individuals with difficulty receiving CPT, particularly children and/or those with severe cases (too often one and the same), there are several helpful machines available:

- An electric chest clapper known as a *mechanical percussor*
- An inflatable therapy vest that uses high-frequency airwaves to force the mucus that's deep in the lungs toward the upper airways so it can be coughed up
- A small handheld device that CF patients breathe into; the device causes vibrations that dislodge mucus
- A vibrating mask that helps break mucus loose from airway walls

Breathing techniques also may help dislodge mucus so patients can cough it up. These techniques include forcing out a couple of short breaths or deeper breaths and then doing relaxed breathing. This may help loosen the mucus in the lungs and open the airways.

Aerobic exercise that makes the patient breathe harder helps loosen the mucus in the airways so he or she can cough it up. Exercise also helps improve overall physical condition.

However, because CF causes sweat to become very salty, the body loses large amounts of salt when the patient sweats. Doctors may therefore recommend a high-salt diet or salt supplements to maintain the balance of minerals in the blood.

Additionally, and significantly, recent studies have dwelt on the efficacy of seaside climates on CF patients' lungs, with salt-heavy, unpolluted and fresh sea air said to be remarkably therapeutic for people with mucus-lined lungs and CF-caused salt deficiencies.

CF patients who exercise regularly may be able to cut back on CPT under the expert guidance of their primary-care CF specialists.

Doctors regularly prescribe antibiotics, anti-inflammatory medicines, bronchodilators, or mucus-thinning medicines for CF patients. These medicines help treat or prevent lung infections, reduce swelling, open up the airways, and thin mucus.

Antibiotics—oral, inhaled, or intravenous (IV)—are the main treatment to prevent or treat lung infections.

Oral antibiotics often are used to treat mild lung infections. Inhaled antibiotics may be used to prevent or control infections caused by the bacteria *mucoid Pseudomonas*. For severe or hard-to-treat infections, the CF patient may be given antibiotics through a tube inserted into a vein. This type of treatment may require a

hospital stay.

Anti-inflammatory medicines can help reduce swelling in the airways caused by ongoing infections. These medicines may be inhaled or oral.

Bronchodilator medicines help open the airways by relaxing the muscles around them. These medicines are inhaled and often are taken just before CPT to help clear out mucus. Bronchodilators may also be taken before inhaling other medicines into the lungs.

Mucus thinners may also be prescribed to reduce the stickiness of the mucus and to loosen it up. These medicines can help clear out mucus, improve lung function, and prevent worsening lung symptoms.

#### Treating advanced/severe lung disease

For advanced lung disease and resulting low oxygen blood levels, CF patients may need oxygen therapy. Oxygen usually is given through nasal prongs or a mask. And if other treatments aren't working, lung transplant may be an option for severe lung disease.

#### Treating digestive problems

Nutritional therapy can improve CF patients' strength and ability to stay active, improve children's growth and development, and make them strong enough to resist some lung infections. A nutritionist can also help patients create nutritional plans that meet their needs.

In addition to well-balanced diets rich in calories, fat, and protein, CF nutritional therapy may also include:

- Oral pancreatic enzymes to help the body digest fats and proteins and absorb more vitamins
- Supplements of vitamins A, D, E, and K to replace the fat-soluble vitamins that the intestines can't absorb
- High-calorie shakes to provide additional nutrients
- A high-salt diet or salt supplements taken before vigorous exercise
- A feeding tube, should CF patients start losing weight or stop growing, can provide more calories at night during sleep. The tube may be threaded through the nose and throat into the stomach or it might lead directly into the stomach through a surgically-made hole in the skin. CF patients attach a bag containing a nutritional solution to the tube before going to bed each night; the bag "feeds" them while they sleep

Other treatments for digestive problems include enemas and mucus-thinning medicines to treat intestinal blockages. Surgery is sometimes needed to remove intestinal blockages, and doctors may also prescribe medicines to reduce stomach acid and help enzymes pills work better. Additionally, CF patients may also require treatment for the diabetes that frequently develops—a regimen of medicine in a category of its own—and may need medicines to keep bones from



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losing their density, the condition (as your doctor recommends) called osteoporosis.

#### Ongoing care

Having ongoing medical care for yourself or your CF child by a team of doctors, nurses, and respiratory therapists who specialize in CF is important. These specialists often are located at major medical centers.

It's standard to have CF checkups every three months. Talk to your doctor about whether you should get an annual flu shot and other vaccines. Take all of your medicines as your doctor prescribes. Between checkups, be sure to contact your doctor if you have:

- Blood in the mucus, increased amounts of mucus, or a change in the color or consistency of mucus
- Decreased energy or appetite
- Severe constipation or diarrhea, severe abdominal pain, or vomit that's dark green
- A fever, which is a sign of infection. (However, you may still have a serious infection that needs treatment even if there's no fever.)

#### Lifestyle measures

Between medical checkups, you can practice good self-care and follow a healthy lifestyle.

An important part of a healthy lifestyle is following a healthy diet. A healthy diet includes a variety of fruits, vegetables, and whole grains. Talk to your doctor about what types and amounts of foods you should include in your diet.

Other lifestyle measures include:

- Not smoking and avoiding tobacco smoke
- Washing your hands often to lower your risk for infection
- Exercising regularly and drinking lots of fluids
- Doing chest physical therapy

Although CF requires daily care, primarily on the part of parents who must administer considerable amounts of CPT two or even three times a day to their children, most people who have the disease are able to attend school and work. (This can get even more time- and energy-consuming when several children in one family have CF, which is not uncommon.)

So if your child has CF, encourage him or her to learn about the disease and take an active part in his or her treatment.

Whether you or your loved one(s) have this chronic disease, it may cause a lot of fear, anxiety, depression, and stress. Don't feel guilty for having these feelings—they're normal. But it's critical to talk about how you feel with trusted and discreet friends and/or relatives; a professional psychologist or counselor also can help.

Bottom line? Join a support group. It will help you or your child adjust to living with CF. You can learn how other people who have the same symptoms have coped with them. Talk to your doctor about local support groups or check with an area medical center. And the more painstaking care invested in children with CF, the more likely they are to grow up to be healthy and happily-married young adults.

*Hamaspik thanks Robert Giusti, M.D., pediatric pulmonary specialist at NYU Langone Medical Center, and Rabbi Chaim A. Wolkenfeld, founding director of the Child Life Society, a CF family moral/financial support group, for critically reviewing this article.* ■



# Public Health and Policy

one-third of children and more than two-thirds of adults in the United States are overweight or obese, the 7th edition of Guidelines emphasizes reducing calorie consumption and increasing physical activity.

## **Electricity meters: bad for your health?**

Some Northern California residents are upset that their regional utility giant, Pacific Gas and Electric, is installing wireless smart meters at homes and businesses. The meters, which use radio waves to broadcast precise usage levels in real time and pave the way for the more efficient, environmentally sensitive “green grid” utility distribution system, are feared by many for the alleged health dangers of their electromagnetic signals.

## **Educated staff key to allergy safety**

In a very small study, severely allergic school kids ages eight to 12 reported feeling more comfortable in school settings than severely allergic teens—primarily because elementary school provides kids with more adult supervision. Bottom line? High school staff should get up to speed on supervising and responding to severely-allergic students.

## **HHS rolls out another \$750 million**

HHS Secretary Kathleen Sebelius announced another \$750 million in funding on February 9 to fund programs to reduce tobacco use, obesity and heart disease, and build healthier communities.

## **Let's Move! turns 1**

First Lady Michelle Obama's signature Let's Move! anti-obesity campaign marked its first anniversary this past February 9. The kids campaign stresses healthy eating and exercise.

## **FDA pushes deli-slicer sanitation**

Instructional posters on keeping commercial deli slicers clean are now available from the FDA. A number of serious bacterial illnesses have been caused by food contaminated by dirty slicers.

## **For-profit hospices may prefer lower-cost patients**

When the bottom line is your bottom line, you'll avoid things that cost more and focus on things that cost less—even if those “things” are human beings.

That's the conclusion drawn by research into for-profit hospices, facilities that provide quality end-of-life care for the dying. Because about 84 percent of hospice patients are on Medicare—and because Medicare pays hospices a flat daily rate no matter how much daily care actually costs—for-profits may prefer patients who require less daily care, thus costing less.

However, the study also found equal care quality at for-profit and non-profit hospices.

## **Big Insurance, big bucks**

Is Big Insurance greedy? Or are we just jealous? Regardless, health-insurance giant Cigna earned \$461 million in the last quarter of 2010—up from \$330 million a year earlier—for total revenue of \$5.43 billion in 2010, while mega-insurer Aetna's profit rose by 30% in 2010.

## **One in five U.S. employees disabled**

According to the latest figures (January 2011) from the U.S. Dept. of Labor's Bureau of Labor Statistics, the percentage of people with disabilities in the labor force is 20.1.

## **Sickle-cell prospects up**

According to the newest information from the NIH, prognoses for sickle cell disease continue to dramatically improve. People born with the blood disorder would typically not survive infancy as late as 1970—but now live on average into their 40s thanks to penicillin and other treatments.

In related news, acute anemia is now linked to silent strokes in sickle-cell children. The symptomless strokes, which could cause long-term cognitive and learning deficits, strike about 20 percent of sickle-cell kids.

## **Measles baby hits Macy's**

A nine-month-old baby infected with measles thanks to recent international travel visited the Roosevelt Field Macy's from 3:00 to 10:30 p.m. this past January 20, 2011, possibly exposing others. Measles can cause symptoms ranging from fever and rash to diarrhea and ear infections. The illness typically begins with a rash on the face, which can spread to the rest of the body.

## **CHIPRA marks second anniversary**

Among President Barack Obama's first acts as Chief Executive were CHIPRA, or the Children's Health Insurance Program Reauthorization Act, a bill that marked its second anniversary this past February 3. According to HHS Secretary Kathleen Sebelius, over two million more children were served by Medicaid or CHIP at some point over the past year. The two programs serve over 42 million children who would otherwise not have access to regular medical care.

## **FDA: prep pads not always sterile**

Following a recent recall of potentially

contaminated non-sterile alcohol prep pads, the FDA is reminding the public about the safe use of non-sterile alcohol prep pads to clean and disinfect skin surfaces. Users should always check product labels for the word “STERILE” as may be necessary, and may also want to wash skin with soap and water prior to applying the antiseptic.

## **Most-wanted healthcare fugitives**

The OIG's first-ever Most Wanted Health Care Fugitives list went public on Feb. 3. The ten fugitives top a list of over 170 criminals and are wanted for crimes allegedly costing taxpayers more than \$124 million in Medicare and Medicaid fraud.

## **New Army hospital in El Paso**

So much for the recession: Maryland-based Argo Systems LLC and the San Antonio-based TEAM Integrated Engineering have been awarded a massive contract by the U.S. Army Corps of Engineers to build a new military hospital at Fort Bliss—a project that totals close to \$1 billion and is expected to open in 2016.

## **Counterfeit pill trafficker pleads guilty**

After an investigation and sting operation spanning several months, two Chinese nationals were arrested in 2010 for the manufacture and sale of counterfeit Alli weight-loss pills across the U.S. Shengyang Zhou, pled guilty in late January 2011 to trafficking and attempting to traffic in counterfeit goods. He faces a maximum ten years' imprisonment, a \$250,000 fine, and restitution for the counterfeit goods.

In related news, a Providence, R.I. woman pled guilty on Feb. 8 for smuggling Chinese-made drugs falsely mislabeled as herbal dietary supplements for repackaging and sale as U.S.-made.

## **Dietary Guidelines 2010 released**

USDA Secretary Tom Vilsack and HHS Secretary Kathleen Sebelius announced the release of the 2010 Dietary Guidelines for Americans on January 31, 2011. Because over

## **New Medicaid numbers**

According to the government's latest figures (for Year 2008), approximately 19 percent of the U.S. population is on Medicaid. Medicaid was also the primary payer for 18.4 percent of all U.S. community hospital stays, or 7.4 million hospitalizations, in 2008.

The program's total cost for 2008 was about \$250 billion. Roughly \$100 billion of that was spent on optional benefits, including about \$24 billion on long-term care services. Just five percent of Medicaid beneficiaries account for over half of Medicaid's total costs.

## **Residential fires dropping**

According to the latest statistics released by the U.S. Fire Administration (a division of FEMA), residential fires continue dropping—but the number of fire deaths remain the same. Residential fires dropped by an estimated 36,500 between 2006 and 2009, but deaths actually rose and fell in that period to remain at an estimated 2480. Injuries also spiked during that span.

## **Civil Rights Division update**

In the last month, the U.S. Dept. of Justice's Civil Rights Division took the following disability-related actions:

January 28—186th agreement reached by Project Civic Access (PCA), the department's wide-ranging initiative to ensure that cities, towns and counties throughout the country comply with the Americans with Disabilities Act (ADA). Under the agreement, Fairfax County, Va. will make a wide range of county-wide changes to make public life accessible to the disabled.

January 31—ADA settlement reached with H&R Block to ensure effective communication with individuals who are deaf or hard of hearing in the provision of income tax preparation services and courses at its 11,000 branches nationwide. The settlement requires H&R Block to furnish appropriate auxiliary aids and services, including sign language interpreter services, as well as pay \$5,000 damages to the individual who filed an ADA complaint and a \$20,000 civil penalty. ■



# So, What's Happening in Your Health Today...?



## NIH discovers new genetic condition

The NIH's Undiagnosed Diseases Program has discovered and named a new genetic condition: *arterial calcification due to CD73 deficiency*, or ACDC. Only nine individuals are known to have ACDC, in which extreme build-up of crusty calcium inside the blood vessels of the legs, feet and hands block blood flow and cause pain and cramping. ACDC is caused by a previously-unknown mutation of the NTSE gene which normally produces CD73, a protein that suppresses calcium build-up.

## Running into trouble

Not knowing how to properly run seems to be the reason that running-related injuries among youths ages six through 18 have risen 34 percent between 1994 and 2007, according to Nationwide Children's Hospital in Columbus, Ohio. The majority of the running-related injuries were sprains and strains to the lower extremities, and more than half occurred at school.

## Moms really work

Working moms were more than twice as likely to get up for the night shift of caregiving for dependent children in the household than were working fathers, according to a newly-released University of Michigan review of 2003-2007 data on 20,000 working parents.

## Good heart attacks?!

It isn't the AED that saves the day—it's the type of heart attack.

A vast NIH study found that of heart attacks treated on-scene with automatic external defibrillators (AEDs), those that occurred in public were much more likely to be ventricular tachycardia (VT) or ventricular fibrillation (VF) attacks, the types of abnormal heart rhythms that can be treated by electric shock in the first place.

## Dislike seasickness? Stare at horizon

University of Minnesota "body sway" expert Thomas Stoffregen has found that seasickness on swaying ship decks can be prevented by locking one's gaze onto the horizon. The trick works by apparently allowing the brain to separate the body's own motion from that of the ship.

## Bariatric surgery cuts pounds, death risk

An Italian review of data from several previous studies has found that gastric bypass and gastric banding, the two most popular forms of weight-loss-inducing bariatric sur-

gery, cut in half death rates among the morbidly obese. The phrase refers to individuals with extreme and debilitating obesity.

## Narcotics cluttering medicine cabinets

A new federal study confirms what your humble *Gazette* editor already knows from experience: Prescription drugs are often overprescribed and underused, leaving little jars of dangerous pills cluttering medicine cabinets. The study of painkillers Oxycotin and Vicodin prescribed for urology-surgery recovery, found that in 2007, over 5 million Americans age 12 or older said they had used a prescription narcotic for "non-medical" reasons in the past month—with just over 56 percent also saying they got those pills from family members or friends. So when you're done with the pills because the pain is gone, throw them out.

## Cholesterol-busters apparently work for all

Previous studies indicated that *statins*, the popular cholesterol-busting drugs, work better on people with higher levels of C-reactive protein, a protein whose presence indicates higher risk of heart disease. However, a five-year British study of over 20,000 heart-risk patients found no link between levels of the protein and benefits from the drugs. The study was partially funded by drug maker Merck, which makes the statin Zocor.

## Exercise builds brain matter

Confirming "Use it or lose it," a study of 120 seniors—60 doing 40 minutes of aerobic exercise thrice weekly and 60 merely stretching—found that the hippocampus, the brain's memory part, physically grew by about 2 percent in exercising seniors over one year. In healthy older adults, the hippocampus normally shrinks by 1 to 2 percent each year, indicating that exercise not only stops memory deterioration in seniors but can actually reverse it.

## Kids fed junk learn to prefer it

A study of U.S. preschoolers' food habits has (depressingly) found that the kids' favorite foods were those high in sugar, fat and salt—and that they could readily identify many popular fast-food chains and the top two cola companies. "Repeated exposure builds taste preferences," noted University of Oregon Lundquist College of Business professor of marketing T. Bettina Cornwell in a university news release.

## Protein indicates cancer

NIH and University of Hong Kong researchers have discovered that high levels of CPE-delta N, a particular protein in cancer cells and surrounding tissue, could predict at least 90 percent of the time whether liver and other cancers would spread within two years, creating possible new tests.

## Osteoporosis screening for older women

The U.S. Preventive Services Task Force (USPSTF) has updated its 2002 osteoporosis recommendations, now saying that women ages 65 and older be routinely screened for the bone-thinning condition.

## Babies seem to grasp "bigger is stronger"

In a new study, babies age 10 months to 16 months consistently expressed surprise when seeing a large animated block on a screen move out of the way of a small animated block. The study reflects the common societal perception that physical size equals dominance.

## Kids not born scared

Children are not born with a dread of snakes or spiders but learn these fears very quickly, a new study suggests. Earlier research shows that adults quickly differentiate between scary and safe creatures, with the new study confirming that so do kids—but that it's a learned response, not a natural one.

## War physically changes brains

Brain scans of several dozen Dutch soldiers deployed to Afghanistan between 2008 and 2010 found that their brains had undergone neural-activity changes in the fear-, vigilance- and emotion-control centers. The study also found that neural-activity changes in individual soldiers' brains depended on how they perceived threats.

## Disciplined kids, successful adults

Children with the most self-control at three years old become the healthiest, wealthiest and most successful adults, new research finds—while those with the least are more likely to drop out of school, break the law and struggle financially.

Poor self-control was described as having low tolerance for frustration, lack of persistence in reaching goals, difficulty sticking with tasks, impulsivity, overactivity and restlessness, and difficulty taking turns.

The good news, however, is that a wealth of older research shows that self-control can be taught.

## Vitamin D update

• Taking extra vitamin D doesn't seem to prevent osteoporosis, or bone-thinning, in older men, according to Australian researchers. However, exercise did boost bone mineral density, a proxy for bone strength, their report shows.

• Another Australian study suggests that increased sun exposure and higher vitamin D levels may help to protect against the risk of developing multiple sclerosis, mainly by lowering the immune-system overactivity associated with MS. The NIH's recommended daily intake of vitamin D is 600 IU in adults up to age 70 and 800 IU for older people.

• Low levels of vitamin D don't put older women at greater risk for Type 2 diabetes, a large study of U.S. women suggests.

• As a matter of fact, another study (from Iran!) says drinking yogurt with extra vitamin D may help people with diabetes regulate their blood sugar. However, while numerous studies have linked vitamin D to a lowered risk of diabetes, others have found no benefit.

• A new study by UC S. Diego says adults need at least 4,000 IU of vitamin D day to dramatically cut the risk of several major diseases. Last year, a National Academy of Sciences committee announced that 4,000 IU a day appears safe for adults and kids aged 9 and up.

## "Sticky" diabetes fruit problem

A new study shows that natural sugars in fresh fruit remain on fingertips until washed away with tap water and can throw off diabetics' finger-prick blood-sugar tests.

## Warm injections hurt less

Canadian researchers now say that local-anesthetic injections can be far more painless if they are heated to body temperature first.

## New kids' vaccination recommendations

According to the American Academy of Pediatrics' newest recommendations, teenagers should get a meningococcal meningitis booster shot and all kids should have up-to-date whooping cough vaccines in light of recent outbreaks.

## Law bad for medicine

A survey of orthopedic surgeons found that 19 percent of the imaging tests ordered was for "defensive purposes." Mostly MRIs, the tests accounted for about 35 percent of total imaging charges. Many lawsuits hinge on claims that doctors should have ordered extra tests.

## Chromosome linked to sleepwalking

Researchers have identified a genetic link to sleepwalking. After studying four generations of a family of sleepwalkers, they concluded that the condition is linked to a fault in part of Chromosome 20—just one copy of the defective DNA is enough to cause sleepwalking, according to the researchers.

## Exercise at your desk job

Earlier studies have documented links between poor health, a variety of diseases and prolonged office sitting—but researchers have now developed a mounted-pedal device that sits in front of office workers' chairs on the floor, allowing them to exercise while working. Just 23 minutes of daily pedaling could improve workers' health, according to researchers.

## Dark chocolate healthy

The antioxidants in natural cocoa are one reason eating dark chocolate (in moderation, at least) is a good idea, according to new study... by the Hershey chocolate company. Anti-oxidants help keep arteries flowing smoothly and cut down on the risk of heart disease.

## High "good" cholesterol, old men

Men reach their 85th birthdays tended to have high levels of good cholesterol in their 60s, a new study says, finding that men with the highest good (HDL) cholesterol were 28 percent less likely to die before they reached 85, compared to men in the lowest HDL group.

## Multilingual skills maintain memory

A new study found that the more languages participating seniors currently spoke, or had spoken previously, the better protected they were against experiencing memory loss.

## Optimism good for heart

Did we really need a study for this one? Well, now it's official: heart patients are more likely to survive if they have a positive outlook. Over 2,800 heart-disease patients were surveyed for their belief in the ability to recover from illness and return to regular routines. But after 15 years, when 1,637 of the patients had died, patients who had optimistic outlooks were found 30 percent less likely to have died. The increased risk among pessimistic patients persisted even after the researchers compensated for a number of factors, including heart disease severity, age, gender, income, depression, and social support. ■

# Making the Cut

Continued from Page 1

Other planned OPWDD reductions include lowered funding for workshop, day training and other day services, as well as reduced funding for transportation and residential habilitation services provided through IRA programs.

The plan also calls for the continuation of the 1.1% reduction in OPWDD local aid begun in 2010-11.

Of significant concern to the human-services community is the fact that any New York State Medicaid spending reduction triggers a federal matching-funds reduction—meaning that state Medicaid services consumers stand to lose two

dollars for every one trimmed by Albany.

“Serving people with disabilities is an essential responsibility that New York has long assigned a very high priority,” read a recent NYSRA bulletin. “However difficult the fiscal climate... this high priority cannot be abandoned... Considerable savings can be realized by shifting people to the community settings, which are run at considerably lower costs than state facilities.”

The OPWDD serves about 126,000 people with developmental disabilities and funds about 86,000 people in community residences. It also partners with about 4,300 voluntary agencies.

Other budget concerns include limited approvals of new consumers and state-workforce layoffs, which could reach into the thousands.

Those concerns and others were aired at the OPWDD’s annual budget briefing, held this year on February 9 in Albany. However, the briefing, led by top OPWDD officials Max Chmura, Lou Raffaele and Jay Kiyonaga, acknowledged that the new budget closes the \$10 billion deficit.

A key part of state Medicaid costs reduction is Cuomo’s Medicaid Redesign Team (MRT), a group of over two dozen private and public healthcare industry leaders, including major hospital and union captains, which has been tasked with reducing Albany’s Medicaid expenditures by \$2.85 billion—a strategy that largely negates opposition by

making it part of the process.

Among the Team’s recommendations was a proposal to cap the maximum noneconomic-damages allowed in medical malpractice suits at \$250,000. Hospitals are fairly thrilled by the proposal; in 2004, medical consulting firm Milliman estimated that such a cap could cut hospital and physician premiums statewide by an astounding 24%. The New York State Bar Association, understandably, is opposed to the cap.

Among the taxes suggested by the Medicaid Redesign Team is a \$99 million extension of the outpatient-services tax, which currently only applies to hospitals. The extension—an expansion, really—will slap the tax on office-based healthcare providers too, ostensibly to level the playing field between hos-

pitals and medical offices.

A critical source of revenue in Cuomo’s plan involves the Office of the Medicaid Inspector General (OMIG), which operates on a revenue target system. That office’s target intake resulting from waste, fraud and abuse investigations was \$650 million; that figure was bumped up to \$693 million in the Governor’s plan.

After considering thousands of cost-cutting ideas, the team voted for and submitted to Cuomo a list of close to 80 proposals, including a new cap on state Medicaid spending, on February the 24th. Those recommendations alone would save the state over \$2 billion. Cuomo submitted the MRT’s suggestions to the State Legislature on March 1; legislators have 30 days to vote on it. ■

# Hamaspik HHA

Continued from Page 1

sumers.

If and when Alzheimer’s patients yell at HHAs, for example, caregivers must understand that “they are upset that they need help,” says the newly-educated Fleischman of care recipients stricken with the degenerative disease. “You have to show them that you’re there to help them.”

Vixamarre concurs. “The most important thing is to take care of people,” he proudly says. “You don’t work to get paid. You work to help people.”

## Getting the word out, bringing the world in

For the past several weeks, Hamaspik Care has been engaging in community outreach on several fronts.

Hudson Valley community members have been noticing numerous display ads in community circulars notifying them of the availability of comprehensive home care for patients getting on in years and not able to care for themselves as they once did.

In that vein, an ad broadcasting the slogan “Entrust your parents to Hamaspik Care” has triggered a robust grassroots reaction, with dozens of calls coming in to Hamaspik Care’s newly-established toll-free hotline, 855-HAMASPIK. (That’s 1-855-426-2774 for those of you who don’t read “telephonese.”)

“We’re trying to help people in need,” says Hamapik of Rockland County Director of Operations Yoel Bernath, who also oversees daily operations for Hamaspik Care. “Rockland County, for example, is a very diverse community and we are trying to reach out in all languages, making people aware that Hamaspik is the home care agency they need turn to when they need help. We’re pleased with the response we got back from the community.”

Ever since Hamaspik Care’s community outreach campaign really got underway, “a lot” of phone calls have been coming in, says a Hamaspik Care intake staffer.

Asked, however, when the “flood” of calls to Hamaspik Care truly began, the staffer’s response illuminates not just the inner workings of Hamaspik’s newest service, but of how the agency runs overall: “There were calls for [home care] services long before the program was licensed,” she says. “That why we went for the licensing—because there was such a need.”

That need, the staffer continues, included calls for nursing, HHA and PCA services, and physical therapy, speech therapy and occupational therapy—a need for “everything,” she simply states, “whatever help they can get at home for their loved ones.”

And that’s exactly how Hamaspik Care was born: Hamaspik intake staffers diligently maintain a carefully categorized log of all incoming calls, keeping the agency keenly aware of the community’s pulse and allowing it to authoritatively know where precise needs lie—and it was that knowledge

which led to the new home-care agency today known as Hamaspik Care.

“When there’s a need, [Executive Director] Mr. [Meyer] Wertheimer rises to the occasion,” says the staffer.

## We speak your language

At the same time, Hamaspik Care has also been working to build up its cadre of competent HHAs, advertising in the Hudson Valley’s several ethnically-targeted print-media outlets so as to reach as many communities as possible.

Bernath says that because Hamaspik Care is licensed to provide services in numerous Hudson Valley counties, it’s all the more imperative that grassroots community members be recruited to work with their own people with the language and cultural norms those communities are most comfortable with—people like Vixamarre and Fleischman.

That’s why Hamaspik Care has placed ads for its HHA training programs in at least one Haitian-language paper serving Spring Valley’s Haitian expat community, as well as several Yiddish-, Hungarian and Polish-language notices in newspapers serving those sizable communities.

Thanks to the ads, the HHA training class at Hamaspik’s administrative offices on Monsey’s Route 59 have been brimming with the kaleidoscope of diversity that is the greater Hudson Valley community, with Caribbean immigrants, Chasidic men, recently arrived Russians and newly-minted Latino-Americans sitting side by side in one classroom.

Though they may have different backgrounds and ethnicities, their

collective goal is one and the same: to help the members of their respective communities as only they can.

“The amazing thing about it is that it does for people who need home care what Hamaspik does for special-needs individuals,” says Fleischman of Hamaspik Care. “It treats the old the same as the young”—an accurate depiction of an agency that applies its gold standards across the board. ■

# Happenings Around Hamaspik

Responding to community and in-house organizational need, Hamaspik of Rockland County’s Medicaid Service Coordination efforts grew with the recent hiring of Mrs. Tzivia Frommer, a state-certified Licensed Master Social Worker (LMSW). A product of the prestigious New York University, Mrs. Frommer now capably and exclusively handles Hamaspik’s caseload of NHTD and TBI Waiver consumers.

In response to growing demands created by its popular home-care

services, Hamaspik Care’s Lauren Wieder, RN has now been joined by Mrs. Bracha Kivelevitz, RN as its second full-time Field Nurse.

Hamaspik Care’s hard-working 61st St. Briderheim Home Manager David Mizrachi, a five-year agency veteran, was recently promoted to Hamaspik of Kings County’s first-ever Director of Residential Services. Reflecting his own dedication and the agency’s growth, Mr. Mizrachi joins Hamaspik of Orange County’s Joel Weiser and Hamaspik of Rockland County’s Shaya Werberger, those branches Residential Services Directors in proficiently overseeing an expanding community.

Mizrachi is replaced at 61st by Yossi Moskovits, a now-former Direct Care Worker whose remarkable dedication earned him the skills and experience necessary to professionally run a group home—and the new title of Home Manager.

What’s cooking at the 38th St. Shvesterheim? A new cook, that’s what. Mrs. Fisher, the recently hired new “Executive Chef” at Hamaspik’s youngest IRA, is apparently making a splash. “I don’t know why food makes a difference, but it does,” Mizrachi tells the *Gazette*. “The food is better and the kids are happier.” ■



## Hamaspik Gazette

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