



The Hamaspik Gazette

News of Hamaspik
Agencies and
General Health

DECEMBER '22 • ISSUE NO. 206



GAZETTE SURVEY

The GAZETTE asks YOU:

DID YOUR CHILD(REN) GET HEAD LICE THIS YEAR?

A: YES; B: NO

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



HEALTH STAT

SOME LOUSEY NUMBERS

Yearly U.S. infestations in children three to 11	6-12 million
Yearly (est.) cost of U.S. head lice infestations	\$1 billion
Yearly school days lost by U.S. children due to head lice	2.74 million

Source: U.S. Centers for Disease Control and Prevention (CDC), CareSpot Urgent Care



HEALTH TIP

DON'T LET HEAD LICE GET TO YOUR HEAD

Head lice have to be on someone else's head to get to your head—so to help stop the spread of head lice, which primarily strike schoolgirls, teach your girls to avoid touching their heads to other girls' heads, denying lice the chance to cross over.

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CEMENTING A RELATIONSHIP WITH A COMMUNITY

HAMASPIK FOUNDER MEYER WERTHEIMER (FAR RIGHT) SURVEYS THE CROWD AND SCENE AS A COMMUNITY LEADER LENDS A HAND IN CEREMONIALLY LAYING THE FOUNDATION FOR THE HAMASPIK RESORT'S EXPANDED NEW FACILITIES



THE MIKVAH (THE 'SPIRITUAL HYGIENE POOL' COMMON IN HAMASPIK'S CONSITUENT COMMUNITIES) BEING BUILT HERE WILL ADD YET ANOTHER CRITICAL TOUCH OF FAITH-BASED FAMILIARITY TO THE RESORT'S FUTURE GUESTS

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NYSHA Inc.
Published and Copyrighted December '22
1 Hamaspik Way
Monroe, NY 10950

Services Provided by NYSHA AGENCIES

OPWDD SERVICES

INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA)

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

INDIVIDUALIZED SUPPORT SERVICES (ISS)

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

HOME FAMILY CARE (HFC)

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

DAY HABILITATION (DH)

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

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

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

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

The Worth and Dignity of Gainful Labor

Care Manager Fights for, Secures Life-Affirming Real Job at a Real Company for High-Functioning Individual

Our story here begins with an employee: a highly-qualified, highly contributive and otherwise very valuable Tri-County Care employee.

The story of that employee, a Care Manager who prefers anonymity, begins with his own background in the field of special needs. While he's been at Tri-County Care since the summer of 2021, he came with a wealth of experience.

For a good few years, the gentleman worked as a “para” (short for para-professional) in a large school geared exclusively for children with intellectual/developmental disabilities (I/DD). There, the gentleman worked one-on-one with students with special needs, helping them achieve their goals and assisting teachers and therapists in achieving said. He also worked as a Direct Support Professional (DSP), or one-on-one staff member, for a community disability services agency.

Since the gentleman moved up to his new career as a Care Manager at Tri-County Care, he has made his mark as an effective and involved advocate for the individuals on his caseload.

Finally, the gentleman is also a personable fellow with very good communications skills—harboring and deploying natural talent at conflict resolution that is informally called upon from time to time to help fellow employees get along. “He’s very good,” confides one Care Manager Supervisor, “at making everyone happy.”

Put that all together and you get one terrifically superlative advocate for people with special needs—especially when it comes to one specific very high-functioning person who, more than anything else, seriously needed that great job. Read on.

THE JOB OF GETTING A MAN A JOB

As mentioned, the individual in question on this Care Manager’s caseload is a very high-functioning person. One would never know that he had any disability.

As a child and adolescent, a medical issue prompted his schooling outside of the mainstream. But with devoted parents working very hard over those years, the young man today is in a post-

high school program very much in the mainstream. As a young adult, he was functional enough to serve as a volunteer community event coordinator—so much so that he earned a reputation for logistical talent. By the time he arrived at Tri-County Care, he actually was holding down menial blue-collar employment. But his aforementioned Care Manager, considering his performance capacities, felt that he could have a much better, more rewarding and more fulfilling white-collar career.

And so the Care Manager set out to get the young man a most unique job opportunity—doing for others what others, primarily his parents, had done for him.

The job in question involves public health services—a paid desk position within a local community nonprofit. There, inquiring and qualifying community members are assigned a dedicated navigator who assists in procuring all available public health services. (For privacy, the gentleman’s name and employer are being withheld.)

Care Manager and individual first sat

down to collaborate over what became the perfect resume. With that done, attention was turned to collecting all documentation necessary to apply for the job. After that, the young man was all but hired. Training shortly began.

For the next two months, the Care Manager and the gentleman showed up at the worksite, with the Care Manager proceeding through a veritable checklist of job duties to explain what the workplace expected. “The Care Manager gave him the confidence to move ahead,” says the aforementioned Care Manager Supervisor.

When first presented with the job offer, the young man reacted with something to the effect of: “I was also serviced, so I feel that since I know what it’s like to be on the receiving end, I’d make a good service provider, too.”

“It really expresses Tri-County’s mission of helping people integrate into the community,” the Supervisor adds, asked for the most rewarding part of the entire process. “What’s the greatest thing a person can do other than setting up an individual for life?” ★

● ► HEALTH NEWS

Coming to the U.S.: Technology That Scans the Eyes for Risk of Heart Disease

Auckland, New Zealand — The eyes are the windows to the soul, goes the ancient wisdom.

But now, with new eye-scanning technology soon coming to the United States, they may also be windows to the health of the heart.

The technology, already in use in New Zealand, is called ORAiCLE. It is a hardware/software system consisting of a retinal scanner backed by an artificial-intelligence (AI) software program.

The retinal scanner first takes high-resolution images of each eye’s *retina*, the back layer of the eye that converts images (light) into electrical signals to the brain that allow people to see.

The ORAiCLE AI software then analyzes those retina images, specifically looking at subtle details in blood vessels and pigmentation (color) to identify and assess the patient’s risk of stroke or heart attack over the next five years.

Toku Eyes, ORAiCLE’s New Zealand-based maker, already has some ORAiCLE systems in use at diabetic screening



LOOK INTO A MAN'S HEART, ALMOST LITERALLY: NEW TECH DOES A CARDIAC CHECK VIA EYES

services across the country’s private and public sectors. The software can also analyze retinas for risk of diabetes.

The company is now planning on bringing ORAiCLE to the United States.

According to reports, it will eventually be released as a “wellness device,” not an official medical device that would require the typically-lengthy FDA clearance process. Additionally,

because using a retinal camera and AI software requires minimal training, the company argues that ORAiCLE will be more cost-effective and accessible.

“By looking inside the eyes, we get an in-depth view of what is happening inside the entire body to better assess the risk factors of each individual and identify high-risk individuals before their condition worsens,” said Toku Eyes co-founder and CEO Ehsan Vaghefi in an announcement. “Our goal is to make health screening simple and easy to access for the entire population so we can get in front of underlying health risks and improve patient outcomes.”

Toku Eyes hopes to be at more than 1,500 locations across the U.S. by 2025. ★

Hamaspik Gazette

Published and Copyrighted December '22 by:
NYSHA, Inc., 1 Hamaspik Way, Monroe, NY 10950
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Postmaster: Return service requested
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Happening in Health Today



VIRTUAL ROBOTIC LIMBS FEEL REAL TO USERS, RESEARCHERS FIND

Tokyo, Japan — Research teams at the University of Tokyo have developed a virtual robotic limb system which can be operated by users' feet in a virtual environment. After training, users reported feeling like the virtual robotic arms had become part of their own bodies.

The joint study focused on the perceptual changes in participants' brains, with an eye towards eventually building real-life limbs to aid people with physical disabilities such as missing hands, arms, feet or legs.

For now, however, the research focused on what happens to the brain when it believes its body has more than four natural limbs. Researchers created a sort of computer game in which users used foot pedals to control two extra arms besides their existing natural two arms—with the goal of learning more about *brain plasticity*,



HAND IT TO THEM: JAPANESE RESEARCHERS CREATED A ROBOTIC LIMB USERS CAN FEEL

or the brain's ability to alter and adapt to external and internal changes.

The team also found that participants' *peripersonal space*, or

area around one's body perceived as personal space, extended to include the area around the virtual robotic arms. ★

HEALTH SURVEY LINKS LONGER LIFE WITH BETTER ABILITY TO STAND ON ONE FOOT

Rio de Janeiro, Brazil — Maybe flamingos—the colorful birds famous for inexplicably standing on one leg—are onto something, you may be thinking now. That's because a group of Brazilian researchers have found that *older people longer able stand on one leg* are also likelier to live longer lives.

More specifically, the research found that older adults who could not hold a one-legged stance for ten seconds had nearly twice the risk of death over those who could in the next seven years.

Researchers reviewed data on just over 1,702 adults ages 51 to 75, who participated in a survey begun in 1994. From 2009 to 2020, participants had annual checkups—which included standing on one leg for ten seconds without additional support.

The study, by the Clinimex Medicina do Exercício in Rio de Janeiro, Brazil, was published in the *British Journal of Sports Medicine*.

Researchers found that after seven years, 17.5% of those unable to stand

passed away, while only 4.6% of those who could did.

NOW THERE'S AN APP FOR TYMPANOMETRY, TOO

Seattle, Washington — Researchers at the University of Washington (UW) have invented and tested a portable tympanometer that runs off a smartphone.

The tympanometer, an ear-testing device first used in the early 1970s, was huge and heavy at first. While today's tympanometers are comparable to office desktop phones, they're still not quite mobile. But the experimental device now developed by UW consists of a hardware box slightly larger than a smartphone, a connected tube that goes in the patient's ear, and custom software for the phone. The software runs the hardware—including the tube, which uses air pressure and sound to test the eardrum for healthy function.

In a comparison study on 50 children, smartphone device results were similar to standard device results in 86 percent of cases.

The low-cost, light device could

possibly benefit undeveloped areas where heavier, more delicate tympanometers are less available.

SKIN CREAM HELPS HALT IMMUNE-SYSTEM ATTACK IN VITILIGO PATIENTS

Wilmington, Delaware — There are a number of conditions caused by the body's immune system attacking various body parts—like multiple sclerosis (MS), in which the immune system attacks the nerves, or vitiligo (vih-tih-LIE-go), in which the immune system attacks the skin.

In such autoimmune diseases, immune-system cells—which normally attack and kill invading viruses—attack healthy body-part cells. But in recent years, medicine has learned how to disrupt, reverse or even prevent immune-cell attacks with increasing success.

One such example is Opzelura, a skin cream for vitiligo made by biotech firm Incyte. In vitiligo, patients typically experience loss of pigment or natural color and resulting white patches, most often in the skin of the face, hands and

feet. Opzelura works by suppressing immune cells attacking skin cells.

Opzelura is the first such cream-based immune treatment FDA-approved for patient use at home.

TWENTY-YEAR SURVEY UNDERSCORES HIGHER POTASSIUM/LOWER BLOOD PRESSURE LINK

Amsterdam, Holland — Food containing salt increases body sodium levels. Increased sodium levels increase blood pressure. Increased blood pressure increases heart-disease risk. Hence, more salt, more heart-disease risk. Less salt, less heart-disease risk. And more salt-reducing potassium, less heart-disease risk.

That's the medically known fact affirmed once more now by a near-20-year tracking survey of about 25,000 British adults.

The survey found that people with the highest potassium intake had a 13 percent lower risk of heart-related problems compared to those with the lowest intake.

Potassium helps maintain healthier blood pressure by helping the body excrete more sodium. According to authors of the study, published recently in the *European Heart Journal*, high-potassium foods include fruits and vegetables like bananas and avocados, as well as salmon and other fish.

NEW GENE THERAPY MAY TREAT HEMOPHILIA B LITERALLY IN ONE SHOT: STUDY

London, England — In hemophilia B, low levels of the factor IX (FIX) protein in the blood causes bleeding risk. Currently, "B patients" can regularly inject synthetic FIX proteins to keep FIX levels good.

But now, an experimental genetic treatment may just mean that "Shot one, you're done!"

Hemophilia is a genetic condition in which the blood has reduced ability to clot, which can cause severe bleeding even at slight injuries. There are several types; some 85 percent of cases are of Hemophilia A.

But now people with the rare hemophilia B could find their bleeding risk dramatically reduced with just one injection of an experimental gene therapy, a new study reports.

In a trial on ten patients, University College London (UCL) researchers found that a new gene therapy called FLT180a led to sustained production of FIX protein in nine of them. In fact, after 26 weeks (5.5 months), five patients still had normal levels of FIX protein. ★

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: 76 Columbia Avenue
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HAMASPIK
CENTER FOR HUMAN SERVICES
המספיק
מרכז עזרה לצרכי הציבור

● ► HAMASPIK NEWS

The Sweetest of Summer Experiences

Hamaspik Camps Gives Youth With Disabilities, and Their Parents, Seasonal Respite from Sweltering City Life



DINING FINE: REGAL PRE-SHABBOS TABLES



LINE IN THE SAND: MAMTAKIM CAMPERS MAKE IT CLEAR WHERE THEY STAND ON SUMMER FUN



TEAM BUILDING: A BOX WALL RISES HIGH

How sweet it is!

But we're not just referring to the name of the camp, which translates to sweets or candies. You see, Camp Mamtakim—the summertime respite program “disguised” as a camp and run by the New York State Hamaspik Association (NYSHA)—isn't just sweet because of its appellation. It's positively irresistible because of the precious and irresistibly sweet young people with special needs who attended it.

Camp Mamtakim ran this summer for on the sprawling grounds of the Hamaspik Resort, NYSHA's lovely rural complex in upstate Rock Hill, New York.

In attendance at that facility, a former hotel, were children and even young adults with intellectual/developmental disability (I/DD) serviced by the Hamaspiks of Orange and Rockland Counties. Simultaneously, Hamaspik of Kings County hosted its own grand and well-planned summer overnight camp program at its own Catskills region location, giving a wide swathe of its beneficiaries a rollicking and stimulating experience.

For close to two months, dozens of campers of all ages were lovingly supported and tended to by a small army of caring counselors. Drawn heavily from the ranks of community girls' high schools, the counselors—who worked one-on-one with many campers—exhibited exemplary compassion and attentiveness as they vindicated a rigorous vetting process that left Camp Mamtakim at the end of the day with superlative staff members.

For the summer of '22, the theme of Camp Mamtakim revolved around the repeated number 2. Complete with



“KNEAD”-Y: A CHALLAH-BAKING SHOP

a professionally-designed airplane-centered logo on posters and t-shirt alike, the slogan of “Summer '22: Travel 2gether 2see the world” was seen everywhere.

Getting the theme of travel off the ground (pun definitely intended) was the order of the day right out of the gate, as Day One of camp featured an airport security-style gateway through which campers had to pass before they could “board the flight to a summer of fun.” Some counselors were even dressed as uniformed flight attendants to welcome the “travelers” as they “cleared security.” Said “passengers” then posed for headshots behind a giant airplane cutout that framed their smiling faces in the passenger jet's “windows.”

In terms of fun, only the sky was the limit after that.



MAGIC MOMENT: AN ILLUSIONIST PERFORMS

Countries from Japan to Iran and states from Colorado to Maryland were represented as themes of various days, on which campers and counselors alike engaged in activities linked to those locations. Japan involved making and eating sushi, in case you were wondering, while Iran was rebranded as its ancient Persian Empire forerunner, backdrop to the biblical Scroll of Esther.

From as near as Manhattan to as far as Antarctica, and from the fictitious Disneyland to ancient Egypt and the defunct Babylonia, Camp Mamtakim spent its summer figuratively traveling not just around the United States and world but throughout history and across the Jewish calendar.

Not only that, but one entire day was dedicated to track and field races and games in which the entire camp was divided into two competing and color-

themed teams. (That phenomenon, actually common to community summer camps, has been known for decades now as “Color War.”)

Here, most dubiously, Camp Mamtakim was split into Teams Russia and Ukraine.

For purposes of international diplomacy, preventing a regional war from rapidly escalating into a complex global geopolitical conflict, and the immediate safety and security of the United States and her citizens, including a harmless summer camp in upstate New York, the results of that Color War remain highly confidential top secret intelligence information restricted from publication until further notice.

But the Camp Mamtakim season was also peppered and otherwise punctuated with non-travel-themed activities. These included: several group dance lessons, window decorating and painting, a magic show, a bubble show, a mock wedding, a salon session, a portrait session with a professional photographer, regular daily swimming in the indoor pool, a petting zoo, a carnival, a major play, a paint battle, a pajama party, a bonfire, a surprise party for one camper's birthday, arts and crafts, and even a “graduation” ceremony.

“They're all anxious to come back,” says one top staffer, asked if her counselors and staff—handpicked for their heart despite dearth of special-needs exposure—were changed by their summertime jobs. “They had a really nice experience.”

In fact, she adds, they're counting down the month until next year.

How sweet is that? ★

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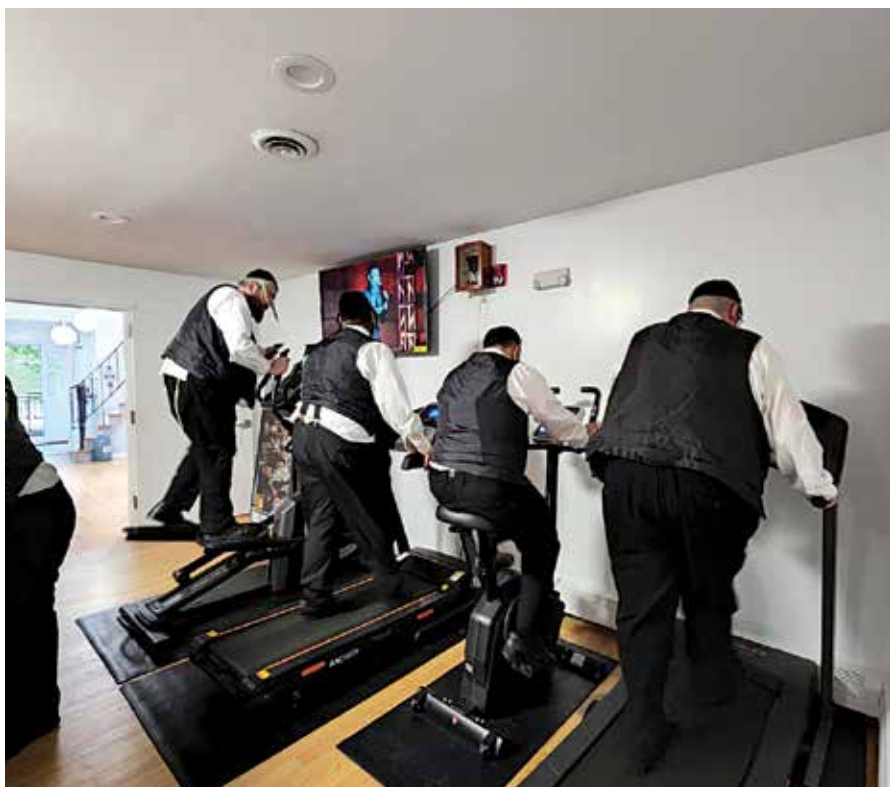


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An Exercise in Exercise



BEFORE... AND DURING: FOUR RESIDENTS AT HAMASPIK OF ROCKLAND COUNTY'S CONCORD BRIDERHEIM GROUP HOME (TOP) MAKE THERAPEUTIC GOOD USE OF THE STATE-OF-THE-ART GYM NEWLY INSTALLED ON THE PREMISES (BOTTOM), MAKING GOOD HEALTH RIGHT AT HOME

Only the Best Will Do

Yom Tov in the group homes is just like Yom Tov in any other Yiddishe home—but with the Hamaspik difference

Every magnificent Yom Tov in a Hamaspik of Kings County group home is a carefully and beautifully planned experience. The team works tirelessly, with preparations starting months in advance of the Yom Tov itself.

“It’s not just about Yom Tov,” says Mr. Cheskel Fisher, IRA director. “Our approach to everything related to the group homes is that the individuals deserve to live in a home setting as close as possible to a regular home with a family. By Pesach we get the best matzos, and *mehudar* Erev Pesach matzos for the seder. On Sukkos, the sukkah is beautiful, *mehudar*, decorated. On Shavuot we provide the most incredible *milchige* delicacies. They shouldn’t have any less of a Yom Tov than anyone in their own home.”

Preparing for Yom Tov on such a high standard isn’t without time and effort. Details that are worked on include finding suitable and available heimishe staff to spend Yom Tov in the home, preparing a menu that

is as festive as it is delicious, and coordinating the various logistical details – different depending on the Yom Tov.

Each individual’s needs and preferences are taken into account during every step of the preparations. Favorite foods are lovingly prepared and each individual is outfitted with a beautiful new wardrobe that they helped pick out themselves. And of course, staff juggle individuals’ regular health needs throughout the hectic pre-Yom Tov hustle and bustle.

Staff also work hard to involve the individuals in the prep and to create a festive atmosphere in the home in the days leading up to the Yom Tov. Sukkos means crafting decorations, and Purim finds them preparing costumes and shalach manos.

“For these individuals, this is their home and we are their family, and we do everything to give them the most beautiful and memorable Yom Tov experience” Mr. Hershel Wertheimer, Executive Director at Hamaspik of Kings County, sums it up. ★

Exercising the Right to Better Fitness

Hamaspik Rockland’s Concord Briderheim Installs—and Uses—In-House Gym

At the Concord Briderheim Individualized Residential Alternative (IRA), fitness is afoot.

Under the leadership of Home Manager Mr. Zalman Kepetch, new exercise equipment was recently purchased and set up at the Hamaspik of Rockland County men’s group home.

Set up in, and transforming, a cozy corner of the home’s large living room, the on-site mini-gym consists of an elliptical, a stationary bike, and two trendy treadmills.

Concord’s team of Direct Support Professionals (DSPs) works with the men regularly to help them build cardio fitness, lower blood pressure, maintain a healthy weight and improve stamina.

The new gym at Concord is actually part of a bigger Hamaspik of Rockland County residential health effort now active in three group homes: Concord,

Wannamaker, and Airmont.

The reason for the additions is that with residents’ natural aging comes greater need for more-proactive regular health maintenance. In fact, staff report that they have indeed seen physical health improvements among residents since the gyms were set up in the group homes.

The health-driven gym programs in all three homes are largely guided and informed by Hamaspik of Rockland County’s IRA Nurses team.

One individual has lost quite a bit of weight, reports one nurse. “When we took him to a regular doctor visit,” she says, “the doctor wrote in his notes, ‘Wow!’”

Given that DSP staffers are now making it a near-daily routine of supporting their individuals as they hop on the new bicycles and treadmills, more such wows may be all but expected. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

Road-Tripping Hamaspiik Group-Home Family Rides RV to Canada and Back

Summit Briderheim Enjoys Fully-Equipped Home on Wheels

When taking a scenic trip up north with your family, remember to bring along your family.

That is, your Hamaspiik family.

At Hamaspiik of Orange County's Summit Briderheim (and every Hamaspiik home, for that matter), the word "family" includes Managers and staff, not just the residents. With Managers' live-in staff, and their biological children, and residents growing up together, seeing themselves as one big family is only natural.

And so, that whole Summit Briderheim family packed up their ample gear and bundled into a spacious but easily-drivable rented RV to hit the road, destination Quebec.

You'd be surprised how comprehensive the creature comforts built into your average RV are—a fact fully maximized during Summit's travels. A sizable shower kept the children neat and clean. A built-in range, oven, microwave and fridge kept fresh food cooking. And with built-

in beds front and back, and table and couch converting to two more, everyone slept surprisingly well.

Summit's Manager, no stranger to rolling recreation, insists that slow's the way to go when taking an RV trip. And so, on a jaunt from Central Valley, New York to St. Adolphe d'Howard, Quebec, the Manager/driver made sure to stop plenty of times to smell the flowers and otherwise enjoy several lovely parks on the way—departing the Hudson Valley Sunday afternoon and arriving at their bungalow-colony destination Tuesday evening.

There, they spent the next two days enjoying the company of fellow vacationers of all ages, mingling with adults and children alike who showered them with attention and respect. Also while in Canada, the group visited the famous Mont Tremblant outdoor recreational area.

The trip was so inspirational—and will be remembered for quite a while. ★

Group-Home Families Remember and Hope

Parents, Siblings of Residents at Hamaspiik Orange's Catherine Briderheim Meet for First Time at Memorial Event

Parents of residents at Hamaspiik of Orange County's Catherine Briderheim IRA group home recently enjoyed a unique joint event: the conclusion of the study of one volume of the Mishnah, the compendium of Jewish law. Doing so is considered a boon to the souls of departed loved ones.

But at the same time, those same parents, and quite a few siblings, met in person at an informal convention for their very first time.

The combination *siyum*, as it's called, and gathering was held at Hamaspiik of Orange County's social hall, complete with catering, speeches, and a live band. It was also one of the first events in that hall since before the pandemic.

The day had actually begun with parents visiting the Briderheim. They enjoyed the young house and its equally-new décor, interior design and architecture. After that, the *siyum* and accompanying celebration was held at Hamaspiik's hall.

The event was highlighted by a powerful speech by one father, a widower in whose dear wife's memory the *siyum* was conducted in part, with resident David triumphantly concluding it. Also speaking was local synagogue leader Rabbi Solomon L. Weinberger, who hailed the home's residents for adding much to his post's atmosphere.

Hamaspiik of Orange County Executive Director Moshe Mendel Wertheimer welcomed each set of parents, also lavishing praise on home's co-Managers Mr. and Mrs. Yermi Tessler for their superlative work. Mr. Wertheimer also presented the Tesslers with a surprise gift from one of the resident's parents, demonstrating their appreciation for the Tesslers' devotion and dedication in caring for their loved one.

Nothing is as painful as losing loved ones. But nothing is more hopeful than marking their passing as you celebrate your loved ones' future. ★

A Ride to Remember



“VIEW”—HOO! EXPRESSIONS OF ELATION ARE THOROUGHLY APPROPRIATE HERE AS RURAL QUEBEC'S NATURAL LANDSCAPE ELICITS WHOLESOME JOY FROM SUMMIT'S TRAVELING BOYS

Past, Present and Future



TRIBUTE: THE GREATER CATHERINE BRIDERHEIM FAMILY GATHERS AT THE HAMASPIK TERRACE HALL (T), WHERE CATHERINE RESIDENTS (L) SHARE THE LOVE AND SINGER CHAIM BLUMENFELD SHARES A MOMENT WITH ONE OF THE RESIDENTS (R)

The Autism Update

News and developments from the world of research and advocacy

AUTISM-LINKED MUTATION DISRUPTS BRAIN CIRCUIT TO CHANGE SOCIAL BEHAVIOR

Memphis, Tennessee — One genetic mutation commonly associated with autism, due to its common appearance in individuals with autism, is known as SHANK3. It's been researched in several studies.

But now, a new study of lab mice at the University of Tennessee Health Science Center finds that SHANK3 disrupts a brain circuit that is linked to social behavior. The finding may help explain at least some of the social deficiencies common to individuals with autism.

The social-interaction difficulties that characterize autism arise from altered communication between different parts of the brain, past research suggests. Some findings homed in on overactivity between the *prefrontal cortex*, which regulates social activity, and the *basolateral amygdala*, which has a part in learning about rewarding or unwanted outcomes. That overactivity seems to decrease sociability in wildtype mice, research found.

PEOPLE WITH AUTISM AND TUBEROUS SCLEROSIS COMPLEX LIKELIER TO HAVE INTELLECTUAL DISABILITY

Melbourne, Australia — Researchers at Australia's Royal Children's Hospital in Melbourne have found that children who have autism spectrum disorder (ASD) plus tuberous sclerosis complex (TSC) are more likely to have intellectual/developmental disability (I/DD).

Tuberous sclerosis complex is a rare genetic condition that causes mainly non-cancerous (benign) tumors to develop in different parts of the body.

The 34 studies covered some 3,100 children with TSC, including just over 300 who also had autism.

"Early intervention should consider the needs of children with a high likelihood of intellectual disability," the study said.

"Research is needed to better understand the impacts of intellectual disability and other co-occurring difficulties on adaptive function, participation, and quality of life in TSC-ASD," the study concluded.

POTTERY BARN LAUNCHES LINE OF DISABILITY-ACCESSIBLE FURNITURE

San Francisco, California — Major national furniture retailer Pottery Barn has now introduced "The Accessible Home."

The new selection is a range of chairs, tables, bathroom vanities and other items all specially designed to accommodate people with disabilities.

Many of the items in the line-up are existing items simply tweaked to be more accessible, while others are brand-new.

For example, some chairs have been adapted to offer a lift function while some tables, desks and other items have been adjusted to the height most appropriate for a wheelchair user.

Other items include grab bars, non-slip rugs, unbreakable plates, adjustable beds, and pivoting mirrors.

According to Pottery Barn, the 160-piece collection is the first of its kind from a home retailer.

Products that are part of "The Accessible Home" are now available on Pottery Barn's website and at select stores.

STUDY: KIDS WITH AUTISM MAY NOT ALWAYS "SEE" BODY LANGUAGE BECAUSE THEIR BRAINS DON'T

Rochester, New York — Researchers at the University of Rochester Medical Center now have a better idea why children with autism tend to be oblivious to body-language cues of others: because their brains may not always process body movements effectively, especially if they are distracted by something else.

Researchers used electroencephalograms (EEGs) to record the brain waves of children with and without autism while they watched certain videos. The videos consisted of colored dots arranged to form a stick-figure "person" who then "ran," "jumped" or otherwise "moved."

Participants (ages six to 16) were asked to focus either on the dots' color or their movement.

Researchers found that in children with autism, if they were focused on the dot color, their brainwaves did not process the dot movements.

UNITED STATES GOLF ASSOCIATION (USGA) HOSTS FIRST CHAMPIONSHIP FOR GOLFERS WITH DISABILITIES

Pinehurst, North Carolina — Anybody whoever might have said that people with disabilities can't play the game of golf might have felt rather excluded this summer.

That's because the USGA hosted its first U.S. Adaptive Open Championship at the Pinehurst Resort and Country Club in Pinehurst, North Carolina.

The golf tournament, played by golfers with physical and other disabilities from around the world, was won by Simon Lee, 25, a pro golfer from Yongin, South Korea. Mr. Lee, who has had diagnosed autism since the age of three, rarely speaks in complete sentences.

The event drew some 96 players in eight different categories of disability, from 29 U.S. states and 11 countries and ranging in age from 15 to 80. They "drew plenty of inspiration from one another," stated an official USGA press release, "while providing anecdotes and stories that made an impact on championship officials, volunteers, spectators and observers across the game."

The largest group of competitors was in the age 41-60 range. Florida State, at 11 competitors, supplied the most golfers of any U.S. state. ★

MARYLAND SIGNS LEGISLATION TO HALVE STATE WAITLIST FOR AUTISM SERVICES



CHANGING THE AUTISM HORIZON: LEADERSHIP AT MARYLAND'S CAPITOL, SHOWN HERE, ENACTED A FIRST-IN-THE-NATION AUTISM LAW

Annapolis, Maryland — Maryland Governor Lawrence J. Hogan Jr. recently made autism public-health history in signing into law state bills SB636 and Chapter 464.

Commonly referred to as the "End the Wait Act", the legislation calls for Maryland to develop a plan to cut the

waitlist for the state's Autism Waiver in half by fiscal year 2024.

"Maryland is putting the needs of kids and families first by enacting the End the Wait Act," stated Stuart Spielman, senior vice president of advocacy of Autism Speaks. "This can be a lifeline for the families that desperately need access to services."

Maryland's Autism Waiver was a first-in-the-nation Medicaid program and aims to keep children safe at home and in the community. The waiver provides a wide array of supports—like day programs and residential services—that many people with autism and their families rely on throughout their lifespan. ★

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Hamaspik Gets Out and About Greater New York to Celebrate the Sukkos Family Spirit

Expressing Holiday Theme of Family Time, Hamaspik Communities Thrill to Spectacular Regional Venues

Nothing says “Sukkos season” more than family outings—which is why, come that fall-time Jewish holiday, you’ll see visibly Jewish people hitting every major regional venue en masse. From parks and zoos from Pennsylvania to Connecticut and from upstate New York to as far as Washington, D.C., you’ll see dozens of Orthodox Jewish families out and about come Sukkos.

With mainstream integration into that community being Hamaspik’s mission, Hamaspik did that once again this past Sukkos.

However, in standard and all-but-expected Hamaspik style, Hamaspik overdid it. Here’s how.



ON A ROLL: DOZENS OF BUSES ARRIVE AT THE AMERICAN DREAM MALL



FOOD FOR THE ROAD: GOODBYE GOODIE PACKS FOR LEAVING GUESTS

MAKING A GREAT PLAY WITH IPLAY

Rounding out the greater Hamaspik family-outing picture, Hamaspik of Orange County—as in, the thousands it serves—visited iPlay America. That vast indoor venue, located in Freehold, New Jersey, had its guests out of the rain and into all sorts of exhilarating family-friendly fun, from rollercoasters to

arcade games and more.

Since its initial opening in late 2011, iPlay America and its family-friendly thrills have become a popular attraction to the Tri-State Region’s sizable Jewish population. That community’s members with intellectual/developmental disabilities (I/DD) are equally substantially serviced by Hamaspik and its growing number of programs in several counties.

Divided across four themed areas, the giant indoor amusement park offered 19 exciting rides and other attractions to the visiting exclusive Hamaspik community.

Excitedly exiting their vehicles in the venue’s parking lot, the community members from upstate New York’s Village of Kiryas Joel and immediate area and beyond joined the crowds heading to the front doors.

Upon entering, guests encountered colorful Hamaspik guest tables welcoming the happy hordes of exclusive-access guests. Caring Hamaspik staff members and their trademark heart warmly and personally greeted each mother and father as they walked up to sign in and get admission wristbands for their parties.

From the exhilarating iPA Speedway go-karting track to the Freedom Rider coaster to the three-story Ballocity ball-play area, the place was hopping with excited children and family members having the time of their life.

The grand outing was planned, supervised and executed by several dozen key Hamaspik personnel, most of whom also attended on site.

Serving again as Hamaspik Orange’s event coordinator was the capable Mrs. Brenda Katina.

“The most satisfying thing is making a Simchas Yom Tov [Yiddish for “holiday spirit”—ed.] for so many families,” Mrs. Katina tells the *Gazette*, asked for the highlight of this year’s Sukkos event. “The highlight was seeing so many smiles”—especially, she adds, with ever-increasing numbers of families affected by disability proudly dismissing an ever-shrinking stigma and “not being embarrassed to go public.”

Actively participating in the coordination of the event were a good few additional Hamaspik staff members, as well as the Monroe-based Squad Security Services.

Parents were most impressed with how well organized the event was, according to the tireless coordinator, what with its convenient and streamlined check-in process right at the front gate. Furthering positive feedback were the dozens of yellow-vested security staff Hamaspik brought in for the event, ensuring that each exit was vigilantly manned to interdict any wandering child.

Longtime Hamaspik stalwart Mrs. C.M. Landau, who also participated in coordinating and assisting with the event, gladly notes that while it was pouring outside, everyone felt the true spirit of the holiday inside. What with Sukkos-themed music playing on the venue’s PA system and an abundance of snacks served, “the best feedback we got,” Mrs. Landau recounts, “was that it felt like one happy family.”

LIVING THE (AMERICAN) DREAM

Over two Sukkos days, thousands of Hamaspik-supported people with disabilities and their family members enjoyed exclusive private rental of the Nickelodeon Universe amusement park.

Located in the sprawling American Dream mall in East Rutherford, New Jersey, Nickelodeon Universe is billed as “the Western Hemisphere’s largest indoor theme park.”

That fact was also the reason Hamaspik of Rockland County secured private usage of Nickelodeon Universe one day this past Sukkos, with Hamaspik

CONTINUED ON PAGE 13 >>

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● ► HAMASPIK NEWS



SKY-HIGH FUN: ENJOYING A FERRIS WHEEL



GROUND RULES FOR FAMILY FUN: A SPECTACULAR HAMASPIK SCENE IS SEEN ACROSS THE VAST INDOOR FLOOR OF THE NICKELODEON UNIVERSE

Hamaspik Gets Out

<< CONTINUED FROM PAGE 12

of Kings having done so the previous day. On both days, dozens of buses, vans and private vehicles alike—all brimming with fathers, mothers, siblings and, of course, individuals themselves—converged on American Dream.

Individuals who reside in Hamaspik numerous Individualized Residential Alternative (IRA) group homes, as well as those living at home but in other Hamaspik programs, joined the fun. With thousands of fellow community members visible everywhere (it was Sukkos, after all), the Hamaspik guests felt right at home as they wended their way to the giant indoor theme park.

Once duly admitted, those parents—and, most importantly, their children with special needs—had the full run of the accessibility-friendly indoor theme park and its 26 colorful rides. With those attractions running the gamut from mild to wild, there was something for every level of function and every age as lines quickly formed at all of

the whimsically-named amusements. Smiles and whoops were heard and seen as smaller children, accompanied by family members, were up, up and away as they took turns 'round the pint-sized Pup, Pup & Away Ferris wheel. Outright shrieks of glee, meanwhile, were shortly broadcasting from the rails of The Shredder, a huge tangle of indoor steel track along which rider-bearing cars simultaneously ride and rotate.

That ride, designed for bigger boys and girls, is billed as “the world’s longest and tallest free-spinning coaster.” (This writer, living life with vertigo, won’t be getting anywhere near it!)

Shredding understimulation to, well, shreds, was the order of the day at that attraction alone, as substantial lines indicating its popularity were seen across both days that the park was rented. Simultaneously, at rides big and small, fast and slow between those two, lines stretched and guests waited to glide, slide, rise, drop, spin and grin and otherwise enjoy moving



TURN FOR THE BETTER: BRAVE HAMASPIK FAMILY MEMBERS ENJOY AN INVERTED VIEW OF LIFE

experiences. From the high-flying Aang’s Air Gliders and Skyline Scream to the easygoing Dora’s Sky Railway and PAW Patrol Adventure Bay, there was something for everyone across the park.

Hamaspik stalwart Avrumi Markowitz, who also serves the community as a member of the Hatzolah volunteer EMT corps, was the point man on the ground for Hamaspik Rockland. Asked how this year’s outing was better or different than previous outings, Mr. Markowitz underscores the venue’s upscale status—and that it was Hamaspik’s

first time there. “It put a smile on everyone’s face!” he says. “Also, it was local, not far,” he adds, making it far easier to stage the logistics of dozens of chartered buses, never mind the fleet of Hamaspik vans.

It had been raining, and sometimes pouring, throughout the day outside, obviating the use of the large outdoor Sukkah hut prepared by Hamaspik in case of dry weather. But that fact didn’t matter as children and teens of all ages, filled with glee, flitted carefree about the indoor park, with parents and siblings looking on with real happiness and satisfaction. ★

● ► PUBLIC HEALTH AND POLICY NEWS

Social Security Payments to Rise Come January 2023

Cost-of-Living Adjustment (COLA) Increase of 8.7% to Monthly Benefits Largest Since 1982

Washington, D.C. — Social Security and Supplemental Security Income (SSI) benefits for approximately 70 million Americans will increase 8.7 percent in 2023, the federal Social Security Administration (SSA) announced this just-passed October.

“Social Security benefits will increase by more than \$140 per month starting in January on average,” read the SSA’s official press release.

While benefit increases will take effect in December 2022, checks for those larger amounts will only begin

arriving in January 2023.

The 8.7 percent cost-of-living adjustment (COLA) will begin with benefits payable to over 65 million Social Security beneficiaries, according to the SSA.

The adjustment—which is expected to help beneficiaries keep up with rising prices—comes following this past September’s Consumer Price Index (CPI) Report.

That report had determined that prices climbed 8.2 percent in the 12-month period that ended in

September 2022.

More specifically, in September, increases in medical care, housing and food were the biggest contributors to inflation’s growth, according to the federal Bureau of Labor Statistics (BLS).

Over the past 12 months, reported the BLS, health care prices rose 6.5 percent, housing prices rose 6.6 percent and food prices rose 11.2 percent.

For 2022, the government had enacted a 5.9 percent COLA, which at the time was the biggest adjustment since 1982.

At the same time, the Social Security *taxable maximum*—the annual income on which the federal government applies the Social Security tax—will rise from \$147,000 a year to \$160,200 a year.

That means that more high-income earners will now be paying Social Security taxes.

At the same time, Medicare premiums are going down for the first time in a decade, “which will give seniors more peace of mind and breathing room,” said SSA Acting Commissioner Kilolo Kijakazi in a statement. ★

Public Health and Policy News

reports about various snags in MA's coverage, bipartisan Congressional lawmakers are calling for more oversight and even reshaping of the program.

At the same time, though, lawmakers underscored general support for the program, which covered about 27 million Americans in 2021 alone—over one third of all Medicare members. By 2030, MA is expected cover half of all Medicare members.

WHITE HOUSE TAPS TOP CANCER SURGEON TO HEAD NATIONAL CANCER INSTITUTE (NCI)

Washington, D.C. — Leading surgical oncologist Dr. Monica Bertagnolli, long affiliated with Boston's Dana-Farber Cancer Center and Harvard Medical School, has been tapped by the Biden administration to direct the federal National Cancer Institute (NCI).

Dr. Bertagnolli, 63, holds the title of Dana-Farber's chief of surgical oncology, with a specialty of treating gastrointestinal cancers. She's also led the NCI since its 1937 founding.

Confirmed by Congress and starting officially in October, Dr. Bertagnolli now leads a \$7 billion agency that funds the lion's share of U.S. cancer research and functions as America's largest biomedical research institute. The NCI is also the largest of the 27 agencies comprising the National Institutes of Health (NIH).

FEDS WARN AGAINST UNSAFE RADIATION IN SOME CONSUMER BRANDS OF DISINFECTANT UVC WANDS

Silver Spring, Maryland — They may sound like cutting-edge high tech



HARDLY A MAGIC WAND: THE FDA NOW WARNS AGAINST SOME UVC PRODUCTS

at its helpful, health-improving best. But stick-like ultraviolet C (UVC) wands, which shine UVC radiation on surfaces to kill or otherwise genetically deactivate any virus or microbe, can be dangerous.

Now, the U.S. Food and Drug Administration (FDA) is warning consumers about the potential risk of injury associated with the use of certain brands of ultraviolet (UV) wands.

"Do not use these UV wands for disinfection because they may expose the user or any nearby person to unsafe levels of ultraviolet-C (UV-C) radiation and may cause injury to the skin, eyes, or both after a few seconds of use," states an FDA press release.

While UVC light-based systems have long been used in hospitals and healthcare settings to disinfect environments, these are largely enclosed in heating/cooling ducts where they "zap" passing air without any human exposure.

DECADES-LONG SURVEY LINKS REGULAR DAILY EXERCISE WITH LESS DISEASE-CAUSED DEATHS

Boston, Massachusetts — One may not think a study's needed to prove a fitness-long life link, but here it is—and one of the largest yet of its kind, too.

Back in the 1980s, medical researchers at Boston's Harvard School of Public Health recruited 100,000 adult U.S. health professionals to regularly respond to a running health survey.

Recruits were first asked to complete an initial questionnaire on their lifestyle habits and medical histories. They then took that questionnaire again every two years.

Current U.S. public health guidelines call for adults to exercise moderately (like walking briskly) 150 to 300 minutes weekly.

The study, published recently in *Circulation*, found that recruits regularly meeting or exceeding daily recommended exercise amounts were up to 31 percent less likely to die of heart disease or stroke, versus their sedentary peers.

The study also found that non-cardiac deaths were also cut by up to 20 percent among regular exercisers.

PIONEERING BRAIN-IMPLANT PATIENT LAUNCHES UNIQUE INDUSTRY FORUM

Columbus, Ohio — The BCI Pioneers Coalition is a tiny new group, founded by trailblazer Ian Burkhart, that consists of permanent paralysis patients who've also had experimental brain-computer interface (BCI) devices implanted in their heads.

According to Burkhart, who lives in Columbus, the BCI Pioneers Coalition is a patient-led grassroots effort by BCI users to focus industry researchers on their experiences.

With the still-experimental systems directly linking their brains to robot arms and hands via middleman computers, roughly three dozen people worldwide can literally control machines with just their minds. Mr. Burkhart, paralyzed from the chest down since a 2011 injury, ultimately learned how to play a guitar-like device with a robot hand controlled by his thoughts.

IMPROVED-PAYMENT INCENTIVE PROGRAM FOR CANCER-CARE PROVIDERS LAUNCHED BY CMS

Washington, D.C. — A five-year pilot program launched by the Centers for Medicare and Medicaid Services (CMS), which oversees those federal healthcare programs, will offer participating cancer-care providers incentives in the form of additional payments if they assist members with additional cancer-care services.

Under the newly-launched Enhancing Oncology Model, those additional services include patient navigation, 24-hour doctor access, care plans, and screening for social needs like transportation and nutritional issues.

The new program is part of a broader effort to achieve a national goal of lowering the death rate from cancer by at least 50 percent over the next 25 years. According to CMS, commercial insurers and state Medicaid agencies will be encouraged to align with the program's core concepts. ★

CONGRESS CALLS FOR MORE OVERSIGHT OF POPULAR MEDICARE ADVANTAGE PROGRAM

Washington, D.C. — Since its 1997 launch, the Medicare Advantage (MA) program has remained highly popular with beneficiaries. Under the umbrella of Medicare, the state/federal healthcare program for seniors, MA attracts members to its lower co-pays and supplemental benefits like vision coverage and telehealth. With MA, Medicare pays private plans a set monthly rate to care for beneficiaries based on those beneficiaries' needs severity.

But more recently, due to watchdog



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In the Know

ALL ABOUT... CROUP

Mayo Clinic, Johns Hopkins,
American Lung Association,
Medscape, Nemours
Foundation

It may sound French in origin.

But the word *croup* (pronounced KROOP) can actually be blamed on the Anglo-Saxon or Scottish languages, which respectively gave us the words *kropan* and *roup*—both of which mean to cry out in a hoarse voice.

That hoarse voice is the primary symptom of croup, the common viral illness that infects the respiratory tract and which primarily strikes children.

And besides, it is easier to pronounce “croup” than another name for this condition: *acute laryngotracheobronchitis*. Try saying that when you go to the pediatrician: “I think my daughter has larry-go-tray-key... uh... whatever. It’s also called croup, isn’t it?”

DEFINITION

Croup is a primarily pediatric viral respiratory tract illness. Plain-English translation: croup is a disease that causes swelling in the upper airways and problems breathing.

With an estimated 200,000-plus cases in the United States per year, croup is considered a common condition. There currently is no therapeutic treatment that prevents the contracting of croup in the first place.

There are two types of croup: *viral* croup and *spasmodic*. Most cases are viral. Both cause the barking cough.

Spasmodic croup, the less-common type, is a type of croup that develops quickly and may happen in a child with a mild cold. The barking cough usually begins at night and is not accompanied by fever.

But now, we’ll define viral croup by summarizing what croup is.

Croup generally affects the *larynx* (the throat’s *voice box* containing the vocal cords) and the *trachea* (pronounced TRAY-key-uh, the *wind-pipe* leading into the lungs). Croup can also extend to the *bronchi* (pronounced BRONG-ky), the large air passages that lead from the trachea to the lungs.

In short, croup is an infection of the upper airway that obstructs breathing

and causes a characteristic barking cough. Children with croup often have a high-pitched “creaking” or whistling sound when breathing in. This is called *stridor*. (Croup’s “barking” sound occurs when breathing out.)

More specifically, the cough and other symptoms of croup result from swelling around the vocal cords (larynx), windpipe (trachea) and bronchial tubes (bronchi). When a cough forces air through this narrowed passage, the swollen vocal cords produce a noise similar to a seal barking. (If you’ve ever been to an aquarium with your children, chances are you know what that sounds like.)

Children who are most at risk of getting croup are those between the ages of six months and three years. Peak incidence of the condition is around 24 months of age.

Croup affects younger children more because they have smaller airways—it takes less swelling in a child’s airway to make it difficult to breathe than it does in an adult’s airway.

Croup also occurs more often in the fall and winter the same way other common respiratory diseases occur more often in the fall and winter. And like those diseases, the increased occurrence is not because there is more virus in the air in fall and winter, but because more people spend more time indoors around other people—and hence increased transmission—during the fall and winter.

While croup typically occurs in younger children, the good news is that croup usually isn’t serious, with most cases treatable at home.

SYMPTOMS

Croup commonly begins like your typical childhood cold: sniffly nose, stuffy nose, sore throat, mild to moderate cough and so on. But if there is enough inflammation and coughing, a child may develop the loud barking cough of croup.

With croup, the cough is often is worse at night, and can be further aggravated by crying and coughing—

which then creates anxiety and agitation and the resulting vicious circle of more crying and coughing.

A hoarse voice, understandably, will be a common symptom, and even fever is not unusual. The child’s breathing may be noisy or labored. Also, the voice can get hoarse enough to the point of *laryngitis*, or losing the voice altogether (albeit temporarily).

Because children have small airways, they are most susceptible to having more marked symptoms with croup, especially if they are younger than age three.

Croup is also known for the symptoms in small children of rapid breathing or *retractions*, in which the skin between the ribs pulls in during breathing.

The good news here is that symptoms of croup usually last for three to five days—and then go away by themselves.

CAUSES

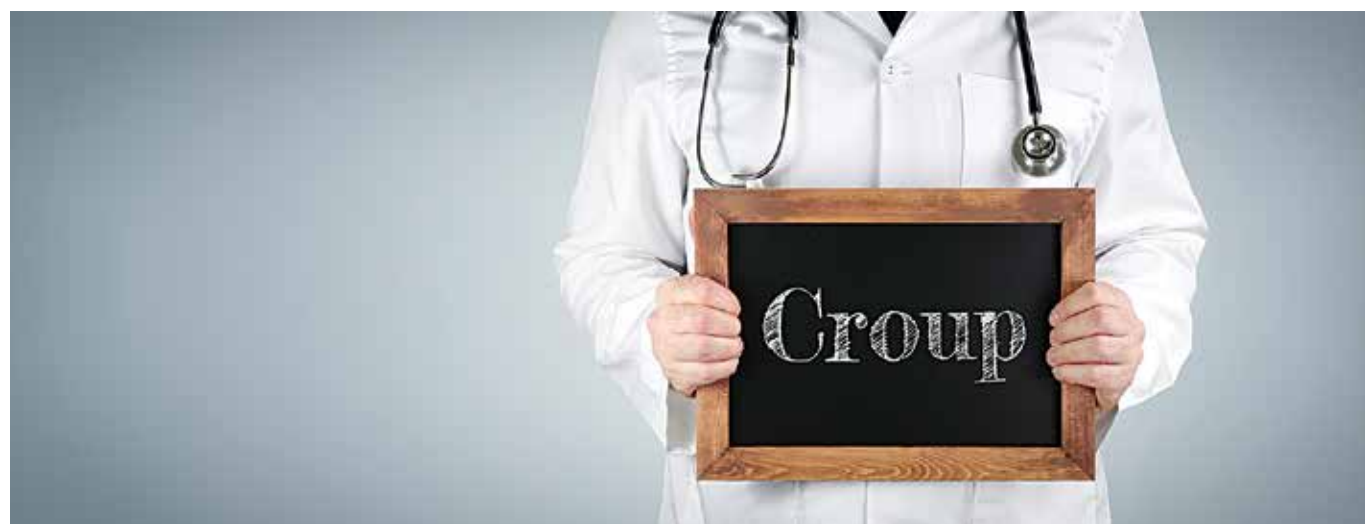
Croup is usually caused by an infection from the *parainfluenza* virus. This virus may be contracted when a child inhaled infected respiratory droplets that were coughed or sneezed into the air by another infected person. Virus particles in these droplets may also survive on toys and other surfaces that were touched by an infected person. Touching those surfaces and then touching the eyes, nose or mouth may lead to a viral infection.

Croup can also be caused by infection by respiratory syncytial virus (RSV), the influenza virus, the adenovirus (which can also cause cold/flu symptoms, bronchitis, pneumonia or conjunctivitis), or any of the enteroviruses.

In rare cases, croup is sometimes caused by bacteria, allergies, or reflux from the stomach.

DIAGNOSIS

Because the symptoms of croup can be mistaken for other conditions or



medical problems, it's always best to see your child's provider for a formal diagnosis.

A pediatrician or competent medical professional can typically diagnose a child with croup by first performing a complete medical history and physical examination, and then observing the child's breathing. The caregiver will next listen to the child's chest with a stethoscope and examine the child's throat.

An X-ray of the neck and/or chest or other such imaging test may sometimes be called for so as to rule out other possible diagnoses. In pretty-certain cases of croup, an X-ray usually will show the top of the airway narrowing to a point, roughly resembling a narrow, tall traffic cone.

In some cases, blood tests may also be needed.

A pediatrician may sometimes also test for amount of oxygen in the blood by using a pulse oximeter, a painless small device placed on a finger that measures that level.

TREATMENT

Every case of croup will be slightly different. Treatment for croup depends on the child's: age; overall health; medical history; how ill he or she is; how well he or she does with medications, procedures, or therapies; how long the disease is expected to last; and your opinion or wishes.

In short, treatment consists of home treatment (which comprises 95 percent of cases) and professional treatment, which will only be required if a few days go by with no improvement.

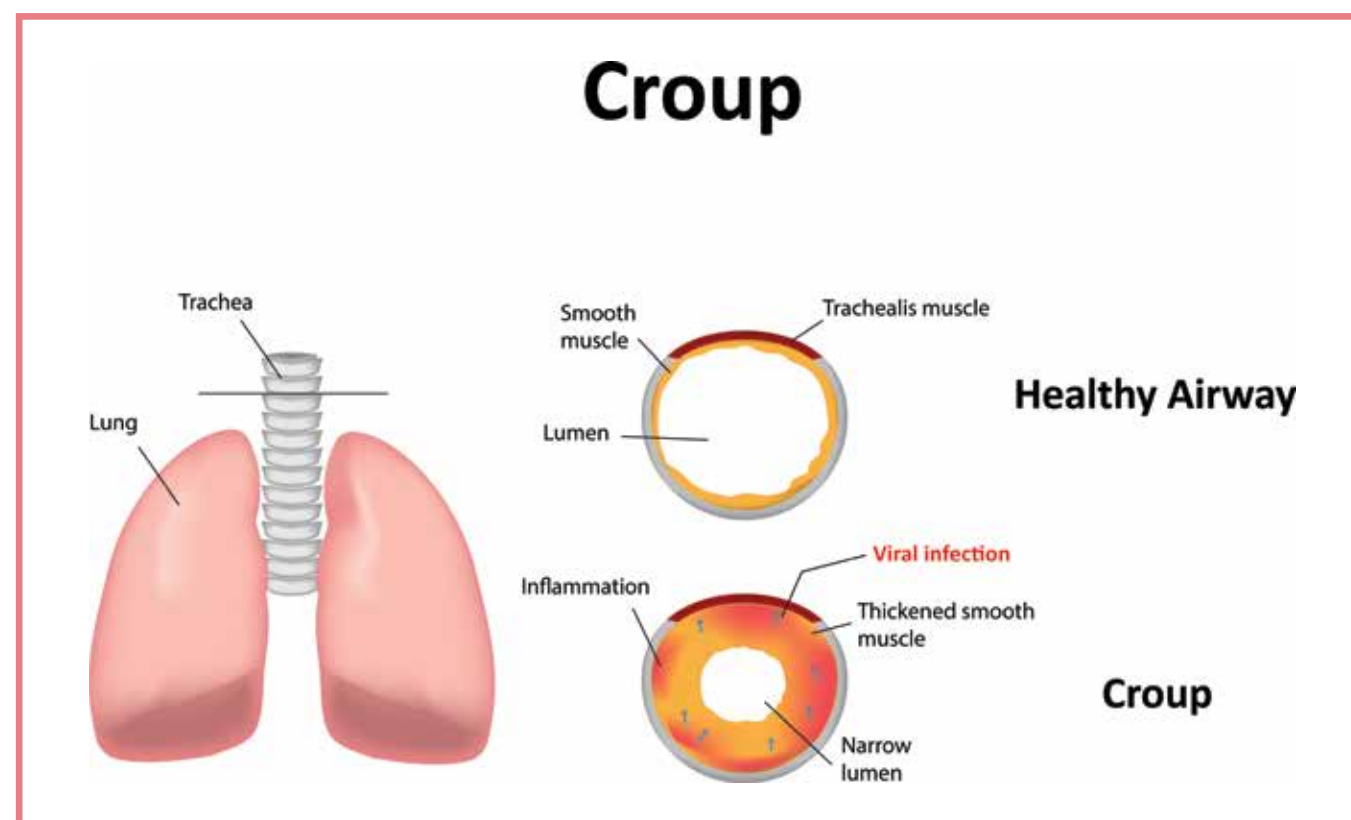
Home treatment

As mentioned, croup is overwhelmingly harmless (despite how scary it may sound), with about 95 percent of cases being harmless and treatable at home.

For such cases, here's what the professionals at Mayo Clinic and Johns Hopkins recommend: Most importantly, first comfort and/or distract your child and keep him or her calm, because crying and agitation worsen airway obstruction. Do so by holding your child, singing lullabies, reading children's books or telling quiet stories. Offer him or her a favorite blanket or toy, and speak in a soothing voice.

Try holding your child in a comfortable upright position. Seat him or her on your lap, or place him or her in a favorite chair or infant seat. Sitting upright may make breathing easier.

Fluids like water, milk or formula may help babies with croup. Soup or frozen fruit pops may help soothe other children.



Rest, naptime and sleep can help your child fight the infection, so encourage that.

Over-the-counter (OTC) fever reducers containing acetaminophen, like Tylenol, can help combat any elevated temperatures. Ask the doctor how much to give and follow the directions carefully.

However, OTC cold preparations aren't recommended for children younger than age two, notes Johns Hopkins—and nonprescription cough medicines don't help with croup, either.

Another important note is to NEVER give aspirin as it can cause a condition called Reye syndrome.

Another measure given honorable mention by Johns Hopkins, even though "there's no evidence of benefit from this practice," is to moisten the air of your child's room. "Many parents believe that humid air helps a child's breathing," reads the Johns Hopkins croup information page. "You can use a humidifier or sit with the child in a bathroom filled with steam generated by running hot water from the shower." According to the Nemours Children's Foundation, this should be done for no more than ten minutes at a time.

Alternatively, you might consider a cool mist room humidifier device, or simply taking your child outside into cool, moist night air. You also can try taking your child for a drive with the car windows slightly lowered.

Experts note that croup's trademark cough may improve during the day—but then return at night. In fact, not only are symptoms often worse at night, they are known to also wake the child from sleep. Symptoms can also improve in the morning but worsen as the day goes on. This is all within "normal range." However, parents may want to sleep near their child or even

in the same room so that they can take quick action if the child's symptoms become severe.

In about three to five days, the symptoms should noticeably fade as your child's immune system progressively conquers that undesirable virus.

However, if symptoms persist beyond that time frame, or if they get worse, or if your child has such preexisting conditions as asthma or other lung disease, it's time to see the doctor.

Professional treatment

Your child's doctor will typically prescribe an anti-inflammatory called a *glucocorticoid*. This drug will help reduce that cough-causing swelling in the airway. The anti-inflammatory usually kicks in within six hours.

The glucocorticoid that is usually recommended is a prescription drug called dexamethasone; it is often used because its effects last up to 72 hours.

Another drug commonly prescribed is epinephrine. It takes effect far faster (which is why it may be ordered by doctors for cases deemed necessary), but those effects usually fade out as quickly as they kicked in.

In severe cases of croup, or if a child is not breathing well, he or she may need to go to the hospital. This is sometimes hard to tell because the disease changes. The child may seem better at one moment, and then get worse the next.

Get immediate medical attention if a symptomatic child:

- Makes noisy and/or high-pitched breathing sounds both when inhaling and exhaling
- Begins drooling or has difficulty swallowing
- Is dehydrated (signs include a dry or

sticky mouth, few or no tears when crying, sunken eyes, thirst)

- Seems anxious and agitated
- Is fatigued and listless, meaning, is very tired or sleepy or hard to awaken
- Breathes at a faster rate than usual
- Is too out of breath to talk or walk
- Struggles to breathe, including very fast or labored breathing
- Visibly pulls in the neck and chest muscles when breathing
- Develops pale, blue or grayish skin around the nose, mouth or fingernails

Emergency treatment

Fortunately, most cases of croup are mild. Unfortunately, in a very small percentage of cases, the airway swells enough to interfere with breathing. In such rare cases, a doctor or emergency room must intervene—usually with a temporary breathing tube placed in the child's windpipe to allow for normal respiration.

A brief hospital stay of a night or two may be necessary, after (or even during) which the breathing tube will be removed as the child's breathing sufficiently improves.

PREVENTION

Take the same steps use to prevent colds and flu to prevent croup.

Because croup is a viral disease contracted mostly by touching virus-laden hands to mouths and noses, the most important prevention technique is frequent hand-washing.

Likewise, keep your child away from anyone who's symptomatic with any respiratory or viral disease, and encourage your child to cough or sneeze into his or her elbow. ★

● ► HAMASPIK NEWS



Just One Shabbos

Shabbatons at Hamaspik of Kings County fill every moment with excitement, passion, and fun

Many great people behind it all

Mr. Yehuda Spangelet

DIRECTOR OF DAY SERVICES

The pioneer of the Shabbatons at Hamaspik of Kings County and the person behind every aspect of the programs. He leads his team in coordinating every detail for a fun, safe, and incredible experience, each and every time.

Mr. Yosef Leib Kaufman

CHEF KAUFMAN CATERING

Creates a great Shabbaton atmosphere with delicious menus, keeping in mind every child's dietary needs, and constantly upgrading and adding fresh options to the Shabbos seudos. Hamaspik Shabbatons and the person behind every aspect of the programs. He leads his team in coordinating every detail for a fun, safe, and incredible experience, each and every time.

Mrs. Ruchy Kohn

RN, BSN, DAY SERVICES NURSE

The one responsible for every child's medical needs at a Hamaspik Shabbaton. The job begins well in advance, with preparation and paperwork, and continues throughout – literally every minute of the Shabbaton. There's no off-time for medical staff!

Mrs. Henny Schwartz

DAY SERVICES COORDINATOR

Manages all the logistical details of Shabbaton planning, from transportation, to room allocation, and everything in between—all with her trademark efficiency at getting the job done.

The program directors at Hamaspik of Kings County

Who Create and Lead the Incredible Programs at the Shabbatons, Spending Hours Planning and Preparing Entertainment to Make Each Shabbaton Special

Achoiseinu Academy: **Mrs. Esty Taub and Mrs. Esty Sperber**
 Achievers: **Mrs. Perry Deutsch & Mrs. Bruchy Smilowitz**
 Ahavas Golda: **Mrs. Suri Breindy Moskowitz & Miss Tzivi Gruenwald**
 Boneich: **Mr. Simcha Einhorn & Mr. Yumi Menzer**
 Boneini: **Mr. Yonah Rosner & Mr. Sucher Dov Noe**

Fit with Friends: **Miss Henny Lang**
 Haktanim: **Mrs. Shaindy Wolf & Mrs. Yocheved Lerner**
 Playhouse: **Mrs. Chaya Tziry Jacobowitz & Miss Libby Weberman**
 The Hamaspik School: **Mrs. Idy Weber**

The Five Ws of the Shabbatons

Shabbatons at Hamaspik of Kings County at a glance

WHO:

Each of the after-school respite programs, Day Habs, and The Hamaspik School. In total, around 250 people attend a typical Shabbaton: up to 70 children from the program, with around 80 staff members, plus couples and families.

WHAT:

Action-packed, incredible Shabbaton experiences, with every minute full of fun and care.

WHERE:

The beautiful Hamaspik Resort in Rock Hill, NY, managed by Mr. Laizer Appel of NYSHA.

WHEN:

There's a Shabbaton for a different program approximately every other week!

WHY:

Each Shabbaton achieves two tremendous purposes. The first and foremost is to give the parents and families of children with special needs the incredible gift of a “regular Shabbos.” (For many of them, every hour caring for the child with special needs is a struggle!) And secondly, we go all the way to give the children the best time possible. The Shabbatons become the highlights of their year!



View from the Other Side

Hamaspik families share their take

Mrs P., Playhouse mother

It's Friday afternoon. I have one hour to go until Yitzi* comes home. His Playhouse counselor is a lifesaver, but she has to prepare for Shabbos too, and that means our wonderful, lively child with special needs will be bouncing around the house and in need of supervision, entertainment, and stimulation.

I love him to pieces, but I know that once he's home, nothing gets done. I rush, rush, rush to make sure the food is on, everything's plugged in, and nothing dangerous is left out to tempt little hands. I realize that I forgot to buy the ice cream—forget it, there's no time, and once Yitzi is home, I can't leave the house. I straighten up as best as I can and hope that this week, we'll make it to licht tzinden with things semi-intact...

The door bursts open and Yitzi explodes inside. Just before I'm swallowed up by his needs and demands and quick-where'd-he-go?, his counselor says, "I'm excited for the Shabbaton next week! We're going to have a great time together."

The Playhouse Shabbaton! I can't believe it slipped my mind. Instantly, everything feels calmer.

One week later, I send Yitzi off with his suitcase and a huge smile. He's been counting down the days, waiting in tremendous excitement for the Shabbaton to arrive. And then he's off, and for the first time in months, I

have a totally calm Friday.

There's no rush, no ticking time bomb as I race around to be ready before my darling little boy gets home. I can go to the store to pick up some extras, deliver a cake to a friend who's making a simchah. I even manage to tzind licht early and sit on the couch with a magazine to unwind before the seudah.

During the meal, my husband and I get to focus on Yitzi's siblings, hearing all about their week in a way we just can't do with Yitzi home. On Shabbos afternoon, my girls and I play a long board game—without worrying that Yitzi will come over and flip the board, grab the pieces, or have a meltdown because no one is focused on entertaining him.

The biggest treat is that we get to go out for a meal—we all walk over to my parents for shalosh seudos, something I can't do with Yitzi.

But that's not all. I can feel totally at ease and relaxed, knowing my son is in the very best hands. I know that Playhouse and Hamaspik think of everything—from the incredible action-packed program, to the fun entertainers, to the trips and the souvenirs the kids will bring home. I know the care is top-rate, his counselor is dedicated and focused, the medical team will take care of anything that might be needed, and the program directors know my child inside out and will do everything and anything for him.

When Yitzi arrives home, he's calm and happy, having enjoyed every single moment, and the house is clean, calm, and relaxed. Thank you, Hamaspik, for the tremendous chessed you do for all of us!

Family L., Achievers

Sury* loves Achievers. She loves it so much that we use it to negotiate with her: If you want to go to Achievers, you need to go to school first... (We always win this way!)

And she loves the Shabbatons most of all.

For Sury, who has high-functioning special needs, it's her chance to spend Shabbos in an incredibly fun social setting. She's totally comfortable there, with all her friends and the staff she loves. On her large wall calendar, the week of the Shabbaton is highlighted in bright pink, and each night, we cross off another square and count down the days that are left.

The entire family is excited for Sury when the day finally arrives. Yes, it's a break for us from caring for her, but more than that—it's a break for her, a chance for her to shine and feel special. We're all so happy for her that she has this opportunity.

It's also a chance for us to do things we wouldn't be able to do otherwise, like go on a trip to somewhere Sury wouldn't be comfortable. If we can, we'll coordinate these kinds of trips for the weeks of the Shabbatons,

giving everyone a chance to get away at the same time.

And we can truly enjoy the vacation, knowing that Sury is having the time of her life. At Achievers, the staff really, deeply care. They're there for Sury above and beyond anything that could be considered a job description.

Here's one story that sums it up.

Sury had a camp counselor, Dina, whom she was absolutely crazy over. She didn't stop talking about Dina, who lived out of town. They spoke on the phone, and Sury told everyone she met about "her Dina" and how she wanted to go visit her.

Of course, the Achievers staff heard all about the wonderful Dina. Instead of just brushing it off, they came up with a plan: to bring Dina in for the Shabbaton and have her surprise Sury as her counselor.

They told us the plan, but warned us not to let it slip to Sury, in case things didn't work out. Baruch Hashem, everything went smoothly, and Sury got the best surprise of her life when Dina stepped off the bus and announced she would be Sury's counselor over Shabbos!

We were moved to tears by the genuine care and compassion Achievers and all of Hamaspik show for Sury. Thank you!

Haktanim Shabbaton

8:00

Departure

arrive to trip

arrive to hamaspik resort

ready for Shabbos

6:00: The kids can play in the lobby with the moonwalk and different

in machines.

storyteller (shema Circle)

Seudah

zman

has Mitzvah

10:30: Davening circle

10:45: each kid gets a different bus color necklace pouch.

ing the wheels on the bus to get the kids "in"

y kid will get a role when the enter each scene and during the activity the group leader

it grow to a kid that's very cooperative at the end there will be a story and they can be a

as with their own. They will keep their role in their pouch.

12:00: they will travel on their bus color to different places.

(K) sit around picnic style on a tablecloth with confetti and play

achute with the tablecloth. You can also swing the kids inside

(ogram room)

30: play catch and the kid who is IT wears an animal face mask.

(side)

*M: STAFF: best and child. you live on all the shows. not a single ball

THERE'S NO END TO THE FUN ACTIVITIES

AT A HAKTANIM SHABBATON!



BAKING CHALLOS FOR SHABBOS AT A BUNEINI SHABBATON



EVERY CHILD GETS TO BE PART OF THE ACTION!

● ► HAMASPIK NEWS



Just One Shabbos



Nothing Like Hamaspiik Part I

The Day Services Department and Some Lucky Service Providers Share Their Insider's View

Joining a Hamaspiik Shabbaton means stepping off the bus and into an experience.

Everywhere you turn, there are excited children and their devoted counselors; program directors preparing and running activities; administrative staff handling the technical details smoothly and efficiently; and of course, an atmosphere of never-ending fun and action for children and counselors alike.

“Since each program only goes on a Shabbaton twice a year, the staff and children are so excited, they’ve waited a long time for this,” Mr. Yehuda Spangelet, director of day services, says. “Even though Hamaspiik runs Shabbatons so often, it’s never just another Shabbaton. Each one is different, fresh, and exciting, filled with activities and incredible programming. There’s never a two-hour break or downtime between activities. The children are fully entertained from the minute they get onto the bus until they arrive back home.”

Activities on the schedule include trips on Friday and Sunday, crafts in preparation for Shabbos, entertainers such as singers and storytellers over Shabbos, davening and games in small groups, and of course, Shabbos party!

“At a Shabbaton, every minute is busy with projects and activities and circle time and stories,” says Mrs. Henny Schwartz, day services coordinator. “When we prepare for a Shabbaton, the program directors are the ones preparing the children’s schedule, while I coordinate with them to create the schedule for the families and staff who come along—we make sure the seudah times match, the minyanim for the men are scheduled in time for the meals, and so on.”

Preparing a Shabbaton is a big job, but the results are 100% worth it.

“You can tell that the children wait for this all year,” says Mrs. Ruchy Kohn, RN, BSN, who accompanies most of the Shabbatons to take care of the children’s medical needs. “And the staff make it so major for them, singing and cheering and creating an amazing atmosphere.”

Anyone who attends a Shabbaton can’t fail to be amazed at the dedication and caring of the counselors.

“They’re amazing!” Mrs. Kohn says. “It’s unbelievable to see young high school girls working so hard, with so much energy.”

Mr. Yosef Leib Kaufman, the caterer who provides exceptional food and top quality service for Hamaspiik Shabbatons, says, “The atmosphere is moiredig! From Executive Director Mr. Wertheimer, who attends almost every Shabbaton, infusing everyone with a feeling of importance and showing care for every child, to Mr. Spangelet and his secretary, Mrs. Schwartz, to the young counselors, every single person there is so nice to work with, and the atmosphere is always

positive and excited. I find it so moving to watch the counselors interact with the children with so much devotion, making them feel so special—it’s gemilus chassadim like nothing else.”

Mrs. Schwartz echoes this sentiment: “What’s amazing is that all these counselors are volunteers. No one is paying them to come, but every single one comes to the Shabbaton with a full heart and goes above and beyond to help their child have the most amazing time.”

An important part of the Hamaspiik Shabbatons is showing appreciation and giving a great time to these incredible counselors, who truly exemplify Hamaspiik’s core value of Compassion as they devote themselves to their campers’ needs.

“We always have something exciting going on for the staff after the children are sleeping each night,” Mr. Spangelet says. “Whether it’s an oneg on Friday night, top-notch speakers, or entertainers coming in to lead kumzitzes or dance programs on Motzoei Shabbos, we make sure to treat them to something ‘wow’ that’s also on the highest ruchniyus standards.”

For the counselors, joining a Hamaspiik Shabbaton is truly a spiritual experience—from the never-ending chessed, to the inspiring speakers, to the moving kumzitzes and singing. The families who join, whether as medical or administrative staff, also serve to add to the Shabbos atmosphere. Hamaspiik leaders often attend Shabbatons as well, receiving the opportunity to see the impact of their hard work in action.

“There’s always a minyan at the Shabbaton, because there are a lot of married staff,” Mr. Spangelet says. “Even so, the atmosphere isn’t like a Shabbos at home—it feels like camp, with constant excitement and fun, and it’s a real break and change of atmosphere for the children.”

And although Hamaspiik runs Shabbatons so often, they never get boring.

“Each one has a frishkeit and a special atmosphere,” says Mr. Kaufman, who accompanies almost every Shabbaton.

Mr. Spangelet, who attends every single Shabbaton, agrees with this. *“It’s never the same Shabbaton. Firstly, we’re always upping our standards, striving higher, looking to make things better and better. Secondly, the details are always changing, from the way we set up the dining room (one long table or a box shape or many separate tables) to the way the meals are structured (some programs take a break for a story or activity after the first course, since the children can’t sit for so long). Recently, we had a Shabbaton with very young children, and we gave them the Shabbos seudah on Erev Shabbos and had a staff seudah later on. Each time, we create a different plan, a different schedule, and even a different menu to best fit the needs of the program.”*

“They’re amazing!” Mrs. Kohn says. “It’s unbelievable to see young high school girls working so hard, with so much energy.”



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Status Report

Happening In Hospitals Today

BRAND-NEW “TOP” LIST RANKS “MOST SOCIALLY RESPONSIBLE” U.S. HOSPITALS

Needham, Massachusetts — Most U.S. “top hospital” lists, primarily the vaunted *U.S. News and World Report* list, rank hospitals for having the best specialists and outcomes in various medical specialties.

But now, the Mass.-based Lown Institute, “a nonpartisan think tank advocating bold ideas for a just and caring system for health,” released its Lown Institute Hospitals Index, which “evaluates hospitals on 53 metrics across categories of health equity, value, and outcomes.” According to Lown, its Index is the first national ranking of the country’s “most socially responsible” hospitals.

Topping the list is the Willits, Calif.-based Adventist Health Howard Memorial hospital.

Out of more than 3,600 hospitals, only 66 achieved “A”s on equity, value, and outcomes, according to Lown. What’s more, most of *U.S. News*’ “top hospitals” ranked quite poorly—for example, the top-ranked Mayo Clinic ranked 409th.

FOR QUITTING SMOKING, MORE PATIENT INVOLVEMENT MEANS BETTER RESULTS: STUDY

Boston, Massachusetts — A study of two groups of smokers wishing to quit—with one getting more counseling and more nicotine-replacement patches than the other—found that the more-involved group reported more abstinence than the other.

The study first recruited some 1,400 people wishing to quit at three hospitals in Massachusetts, Pennsylvania and Tennessee. They then were randomly assigned to a hospital-based transitional tobacco care management program or a state-run quitline.

The former provided eight weeks’ worth of free nicotine-replacement patches and seven weekly automated phone calls (that also offered a live call-back option with a professional).



SOCIAL RESPONSIBILITY TOPS HERE: CA.’S ADVENTIST HEALTH HOWARD MEMORIAL IS NO. 1

The second only provided one week of nicotine patches and five weekly automated phone calls.

The research suggests that health system-based care can leverage smokers’ familiarity and trust in existing caregivers.

IN GOOD NEWS, RURAL CRITICAL-CARE HOSPITAL REOPENING FOR A CHANGE

Stuart, Virginia — It’s one of the least-populated counties in an already sparsely-populated state—so perhaps it’s no surprise that the Pioneer Community Hospital of Stuart, Virginia filed for bankruptcy in 2016 and closed permanently the next year.

But unlike national hospital closings not-infrequently reported in this

column, the good news here is that Pioneer is slated for reopening.

Earlier this year, Chicago-based Foresight Health bought the hospital in a \$2.1 million cash payment.

For the last few years, according to local reports, emergency calls have required waiting for an ambulance from outside the area, then a 40-minute trip to hospitals in Martinsville, Virginia or Mt. Airy just across the border in neighboring North Carolina.

Reports also say that Foresight Health’s leadership is looking to expand the current 50-bed building and bring in some 300 full-time professionals to staff the facility.

BROOKLYN’S WOODHULL HOSPITAL GETS \$11 MILLION FOR NEW BIRTHING CENTER

Brooklyn, New York — Woodhull Hospital, one of 11 facilities operated by the city’s NYCHHealth + Hospitals system, recently received an \$11 million allocation to create a state-of-the-art birthing center.

The funding will renovate six private labor and birthing rooms, enhance the nurse’s station and post-anesthesia care unit, and upgrade the triage and ante-partum rooms. The project will also include a state-of-the-art OB stimulation lab and enlarged modernized operating rooms for cesarean births.

The funding for Woodhull, which straddles Brooklyn’s Williamsburg and Bed-Stuy neighborhoods, was arranged by Borough President Antonio Reynoso.

According to NYC Health + Hospitals President and CEO Mitchell Katz, MD, Brooklyn is the fastest growing borough in New York City and home to the city’s second-highest birth rate.

FOREIGN-NURSE CREDENTIALER, LA.-BASED HOSPITAL SYSTEM, TO “IMPORT” UKRAINIAN NURSES

Baton Rouge, Louisiana — The Commission on Graduates of Foreign Nursing Schools (CGFNS) was founded in 1977 in Philadelphia to ensure that foreign-trained nurses are qualified to work in the United States. But today, Ukrainian born-and-trained nurses can accomplish two things under the CGFNS’ new Passport2Liberty program: Bring themselves and their families to safe U.S. shores, and help mitigate America’s current nurse shortage.

The Louisiana-based 300-facility Ochsner Health franchise recently became the first U.S. hospital system to partner with CGFNS under its new program, initially bringing a handful of Ukrainian nurses to the U.S. to work for its hospitals.

Under Passport2Liberty, Ochsner will offer jobs to qualifying nurses from Ukraine, as well as help in acclimating them and their families to their new communities in exchange for a two-year minimum work commitment.

MANHATTAN HOSPITALS SCORE BIG ON U.S. NEWS’ LATEST “BEST HOSPITALS” LIST

New York, New York — Of the several “top hospital” lists published by various organizations yearly, the “Best Hospitals” released annually by *U.S. News and World Report* is probably the most respected.

Several hospitals in Manhattan that have now made *U.S. News*’ 2022-2023 Best Hospitals Honor Roll—both in general and specialty categories.

For the general category, NYU Langone Health comes in at No. 3 (behind, perhaps predictably, the yet-again-number-one Mayo Clinic in Rochester, Minnesota and L.A.’s Cedars-Sinai Medical Center at No. 2). No. 7 on that list is New York-Presbyterian Hospital, followed by 16th-place Mount Sinai Hospital.

Under cancer care, Memorial Sloan Kettering Cancer Center snagged No. 2, behind Houston, Texas’ MD Anderson Cancer Center. For cardiology, Presbyterian, Langone and Mount Sinai respectively took the Nos. 4-6 spots, and Langone scored #1 for neurology. ★



LENDING A TOBACCO-CESSATION HAND: MORE SUPPORT, MORE SUCCESS, SAYS STUDY



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Turning Students Into Professionals

Hamaspik HomeCare Produces Next Class of HHAs

At the heart of Hamaspik HomeCare is the Home Health Aide (HHA)—the trained one-on-one professional who works directly with seniors and others to maximize quality of life at home.

The agency has long been proud of its dedicated HHA professionals—men and women from New York's many diverse communities who give of their hearts as they work with their hands, helping those needing care to rise and sit, maintain their hygiene and dignity, and otherwise not just feel good but feel good about themselves.

Under state law, every New York State License Home Care Services Agency (LHCSA)—like Hamaspik HomeCare—are required to provide an HHA training course every three

years, notes Mrs. Raizy Mermelstein, Regional Director. As such, “Hamaspik HomeCare will conduct these courses when we gather a group of students ready to learn,” she adds.

To become a certified HHA, one must complete specific course requirements laid down by the New York State Dept. of Health (DOH), as well as a minimum number of hours for the course as a whole and for each subject alone.

Hamaspik HomeCare recently completed one such three-week course, with several Hamaspik HomeCare nurses each covering multiple topics and skills.

The course began with an overview of healthcare and with working with such specific demographics as seniors, children, people with mental illness,

and people with developmental or physical disabilities. It continued on to targeted subjects like home safety, injury prevention, housekeeping, personal care, and the specialized skills that are unique to the HHA.

Students, mostly from the Haitian and other immigrant communities of Rockland County's population, filed on to the premises where the course was being run.

In the state-of-the-art training room built purposely on site at Hamaspik HomeCare's headquarters complex, the men and women arrived every morning to a daily syllabus full of new topics, conversations and skills taught by the agency's own team of field nurses. Lunch breaks

were also provided to split the day into manageable time units and allow students to recharge.

The ideal candidate for such 40-hour HHA courses is “someone who is passionate about caring for people in a hands-on way,” says Hamaspik HomeCare Field Nurse Mrs. Adina Bodlander—“someone who enjoys meeting new people and being immersed in different cultures.”

“Our students were great! They were all very eager to learn and asked lots of important questions,” reports Mrs. Bodlander.

So, asks the *Gazette*, what positive feedback are you hearing back from the field about the new class of HHAs? “The students all passed the course and started the application process,” she notes. “We are excited to see how they do in the field.” ★

► HEALTH NEWS

The Data Are In: Common Arthritis Knee Injections Don't Help

Review of 50 Years of Findings Finds No Benefit of Viscosupplementation Over Placebo

Toronto, Ontario — For decades, a common treatment called *viscosupplementation* has been widely used to treat arthritis in the knees—a condition common to far too many seniors.

Viscosupplementation involves the injection of *hyaluronic acid* into the knees of people with *osteoarthritis* in those key joints.

Osteoarthritis, the most common form of arthritis, is an incurable, chronic condition that occurs as cartilage breaks down in the knees, hips, hands, or other joints, resulting in pain, limited range of motion, and swelling. Over 32 million adults in the United States have osteoarthritis, according to estimates from the Centers for Disease Control and Prevention (CDC).

Because there is no current cure, seniors and others with osteoarthritis oftentreattheirconditionwithexercise, physical therapy, medications, and injections—which have included hyaluronic acid since it was started in the 1970s.

Originally sourced from cartilage in

the fleshy, flamboyant-red crown atop a rooster's head, the treatment has been dubbed the “rooster comb injection,” and thought to offer a gelatinous cushion for worn-down joints. By 2018, it was administered as the first treatment to an estimated one in seven patients with osteoarthritic knee pain, according to recent research.

But that same research, now published in study form in the *British Medical Journal* (BMJ), has also found that viscosupplementation doesn't help.

In reviewing some 50 years of data from various previous studies, researchers at Toronto's Li Ka Shing Knowledge Institute at St Michael's Hospital in Toronto found that people getting viscosupplementation showed little if any improvements over those in comparison groups getting placebo “dummy” injections.

To arrive at their conclusions, researchers first combed through 169 randomized trials from around the world over the past several decades that had met specific criteria. They covered a total of 21,163 participants.

Those were then narrowed down to a few dozen large, placebo-controlled trials, with over 6,000 participants in total.

What's more, according to the BMJ study, the shots were also linked to a greater risk of experiencing a wide range of negative side effects.

According to study senior author Bruno da Costa, a longtime physical therapist, the therapy is the most

investigated joint injection in the field—but no rigorous studies have shown a significant benefit to patients.

“We have enough trials already to come to a conclusion,” he told health-news outlet *STAT*. “We don't need more.”

But despite the evidence demonstrating the lack of efficacy, the shots remain widely used, costing the American health care system over \$300 million each year in Medicare claims alone. ★

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