



# The Hamaspik Gazette

News of Hamaspik  
Agencies and  
General Health

FEBRUARY '22 • ISSUE NO. 198



## GAZETTE SURVEY

The GAZETTE asks YOU:

**HAVE YOU DONATED A KIDNEY?**

**A: YES; B: NO**

Respond to: [survey@nyshainc.org](mailto:survey@nyshainc.org) • 845-655-0667



## HEALTH STAT

### THE U.S. STATE OF KIDNEY GIVING

A snapshot of American kidney donors and recipients, Year 2020:

U.S. kidney waiting-list patients	92,036
U.S. kidney transplant recipients	21,656

Source: Division of Transplantation (DoT), Health Systems Bureau (HSB), Health Resources and Services Administration (HRSA), a division of the U.S. Dept. of Health and Human Services (HHS)



## HEALTH TIP

### NO “KIDNEY”-ING ABOUT FASTER RECOVERY:

Kidney removal nowadays is commonly *laparoscopic* (minimally invasive), which will give you up to seven days of hospital-based recovery, but at time even just one—so plan that post-op activity!

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EAGERLY AWAITING THE MOMENT AT HAND, HARDWORKING HAMASPIK OF KINGS COUNTY STAFF RECONNECT AS THEY GATHER FOR THE GRAND OPENING OF THE HAMASPIK SCHOOL, THE AGENCY’S NEW FULL-DAY EDUCATIONAL PROGRAM IN BROOKLYN



A FULL COMPLEMENT OF FACILITIES, INCLUDING PURPOSE-BUILT CLASSROOMS AND THERAPY ROOMS, MARK THE COMPREHENSIVE NEW CENTER AT 926 BEDFORD AVE. IN THE HEART OF WILLIAMSBURG

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# Services Provided by NYSHA AGENCIES

## OPWDD SERVICES

### INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA)

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

### INDIVIDUALIZED SUPPORT SERVICES (ISS)

Paid housing expenses and support for individuals who can live independently.

### HOME FAMILY CARE (HFC)

Places individuals with developmental disabilities into private homes to care and support the individual.

### DAY HABILITATION (DH)

A day program for adults with disabilities designed to develop skills, greater independence, community inclusion etc.

**Site Based:** Day Habilitation Service delivered in an OPWDD certified facility.

**Without Walls:** Day Habilitation Service delivered in a community-based setting.

**Stars Day Program:** Day Habilitation Service delivered in an OPWDD certified facility for higher-functioning individuals.

### COMMUNITY HABILITATION (CH)

Working one-on-one with individuals in their home or in the community to achieve valued outcomes by helping them develop daily living skills and achieve long-term goals.

### COMMUNITY PRE VOCATIONAL

Working with individual to prepare them for paid community employment- Teaching individuals job skills and other related social skills to enhance their ability to obtain employment in the future.

### SUPPORTED EMPLOYMENT (SEMP)

Working with individual to support and provide them with necessary coaching so they can successfully engage in paid competitive employment.

### FAMILY SUPPORT SERVICES (FSS)

Support for the individual's family by reimbursing them for certain qualifying items or services, otherwise not available to them.

### INTENSIVE BEHAVIORAL SERVICES (IBS)

Short-term interventional services for people with behavioral issues and their family members.

### RESPITE:

Home and Community-based respite services to provide a relief for the individual's caregiver and family.

**At-Home:** Respite services delivered in the home of the individual.

**After School:** Respite program provided every day after school hours.

**Sundays:** Respite program provided every Sunday.

**Legal Holidays:** Respite program provided on all legal holidays when school is not in session.

**Summer Break/Camp Neshomah:** Full day respite program during the summer break weeks.

**Stars Night Program:** Respite services delivered in the evening hours to high-functioning individuals by taking them out in the community and doing recreational and stimulating activities with them.

**Weekend Getaway:** A weekend retreat for individuals receiving respite services.

**Hamasmid:** After-School program for mainstreamed individuals engaging in recreational activities.

### SELF-DIRECTION

The Individual or their advocate takes direct responsibility to manage their services and self-direct their budget.

**Fiscal Intermediary (FI):** Assists individual or their advocate in implementing their Individual Support Agreement and to manage financial accountability and employer responsibilities.

**Brokerage:** Assisting individuals or their advocate in creating and managing their budget.

### PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

## DOH

### EARLY INTERVENTION (EI)

Providing a range of services to help young children (ages birth-3) who have a specific delay in their development.

**Group Development Model (GDM):** Providing Early Intervention services in a group-setting.

**Therapy:** Providing OT, PT, SLP, Vision, Nutrition, Play, Special Education, Family Training etc. to help the child develop appropriately.

**Evaluations:** Providing full evaluations to assess child's skills and development.

### NURSING HOME TRANSITION AND DIVERSION (NHTD)

Waiver services to help individuals who need nursing-home level of care safely remain home and avoid nursing home placement.

**Service Coordination (SC):** Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

**Community Transitional Services (CTS) / Moving Assistance (MA):** Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

**Environmental Modifications (EMODS):** Provides Internal and external physical adaptations to the individual's home, that are necessary to assure the health, welfare and safety of the individual and avoid institutionalization.

**Vehicle Modification (VMODS):** Modifications to a vehicle that is used to improve the individual's independence and access to services and supports in the community.

**Assistive Technology :** Provides durable medical equipment and supplies for the individual to increase their level of independence, safety, and functional limitations.

### TRAUMATIC BRAIN INJURY (TBI)

Waiver services to help individuals who had a traumatic brain injury.

**Service Coordination (SC):** Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

**Community Transitional Services (CTS) / Moving Assistance (MA):** Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

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**Assistive Technology :** Provides durable medical equipment and supplies for the individual to increase their level of independence, safety, and functional limitations.

### SENIOR DINING/SOCIAL DAY PROGRAM (SHNOIS CHAIM)

Providing: Daily onsite lunches and social/educational activities for community seniors (Orange County only). Meals funded by NYSOFA, Orange County OFA and the Administration of Aging.

## HAMASPIK CHOICE

### MLTCP:

Providing: A managed long-term care plan (MLTCP) approved by New York State.

## HMO/INSURANCE

### ABA

Behavior modification services for children with autism.

**Social Group:** ABA service delivered in a group setting.

**One on One:** ABA service delivered on a one-on-one basis in the child's home or community.

## HAMASPIK HOMECARE

### LHCSA

Licensed HomeCare Services Agency .

### Personal Care Services

Our PCA/HHA assist individuals with personal care needs, activities of daily living, and light housekeeping. They are extensively trained, and screened, and are supervised by RN.

### Support Services

Our HCSS Certified Aides assist those enrolled in the NHTD or TBI Medicaid Waiver Programs with oversight and supervision, in addition to personal care services.

### Nursing Services

Providing: skilled observation and assessment - care planning - paraprofessional supervision - clinical monitoring and coordination - medication management - physician - ordered nursing interventions and skilled treatments.

### Training

Providing: free PCA training and competency testing for those interested in a home care career.

### CDPAS/CDPAP

As an alternative to traditional homecare, this program empowers the client to hire, train, and set the schedule of their personal assistants (PA). The PA's may be family members and can even live in the same home.

## NYC HCR

### ACCESS TO HOME

Providing home modifications for people with physical disability.

## NYSED SERVICES

### ACCESS VR

Assist individuals to achieve and maintain employment and to support independent living through training, education, rehabilitation, and career development.

### PATHWAY TO EMPLOYMENT

Employment planning and support services that provide assistance for individuals to obtain, maintain or advance in competitive employment or self-employment.

## NYSHA

### ARTICLE 16 CLINIC

Providing: Physical therapy · occupational therapy · speech therapy · psychology · social work · psychiatry · nutrition

### TRAINING SESSIONS

Providing: SCIP · CPR and first aid · orientation · MSC CORE · AMAP · annual updates · Com Hab/ Respite · Family Care · Supported employment

### CENTRAL INTAKE

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

### THE HAMASPIK GAZETTE

Providing: A bilingual monthly newspaper keeping the community up-to-date on all major news in medicine, public health, disability, hospitals, senior care, and general Hamaspik news.

## OMH

### ADULT HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for Adults with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care.

### CHILDREN HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for children with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care.

### ADULT HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible adults over the age of twenty one.

**Community Psychiatric Support and Treatment:** Support and treatment to achieve functional improvement and stability, while working to attain the personal goals in a community setting.

**Family Support and Training:** Family training and support to engage the family in the treatment planning process and provide them with emotional and informational support to enhance their skills to assist in the recovery.

**Psychosocial Rehabilitation:** Assists with rehabilitating functional deficits and interpersonal or environmental hardships associated with the behavioral health condition.

**Empowerment Services-Peer Support:** Peer-delivered services designed to promote skills for coping with and managing behavioral health symptoms, while utilizing recovery-oriented principles.

**Habilitation:** Assist to acquire and improve skills such as: communication, self-care, socialization, mobility, etc. to successfully reside in home and community-based setting.

**Intensive Supported Employment:** Assists to obtain and keep competitive employment.

**Prevocational Services:** Prepares for employment, developing strengths and soft skills that contribute to employability.

**Transitional Employment:** Strengthens the work record and skills toward the goal of achieving assisted or unassisted competitive employment.

**Ongoing Supported Employment:** Ongoing follow-along support when holding down a job.

### CHILDREN HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible children from birth to twenty one.

**Prevocational Services:** Designed to prepare a youth (age 14 or older) to engage in paid work, volunteer work, or career exploration. Prevocational Services are not job-specific, but rather are geared toward facilitating success in any work environment.

**Caregiver Family Support and Services :** Teaches skills to caregiver/family's that will enhance their ability to care for the child/youth in the home and/or community.

**Community Self Advocacy Training and Support:** Provides family and caregivers with techniques and information not generally available so that they can better respond to the needs of the Individual related to their disabilities.

**Community Habilitation:** Provides assistance with learning social skills, daily living and health related duties by working with the individual on goal-oriented tasks.

**Supported Employment:** Designed to prepare youth with disabilities (age 14 or older) to engage in paid work.

**Planned Respite:** Provides short-term relief for the individual's family/caregiver while supporting the individual's mental health, substance use and/or health care goals.

**Day Habilitation:** Provides assistance with learning social and daily living skills in a certified agency setting.

► TRI-COUNTY CARE NEWS

# With Special Public-Private Home Vaccination Effort, Homebound Medically-Involved Patient Gets Tri-County's Best Shot

*New Square's Refuah Health Center and TCC Care Manager Supervisor Yechiel Teichman Join Forces to Get Young Man Protected*

Nobody knows, loves and cares for your own son as you do.

That's why one medically-involved patient, whose multiple diagnoses and conditions make him very susceptible to dangerous repeat infections, remains home-bound: Because his parents care.

That's also why this individual, a young man in his early 20s, is signed up with Tri-County Care: Because his doting mother and father wanted top-tier coordination for the numerous forms of care the gentleman needs—including 24/7 nursing and a temperature-controlled environment.

For the same reason, his parents wanted him protected against COVID-19—and after doing her own research (and knowing her son's medical profile like no one else), his mother opted for the Moderna vaccine.

A phone call thus shortly went out to Yechiel Teichman, a Care Manager

Supervisor with Tri-County Care's Rockland County office, whose personal caseload also includes the gentleman. Mr. Teichman was asked to arrange for the young man's vaccination.

In turn, he turned to the Rockland County Dept. of Health (DOH), which has been offering free COVID vaccines to the public for some time now, to inquire about accommodating the young man's special circumstances with a visit by a needle-bearing DOH medical professional.

A DOH staffer, while helpful, regretfully informed the Care Manager that such home-visitation services were not yet available from the county. Undeterred, Mr. Teichman reached out to Rockland County Legislator Aron Wieder, who represents the gentleman's home district.

The public servant took the case on personally, focusing considerable

attention on the private sector to get the job done.

It was a few days later that Care Manager Teichman got a call from Mr. Wieder, informing him that he'd get a call from Refuah Health Center, the award-winning community health complex in nearby New Square, New York. Mr. Wieder had now secured Refuah's involvement.

A day or two later, Moshe Grunwald, a Refuah manager, called Mr. Teichman. The Pfizer vaccine was in stock and readily available. How about the Moderna? That would be available in a week, Mr. Grunwald informed him.

After informing his client's caregivers of their available options, the Tri-County staffer got back to Refuah. The family would patiently wait.

And so, seven days later, the young

man's at-home shift nurse opened the front door for his fellow professional RN, this one a Refuah employee. Sterile gloves were donned, an injection point was swabbed, a syringe prepared, and within a few minutes, another New Yorker was fortified against the SARS CoV-2 virus.

Beginning to end, the entire advocacy process took three weeks—a parade of activism that ended fairly literally on the tip of a needle.

For Tri-County staff, it's just another example of how far a Care Manager will go to help a client, even if it means calling in an equally-devoted public servant.

"If there are no Waiver resources and no DOH resources, you go to community connections," concludes Mr. Teichman. "We always try to take every attempt before we give up—and if it doesn't help, we try again!" ★

► HEALTH NEWS

# Working Out Reduces Chronic Anxiety

*Swedish study finds regularly-exercising anxiety patients did better than non-exercisers; suggests non-drug alternative*

**Gothenburg, Sweden** — "At least do something!"

For a lot of people, that's been effective folk wisdom for dealing with the gnawing psychological discomfort called *anxiety*—that sense that life is burdening you with too much.

For those people, "something" has often meant hitting the gym for an invigorating good workout, or at least pounding the pavement for a refreshing jog or power walk.

If it doesn't actually make you better, at least you *feel* better.

But now, a highly-measured clinical trial at the University of Gothenburg lends some serious scientific numbers to that notion that regular physical exercise *does* help people with anxiety.

In the rigorous comparison study, published recently in the *Journal of Affective Disorders*, 286 patients with diagnosed anxiety were divided into three groups. One was assigned to moderate group-exercise sessions,



**RUN WITH THIS:** A GÖTEBURG UNIVERSITY STUDY LINKS REDUCED ANXIETY WITH EXERCISE

three times a week for 12 weeks. A second was assigned to strenuous group-exercise sessions, three times

a week for 12 weeks. The third group, serving as a control group, was assigned to receive standard doctor's advice on

physical activity. Participants' average age was 39 years, with 70 percent being women; half had lived with anxiety for at least ten years.

The study found that most individuals in the treatment groups went from a baseline level of moderate to high anxiety to a low anxiety level after the 12-week program.

Previous studies of physical exercise in depression have shown clear symptom improvements. However, a clear picture of how people with anxiety are affected by exercise has been lacking up to now. The present study is described as one of the largest of its kind to date. ★

## Hamaspik Gazette

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# Happening in Health Today



## NEUROSCIENTISTS ROLL OUT FIRST PARTIAL “MAP” OF BRAIN CELLS

**Berkeley, California** — Researchers at the University of California at Berkeley (UC Berkeley) have compiled the world’s first map of all the cells in a specific part of the brain.

The directory, the culmination of five years of work by many global researchers across 17 different studies, identifies every type of cell in the brain’s *primary motor cortex*—the part of the brain that controls movement.

It then provides a detailed map of their precise locations.

The work was funded by an project of the U.S. National Institutes of Health (NIH) called BRAIN, or Brain Research Through Advancing Innovative Neurotechnologies.

The project’s ultimate goal is to produce a complete map of the human brain and its 160 billion-plus individual cells, to help understand



**TAKING A TRAIN THROUGH THE BRAIN:** THE PRIMARY MOTOR CORTEX IS NOW MAPPED

how its neural networks control the body and mind—and how they are

disrupted in cases of mental and physical problems. ★

## STUDY ASSOCIATES SENSE OF PURPOSE WITH BETTER MEMORY

**Tallahassee, Florida** — The better you know why you’re here, the better you’ll remember details of your life’s journey.

So says a new study by Florida State University (FSU) in Florida’s capital city, linking an individual’s sense of purpose in life with the ability to recall vivid details.

Researchers at FSU found that while both a sense of purpose and cognitive function made memories easier to recall, only a sense of purpose bestowed the benefits of vividness and coherence.

In January and February of 2020, the study had nearly 800 participants report on their sense of purpose, and then complete tasks that measured their cognitive processing speed. In July of 2020, several months into the public health crisis, researchers measured participants’ ability to retrieve and describe personal memories about the pandemic. Participants with a stronger sense of purpose in life reported that

their memories were more accessible, coherent and vivid than participants with less purpose.

## CUSTOM-BUILT “BRAIN PACEMAKER” TREATS SEVERELY DEPRESSED WOMAN

**San Francisco, California** — *Neuromodulation* is relatively-new technology in which specific parts of the brain are given tiny harmless electric shocks by surgically implanted “brain pacemaker” devices in hopes of treating specific conditions.

Earlier research has shown some success in using neuromodulation to relieve symptoms of anxiety, depression, or Parkinson’s.

But such successes have been limited by the fact that many neurological illnesses present differently from person to person, minimizing the potential effects of standardized, “one-size-fits-all” deep brain stimulation devices, especially for difficult-to-treat conditions like depression.

Now, however, a device in the brain

of a patient with severe, treatment-resistant depression was “trained” to jolt areas of the brain linked to the condition. Symptoms subsided almost immediately, reported researchers at the University of California at San Francisco (UCSF).

## GENE-EDITING CRISPR TECHNOLOGY LETS SOME IMPAIRED PATIENTS SEE COLOR AGAIN

**Portland, Oregon** — Using the CRISPR gene-editing technology, eye doctors at Portland’s Casey Eye Institute were able to restore the ability to see colors in a small number of people with vision impairments.

The technology, which manipulates, replaces and otherwise “edits” disease-causing mutated genes at the DNA level, also partially restored vision in several patients who were effectively blind.

The experiment was conducted on a small group of patients with a rare and severe form of vision impairment called Leber congenital amaurosis (LCA).

“It’s a really amazing technology and very powerful,” Dr. Mark Pennesi,

professor of ophthalmology at the Casey Eye Institute said in an NPR interview.

The current results are so promising that the researchers have gotten the go-ahead to move on to the next group of patients.

## NANOFIBERS MAY STOP BRAIN TUMOR CELLS FROM SPREADING

**Fukui, Japan** — The body heals its injuries by essentially replacing damaged cells with new cells. The new cells often move to the site of injury, a process known as *cell migration*.

But abnormal cell migration can also facilitate the transport and spread of cancer cells within the body—glioblastoma multiforme (GBM), for example. The frequency at which such tumor cells spread and grow make conventional tumor removal methods ineffective.

An alternative treatment strategy involves capturing the migrating tumor cells. It turns out that cell migration is dictated by the structure and the orientation of the *extracellular matrix* (ECM)—fibrous structures surrounding the cells.

In initial experiments, researchers at Japan’s Fukui University have used high-density nanofibers that mimic the microenvironment of the brain to capture tumor cells. The research may open doors to novel therapeutic solutions for aggressive brain cancer.

## SCIENTISTS ENABLE A BLIND WOMAN TO SEE SIMPLE SHAPES

**Amsterdam, the Netherlands** — Recent research details how a team of scientists from the University Miguel Hernández (Spain), the Netherlands Institute of Neuroscience (Netherlands) and the John A. Moran Eye Center at the University of Utah (USA) successfully created a form of artificial vision for a blind woman using a brain implant.

A neurosurgeon implanted a microelectrode array composed of 100 microneedles into the visual cortex of the blind woman to both record from and stimulate neurons located close to the electrodes.

She wore eyeglasses equipped with a miniature video camera; specialized software encoded the visual data collected by the camera and sent it to electrodes located in the brain. The array then stimulated the surrounding neurons to produce white points of light known as *phosphenes* to create an image.

The results represent a leap forward for scientists hoping to create a visual brain prosthesis to increase independence of the blind. ★

בס"ד

~~"A picture is worth a thousand words"~~

# Sometimes, a few words are needed to get the full picture!

## Progress Notes 9/6/21

Note#000789

Supervisors and Care Managers discussed the obstacles to help client's family receive services for their **children**. Client is struggling with her **mental health** and is frustrated that she isn't receiving more assistance with her children and household. An action plan was developed to ensure that children receive appropriate services and Care Manager will reach out to client to continue developing rapport and encourage her to consider **therapy**.

Actual notes\* of the work our **CARE MANAGERS** do with our **clients** daily

(\* with slight modifications to protect client identity)

Note#000588

Client is continuing to respond well with Suboxone treatment post **detox**. The **hoarding** issue has reached a serious level where hygiene is threatened. Care Manager was able to connect with a government assistance **resource** providing mold remediation and access-to-home modifications which will help with the above as well with client's difficult **mobility** issues.

Note#000298

Client expressed that he has no extended family support—coming from a **dysfunctional family**. Client isn't an American citizen, and his green card will expire in one year, and he would like assistance reapplying, or help with gaining citizenship. Client isn't satisfied with his current **therapist** and would like to find someone new. Additionally, client is struggling financially, and would like assistance finding a **new job**. Client noted his **strength** of "I live in the moment. I'm happy, and I can take care of shopping and arranging things." Care Manager will assist client with his citizenship, therapist, and job.

Note#000752

Care Manager called **psych-hospital** to check in with client. Client was pleased with the call. Client sounds a lot better; it seems that the medication reset was helpful. Client expressed sadness with his inability to engage in **prayers** properly since he's there. Care Manager arranged for the Chaplain visit him on Friday. Client was very thankful to meet the Chaplain and be able to pray properly.

Care Management is available **FREE** to all adults with NYS Medicaid who are battling mental illness

**UPSTATE** 845-503-0444  
Intake@IntegratedHealthRC.org  
www.IntegratedHealthRC.org

  
**INTEGRATED**  
HEALTH

**BROOKLYN** 718-387-8400 ext 13  
intake@hamaspikkings.org

● ► HAMASPIK NEWS

# Kvias Mezuzah at the Hamaspik School

*The Hamaspik School celebrates the opening of its brand new building*

The crowd that gathered at 926 Bedford Avenue to attend the grand *kvias mezuzah* of The Hamaspik School's all-new, state-of-the-art building this past week received more than they bargained for. From the first step into the colorful, beautifully-designed hallways, the visitors were drawn into a world where standards are set ever higher and education is truly taken to heart. A bulletin board prominently displayed items like "Mitzvah of the Week," "Social Skills of the Week," and key information for staff. Another display nearby was filled to capacity with post-it notes expressing gratitude to The Hamaspik School, filled out by the children themselves. An atmosphere of warmth, learning, positivity, and joy filled the air.

The tour continued with the purpose-built therapy rooms, each one inviting, comfortable, and supplied with every imaginable resource. Last was a peek into each classroom, with the heartwarming sight of small groups of children completely engaged in the learning experience, led by their dedicated teachers.

R' Meyer Wertheimer, Hamaspik's founder, performed the *kvias mezuzah* at the building's main entrance, named Ohel Sarah Rivkah after his mother. The children, tremendously excited for the event, sat in small chairs around the entrance.

In keeping with The Hamaspik's School strong ethos of giving the children a full and passionate Yiddish education alongside the exemplary general studies curriculum, Mr. Yehuda Spangelet, the school's administrator,



**GATEWAY TO PROGRESS:** A COLORFULLY-APPOINTED RECEPTION AND FRONT DESK AREA AS THE SCHOOL'S ENTRANCE DENOTES THE BRIGHTEST OF BEGINNINGS AWAITING STUDENTS

began the proceedings by asking the children, "What is this?" When they responded "A mezuzah!", the *mezuzahs* were carefully passed to every child. The pure happiness on their faces while kissing the *mezuzah* was a moving sight.

When the *mezuzah* was affixed to the door, R' Meyer Wertheimer and Mr. Hershel Wertheimer, Executive Director at Hamaspik of Kings County, sat by a table and invited the children to practice *kriah*. For young children with Down syndrome, this was previously considered a near impossible feat—and yet, the children stood up and read the text fluently, bursting with pride and joy.

Mr. Spangelet then spoke, explaining how this beautiful demonstration was actually the reason The Hamaspik School was founded in the first place. Previously, these children had attended schools that didn't offer a Yiddish education. For Jewish studies, the parents sent them to Hamaspik's Aleph Bais Center, an afterschool program designed to fill in those missing gaps. Now, in response to requests from the parents, The Hamaspik School serves to give the children the best of both: an excellent secular education together with a lively and passionate joy in Yiddishkeit.

He ended by thanking the devoted staff led by Mrs. Perry Binet, principal, Mrs. Idy Weber, its director, Mrs. Yitty Berkowitz, Judaic Studies Director, as well as Mr. Wertheimer, the driving force behind the school. The children then presented the Executive Director

CONTINUED ON PAGE 7 >>



**GATEKEEPER:** MR. SPANGELET PARTICIPATES



**OPENING DOORS:** HAMASPIK FOUNDER MEYER WERTHEIMER PUTS UP THE FIRST MEZUZAH



**WAY TO GO:** HERSHEL WERTHEIMER HONORED

● ► HAMASPIK NEWS

# Kvias Mezuzah at the Hamaspiik School



**THIS WAY TO A BETTER LIFE:** A COLORFULLY-DECORATED HALLWAY LEADS TO THE HAMASPIK SCHOOL'S WIDE-RANGING COLLECTION OF CLASSROOMS, WHERE EACH STUDENT IS ADDRESSED



**LEARNING HAPPENS HERE:** A FULLY-APPOINTED TYPICAL CLASSROOM MARKS THE THEME ACROSS THE HAMASPIK SCHOOL, WHERE THE MOST MAINSTREAM TECHNIQUES ARE USED

<< CONTINUED FROM PAGE 6

with a plaque bearing the words “The Hamaspiik School” created out of a collage of pictures of the children themselves. The gratitude was evident in their faces.

Right thereafter the assembled enjoyed a beautiful *seuda* together.

“We never thought of opening a school,” R’ Meyer Wertheimer said. “Hamaspiik of Kings County has multiple programs, but they’re always seeking to expand the scope of services for our clients. Establishing a school where not only general studies is taught, but the essence of *yiddishkeit*

is conveyed to the children, is an incredible feat!”

“There was a need, and we jumped in to fill it,” added Mr. Hershel Wertheimer. “Baruch Hashem, we’ve seen a tremendous *siyatta dishmaya*. The fact that the children have seen remarkable growth is all thanks to the

*mesiras nefesh* of the devoted staff who forged on to make this a reality.”

Because The Hamaspiik School is not just a school; it’s a Hamaspiik experience, with every detail considered and no stone left unturned to give each child the ideal environment for maximum growth. ★

● ► HEALTH NEWS

# Parkinson’s Cause-or-Effect Brain Mystery Solved: Researchers

*Reason for Parkinson Brain Cells’ Inability to Produce Dopamine Debated for Decades; Northwestern University Scientists say They now Know why*

**Evanston, Illinois** — Parkinson’s disease is a nervous system disorder that progressively affects movement. It’s caused by certain brain cells gradually breaking down or dying. As they break down, those cells produce less *dopamine*, a chemical needed for movement signals.

For decades, it was known that brain-cell breakdown in Parkinson’s involved the loss of each cell’s “power plant”—the energy-producing part called *mitochondria*. With malfunctioning mitochondria, the cell can’t produce enough dopamine. Current Parkinson’s treatment largely consists of replacing missing dopamine with levodopa, a drug the brain converts into dopamine.

But is the malfunctioning mitochondria the cause of Parkinson’s? Or is it a symptom of an underlying cause?

Neurology scientists at Northwestern University’s Feinberg School of Medicine now say it’s definitive: It’s

the mitochondria.

In lab mouse experiments, the Northwestern researchers found that

when they genetically manipulated the part of the brain housing dopamine-producing neurons, those neurons

were better able to convert levodopa to dopamine.

(Levodopa gradually loses its benefits as the brain cells lose their ability to produce dopamine.)

The new gene therapy targeting the *substantia nigra* part of the mouse brains restored the ability of its neurons to convert levodopa to dopamine.

But most importantly, scientists also showed how damage to the mitochondria triggers Parkinson’s.

“This is the first time there has been definitive evidence that injury to mitochondria in dopamine-releasing neurons is enough to cause a human-like parkinsonism in a mouse,” said lead study author D. James Surmeier, Feinberg’s chair of neuroscience.

“Whether mitochondrial damage was a cause or consequence ... has long been debated. Now that this issue is resolved, we can focus our attention on developing therapies.” ★



**FINAL LAYER UNCOVERED:** ACCORDING TO RECENT RESEARCH, THE DEBATE WHETHER BREAKDOWN OF CELL MITOCHONDRIA IS A SYMPTOM OR CAUSE OF PARKINSON’S IS NOW OVER

# The Autism Update

*News and developments from the world of research and advocacy*

## ADULTS GETTING FIRST-TIME AUTISM DIAGNOSES HAVE LOWER LIFE QUALITY: RESEARCH

**Ormskirk, England** — A pair of closely-related research studies on adults with autism finds that adults getting diagnosed for the first time as adults (as opposed to as children) is related to decreased quality of life and increased autism behaviors in adulthood.

The set of research, published recently in the *Journal of Autism and Developmental Disorders*, was

conducted by England's Edge Hill University.

Individuals diagnosed earlier in life stand better chances of implementing lasting strategies to help lead fuller lives with the condition, the study noted. Especially since many adults with autism report anxiety, a timely diagnosis may assist with management.

The first study found that adult participants with autism reported no improvements in quality of life with age. The second found that delays in getting diagnosed often had negative impacts on life.

## RESEARCH LINKS FLAME RETARDANTS TO AUTISM-LIKE BEHAVIOR IN LAB MICE

**Riverside, California** — A study has found that when laboratory mice were exposed to common fire-retardant chemical *polybrominated diphenyl ether*, or PBDE, they pass on the chemicals to developing offspring, which then display traits relevant to autism spectrum disorder (ASD).

The universally-used fire retardant is found in upholstery, carpets, curtains, electronics, and even infant products.

Research at the University of California, Riverside has found that PBDEs disrupt the mice's *neuroendocrine* system—a type of nerve cells which make the *hormones* that control many body functions.

Researchers found that female mice exposed to PBDEs passed on the neuroendocrine-disrupting chemicals to their developing offspring. In turn, female offspring showed reduced short-term social recognition long-term social memory, as well as repetitive behavior reminiscent of human compulsive behavior, a core symptom of ASD.

## FAMILIES WITH CHILDREN WITH AUTISM PRODUCE LESS STRESS IN ADOPTED... CATS

**Columbia, Missouri** — A new study at the University of Missouri shows that animal-shelter cats adopted as pets by families affected by autism is good for the cats.

Previous unrelated research has found that adding a shelter cat to the family of a child with autism helps lower the *child's* levels of stress and anxiety. But in the new study, researchers found that the adopted cats had lower levels of cortisol at the end of the study than they did at the start of the study.

Cortisol, a stress hormone, is regularly measured in humans and animals alike to determine levels of anxiety.

Cats also tend to lose weight due to not eating if stressed; however, researchers found that participating cats maintained their weight as time went on, indicating healthy acclimation.

The findings were published recently in *Frontiers in Veterinary Science*.

## IN YOUTH WITH AUTISM, STUDIES FIND REPETITIVE BEHAVIORS CAN RISE OR FALL

**Melbourne, Australia** — The idea that repetitive behaviors increase, or remain the same, in young people with autism is not necessarily an iron-clad rule—at least if you ask researchers at the University of Melbourne.

Two new studies by that school of higher learning find that while some such behaviors increase over time in youth with autism, other such behaviors actually decrease.

Researchers analyzed parent-reported data in a genetic registry called SPARK. That registry covers over 17,000 Australian youth with autism. They found that boys with autism had more severe repetitive motor behaviors than did girls, while the opposite was found for such repetitive behaviors like compulsions.

The results lend fresh support to the argument that repetitive behaviors are too diverse to be lumped together. Repetitive behaviors are a core diagnostic trait that includes repetitive movements, insistence on sameness, sensory sensitivities and restricted interests.

## OXYTOCIN AS AUTISM TREATMENT NON-HELPFUL, FINDS LARGE STUDY

**Durham, North Carolina** — Small studies in recent years generated a fair level of excitement over the usage of oxytocin to help children with autism gain social skills. But now, a large national study led by Duke University Medical Center has found no evidence that it helps.

Oxytocin is a naturally occurring hormone that acts as a chemical messenger in the brain. Because of its brain activity, it has been investigated as an autism treatment. Evidence has been conflicting: Several smaller studies suggested it improved social and cognitive function while others showed no benefit.

“There was a great deal of hope this drug would be effective,” said the study's principal investigator, Duke associate consulting professor Linmarie Sikich, M.D. “All of us on the study team were hugely disappointed, but oxytocin does not appear to change social function of people with autism.”

## TRAVEL INDUSTRY STILL IGNORING PEOPLE WITH DISABILITIES: MARKETING PROFESSOR



**NOT QUITE A NEW DAWN JUST YET:** WITH DISABILITY INCLUSION, THE TRAVEL INDUSTRY IS BEHIND THE TIMES AND HAS QUITE A WAY TO GO, SAYS A TOURISM AND TRAVEL EXPERT

**Swansea, Wales** — A professor of marketing at Wales' Swansea University recently penned a widely-disseminated op-ed column arguing that when it comes to boats, planes and trains, people with disabilities are essentially given second-class status.

“People with disabilities are still subjected to systematic discrimination when it comes to travel,” wrote Brian Garrod, a published authority on the tourism, hospitality and leisure industries. “They face barriers that non-disabled people do not, which can prevent them from going on holiday—or at least

drastically limit their choice about where to go and what to do.”

According to Prof. Garrod, “Disabled people are often deprived of key three things” before embarking on trips: “Good information, appropriate facilities and positive attitudes from other people.”

Despite the oft-touted United Nations Declaration on the Rights of People with Disabilities, people with disabilities too-often do not have equal access to travel, he continued. Some countries pay mere lip service to accessibility (if at all), and only seriously accommodate individuals if and when laws become strict. ★

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## Keeping Things Under Wraps



**THE MEN OF THE HOUR:** JOEL (L) AND NAFTALI (R) PROUDLY HOLD UP THEIR NEWLY-FIXED TEFILLIN (PHYLACTERIES), ALLOWING THEM TO FEEL MORE A PART OF THEIR COMMUNITY

## With Integrated Health's Extra Mile of Personalized Service, Monsey Man Conquers Food Insecurity

*Long-Term Care Services, Including Home-Delivered Meals, Change a Life*

Food. Such a regular, “in-the-background” part of life.

For most of us, food security is on autopilot. With regular income and regular grocery shopping, we never think twice about going hungry.

But for too many people, including abashed neighbors you'd never guess are suffering, food insecurity—the gnawing opposite of regularly having healthy food to eat—is an immediate and unavoidable crisis.

So when a long-time Monsey resident suffering from food insecurity, an older gentleman, responded to community outreach arranged by Integrated Health Care Manager Avrum Posluns, the gentleman was immediately assigned to his own Care Manager: Integrated's very own Nati Gurwitz.

Mr. Gurwitz quickly learned that the man's daily meal struggles, themselves actually just a small part of his various general debilitations (including limited mobility), would likely qualify him for

the New York State Dept. of Health (DOH)'s Managed Long Term Care (MLTC) program.

So he walked him through the state intake process—even going the extraordinary extra mile to visit him after hours at his own home to assist him in completing the live Zoom interview with a DOH staffer.

Once approved for MLTC, a program for people needing a nursing-home level of care, the gentleman was able to sign up for an excellent regional MLTC program. Once again, an ever-patient Nati Gurwitz—like all Integrated Health Care Managers—went the extra mile, personally assisting the man as the MLTC conducted its own intake process.

The many benefits of that program include adult social day services and fresh meals delivered to private homes—both of which the man is now receiving via MTLC, via Integrated Health. ★

## Celebrating Attention to Ritual Detail, Wannamaker's Naftali and Yoel Wrap Things up

*Diligent Staff Member Shaya Stern Helps Keep Residents' Tefillin Kosher*

If you're an adult male over the age of 13 in the community to which belong Naftali and Yoel, longtime residents of Hamaspik of Rockland County's Wannamaker Bridgerheim IRA group home, then one of the things you do every weekday is put on *tefillin* (*tih-FILL-in*).

Known as *phylacteries* in English, the precisely-manufactured “prayer boxes” governed by dozens of precise and specific rules, tefillin are quite literally built around four handwritten sacred parchment texts that they contain.

Thing is, thanks to ordinary wear and tear, a lot of things could go wrong in the daily “kosher” status of tefillin—rendering them invalid under Jewish law.

That's why tefillin are customarily inspected a minimum of twice every seven years for any defects. Hand-inked letters on the parchment can disintegrate or fade. Box corners and edges can be dulled or otherwise lose their geometric 90-degree sharpness. And the leather

straps can crack or lose their jet-black color.

To ensure that your tefillin are kosher (which means “fit” and refers to more than food!), you need a *sofer*—the highly-trained and traditionally-respected community authority who doesn't just write tefillin parchments but also knows all the rules.

Which is why, upon discovering some problems in Naftali and Yoel's tefillin sets, Wannamaker staff member Mr. Shaya Stern had them checked out. Fortunately, they were repairable.

During the two weeks the tefillin were “in the shop,” the two used spare sets belonging to the Hamaspik of Rockland County Men's Day Hab program they daily attend.

And when the tefillin came back as good as new, the Day Hab joined them at an appreciation brunch.

At Hamaspik, even the “little” things are cause for celebration. ★

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## With Eye on Health and Nutrition, Orange County Men's Day Hab Visits Gluten-Free Community Bakery

*Gentlemen of Hamaspiik Mainstay Program get Insider Tour of Health-Conscious Food Establishment*

Gluten is defined as “a substance present in cereal grains, especially wheat, that is responsible for the elastic texture of dough.”

However, gluten also causes illness in people with celiac disease. Experts estimate about two million people in the U.S. have the disease, whose primary symptoms are fatigue and pain.

That's why you've got an ever-growing gluten-free baking industry across the U.S.: to accommodate an ever-growing number of people on a gluten-free diet, which replaces wheat and some other grains containing the gluten proteins with nutritious alternatives.

That's also why you've got the Katz Gluten Free Bakery commercial facility in upstate Mountainville, New York. As part of a healthy-eating familiarization effort by Hamaspiik of Orange County's Day Habilitation (Day Hab) program, that venue's fascinating onsite production of gluten-free everything

from English muffins to French toast was visited in person recently by the gentlemen of the Day Hab—one of the several food-related venues they visit occasionally.

Mr. Moshe Yehudah Mintz, the facility's gracious and affable manager, gladly showered his guests with patience and good cheer as he led them about the factory. During that tour, the “boys” checked out the huge ovens, the dough shapers, the conveyor belts and the packaging equipment—all churning out baked goods as sure to satisfy sensitive stomachs as they are discerning palates.

Upon departing a good hour or two later, each honored guest went home with a gluten-free boxed doughnut.

In a way, it was a symbol of what Hamaspiik does every day with the individuals with disabilities of all ages that it supports: provide a menu of offerings to satisfy every taste. ★

## An Exciting Respite Weekend for Children, a Pleasant “Report Card” for Their Parents

*Hamaspiik Rockland's “Noam” Event Gives Parents a Shabbos of Rest, Children a Shabbos of fun—Plus a Detailed Report*

Young children with intellectual/developmental disability (I/DD) aren't exactly going to tell their parents everything they did, explains Mrs. Esty Schonfeld, the indefatigable Manager of Hamaspiik of Rockland County's Women's Day Habilitation (Day Hab) program. Especially if they are non-verbal or otherwise low- or lower-function.

That's true whether they're coming home from another ordinary school-day afternoon at Hamaspiik's several After-School Respite (ASR) programs—or, in this case, from Noam, Hamaspiik of Rockland County's new, exciting and activity-packed weekend respite event.

That's also why, reports Mrs. Schonfeld, each of the several dozen boys (up to age nine) and girls (up to age 13) came home with a Noam “report card”: so that their parents would have personalized intelligence on exactly everything their precious child

experienced.

Given the one-on-one staff-to-guest ratio, and the fact that each of those little guests had plenty to do all weekend, each one of those attentive staffers had plenty to report.

### A PLEASANT RESORT

Noam, which translates roughly to “pleasantness,” is Hamaspiik Rockland's latest take on its ASR programs.

After-School Respite, as its name implies, is a New York State initiative that grants parents of children with special needs much-needed breaks from the rigors of special parents. It gives fathers and mothers the time and space to tend to their other children (and themselves!) on school-day afternoons while provider agencies like Hamaspiik care for their precious bundles.

But ASR grants parents relief not just on weekdays but also on weekends.

CONTINUED ON PAGE 13 >>

## A “Gluten” for Nourishment



**FOOD FOR GOOD HEALTH:** THE KATZ GLUTEN FREE BAKERY, WHICH SELLS COAST TO COAST, RECENTLY HOSTED HAMASPIK GUESTS FROM ADJACENT HAMASPIK OF ORANGE COUNTY

## “Pasta”-ing the Fun Test



**MIRTH WITH MACARONI THE CLOWN:** A REGULAR VISITOR TO HAMASPIK OF ORANGE COUNTY HAS THE GENTLEMEN OF THE DAY HAB PROGRAM GETTING INVOLVED HANDS-ON

● ► HAMASPIK NEWS

# The Fathers of Personal Achievement

*Young Men With Disabilities at Hamaspiik of Rockland County's Day Hab Program Master First Chapter of Ethics of the Fathers*



**CERTIFIABLY PROUD:** HAMASPIK OF ROCKLAND COUNTY EXECUTIVE DIRECTOR JOEL FREUND POSES WITH PRIDE-FILLED “DAY HABBERS” (L-R) NAFTALI, JOSEPH, YIDDY AND ARI AT THEIR PARTY

It's long been a font of wisdom and insight into the human condition—timeless sagacity passed on generation to generation for close to two thousand years.

It's *Pirkei Avos*—one of the 38 volumes of the *Mishnah* (the ancient codification of Jewish law), commonly translated as “Ethics of the Fathers.”

Consisting of six chapters, *Pirkei Avos* spans a review of how the Torah as we know it was passed from its origin from master to disciple across the eons to the pithiest of teachings by many of those masters. It's also an informal manual for ethical living.

And diving into its opening chapter this winter was a group of high-functioning young men at Hamaspiik of Rockland County's Day Habilitation (Day Hab) Program.

That program, long managed by the indefatigable Pinchos Knopfler, a Hamaspiik legend (and early pandemic survivor) in his own right, has long provided daytime programming that augments and enhances activities of daily living (ADL) skills to community members with intellectual/developmental disability (I/DD).

In keeping with their personal goals of feeling as mainstreamed as possible in their faith communities of origin, Mr. Knopfler, as usual, took things to the next level by bringing Jewish studies to them. After all, in said communities of origin, the constant study of Torah texts, and the resulting personal growth, is the most paramount of pillars.

## PEARLS OF PROFUNDITY, PAINSTAKING PROGRESS

Word by word. Sentence by sentence. Paragraph by paragraph. Page by page.



**A “FATHERLY” FEAST:** PARTICIPANTS LOOK ON AND LISTEN AS THE EVENT PROCEEDS



**SETTING THE STAGE:** A REGAL REPAST BEFITTING THE SPECIAL OCCASION AWAITS GUESTS AND CELEBRANTS ALIKE IN THE DAY HAB'S SPACIOUS AND SOON-TO-BE FULL MULTI-PURPOSE ROOM

Slow, steady and secure was the game plan each day, as Day Hab Direct Support Professionals (DSPs) Yochanan Follman and Mendel Klein, serving as the most patient of instructors, sat with the “boys” each day to painstakingly and lovingly dissect *Pirkei Avos*' text.

For 30 minutes each day, beginning just as the cold season rolled in, the gentlemen sat in two separate groups around tables, open books

before them, as they carefully plied the waters of the volume's ancient wisdom, the two DSPs serving as wise captains and knowing guides.

Day in, day out, the ancient lessons of life came to life before them in their modern lives today:

*Be like servants who serve the master without the expectation of receiving reward.*

*Judge all men favorably.*

*Be of the disciples of Aaron: Love*

*peace and pursue peace.*

And perhaps *Pirkei Avos*' most legendary teaching of all, by the equally-legendary sage, Hillel:

*If not now, when?*

These and other aphorisms were carefully and vibrantly explained, expressed with passion and personality as the instructors—indeed, serving as informal sages themselves—conveyed their messages with simplicity and delicacy.

Their eager students not only understood but internalized it all—coming away not just informed and educated, but empowered and, more importantly, connected anew to a timeless chain of eternity.

## FRAMING THE MOMENT

They came. They learned. They conquered. Deliberately but decisively. And now, it was time to celebrate.

It was in the Hamaspiik of Rockland County Day Hab facility at 78 Rt. 45 in Spring Valley that the dining room with tables colorfully bedecked as befitted the occasion.

Seated around the tables were the gentlemen who regularly attend the Day Hab, hailing from Hamaspiik's cluster of Individualized Residential Alternatives (IRAs) across the greater Monsey region, as well as those who live in Family Care homes or even their own birth family's homes.

But seated at the head table, as the royalty for the day that they were, were the celebrants—men of honor who now were taking their place of real status and respect in the nuanced culture from which they originate.

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CONTINUED ON PAGE 13 >>

●► HAMASPIK NEWS

# The Fathers of Personal Achievement

<< CONTINUED FROM PAGE 12

the traditional completion of the entire massive Talmud down to the smallest chapter of the Mishnah or even the text of the Torah itself, is an established Jewish custom spanning centuries.

With friends, family and communal leadership on hand, the celebrant(s) will customarily recite the closing portion of the conquered text, followed by a standard prayer and a few words of personal insight and inspiration on and from the text at hand.

And now, those celebrants—make that, those full-fledged members of the mainstream—were the Mishnah-

mastering young men of Hamaspiik.

Festive music played on a speaker system as the individuals and their staff excitedly welcomed guests, with several taking the time to greet each.

Special guest speaker Rabbi Yosef Dovid Unger, a longtime schoolteacher, was likewise smilingly and warmly greeted by all.

To formally execute the completion ceremony, known as a siyum, “Day Habber” Yosef took the stand.

Aided by DSP Follman standing helpfully by, the young celebrant opened with Chapter 1’s opening statement as guests and participants respectfully listened: “*Moshe kibel Torah miSinai*”—“Moses received

the Torah from Sinai.”

But in stepping away from the podium, Yosef ad-libbed a personal thanks to Hamaspiik in his mother-tongue Yiddish: “*S’du gitteh staff in gitteh management!*” [“There’s good staff and good management here!”]

Rabbi Unger then took the stand. He opened by thanking Hamaspiik for having him again, noting how Hamaspiik has grown since he came last.

He then underscored the greatness of the accomplishment of making a siyum—not just an accomplishment here on Earth but also one greatly reckoned in Heaven, and here, both for the celebrants and their staff.

After sharing several inspirational insights, he called upon Joel Freund, Executive Director of Hamaspiik of Rockland County, to share a few words.

Director Freund warmly praised the Day Hab’s staff and the value—both physical and spiritual—of their frontline work.

He then presided over the crux of the celebration: distribution of framed certificates of completion to each celebrant.

The next day, the gentlemen came in for another routine day at Day Hab.

But if you’d have looked closely, you’d have noticed that they all seemed a bit taller. ★

## An Exciting Respite Weekend for Children, a Pleasant “Report Card” for Their Parents

<< CONTINUED FROM PAGE 11

Enter the Noam program.

Held at the Hamaspiik Resort in upstate Rock Hill, New York, Noam was born out of a need to cater to children with disability in a younger age bracket.

The targeted smaller demographic allowed Hamaspiik to not only open its ever-popular ASR weekends to more

attendees, notes Mrs. Schonfeld, but also to bring in the small army of staff to hover over and dote on each precious guest one-on-one.

That special staffing arrangement gave every guest the room to roam freely about, dutiful staff member in tow, without the claustrophobic effects of a maximum-capacity event.

### PLANNING MAKES PERFECT

In the weeks-long run-up to the unprecedented event, made known to the greater Monsey public in a series of print ads in community circulars, Hamaspiik of Rockland County’s very own Ms. T. Steif (not to be confused with Ms. T. Steif—but more on that next) deftly handled the vast influx of necessary paperwork so that parents could ensure that their children could attend.

At the same time, the other Ms. T. Steif—who not-coincidentally is the former’s first cousin—professionally tended to the complex process of recruiting, vetting and hiring handpicked staffers to man the event. Combing through a large number of young applicants from the community’s numerous girls’ high schools, Ms. Steif culled a final list of the finest candidates to ensure that each guest and one-on-one staffer were perfectly matched, down to nuanced community of origin and even personality.

Meanwhile, Hamaspiik of Rockland County Family Care Liaison/Administrative Project Coordinator Abraham “Avrumi” Markowitz, who’s also an experienced Hatzolah EMT, was heavily involved in logistics of a different category.

Besides later serving as the weekend’s on-site medic (fortunately, no medical emergencies occurred), Mr. Markowitz also oversaw the production and delivery of the many customized items that the weekend would need—from foodstuffs to disposables and from small gifts and toys to logo-festooned windbreakers as tokens of appreciation to hardworking staff.



**A WARM WELCOME:** THE GREETING TABLE FOR ARRIVING GUESTS, WITH BAKED TREATS

Presiding over it all on site was the tireless Mrs. Schonfeld, backed by the endless ministrations of Mr. Joel Moskovics, Hamaspiik of Rockland County’s dynamic Director of Day Services.

### A MOST PLEASING SHABBOS

From their Friday-afternoon arrival to their Sunday-morning departure, guests were veritably immersed in another world. From three full-course Shabbos meals to an endless variety of group and individual games on the premises, plus live children’s entertainers on Saturday night, there was no shortage of things to do.

But before it was all over, each staff member sat down and penned a detailed “report card” on exactly what her charge had done—from their first moment at Noam to their last.

Says Mrs. Schonfeld: “We heard from a lot of parents that they were very happy about that.” ★

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# Public Health and Policy News

## U.S. DEPRESSION TRIPLED OVER FIRST PANDEMIC YEAR: SURVEYS

**Boston, Massachusetts** — A series of surveys conducted by Boston University paints a less-than-rosy picture of the long-term effects of the pandemic. According to the research, rates of diagnosed depression tripled among U.S. adults during the first year of COVID-19's spread.

Rates were highest among those who were unmarried, had low incomes and multiple sources of stress, including job loss and inability to pay rent, the research found.

More specifically, the surveys of over 6,500 adults pegged the depression rate at nine percent before the pandemic took off. In the pandemic's early months of spring 2020, that rate rose to 28 percent, followed by its current rate of nearly 33 percent.

In fact, low-income adults were more than seven times more likely by spring 2021 to be affected by depression than those making \$75,000 or more.

## WITH STILL-SPIKING SALES, MAJOR JUMP IN SCOOTER INJURIES

**Bethesda, Maryland** — Hoverboards, Segways, and other kinds of electric-powered scooters, as well as ever-popular electric bicycles, may be seeing sales through the roof in recent years.

However, according to a new report by the U.S. Consumer Product Safety Commission (CPSC), so are related injuries.

Between 2017 and 2020, in fact, injuries associated with the so-called "micromobility products" skyrocketed some 70 percent.

According to the report, there were 34,000 reported injuries in 2017, 44,000 in 2018, 54,800 in 2019 and 57,800 in 2020.

Of those, a good chunk involved "e-scooters." Those small battery-powered and easily rechargeable two-wheelers sent some 7,700 users to ERs in 2017—and over 25,000 in 2020.

Because the majority of incidents involve human error, the CPSC is now calling on users to always wear a helmet when riding such scooters.

## DIAGNOSES OF COLON CANCER FELL 40 PERCENT DURING PANDEMIC; EXPERTS WORRIED

**Saragossa, Spain** — Public-health research at the Saragossa, Spain-based Aragón Health Research Institute has found that numbers of colon-cancer cases numbers dropped over 40 percent during the COVID-19 pandemic.

However, experts there—and elsewhere around the world—are worried about what those numbers really

mean. In short, they mean that people just aren't going to doctors and hospitals.

Experts attribute the drop to the concurrent drop in screenings—which, they fear, may result in a coming wave of cases being diagnosed at later stages with more serious symptoms.

To arrive at their conclusions, researchers compared March 2020-Feb. 2021 data with data from the previous year. They found that nearly two-thirds of the 1,385 cases of colon cancer diagnosed in those two years in multiple hospitals in Spain happened in the pre-pandemic year.

## AMONG FORMER SMOKERS, STUDY FINDS E-CIG USERS RELAPSE MORE

**San Diego, California** — One of the big ideas of electronic cigarettes, commonly known as e-cigs, was to help former cigarette smokers stay off cigarettes.

However, according to a two-year tracking study of just under 1,300 former smokers, more of those former smokers now on e-cigs *relapsed*, or resumed cigarette smoking, than those not using any tobacco product.

The study by the Herbert Wertheim School of Public Health at UC San Diego found that while 50 percent of no-product former smokers had relapsed after two years, some 58.5 percent of e-cig former smokers had relapsed after two years.

"Our findings suggest that individuals who quit smoking and switched to e-cigarettes or other tobacco products actually increased their risk of a relapse back to smoking over the next year by 8.5 percentage points," said Wertheim lead researcher John P. Pierce, Ph.D.

## VIRTUAL-REALITY HEADSET APPROVED BY FDA TO CORRECT CHILDREN'S VISION DISORDERS

**Cambridge, Massachusetts** — Ask your average parent or grade-school teacher and they'll rightfully tell you that



**A VISION OF HEALTHIER EYES:** THIS LAZY EYE TREATMENT DEVICE NOW FDA-APPROVED

children's prolonged staring at screen footage is anything but healthy—and what's true for large screens of old is all the more true for today's virtual reality (VR)-based headset devices.

However, putting goggle-like mini-screens right in front of a child's eyes so they can watch various presentations is actually a good thing, now according to the FDA—if the child has *amblyopia* (lazy eye) and gets a prescription for the newly-approved Luminopia One therapeutic VR headset device.

The device is approved by the FDA for children ages four through seven who have amblyopia, *anisometropia* (unequal eye focus) and/or *strabismus* (crossed eyes). The device plays therapeutically modified footage that help correct these specific neurovisual disorders.

The device—and its library of hours of modified videos—works by promoting weaker-eye usage, thus training the brain to combine visual input from both eyes.

## OBESITY SOCIETY, OTHER ORGS CALL FOR "PEOPLE FIRST" OBESITY LANGUAGE

**Silver Spring, Maryland** — In New York State and across much of the country, it's long been established that references to disability put the person first, not the disease—for example, "he has a disability," not, "he's disabled."

It's the same thing for people who have autism, asthma or diabetes. So why not obesity?

That is the argument being made in the new policy statement issued by The Obesity Society and four other medical organizations. The statement calls upon medical professionals and the greater community to refer to patients as "people with obesity," not "obese people."

"People-first language has been widely adopted for most chronic diseases and disabilities, but not obesity," the statement reads.

According to research cited by the statement, a person with obesity can be demoralized about the condition to the point of switching doctors if described as "obese" instead of "having obesity." ★



**TAKING PEOPLE FOR A (SAFETY) RIDE:** E-SCOOTERS AND OTHER SO-CALLED "MICROMOBILITY PRODUCTS" ARE GREAT FOR POINT-A-TO-B—WITH "B" NOW OFTEN BEING THE ER, SAYS REPORT

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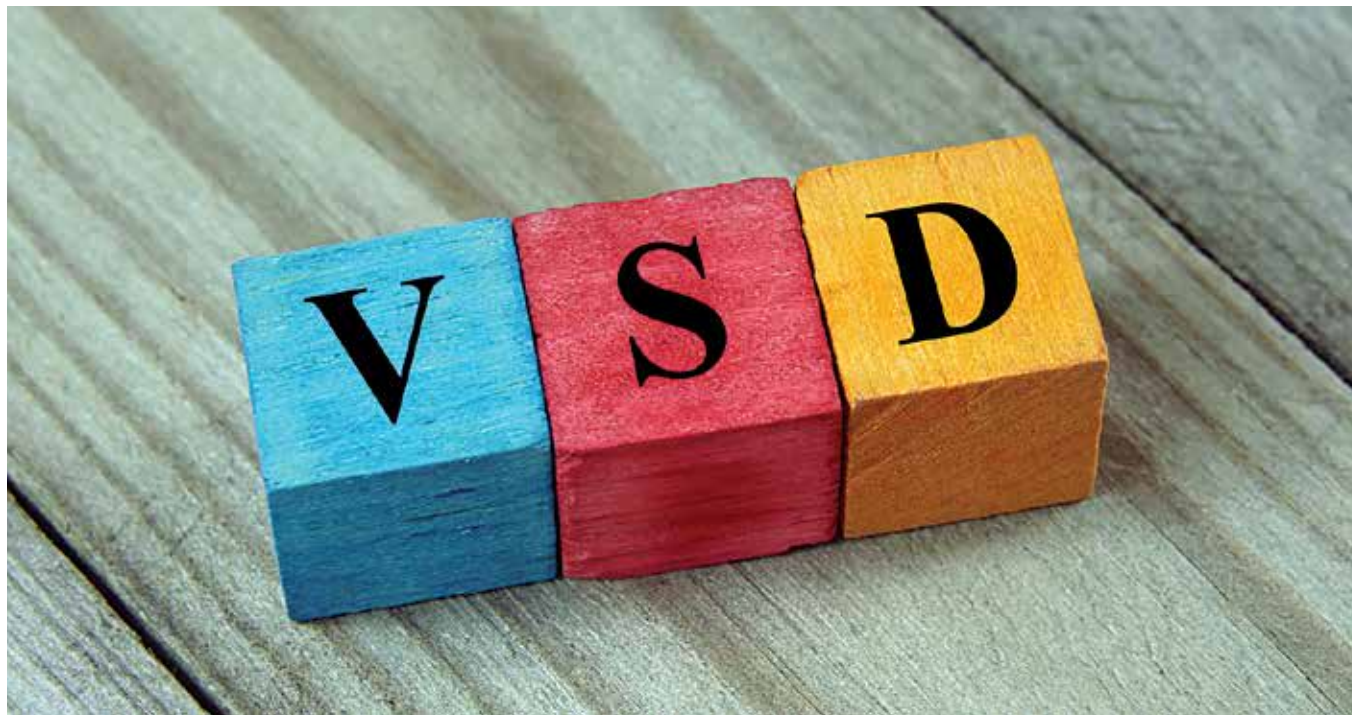
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# In the Know

## ALL ABOUT... VENTRICULAR SEPTAL DEFECTS

Sources: Mayo Clinic, U.S. Centers for Disease Control (CDC), American Heart Association (AHA)



This article was initially going to be about *congenital heart disease*, which in plain English means something wrong with the heart that a person is born with.

However, there are over 25 kinds of congenital heart disease.

So this article is going to be about *ventricular septal defects* (VSDs)—which, according to the CDC, are the most common heart defects that babies are born with.

But don't get scared: According to the CDC, less than one percent of U.S. newborns are born with congenital heart defects. That means—do the math—that more than 99 percent of newborns are born *without* congenital heart defects (CHDs).

What's more, according to the CDC, only about one in every 240 babies born in the United States each year is born with a ventricular septal defect. Do the math—and you get 0.004 percent of U.S. babies born with a ventricular septal defect.

In plain English, it's rare.

And of those, many ventricular septal defects—which means holes in the heart—simply close up and heal by themselves. It's usually the larger ones that need serious treatment.

So for now, here's everything you'll need to know to be informed and in the know.

### DEFINITION

To understand a ventricular septal defect, it helps to first know how the heart works.

The heart is divided into chambers (ventricles)—two on the right and two on the left.

The right side of the heart moves blood to the lungs through blood vessels (pulmonary arteries).

In the lungs, blood picks up oxygen and then returns to the left side of the

heart through the pulmonary veins.

The left side of the heart then pumps the blood through the aorta and out to the rest of the body.

Congenital heart disease can affect any of these heart structures, including the arteries, valves, chambers and the wall of tissue that separates the chambers (septum).

In the case of ventricular septal defects, a ventricular septal defect occurs when the muscular wall separating the heart into left and right sides (septum) fails to form fully between the lower chambers of the heart (ventricles). This creates a hole (defect) in the wall (septum) that separates the heart's lower chambers (ventricles) and allows blood to pass from the left to the right side of the heart. The oxygen-rich blood then gets pumped back to the lungs instead of out to the body, causing the heart to work harder.

A VSD can appear in various sizes, and it can be present in several locations in the wall between the ventricles. There may be one or more VSD. (It's also possible to acquire a VSD later in life, usually after a heart attack or as a complication following certain heart procedures.)

An infant with a ventricular septal defect can have one or more holes in different places of the septum. There are several names for these holes. Some common locations and names are:

- Muscular ventricular septal defect: This is a hole in the lower, muscular part of the ventricular septum and is the most common type of ventricular septal defect.
- Conoventricular ventricular septal defect: In general, this is a hole where portions of the ventricular septum should meet just below the pulmonary and aortic valves.
- Perimembranous ventricular septal defect: This is a hole in the

upper section of the ventricular septum.

- Inlet ventricular septal defect: This is a hole in the septum near to where the blood enters the ventricles through the tricuspid and mitral valves. This type of ventricular septal defect also might be part of another heart defect called an atrioventricular septal defect (AVSD).

### SYMPTOMS

Signs and symptoms of often appear during the first few days, weeks or months of a child's life. Ventricular septal defect symptoms in a baby may include:

- Poor eating, failure to thrive
- Fast breathing or breathlessness
- Easy tiring

A mother and a doctor may not even notice signs of a ventricular septal defect at birth. If the defect is small, symptoms may not appear until later in childhood—if at all. Signs and symptoms vary depending on the size of the hole and other associated heart defects.

A doctor may first suspect a heart defect during a regular checkup if he or she hears a murmur while listening to a baby's heart with a stethoscope. Sometimes a VSD can be detected by ultrasound before the baby is born. (Other times, a VSD isn't detected until a person reaches adulthood.)

Symptoms and signs can include shortness of breath or a heart murmur that the doctor hears when listening to a patient's heart with a stethoscope.

Contact the doctor if a baby or child:

- Tires easily when eating or playing
- Is not gaining weight
- Becomes breathless when eating or crying

- Breathes rapidly or is short of breath

## CAUSE

Researchers aren't sure what causes most types of congenital heart disease. Some congenital heart diseases are passed down through families (inherited). Ventricular septal defects may run in families and sometimes may occur with other genetic problems, such as Down syndrome.

Certain environmental and genetic risk factors might play a role in the development of congenital heart disease, including:

- Genes. As mentioned, congenital heart disease appears to run in families (inherited) and is associated with many genetic syndromes. For instance, children with Down syndrome often have heart defects.
- German measles (also known as rubella). Having rubella during pregnancy may affect how the baby's heart develops while in the womb.
- Diabetes. Having type 1 or type 2 diabetes during pregnancy also may affect a baby's heart development. However, gestational diabetes generally doesn't increase the risk of congenital heart disease.
- Medications. Taking certain medications while expecting can cause congenital heart disease and other birth defects. Medications linked to heart defects include lithium for bipolar disorder and isotretinoin (Claravis, Myorisan, Zenatane, others), which is used to treat acne. Always tell your doctor about the medications you take.
- Alcohol. Drinking alcohol while pregnant also contributes to the risk of heart defects in the baby.

## DIAGNOSIS

Ventricular septal defects often cause a heart murmur that a doctor can hear using a stethoscope. If a doctor hears a heart murmur or finds other signs or symptoms of a heart defect, he or she may order several tests including:

- Echocardiogram. In this test, sound waves produce a video image of the heart. Doctors may use this test to diagnose a ventricular septal defect and determine its size, location and severity. It may also be used to see if there are any other heart problems. Echocardiography can be used on a fetus (fetal echocardiography).

- Electrocardiogram (ECG). This test records the electrical activity of the heart through electrodes attached to the skin and helps diagnose heart defects or rhythm problems.

- Chest X-ray. An X-ray image helps the doctor view the heart and lungs to see if the heart is enlarged and if the lungs have extra fluid.

- Cardiac catheterization. In this test, a thin, flexible tube (catheter) is inserted into a blood vessel at the groin or arm and guided through the blood vessels into the heart. Through cardiac catheterization, doctors can diagnose congenital heart defects and determine the function of the heart valves and chambers.

- Pulse oximetry. A small clip on the fingertip measures the amount of oxygen in the blood.

## TREATMENT

A small ventricular septal defect may cause no problems, and many small VSDs close on their own. Medium or larger VSDs may need surgical repair early in life to prevent complications.

Many babies born with a small ventricular septal defect (VSD) won't need surgery to close the hole. After birth, the doctor may want to observe a baby and treat symptoms while waiting to see if the defect closes on its own.

Babies who need surgical repair often have the procedure in their first year. Children and adults who have a medium or large ventricular septal defect or one that's causing significant symptoms may need surgery to close the defect.

Some smaller ventricular septal defects are closed surgically to

prevent complications related to their locations, such as damage to heart valves. Many people with small VSDs have productive lives with few related problems.

Some babies with a ventricular septal defect, especially larger ones, become tired while feeding and do not eat enough to gain weight. To make sure babies have a healthy weight gain, a special high-calorie formula might be prescribed. Some babies become extremely tired while feeding and might need to be fed through a feeding tube.

## Medications

Medications for ventricular septal defect depend on the severity of heart failure symptoms. The goal of medication is to decrease the amount of fluid in circulation and in the lungs. Medications called diuretics, such as furosemide (Lasix), reduce how much blood must be pumped.

## Surgeries or other procedures

Surgical treatment for ventricular septal defect involves plugging or patching the abnormal opening between the ventricles. If you or your child is having surgery to repair a ventricular defect, consider having surgery performed by surgeons and cardiologists with training and expertise in conducting these procedures.

Procedures to treat VSD may include:

- Surgical repair. This procedure of choice in most cases usually involves open-heart surgery under general anesthesia. The surgery requires a heart-lung machine and an incision in the chest. The doctor uses a patch or stitches to close the hole.
- Catheter procedure. Closing a

ventricular septal defect during catheterization doesn't require opening the chest. Rather, the doctor inserts a thin tube (catheter) into a blood vessel in the groin and guides it to the heart. The doctor then uses a specially sized mesh device to close the hole.

- After repair, the doctor will schedule regular medical follow-up to ensure that the ventricular septal defect remains closed and to look for signs of complications. Depending on the size of the defect and the presence of other problems, the doctor will inform parents how frequently they or their child will need to be seen.

## PREVENTION

In most cases, nothing can prevent a baby from being with a ventricular septal defect. However, the basics are: Eat a balanced diet, exercise regularly, avoid infections, and keep diabetes (if one has it) under control.

## PROGNOSIS

After a VSD is repaired, the patient will need follow-up care throughout life for doctors to monitor the condition and check for any signs of complications.

The doctor may suggest that the patient have regular follow-up appointments with a doctor who specializes in congenital heart disease. In follow-up appointments, the doctor may evaluate the patient and order imaging tests to monitor the patient's condition.

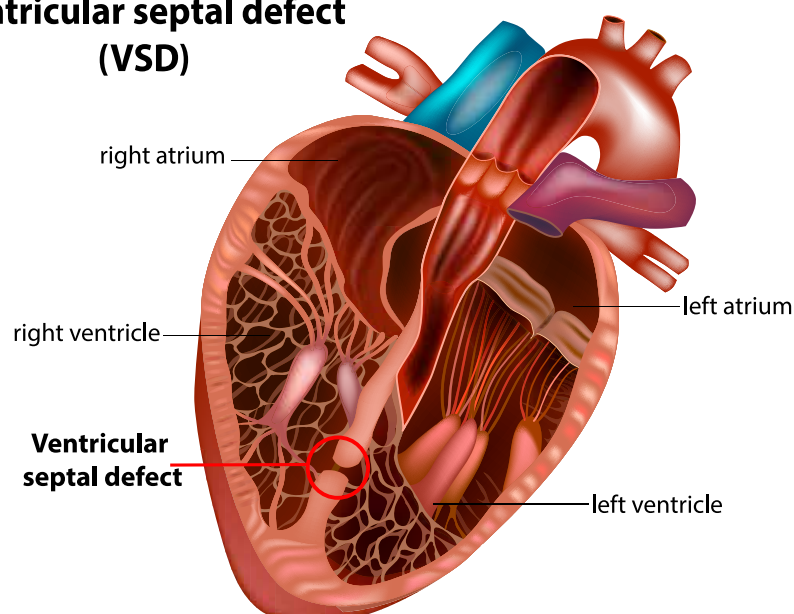
However, children with small defects or a repaired hole in the heart will usually have few or no restrictions on activity or exercise.

Additionally, in some children with a VSD, whether repaired or still being monitored, there is a minor risk of endocarditis, or an infection occurring in the inner lining of the heart (endocardium). This generally occurs when bacteria or other germs enter the bloodstream and move to the heart, where they grow.

While rare, endocarditis can be serious if untreated. As such, doctors will commonly recommend that VSD patients take certain antibiotics before being treated by the dentist for cleanings and such. Healthy gums and teeth reduce the risk that bacteria will enter the bloodstream.

Meanwhile, consider joining a support group for families of children born with heart defects. Support groups can help parents, families and caregivers find answers, connect with other families, and share their hopes and concerns with others facing similar challenges. ★

## Ventricular septal defect (VSD)



● ► HAMASPIK NEWS

# Twilights

*Where every child's sparkle emerges*



Hear from Mr. Yehuda Spangelet, director of day services at Hamaspiik of Kings County, what drives each program. Read this fascinating interview to see the what, when, where, how, and why of Twilights.

## What are the goals of an after-school program?

After-school programs are technically meant to be a babysitting service, as the kids don't have anything to do in the afternoon and their parents need a break. But we do so much more than that. We offer full-fledged curriculums of fun activities that also build the children's skills. It's not just about occupying their time—we seek to help them attain skills that will help them in their daily lives.

## How were the programs founded? What were the challenges in the beginning?

Until a few years ago, Hamaspiik didn't have after-school programs; we simply didn't understand the great need. Then, two things happened simultaneously. A mother of a client approached us at that time, asking if we could open a center to teach her child about Yiddishkeit. Her child, like many other children, was learning almost nothing about Yiddishkeit in his special education school. At the same time, Ahavas Golda approached Hamaspiik of Kings County about taking them under our wing, as they were struggling financially and couldn't accommodate their rapid growth.

I remember Mr. Hershel Wertheimer, Executive Director at Hamaspiik of Kings County, convincing me to take on the afterschool programs, when we saw the great need. At that time, we couldn't have foretold the great impact the programs Baruch Hashem have.

Hamaspiik of Kings County is renowned for their commitment to fill a need when it arises. Twilights, Hamaspiik of Kings County's after-school division, encompasses a total of eight programs. While each one is unique, the one common thread between all is the focus on teaching the individuals skills while giving them a great time. Over the next several issues of the *Gazette*, Hamaspiik of Kings County will proudly present in-depth looks into them all.

## What contributed to Twilights' incredible growth?

Baruch Hashem, we set up very stable, fun programs where every parent is heard and every child is tended to. When the parents saw the kids actually gaining skills from our programs, they referred more clients to us.

## Twilights increased not just in size, but in scope. Why did you start offering multiple programs?

When we started seeing what the programs mean to our clients, we just kept expanding to fill the ever-increasing need. Additionally, more and more privately run after-school programs were approaching us, requesting to join. For example, Haktanim approached us, as Ahavas Golda had recommended Hamaspiik of Kings County. I remember our first meeting with them, when they were introduced to the Hamaspiik way of doing things. They couldn't believe they could still run their own program while enjoying the financial security and perks we offer to our clients and volunteers.

With the respite funds from the children attending the program, we were able to grant Ahavas Golda a magnificent location, fund all activities, provide perks, trips, Shabbatons, and more. The same applies for all other programs. People sometimes ask me, "Why doesn't Hamaspiik pay the volunteers if they're billing all those respite hours?" The answer is simple. Every last penny is used for the children's benefit. If we have volunteers instead of paid counselors, we can use those funds for more trips, Shabbatons, and activities.

## The Twilight programs are renowned for attracting volunteers. How was that accomplished?

It's a combination of the amazing programs we run for the children, which give the volunteers tremendous

chiyus, and the constant gestures of appreciation.

The Kinderville counselors recently had a massive reunion in one of the Hamaspiik buildings, which we helped them arrange. Even after camp, we want to treat them; appreciation doesn't end when people finish their job. In fact, we're working on arranging a Shabbaton for them too.

We also create a beautiful, heimishe environment that encourages the volunteers' growth and that the parents and schools feel comfortable with. For example, we have a no-cellphone rule during our Shabbatons. Someone once asked me, "These are high school volunteers; why do they cooperate?" But the truth is, not only do they cooperate, but they beg us to let them join.

When we initially set up a program, we sometimes struggle with finding volunteers. But once the programs get started and volunteers get a chance to experience it for themselves, we Baruch Hashem start receiving phone calls from people offering to be volunteers.

## When did all the Shabbatons start?

We were in the final stages of signing on Ahavas Golda when we decided to arrange a Shabbaton for them. They were in the process of fingerprinting all the volunteers, so we said that whoever gets fingerprinted, gets to join the Shabbaton.

That first Shabbaton was in Greenhills, a bungalow colony. We rented a few houses, and it was truly beautiful. Since then, we've gone to Lakehouse Hotel, and now, the Hamaspiik Resort. It takes tremendous work to plan these Shabbatons; the program staff work on them for weeks before the actual event. Most programs have two Shabbatons a year, and everyone looks forward to them tremendously.

The Shabbatons have to have full programs, as we can't leave even 30 seconds empty. We literally fill

up every single minute with fun and entertainment. It's extremely structured—the kids know what's on schedule and thrive on the consistent routine.

## What part of the Shabbatons do the children appreciate most?

Depending on the age, stage, and child, they'll have different opinions when we ask them what they enjoyed most. One likes the entertainment, one enjoys sleeping with her counselor, one loves making Kiddush himself Friday night, while one raves about the phone call to his parent on Erev Shabbos! No matter the child, they all dream about the Shabbaton for months. It's an unparalleled experience.

## What part of the after-school programs didn't you expect to turn out this way?

I didn't imagine a single part of it turning out this way. The growth, the daily siyatta diShmaya—it's not something I could've ever foretold.

## What does it take to run such a huge operation?

Baruch Hashem, we have a great team. Really great. Everyone is passionate. Everyone is compassionate. They'd all go into the fire for our kids, and I'm not saying this lightly. There isn't a single staff member who would tell a parent, "Don't call me now. It's after hours." They're here completely for the good of our children.

## What was the most meaningful moment?

The first moment that wowed me was at the first Ahavas Golda Shabbaton. It was raining buckets throughout Shabbos, but every time the schedule had an outdoor activity, it stopped raining. When we stepped back inside, the rain started up again. It was then that I saw we were doing something bigger than ourselves. ★

● ► HAMASPIK NEWS

# Achievers



**Geared for:** High-functioning preteen and teenage girls with Down syndrome  
**Ages:** 9-19  
**Location:** 295 Division Avenue (Williamsburg)

**Hours of Operation:**  
**Monday-Thursday**  
**First shift:** 4:30-6:00 p.m.  
**Second shift:** 5:30-7:00 p.m.  
**Sunday:** 10:00 a.m.-3:00 p.m.  
**Shabbos:** Shabbos afternoon

**To enroll:**  
**Call:** 718-387-8400 ext. 5265  
**Email:**  
 Achievers@hamaspikings.org

Offering a wide range of classes, Achievers is a talent school that enables girls with Down syndrome to develop their talents and own their achievements. Whether it's cooking, tap dancing, or learning to play guitar—nothing stops those girls! Achievers embodies the maxim, “Believe in a child and they’ll live up to your expectations.”

Each class encourages the girls to take their natural talents up a notch, pushing their limits until they’re ready to perform. A goal-oriented program that runs each day after school and a full day on Sunday, the curriculum is divided into two categories: performing arts and skill-based courses. Performing arts includes art, piano, guitar, drama, ballet, *simchah* dancing, and tap dancing. Skill-based courses include hair care, nutrition, photography, sewing, and housekeeping. Due to the variety of courses available at Achievers, the girls can sign up to all, as the courses alternate each week.

Yet no matter the course, all teachers have one goal: the girls should graduate the course successfully. And indeed, they

achieve, they thrive, they’re ALIVE. But more than anything, they’re learning through having fun and building friendships that last long after they’ve stepped out of the Achievers building. The warmth, joy, and excitement create an incredible atmosphere. The girls feel talented and loved at Achievers, carrying over the skills they learn to their everyday lives.

While mastering the piano, the girls learn multiple skills. From drumsticks for demonstrating beats to finger exercises that flex their muscles and massage their fingers to special scarves for practicing rhythm, the girls get a music experience that’s catered to them. They don’t merely sit by their individual keyboards and practice scales—rather, it’s a unified effort where they all learn together. At times, they’ll all sit in a circle, passing items according to the notes. Slowly but surely, they master chord after chord until they get all the concepts.

While the girls are ambitious, their special needs sometimes get in the way. However, nothing can get in the way

of the teachers! When the girls’ fingers hurt while strumming their guitars, the teacher purchased ChordBuddies—an adaptive tool that fits over the strings—to make it easier. However, when you enter the room, you don’t see any of that. You see proud, smiling teenagers lost in the world of music, producing the most beautiful sounds.

Tap dancing is another favorite with the girls. They enjoy wearing their special tap shoes and have a ball learning the dance steps with blasting music. The class is full of spirit and fun, and when you enter, you can’t help but feel like joining in.

And the dancing doesn’t stop there. They have ballet classes too. In fact, the girls truly excel at ballet, which gives them much confidence. They’ve become so much more graceful and agile since they started and have improved their posture as well.

In the hairstyling course, each girl masters every step of the process—how to dry their hair, how to put in the clips, and specific blowing and styling

techniques according to their hair type. Doing their hair in a room full of mirrors, with their very own bin of supplies, it’s no wonder the girls feel like true hairstylists in a beauty salon. In fact, the girls learned how to blow their own hair completely independently, and have since blown their hair for Shabbos and simchos.

In nutrition class, the girls are taught about healthful eating in a fun way. Through hands-on lessons, they gain an understanding of what vitamins and nutrients are, what’s healthy to eat, and how much to eat. The girls learn the concept of portion control—even if no one is stopping you, you can still stop yourself from eating unnecessarily.

With an incentives program that awards points to the girls who practiced the skills at home, the girls are encouraged to do their very best. They proudly show off pictures of how they carried out the lessons learned. Achievers is truly an incredible talent school: incredible in their methods and incredible in professionalism. No wonder the girls achieve! ★

## Interview

Mrs. Perry Drezner and Mrs. Bruchy Smilowitz, directors of Achievers, are passionate to see the girls achieve—in their talents and in their daily lives. With true devotion, they genuinely care about each girl and her success. In the article below, we get a glimpse into what makes it all happen.

### WHAT LED TO THE FOUNDING OF ACHIEVERS?

When we founded Achievers, our vision was to bring out the best in the girls and develop their innate gifts no less than any other talent school.

Before we opened, a lot of the girls were taking private lessons, but they were missing out on the social part of talent development. Additionally, we offer many more courses under one roof. That, together with the focus on friendship, gives them tremendous confidence in their abilities. Besides

the fact that they get a full curriculum of courses at no cost, the classes are uniquely geared for teenagers with Down syndrome.

While a talent school sounds a lot of fun—and it is—it can get quite challenging for our girls. Their fingers sometimes hurt and their feet don’t always cooperate, but nonetheless, they work hard to master each skill. The girls love Achievers so much that they often tell their siblings that Achievers is their place—a special treat their siblings aren’t privileged to.

### WHO TEACHES THE TALENT CLASSES?

To be a teacher at Achievers, you can’t merely have expertise in teaching a specific talent or skill; you have to be ready to adapt your methods and have a passion for the girls to succeed. Our teachers enjoy our girls so much, they

**While interviewing Mrs. Perry Drezner and Mrs. Bruchy Smilowitz, directors of Achievers, I was struck by their passion to have the girls achieve—in their talents and in their daily lives. With true devotion, they genuinely care about each girl and her success. In the article below, we get a glimpse into what makes it all happen.**

often gain from them as well. Our ballet instructor says she gets her energy for the entire week from our fun groups at Achievers!

### HOW DO YOU MOTIVATE THE GIRLS TO KEEP TRYING AND LEARNING EVEN WHEN IT’S DIFFICULT FOR THEM?

If the focus is on the fun, the girls almost forget that they’re working hard. Take tap dancing for example; you might think it would be too hard for our girls because they have low muscle tone. But in reality, the girls are having so much fun that we’ve never heard a single

complaint about it being hard!

### DO THE GIRLS RETAIN THE SKILLS LEARNED IN ACHIEVERS? DO THEY USE THEM IN THEIR EVERYDAY LIFE?

Through the courses, we teach them basic social skills. For example, in the hairstyling class, we taught them how to wash their hair well, simple hairstyles they can do on their own, and how to pin their hair in a way that suits them. We also teach them which styles are appropriate for which occasions.

The first project the girls worked on

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# Interview

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in the sewing course was a cute emoji pillow, which taught them how to sew hems and snaps. The girls came home telling their mothers, “Don’t do the labels for me when I go to camp; I can do it on my own now.”

We had other projects since, which taught them basic stitches, how to chalk fabric and cut a pattern, and even cut with sewing scissors, but we didn’t forget to teach the skills that would come in handy most—threading a needle and sewing on buttons. The excitement in the room when everyone was able to thread their needle was palpable. We even put it into our newsletter, so big was the achievement!

## WHAT DO THE GIRLS AND PARENTS APPRECIATE MOST ABOUT ACHIEVERS?

While they appreciate the opportunity to develop their talents, I’d say they most appreciate the close bonds of friendship they’ve formed.

The girls excitedly share their news with each other and attend each other’s *simchos*. Be it a birthday, a nephew’s *chasunah*, or some other occasion, we’re all there and involved. In fact, when mothers send us something, they address us as “the Achievers Family.”

## WHAT FEEDBACK MADE YOU REALIZE WHAT AN IMPACT ACHIEVERS HAS ON THE GIRLS?

When mothers tell us how their kids grew so much, reaching places they’d never dreamed of, it’s really rewarding. When someone in the community tells us she attended a wedding and saw one of our girls leading a dance with all her cousins in tow, it gives us strength to continue proving our point—that girls with special needs can indeed be Achievers!

Before Achievers, some mothers were embarrassed to take their girls to a *chasunah*, as they lacked the social skills needed. We taught the girls proper wedding etiquette, and they surely learned fast! They now know how to behave during the *chuppah*, to take food appropriately, and to act like mature young ladies.

A story that happened recently really demonstrated how we all became one big family. One of our girls applied to a seminary and the director called the family to hear more about her capabilities. The father told the director to call us. When she protested that they only talk to family about such things, not to a respite

director, the father responded, “In this case, respite is family.”

At the end of each year, most talent schools have a recital for the students to demonstrate the skills they’ve acquired. Achievers took it a step further and created their very own music video! The girls were filmed in a variety of settings—at a palace, in a park, on stage—while singing, dancing, acting, and playing their instruments. Let’s hear from the directors about what it took to make this incredible display of talent a reality.

## HOW WAS THE IDEA BORN? WHAT MADE YOU THINK OF A MUSIC VIDEO?

Our girls are drama queens and they

love acting. Naturally, we decided to create a drama class where we’d focus on facial expressions, voice inflections, and so on. But as with everything else, we capitalized on the opportunity to teach them social skills at the same time. When we taught them how to get into the role of a character by using body language, we emphasized the different types of body language people use in daily life and how to interpret them properly. When teaching them facial expressions, we pointed out how to identify and respond to a friend’s facial expressions. And they really took the lessons to heart. Throughout the week, we heard them saying things like, “Oh, you’re doing a fish face now. What part of what I said didn’t you like?”

But we realized another thing when we taught drama: how much they dream of performing professionally. The girls were over the moon when we announced they’d be creating a music

video. They felt like real celebrities and were convinced that all the stores would be selling their DVD.

## WHAT DID THE GIRLS PERFORM ON THE VIDEO?

Every girl had a solo in her preferred talent. While most of the girls were in all scenes, we didn’t make it mandatory. If a girl didn’t enjoy playing guitar, she didn’t have to be in the park scene, where the girls walked around strumming guitars. We brought out the best in each girl, and they were so, so proud of themselves—It was truly a professional, magnificent masterpiece. And the mothers appreciated that we gave the girls the opportunity they’d always longed for. When we showed the video at our event, the mothers all had tears in their eyes. One mother commented, “The name Achievers says it all—it’s no exaggeration.” ★

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girls were over the moon when we announced they’d be creating a music video. They felt like real celebrities and were convinced that all the stores would be selling their DVD.

## What did the girls perform on the video?

Every girl had a solo in her preferred talent. While most of the girls were in all scenes, we didn’t make it mandatory. If a girl didn’t enjoy playing guitar, she didn’t have to be in the park scene, where the girls walked around strumming guitars. We brought out the best in each girl, and they were so, so proud of themselves—It was truly a professional, magnificent masterpiece. And the mothers appreciated that we gave the girls the opportunity they’d always longed for. When we showed the video at our event, the mothers all had tears in their eyes. One mother commented, “The name Achievers says it all—it’s no exaggeration.” ★





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# Happening In Hospitals Today

## Status Report



**THE BIG KEEP GETTING BIGGER:** OPTUM, A DIVISION OF UNITEDHEALTH, ABSORBS 2,000 EMPLOYEES OF SSM, A MAJOR MIDWEST NON-PROFIT HOSPITAL CHAIN IN A MAJOR NEW DEAL

### IN ITS LARGEST DEAL SO FAR, OPTUM PARTNERS WITH MIDWEST-BASED SSM HEALTH

**Eden Prairie, Minnesota** — Optum, the health-services division of health-insurance giant UnitedHealth, has partnered with the St. Louis, Missouri-based SSM Health hospital nonprofit.

The partnership will give UnitedHealth increased access to SSM's 23 hospital systems across four Midwest states.

Under the ten-year deal beginning in 2022, Optum will support some of SSM's administrative functions, including inpatient care management, revenue cycle management and other digital needs. UnitedHealth and SSM will also jointly invest in community health programs in Illinois, Missouri, Oklahoma and Wisconsin.

As part of the agreement, about 2,100 SSM employees will become Optum employees; SSM is the largest system Optum has partnered with so far.

The deal also allows SSM to focus more on patient care while allowing Optum to handle more of its financial and tech needs.

### SCHEDULING FLEXIBILITY, EMPLOYEE VOICE, REAL CULPRITS BEHIND NURSING SHORTAGE: REPORT

**New York, New York** — The ongoing shortage of registered nurses (RNs) at hospitals nationwide—and the ever-growing raft of impressive benefits offered new RNs, including

five-figure signing bonuses, housing and even cars—has been a significant trend covered by the *Gazette* for several years now.

But according to nursing-industry experts quoted in a report by industry outlet *Fierce Healthcare*, the real problem is not that there aren't enough nurses: Rather, it's that too many hospital nurses are quitting because their jobs aren't working for them.

Experts cited in the report say that hospitals need to do two things: One, start giving nurses far more flexibility in when they work their shifts and two, allow front-line hospital nurses to work their way up the system to eventually become executives—thus giving front-line nurses a voice at the boardroom table.

### HOSPITAL LEADERSHIP CONFERS ON PANDEMIC-BASED NURSING CRISIS

**Chicago, Illinois** — According to a webinar hosted by the Chicago-based American Hospital Association (AHA), the current U.S. hospital shortage of nurses can be at least partially addressed by hiring many more instructors at college nursing programs.

According to a recent survey, about 30 percent of healthcare workers contemplated leaving their roles due to the pandemic, and many have. In fact, over 500,000 healthcare workers left their jobs this past August alone, according to a recent report by the U.S. Dept. of Labor (DOL).

To fill that shortage of registered nurses (RNs), taxpayer dollars should subsidize expanding college nursing schools, said one leader. A second called for boosting federal graduate medical education (GME) funding for the first time since 1996, and a third advocated a return to hospital-based nurse training programs, which traditionally have cost far less than college.

### DESPITE TECH, DOCS STILL PRIMARY SOURCE OF MEDICAL INFO: SURVEY

**King of Prussia, Pennsylvania** — You'd think that with so much information instantly available electronically nowadays, that's how people mostly get their medical information.

You'd also think that the younger the generation, the likelier they are to get medical information electronically.

But a survey shows that people of all generations—regardless of age, trends and tech-savviness—are still mostly getting medical information the old-fashioned way: from doctors.

Healthcare consultant CMI Marketing Group surveyed 2000 participants defined by five groups: "Generation Z" (ages 18-24), "millennials" (ages 25-40), "Generation X" (ages 41-56), "Baby Boomers" (ages 57-75) and "the silent generation" (ages 76-99). They found that an average of 48.6 percent of people primarily got medical information direct from their doctor at their office.

In fact, while 63 percent of the oldest

group reported doctors first, the Gen Z group reported an impressive 42 percent.

### REPORT: HOSPITALS STAND TO EARN MORE WITH INCREASED FEDERAL MEDICAID COVERAGE

**Los Angeles, California** — Most U.S. states—38 in total—expanded their Medicaid programs with the passage of the Affordable Care Act (ACA) several years ago. Twelve did not.

But with the passage of the new Build Back Better Act, hospital margins in those 12 states will increase by an estimated \$11.9 billion. So says a recent report by the L.A.-based USC-Brookings Schaeffer Initiative for Health Policy.

Before the Act, people in those 12 states with incomes below 138 percent of the federal poverty level were mostly ineligible for subsidized coverage. The Build Back Better Act fills that coverage gap by making people below the poverty line in those 12 states eligible for ACA marketplace coverage. It also changes marketplace coverage by eliminating all premiums and cost-sharing for people with incomes below 138 percent of the federal poverty line.

### PHILADELPHIA OPENS LARGEST-EVER HOSPITAL FACILITY

**Philadelphia, Pennsylvania** — The City of Brotherly Love is home to several quality healthcare destinations for residents of the Tri-State area, primarily the world-class Children's Hospital of Philadelphia (CHOP).

Now the historic city of Philadelphia has another—and a record-breaker, too.

Recently Philadelphia-based Penn Medicine opened the 17-story, \$1.6 billion *Pavilion*, the Philadelphia area's biggest hospital project. The brand-new hospital build-ing—designed primarily as a patient-care center—includes 504 private patient rooms, 47 operating rooms, an ER, hybrid operating rooms, an epilepsy monitoring unit, and a human neurophysiology lab, and a high-tech smart board screen in every patient room.

"This new building now stands as a testament to Penn's mission to serving humanity," CEO Kevin Mahoney said, "from West Philadelphia to the East Coast and beyond." ★



**"PENN"-TASTIC PROPORTIONS:** PENN MEDICINE'S 17-STORY NEW "PAVILION" HOSPITAL BUILDING LENDS A POSITIVE CHANGE TO PHILADELPHIA'S SKYLINE—AND TO REGIONAL MEDICINE



# The Senior Care Gazette

News from  
the World of  
Hamaspik  
HomeCare and  
Senior Health

## Seasonal Affective Disorder? Or Just the Winter Blues?

*How This Curiously-Initialed Condition is Distinct Within Depression—and How to Treat It*

Given its long nights, dark mornings and cold days, winter has for ages been associated with sadness and depression.

But when seniors are feeling down come winter, is that miserable feeling simply a case of the winter blues? Or when they are feeling sad, do they have a case of SAD?

Seasonal affective disorder (SAD), despite its dubious acronym, is a real thing. It is defined as: seasonal depression caused by disruption of the body's biological clock (or circadian rhythms) due to the lack of daylight exposure over winter's days. Lack of natural-sunlight exposure can also reduce serotonin, the brain chemical affecting mood, and also disrupt the body's melatonin, which also affects

sleep patterns and mood.

This is especially relevant for our seniors, who often stay indoors in winter and don't get out much.

Symptoms of SAD typically include sadness, fatigue, irritability, more sleep, less concentration and even increased carb-craving and resulting weight gain.

The happy news is that once spring hits, SAD disappears. Until then, here's how to treat it.

### TREATMENT

Doctors generally look for a pattern to diagnose SAD: If symptoms have waxed and waned with each coming and going winter season, SAD is probably the culprit. Beyond that, light

therapy (phototherapy), is believed to reset the patient's biological clock, is the primary treatment.

In *bright light therapy*, a light box is placed on a desk or table nearby while the patient eats, reads or works. In *dawn stimulation therapy*, a light gradually brightens in the morning while the patient sleeps, going from dim to bright like a natural sunrise.

Light therapy is usually prescribed for 30 minutes to two hours a day. While most patients start feeling better within a week, daily light therapy till season's end is recommended.

Antidepressant medications, alone or along with light therapy, may also be prescribed. Paxil, Zoloft and other such SSRIs are usually tried first. Other

drugs may include Wellbutrin and Effexor; check with the senior's doctor for the best recommendation.

Psychotherapy may also help patients manage symptoms and prevent future episodes.

Finally, outdoor activity or sitting by indoor windows may be the most beneficial treatment of all—simply because it exposes the patient to the healing rays of natural sunlight. ★

*Call Hamaspik HomeCare's Intake Dept. at 845-503-0700 to see if your loved one qualifies for a home health aide (HHA). An HHA can help counteract SAD by safely taking a loved out in the sun and otherwise assist in improving feelings and wellbeing.*

## The Benefits—and Side Effects—of Chronic Kidney Disease (CKD) Medications

*Common Challenge of Fine-Tuning Just the Right Balance is Typified by Drugs Preventing Further Decline of Kidneys*

So a loved one has Diagnosis X, which causes Symptom X. The doctor prescribes Drug A. But Drug A causes Side Effect A.

So the doctor stops Drug A, which stops Side Effect A. But then, Symptom X starts again. So the doctor resumes Drug A—just with a lower dosage. Or the doctor prescribes Drug B, which does not cause Side Effect A—but does cause Side Effect B...

This is why being a doctor is sometimes like being an artist: A good doctor must often find just the right balance of benefits and side effects in the medication(s) prescribed for patients. And a good example of this is the treatment of chronic kidney disease (CKD).

Chronic kidney disease means the kidneys are damaged and can't filter blood the way they should. Having CKD can lead to kidney failure, and risk for heart disease and stroke. The good news is that CKD is treatable with medication. The not-so-good news is that CKD

medications commonly come with several side effects, which often require additional medications to suppress or prevent—and which in turn can cause their own side effects...

For example, in April 2021, the FDA approved Farixga, an existing diabetes drug, for also reducing risk of further kidney decline and prevention of heart-related stroke and death. Farixga followed three other *SGLT2 inhibitors*, a kind of diabetes drug, for reducing cardiovascular death; those were: Invokana, Jardiance and Steglatro.

The primary purpose of these diabetes drugs is to stop the kidneys from absorbing glucose—thus lowering levels of glucose in the bloodstream and diverting the glucose into urine instead. But... they come with side effects.

The most common side effect is dehydration. That's because flushing out glucose also flushes out water—problematic for anyone, but especially for people already on *diuretics* (a.k.a. water pills, or sodium reducers-urine

increasers) for high blood pressure, which is already flushing out water. If such a patient—already at risk for dehydration—gets even more dehydrated, and drinking more water doesn't help, the doctor may lower the *SGLT2 inhibitor* dosage.

Another common *SGLT2* side effect is urinary tract infection (UTI)—too

many of which can prompt stoppage of medication—as well as bone fractures (caused mostly by falls due to dizziness from dehydration).

Bottom line? Work with your primary doctor, nephrologist (kidney doctor) and endocrinologist (hormone doctor) to ensure the right mix of dosage, side effect and safety—and these drugs will make a big difference in improving CKD health and avoiding dialysis. ★

*Contact Hamaspik HomeCare's Intake Department at 845-503-0700 to see if you or your loved one qualifies for a home health aide (HHA). Having an HHA aide can help seniors regularly take their medications and improve overall quality of life for you or your loved ones.*

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