HAMASPIK GAZETTE

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News of Hamaspik Agencies and General Health

Hamaspik Awarded, Again, Major Home-Adaptation Grants for Disabled in City, Upstate

State HCR's long-established Access to Home program covers accessibility modifications

Sure, the offices of Hamaspik provide a plethora of social services and health-related programs.

But it's not often that all three agencies of Hamaspik—Kings, Orange and Rockland Counties—are simultaneously approved to provide the same thing, at the same level, and on the same day.

Yet that's just what happened this past Friday, December 9, 2011, as Hamaspik from Brooklyn to the upstate communities of Monsey and Monroe was tapped to provide the Access to Home program yet again.

Modifying homes, modifying lives

The Access to Home program was created by HCR, New York State's Housing and Community Renewal department, to help low-income disabled individuals or disabled seniors retain mobility and accessibility at home.

By modifying homes to meet the specific needs of individual denizens, the program not only helps recipients enter, exit and navigate their comfort zones with ease, but, most importantly, live their lives at their accustomed levels of comfort.

A disability like a stroke or other inability to walk can render homeowners virtually trapped in their own homes, bereft of that all-important social life and ability to visit their favorite haunts.

In such situations, a simple staircase can become a veritable steel door, or a front door an iron gate. Dens of familiarity like living and dining rooms or, well, dens, may suddenly become inaccessible due to staircases or doorways barring wheelchairs or walkers.

An editor at the *Gazette* recalls once sustaining an ankle injury that rendered one leg temporarily unable to bear any weight; without crutches, getting around the apartment was next to impossible.

Now apply that model to an inability to walk up the stairs to your bedroom, or get down the front steps to the sidewalk, and you've got what easily could become a shut-in.

With Environmental Modifications (e-Mods) from HCR, however—specifically, through the approved non-profit agencies that provide e-Mods in the context of Access to Home—walk-in (or roll-in) bathtubs can be installed, staircase chair lifts can be put in place, and even elevators can be added to make residences fully accessible.

And with e-Mods, residents' peace of mind, dignity and freedom can be restored, too.

Before and after: What Access to Home looks like

Accessing Access to Home

The three Hamaspik agencies were each granted $250,000 to be

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PANDAS Phenomenon Finally Garnering Serious Attention

Modern medicine takes a real look at mental-health/strep link

The day has finally come.

In recent weeks, PANDAS has snagged headlines in the *Wall Street Journal*, *Los Angeles Times* and other leading media outlets—reflecting what appears to be a coming-around of sorts from a formerly-dismissive medical establishment on the unusual condition.

But symptoms of PANDAS—pediatric autoimmune neuropsychiatric disorder associated with streptococcus—have for years been an issue to *Gazette* readers and letter-writers, Editor Isaac Schnitzler reports in this month's Yiddish-language edition.

These range from tics, obsessive-compulsive disorder (OCD), phobias, panic attacks, anxiety and anorexia to stuttering, selective mutism and even body dysmorphic disorder (in which the body is perceived as grossly defective).

But one red thread runs through all such reports: symptoms appeared shortly after kids were treated for the common strep bacterial infection, which typically causes sore throats.

According to Schnitzler, many parents have also tried numerous doctors and mental-health professionals—with all parties involved coming away scratching their heads.

Until now, that is.

Fringe medicine no more

"The whole area of mental illness caused by infections is being looked at more closely because of PANDAS," Dr. Michael A. Jenike, a professor of psychiatry at Harvard Medical School and chairman of the International OCD Foundation's scientific advisory board, told the *L.A. Times* in early December.

But what exactly is PANDAS?

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OPWDD

Community Habilitation
Providing: Personal worker to achieve daily living skill goals

Home Based Respite
Providing: Relief for parents of special needs individuals

After School Respite
Providing: A program for after school hours and school vacations

Supplemental Day Hab Program
Providing: an extended day program

Camp Neshomah Summer Day Program
Providing: A day program during summer and winter school breaks

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

Individual Support Services
Providing: Apartments and support for individuals who can live independently

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

Day Habilitation
Providing: a Day program for adults with special needs

Article 16 Clinic
Providing: Physical therapy · Occupational therapy · Speech therapy · Psychology · Social work · Psychiatry · Nursing · Nutrition

Environmental Modification
Providing: Home modifications for special needs individuals

Supported Employment
Providing: support and coaching for individuals with disabilities to be employed and 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 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
Providing: Support for the families of individuals with special needs

DOH

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

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

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

Nursing Home Transition and Diversion
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

Child & Adult Care Food Program
Providing: Breakfast · Lunch · Supper · Snack

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-CDPAP
Providing: Personal aides for people in need

Social 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

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

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

Parental Retreats
Providing: Getaways and retreats for parents of special needs individuals · Parent support groups

Access to Home Grants

Continued from Page 1

spent on ten area homes that house individuals with physical disabilities or the frail elderly.

This means that Hamaspik of Kings, Orange and Rockland County will each be able to spend up to $25,000 on each qualifying client's home modification job.

Or, should renovations cost significantly less, leaving the agency with remaining funds, said funds might be used to render additional homes disabled-friendly.

For some, that may mean nothing more than a wheelchair ramp installed at the front entryway. For others, Access to Home may involve significant interior contracting, broadening door frames or even hallways if feasible to render various rooms accessible once again.

And for many, Access to Home will mean being able to care for themselves without compromise or discomfort.

Hamaspik's staff, familiar as they are with a program the agency has offered when available as far back as 2006, are now standing by once again to walk potential applicants through the qualification process.

Getting Access to Home services, whether for one's self or one's disabled child, requires the assent of the owner of the residence in question. Applicants must also prove income and financial assets below a certain level.

Once qualified, one of Hamaspik's Access to Home Coordinators will personally visit the site in question to conduct a preliminary inspection of the living arrangements.

Once the future recipient's specific needs are isolated and agreed upon, Access to Home will offer the contracting project to a limited number of contractors and/or specialty equipment sellers and installers.

Upon selecting the most appropriate bidder, the Coordinator will give the selected contractor(s) the green light to go ahead and carry out the modification work. Depending on the work involved, projects may be completed in as little as a few days to as much as several weeks.

What change looks like

For the longtime Monsey resident, a founding father of his community synagogue and a mainstay of the area for decades, being confined to a wheelchair was devastating.

His home, a classic Monsey split-level ranch house, was not equipped for the ubiquitous mobility chair. Friends and family were not always available to help the venerable elder come and go as he wanted (or needed), leaving him increasingly stranded inside his own home. Clouds of depression loomed, reflecting in the older man's increasingly sagging face.

Hamaspik was contacted—and a Hamaspik-purveyed Access to Home contracting crew was shortly hard at work on the scene.

Of primary importance was the custom-built, elegant but functional wheelchair ramp that complemented the home's outer appearance. The crew also made other interior modifications—all allowing the gentleman to continue living his life with the same independence as always.

And Hamaspik has many more stories like that—and across three counties.

"Thanks to Governor Cuomo's commitment to the Access to Home program, dozens of New Yorkers will enjoy independent living in the dignity of their own home," said Meyer Wertheimer Hamaspik's Executive Director.

Mr. Wertheimer also thanked Darryl C. Towns, HCR's Commissioner, "for granting this opportunity to Hamaspik."

But the next stories in its Access to Home collection are those sure to be written with the new grants—real-life stories of disabled individuals young and old alike returning to lives of happiness and freedom thanks to newly-modified homes made possible by Access to Home.

You or a loved one may qualify for Access to Home! Find out more by contacting Hamaspik. In Brooklyn, contact Hamaspik of Kings County's Central Intake at 718-431-8400x408. In Orange or Rockland Counties, contact Hamaspik of Rockland County's Central Intake at 845-503-0200. ■

BPA Getting "Badder"

Debate over chemical goes on

Bisphenol A (BPA) is an epoxy resin used to coat the inside surfaces of common food-product containers like canned soups. It's also found in many consumer products, including baby bottles, dental sealants, medical equipment and receipt paper.

A mid-2011 study found that male laboratory mice who ate food with elevated BPA levels were demonstrably more repellent to female mice.

Other research has linked it to cancer, diabetes, heart disease and other serious conditions. China, Canada and the EU already ban BPA-containing items. And this past summer, Senator Dianne Feinstein (D-CA) called for a federal BPA ban.

A study last month indicates that infant girls exposed in gestation to high BPA levels are more likely to be anxious, depressed and hyperactive by age three. The study also found BPA traces in over 97 percent of the 240 mothers in the study, along with 97 percent of their children.

And in a most recent BPA study, people who ate soups out of BPA-lined cans had BPA levels a few hours later that were about 12 times higher than people who had not.

Still, the levels were still within the range that government agencies consider safe. The body rids itself of BPA within a few hours of consumption. And the FDA still considers BPA safe.

"Consumers need to remember that BPA-based epoxy coatings are used to keep food safe," said John Rost, chairman of the North American Metal Packaging Alliance (NAMPA), in a statement issued by the industry group.

Indeed, without some sort of coating, metal cans can corrode, allowing bacteria to contaminate food and putting consumers at risk for food poisoning.

However, health researchers remain concerned whether BPA levels could remain elevated through constant consumption of food items from cans and bottles. ■

Medicaid Transportation Coordination Contract Awarded to Private Firm

Hamaspik working to ensure smooth transition, service for providers

Beneficiaries of Medicaid-funded programs like Family Care, long a mainstay of Hamaspik's community-benefiting programming, are entitled to fully-reimbursed transportation to and from doctors' appointments and other medical care.

Put simply, that means that if a Family Care-providing mother needs to take her special-needs child to and from the dentist via local taxi, Medicaid will pay for that taxi.

But now, in an effort to trim costs and help shoulder its part of the state's deficit burden, the DOH has awarded coordination of such Medicaid transportation services in the greater Hudson Valley to one bidder: MAS Transportation.

That means that, if you are a Family Care provider in Orange or Rockland Counties and your ward has to see her pediatrician or get checked out by a specialist or clinic, you have to work with MAS to arrange all your Medicaid trips.

Likewise will all Medicaid program beneficiaries, including those on Waiver programs like Nursing Home Transition/Diversion (NHTD), Traumatic Brain Injury (TBI) or Home/Community Based Services (HCBS), now need to work through MAS.

The change is expected to go into full swing in the coming weeks.

Hamaspik's Family Care providers are expected to be inordinately affected by the change, particularly in Orange and Rockland Counties. For that reason, as outlined in a letter sent by the agency to all providers, Hamaspik is working to mitigate any expected inconveniences triggered by the new transportation requirements.

The private transportation company in question, MAS, has long been providing transportation coordination services to Medicaid patients in other regions.

The company does not actually provide transportation vehicles, but rather, provides transportation-company screening, approval and coordination services.

The change is just one of the many being made by Albany as part of its ongoing budget-cutting efforts, particularly with Medicaid costs, the state's largest single expense.

As such, Medicaid-funded transportation to and from doctor appointments, therapy sessions, clinic visits and the like have long been eyed by state budget hawks.

But the current change is not the state's first foray into Medicaid medical transportation cost-cutting.

In a pilot program kicked off seven years ago, private transportation company MTM took the reins of Medicaid transportation management for Orange County recipients.

The state is now taking the program to the next level, phasing in a Hudson Valley-wide rollout. As mentioned in *Gazette* #80, the DOH opened bidding several years ago for one firm to meet all its Medicaid transportation coordination needs for the entire Hudson Valley, a region comprising 13 counties.

With MAS recently securing the winning bid, a new chapter begins.

If its initial statements are any indication, MAS intends to deliver—on both quality of service and rigorous cost scrutiny. As such, legitimate Medicaid trips to points outside the Hudson Valley, like doctor visits to Manhattan or Westchester, are expected to encounter bureaucratic snafus.

During the first round of Medicaid trip reform in Orange County seven years ago, Hamaspik joined a coalition of non-profits, caregivers and other interested parties in planned legal action against the County, arguing that privatization of Medicaid transportation was illegal and discriminatory.

For various reasons, however, that effort was dropped, eventually paving the way for the state to roll out its now-current privatization plans across the entire region.

For its part, Hamaspik is doing everything it can to minimize the effects of the change on individuals and their caregivers, including working with MAS and state officials. As stated in its initial letter to caregivers, Hamaspik will "leave no stone unturned to ensure that our care recipients continue to get the best doctors, help and therapy that they need."

In the coming weeks, as the change in transportation arrangements becomes reality, inconveniences may occasionally occur. Family Care and other Hamaspik providers are asked for their understanding and patience while Hamaspik does its utmost to mitigate any inconvenience or discomfort.

Working together as a team—families, state officials, MAS, transportation companies and Hamaspik—Hamaspik hopes that all difficulties will be overcome and that services will continue in the best possible manner, helping Hamaspik continue its mission. ■

Autism in the News

In a new study, mothers of autistic children observed for eight consecutive days were found to have higher stress levels than mothers of typical kids. However, they were also just as likely as mothers of typical kids to have positive experiences each day, volunteer or support their peers.

*

A birth-to-age-21 study of 862 people who were less than 4.5 pounds at birth found that five percent developed autism, compared to the one-in-110 general rate. The study indicates that babies who are very small at birth are five times more likely to develop autism.

*

Two separate small new studies indicate that the brains of autistic children are physically different than those of children without autism.

In the first, researchers scanned the brains of 24 kids ages eight through 18 without autism and 24 with autism. The scans differentiated between the two groups with 92-percent accuracy.

In the second, boys with autism were found to have an average of 67 percent more neurons in the prefrontal cortex region of their brains than children who did not have autism.

*

Autism researchers found that some autism treatment centers diagnose children with Asperger syndrome, a high-functioning autism form, only if IQs are above 70—while other centers render Asperger's diagnoses only if patient IQs are above 115. The discrepancies lend credence to the call to replace "Asperger's" and other labels with the universal "autism spectrum disorder."

*

In normal lungs, the windpipe branches into two, one for each lung—with a number of airways branching off those branches into the lungs in a random pattern.

But in autistic children, the airways branched off in neat, symmetrical patterns—and were also both smaller and, most interestingly, doubled up in groups of two, Florida pediatric pulmonologist Dr. Barbara Stewart has found.

*

National Institute of Mental Health (NIMH) researchers are studying neurons cultivated from people with Timothy syndrome, an extremely rare genetic disorder with less than 20 patients worldwide, to learn more about how neurons in autistic brains develop incorrectly. ■

Hamaspik Bids Farewell to Longtime Orange County Partner Chris Ashman

Dept. of Mental Health Commissioner retiring after 20-plus years

After 20-plus years as Commissioner of the Orange County of Dept. of Mental Health, Chris Ashman will be officially retiring as of January 6, 2012.

The announcement was made in a mid-October e-mail to industry colleagues and friends.

"My 30 years/20+ as Commissioner at the Orange County Department of Mental Health has been a wonderful experience," wrote Ashman, "…because I come in every day to work side-by-side with the best team of staff in Orange County Government, and enjoy the best working relationships with our community-based partner agencies."

Mr. Ashman had initially considered retiring in early October, but postponed the date to wrap up unfinished tasks and allow for a more efficient transition period.

Ashman praised his peers for positioning the agency for "forward momentum" after his retirement.

He also cited "strong collaborations" with community agencies for the Department's "well recognized and respected record of success."

Roots: Ashman planting a tree at the Hamaspik of Orange County Admin/Day Hab Building dedication in Oct. 2009

For its part, as one of those agencies, Hamaspik bids a fond farewell to Commissioner Ashman.

"He was always available to us," says Meyer Wertheimer, Executive Director of Hamaspik, who first got to know Ashman in the early '90s, shortly after the Commissioner had assumed his post.

Ahead of a January 7 retirement party, Ashman and Wertheimer met at the Commissioner's office on Monday, November 28. The two spent several hours looking back at numerous accomplishments and years of close camaraderie.

As a parting gift on Hamaspik's behalf, the Executive Director presented Mr. Ashman with an elegant plaque-mounted poem—accompanied by a collage of photos of the Commissioner's interactions with Hamaspik over two decades.

"We had a real friendship" built on "a real understanding" of people with special needs, Wertheimer adds. "We will miss a compassionate man who really looked out for the people he served." ■

HamaspikCare CDPAP Moving to Managed Care

Change expected to cut costs, boost effectiveness

What's the difference between PACE and CDPAP? Nothing, really.

That's because the PACE (Personal Aide Consumer Empowerment) program is really HamaspikCare's take on CDPAP (Consumer Directed Personal Assistance Program), an initiative offered by New York State to Medicaid members in need.

In July 2012, as part of the state's ongoing Medicaid Redesign Team (MRT) recommendations, all CDPAP programs will begin gradually transitioning to Managed Care.

What does that mean in plain English? Let's back up a bit here.

As its name indicates, CDPAP provides individuals in need—often seniors who just need a little help around the house or while out shopping—with a capable, competent and caring assistant at their side to help in the nooks and crannies of daily life.

But CDPAP is also often beneficial to anyone who needs "entry-level" home care.

In contrast to skilled nursing visits, 'round-the-clock or shift nursing, Home Health Aides (HHAs) or therapy visits—all of which HamaspikCare also provides—CDPAP is also for individuals who require minimal personal assistance, regardless of age.

"It provides choice to the consumer. They can choose who should be their aide," HamaspikCare Director of Operations Yoel Bernath explains to the *Gazette*. "That's the main concept: You empower the consumers to make the right decisions that will best suit their needs."

This could be someone who just had a hip replacement or other such operation, and who just needs a hand getting up and down the front stairs, or in and out of the car, during recovery.

For longer-term needs, CDPAP not-infrequently serves individuals who cannot dress, bathe or feed themselves.

As mentioned, one has to be on Medicaid, the public-health program for the poor, to get CDPAP.

One obtains CDPAP through any voluntary agency that provides it, like HamaspikCare.

To qualify for any CDPAP service, one's local county Department of Social Services, which functions as program gatekeeper, first will send nurses and/or other staff to conduct initial assessments of one's condition and needs at one's home.

Based on this initial assessment, the County will determine whether one qualifies for the program—and if yes, what type and frequency of care the recipient will receive.

But now, whether you're an existing or future CDPAP (or PACE) client, funding for your CDPAP services won't be overseen by your local Medicaid offices but rather, through what's called *Managed Care*.

A Managed Care company is a private-sector entity that coordinates and provides various care services for a government entity. One example is Fidelis, which provides medical care to Medicaid members and which works with HamaspikCare.

In July of 2012, Managed Care entities will begin providing CDPAP services too—which means that just like you're able to go the doctor and present your Fidelis card for payment, you'll likewise be able to use your membership in Fidelis and others to get CDPAP services.

Organization-wise, this means that Managed Care entities will be taking the reins of initial assessments and other management tasks from county hands.

Most significantly, the change entails a switch from a fee-for-service payment model to a capitated rate model, in which Managed Care companies are paid a flat rate per CDPAP member per month—regardless of quality or quantity of care administered.

As a result, the Managed Care companies will be watching every penny spent on CDPAP clients with eagle eyes, especially those with extensive (and costly) care needs—ensuring that hours and services are not allocated unnecessarily, and that efficiency and economy become the program's new twin watchwords.

But for now, if you need CDPAP, look no further than HamaspikCare's PACE. ■

Hundreds of Regulations, Two Residences, One Result

Hamaspik's Fosse and Seven Springs homes pass muster

"Speak softly and carry a big stick," goes the ancient African proverb, a favorite of President Theodore Roosevelt.

And at Hamaspik, that big stick—metaphorically anything that projects clout—is its impeccable safety and compliance record (not to mention its achievement and progress record).

Since its founding in 1987, the multifaceted health and human-services agency has demanded uncompromising, five-star performance from its employees—and has delivered superlative care.

Whether at the Dinev Inzerheim ICF, Hamaspik's only Intermediate Care Facility and first-ever group residence, or its Individualized Residential Alternatives (IRAs) in three counties, Hamaspik's track record continues to speak louder than words.

Most recently, Hamaspik notched up yet another achievement in its long line of virtually perfect adherence to all city, state and federal laws—and there are quite a few—governing its operations.

Make that two achievements, actually.

The first occurred on Wednesday, November 22, when an auditor with the New York State Office for People With Developmental Disabilities (OPWDD), the agency under whose auspices are run Hamaspik's network of IRAs, paid an annual visit to "Fosse."

The Fosse Shvesterheim IRA, located on Fosse Rd. in suburban Airmont, was once again found to have "no regulatory deficiencies"—in plain English, meaning that everything was A-OK.

Exit signs were clearly marked, and wall-mounted escape route maps, like the exit signs and fire extinguishers also a critical part of the home's fire-safety program, were on visible display.

In the same vein, the walk-through audit also entailed perusal of the home's fire-safety plans and whether the various shifts of workers were adequately fire trained and certified. (They were.)

"House is beautiful, clean and well maintained," wrote the surveyor on her standard Exit Conference Form. "House is well managed. Staff are caring and knows the individuals needs."

"It's always so homey. Each room is decorated differently," remarks Mrs. Esty Landau, Fosse's indefatigable Home Manager—a touch that underscores the home's individualization, she notes.

News of the second came down via an in-house mass e-mail at Hamaspik on the morning of Thursday, November 24—reporting that the Seven Springs Shvesterheim IRA had been audited.

That survey, which had only occurred the day before, had resulted in a "perfect 10" for the Orange County, New York-based group home. Among the OPWDD surveyors' findings were these positive comments: "Observation and family interviews identified individuals are well cared for and live in a beautiful home… Interview with parents were very impressing."

The auditors also praised the group home for being "beautifully maintained," and staff for their "great intervention with individuals" as well as their encouragement of residents' independence.

"Individuals residing in the house are very happy and content with their living situation," the survey exit notes concluded.

To the mother of Tzipporah "Tzippy" B., a Seven Springs resident in the Hamaspik system for over 12 years (she first lived at Dinev), that happiness and contentment springs from security.

"It improved her complete situation," says Mrs. B. of her precious daughter's departure from home to Hamaspik, explaining that the comprehensive care finally granted Tzippy the self-confidence and secure identity she'd always craved.

"She's a bright girl, but competition at home was difficult," says Mrs. B. of days gone by.

Today, Tzippy's situation reflects a certain calm, says her mother. "Everything's taken care of: Medical, dental, daily living habits," Mrs. B. says. "The routine is wonderful for her."

How much of a difference has the home made in her child's life?

"I would say a world of a difference," Mrs. B. freely offers. "She's very happy with who she is. She had a lot of frustration. That has dropped completely. Her reading has improved—and she's happy! She's okay with who she is."

Mrs. B. also lauds the mainstreaming activities that are a regular part of the Hamaspik programming, both at Seven Springs and at the Orange County Day Hab, which Tzippy also attends—specifically, how family members are made a part the individuals' lives.

But like a high-performance automobile, it's the engine components moving in perfect sync beneath the shiny hood that drive such successes.

At Seven Springs, those would be Home Manager Mrs. Miriam Heilbrun and Direct Support Professionals (DSPs) Englander, Ergas, Indig, Pollack, Schnitzler and Weinstock—backed by the professionalism of IRA Nurse Rachel David, RN, agency psychologist Alan Blau, PhD, Maintenance Manager Samuel Falkowitz and Residential Services Director Joel Weiser.

At the Fosse Shvesterheim, the winning team consists of Home Manager Mrs. Esty Landau and DSPs Bachrach, Berger, Fischer, Greenfeld, Reinhold, Steiner, Taub and Weissmandl—with expert backing by IRA Nurse Evie Steinhart, RN, Maintenance Manager Israel Katina, Residential Services Director Shaya Wercberger, and Dr. Blau.

With each individual staffer authoritatively dominating the dozens of regulations governing his or her duties, the result is two clockwork-like group homes… and an almost predictably positive outcome.

Not to mention a stick that seems to keep getting bigger. ■

The picture of compliance: Hamaspik of Orange County's Seven Springs Shvesterheim IRA

Fixing Medicare Once and For All—Again

Washington "Doc Fixes" problem, no solution in sight

Doctors who treat Medicare patients were facing a drastic a 27.4 percent cut this January 1st, 2012 in what they are paid for treating members of the federal healthcare program for seniors that currently serves about 48 million members.

Since 2003, the perennially proposed pay cut has been postponed by Washington in what has come to be called the "Doc Fix"—legislative machinations to prevent the cut from taking effect.

So far, it's worked.

But because of the catastrophic effect such a cut would have on the industry, what with many doctors who currently treat Medicare's millions of clients sure to drop the program, the looming cut, and ways to prevent or at least postpone it, took on increasing urgency at year's end.

Behind the symptoms

The Doc Fix problem really began in 1997 when a budget law was passed containing the Sustainable Growth Rate (SGR), a formula that would limit growth in Medicare spending—at least on paper—by linking it to the economy's growth.

However, because the SGR failed by 2002, the problem of a financially insolvent Medicare has loomed ever since—with the proposed cut in physician pay only growing each year as a result.

The heart of the problem is this: If the money is not cut from Medicare, it will have to be cut from somewhere else. Or, if nothing is cut, taxes will have to be increased to equal the amount that would have been cut.

More specifically, Medicare's Medicare Payment Advisory Commission (MedPAC) explained in an October 2011 letter to Congress that the SGR formula "failed to restrain volume growth and, in fact, may have exacerbated it"—primarily, according to many experts, because it reinforces the most inefficient aspects of Medicare's current fee-for-service system instead of rewarding better, more effective care.

(MedPAC, to vehement medical-industry opposition, recommends eliminating the SGR altogether by cutting specialists' fees and imposing a ten-year pay freeze upon primary-care doctors who take Medicare.)

In December of 2010, Medicare spending would have been brought under control with a 20-percent cut to doctors' pay. But because of another Doc Fix rammed through, the cut in doctors' pay—or some other cost-cutting solution—stood at 27.4 percent for the 2012 federal budget.

This just-passed November and December, Congress began taking action yet again.

Chronic treatments

Medical-industry angst over any possible Medicare pay cut is rising against the background of ongoing Congressional negotiations over passing the annual federal budget without growing the federal deficit.

Said document, which decides total spending by the United States government for fiscal year 2012, was supposed to have been signed by President Barack Obama in October.

Postponing the current 27.4-percent cut with another Doc Fix for one more year—meaning, for the federal government, via Medicare, to continue paying all Medicare providers nationwide at current pay rates for the next 12 months—would cost the federal government another $22 billion.

A two-year Doc Fix postponement would rack up an extra $38 billion bill for Uncle Sam.

And a permanent Doc Fix, in which current Medicare pay rates are enshrined as inviolate expenses in federal budgets for the next decade, will cost taxpayers another $300 billion.

In all three cases, those Doc Fix items added to an already bloated budget would have to be canceled out by equivalent budget cuts elsewhere—or offset by new or increased taxes.

And while cutting expenditures of $22 billion, $38 billion or $300 billion is good budgeting, it's bad medicine—and something neither party wants to tamper with.

Thus, the disagreement between Democrats and Republicans is now what, and how much, to cut elsewhere, whether to match spending cuts with equivalent taxes, and whether to offset Medicare's costs with equivalent taxes.

The more things change…

True to their ideologies, Democrats want to keep the budget at its current size while Republicans want a smaller, leaner government.

In early December, Senate Republicans introduced a bill that would extend a tax cut currently in place on Social Security payroll taxes—in plain English, money that would come out of your paycheck to pay for the Social Security program. That cut was set to expire Dec. 31.

Keeping the lower tax in place will deprive the budget of about $120 billion in income from taxes. But the Republican bill compensates for that $120 billion income loss by freezing federal employee pay up to 2015, along with trimming the federal workforce by ten percent.

The Senate bill also compensates for the tax-cut extension by barring Americans earning over $750,000 annually from obtaining unemployment compensation and food stamps, and by making them pay more for Medicare services.

The GOP-led House, for its part, also wants to balance the budget without adding to the deficit by extending the Social Security payroll tax and unemployment insurance benefits, and creating another Doc Fix, on the one hand—but compensating for those continued costs with spending cuts on the other hand.

Besides those common elements with its Senate counterpart bill, the Republicans' Middle Class Tax Relief and Job Creation Act, introduced on Friday, Dec. 9 by Rep. Dave Camp (R-Mich.) and spearheaded by House Speaker John Boehner (R-Ohio), also proposes raising Medicare premiums for individual members earning $80,000 and up and families earning $160,000 or more.

The income from the premium hikes would ostensibly help cover any Doc Fix deal cost.

The bill would also compensate for the unchanged costs of Medicare payment to doctors by defunding $8 billion from the Affordable Care Act's prevention and public health fund, as well as preventing $13.4 billion in overpayments of insurance exchange subsidies.

Set to launch in 2014, the state insurance exchanges created by the ACA will allow families to purchase health insurance plans and get subsidies for their purchases. However, the ACA includes a requirement for families to repay portions of those subsidies if incomes improve. The GOP's Doc Fix bill calls for raised "subsidy recapture" amounts to be repaid if incomes improve.

It would also prevent the 27.4 percent Medicare pay cut to doctors for two years by actually increasing their payments by one percent in 2012 and 2013.

Finally, to help pay for the Doc Fix, the bill would cut three different Medicare payments to hospitals.

The AARP quickly slammed the GOP proposal as essentially a tax on higher incomes.

And most significantly, the hospital industry condemned the Medicare hospital payment cuts which would help cover the $38 billion, two-year Doc Fix. Those circa-$17 billion in cuts include lower amounts Medicare will pay for bills that patients cannot or will not pay (leaving hospitals to absorb them), as well as lower payments for patient-evaluation and patient-management visits.

In response to the American Hospital Association and other critics, House Republicans pointed out that hospitals did in fact agree to $155 billion in other hospital Medicare cuts included in the Affordable Care Act.

…the more they stay the same

On Tuesday, Dec. 13, the House passed the bill by a 234-193 vote.

Besides approving its two-year, $38-billion Doc Fix, the bill also includes measures to extend several Medicare provisions that are set to expire, like extending the Qualified Individual, or QI, program, which provides assistance to low-income seniors for their Medicare Part B premiums, and keeping the add-on payment increases for ground ambulance services.

The same day, the White House issued a Statement of Administration Policy stating that President Barack Obama would veto the bill.

As of Thursday, December 16, the Senate reached a two-month, $1-trillion budget agreement-a bill that includes a temporary two-month Doc Fix measure, along with an extension of the Social Security payroll tax and of unemployment insurance for the same time period.

Over the following week, House Republicans-particularly Tea Party-backed freshmen, balked at the Senate bill, only to cave to intense pressure on Thursday, December 22 and avert a Medicare pay cut at the last minute by agreeing to the Senate's two-month Doc Fix.

"This is good news, just in time for the holidays," President Obama said in a statement Thursday evening. "This is the right thing to do to strengthen our families, grow our economy, and create new jobs. This is real money that will make a real difference in people's lives."

So will the Doc Fix problem ever be finally fixed? Or will Washington keep kicking that can down the road? The *Gazette* will keep you informed. ■

PANDAS Attention

Continued from Page 1

"Parents have used the word 'possessed,'" leading PANDAS researcher Dr. Susan Swedo of the NIH recently told the *Wall Street Journal*. "Their sweet, wonderful child turns into a monster seemingly overnight."

Apparently, the presence of strep (or other) bacteria causes the body's immune system to attack not the bacteria but the brain instead—causing the brain to churn out high levels of dopamine, a hormone, causing often-wild tics, OCD and other symptoms.

Schnitzler mentions a *Gazette* reader who struggled with her child for months, then years, and getting a diagnosis of anorexia despite many other symptoms having nothing to do with anorexia, before finally getting the PANDAS verdict.

However, experts are still unclear on how exactly PANDAS works—or whether bacterial infections are directly linked to such powerful mental malfunctions in the first place.

The pro-PANDAS school of thought points out similarities to rheumatic fever, in which antibodies attack the heart, joints or the brain, causing involuntary jerking motions.

They also note that kids with PANDAS are likelier to come from families with histories of rheumatic fever, indicating a possible genetic vulnerability.

But kids with PANDAS may merely have OCD triggered by event- or illness-related stress, Johns Hopkins pediatric neurology director Dr. Harvey Singer told the *Times*.

Treatments

Various parents cited in the new media reports, as well as many contacting the Gazette, virtually swear by a regimen of various antibiotics as effective PANDAS treatment.

Some parents also swear by intravenous immunoglobin (IVIG), a treatment also used for other diseases, which dampens the autoimmune reaction in kids with PANDAS.

Coupled with otherwise-dubious homeopathic remedies mentioned in several *Gazette* letters, parents have reported dramatic turnarounds in their children's mental health.

As Columbia University researcher Dr. Mady Hornig put it to the *L.A. Times*, "this is not some way-out idea. But I think we have a lot of work ahead of us." ■

Responding to a Growing Need—and Growing with the Response

*An informative dialogue with the **NYSHA Article 16 Clinic** leadership*

On Thursday, December 15, 2011, Clinic Director Shlomo Reichman and Medical Director Abraham Berger, MD, FACEP, emergency medicine physician at Beth Israel Medical Center, sat down with Director of Community Affairs Joseph Landau, Hamaspik Gazette Yiddish Editor Isaac Schnitzler and Hamaspik Gazette English Editor Mendy Hecht for a wide-ranging interview. The following is an abridged transcript.

Since your opening, what's been the one service that people have come to the clinic the most for? In other words, what's the biggest gap the clinic has filled?

Reichman: Psychotherapy.

What need was filled with this clinic where the consumers didn't have access to that psychotherapy or other therapies?

Reichman: Most patients that came here did not switch over from any other clinic. That means that most patients that are here did not go to any other clinic [before, and] did not see any other therapist. Basically… they didn't have this support. They never had that service.

So this is like a lifesaver? This is the first time they have access to that kind of therapy?

Reichman: Yes.

Doctor, tell us about yourself. What is your experience and what do you bring to the Clinic?

Berger: I'm an emergency medical physician at Beth Israel Medical Center. I also work with the community on a lot of medical aspects as well. Williamsburg, specifically.

What I bring to the table here, essentially, is … interviewing the patients, making sure they're all physically okay to do this, [that] they understand why they're here. And hopefully what I bring to the table … is a certain amount of enthusiasm. I'm quite happy being here.

Tell me the process of somebody hearing about the NYSHA Clinic and [who] thinks it's going to be good for their kid. What's the process [in which] they get their services?

Reichman: We simplified it [i.e. the process] again and again. They always say, "Keep it user-friendly." This is something we focus on a lot.

Less bureaucracy.

Reichman: Keeping it as user-friendly as possible so people should be able to just get what they need.

They hear about us. They make a phone call to our front desk. We send them a one-page referral form which is very simple: You put a name down, [fill in] general information and what [services] you're looking for.

Usually we would always ask them, "Do you have a service coordinator?" and we would contact the service coordinator and send the service coordinator that paper. Because generally the service coordinator should be the one completing that page. And we always ask to send along a psychological, psychosocial, medical—the regular stuff [i.e. standard paperwork service coordinators always have on hand].

The reason we do that [i.e. ask for a referral form—ed.] is because … we actually keep track of each patient that wants to come [for Clinic services]… so if we would write [down] every phone call, we won't be able to keep track. So if you send in that paper, [it shows that] you're a little more serious; that's when we start keeping track. And there's nothing there that you can't complete within two minutes.

As soon as you send it in, we'll go through the paperwork, check eligibility [and], within a few days, the parent [or Home Manager—ed.] will get a phone call, and we'll set up an initial assessment. They come down, they fill out an intake packet while they're sitting here, it takes not even five minutes, and then they see the clinician who does a full assessment.

If it's PT [physical therapy—ed.], they'll check the range of motion and all that stuff. If it's psychotherapy, they'll go through the history and do an initial assessment. Based on that, the clinician will write a treatment plan after the patient goes home.

The treatment plan is a simple plan of what the goals are going to be, what we're going to be working on, and how long it should take to reach those goals.

A time frame is important because people ask, "How long will it take?"

Reichman: Right. But then again, you're talking about therapy. You're not talking about an operation where you walk out the next day and everything is fine. Everything takes time.

Berger: It's [i.e. the misconception—ed.] more like taking a magic pill and feeling better the next day.

Reichman: Therapy takes time. Some people have an issue with that as well—especially for psychotherapy. People must understand that therapy has results, but it takes time.

[They want] instant results.

Reichman: Right. They want instant results. And therapy is a long process.

Berger: It's a two-way street. It's education of the patient, and the family, and the community itself, and, of course, the process of the psychotherapy itself. It isn't one stop, one visit, "take a throat culture" and you're good.

What's the time frame from when a person sends in his first letter until he starts receiving services?

Reichman: As soon as they send in the referral form, they'll usually get an appointment within a week.

They come down for the assessment. As soon as the assessment is done, the clinician will write a treatment plan.

As soon as the treatment plan is done, which doesn't take more than two-three days to write, they have the plan, [and then] they come down and see Dr. Berger.

Dr. Berger will review the plan, he'll sign off on the plan and they can start services right away.

And how do you schedule the services?

Reichman: After the assessment, the front desk will usually go through the [clinician's] schedule and see when there's a slot [available], what time they [i.e. the patients] like, and we book that slot [for the patient].

When you get your slot, whenever you decide—you decide you like coming in Mondays at 12:00—you'll get Mondays at 12:00 every single week. And we never run late, Boruch Hashem [thank G-d—ed.]. We don't double-book; [and] we keep a little time between each appointment.

The waiting room is always empty… we're doing a pretty good job in not having patients see each other when they come and go.

You provide a battery of therapies for individuals

Putting it all on the table: Reichman with (l-r) Dr. Berger, Hecht, Schnitzler

within the OPWDD system, within the DD [developmentally disabled—ed.] community. What if somebody needed therapy who is not DD? Is there a future in Article 16s providing services for the general population?

Reichman: Article 16 is unlike any other clinic. We're the only ones that are allowed to provide long-term therapy, which no other clinic could provide. Insurance companies don't cover it. If you would, chas v'shalom [G-d forbid—ed.], need therapy, the insurance company would tell you, "Six weeks"—they don't cover it [for any longer period of time]. There's no such thing [in private insurance] as long-term therapy. That's why Article 16 clinics are so special: Because we could provide long-term therapy. And that's why it's limited to this specific population.

If the OPWDD would tell you, "Give me something that we can [use to] improve the therapies provided in an Article 16," what would you improve upon?

Berger: I have a very simple answer. It would be called the "one-stop shopping principle." Aside from the specialized treatment that's given here, laser-focused into the Article 16, there are other healthcare issues in general that can be expanded upon. But it's [currently] beyond the scope of the Article 16.

But there's a downside to that too—because then you're overwhelmed with other issues as opposed to the focus on the therapies that we're offering here.

Tell us about your team. Who works here and what do they do?

Reichman: Dr. Berger, our Medical Director, runs the medical part of things, and he's always here for the therapists [and clinicians] and [when there are] issues and questions, and [for] referrals.

We have a psychologist, Dr. [Allison] Finkel, [Psy.D.] She's supervised by [agency psychologist Dr. [Alan] Blau, [Ph.D]. We have a physical therapist, Yitzchok Kolodny. We have a speech therapist, Mrs. [Faigy] Wieder; she's supervised by Mrs. Lobl[, SLP, the Clinic's speech therapy supervisor]. We're in the process of hiring a new social worker.

We're going to have our social worker come in full days Sundays. Mondays we have PT, speech, and psychology. Tuesdays we have only speech. Wednesday we have PT only. Thursday we have speech and psychology, and Friday we have speech.

And you have a secretary, I guess?

Reichman: And we have [Mrs.] Stern. She's more than a secretary. She runs the whole show. She plays a very important role.

Give me one example of where a consumer came in for therapy for a certain problem, and the problem was solved. Of course, with these consumers, it's more [of] a long-term process. But give me an example of a positive thing that was accomplished already with any discipline or therapy, let's say, PT, OT, whatever it is—if somebody was unable to do something and the goal was to fix that, and it was fixed.

Berger: Clinically, it's too early to actually give you a good answer on that. But from what I've seen and spoken [about] to patients, the fact that they come back and they understand why they're here and they're willing to come back for more, is a success.

Reichman: I agree with Dr. Berger. We don't actually have success stories yet. But what we do have is where patients who came in and they were [clinically] neglected [previously]—I mean, a patient who comes for PT, I don't want to go into specifics, but they were supposed to be wearing certain things and they never did—they came in and the PT said, "What's going on here? What is this?" No brace, no kneepads, whatever it is. And right away, those changes happened. We made those changes.

Even [with] psychotherapy, there were patients who had real psychiatric problems. They weren't seeing psychiatrists! They weren't on medication! And the psychologist said, "This person has to see a psychiatrist." And we sometimes make that a condition as well when it's a problem.

'Cause especially in our community, some people just go

by [overlooking problems]! [They feel like] they're in the community, they're "fine," they deal with it, they don't deal with it, whatever it is—

They struggle with it.

Reichman: Exactly. They're struggling. And then they come here and suddenly they… [realize they are lacking care].

This is the reason they come here. Maybe they come here because they have a psychiatric problem; [but] they're not expecting to be sent to a psychiatrist to get medication. But they do want to fix the problem. So this is where we start them off, and of course, they continue with psychotherapy.

Was there a real community need for such a facility that drove the creation of this facility here? Or did its creation create customers who previously were going to mainstream medicine, or nowhere?

Reichman: Basically, it was created out of demand. Williamsburg does not have an Article 16 Clinic.

Except for now.

Reichman: Right. Now they have. But they did not have an Article 16 Clinic… We have to remember that an Article 16 is only for our population, the DD population. So even though they're a small number, when they did need something, they would have to shlep either to Manhattan or to Flatbush.

Another part of the question would be [the] effect in the community, like: "Finally there is one! Let me go call them up and let's see what we could have."

Reichman: We never did any type of community relations, any type of PR. Never advertised, never did any of those. Whatever we get here is word of mouth.

For [psychological] evaluations, that was [and is—ed.] a big demand; people know you can come here and do your evaluations, people are extremely happy. Dr. Finkel is an exceptional psychologist.

Berger: There is a need, and the need is building.

So you're seeing a bit of a mainstreaming process going on?

Berger: What do you mean by "mainstreaming"?

You know, it's not being shunned or swept under the carpet.

Berger: No, no! It's not being swept under the carpet… if you call it "part of their medical treatment," I think's it more acceptable and more understandable.

People here are concerned about privacy. Tell us about your compliance with that, with HIPPA laws, and the more stringent rules of the community about that kind of thing: How you're aware of it and what you're doing to address these concerns—and to alleviate these concerns.

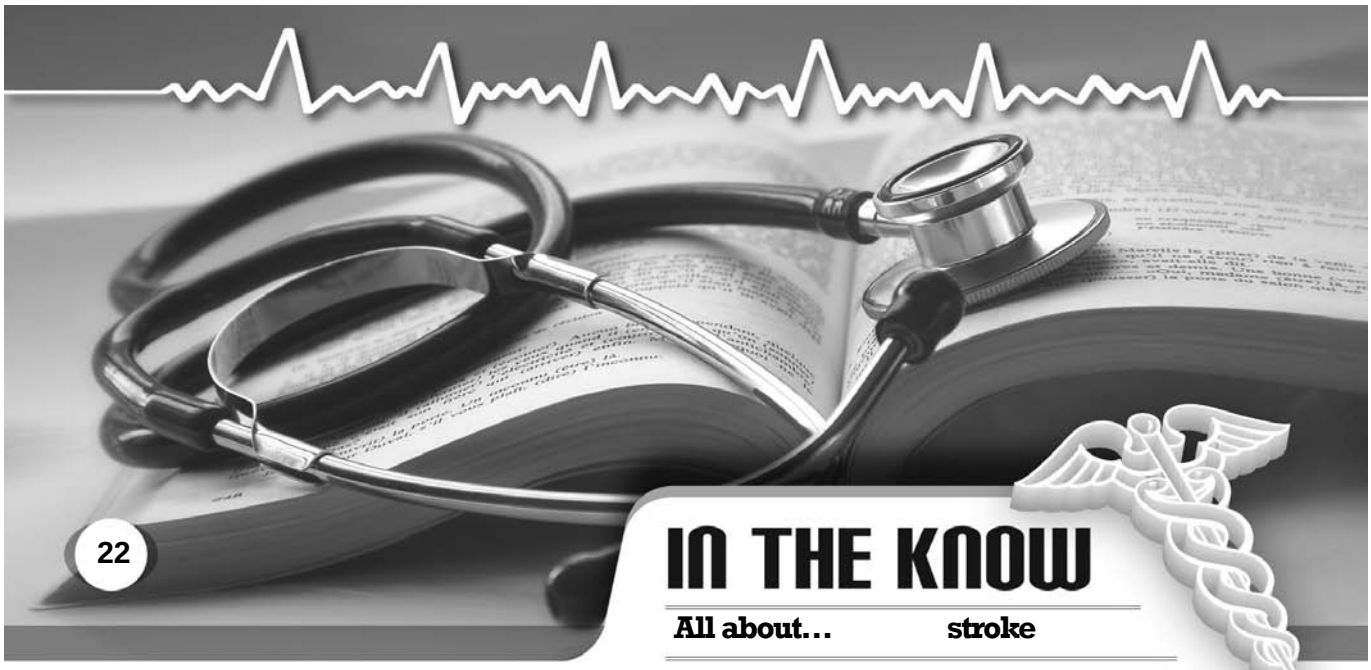
Reichman: It's a two-fold issue here. On the one hand, a lot of people want privacy. [They are] very concerned about it. On the other hand, they want to know. You're on both sides of the fence here.

You have to put down markers.

Reichman: Exactly. The concern about privacy—that's something we take the most stringent side of. Even the waiting room—we try to keep it empty so people shouldn't feel that they have to be seen. The therapists always tell the patients … to keep the conversation they had in the room. The therapist will always say, "Let's not talk about it in the hallway." So [the public's concerns for] privacy is not an issue here.

I think the issue is more the other way, when [caregivers involved] want to know stuff. And that's where we have the bigger issue of dealing with it in a way where we have to push back a bit, and it's not easy; they feel like, "I sent you this patient… I want to know what's going on!"

We're going to stand our ground and they're going to realize [the clinic's patient privacy standards] and they're going to respect it. And this is what I keep on telling the clinicians. We don't mean it in a bad way. On the contrary—we share as much as we can. But we have that trust [with patients]. And we can't break that trust. ■



Stroke. The very word evokes dread. And everyone knows someone who's had a stroke—a loved one, a friend, a co-worker.

At the same time, we tend to think, "It'll never happen to me," or, "There's no history of stroke in my family."

But strokes are among the most common emergency medical conditions—and aren't limited to the unhealthy and/or the elderly. Stroke ranks as the fourth leading killer in the United States, and is the most common cause of adult disability. Over 700,000 Americans suffer a stroke each year, with about 160,000 losing their lives annually due to stroke-related causes.

In this overview, you'll learn what a stroke is—and what you can do to prevent one from happening in the first place.

Definition

A stroke is a medical emergency.

To better understand what a stroke is, a stroke is to the brain what a heart attack is to the heart—hence the common medical phrase *brain attack*, in which brain function is impaired just like heart function is impaired in a heart attack.

A stroke occurs when the blood supply to part of the brain is interrupted or severely reduced, depriving brain tissue of critical oxygen and nutrients. This can occur either when a brain artery is blocked off by a clot (ischemic stroke), or ruptured or leaking and thus unable to supply the brain with proper blood circulation (hemorrhagic stroke). Within minutes, brain cells begin to die.

That's why emergency treatment is crucial. Early action can minimize brain damage and potential complications.

The good news is that strokes can be treated and prevented, and far fewer Americans now die of stroke than was the case even 15 years ago, thanks largely to a continuing decline in high blood pressure, smoking, high cholesterol and other major stroke risk factors.

Symptoms

If someone presents any of the following symptoms, call 911 or your local emergency number immediately—even if symptoms seem to fade in/out or disappear! The longer a stroke goes untreated, the greater the possible long-term brain damage and disability.

Trouble with walking

Stumbling, sudden dizziness, loss of balance, loss of coordination.

Trouble with speaking and understanding

Confusion, slurring of words, unable to find the right words to explain what is happening, inability to repeat simple sentences.

Paralysis, numbness or weakness on one side of body or face

• One arm falls when attempts to raise both arms above the head

• One side of mouth or face droops if a smile is attempted

• Blurred, double or blackened vision occurs in one or both eyes

Headaches

Stroke-caused headaches are severe and sudden. They may be accompanied by vomiting, dizziness or altered consciousness.

Long-term symptoms/disabilities

• Paralysis or loss of muscle movement: Lack of blood flow to the brain can cause paralysis on one side of the body and/or loss of control of certain muscles

• Difficulty talking or swallowing: Brain-cell death can cause diminished mouth and/or throat muscle control, making it harder to talk, swallow or eat.

• Memory loss or difficulty understanding: Brain-cell death can erase some memories and/or impair good judgment, reasoning and grasping of concepts.

• Pain: Brain-cell death may trigger pain, numbness, temperature sensitivity or other strange sensations in parts of the bodies paralyzed or numbed by a stroke.

• Behavioral changes: Brain-cell death may trigger social withdrawal, impulsive behavior or inability to self-care.

Causes

There are three main types of stroke: *Ischemic* stroke, *hemorrhagic* stroke, and *transient ischemic attack* (TIA). Each has a different cause.

Ischemic stroke

Between 80 and 90 percent of all strokes are ischemic strokes.

An ischemic stroke disrupts the blow flow through the brain and damages brain tissue. This occurs when an artery providing blood to the brain is blocked. This results in brain cells being deprived of oxygen and nutrients, causing cells to die and brain function to diminish.

The two main types of ischemic strokes are *thrombotic* and *embolic.*

A thrombotic stroke is caused by a blood clot (thrombus) blocking a major neck or brain artery.

An embolic stroke is caused by a blood clot or other debris blocking a narrower artery inside the brain.

Hemorrhagic stroke

A hemorrhagic stroke is caused by a blood vessel in the brain leaking or bursting (hemorrhaging). A brain hemorrhage can be caused by hypertension, weak spots in the blood vessel walls (aneurysms), or the rupture of an arteriovenous malformation (AVM), an abnormal tangle of thin-walled blood vessels, present at birth.

The two types of hemorrhagic stroke are *intracerebral* and *subarachnoid.*

An intracerebral stroke is caused by blood

Best heart-disease offense? A good "D-fense"

Study underscores need for daily vitamin D dose

A review of over 10,000 patients found vastly increased heart-disease rates among those who also had low vitamin D levels—and vastly lower death rates among those taking supplements.

The study of 10,899 adults tested for vitamin D levels found that over 70 percent were under 30 nanograms per milliliter, the level many experts consider sufficient for good health.

Previous research has indicated that many Americans don't have sufficient levels of vitamin D. The latest National Health and Nutrition Examination Survey estimates that 25 to 57 percent of adults are "D-ficient," and other studies suggest the number is as high as 70 percent.

One reason for the deficiency is because people don't get enough exposure to the sun. The body makes vitamin D in response to skin exposure to sunlight and ideally, people should get 90 percent of their vitamin D from sunlight and by at least 20 minutes of exposure to the sun a day.

Certain D-heavy foods like oily fish, eggs and enriched milk products can help compensate.

Otherwise, adults should be getting 1,000 to 2,000 international units (IU) of Vitamin D each day, a dose readily available in over-the-counter supplements. ■

from a burst blood vessel damaging brain cells in surrounding brain tissue. High blood pressure is the most common cause of intracerebral stroke.

A subarachnoid stroke is caused by bleeding that starts in an artery on or near the surface of the brain that spills into the space between the brain and the skull. This bleeding is often signaled by a sudden, severe headache.

Transient ischemic attack

A transient ischemic attack is caused by the temporary blockage of a vessel that supplies blood to part of the brain. Many TIAs last less than five minutes. These attacks are temporary and thus do not leave lasting effects.

Risk factors and prevention

Many stroke risk factors are also heart attack risk factors. So, as a general rule, the healthier you are, the lower your risk for stroke—or heart attack, Alzheimer's and a number of other conditions.

Common stroke risk factors are:

- High blood pressure
- Cigarette smoking or exposure to second-hand smoke
- Physical inactivity
- Being age 55 or older
- Being overweight or obese
- Cardiovascular disease (heart failure, heart defect, heart infection, or abnormal heart rhythm)
- Diabetes
- High cholesterol
- Personal or family history of stroke, heart attack or TIA

Speak to your doctor about avoid and/or counteracting these risk factors, and your stroke risk will significantly drop.

In a recent interview with Reuters Health, Dr. Franz Messerli, chief of the high blood pressure program at St. Luke's-Roosevelt Hospital in New York, said there are much better ways to curb stroke risk than taking aspirin. "First and foremost," he said, "make sure your blood pressure is perfectly well-controlled… because blood pressure is by far the most important risk factor for stroke."

Next to controlling blood pressure, quitting smoking and eating healthy—particularly a diet low in LDL "bad" cholesterol—are stroke's top preventative measures.

Post-stroke prevention

Post-stroke prevention is critical, since about 25 percent of people who recover from their first stroke will have another stroke within five years.

For patients who've already had one ischemic stroke or TIA, doctors may recommend the following medications to help reduce the risk of another, including:

- Anti-platelet drugs, primarily aspirin, which make platelet blood cells less likely to clot. Doctors can help determine the right dose of aspirin for each patient. Other anti-platelet drugs include Aggrenox, Plavix or Ticlid
- Anticoagulants like heparin and warfarin, which affect the clotting mechanism differently; however, warfarin is powerful and has many side effects

Some preventive procedures include:

- *Carotid endarterectomy*, a surgery in which plaques blocking the carotid arteries in the neck to are cleared; ironically, however, carotid endarterectomy itself can also trigger stroke or heart attack by releasing blood clots or fatty debris into the bloodstream
- Angioplasty and stents, in which plaque-coated arteries leading to the brain are widened by balloon-tipped catheters to improve blood flow (by compressing plaque against artery walls), followed by metallic mesh tubes (stents) implanted in arteries to prevent recurrent narrowing.

Diagnosis

A stroke can only be authoritatively diagnosed by doctors at the emergency room, because "obvious" and "typical" stroke symptoms can sometimes actually be caused by other conditions.

Still, in most cases, any professional emergency physician will be able to readily diagnose a stroke without much time or testing required. In cases where questions linger, however, doctors may conduct any of the following before rendering a stroke diagnosis:

- Physical examination
- Personal and/or family health history inquiry
- Blood tests
- Computerized tomography (CT) angiography scans
- Magnetic resonance imaging (MRI) angiography scans
- Carotid ultrasound scans
- Arteriography X-rays
- Ultrasound scans

Treatments

Stroke treatment depends on stroke type.

Ischemic stroke

An ischemic stroke is an artery blockage. To treat it, doctors must clear the blockage. Ischemic stroke treatment includes:

- Clot-busting drugs—which must be given within three hours, and the sooner, the better
- Aspirin, which is the best-proven immediate treatment after an ischemic stroke to reduce the likelihood of having another stroke
- Blood-thinning drugs like warfarin (Coumadin), heparin and clopidogrel (Plavix)
- Tissue plasminogen activator (TPA), a powerful but sometimes risky clot-buster

Emergency treatments for ischemic strokes include:

- TPA delivered directly to the brain
- Using a tiny catheter-mounted device to physically grab and remove the clot

Hemorrhagic stroke

Emergency treatment of hemorrhagic stroke focuses on controlling bleeding and reducing blood pressure in the brain.

Once brain bleeding stops, treatment usually involves bed rest and supportive medical care while the body absorbs the blood. Healing from hemorrhagic stroke is similar to what happens while a bad bruise goes away. If the area of bleeding is large, surgery may be used in certain cases to remove the blood and relieve pressure on the brain.

Any of the following surgical procedures may be used to repair certain blood vessel abnormalities associated with hemorrhagic strokes:

- Aneurysm clipping, a tiny permanent clamp that keeps aneurysms from bursting
- Coiling (aneurysm embolization), which puts a tiny coil into aneurysms upon which form blood clots to seal off aneurysms
- Surgical AVM removal can lower overall risk of hemorrhagic stroke

Long-term recovery and rehabilitation

Following emergency treatment, stroke care focuses on helping patients regain as much strength, function and independent living as possible.

The impact of the stroke depends on the area of the brain involved and the amount of tissue damaged.

Most stroke survivors receive treatment in a rehabilitation program. The patient's doctor will recommend the most rigorous program the patient can handle based on age, overall health and degree of stroke-induced disability. The recommendation will also take into account lifestyle, interests and priorities, and availability of family members or other caregivers.

The rehabilitation program may begin before the patient leaves the hospital.

Every person's stroke recovery is different. Depending on complications, the team of people who help in recovery could include the following:

- Neurologist
- Rehabilitation doctor (physiatrist)
- Nurse
- Dietitian
- Physical therapist
- Occupational therapist
- Recreational therapist
- Speech therapist
- Social worker
- Case manager
- Psychologist or psychiatrist
- Chaplain

Licensed home care services agencies like HamaspikCare offer a comprehensive range of nursing and therapy services that can help the patient achieve those goals in the comfort of home—not to mention the lower cost for patient and insurance carrier alike in providing stroke care at home, not at hospitals or nursing homes.

Summary

A serious or even less-than-serious stroke is a life-changing event that can entail months of intensive therapy. It can also take a serious toll on morale and mood.

For this reason, it is critical for the patient to be surrounded with the right moral support—and the right therapeutic equipment, which can include flashcards, computers or electronic devices, that assist helping the patient communicate while he or she regains the ability to speak, walk, move and self-care.

Experts stress that post-stroke patients maintain self-esteem, not be hard on themselves, aim for a "new normal," get out of the house even if it's hard, join support groups—and celebrate all their progress.

Bottom line? For the best results, get the best care—and the best long-term care—as soon as possible.

Hamaspik thanks Abraham Berger, MD, FACEP, Assistant Professor, Department of Emergency Medicine, Beth Israel Medical Center and Medical Director, NYSHA Article 16 Clinic, for expertly reviewing this article. ■

Public Health and Policy News

Huber tapped for OPWDD promotion

In a Monday, Nov. 28 letter, OPWDD Commissioner Courtney Burke tapped Jerry Huber as the new acting deputy commissioner of Policy and Enterprise Solutions.

Mr. Huber, an industry veteran and reformer since 1985 who currently directs the Long Island Developmental Disabilities Services Office (DDSO), one of the OPWDD's 13 statewide regions, will retain his directorship until a new appointment is made.

Hamaspik welcomes Mr. Huber and looks forward to working with him.

HVDDSO staffer an OPWDD Employee of the Year

Hudson Valley DDSO Risk Management Coordinator Raji Iyer is one of several statewide OPWDD employees to be awarded Employee of the Year by agency leadership.

Hamaspik of Rockland and Orange Counties, which have had the opportunity to work with Ms. Iyer in the past, join the OPWDD in congratulating her on the honor.

Tax-free disability savings accounts proposed

The Achieving Better Life Experience (ABLE) Act, a widely-supported bill introduced in Congress this mid-November, would allow caregivers of special-needs individuals to create tax-free saving accounts without forfeiting the individuals' government benefits.

Current law does not allow special-needs individuals to possess over $2,000 in savings to qualify for various Social Security, Medicaid and other program benefits; the ABLE Act would allow for up to $100,000 in savings without disqualifying them.

Some parents of special-needs children welcome the legislation, noting that with special-needs living expenses higher than those for the unimpaired, any form of tax-fee savings is beneficial—especially in the event of aging or deceased parents no longer able to provide for children.

Of concern to other parents, however, is whether the proposed new accounts would carry an eligibility requirement—and, if so, which special-needs conditions qualify and which don't.

The bill is supported by the National Down Syndrome Society, Autism Speaks, The Arc and other groups.

Berwick departs, Tavenner tapped

Donald Berwick, tapped last year by President Barack Obama, stepped down in early December from the helm of the federal Centers for Medicare and Medicaid Services (CMS). Tapped to replace him is current CMS deputy Marilyn Tavenner, a former nurse-turned-business executive who also served as the Virginia's Secretary of Health and Human Services from 2006 to 2010. Tavenner, who has been endorsed for the job by the American Medical Association (AMA), now faces Congressional grilling before taking the reins.

Berwick, for his part, faced what many supporters called unfair criticism from Republicans on Capitol Hill for his unwavering support of the Affordable Care Act.

President calls for better disability caregiver pay

The Obama administration has proposed new rules regarding first-ever minimum wage and overtime protections for in-home care workers who assist people with disabilities.

Direct providers of at-home assistance are classified as "companions" under a 1974 federal law, much like baby sitters, and do not have the same rights as other workers.

The U.S. Department of Labor, at the President's behest, is proposing a new rule to dramatically change the landscape for the nation's 1.79 million in-home care providers.

Under a plan announced Thursday, December 16 at the White House, minimum wage and overtime laws would apply to all in-home care workers employed through staffing agencies and other third parties. In addition, protections would be extended to individuals employed by families if they are providing skilled medical care.

"These men and women, they work their tails off," President Barack Obama said. "They deserve to be treated fairly."

Currently, nearly 40 percent of the nation's in-home care workers rely on government assistance like Medicaid and food stamps because of low pay in the field.

While some states already extend minimum wage or overtime protections to home care workers, 29 do not. Federal officials say that workers across the country will benefit from having the Labor Department backing them up.

Feds unveil plan to boost disability employment

At the above press conference, the Obama-led U.S. Department of Labor also announced a new goal of ensuring that at least seven percent of workers employed by most federal contractors be individuals with disabilities.

Government officials are hailing the effort as one of the most significant civil rights developments since the passage of the Americans with Disabilities Act in 1990.

The impact could be significant. Federal contractors and subcontractors account for nearly a quarter of the American workforce and take in $700 billion in contracts.

Since the 1970s, federal law has required government contractors to use affirmative action efforts to include people with disabilities in their workforce. But, without any measurable goals, the law required nothing more than a reasonable effort.

The proposal would change that by setting clear benchmarks, officials said.

"For nearly 40 years, the rules have said that contractors simply need to make a 'good faith' effort to recruit and hire people with disabilities. Clearly, that's not working," said Patricia Shiu, who heads the Department of Labor's Office of Federal Contract Compliance Programs.

As of November, the Department of Labor said that Americans with disabilities faced a 13 percent unemployment rate and almost 80 percent were out of the labor force entirely.

Joint Commission warns on long hospital hours

On December 14, The Joint Commission, a respected national healthcare accrediting agency, issued a "sentinel event alert" warning hospitals of the dangers of long hours and fatigue among healthcare workers.

The alert listed many of the hazards associated with extended work hours, including confusion, memory lapses and slowed judgment, and also pointed to past research demonstrating a link between residents' and nurses' long shifts and impaired performance.

"An overwhelming number of studies keep saying the same thing—once you pass a certain point, the risk of mistakes increases significantly," Ann Rogers, a sleep medicine expert and faculty member at Emory University Nell Hodgson Woodruff School of Nursing, Atlanta, said in the alert. "We have been slow to accept that we have physical limits and biologically we are not built to do the things we are trying to do."

The Joint Commission, which includes HamaspikCare in the many non-profit entities under its certification, included a list of nine recommendations, urging hospitals to establish safeguards for patient handoffs, develop fatigue management plans and educate staff about the potential effects of fatigue.

Disability accommodation requests flood colleges

Colleges from New York to Texas are reporting a dramatic increase in recent years in the number of students claiming that they need special accommodations, in many cases due to psychological conditions like depression and bipolar disorder.

Under the Americans with Disabilities Act, universities are required to provide "reasonable accommodations" for students with disabilities. Often this means allowing those with special needs extra time or a quiet room for exams.

HHS, Novartis set up facility to produce vaccine during pandemic

HHS and Novartis Vaccines and Diagnostics dedicated the first facility in the U.S. to manufacture influenza vaccine that can be authorized by the Food and Drug Administration during a pandemic.

The facility in Holly Springs, N.C., was created as a result of a 25-year public-private partnership (PDF) between HHS and Cambridge, Mass.-based Novartis Vaccines and Diagnostics, according to a news release. In the case of a pandemic, the facility will have the capability to manufacture 25% of the vaccine needed in the U.S.

"We're marking the first change in influenza vaccine manufacturing in the United States in 50 years," Robin Robinson, director of the Biomedical Advanced Research and Development Authority (BARDA) in HHS' Office of the Assistant Secretary for Preparedness and Response, said. "The pandemic readiness of this facility is a major milestone in national preparedness for pandemic influenza and other diseases."

The site will use a new technology that uses cultured animal cells rather than fertilized eggs, a process that can be scaled up faster when responding to a pandemic, according to a Novartis news release. HHS said the technology may also be adapted and used to manufacture cell-based vaccines for other emerging infectious diseases in an emergency.

In a 2010 report, HHS announced a new medical countermeasures strategy and said the government would invest $2 billion to fund its efforts.

HHS and Novartis are also partnering with Rockville, Md.-based Synthetic Genomics Vaccines to develop technologies that can short the manufacturing timeline and with North Carolina State University to train scientists from outside the U.S. to use the new cell-based technology.

Novartis was awarded the $487 million contract in 2009. Construction on the plant is expected to be completed in 2012. ■

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

Hi, I'm the tantrumologist

Of all the things to study, you probably didn't see this one coming.

But first-of-its-kind research—on, yes, children's temper tantrums—has found that the conventional wisdom that tantrums start with anger and end with sadness is at least partially wrong.

Scientists first collected over a hundred full-length tantrums in high-fidelity audio over a period of time—and then found sound patterns indicating that the anger and sadness of tantrums are far more mixed together and less sequential than believed.

The researchers' primary conclusion for parents is: silence—to simply let kids ride it out and not try to explain anything to kids mid-tantrum because it only makes it worse.

Minn. tot 2nd world H1N2 flu case

The H1N2 flu virus, common in pigs in the U.S. Upper Midwest, has only one known human-infection case to date—but a Minnesota baby recently contracted what seemed to be a new slight mutation of the virus. The good news? The infant recovered quickly and no one around him got sick, suggesting the new mutation spreads poorly.

Slight drop in NYC child obesity

A new study finds that obesity rates among New York City's school children have dropped slightly in the past five years, particularly among the youngest.

In related news, kids with disabilities and special health care needs are likelier to be overweight or obese than typically developing peers, according to a first-of-its-kind federal report. The report found that over 36 percent of kids ages ten to 17 with special needs are overweight or obese compared to about 30 percent of other children.

Laparoscopic weight-loss surgery safer

A review of several surgical studies underscores what many surgeons consider virtually fact: Minimally-invasive laparoscopic weight-loss surgery is safer than open bariatric surgery.

According to researchers, the chance of getting a hospital-acquired infection (HAI) from laparoscopic surgeries was 80 percent lower.

Aspirin doesn't help healthy women?

Taking aspirin to prevent heart attacks or strokes is a long-established preventive measure for older adults—but a new Dutch study indicates that its long-term benefit for healthy women who never had heart attacks or strokes is minimal or non-existent.

The study adds to the ongoing debate over one of the world's most-used medications.

More tots at obesity risk

A study by the legendary RAND Corp. think tank has found that nearly 40 percent of kindergarteners today have a body mass index (BMI) at the 75th percentile of the standard weight chart or up, while only 25 percent were at that level in the 1970s and 1980s.

Most significantly, 12 percent today have a BMI that is above the 95th percentile, compared with five percent of the earlier group of kids.

Children whose BMI is 85 to 95 on the weight chart are considered overweight, and those 95 or up are considered obese.

Play without your head

Diffusion tensor imaging (DTI) MRI scans of 32 amateur soccer players found that those who "headed" soccer balls 1,000 times or more a year showed TBI-like brain abnormalities.

More unvaccinated kids

The number of parents who don't vaccinate kids is growing, a new Associated Press report says.

It's M-R-I, not A-T-M

A study of 500 referrals for MRI exams by two medical groups found that patients from the group with no financial interest in the MRI machine had a 23-percent rate of no problems found, while patients from the group with a financial interest in the MRI machine had a 42-percent rate of no problems found. In plain English, that means that patients of financially-motivated doctors are likelier to get MRI scans for no reason—a finding that helps at least partially explain the ever-spiraling costs of healthcare.

Caffeine trip—to the ER

In contrast to 2005's 1,100 or so reports, national ER visits for adverse reactions to high-caffeine "energy" soft drinks like Red Bull and Monster spiked to over 13,000 in 2009 (though half involved liquor and/or substance mixes). Not surprisingly, the drinks' sales spiked 240 percent from 2004 to 2009.

Kids good for moms' hearts

A twenty-year California study of nearly 1,300 middle-aged, middle-class women found that those with four or more children had a significantly lower rate of dying of heart disease or stroke. Heart disease is the leading cause of women's death in the U.S., at 300,000 a year.

Mumps revaccinations considered

New FDA research shows that the global resurgence of mumps is not due to a new mumps virus strain but rather, due to weakening immune-system responses in young adults in the years following their childhood measles/mumps/rubella (MMR) vaccinations. Scientists are now suggesting that adolescents be revaccinated against MMR to halt the resurgence.

The front lines of TBI treatment

The U.S. military has sent two high-tech MRI machines to the Afghan war zone to allow soldiers with bomb-blast traumatic brain injury (TBI) to be scanned within hours instead of waiting one or two days for airlifts to Landstuhl Regional Medical Center in Germany.

The machines use diffusion tensor imaging (DTI) to scan for brain damage not visible by standard MRI scans; research at Landstuhl has shown that blast shockwaves hurt brain cells.

At the same, the military is deploying new TBI-related high technology on patients for the first time: wearable, quarter-sized, one-ounce blast gauges that tell medics at attack scenes the force of blast shockwaves that hit the injured soldiers wearing them, and "black boxes" installed inside armored vehicles that receive real-time wireless signals from soldiers wearing the gauges.

Arthritis knee pain? Exercise!

A recent study at Northwestern University looked at activity among 1,000 adults, between 49 and 84 years old, who had osteoarthritis of the knee. Ninety percent of the people were not exercising.

However, not exercising will only allow, and even cause, the osteoarthritis to get worse.

Osteoarthritis slowly breaks down the body's natural shock absorbers, the cartilage, that jelly-like substance between the bones and in the joints. When that happens, blood doesn't circulate as freely and doesn't deliver adequate nutrition to the cartilage.

Three years ago, federal health officials recommended that people with arthritis exercise moderately every day for about 20 minutes.

Burn doc overturns soup

California burn doctor David Greenhalgh says instant-soup makers should make soup cups upside-down—wide bases, narrow rims—for more stability, less spills, and less ER soup burns.

Chikungunya…

Exotic city? Food? Language? Ancient civilization? Nope: It's chikungunya fever, a mosquito-spread, generally non-fatal viral disease prevalent in Africa today.

It generally causes fever, headache and severe joint pain for up to a few weeks, sometimes months. There's currently no specific treatment or vaccine for, er, however you pronounce it.

But because "whatever" is an emerging global health concern, and spotlighting American leadership, the NIH is now conducting the first-ever human clinical trial on a chikungunya vaccine it developed in 2010 that worked quite well then in tests on rhesus monkeys.

…and Ebola too

In related news, scientists have developed a new Ebola virus vaccine that lasts in storage. Previous Ebola vaccines degraded in storage. However, the new vaccine only works on mice; an effective, mass-production human Ebola vaccine has yet to be developed.

Ebola is lethal to 90 percent of patients. About 1,200 people have died of Ebola since it was identified in 1976.

A heart (device) for recycling

Not what comes to mind when you think recycling—but if a life lost can become a life saved, why not?

In recent years, a Loyola University international humanitarian project has provided family-donated and "pre-owned" pacemakers to 53 poor heart patients in India. All are doing well.

Pacemakers cost up to $6,600 in India—and without them, destitute patients would have died within weeks or months. (Interestingly, U.S. law prohibits reusing pacemakers.)

Missing genes, missing inches

Your height—or shortness—is in the genes. Just look at any tall (or short) family. But now, a study of 11,000 individual DNA profiles has found that those in the shortest 2.5 percent of their peer group had an excess number of rare deletions, or missing copies, of specific genes.

White House not that stressful

If a new study is correct, President Barack Obama need not get any grayer.

Contrary to the extreme stress popularly associated with the presidency, a review of the life spans of deceased American presidents has found that U.S. chief executives don't seem to live shorter-than-average lives on account of their high-pressure job duties.

In fact, most of them lived longer than similar men of their era.

However, the study also notes that presidents tend to be uniquely positive, healthy and energetic individuals—a fact may compensate for high stress that would reduce the lives of lesser people.

Cold sores linked to genes

Scientists have identified the first gene associated with frequent cold sores.

Over 70 percent of the U.S. population is infected by the usually harmless HSV-1 virus, which causes cold sores—irritating but typically harmless bumps—on or around the mouth upon reactivation.

The research found that a gene called C21orf91 was associated with susceptibility to frequent cold sore outbreaks. Additionally, two variants of the gene seemed to protect against HSV-1 reactivation while two other variants seemed to increase it.

Heart attacks worst in morning

An analysis of data on over 1,000 heart-attack patients showed that the greatest amount of heart injury occurs when people have heart attacks between 1 a.m. and 5 a.m. The peak amount of damage that occurs during this time is 82 percent greater than during the time of day when injury is the lowest, the analysis also found.

Patients throw party for 100-year-old doc

Being spry, healthy and sharp, and a still-practicing doctor, at 100 is truly rare. Yet Cincinnati doctor Fred Goldman, whose patients just threw him a surprise 100th birthday party, is all that—plus a WWII veteran who's seen patients since 1935.

As we say, "Until 120."

Holiday safety tips

Here's some family holiday safety tips from the American Academy of Pediatrics (AAP):

- Buy flame-resistant decorations and place them away from heat sources
- Check for frayed wires; don't hang wires on metal
- Keep gift wrap away from flames
- Keep hot liquids/foods away from table/counter edges

At the same time, the U.S. Consumer Product Safety Commission warns that holiday-decoration-related injuries are rising. ■

Listeria Hysteria Dwarfed by Annual Average of 1,600 Cases

Bacterial-infection cases claim about 260 victims each year

A nationwide outbreak of listeria bacteria on tainted Colorado cantaloupes has left 29 dead and 139 ill, some seriously.

The outbreak, the 12th of its type this year, may be the deadliest in U.S. history, according to health officials.

However, some 1,600 separate (non-outbreak) cases of listeriosis, and about 260 deaths, are reported annually in the United States—putting the current outbreak, though tragic, in context.

Victims of the recent outbreak of listeriosis lived in 28 different states, with the most deaths occurring in Colorado (seven) and New Mexico (five). New York had two. Victims also ranged in age from 48 to 96, said the CDC, with the median age 77 and most over 60.

The toll is expected to rise, as investigators continue to probe the causes of additional deaths.

Unlike other bacteria, listeria can flourish in colder temperatures and will continue to grow on contaminated cantaloupes in refrigerators, leading to continued cases in the weeks ahead.

Patients can develop listeriosis up to two months after eating contaminated food.

Listeria bacteria grow in moist, muddy conditions and are often carried by animals.

Government health officials said this is the first known outbreak of listeria in cantaloupe. Listeria is generally found in processed meats and unpasteurized milk and cheese, though there have been a growing number of outbreaks in produce.

Most healthy adults can actually consume listeria with no ill effects. Listeria's most common symptoms include fever and muscle aches, often with other gastrointestinal symptoms. Listeria can also cause meningitis, but many victims only experience milder diarrhea.

Though listeria tends to infect fewer people, it is typically deadlier than other food-borne pathogens and inordinately affects the elderly, newborns, young mothers and anyone with a weakened immune system.

The concern is that the cantaloupe's skin is contaminated and when you slice into it, the knife carries bacteria into the edible inside.

But animals can also carry the organism and pass it on to humans through meats, dairy products and other foods of animal origins. Most listeria outbreaks are from animal products, not produce.

The current outbreak was traced to Rocky Ford-brand cantaloupe grown at Jensen Farms in Holly, Colorado—specifically, to Jensen's packing facility in Granada, Colorado.

The company issued a voluntary recall in early October, with the last cantaloup cases having been shipped Sept. 10. All cantaloupes involved should be off shelves by now.

In addition to avoiding Rocky Ford cantaloupes from Jensen Farms, health authorities advised washing fruits and vegetables thoroughly before eating.

The CDC and the FDA said that any cantaloupes not from Jensen Farms were safe to eat. The recalled cantaloupes may be labeled "Colorado Grown," "Distributed by Frontera Produce," "Jensen Farms" or "Sweet Rocky Fords."

Not all of the recalled cantaloupes are labeled with a sticker, the FDA added.

Dirty equipment, an unsanitary environment and poor storage practices caused the outbreak at the packing site operated by Jensen Farms, the FDA eventually found. ■

Happenings around Hamaspik

On Thursday, December 15, the entire Hamaspik of Kings County family—Day Habs, group homes, administrative offices and all—were paid a visit by their upstate colleagues in the form of Hamaspik's Community Affairs team.

Director of Community Relations Joseph Landau, accompanied by *Gazette* Yiddish Editor Isaac Schnitzler and English Editor Mendy Hecht, spent the day on a familiarization tour.

Meeting and greeting faces old and new alike, the threesome went about Hamaspik's various Kings County locations to put a human face on the agency's flagship newsletter, reminding hardworking employees that they have a voice, an ally and a champion in the *Gazette*.

*

An engagement in the family: What's a better excuse to celebrate than that? (Other than a wedding, that is.)

So it should come as no surprise to *Gazette* readers that, when the brother of Wannamaker Briderheim IRA resident (and Hamaspik of Rockland County Day Hab beneficiary) Yoel I. got engaged, it was party time—and party time times two.

The first of the two celebrations—both held on Tuesday, January 6—was held on the premises of the Day Hab Men's Division building in Spring Valley.

With a live band and his fellow "Day Habbers" on hand, Yoel shared his personal and family joy with peers and caregivers alike.

But just when his day was winding down after his Day Hab's extracurricular day, Yoel was feted with a second party, this one at 6:00 p.m. at Wannamaker. Replete with great food, music and good cheer, the young man's heightened happiness was underscored yet again—with the party emphasizing the family that is every Hamaspik home.

*

Several Hamaspik employees, including Hamaspik of Rockland IRA Nurse Katia Sussholz, have been attending the OPWDD's monthly trainings at the Hudson Valley DDSO's Thiells campus.

The most recent three-hour session, held on Thursday, December 1, focused on categories of medications that significantly impact the DD population cared for by Hamaspik and other OPWDD partner providers.

*

An in-service training was held Wednesday, December 7 at Hamaspik Terrace for new and current Direct Support Professionals (DSPs) at Hamaspik of Rockland County's Day Habs.

*

It was with bittersweet sentiments that Hamaspik employees learned that agency mainstay Shaya Wercberger, the face of the agency to many of our public-sector colleagues, is moving on after 15-plus years. Mr. Wercberger, currently Hamaspik of Rockland County's Director of Residential Services, served in a number of capacities across the agency and was instrumental in many of Hamaspik's successes.

Using his vast and rich experience with the developmentally-disabled population, Mr. Wercberger will be assuming a key leadership role at the Kiryas Joel Union Free School District in Monroe, New York.

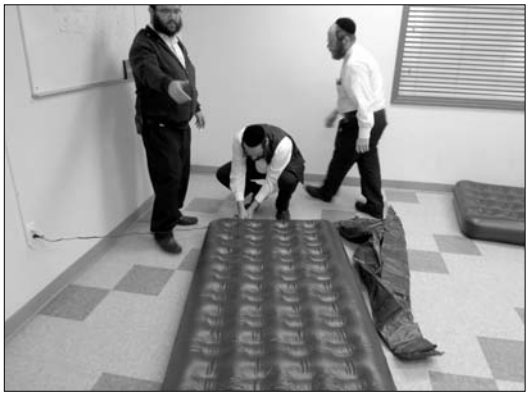
While we will miss him, we would be remiss in not bidding him a fond farewell in the *Gazette*, Hamapsik's official organ—and wishing him all the best as he rises to new heights.

And working in Kiryas Joel as he will be, we're sure to run into him from time to time!

So, on behalf of every Hamaspik employee past and present, the *Gazette* says: It was an honor and a pleasure working with you, Shaya.

And, to adapt an established expression, "You can take the employee out of Hamaspik, but you can't take Hamaspik out of the employee." ■

On the front lines: The *Gazette*'s editors with DSPs Horowitz (l), Preisler (c) and Manager Joseph Moskovits (r)



Endless energy: Wercberger (c) helping set up temporary shelter for IRA residents during a power outage

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