



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:

ARE YOU SATISFIED WITH YOUR DENTIST?

A: VERY SATISFIED; B: OKAY; C: NOT SATISFIED

Respond to: survey@nyshainc.org • 845-655-0667



HEALTH STAT

A WORKFORCE WITH TEETH THE U.S. DENTISTRY PROFESSION AS OF 2020

Total U.S. dentists:	201,000
Dentist-to-population ratio:	61 per 100,000
Dental specialists:	21.2%

Source: Supply of Dentists in the U.S.: 2001-2020, American Dental Association (ADA)



HEALTH TIP

MAKE DENTISTRY FUN AGAIN

Taking your brood to the dentist doesn't have to be like pulling teeth! Here are three tips on making dental care fun for the little ones: 1. Book the whole family's appointments back-to-back and go all together; 2. Turn the waiting room into a library by reading fun books with your children; and 3. Reward them for going to the dentist with a small prize or trip.

Source: EatingWell.com

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HEALTH

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HAMASPIK NEWS

PUTTING COMMUNITY EMPOWERMENT ON THE TABLE

AT A RECENT JOB FAIR HOSTED BY COMFORT HEALTH, HAMASPIK'S STILL-GROWING YOUTH BEHAVIORAL-SUPPORTS PROGRAM, APPLICANTS NOT ONLY TAKE THEIR SEATS BUT ULTIMATELY FIND THEIR PLACES, WITH SEVERAL MOVING ON TO GETTING HIRED



COMFORT HEALTH, LIKE ITS INTEGRATED HEALTH ADULT COUNTERPART, SUPPORTS INDIVIDUALS WITH DUAL MEDICAL AND BEHAVIORAL-HEALTH DIAGNOSES WITH A WIDE RANGE OF SERVICES, INCLUDING A DEDICATED PERSONAL ADVOCATE

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At Tri-County Care, Great Work Comes With That Most-Supportive Workplace

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HAMASPIK NEWS

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HEALTH NEWS

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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.

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: Full day respite program during the summer break weeks.

Respite 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 Getaways: A weekend retreat for individuals receiving respite services.

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.

ARTICLE 16 CLINIC

Provides medical, diagnostic, and therapeutic services for persons with developmental disabilities. Such as: Physical therapy · occupational therapy · speech therapy · psychology · social work · psychiatry · nutrition

PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

EMOD, VMOD AND ASSISTIVE TECHNOLOGY

Individuals who are eligible and approved for OPWDD services who reside in non-certified home and community-based settings may qualify for AT, E-Mod, and V-Mod services funded through the OPWDD HCBS Waiver.

Assistive Technology : Any device, item, equipment, product, or system that is used to increase, maintain, or to improve an individual's functional capabilities and/or independence in performing activities of daily living (ADL).

E-Mods: Physical adaptations to an individual's home, like ramps, lifts and grab bars, needed to ensure his or her health, welfare and safety and to maximize independence and reduce need for institutionalization and/or more restrictive, costly living arrangements.

V-Mods: Physical adaptations to the individual's vehicle that are necessary to ensure the health, welfare, and safety of the individual or that enable the individual to function with greater independence.

DOH

EARLY INTERVENTION (EI)

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

Group Development Model (GDM): Provides Early Intervention services in a group-setting

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

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

Ongoing Service Coordination (OSC): Provides ongoing support for families of children enrolled in the Early Intervention Program.

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.

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

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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.

SOCIAL DAY PROGRAM

A comprehensive structured program providing functionally-impaired adults an array of services in a protective daytime setting. Each individual participant receives services in accordance with an Individualized Service Plan (ISP) based on a personalized assessment.

SENIOR DINING PROGRAM

Serves balanced nutritious meals to older New Yorkers up to five days a week in a variety of settings. Eligible to seniors age 60 and up, as well as to spouses younger than 60 and individuals with disabilities residing in eligible seniors' homes..

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.

Home Health and Personal Care Services (HHA/PCA): Our PCA/HHA assist individuals with personal care needs, activities of daily living, and light housekeeping. They are extensively trained, screened and supervised by a RN.

NHTD/TBI Home & Community Support Services (HCSS): 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 (RN): Providing skilled observation and assessment - care planning - paraprofessional supervision - clinical monitoring and coordination - medication management - physician - ordered nursing interventions and skilled treatments.

HHA/PCA Training: Free PCA/HHA training and competency testing offered for those interested in a home care career.

CDPAS/CDPAP: CONSUMER DIRECTED PERSONAL AIDE SERVICES/PROGRAM

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.

NYS HCR

ACCESS TO HOME

Providing home modifications for people with physical disability.

RESTORE

Providing emergency repairs for low incomes homeowners over the age of 60.

US AND NYS AGRICULTURE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Provides federal reimbursements for the costs of nutritious meals and snacks which are served to eligible children and adults at participating daycare centers, after-school programs, or shelters.

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

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 Hamaspiik news.

MAMTAKIM

A summer camp for individuals approved for OPWDD services.

BOE

THE HAMASPIK SCHOOL

Private chartered school for kids age 5 - 10 with developmental disabilities, taking education to heart and teaching them in a way they can learn thru an individualized plan, Including ABA, OT, PT, SPL and Multi-sensory hands-on learning.

KINDERVILLE

A summer camp for individuals approved for OPWDD services.

OMH

SIPUK, ARTICLE 31 CLINIC

Mental Health-licensed behavioral health, Article 31 Clinic, servicing all ages.

OMH/DOH

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 ages 0-21 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

Great Work at a Great Workplace

Monsey's Tri-County Care Offices Typify Life-Changing Work for Clients Agency-Wide—and a Supportive, Friendly Work Environment and Corporate Culture

Your average Care Manager at Tri-County Care will agree that the agency's workplace is "heimish"—a Yiddish catchall phrase meaning familiar, comfortable, informal, friendly and otherwise homelike as possible. And who wouldn't want to work at such workplaces—especially those now hiring in Brooklyn, the Five Towns, Kiryas Joel and Monsey?

Of course, given that Care Managers directly intersect with, and advocate for, an average of five to ten individuals with disabilities every day, Tri-County Care is also thoroughly professional—and then some.

To people getting services, Care Managers are what concierges are to hotel guests: the consummate professionals who get you what you need—or who professionally get you to other professionals who then get you what you need.

In doing that, Care Managers spend much of their days behind

desks, navigating neatly-organized "paperwork" accessible via the agency's new software system and working phones. From time to time, they'll also go into the field to personally visit clients.

That's as far as the Care Manager's work quantity goes.

Work quality—and workplace culture—is a whole new level.

"It's a thrill to work here—to help people!" declares the ever-effervescent Mrs. Chedva Freund, Care Manager with Tri-County since its inception. A self-described "people person," Mrs. Freund shares how far that sometimes goes:

An unemployed gentleman, living rent-free in a condemned home, got his own apartment via TCC.

Another young man unable to live at home was placed by TCC in a group home—but he'd neglected his health so badly that he had needed hospitalization; Tri-County took him there.

"This is for anyone who has a heart," she goes on, asked who the job is for. "You have to love what you're doing."

How about if someone asks you if they should work for Tri-County Care? "Of course!" Mrs. Freund rhetorically responds. "What's the question?"

Yechiel Teichman, a Care Manager Supervisor and individual advocate in Rockland County, takes a more human resources-like bent. To Mr. Teichman, whose diligence ultimately promoted him from his initial Care Manager job, working for Tri-County lends "something that very few jobs offer": experience in procuring medical, emotional, welfare, and community resources.

But then he excitedly adds: "If you want to help people get more resources to improve their lives, then go for it!"

Besides "a great atmosphere and environment," Tri-County Care

more importantly boasts a "good hierarchy," says Mrs. Beilu Moskowitz, TCC's Director of Public Relations. "Everyone has someone to reach out to" in terms of solving problems and delivering solutions, she elaborates. "We really help our people perform."

"It's fun and rewarding to do what you do," adds Mrs. Moskowitz. "There's nothing getting a call from a grateful parent to thank you for delivering for their child."

Aiding and abetting that performance is a host of staff perks from the daily to the yearly, including laptops and phones to allow fully online work from anywhere in the field to well-stocked office cafeterias. Staff are also shown appreciation with various get-togethers.

Plus, it all takes place each day against a background of camaraderie and sense of family.

"We'll take lunch breaks together," adds Mr. Teichman with a wry smile, "and go out for pizza together." ★

► HEALTH NEWS

Ultra-thin Flexible Membrane Could One Day Take Vitals, Allow Real-Life Monitoring

Electronics-Laced Film Could Detect, Transmit Information

Los Angeles, California—In today's medicine, vitals such as heart rate and blood pressure are measured using devices physically applied to various parts of the body. But what if reliable measurements could be taken with ultra-thin, Band-Aid-like films that could be easily applied and removed?

That's what researchers at the University of California, Los Angeles (UCLA) have been working on lately.

Biochemistry professors and students at UCLA have been working on an ultra-thin membrane that could ultimately pave the way for diagnostic on-skin sensors that fit precisely over the body's contours and conform to its movements.

The so-called *bioelectronic membrane* is stretchable while being breathable and permeable to water and air. The ultra-thin membrane is approximately ten nanometers thick—over 10,000 times thinner than a strand

of human hair. It's made of a compound called *molybdenum disulfide*.

Researchers have named the material *van der Waals thin film* (VDWTF), after the van der Waals electrical forces that bind molecules to each other.

"Conceptually, the membrane is like a much-thinner version of kitchen cling film, with excellent semiconducting electronic functionality and unusual stretchability that naturally adapts to soft biological tissues with highly conformal interfaces," explained one researcher. "It could open up a diverse range of powerful sensing and signaling applications. For example, wearable health-monitoring



PATCHING THINGS UP, HIGH-TECH STYLE: THIS ARTIST'S RENDITION DEPICTS WHAT UCLA'S VITALS-READING FLEXIBLE MEMBRANE MAY LOOK LIKE IN PRACTICAL MEDICAL USAGE

devices built with this material can accurately track electrophysiological signals at the organism level or down to the level of individual cells."

The advancement of the durable

electronic material could also lead to the development of noninvasive electronics for medicine, health care, biology, agriculture and horticulture, according to researchers. ★

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Happening in Health Today

RESEARCHERS RAISE POSSIBILITY OF UNIVERSAL TRANSPLANT ORGANS BY ALTERING LUNG BLOOD TYPE

Toronto, Canada — Many transplants of lungs and other organs can't proceed because otherwise-matching candidates don't share the same blood type.

But now, new research suggests that barrier could disappear if donor organs were treated with special enzymes that make them compatible with recipients of any blood type.

"This research is really a game-changer in organ transplantation," said Aizhou Wang, the lead author of a paper published in *Science Translational Medicine*. "For modern transplant medicine, matching is always part of the criteria when you are trying to find the suitable organ for a recipient."

A hospital could have a donor organ, and it's healthy, the right size for the patient and geographically nearby, but if it's of an incompatible blood type, the recipient's immune response would destroy the organ within the first 48 hours.

ANOTHER STUDY LINKS EXERCISE TO ALZHEIMER'S PREVENTION

Washington, D.C. — A data review on some 650,000 senior U.S. military veterans finds that those who regularly exercised the most had the lowest rates of Alzheimer's disease.

Researchers collected data on nearly 650,000 veterans in the Veterans Health Administration (VA) database, average age 61, who were followed for approximately nine years. The participants were divided into groups from least fit to most fit.

Veterans who were most physically fit were 33 percent less likely to develop Alzheimer's than those least fit, the researchers found. And those whose fitness was below the most fit were, depending on their level of fitness, 26 to 13 percent less likely to develop the mind-robbing disease than the least fit.

"The idea that you can reduce your risk for Alzheimer's disease by

simply increasing your activity is very promising, especially since there are no adequate treatments to prevent or stop the progression of the disease," said one researcher.

The new study was presented at the American Academy of Neurology's annual meeting in Seattle.

ONE HOUR OF WEEKLY WEIGHTLIFTING EXTENDS LIFE EXPECTANCY: STUDY

Sendai, Japan — Researchers at the Tohoku University Graduate School of Medicine in Sendai, Japan have found that 30 to 60 minutes a week of muscle-strengthening exercises may reduce risk of dying early from any cause.

The study found that muscle strengthening was linked with up to 17 percent lower risk of premature death from any cause, as well as from heart and blood vessel disease, stroke, diabetes, lung cancer and cancer as a whole (but no link to reduced risk of colon, kidney, bladder or pancreatic cancer).

The weightlifting analysis found that up to an hour a week was best—and interestingly, not more. Further risk reduction was found in blending weightlifting with aerobic exercise—reducing risk of premature death from any cause by 40 percent.

Strength training refers to lifting weights, using resistance bands, or doing pushups, sit-ups and squats. It can also include heavy gardening like digging and shoveling.

TEEN BRAINS REACT MORE TO STRANGERS' VOICES THAN TO MOTHERS', FINDS MRI SCANS

Stanford, California — So, here's a crash course in brain anatomy—or at least a tiny part of it.

The *striatum* (say: stry-AY-tum) is the brain's "reward center"—the part that reacts to sources of natural pleasure, like yummy food or other feel-good inputs. The *ventromedial prefrontal cortex* is the brain's hub for emotional, sensory, social, memory, and self-related information.

Research has now found that

both those parts activate more when teenagers hear a stranger's voice than when they hear their own mother's voice.

According to the new research, published recently in the *Journal of Neuroscience*, the human brain's preference for strange over familiar voices begins to change around the age of 13.

The study is interesting because it may help explain why young adults seem to "tune out" their own parents and express more interest in social circles beyond their immediate family. But it doesn't answer whether the maturing brain is changing on its own, or merely responding to the changing social forces of early adulthood.

LAB RESEARCHERS GENETICALLY TAKE OLD SKIN CELLS 30 YEARS BACK IN TIME

Cambridge, England — A sheet of modified human skin cells in a lab dish healed faster from a cut than did standard human skin cells, recent research found.

The research at the University of Cambridge's Babraham Institute essentially made human skin cells "younger" by genetically resetting their natural clocks.

They then tested whether their genetic manipulations actually made the cells function at the nimbler level of skin cells of a younger person in response to injury.

According to the Cambridge team, the rejuvenated cells' behavior reset their biological clocks by around 30 years. Although in early stages, the research could ultimately have implications for regenerative medicine, especially if it can be replicated in other cell types.

The work was based on existing human cell reprogramming, in which ordinary cells are turned into stem cells, which have the ability to turn into any kind of cell. ★

VEGETARIAN DIETS "MEAT" GROWING CHILDREN'S NUTRITION NEEDS, INCLUDING EQUIVALENT IRON



EAT (JUST) YOUR VEGGIES: MEAT-FREE DIETS ARE SAFE FOR CHILDREN, A STUDY FINDS

Toronto, Ontario — If you're worried your children won't get the time-tested, meat-based nutrition they need if they go all-vegetarian, a new study says you can relax.

The research, published recently in the journal *Pediatrics*, followed close to 9,000 Canadian children from ages two to five—248 of which were vegetarians from the start.

After the three-year tracking study, the researchers found no meaningful differences between

children on vegetarian diets and children on standard meat-including diets. Both were found to have roughly equivalent levels of growth, weight and levels of iron in the blood.

The only difference was in the percentage of children with below-healthy weights—with about three percent of meat-eating children being considered underweight, while some six percent of vegetarian children were found with insufficient weight. ★

Driven by You



When we saw you needed a hand, we arranged the services you needed to get through it. When you had a question, we found answers. And when you're going through challenging times, we're right there with you.

Yours, truly.

Boro Park: 4102 14th Avenue
Williamsburg: 44 Lee Avenue
Five Towns: 75 Columbia Avenue
718-387-8400 // HamaspikKings.org



HAMASPIK
CENTER FOR HUMAN SERVICES
המספיק
מרכז עזרה לצרכי הציבור

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



Putting it All on the Table



WELL-ROUNDED ROUNDS: FRESH FOOD AND PROMO ITEMS GREET GUESTS (TOP L-R); A FULL HOUSE AWAITS A JOB OVERVIEW (C); APPLICANTS TOUR COMFORT'S OFFICES (B)

For Hamaspiik Group Home Head Staff, a Family Bar Mitzvah Event Includes Residents—Naturally

Mr. and Mrs. Lipa Laufer, Longtime Managers of Hamaspiik of Orange County's Acres Briderheim Residence, Mark Grandson's 13th Birthday With Grand Amusement-Park Outing for Entire Resident, Staff Body

"They are part of my life," Mrs. Laufer matter-of-factly declares, as if casually chatting about life's most commonplace facts. "I live there for so many years and I *shouldn't* make them part of my simchah?!"

Simchah (joy) is idiomatic Yiddish for "lifecycle celebration."

The referenced simchah is the coming-of-age of Shulem Laufer, her son's son.

And "they," perhaps obviously, are the young men residing for years now under the extraordinary attentiveness of Managers Mr. and Mrs. Lipa Laufer at Acres, Hamaspiik of Orange County's first group home for men.

Mrs. Laufer's just told the *Gazette* how the Bar Mitzvah boy enjoyed a celebratory trip to The Castle Fun Center in Chester, New York.

The trip was his special 13th

birthday treat, of course. But for such a once-in-a-lifetime event, you naturally include the boys you grew up with.

For Shulem Laufer, that would be the residents of Acres, the life's work of his beloved grandparents.

Of course, it would also include all the Direct Support Professionals (DSPs) who work at Acres. How could it not?

Over the years, the Laufers have built up quite the repertoire of non-verbal communication with their charges, intuitively detecting, responding to and even preempting the minutest of unspoken cues.

Among these are, "We feel we belong."

And now, sensitivity and responsiveness to those cues has been passed down not just to one generation but to two. ★

Fair Game for Employment

Comfort Health Rockland Hosts Successful Recruitment Fair

This isn't any old job.

If you're the inspired type who looks at the community's emotional health and thinks that someone must do something, you want to join the dynamic Comfort Health team.

That was the gist of a successful employment fair hosted at Monsey's Hamaspiik Terrace ballroom by the Rockland County division of Comfort Health, Hamaspiik's behavioral-health supports program.

Dozens of inquirers responded to a local print-ad campaign. With eye-catching marketing, word went out that Hamaspiik, the agency synonymous with all things social services, was at it again.

Comfort Health gives each qualifying child full behavioral-health care management, guidance and support—securing therapists, mental-health professionals and more to not just survive but thrive in school and at home alike.

Comfort Health employees were on hand to greet several dozen

respondents. These first heard from agency lieutenant Joel Rubin, a popular community mental-health activist now with Comfort Health, who informed the engaged audience what Comfort Health is and who it's for.

Attendees then sat down one-on-one with agency staff, including Mr. Rubin and Supervisors Abraham Gruenebaum and Yermiya Halberstam, to hear what the job is like. In folksy informal exchanges, staff answered every question.

Given Comfort Health's Hamaspiik underpinnings, its Care Managers discharge their duties passionately because it's their personality, not job duty—the type Comfort Health now sought and, given the resulting several new hires, the people it found, too. ★

Come work for us! Comfort Health is hiring NOW. Send your résumé or inquiry for more info to jobs@comforthealthrc.org.

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

Much More Than Aleph Bais

The Hamaspiik School Celebrates a Siyum Beyond All Expectations

The Hamaspiik School recently celebrated a siddur party that was so much more than just a siddur party.

The Aleph Bais siyum was a celebration of a milestone that many wouldn't have dreamed possible: that students with Down's Syndrome have learned to read *lashon hakodesh* fluently.

The Hamaspiik School grew out of the renowned Aleph Bais Center, an after-school program famed for its successes in teaching *kriyah* to students with special needs, in just a few short hours each day. Now, in its capacity as a full-day school program, The Hamaspiik School provides its students with a complete general studies curriculum as well as teaching *kriyah* and other Jewish studies with passion and excitement.

At the Aleph Bais siyum, every child received a beautiful siddur, and demonstrated their ability to read

with fluency and poise.

"In the past, no one believed that these children could learn to read," says Mrs. Idy Weber, the school's director. "But at The Hamaspiik School, we believe that they can live up to our expectations. We set ambitious goals for each child, and work with them to achieve them."

The Hamaspiik School's success lies in the creative and fun teaching techniques employed by its teachers, guided by Mrs. Yitty Berkowitz, Yiddish studies director. Children are engaged visually, auditorily, and kinesthetically to learn in a deep and experiential manner.

"The Hamaspiik School has achieved many great things, but the fact that these children can now open a *siddur* and *daven* from it is the biggest achievement of all," says Mr. Hershel Wertheimer, Executive Director of Hamaspiik of Kings County. ★

Prayers for David in King David's Songs

Men's Day Hab Turns to Tehilim for Friend's Betterment, Community Mainstreaming

Do what helps: pray!

Call prayer what you may—meditation, connection, bonding—but the notion of intellectually and spiritually reaching out from the mind to the Great Beyond is probably the oldest and first of ancient Jewish traditions.

Which is why, in modern-day 2022, members of Kiryas Joel's faith-based community who are also individuals supported by Hamaspiik of Orange County's Day Habilitation (Day Hab) program reached back for the eternal power of formalized prayer when a friend was in need.

Besides being first and foremost among faith-based traditions in their community of origin (or perhaps because of that very fact), supporting "Day Habbars" in exercising their community's traditions is also a fabulous way to make them feel included. In plain English, "Hey, everyone else is doing it, so why shouldn't I?"

That "it" here, of course, is the age-old custom of reciting Tehilim (Psalms).

When fellow Day Hab regular David went under the knife for a routine hip replacement, his peers turned to another David—King David and his 150 chapters of sweet songs as recorded in Psalms. Tehilim and its heartfelt verses have traditionally been recited in times of woe, or when a loved one is in medical peril—on this occasion, as sincere informal prayers for a successful surgical outcome for their friend David.

Gathering around a table at Day Hab on the day of David's procedure, the men recited verses responsively as staff first recited them line by line.

Thank God, the surgery was quite successful.

After immediate post-operational recovery, David was given a walker by medical professionals to aid his transition back to normalcy. Once he graduated that, he progressed to using a cane. Eventually, he was weaned off that, too.

One Day Hab staff member summed it up best: "It worked!" ★

A Walk on the Wild Side



OUR GUYS MEET WISE GUY: HAMASPIK KINGS' MEN'S DAY HAB ENCOUNTERS A CLEVER GIRAFFE AT N.J.'S WILD SAFARI (T); ENJOYING THE BROOKLYN BOTANICAL GARDEN (L-R)

Psalm Power!



LONG LIVE THE KING: KING DAVID'S LIFE OF SPIRITUAL ARTISTRY AS CAPTURED BY TEHILIM (PSALMS) COMES TO LIFE TODAY AS HIS PROSE IS RECITED BY A DAY HAB GROUP (TOP) AND BY INDIVIDUALS ELAZAR (BOTTOM LEFT) AND NAFTALI (BOTTOM RIGHT) FOR THE SAKE OF A BELOVED FELLOW MEMBER ENDURING AN ULTIMATELY SUCCESSFUL SURGICAL PROCEDURE

The Autism Update

News and developments from the world of research and advocacy

DIFFERENCES BETWEEN BRAINS OF GIRLS, BOYS WITH AUTISM FOUND IN STUDY

Stanford, California — A study by the Stanford University School of Medicine has found that girls with autism differ in several brain centers compared with boys with autism.

The study analyzed functional magnetic resonance imaging (fMRI) brain scans from 773 children with autism. Using 678 of those scans, the researchers developed an algorithm that could distinguish between boys and girls with 86 percent accuracy.

The scientists also tested the algorithm on 976 brain scans of typically developing children. The algorithm could not distinguish among them, confirming that the sex differences the scientists found were unique to autism.

According to Stanford researchers, the research helps explain why autism symptoms differ between the sexes and may pave the way for better diagnostics for girls.

The study appeared in *The British Journal of Psychiatry*.

AUSTRALIAN RESEARCHER PUSHES RESEARCH INCLUSION, TECH AIDES, FOR NON-VERBAL PEOPLE WITH AUTISM

Perth, Australia — Nearly 50 percent of people with autism are non-verbal or minimally verbal—with little autism research including that demographic.

To help correct that injustice, and—of equal importance—to also help them better communicate with the world, autism researcher Dr. Shu Yau, a developmental psychologist at Murdoch University in Perth, Australia, has spent the last decade researching how non-verbal people with autism process sound and language compared to verbally-mainstream people with autism.

Sound and language is processed very differently between the two groups, according to Dr. Yau. In fact, for some, speech is no more detectible than such background noises like passing trains.

Dr. Yau spends most of her time and effort on two fronts: one; teaching non-verbal individuals, and their parents and caregivers, how to use alternative communication devices like specially-equipped iPads to assist them in

interactions; and two, including such individuals in ongoing research.

BABIES LATER DEVELOPING AUTISM HAVE OVERGROWN AMYGDALA IN BRAIN

Chapel Hill, North Carolina — Scientists may not have found a direct link to autism here, but it certainly seems like they've gotten one step closer.

For the past several years, autism researchers at the University of North Carolina have been leading a federally-funded study dubbed the Infant Brain Imaging Study (IBIS). Operating out of several medical centers nationwide, IBIS ran over 1,000 MRI brain scans on just over 400 participating infants at six, 12 and 24 months of age while they slept naturally.

Scans found overgrowth in the amygdala of babies ages six to 12 months who were later diagnosed with autism at age two. The amygdala is the brain's integrative center for emotions, emotional behavior, and motivation. By contrast, participating babies later not diagnosed with autism were not found to have overgrown amygdalas.

RESEARCH FINDS AUTISM-LIKE BEHAVIORS IN MICE MISSING BODY-CLOCK GENE



BODY CLOCK-AUTISM LINKS: THE UNIV. OF MINNESOTA (ABOVE) FOUND AUTISM-LIKE TRAITS IN MICE MISSING A KEY BODY-CLOCK GENE

Minneapolis, Minnesota — It may be a scientific case of, “What came first: the chicken or the egg?”

But with the question of, “Does autism cause disruptions in the body’s clock, or do disruptions in the body’s clock have something to do with autism?” researchers may still not have an absolute answer. (Many people with autism have

trouble sleeping, suggesting an autism-body clock link.)

But now they at least have more clues.

Researchers in biomedicine at the University of Minnesota in Minneapolis found that lab mice missing *BMAL1*, a gene that controls the body’s internal clock, had lowered social motivation and

impaired motor skills—traits not uncommon among people with autism.

They also found that the brains of those mice had higher- or lower-than-normal expression levels of 19 genes linked to autism.

The findings suggest that changes in social behavior can occur from body-clock disruptions. ★

NEW NEURODEVELOPMENTAL DISORDER DISCOVERED

Melbourne, Australia — A team of international researchers led by Melbourne’s Murdoch Children’s Research Institute (MCRI) have discovered a new neurodevelopmental disorder.

The breakthrough was made after the new disorder’s link to a tumor suppressor gene was found.

Genetic investigators at MCRI, joined by peers at Toronto, Ontario’s Hospital for Sick Children and the Nijmegen, Holland-based Radboud University Medical Center, found that 32 worldwide patients with varying levels of intellectual disability all had mutated versions of the same gene: *FBXW7*.

Healthy versions of that gene normally function to suppress tumors and regulate development. With the mutations, however, carriers presented with mild to severe developmental delay, intellectual disability, hypotonia (low muscle tone) and gastrointestinal issues.

The discovery of the disorder, which apparently remains nameless thus far, was published in the *American Journal of Human Genetics*.

SCIENCE CLOSER TO TURNING OFF SEIZURES, SLEEP DISTURBANCES LINKED TO INTELLECTUAL DISABILITY

Las Vegas, Nevada — Neuroscientists at the University of Nevada at Las Vegas (UNLV) are reportedly one step closer to stopping the erratic brain waves behind seizures and sleep disturbances in people with intellectual disabilities, according to new research.

In earlier research, that UNLV team found that two specific proteins control the firing of brain cells, thus contributing to seizures, sleep disturbances, and other symptoms frequently associated with various forms of intellectual disability including Down syndrome, autism, and ADHD.

But in their new research, they found that mutations in the gene that creates *collybistin*, one of those two proteins, leads to intellectual disability.

The team further showed that the gene is a central hub for many of the neurological symptoms common to various intellectual disabilities.

The researchers say that their study could potentially improve said individuals’ quality of life, especially if seizures could be “turned off.” ★

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● ► HAMASPIK NEWS

Swings, Slides, a Peer Socialization Lab, and a Community Playground

At Hamaspiik Orange's Dinev Group Home, New Outdoor Playset Puts Local Mainstreaming Right in its Own Backyard



WHEN DOWN IS UP: TWO SLIDES FIGURE PROMINENTLY ON DINEV'S MULTI-FEATURED NEW BACKYARD PLAYGROUND COMPLEX, GIVING NOT JUST RESIDENTS BUT EVERYONE A PLACE TO PLAY

There's no "us" and "them" here: there is only "we."

Raise children like that, and as adults they'll never think twice when

it comes to visible differences between them and their peers.

Children growing up in multiracial environments will never label a

classmate over race—and as adults, to paraphrase a timeless truth, will judge the other for content of character, and never for color of skin.

And children growing up in multi-ability environments will never label a playmate over disability—and as adults, they'll epitomize the concepts of mainstreaming and people first.

Against that background, the newest development at the Dinev Shvesterheim Individualized Residential Alternative (IRA) is of far more significance than mere outdoor furniture.

A new playground was installed of late in the backyard of Hamaspiik of Orange County's first group home. The motivation behind its installation was innocuous enough: a place for the residents to enjoy and relax in, says Mrs. Fisher, one of Dinev's two co-managers. For her part, co-manager Mrs. Heiman—Mrs. Fisher's most-capable counterpart—singlehandedly presided over the playground's selection, purchase and placement.

The need for outdoor play for residents had always been there, Mrs. Fisher testifies. In the old Dinev facility (the structure had been torn down and completely rebuilt as four separate IRAs), a backyard playground was a given.

Today, nestled in a cozy corner of a formerly-empty strip behind the Inzerheim, the equipage is centered on a roofed "fort." Said structure, flanked

by two staircases, is dominated by two wavy plastic slides extending from its second story; its ground level features an irresistible ball pit. Off to one side, three hammock-like swinging chairs dangle invitingly from a sturdy wood frame.

But all that just as soon evolved into something else, something finer and nobler: a veritable playground of social familiarization and acclimation, a safe space where children of all abilities can (and do) mingle, innocent of any preconceived notions and free of any superimposed stigma.

Asked about any positive changes or improvements in residents' lives due to the new playground, Mrs. Fisher solicits specifics; better behavior, more relaxation, better physical health, and better appetite, the *Gazette* elaborates. "Everything you listed!" she rejoins, adding, "I'll add some more: Mingling with neighbors and community, kids coming down to play. That automatically makes them interact with the kids. We wanted the neighborhood to enjoy it and have our individuals interact with the community that way."

Small steps for tiny tots—but huge leaps for future generations of disability tolerance.

In fact, to help complete the disability accessibility and full-integration picture, Mrs. Fisher even had her agency's maintenance team

CONTINUED ON PAGE 12 >>

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For OPWDD eligible male teens & adults

● ► HAMASPIK NEWS

Swings, Slides, a Peer Socialization Lab, and a Community Playground



GETTING INTO THE ACCESSIBILITY SWING OF THINGS: SEVERAL INNOCUOUS UPRIGHT HAMMOCKS (L) ARE DESIGNED FOR UNIVERSAL ACCOMODATION, AS IS THE PLAYGROUND'S NEW RAMP

<< CONTINUED FROM PAGE 10

install a fully-compliant accessibility ramp from an exterior door of the group home extending directly down into the playground—allowing individuals to freely traverse to and fro, free of any obstacle. High-end outdoor rubber matting, also newly

procured by Mrs. Heiman, completes the accessibility picture and makes the terrain even safer for individuals without the best balance.

Serving not just Dinev but the young children of the community, the new playset is now the stage for many an interactivity scene among youth

with and without disabilities—and with nary a batted eye. “We like it when they get together,” pronounces Mrs. Fisher.

So what’s the next big thing for the Dinev Shvesterheim? Mrs. Fisher talks about plans for an indoor gym, to keep young bodies moving and

playing despite winter’s forbidding outdoor cold. Meanwhile, it may be presumptuous to claim knowledge today of disability integration tomorrow. But should you visit one outdoor play space in a comfortable Kiryas Joel nook, you just may find a good glimmer of it present. ★

● ► HEALTH NEWS

Federal Disease Detectives Solve National Four-Case Infection Mystery with Room Freshener Spray Bottle

Atlanta, Georgia — Federal “disease detectives” with the U.S. Centers for Disease Control and Prevention (CDC) recently solved a mysterious outbreak of *Burkholderia pseudomallei* (*B. pseudomallei*) bacteria across the U.S.

The fact that the bacterium is native to tropical regions like Malaysia and Thailand made it extremely unlikely that U.S. residents would catch it.

Unless, that is, they had traveled recently to those countries, where it can be found in soil and water—or if someone, or something, had brought it to the U.S.

When four patients were hospitalized over Year 2021 with infectious disease *meliodosis*, which is caused by *B. pseudomallei*, the CDC was mobilized.

None of the four (two children ages four and five and two adults both 53) were related. They hadn’t been to Southeast Asia. They also lived in Georgia, Kansas, Minnesota, and



DETECT THIS! A BACTERIA SAMPLE NOT UNLIKE THAT WHICH THE CDC ULTIMATELY LOCATED

Texas.

The first case, in March 2021, left doctors flummoxed. The next two, in

May 2021, ultimately left one child and one man alive but with grave long-term brain damage.

First, CDC epidemiologists collected and examined numerous household cleaners and personal care products collected from the patients’ households to test for sources of possible bacterial infection.

But when the fourth case struck a Georgia boy, CDC epidemiologists had already tested several hundred household items.

Still, returning to the boy’s house for a second search, they collected a specimen from an air freshener bottle that had not been collected the first time around.

The product, an essential-oil room spray named “Lavender & Chamomile with Gemstones,” was found in all four cases. All carried the same strain of *B. pseudomallei*.

The CDC is now telling doctors that “patients who have acute respiratory or neurologic symptoms that do not have a response to initial treatment may be candidates for closer assessment for melioidosis.” ★

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Public Health and Policy News

genetic tests, most certainly will.

The ethics of using consumer genetic testing services and then finding out adverse things about one's self or immediate family members was the subject of a recent large survey by the Houston-based Center for Medical Ethics and Health Policy, a division of Baylor College of Medicine.

The Center first surveyed over 23,000 people who had used genetic testing services like AncestryDNA and FamilyTreeDNA. While most respondents said the results had led them to previously-unknown relatives, some three percent also reported discovering that they were adopted.

"You should be ready to learn something about your family that you weren't necessarily expecting to learn," said study author Dr. Christi Guerrini.

HIGH BRAND-NAME DRUG PRICES BEHIND MEDICARE PART D COSTLINESS, SAYS REPORT

Chicago, Illinois — If you want to know why Part D of Medicare is getting so expensive lately—meaning, why health insurance under that part of Medicare costs so much—a report by industry outlet *STAT* says it's simple: Brand-name drug costs.

According to the report, brand-name prescription drug list prices—already high as it is—are also growing significantly faster than inflation.

That constant rise affects how much many patients pay for brand-name drugs at the pharmacy counter, including those insured under Medicare Part D.

In fact, in a January 2022 analysis, the CBO found that the average cost of a brand-name prescription in Medicare Part D more than doubled between 2009 and 2018 from \$149 to \$353.

That increase is equivalent to ten percent per year in the net cost of a brand prescription.

GROCERY SHOPPING 'STUDY' REVEALS DARK SIDE OF PUBLIC HEALTH AND SUPERMARKETS

Washington, D.C. — A fascinating expose of the relationship between retail supermarkets, poor neighborhoods and



SHOPPING FOR NUTRITIONAL JUSTICE: AN INVESTIGATION FOUND THAT UNHEALTHIER FOODS ARE SOLD MORE IN MARKETS IN POORER NEIGHBORHOODS THAN IN RICHER NEIGHBORHOODS

public nutrition made the rounds of numerous media outlets lately.

The original article, penned for *Kaiser Health News* (KHN). In it, author and KHN Social Media Manager Chaseadaw Giles recounts the mildly vexing tale of an experiment she conducted across five neighborhoods in her native Boston.

Visiting several supermarkets in five locales armed with the same 12-item shopping list (and accompanied by her beloved mother), Ms. Giles found healthier items up-front-and-center in richer neighborhoods, and healthier foods up-front-and-center in poorer neighborhoods.

The million-dollar question, of course, is: Do poorer people prefer healthier food, prompting poor-neighborhood supermarkets to merely supply that demand?

Or does a supply of healthier food cause poorer people to eat unhealthily?

WHITE HOUSE SIGNS ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH (ARPA-H) INTO LAW

Washington, D.C. — When it was proposed months ago, the concept was to create a high-powered federal government agency that would do for medical research what the legendary Defense Advanced Research Projects Agency (DARPA) has for decades done for military hardware.

But while the geniuses at DARPA work on inventing things like invisible tanks, the medical wizards at the Advanced Research Projects Agency for Health (ARPA-H) would take on impossible tasks like, say, curing cancer.

With the passing of Public Law 117-103, though, the White House has now authorized the establishment of ARPA-H within the U.S. Department of Health and Human Services (HHS), making the project—long a dream of President Joe Biden, one major step closer to reality.

The new agency, which has yet to be placed, staffed and equipped, will speed biomedical and health research.

FEDERAL GOVERNMENT CALLS UPON HOSPITALS TO REDUCE GREENHOUSE GASES

Washington, D.C. — The federal U.S. Dept. of Health and Human Services (HHS) is now calling for American hospitals, health systems and other industry stakeholders to take a voluntary pledge to reduce carbon emissions by half by 2030 and reach zero emissions by 2050.

According to a statement by National Climate Advisor Gina McCarthy, the country's healthcare sector contributes 8.5 percent of total U.S. carbon emissions, "so they have a big role to play."

"Fighting climate change's catastrophic and chronic impact on vulnerable people," said HHS Secretary Xavier Becerra in a statement, "is key to building a healthier nation."

NEW YORK UNIVERSITY PSYCHIATRIST ISSUES URGENT CALL FOR MORE PSYCHIATRISTS

New York, New York — The U.S. is experiencing an acute shortage of the highly trained mental-health professionals known as psychiatrists. So argues no less than Dr. Christin Drake, a clinical associate professor of psychiatry at New York University (NYU)'s Grossman School of Medicine and a practicing psychiatrist herself.

"Every day, people call my office looking for help," begins Dr. Drake, writing an opinion piece for industry outlet *STAT*. "These are not the worried well. They are people in crisis."

Before the pandemic, I could almost always help. I would be able to find time to meet someone for a consultation, or make a few calls to secure the right referral," she writes. "But now, my every available hour... is full... All the while, patients in crisis are going without psychiatric help."

According to Dr. Drake, the problem is "an exponential increase in the number of people who need care," without a matching increase in psychiatrists. ★

SURVEY FINDS CONSUMER GENETIC TESTS SOMETIMES PRODUCE ADVERSE RESULTS

Houston, Texas — "What you don't know can't hurt you," goes one version of a common saying.

Conversely, then, what you do know can hurt you—and, in the case of unexpected results from consumer



BAD GENES? GENETIC TESTS CAN YIELD UNWELCOME SURPRISES AT TIMES: SURVEY

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In the Know

ALL ABOUT... PRIMARY BILIARY CHOLANGITIS

Sources: Mayo Clinic,
American Liver Foundation,
Merck Professional Manuals

You may have heard of cystic fibrosis. You may have even heard of primary biliary cholangitis. But did you know that that primary biliary cholangitis (PBC) is *more* common than cystic fibrosis (CF)?

According to studies, PBC affects about one in every 3,000 to 4,000 people (mostly adult women), while CF affects about one in every 2,500 to 3,500 people (mostly white children).

Fortunately, however, both are considered rare diseases. Both, thanks to ongoing developments, are also more treatable than ever. In the meantime, here's what you need to know about PBC to be in the know.

DEFINITION

Primary biliary cholangitis (PBC) is a chronic liver disease in which the immune system slowly attacks and destroys the bile ducts in the liver. It occurs almost exclusively in women aged 35 to 70. Without early intervention and treatment, it typically progresses to a terminal stage over 15 to 20 years.

In PBC (also known as primary biliary cirrhosis, and also once known as just cirrhosis), the immune system attacks the liver's *bile ducts*: Tubes that carry bile from the liver to the small intestine. Bile is a fluid that helps the small intestine digest the fats in food.

But if and when the immune system slowly destroys these ducts, bile builds up in the liver—resulting in inflammation and *fibrosis*, or scarring. Fibrosis can eventually lead to *cirrhosis*, or chronic/late-stage scarring. In cirrhosis, scar tissue replaces healthy liver tissue and liver function becomes increasingly limited.

SYMPTOMS

Firstly, and most interestingly, over half of people with PBC will not present any noticeable symptoms upon being diagnosed with PBC. The disease may only be discovered and then diagnosed when blood tests are done for other reasons, like routine testing or annual physicals.

Symptoms eventually develop over the next five to 20 years. Unfortunately, those who do have symptoms at diagnosis typically have poorer outcomes.

Common early symptoms are fatigue and itchy skin.

Later signs and symptoms may include:

- Dry eyes and mouth
- Pain in the upper right abdomen
- Swelling of the spleen
- Bone, muscle or joint pain
- Swollen feet and ankles



- Buildup of fluid in the abdomen due to liver failure
- Fatty deposits on the skin around the eyes, eyelids or in the creases of the palms, soles, elbows or knees
- Yellowing of the skin and eyes
- Darkening of the skin not related to sun exposure
- Weak and brittle bones, which can lead to fractures
- High cholesterol
- Underactive thyroid
- Weight loss

CAUSE

Primary biliary cholangitis generally begins with liver inflammation (again, as mentioned, often without any noticeable symptoms).

In turn, that initial liver inflammation starts when certain types of white blood cells called T cells begin collecting in the liver. Normally, these immune cells detect and help defend against germs, such as bacteria and viruses. But in PBC, these cells mistakenly destroy the healthy cells lining the small bile ducts in the liver.

As the condition progresses, inflammation in those ducts spreads and eventually damages other cells in the liver. As the cells die, they're replaced by scar tissue (fibrosis) that can eventually lead to cirrhosis (as described above).

While PBC is generally defined as a disease in which the immune system attacks the body's cells, researchers believe the attack may in turn be triggered by various environmental and genetic factors not yet fully understood.

DIAGNOSIS

The doctor will first ask about the patient's health history and family's health history, and perform a physical exam. Next will usually come any of the following tests and procedures:

Blood tests

The following blood tests may be used to diagnose PBC:

Liver tests. These blood tests check the levels of enzymes that may signal liver disease and bile duct injury

Antibody tests. These blood tests check for levels of *anti-mitochondrial antibodies* (AMAs). People who don't have PBC will almost never have AMAs in their blood—which makes AMAs in the blood a very reliable symptom of PBC. Still, a small number of people with PBC will not still have AMAs in the blood

Cholesterol test. This blood test checks for levels of blood fats (lipids)—over half of people with PBC have extreme increases in blood fats

Imaging scans

Imaging scans may not be needed. But they may help doctors confirm a diagnosis or rule out other conditions. To help diagnose PBC, scans of the liver and bile ducts may include:

- **Ultrasound:** This uses high-frequency sound waves to produce images of structures inside the body
- **Magnetic resonance cholangiopancreatography (MRCP):** This is a specialized form of the otherwise-average MRI scan. It creates detailed images of the organs and bile ducts
- **Magnetic resonance elastography (MRE):** This combines MRI and sound waves to create an elastogram, or visual map, of internal organs. It's used to detect hardening of the liver (fibrosis) that might indicate cirrhosis
- **FibroScan:** This is a specialized ultrasound designed to measure any fibrosis in the liver

Liver biopsy

If the diagnosis is still uncertain, a doctor may perform a liver biopsy. A small sample of liver tissue is removed through a small incision using a thin needle. The sample is then examined in a laboratory, either to confirm the diagnosis or to determine the extent (stage) of the disease.

TREATMENT

Unfortunately, there's no cure for PBC.

However, there are a number of options, depending on the stage at which the condition is diagnosed.

Medications

Medications are available to help slow the progression of the disease and prevent complications. Options include:

- **Ursodiol.** This medication, also known as *ursodeoxycholic acid* (UDCA) (brand names Actigall or Urso), is commonly used first. It helps move bile through the liver. While the drug does not cure PBC, it does seem to improve liver function and reduce liver scarring. It's less likely to help with the PBC symptoms of itching and fatigue. Side effects may include weight gain, hair loss and diarrhea.
- **Obeticholic acid** (brand name Ocaliva). The FDA approved this PBC medication in 2016. Studies show that when given alone or combined with ursodiol for 12 months, it can help improve liver function and slow liver fibrosis. But its use is often limited because it can cause increased itching.
- **Fibrates** (brand name Tricor). Researchers are not precisely sure how this medicine works to help ease symptoms of PBC. However, when taken with ursodiol, it reduces liver inflammation and itching in some people.
- **Budesonide.** Combined with ursodiol, this corticosteroid may be of potential benefit for people with PBC. However, the drug is associated with steroid-related side effects for people with more advanced disease.

Liver transplant

If and when medications fail to control PBC and liver failure begins, a liver transplant may help prolong life. A liver transplant replaces a diseased liver with a healthy donated one. Liver transplantation is associated with very good long-term outcomes for people suffering from PBC. It can, however, sometimes happen that the disease comes back several years later in the transplanted liver.

Itching

- **Antihistamines** are commonly used to reduce PBC's itching. They may help with sleep if itching keeps you awake
- **Cholestyramine** is a powder that must be mixed with food or liquids
- **Rifampin** is an antibiotic that may stop itching. Exactly how it does this is unknown. Researchers think it may block the brain's response to itch-inducing chemicals in the blood
- **Sertraline** is a selective serotonin reuptake inhibitor (SSRI) that can help reduce the symptoms of itching
- **Opioid antagonists** such as those containing naloxone and naltrexone may help itching related to liver disease. Like rifampin, these drugs seem to reduce the itching sensation by acting on the brain

Fatigue

Because PBC causes fatigue, daily habits, proper diet and exercise, and other health conditions can affect how tired a PBC patient feels. It's also important to be tested for thyroid disease, since that condition is more common in people who have PBC.

Dry eyes and mouth

Artificial tears and saliva substitutes, available over-the-counter

or by prescription, can help ease dry eyes and mouth. Chewing gum or sucking on hard candy also can help produce more saliva and relieve dry mouth.

Treating complications

Certain complications are commonly associated with PBC. A doctor may recommend:

- **Vitamin and mineral supplements.** A patient may need to take vitamins A, D, E and K, as well as calcium, folic acid or iron supplements, if the body is not absorbing vitamins or other nutrients properly
- **Cholesterol-lowering medication.** If you have high blood cholesterol levels, a doctor may recommend taking a medication known as a statin
- **Drugs to treat bone loss.** Where PBC symptoms include weak or thinning bones (osteoporosis), supplements like calcium and vitamin D may be prescribed to reduce bone loss and improve bone density. Exercise like walking and using light weights most days of the week can help increase bone density.

Portal hypertension

In cases of the PBC symptom of increased pressure in the portal vein, known as portal hypertension, a doctor is likely to prescribe screen and monitoring—especially if the patient has more advanced scarring (fibrosis or cirrhosis) from liver disease. Accumulating fluid in the abdomen (ascites) is a common side effect of portal hypertension. In cases of mild fluid accumulation, the doctor may only recommend a reduced- or limited-salt diet. Severer cases may require medications known as diuretics, or a procedure to drain the fluid (paracentesis).

PROGNOSIS

Coping and support

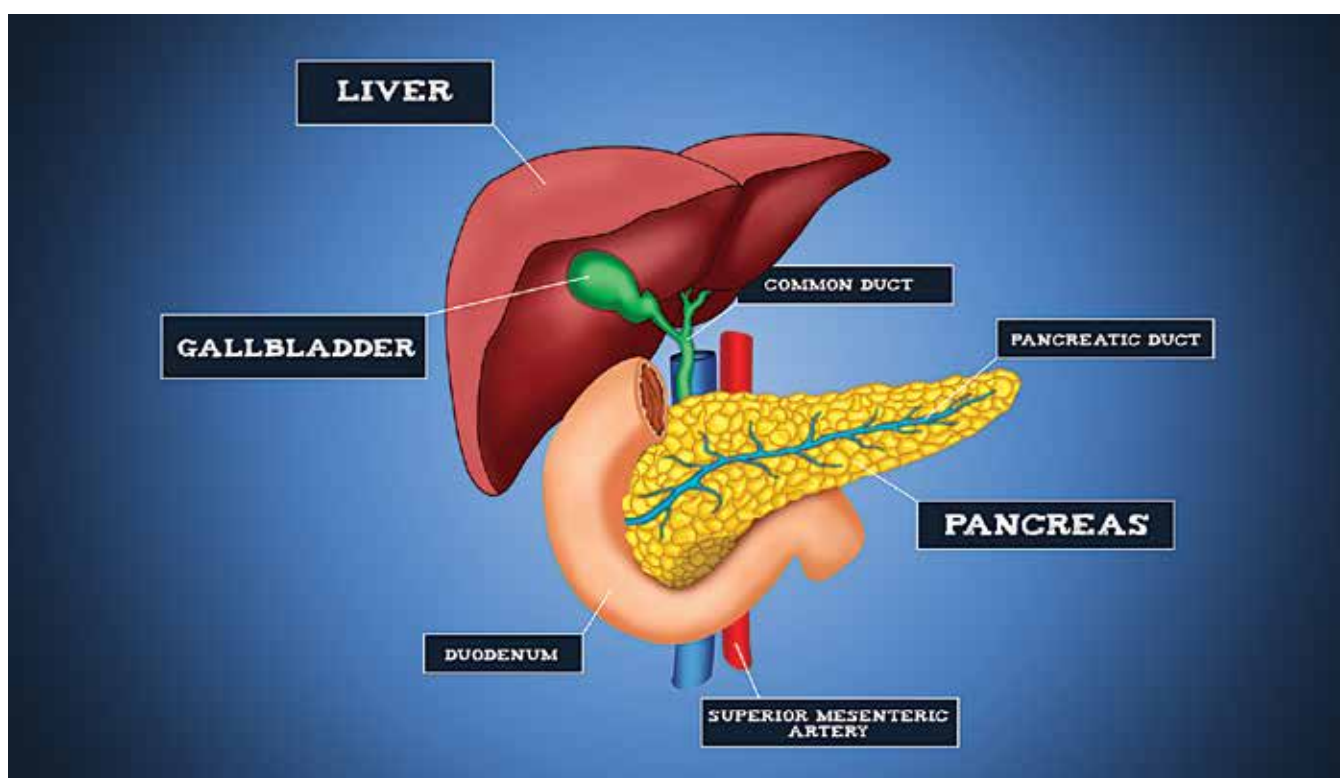
Living with a chronic liver disease with no cure can be frustrating. Fatigue alone can have a profound impact on your quality of life. Each person finds ways to cope with the stress of a chronic disease. In time, you'll find what works for you. Here are some ways to get started:

- **Learn about your condition.** The more you understand about primary biliary cholangitis, the more active you can be in your own care. In addition to talking with your doctor, look for information at your local library and on websites affiliated with reputable organizations such as the American Liver Foundation.
- **Take time for yourself.** Eating well, exercising and getting enough rest can help you feel better. Try to plan ahead for times when you may need more rest.
- **Get help.** If friends or family want to help, let them. Primary biliary cholangitis can be exhausting, so accept the help if someone wants to do your grocery shopping, wash a load of laundry or cook your dinner. Tell those who offer to help what you need.
- **Seek support.** Strong relationships can help you maintain a positive attitude. If friends or family have a hard time understanding your illness, you may find that a support group can be helpful.

Lifestyle and home remedies

You may feel better if you take good care of your overall health. Here are some things you can do to improve some PBC symptoms and, possibly, help prevent certain complications:

- **Choose reduced-sodium foods.** Opt for low-sodium foods or naturally sodium-free foods, since sodium contributes to tissue swelling and to the buildup of fluid in your abdominal cavity
- **Exercise most days of the week.** Exercise may reduce your risk of bone loss
- **Avoid alcohol.** Your liver processes the alcohol you drink, and the added stress can cause liver damage. Generally, people with PBC should abstain from alcohol
- **Check with your doctor before starting new medications or dietary supplements.** Because your liver isn't working normally, you'll likely be more sensitive to the effects of over-the-counter and prescription medications, as well as some dietary supplements, so check with your doctor before taking anything new



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נשמוינינו



A WORLD OF SUPPORT



Nishmoiseini. The word has become synonymous with Hamaspik's incredible hotline for parents of children with special needs—but the project is so much more than that. The Nishmoiseini hotline sparks hope, gives chizuk and energy to continue on, and provides valuable resources and information. With the upcoming launch of the Nishmoiseini app, website, newsletter, and more, it's clear that this is a program that will keep on reaching further to change lives for the better.

Beyond Our Wildest Dreams: An Interview with Mr. Landau, Hotline Manager

HOW DID NISHMOISEINI BEGIN?

The idea was born last year, after the Hamaspik Shabbaton for parents of our clients. Several parents mentioned to Mr. Hershel Wertheimer, Executive Director at Hamaspik of Kings County, that while the Shabbos was an incredible source of chizuk and support, what they really needed was something to help them through the day-to-day challenges of raising a child with special needs.

Mr. Wertheimer immediately thought that a hotline would be the ideal solution for ongoing support—something the parents could access day or night, which could be regularly updated and include a variety of speeches, chizuk, and resources.

When I was asked to take this project on, I assumed it would be a side job, something I'd put a few hours into and that's it. Little did I know what was in store...

I never dreamed that within six months, we'd amass such a huge number of lectures. I never dreamed we'd be launching a website, an app, and a newsletter, or that we'd receive calls from countries around the world. I never dreamed people would leave messages saying the hotline

changed their lives.

But baruch Hashem, that's where we are today.

WHAT CONTRIBUTED TO NISHMOISEINI'S TREMENDOUS GROWTH AND SUCCESS?

We received tremendous siyatta diShmaya every step of the way!

Additionally, Hamaspik is an organization like no other. They're truly here to bring services, support, and hope to people going through challenges. Just being a part of this incredible team gives me the energy to keep going, to keep putting more into it. And the overwhelming positive feedback from thousands of listeners is a tremendous motivating force, showing me that all the efforts are worthwhile.

Mr. Hershel Wertheimer, Executive Director at Hamaspik of Kings County, and Mr. Tessler, Chief of Staff at Hamaspik of Kings County, both offer a lot of support and encouragement. The amazing

Mr. Yoel Landau doesn't just run the hotline. He's the life force behind the Nishmoiseini program, putting heart and soul into designing and maintaining a one-of-a-kind support forum for thousands of grateful parents.

IT team goes the extra mile to make sure everything runs smoothly at Nishmoiseini. And so many other Hamaspik employees selflessly give their time to help out. Many coordinators gave hours of time to help spread the word about Nishmoiseini, not because it's part of their job but because they genuinely care for their clients and their families, and were excited to let them know about the accessible, daily chizuk on both hotlines.

Another important point: Although the hotline was established primarily for Hamaspik parents, we opened it for the public so everyone could access the support. To this end, we set up international numbers and have received hundreds of calls from Israel and Europe. Because Nishmoiseinu is about giving, about our mission... so it's irrelevant who you are. If you want to access the chizuk, you can simply dial in.

Through the hotline's messaging option, we've heard from couples expecting a special

needs child that the hotline has become their primary source of support—since no one knows, they can't reach out for help elsewhere and the anonymous hotline is a lifeline for them.

Not only that, but we've received feedback that people facing other struggles have also found comfort in the hotline's shiurim and support. The more people we can help, the better!

WHAT WAS INVOLVED IN SETTING UP THE HOTLINE?

We built the hotline from scratch, which was a huge undertaking. We had nothing to start with—our first step was choosing a phone number! We had to create a program for all technicalities, such as recording and uploading the shiurim and interviews, the dial-in settings, the messaging services, and so on. Now, I can use the program in my sleep but back then, learning how to edit and upload recordings correctly took time. Our current projects of building the app and website are a lot simpler to manage because we now have a baseline to work with.

Before arranging the speakers for the hotline, I asked parents to share what they wanted to hear and what messages would resonate. I

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used that information to create a booklet for the speakers, so they'd know what the listeners would find inspiring and impactful.

The hotline caters to an audience that needs a specific type of message, addressing some very sensitive issues. It takes time to explain to speakers who they're talking to and what the parents are looking to hear. We emphasize that the oft-heard message that "these children have such special neshamos"—while certainly true—is not what most parents would find validating and inspirational. Some topics we suggest, based on requests of parents, are belief in the good of everything Hashem does, the value of pain in this world, handling feelings of shame and embarrassment around their child, overcoming negative emotions, and creating a happy home environment.

Finding the speakers was a huge undertaking; I had to research and select speakers who fit the style we were looking for: excellent orators with warmth and compassion. Now that the hotline is actually running, I get names suggested all the time, but back before we launched, I was searching on my own.

The next stage was getting contact information for the speakers. This is actually harder than it sounds, since many public personalities keep their personal contact information private. Even if I do get a phone number or email address, more often than not, there's no answer. So I try to get hold of them in different ways, like through a friend or family member.

This process can take a long time! For example, when I tried to contact Rav Elimelech Biderman in Eretz Yisrael, the process took over three months. I approached one gabbai, then another. I got an email address, then someone finally got back to me with a confirmation. Even after that, I followed up every few days until the speech was confirmed.

My experience in fundraising definitely stands me in good stead here—"selling" the idea of the hotline and attracting quality



MR. LANDAU PLANNING FOR THE HOTLINE WITH MR. WERTHEIMER

speakers uses the same skill set. I also need to draw on my ability to persevere even when there are obstacles.

Finding the speakers at the start was a lot harder than it is now, since Nishmoiseini is becoming more well-known. For every eight people I called back then, I'd get one yes. Public personalities are busy, and some weren't comfortable with the idea of a hotline, which would mean talking into a phone rather than to a live audience. And when it came to personal stories from the parents—which is a powerful source of chizuk and validation for listeners—that was even harder. It would take 20 tries before I'd get a parent who was happy to share their story.

I never push anyone to do something that doesn't feel comfortable to them, so that part of the process took a lot of time. On the other hand, I know that for many parents, this part of the hotline is the one that they appreciate the most: hearing personal stories is both inspiring and validating, showing them that others have been through the same challenges as they are experiencing, and have made it through to tell the tale.

NOW THAT THE HOTLINE IS UP AND RUNNING, WHAT DOES YOUR JOB INCLUDE ON A DAILY BASIS?

Absolutely everything!

From coordinating all the speakers to training them in the style and content we're looking for and the technical aspects of recording to the hotline, from answering questions to updating

both the Yiddish and English hotlines to reviewing and editing every new lecture that will be put on the line. I also answer calls and take messages from parents, send out email updates, and so on.

Editing the lectures takes many hours and involves much attention to detail. I once put up an amazing shiur, but once it was on the hotline, I discovered the volume was too low and listeners wouldn't be able to hear it! I now know the exact volume needed for the recordings so they're not too quiet or too loud.

Interestingly enough, because the listeners hear the speeches over the phone, the recording works best when it's done into a phone, too, directly onto the hotline. Recordings done on an app, on the computer, or even in a studio don't sound the same when played on the phone. The speakers can use a special code, which allows them to record new speeches, after which I can access them to edit and move them to the right location for listeners to hear. But I don't put pressure on speakers to do it that way; I always accommodate what makes them most comfortable.

Sometimes, especially when it's not recorded directly into the phone, a shiur or story will have a lot of ambient noise. So I'll work on reducing the background noise before uploading it to the line. Nishmoiseini is a professional hotline, and we make sure that every lecture, Q&A, story, and so on gets full attention.

And because the speeches are pre-recorded and not given live, many speakers want to listen and check the recording themselves

afterward. Since they know I can cut, edit, or tweak things they don't like, it can become a long process, going through each word and editing it to their satisfaction. (Once, the entire family got on a conference call to review every detail of the personal story that one of the parents had shared! The editing took a total of 10 hours...) The end results, though, are well worth it!

And, of course, aside from running the hotline, I'm working on developing Nishmoiseini's new projects, like the app and website.

WHAT NEW FEATURES ARE COMING UP AT NISHMOISEINI?

There are a lot!

We're going to be hosting live Zoom events for parents, offering real-time chizuk and interactive sessions with popular speakers.

In response to the requests of several parents, we're now launching a teen hotline and working on developing options for younger children, too, so they'll have somewhere to turn for chizuk and inspiration as well. This will include educational elements, for example to explain what Down syndrome is and to help them understand their siblings better, as well as panels and interviews with siblings themselves and other guest speakers, and speeches or stories geared to their age level.

As one mother said, "My children are listening to the Nishmoiseini hotline to get chizuk—they would benefit so much from a hotline of their own!"

Then there are the app and the website, which will make the speeches accessible to an even wider audience. These will allow parents to download the speeches and access them in the way that works best for them.

We've also created a monthly gilyon that summarizes the speeches and offers other useful content. Right now, the gilyon is published in Yiddish but there are plans for an English version, as well as a newsletter for siblings.

Nishmoiseini is filling a unique need in our community, and our goal is to keep spreading the chizuk further! ★

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FROM A-Z: RECORDING IN PROGRESS

When you pick up the phone and hear a new lecture on the Nishmoiseini line, it's hard to imagine just how much went into the smooth, seamless recording. Here, Mr. Landau explains how the process unfolds, from idea to completion.

1. Identify potential new speakers.

I research by listening to speakers on hotlines or from other sources, until I find a speaker that fits our needs.

2. Contact the speaker through direct or indirect means.

This is a time-consuming process, especially with more public personalities! I have to get creative and try to reach them through acquaintances or family members.

3. Receive confirmation from the speaker; provide training.

Hopefully, these efforts are rewarded and the speaker confirms their willingness to speak for Nishmoiseini. At this stage, I guide them through our introductory package: the booklet that describes typical feelings of

the parents who form our target audience, as well as the main messages they'd like to hear.

4. Offer technical assistance and answer questions.

Some speakers go right ahead and record their speech; others have lots of questions and want to check every detail. One common question (which I purposely don't answer) is, "How long should I speak?" Most hotlines will say a standard time limit, such as 45 minutes, but my opinion is that it's about the quality, not quantity. If someone has what to share for 10 minutes, let that be the entire speech instead of dragging it out and diluting the valuable message. If they want to speak for three hours, that's fine, because it means they have that much content to share! Listeners

can bookmark the speech and come back to it.

5. Follow up.

I have a special calendar to keep track of where I'm holding with regards to each speaker. A gabbai or secretary tells me to call back in a few days? I'll jot down a note in 4-5 days' time: Call So-and-So. A speaker promises to send the recording by Wednesday the 28th? It goes on the calendar, so I know to look out for it (and to follow up if necessary). That way, I know I'm giving each person the time they need, while ensuring the maximum efficiency and not forgetting a single potential speaker.

6. Receive the recording; upload to the editing program.

This is where I do all the edits: cutting extended pauses or background noise, adjusting

volume, optimizing speed, and so on.

7. Upload the recording onto the hotline.

I make sure the weekly speaker is uploaded early Monday morning for the Yiddish hotline and Motzoei Shabbos or Sunday for the English one. The listeners look forward to this and appreciate the consistency, so it's a top priority to ensure they're uploaded on schedule.

8. Enable access by listeners; receive messages and forward to relevant parties.

As listeners leave messages on the hotline with feedback, I pass them on to the speaker, or file them for future reference. Suggestions, comments, and feedback help us make Nishmoiseini even better, and I value each and every message. ★

Ripple Effects

The feedback that Nishmoiseini receives makes it clear how much chizuk and strength the line gives to listeners. But sometimes, it does even more than that.

In her "weekly boost" recording, Mrs. Shoshana Kay once mentioned that she lives in Philadelphia and has connections within

CHOP (Children's Hospital of Philadelphia), if anyone needs assistance there. Shortly after, a woman left a message: "I have a newborn baby in the NICU in CHOP. Is it possible to arrange volunteers to be with the baby when I can't be there?"

Mrs. Kay got on the case, and deployed her many connections to help a mother in need. And all

through a passing mention on a hotline!

Many speeches on the hotline have had far-reaching effects. One man called in to say that only through listening to Nishmoiseini did his wife begin to come to terms with her child's diagnosis.

But it's not only parents of children with special needs who find the hotline a tremendous source of chizuk: a bachur from Eretz Yisrael called to request

certain speeches by email, saying he found them so inspirational for the challenges he was going through.

And a mother whose (mainstream) child had unfortunately left the derech called the hotline to say it has literally become her lifeline. "With my son out on the streets until all hours, I can't sleep at night," she shared. "Listening to Nishmoiseini is what keeps me going." ★



A project by
Hamaspiik

A lifeline for parents of children with special needs.



Draw a wealth of chizzuk and guidance from the all-new lineup of renowned speakers and specialists on the Nishmoseini hotline.

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Lectures, and interviews with leading advisors and specialists.

Personal Accounts

Techniques from parents raising a special needs child.

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Section for interpersonal conversation with other parents.

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Daily questions and answers by notable dayanim.

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Useful tips on federal programs, clinical diagnoses, and more.

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Call anytime & connect anonymously with an entire community of parents like you.



Status Report

Happening In Hospitals Today

SURVEY BY U.S. NURSE LABOR UNION SAYS HOSPITAL WORKPLACE VIOLENCE, ISSUES STILL RISING

Oakland, California — American hospitals are increasingly unsafe places for its frontline workers like nurses, now says a survey by the National Nurses United labor union.

Between February and March of this year, the organization reached out to just-over 2,500 registered nurses (RNs), questioning them on several key measures of workplace safety.

Some 48 percent of respondents reported a “small” or “significant” spike in hospital workplace violence; the same question drew a 30-percent affirmative in a September 2021 survey.

Nearly 70 percent of respondents reported that hospital staffing has gotten “slightly” or “much worse”. In the union’s previous survey, the same question drew about a 50-percent affirmative.

Also, over 26 percent of nurses were reassigned to departments outside their areas, with 46 percent reporting not getting any education or preparation before reassignment.

REFLECTING U.S. TREND, MASS. NURSE SHORTAGE IS DUE TO WORK STRESS, NOT FEWER NURSES

Boston, Massachusetts — It’s been common knowledge for years now that U.S. hospitals are incredibly

short-staffed, especially in the vaunted specialty of Registered Nurses (RNs). And it’s doubly true in the immediate of the devastating COVID-19 pandemic.

However, a recent report from the Massachusetts Nurses Association reflects what has become the reality from coast to coast: The shortage of nurses in the state’s hospitals is not because there are less nurses but rather, because less nurses are willing to put up with the increasingly-demanding and stressful work environment that is today’s hospital. In other words: burnout.

The report notes that in Massachusetts, there are actually more licensed RNs now than before the pandemic—24 percent more today than in June of 2019, in fact.

U.S. HOSPITALS TURNING TO INTERNATIONAL-NURSE STAFFING FIRMS TO FILL GAPS

Chicago, Illinois — In related news, while U.S. hospitals struggle to keep their RN employment rolls at “cruising altitude,” staffing firms that provide foreign-educated RNs with U.S.-based jobs are doing quite a brisk business of late, reports *Becker’s Hospital Review*.

The Nashville, Tennessee-based Shearwater Health, a global healthcare agency, provided a New Mexico hospital with 36 foreign-born

professional nurses in recent months, and is planning to bring in ten more.

Another New Mexico hospital, Alamogordo’s Gerald Champion Regional Medical Center, has 15 foreign-born nurses hired through staffing agencies—and is waiting on 15 more.

According to recruiting firm O’Grady Peyton International, the U.S. was seeing about 1,000 nurses arriving monthly from African nations, the Philippines and the Caribbean. The American Association of International Healthcare Recruitment also recently reported that thousands of foreign-born nurses are waiting on visas so they can begin jobs in the U.S.

HOSPITAL GETS SUED FOR “DOUBLE-BOOKED SURGERIES,” BUT PRACTICE COMMON

Boston, Massachusetts — “Your surgeon will be Dr. Smith” would normally mean that Dr. Smith will be physically and personally performing the surgical procedure in question, as well as leading the OR’s team of nurses and medical technicians during that process.

However, it apparently can also mean, “Dr. Smith will just make sure that the surgeon correctly performs the surgery—popping into the OR to conduct frequent live spot-checks and then run back to another OR to supervise a second surgeon, or do another surgery himself.”

The idea that a trained, qualified and reliable surgeon can juggle two surgeries shouldn’t be different than the idea that any other trained, qualified and reliable professional can do the same. Apparently, it’s common across the industry.

But so-called “double-booked surgeries” were the subject of a lawsuit against Boston’s Massachusetts General Hospital (MGH), where surgeons did just that—in violation of federal and state rules. The suit slammed MGH with a \$14.6 million settlement.

GROUND AMBULANCE TRANSPORT COSTS SOAR, SAYS NEW REPORT

New York, New York — According to a new study of U.S. private healthcare claims, it’s not just air ambulance costs that have skyrocketed in recent years—so have the costs of the conventional emergency medical ground transport vehicles known as ambulances.

According to a white paper from the non-profit FAIR Health, the average allowed in-network amount for advanced life support (ALS) emergency ground ambulance transport rose 56 percent from 2017 to 2020—from \$486 to \$758.

The report stated that the increase was part of a general rise in costs (not including mileage fees) for both ALS and basic life support (BLS) emergency ground ambulance transport during that studied period. According to FAIR Health, costs for ALS services were higher than those for BLS services across the spectrum.



FINANCIAL EMERGENCY: GROUND AMBULANCE TRANSPORTATION COSTS ARE RISING

RISING EXPENSES AT HOSPITALS ARE “DRAMATIC,” AHA SAYS

Chicago, Illinois — In a new report, the American Hospital Association (AHA) says that U.S. hospitals are experiencing a “massive surge” in expenses for items such as labor, drugs and supplies amid rising inflation.

According to the AHA, labor is a particular stressor, making up over half of hospitals’ total expenses. Specifically, hospital labor expenses per patient increased almost 20 percent between 2019 and 2021.

“The dramatic rise in costs of labor, drugs, supplies and equipment continue to put enormous pressure on our ability to provide care to our patients and communities,” AHA President and CEO Rick Pollack said in a statement accompanying the report.

Prior to the pandemic, hospitals spent about 4.7 percent of labor expenses for nurses on contract travel nurses. According to the report, that figure had ballooned to about 39 percent by this January. ★



A TOUGH GAP TO BRIDGE: NURSES FOR HOSPITALS IN BOSTON AND ELSEWHERE ARE HARDER TO COME BY, SAYS THE MASS. NURSES ASSOCIATION, BECAUSE HOSPITAL WORK IS TOO HARD



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

With Lunch to Whole Office, Grateful Family Thanks Hamaspik HomeCare for Freeing Them to Care for Beloved Mother

Agency's CDPAP Program Allows Children, Family Friends to Take Shifts at Matriarch's Home, Enabling Them to Live Life Outside House and Even Get Paid; Family Says Thank-You with Kosher Pizza

Hamaspik HomeCare's Consumer Directed Personal Aide Program (CDPAP) serves the entire community at large, not just the Yiddish-familiar Jewish community.

And so a Southeast Asian family living in suburban Rockland County was a perfect example of Hamaspik HomeCare's CDPAP mechanism working exactly as intended.

Their beloved matriarch, born in 1930, required full 24/7 care and assistance at home.

Her family, as with so many other families, was struggling to live their lives on a daily basis on one hand but caring for their much-loved mom on the other hand.

(What do you do when you can't leave Mommy alone, but you also have to go to work?)

So the family—an adult daughter and son, plus two family friends—were doing what so many other families are forced to do: they took shifts.

But once all four signed up as personal aides for their beloved mother and family friend under Hamaspik HomeCare's CDPAP, they were able to continue those shifts—and get paid for them, earning not just when away from her but also while spending time with her.

It's understandable, then, that such a family would be immensely grateful for the arrangement made possible by

Hamaspik HomeCare—especially the alacrity, diligence and professionalism shown by Hamaspik HomeCare Recruitment and Onboarding Supervisor Mrs. Shoshana Yagudaev.

In just one week, Mrs. Yagudaev and team squared away all documentation that the family needed to become duly-registered Hamaspik HomeCare employees.

"CDPAP is very flexible," adds Mrs. Yagudaev. "They can choose hours they work. It's not set in stone."

Currently, one of the four does 9 a.m. to 12 p.m.; a second is present from 12 p.m. to 8 p.m.; a third works an overnight shift; and a fourth covers the remainder.

So to express their deep and

heartfelt gratitude—after all, wouldn't you feel endlessly relieved knowing you've secured the best of care for your loved one?—you might want to send Hamaspik HomeCare an appreciative lunch.

Specifically, over ten pizzas from a local kosher shop, and with every available topping.

"How am I supposed to eat ten boxes of pizza?" Mrs. Yagudaev jokes.

A daughter called the agency the day before about her catering plans.

She was grateful about her mother's current arrangement, elaborates Mrs. Yagudaev, "because she's getting care from people who really love and care about her." ★

Summer Allergies for Seniors: Nothing to Sneeze At!

Allergies prevalent when summer is in full bloom are no fun for anyone. But for seniors, summer allergies are not only debilitating but also run the risk of misdiagnosis and mistreatment. So let's breeze through summer-allergy basics for seniors here, with an eye not just on treatment but also prevention.

First, let's define *allergies*: An allergic response occurs when the immune system identifies pollen or other natural outdoor trigger as an invader. It then activates cells to release *histamine* and other chemicals to help clear the invader by creating symptoms like runny nose, nasal congestion and teary eyes.

However, more-serious allergy symptoms can strike the airways and lungs, asthma-like—including coughing, wheezing, and chest tightness. These asthma-like symptoms can be especially problematic for seniors, for two reasons: 1. Difficulty breathing freely and 2. Misdiagnosis by doctors as part of something much greater, or part of an existing condition—leading to bigger issues like chronic illness.

That's why it's important to treat seniors' summertime allergies quickly and effectively.

TREATING, AND PREVENTING, SENIOR ALLERGIES

If you've had allergies before, you probably know how to self-diagnose. But if you haven't, you're not alone; many adults first develop allergies in their later years. This is due to *immunosenescence*, or aging of the immune system.

In fact, most common allergy-relief drugs are not recommended for people over 65, because such antihistamines can increase blood pressure and interact with other medications to cause severe side effects.

So what should seniors do? Reduce allergic reactions in the first place! This is accomplished two ways: controlling your environment and boosting your immune system. Here's how:

1. Clean your home. Vacuum and dust at least weekly during spring and summer.
2. Use air conditioning. Keep windows closed to keep home 68-72°F and

allergen-free.

3. Change clothes, wash hands. Upon reentering home, change your clothes, toss them in the wash, and soap your hands—this will help keep any pollen from touching your face.
4. Research area pollen levels. Weather reports will also note particularly-high pollen levels, so you can avoid going outside or take extra care.
5. Eat vitamin C-rich foods, which help fight inflammation. Ginger, walnuts,

apples, and green, leafy vegetables also help counteract allergies.

6. De-clutter! Dust-collecting unneeded items can ultimately trigger allergies.
7. Use a dehumidifier. Mold—which thrives in moisture—commonly causes allergies. ★

Call Hamaspik HomeCare at 845-503-5700 to see if you or your loved one qualifies for a home health aide (HHA), which helps provide a better quality of life—including reduced allergies.

WHY STRUGGLE ALONE WITH CARING FOR YOUR ELDERLY LOVED ONES?

Call today to see if they qualify
for home care!

Call Hamaspik HomeCare's
Intake Dept. directly at

845-503-0700



בס"ד

"Thank You, Hamaspik HomeCare"

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