If it wasn’t actually Purim, you’d never believe it. Snow?!
But yet there it was, on the what-should-be balmy day of Purim, coming down in puffs and adding to the snow and ice already on the ground. From Orange County to the Five Boroughs, New York’s Jewish community was subjected to a Purim to remember. Despite the meteorological madness, however, Hamaspik joined the greater community in ensuring that the weather was just about the only thing this past Purim not warm.

**Taking it to the streets**
Reports keep coming in of the complete traffic nightmare that ensnared Brooklyn, Queens and beyond, rendering 30-minute auto trips three times that duration in the outer boroughs alone.

In Brooklyn itself, 38th St. Shvesterheim lead Direct Support Professional (DSP) Mrs. Ratzy Horowitz reports that the “disastrous” weather conditions turned a 2.5-hour shlep into a 4-hour drive across Borough Park into a complete traffic nightmare that blared lively music in keeping with the spirit of the day.

From Orange County to the Five Boroughs, New York’s Jewish community was subjected to a Purim to remember. Despite the meteorological madness, however, Hamaspik joined the greater community in ensuring that the weather was just about the only thing this past Purim not warm.

**Hearts with Room: The Loving Lives of Family Care Providers**
*The Gazette Looks at the Trials and Triumphs of a Key OPWDD Program*

You don’t take walking lessons. It’s just something you learn to do. And neither do you take lessons on being a provider with the New York State Office for People With Developmental Disability (OPWDD)’s Family Care Program as purveyed by non-profit partner Hamaspik. You just become one. But even before you become one, you’ve got to have the right stuff—on some level—to already be one. And you can tell who’s got the right stuff from the very first phone call, according to Hamaspik pillar Brenda Katina, herself a Family Care provider to a handful of beautiful human beings.

It’s their symphony.

“**I LOOKED** at her and I just knew she was mine,” says a mother. That’s how one woman in the upstate Hudson Valley region went from the exciting proceedings inside while a snow plow drives by outside.

**SPIRIT OF THE SEASON?** An Arcadian Briderheim IRA “Rebbe” takes a break during the two-plus hours it took to crawl across the crowded streets of the district, the residents soaked up plenty of Purim spirit coming from the streets, with no shortage of locals gingerly stepping out, costumes and all, to go virtually door to door to deliver the customary food parcels. Many retailers were open for business as usual despite the weather, and more than one storefront—and automobile—was blaring lively music in keeping with the spirit of the day.

In upstate Rockland County, headquarters to HamaspikCare, Hamaspik Choice and a sizable disability-services operation, the weather—and the traffic—may have been a bit better. That was at least partial-
Community Habilitation
   Providing: Personal worker to achieve daily living skill goals

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

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

Supplemental Day Hab Program
   Providing: an extended day program

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

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

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

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

Day Habilitation
   Providing: A day program for adults with special needs

Traumatic Brain Injury
   Providing: Service Coordinators - Independent living skills training - Day programs - Rent subsidy - Medical equipment - E-Meds - Transportation - Community respite services - Home community support services

Early Intervention
   Providing: Multidisiplinary and supplemental Evaluations - Home and community based services - Center based services - Parent/child groups - Ongoing service coordination - Physical therapy - Occupational therapy - Speech therapy - Special education - Nutrition - Social work - Family training - Vision services - Bilingual providers - Play therapy - Family counseling

LHCSA - HamaspikCare
   Personal Care & Support Services
     Providing: Home Health Aides - Homemakers - Personal Care Aides - Housekeepers - HCSS aides
   Counseling Services
     Providing: Ongoing counseling - Social Workers
   Rehabilitation Services
     Providing: Physical therapy - Speech therapy - Occupational therapy - individuals
   PACE-CDPAP
     Providing: Personal aides for people in need

Hamaspik CHOICE
   A Managed Long Term Care Plan (MLTCP) approved by New York State

Home Care
   Providing: Personal care - Home care - Home health aides

HCAP
   Providing: Home modifications for people with physical disabilities

Restorative Care
   Providing: Emergency house repairs for senior citizens

Vocational Rehabilitation Services
   Providing: Employment planning - Job coaching - Job placement

Training
   Providing: SCIP CPR & first aid - Orientation - NYS CORE - AAMAP - Annual Updates - Core Hab/Respite - Family Care Training - Supportive Employment

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

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

Environmental Modification
   Providing: Home modifications for special needs individuals

Supported Employment
   Providing: Job support and coaching to individuals with disabilities to be employed and maintain employment

Enhanced Supported Employment
   Providing: Job developing and coaching for people with any type of disability

Medicaid Service Coordination
   Providing: An advocate for the individual to coordinate available benefits

Home Family Care
   Providing: A family to care for an individual with special needs

Intermediate Care Facility
   Providing: A facility for individuals who are medically involved and developmentally delayed

IBI
   Providing: Intensive Behavior Services

Plan of Care
   Providing: Support for the families of individuals with special needs

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

Nursing Home Transition and Diversion
   Providing: Service Coordination - Assistive technology - Moving assistance - Community transitional services - Home community support services - E-Meds - Independent living skills - Telephone - Technical Interventions - Structured day program

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

Social and Environmental Supports
   Providing: Minor maintenance for qualified seniors

Social Model
   Providing: A social day program for senior patients

Nursing Services
   Providing: Skilled observation and assessment - Care planning - psychosocial supervision - clinical monitoring and coordination - Medication management - physician-ordered nursing intervention and skill treatments

CPR Decompression Set Gets FDA Nod

There’s already a heart-resetting device. It’s called an automated external defibrilla- tor (AED). You just turn it on, put it on a cardiac-arrest victim’s chest and it does the rest. Automated mechanical CPR machines have been around for a while, too.

The newly-approved ResQpump system, a two-tool set, is the first FDA-approved device that allows for chest decompression. A two-handed suction cup called the ResQPump lets rescuers pump chests not just down but up. The upstroke pulls more blood into the heart than standard CPR. The other device, the ResQpod, blocks airflow into the chest during the upstroke. The devices use timing lights and sounds to lock rescuers to a precise chest-pump/airflow rhythm. The ResQpump’s upstroke draws more oxygen-rich blood into the heart and hence into the bloodstream, significantly increas-

CPR Decompression Set Gets FDA Nod

White House Launches Healthcare Quality “Network”

Ambitious New Public/Private Drive to Shift Care Away from Fee-for-Service

On Wednesday, March 25, President Barack Obama, Department of Health and Human Services Secretary Sylvia M. Burwell and participating public- and private-sector leaders announced the official roll-out of the Health Care Payment Learning and Action Network (“Network”). The announcement was made at the White House.

According to the administration, over 2,800 patients, insurers, providers, states, consumer groups, employers and other partners have registered with the Network. The initiative is part of the Affordable Care Act’s efforts to move modern health care away from rewarding health providers for the quality of care provided toward rewarding quality.

The Network is geared toward accelerating the intended transformation of the nation’s health care delivery system to one that achieves better care, smarter spending, and healthier people, by supporting the adoption of alternative payment models. Among the participating organizations that have set their own goals for rewarding value are the American Cancer Society, American College of Physicians, the Cigna insurance giant, the state of Delaware, and the national Rite Aid pharmacy chain.
AMIDST HIGH PRAISE FROM FAMILY MEMBERS, SHNOIS CHAIM SCORES AT FIRST OFFICIAL VISIT
Hamaspik Delivers Orange County Office of Aging’s Congregate Dining Program — and Then Some

The February 19 voice-mail message in the inbox of Moses Wertheimer, the Executive Director of Hamaspik of Orange County, was fairly effusive. Moses Wertheimer knew he’d need a live wire of an employee to handle the multifaceted program. He found that in Mrs. Landau.

“Hamaspik” has come to mean senior care what with dozens of Kiryas Joel seniors who attend daily—so much so, notes program director Mrs. Chaye Miriam Landau, that they look forward to getting out of the house. One such regular is such a fan, Mrs. Landau points out, that she forced herself out of bed one late morning to make the program’s 11:00 a.m. start time—despite having gone to bed at 4:00 a.m. “Hamaspik,” and most people think “individuals with disabilities.” More recently, though, “Hamaspik” has come to mean senior care what with the advent of the Hamaspik Choice MLTC.

That managed long-term care program itself built on the still-budding senior successes of HamaspikCare, the agency’s licensed home-care services agency (LHCSA).

In its Shnois Chaim iteration, the Senior Dining program at Hamaspik uses the fresh daily meals as an axis around which to layer additional stimulating senior activities.

Doctors afraid to diagnose Alzheimer’s; close to half of patients undiagnosed

The recent annual report by the Alzheimer’s Association contains this telling conclusion: “Despite widespread recognition of the benefits of clear and accurate disclosure, the practices of health care providers vary widely. In several studies, including the current analysis of Medicare records, fewer than half of patients with a diagnosis of Alzheimer’s or another dementia reported being told the diagnosis by their health care provider.”

While the study couldn’t prove cause-and-effect, the cochlear implants were associated with improved speech perception in quiet and noisy settings, better quality of life, lower rates of depression and improved thinking skills, the researchers found.

The research was published March 12 in the journal JAMA Otolaryngology-Head & Neck Surgery.

Cochlear implants may also boost seniors’ mood, thinking; study

Cochlear implants not only boost hearing in seniors with severe hearing loss, they might also enhance their emotional state and thinking abilities, a new study finds.

A cochlear implant is a small device that helps provide a sense of sound to people who are deaf or have significant hearing loss, according to the U.S. National Institute on Deafness and Other Communication Disorders.

This new study was funded by the makers of cochlear implants. It included 94 people, aged 65 to 85, who were assessed before, and then six and 12 months after, receiving an implant.

While the study couldn’t prove cause-and-effect, the cochlear implants were associated with improved speech perception in quiet and noisy settings, better quality of life, lower rates of depression and improved thinking skills, the researchers found.

“The problem is, nobody agrees how to get hospitals to take aggressive action, National Public Radio (NPR) is reporting in an ongoing series. According to NPR, nurses continue getting injured on the job. Just about everybody who has studied the hospital industry agrees that it needs to confront the epidemic that plagues many of its staff. Tens of thousands of nursing employees suffer debilitating injuries every year, mainly from doing part of their everyday jobs—moving and lifting patients. The problem is, nobody agrees how to get hospitals to take aggressive action, National Public Radio (NPR) is reporting in an ongoing series.

“Meant that workers who are relatively young have to stop working early in many cases,” says David Michaels, chief of the federal Occupational Safety and Health Administration. “They go home and they have real disabilities. They have trouble lifting up their kids. They have trouble doing a lot of the daily tasks of life, because of back injuries, arm injuries, shoulder injuries. It’s a very big deal.”

Studies show that hospitals can reduce the number of injuries dramatically if they buy special equipment to move patients and conduct intensive training to teach the staff how to use it. For example, federal researchers found that across the vast VA hospital system, nursing injuries from moving patients have dropped by an average of 40 percent after using these strategies. But industry officials acknowledge that most hospitals haven’t done the same thing. “A lot of hospitals still believe this old myth that hospitals are safe places to work,” Michaels says.
Hearts with Room:

Continued from cover

morning. Several weeks later, after a highly regimented process, two special souls returned.

For a second Hamaspik Family Care provider, things haven’t been the same, and normal has been utterly redefined, for well over 20 years now.

That provider, one of Hamaspik’s first, eventually took in three lovely kids with Down syndrome. The first, like most, was a baby at the time. He’s 25 today. His foster mother has been getting up at 4:00 a.m. each morning for much of that run, doing the de rigueur laundry runs and household chores among the many labors of love demanded by Family Care. (Not to worry, though—she retires early each night.)

In the morning, though, picture the typically chaotic household routine at twice the chaos.

Typical children can be challenging enough to rouse, bathe, dress, feed and shoo out the door on time for school-day buses. That gauntlet, the inexorable bane of ordinary moms, is all the more the gauntlet, the inexorable bane of ordinary at twice the chaos.

The provider’s close friend, long since relocated out of the country, served as a therapist at another agency which was seeking a permanent, stable home for four little boys—including the boy who became a man under her family’s care.

“What’s the story with this?” asked the provider, visiting her friend one summer weekend and glancing at a newspaper print ad. The agency was running print calls for loving families to open their doors and hearts, briefly describing each of the foursome.

“That’s my Yitzy! He’s my favorite client!” the friend told the future provider. “I love him so much!” She proceeded to describe him.

“By the time Shabbos was over, I was interested,” she recalls. A conversation with little Yitzy’s social worker shortly ensued and an initial meeting was set up.

The husband and wife, only married a few years at the time and still building their own family, sat in a room with the boy present, chatting with staff. He was four-and-a-half at the time. He was in a specialized walker. He wore glasses. He was “incredibly cute.”

He also only wanted to interact with the husband who, inner boy active, gladly obliged his new little friend by putting his big hat on his little head.

Two trial Shabbosim next followed. The couple’s own children took to the boy like brothers and sisters. All were excited and wanted him to come live with them.

The man of the house was very reluctant, though. “We can’t make this decision quickly,” he told his wife. “This is a human being—not a sweater we can buy and return?”

Still, when Passover arrived a few months later, the little boy spent the entire holiday and then some, a total of 11 days, with the helping clan. It was hard to bring him back, the wife remembers. Husband finally agreed to make him part of the family.

A few more Shabbos visits ensued, August arrived and the paperwork was finally complete. Finally, after close to a year, the precious bundle of love moved into his new home for good.

Close to two decades later, they’ve never looked back.

“They can do dangerous things very quickly,” advises a warm and remarkably cool housekeeper to several kids of her own as well as a precociously challenging live wire of a little girl with Down syndrome.

The woman lives and breathes tough love, treading the finest of lines each day as she strikes that time-tested balance of supervision and individuality in administering the care for her Family Care beneficiary.

That balance must be consistently called upon when you’ve got a child on your hands who does things like run straight out the front door given a moment’s chance, or blow out your Shabbos candles on a whim because she thinks it’s funny.

“They have to feel that you love them,” she insists. “Even if they make trouble. I’m strict, but loving. Discipline! When I say ‘no!’ I mean, ‘no!’ She knows that I’m not kidding around and that I mean business.”

On the other hand, she is quick to add, you have to give them freedom—or at least a real sense of it.

Walking in the street, the foster mother takes pains to not hold the child’s hand too tightly, even letting her walk free from time to time.

Today, she even lets her walk from the front door to the bus at the sidewalk—a development for which, she reports, some friends called her “crazy” and a charge to which she responded, correctly, “Why not? She’s a big girl!”

But getting her charge to that “big girl” place took a lot of tough love, and it’s an effort that isn’t over yet.

Upon her arrival—and from a previous Family Care provider home, to boot—the little girl wouldn’t play with toys at all. The only plaything she’d interact with was a doll—which was the recipient of bruising punishment, figulative and literal. Lovingly, and with eminent patience, the new “Mummy” taught her what one is supposed to do with the miniature maenquin by molding healthy play behavior herself.

Today, subject to over two years of that unbending sugar-coated discipline, the child will sit for up to 60 minutes at a time with her well-kept “dollies.” “Feeding” it, playing with it and otherwise interacting with it, and, what’s more, playing with other toys, too.

Significant developmental breakthroughs notwithstanding, the child remains on her foster mother’s radar “round the clock—accidents, marker-dodging on expensive table clothes, constant demand for attention, and all, incalculable time she strolled out the back door of a pizza shop was later found halfway back home alone.

“I want a GPS for her,” the mother quips, at least half-seriously. “That’s what kids with disabilities do,” she adds. “You just have to love them. If you go crazy from every little thing, it’s not for you.”

“Oh, my gosh! Now you need two-three hours,” laughs Mrs. Katina, Hamaspik’s Special Events Coordinator. The Gazette’s just asked her how being a Family Care provider made her a better person.

“I would not be who I am today,” she begins. She then rattles off a number of positive changes that unrecognizably modified her identity from the very core on out, not least of which was her transformation from Brenda Katina, Ordinary Office Operate to Brenda Katina, Professional Public Personality.

Brenda Katina remains a sought-after Master of Ceremonies throughout the Jewish community, commandingapt audiences both in and out of Hamaspik for years now. (A good number of Hamaspik Family Care providers also report her critical involvement in ultimately receiving their own little bundles of love.)

But in doing so, primarily for causes related to disability, she infuses her delivery with the message of disability, a message she has long come to believe is she passing on from the children with disability she took in together with husband Chaim Mendel.

“They’ve given me a reason to live,” she posits. “They’re my teachers, my role models.”

That lesson began one fine day in September of 1996, when Brenda met Tranny, two big eyes a blaze of blue surrounded by a nest of blonde.

“I’m taking her home,” she simply said, and, eventually, simply did.

Baby Tranny, now a strapping and personable young woman, was followed by several others. Mommy Katina has been living the lessons learned ever since.

The Katinas have weathered more than their fair share of ups and downs, including their children’s struggles with heart disease, lung disease, degenerative bone disease and other conditions. But in the Kiryas Joel village that she calls home, Katina isn’t only changing one learning and living those lessons.

Taking in children with special needs through the Family Care program, she notes, has become “increasingly popular” in “KL,” as it is locally known—due in no small part to Hamaspik’s prominence in special-needs services throughout town. “It’s almost become a fad here,” she opines.

While the love and warmth shared between Family Care providers and their charges is exciting, Mrs. Katina points out that, to be negotiating medical needs and paperwork is an ever-present constant that, like the program itself, hasn’t changed a whole lot over the years. Another unchanged constant.
is the rigorous background screening for each applicant, followed by 50 hours of training on everything from abuse prevention to controlling infection.

Likewise has the wide-ranging support from Hamaspik’s Family Care circle of supports, including clinician, MSC, nurse, psychologist and behavior support plan (if needed) also remained present. “They’re always there in whatever situation you’re in,” she says. “Hamaspik is family.”

“HAMASPIK GIVES me such chizuk, taking on such cases—especially the hard ones.”

So says Mrs. Esther Kohn of Kiryas Joel, another one of the experts on children with disability that are Family Care providers.

This one expert began her Family Care career some 12 years ago, taking on the first of two children with disabilities who became one of her clan. Across all those years, her Hamaspik family—agency Family Care nurse, sister providers, and Family Care Home Liaison—was always there for her.

The Family Care provider is expected to do everything an ordinary mother would do for any child, explains Hamaspik of Orange County Family Care Home Liaison Mendel Rosenfeld: Buy them toys, schedule doctor appointments, administer medications, and, of course, raise them to be well-behaved young men and women. (Mrs. Kohn’s older charge, a fine young lady with Down syndrome, is now 18 and wants to get married.)

By regulation, the Family Care Home Liaison with any program-provided feedback or recommendation of what to do to reach out to providers once a month to ensure that pretty much everything they do are duly documented on paper—perhaps tedious, but required for the health and safety of the children and young adults in question.

However, Hamaspik fights to go well beyond that.

“Providers are busy moms like all other mothers;” Rosenfeld points out, with their maternal duties a full-time job in its own right—over which is layered a pile of Family Care paperwork, plus specific rules for pretty much every situation.

The Liaison’s work, then, is to coach Family Care supermoms in successfully balancing normal family life with their adopted intricate program so as to keep it from becoming a frustrating intrusion into their daily routines.

Mr. Rosenfeld advises providers on how and when to communicate with their Hamaspik Medicaid Service Coordinator (MSC) (every Family Care child has one) and when to involve Hamaspik’s nurses or agency psychologist. He also assists providers in ironing out the monthly stipends and reimbursements for care expenses should difficulties arise.

In dispensing that chizuk to his team of Family Care providers, Rosenfeld is very often out of the office, and usually in the course of making the monthly mandatory provider visit. Back at his desk, though, the Liaison will mainly find himself filling out paperwork, including writing up visit reviews, or on the phone scheduling monthly provider meetings.

But working the phone doesn’t just revolve around pinning down a visit date and time that works for all involved parties.

Life is too grand, too variegated, for any authoritative manual that gets everything down to the last dot, and Family Care life is at least equally as nuanced at times. And it’s those nuances that call for the input of your friendly neighborhood Family Care Home Liaison, who in turn not-uncommonly must call your friendly neighborhood New York State OPWDD Family Care official, when some questions arise—particularly those involving spending.

Stipends are provided on a monthly basis to Family Care providers from federal and state funds. The Social Security Administration delivers the former in the form of two monthly checks dubbed “Room and Board” and “Cash Allowance.” With state Medicaid funds, the OPWDD covers the latter with an additional stipend whose amount is determined by the five-level Difficulty of Care (DOC) rating of the individual in question.

Those stipends, however, are heavily regulated in terms of what they may and may not be spent on. Hence the questions.

Mrs. Kohn says that “99 percent” of her requests over the years for purchase authorizations were approved. However, “I once asked for something and was told no.”

Besides getting support from her Home Liaisons, as all providers do, Mrs. Kohn has come to rely on the stalwart backing of the Medicaid Service Coordinator (MSC) that every individual with special needs comes with, and with providers and Hamaspik equally fixated on the highest-quality proactive healthcare, the subject is apropos.

In both hour-long sitings, Mrs. Hutman covers all OPWDD basics, a rundown on Ebola, plus a look at shingles and a review of Atlantoaxial Subluxation (AAS), in which the neck vertebrae in some kids with Down Syndrome are unstable. With many Family Care beneficiaries diagnosed with Down syndrome, and with providers and Hamaspik equally fixated on the highest-quality proactive healthcare, the subject is apropos.

In an extra touch of appreciation, participants collect their attention gifts from Mrs. Hutman once the talks are over. Gifts in hand, the attendees stand around in twos and threes, chatting about all things Family Care while nibbling from trays of catered fresh fruit and light pastries.

Tomorrow will be another day. But now, the program providers feel validated, appreciated and fairly on top of the world.

“WHAT’S THE first thing a mother thinks?” Mrs. Kohn affably but rhetorically retorts, asked for the first time she thinks involving her special-needs child each morning.

For Mrs. Shaindell Russell and family, Family Care providers to the aforementioned Yitzy, the “incredibly cute” little boy she took in years ago is now an incredibly thoughtful young man—and a young man whose wellbeing dominates her every thought.

“It’s the best lesson you could ever give your kids about how to do good and give,” she says. “The kids learn about how much there is to give and do.”

In the early years, the Russells worked every day to help Yitzy walk and talk. His intelligence shone through as he underwent months, then years, of therapy—speech, physical, occupational and more.

He became part of the family. “If we went upstate for Shabbos, he came with us,” Mrs. Russell recalls.

Years of hard work ensued. The Russells insisted that Yitzy attend mainstream schools and yeshivos. “I was very blessed that wherever he went, he was with my kids in yeshivah,” notes Mrs. Russell. “When they moved, he went with them.”

Those school moves included Far Rockaway’s Yeshiva Ketana of Long Island, followed by his ongoing scholarly career in Darchei Torah.

Thanks to the Russells’ relentless devotion, Yitzy caught up to his age group by the time he hit 5th-6th Grade. With a par a by his side most of the time, he emerged as a bright and eager-to-learn student.

At the same time, he graduated from a three-wheeled device that allowed him to roll about to a walker. All his equipment was covered by the New York City Board of Education, which agreed to provide everything he needed after giving in to a caring mother’s unbending and legitimate demands.

As a teenager, Yitzy became one of the first campers of Camp Simcha Special, a sleep-away summer camping program serving youth in the Orthodox Jewish community with disability. Though having matriculated, he’s still involved.

"What is the first thing a mother thinks?" Mrs. Kohn affably but rhetorically retorts, asked for the first time she thinks involving her special-needs child each morning. For Mrs. Shaindell Russell and family, Family Care providers to the aforementioned Yitzy, the "incredibly cute" little boy she took in years ago is now an incredibly thoughtful young man—and a young man whose wellbeing dominates her every thought. It's the best lesson you could ever give your kids about how to do good and give," she says. "The kids learn about how much there is to give and do."
In summer of 2014, Yitzy spent his days at the upstate Camp Agudah, poring over the pages of the Talmud and its ancient wisdom.

With the support of 24/7 supervision, accommodating lifeguards who took him swimming, and even a Hoyer lift to help him get in and out of bed (today, he needs assistance with all of his activities of daily living (ADL)), his mother reports that he had a great time.

Three years ago, Yitzy underwent a ten-hour surgical marathon to correct his scoliosis, “coded” on the table but miraculously came out of a coma shortly, underwent a challenging recovery, developed pneumonia, recovered again, and then went on a long-awaited trip to the Holy Land completely sponsored by the Midwest division of Chai Lifeline, a leading Jewish community non-profit.

In Israel, another medical roller coaster ensued when one lung collapsed, landing him in the hospital for three weeks. His own pediatrician wanted him back in his familiar Midwest American medical center, and after a little less than a month under Israeli medical supervision, Yitzy was on a first-class El Al flight back to the U.S., medical equipment, nurses and all.

An ambulance and customs officials were waiting for him on the tarmac, and his entire medical team at Long Island Jewish Hospital—pulmonologist, cardiologist and all—were standing by as he was rushed into their caring hands.

A few days later, Yitzy went into surgery again, this time for a procedure on his chest wall that would help keep his lung open.

Recovery from that episode was prolonged and painful, as Yitzy lost significant weight, contracted a C. difficile bacterial infection, had an allergic reaction to an anesthetic, and ended up on a feeding tube with “round-the-clock nursing care.”

All along, Hamaspik Family Care nurse Judy Schwartz, R.N. has been there for Mrs. Russell and her beloved foster son. “I can call her for anything,” Mrs. Russell says.

So what does she like the most about being a Family Care provider?

“It gave us the opportunity to give someone a life. And when you give, you are a better person,” Shaindle Russell avers. “When you give, you get closer to Hashem. That’s what I thank Hamaspik for.”

Did being a Family Care provider make her a better person?

“For sure!” she quickly comes.

CARING FOR children with disabilities, every Hamaspik Family Care provider will rapidly agree, is above all a spiritual experience. Most will tell you that that spiritual experience comes in specific incidences of unexplainable but harmless positive behaviors—sudden statements of things the children couldn’t possibly have known, or outbursts of loving expressions and gestures, and at the moments they were needed by caregivers most.

Most will also tell you that those experiences only kick in when the child starts getting older. For Family Care Provider Gitty Green of Brooklyn, however, that experience began when her Leorah was just a baby.

The life of Leorah Ester began a few years after Gitty Green’s beloved grandmother, Leah “Lilian” Goldstein, ended. At that time, Mrs. Green happened to be speaking one night with the local director of A T.I.M.E., an infertility support non-profit organization where she still volunteers. The director asked, “Do you know any couple interested in taking in a girl with Down syndrome?”

“We’d be interested,” Green replied.

Hamaspik Family Care powerhouse Irendra Katina was shortly involved, speaking by phone to the hospital’s social worker who needed assurances that all would be well before releasing the infant into the custody of the Family Care program and its newly-volunteered provider. With Mrs. Katina’s authoritative influence, the paperwork was completed the next day, the social worker was satisfied, and baby and foster mother went home.

It was only later that the significance of Leorah’s full name dawned on her.

Being the oldest grandchild, Gitty Green was hoping to be the first in her extended family to name a daughter after their dear departed grandmother. But two months before Leorah joined the family, Mrs. Green’s brother had a baby girl and named her Leah. The family-heavy holiday of Passover was approaching. Gitty Green and her husband would be joining her brother and his brood at her parents’ home for Passover’s first two days, followed by time spent with her brother, his family and their parents on the Chol Hamoed intermediate days. (She courageously confides to the Gazette’s readers that the Greens have not yet had their own biological children.) Her parents were concerned that the presence of four little children would be too great an emotional burden.

But a scant two weeks before Passover, Leorah came into the Greens’ life.

“Leorah” in Hebrew translates roughly to “I have light”; the root word of “Ester” is best rendered as “hidden” or “concealed.” To a grieving granddaughter, then, Leorah Ester thrust light into lives shrouded by loss.

But as Gitty Green also realized during that Passover, hidden within “Leorah” is “Leah”—a loving message of acceptance from Heaven that said, “Don’t worry, mamaleh. It’s okay!”

Mrs. Green’s mother even ran out just before the holiday to buy the two baby “cousins,” Leah and Leorah, matching outfits.

Passover that year was quite the personal exodus. Says Gitty Green: “I see Hashem’s Hand in the whole thing.”
Snow, Ice, Cold No Match for Warm Hamaspik Spirit

Group Homes in Three Counties Happily Mark Purim Holiday

**Continued from cover**

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Up to fall of 2013, children and adults with any disability—or those claiming/appearing to have disabilities—could bypass the parks’ notori- ously long lines along with their accompanying parties, usually immediate family members. That was, a growing number of miscreants had begun using individuals with disabilities as line-skip- ping tools, some (even including some high-functioning people them- selves) running rperse and expen- sive referral-only concierge services for Disney guests. By late 2013, the problem had become an epidemic. Disney cracked down by replac- ing the accommodation with a scheduled return-time system. The crackdown resulted in chil- dren with disabilities, particularly with wait intolerant kids with autism, having public meltdowns upon now having to wait in lines, albeit shorter ones. Many parents complained that the new rules also limited the number of attractions they could visit. By spring of 2014, the special- needs parents backlash was organ- ized enough to result in a class- action lawsuit brought by 14 fami- lies against Disney. The families alleged that the new Disney regula- tions violated their loved ones’ rights under the landmark Americans with Disabilities Act (ADA). That suit was joined in August 2014 by 30 more families. In late October of 2014, how- ever, U.S. District Court Judge Ann C. Conway of the Central District of California ruled that the plaintiffs did not have a sufficiently unified case for class action.

“The developmentally disabled plaintiffs face differing cognitive impairments…and their symptoms manifest in different ways and in response to different stimuli,” wrote Judge Conway. “Some of the fami- lies appear to own Disney annual passes…while others claim to have visited a Disney park on only one occasion…some families bought one-time-use tickets…while other families own Disney timeshares or annual passes or spent thousands of dollars on a Disney vacation.” Going forward, Conway said that each family can file suit individ- ually. Most recently, lawsuits against Disney being brought by some 44 families are pending before the U.S. District Court for the Middle District of Florida. Several of them filed concurrent complaints with the California Commission on Human Rights, alleging discrimination in violation of the Florida Civil Rights Act.

In five of those cases, the Commission found that “reasonable cause exists to believe that unlawful public accommodation practices occurred” at Disney parks.” While an accommodation was offered, it was a blanket accommo- dation that did not take into account the nuances between various disabil- ities or the fact that complainant’s son’s disability required more assis- tance than other cognitive disabili- ties,” the 12-member Florida com- mission said in its findings to one family, which was nearly identical to the determinations provided to four other families. “The accommodations offered would not allow him to enjoy the park as it was intended to be enjoyed by all other patrons,” the civil rights panel found. “In addition, there was no effort by respondent to determine a suitable accommodation for her son which would allow him to fully enjoy the park.” Still, some point out that the ADA only means equal access, not greater access. However, for some children with disability, particularly with autism, the long lines and resulting meltdowns mean no access for the kids, because the melt- downs caused by the long lines effectively mean inability to get to the attraction. Put otherwise, the only way such individual can access the rides is by skipping the line, or waiting on one that is very limited. The panel’s determinations are dated February 13, but were released publicly in March.

New Disney Disability Rules Violate Civil Rights: Fla. Panel

Disney Parks Disability-access Discrimination Woes Continue

Making the Purim rounds

Residents and staff in a lively circle of dancing at Hamaspik of Rockland County’s Concord Briderheim IRA

At the Grandview Briderheim IRA, one of several Hamaspik of Rockland County group homes, that fortress of professional care was manned midst the storms (!) of this Purim by several remarkable DSPs—“It’s our savior!” asserts Grandview Manager Joel Schnitzer, using a phrase that translates to “self-sacrifice” but which conveys so much more. Under his watch, caregivers worked remarkably hard, as they always do (and not just at Grandview), ensuring that a great Purim was had by all.

**All in the family**

Maximizing the Purim spirit at the Acres Briderheim IRA, the Hamaspik of Orange County group home run by Mr. and Mrs. Lipa Laufer, entailed spending much of Purim out of the home. (That was the case at several other Hamaspik homes, too.)

Mrs. Laufer, you see, turns out to be a sister of Hamaspik mainstay Mrs. Brenda Katina, the agency’s indefatigable Special Events Coordinator. That fact makes the Katinas, the Laufers and the Acres “Briderheimers” one big family in more ways than one.

Compounding that further, Mrs. Katina and husband Chaim Mendel are the proud parents of four beauti- ful individuals with various disabili- ties that they took in under the auspices of the Family Care Program, a mainstream offering of the New York State Office for People With Developmental Disabilities (OPWDD) of which Hamaspik is the state’s largest non-profit partner.

Come Purim, then, several of the Briderheimers came along with the Laufers on a snowy afternoon as they converged along with the sis- ters’ parents on the Katina residence for a Purim party that was family in every possible way.

Those Acres residents who did- n’t require the facilities of the Katinas’ fully accessible home were brought along by their hard-working DSPs to those DSPs’ own homes (or other family members), or to their own biological families.

“Everyone gets to be with fami- lies,” said Mrs. Laufer, “theirs or otherwise.”

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April 2: World Autism Awareness Day

Light it up blue! Since 2007, when the United Nations (UN) first declared World Autism Awareness Day the 2nd of each April (and the entire month World Autism Awareness Month), famous global landmarks—including New York’s Empire State Building—have been lit in the event’s blue theme color. For 2015, the Great Pyramid of Egypt—the oldest of the Seven Wonders of the World—will go blue for the first time in its history.

Do kids with autism not have the guts?

A report published in Microbial Ecology in Health and Disease reviews recent research on the link between gut bacteria and autism spectrum disorder (ASD). The report was driven by John Rodak’s, a medical venture capitalist and father of a boy with autism, who noticed that his son’s autism improved while taking antibiotics. Apparently thanks to prescription antibiotic amoxicillin for strep throat, the boy was temporarily able to make eye contact. At the same time, his parent reported speech improvement and never-before-seen energy and drive.

MR. Rodakis doesn’t say antibiotics should be used to treat autism, but he now believes that gut bacteria play a role in the disorder. “I’m not advocating the use of antibiotics as a long-term treatment for autism, but I would like to see serious medical research into why some children seem to improve when taking antibiotics,” Rodak said to the Healthline news outlet.

The narrative is backed by a recent study by Arizona State University that found that children with autism had less diversity in the types of bacteria found in their microbiomes than children developing normally.

The microbiome refers to the trillions of bacteria and other microorganisms that naturally live on and in the human body. Research has revealed that these microbes are mostly beneficial, delivering nutrients from the food eaten, helping immune systems develop, and regulating metabolism.

Growth hormones boost social skills in specific autism patients

See why newborns with Down syndrome and autism, an FDA-approved medication typically used to treat children with short stature, can make certain other kids grow, too.

A study by Mr. Sinai Hospital’s Icahn School of Medicine found that IGF-1 significantly improved the social impairment of children with autism who also have Phelan-McDermid syndrome. Most people with PMS, a genetic disorder, also have autism.

While Phelan-McDermid syndrome is a rare disorder, advanced genetic technology has revealed it to be a relatively common ASD case. “Ours is the first controlled trial of any treatment for Phelan-McDermid syndrome,” says Alexander Kolevzon, M.D., Clinical Director of the Seaver Autism Center at Icahn. “Because different genetic causes of ASD converge on common underlying chemical signaling pathways, the findings of this study may have implications for many forms of ASD.”

Researchers enrolled nine children aged five to 15 who were diagnosed with Phelan-McDermid syndrome. All participants were exposed to three months of treatment with IGF-1 and three months of placebo. Compared to placebo, the IGF-1 phase was associated with significant improvement in social withdrawal and restrictive behaviors as measured by the Repetitive Behavior Checklist and the Repetitive Behavior Scale.

Why are women far less diagnosed?

A new large-scale study by Angelia Rasmin University will be screening up to 6,000 young women in an attempt to understand the scale of how many women are still going undiagnosed with ASD, particularly the high-functioning Asperger’s syndrome. Only one fifth of girls are diagnosed with autism before age 11, compared to over half of boys. The project is being led by Hannah Belcher, a Ph.D. student at the school, who was diagnosed with Asperger’s at age 23.

Girls’ autism gene found

Researchers at Johns Hopkins University say they’ve discovered a new genetic cause of autism, singling out a rare gene mutation that appears to hamper normal brain development early on in powerful ways.

The gene, CTNND2, provides instructions for making a protein called delta-catenin, which plays crucial roles in the nervous system, according to the research.

The same gene has been linked to another developmental disorder called cri-du-chat syndrome. Many people with cri-du-chat syndrome lack a copy of the CTNND2 gene in each cell, and this appears to cause severe intellectual disability.

The study was published March 25 in the journal Nature.

Autism mom, volunteer awarded new car

Mr. Icelye O’Neil, a North Philadelphia mother of a daughter with autism, and a frequent volunteer at her daughter’s school, was recently awarded a brand new car.

The car giveaway was made by Collision Care, AAA, and Louie’s Voice, an organization that helps speak up for families dealing with autism.

New York City to Kids: Don’t Drink That (Much) Juice!

City’s Newest Rules Limit Fruit Juice, “Sedentary” Time for Kids in Day Care

The NYC Board of Health has introduced new rules for day care centers which limits the amount of juice kids can drink, and cuts “sedentary” time for kids as well.

The city wants to make sure day care kids get in shape—and that means more exercise and less juice.

In a pint-sized version of Mayor Michael Bloomberg’s attempt to ban super-sized sugary drinks, the city’s Board of Health announced dramatically stricter rules on March 23 for all licensed city day cares, including a limit on how much juice kids can drink.

Under the new rules, designed to try to cut obesity rates, children must be at least two years old before they can take their first sip of juice at day care, and they are only allowed four ounces a day.

Only 100% juice is allowed. The old rules allowed babies as young as eight months to guzzle six ounces of 100% juice a day.

City Record as required by law.

The limit on juice for kids is reminiscent of Bloomberg’s law banning large sugary beverages, which courts eventually overturned.

New York Mayor Bill de Blasio said that he agreed with the concept of that law.

The rule changes were approved by the Board of Health earlier this month and posted in the City Record as required by law.

Officials say that the dramatic changes are necessary to stem skyrocketing childhood obesity rates.

According to the notice in the City Record, a whopping 15 percent of three-year-olds and 17 percent of four-year-old preschoolers from low-income families were deemed obese in 2011.

Other new rules restrict kids’ “sedentary” time to less than 30 minutes a day—down from 60 minutes a day currently.

The “sedentary time” does not include naps, or time spent reading, doing puzzles or painting.

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The new rules restrict kids’ “sedentary” time to 30 minutes a day, and only half an hour of screen time per week.

“Dietary and lifestyle habits and preferences developed at a very early age can often persist and may have profound impact on an individual’s health later on,” the Board wrote in the City Record.

The changes apply to non-residential day care programs and pre-schools, which are regulated by the city.

Home-based day cares are regulated by the state, which has its own rules.

The Board of Health also passed new safety rules for day cares. Because of several incidents in which kids left the building by themselves, the day cares will now also have to have a “panic bar” on all exits, out of reach of the kids.

Managing your life during this difficult time...


“Rheumatic fever” sounds like a long-eradicated illness common hundreds of years ago, along with smallpox or scurvy. But this inflammatory disease, which usually develops as a complication of strep throat or scarlet fever when those aren’t treated properly, still occurs.

The good news, however, is that while it’s most common in five- to 15-year-old children, it remains rare in the United States. (Unfortunately, it’s fairly common in developing countries.) In the meantime, let’s keep you… in the know.

**Definition**

Rheumatic fever is a complication arising from the inadequate treatment of strep throat and scarlet fever. Strep throat and scarlet fever, in turn, are caused by an infection by group A streptococcus bacteria.

The exact link between strep infection and rheumatic fever isn’t clear, but it appears that the bacterium may trick the immune system into attacking heart tissues instead. The strep bacterium contains a protein similar to one found in certain parts of the body. Therefore, immune system cells that would normally target the bacterium may treat the body’s own tissues as if they were infected agents—particular tissues of the heart, joints, skin and central nervous system. This immune system reaction results in inflammation.

If someone gets prompt and complete treatment with an antibiotic to eliminate strep bacteria—in other words, taking all doses of the medication as prescribed—there’s little to no chance of developing rheumatic fever. If he or she has one or more episodes of strep throat or scarlet fever that aren’t treated or not treated completely, he or she may—won’t necessarily—develop rheumatic fever.

Rheumatic fever can cause permanent damage to the heart, including damaged heart valves and heart failure.

**Symptoms**

Rheumatic fever symptoms may vary. Some people may have several symptoms, while others experience few. The symptoms may also change during the course of the disease. The onset of rheumatic fever usually occurs two to four weeks after a strep throat infection. Signs and symptoms—which result from inflammation in the heart, joints, skin or central nervous system—may include:

- Fever
- Painful and tender joints—most often the ankles, knees, elbows or wrists; less often the shoulders, hips, hands and feet; often migrating
- Red, hot or swollen joints
- Small, painless nodules beneath the skin
- Chest pain, heart murmur
- Fatigue
- Flat or slightly raised, painless rash with a ragged edge
- Inflammation of movable body movements (Sydenham chorea)—most often in hands, feet and face
- Outbursts of unusual behavior, such as crying or inappropriate laughing, that accompanies Sydenham chorea

**Risk factors**

- Family history. Some people may carry a gene or genes that make them more likely to develop rheumatic fever.
- Strep type. Certain strep bacteria strains are likelier to contribute to rheumatic fever than others.
- Environmental factors. A greater risk of rheumatic fever is associated with overcrowding, poor sanitation and other conditions that may easily result in rapid transmission or multiple exposures to strep.

Inflammation caused by rheumatic fever may last for a few weeks to several months. In some cases, the inflammation may cause long-term complications.

Rheumatic heart disease is permanent damage to the heart caused by the inflammation of rheumatic fever. Problems are most common with the valve between the two left chambers of the heart (mitral valve), but the other valves may be affected. The damage may result in one of the following conditions:

- Valve stenosis. This condition is a narrowing of the valve, which results in decreased blood flow.
- Valve regurgitation, or a leak in the valve, which allows blood to flow in the wrong direction.
- Damage to heart muscle. Inflammation associated with rheumatic fever can weaken heart muscle, resulting in poor pumping.
- Damage to the mitral valve, other heart valves or other heart tissues can cause problems with the heart later in life. Resulting conditions may include atrial fibrillation, an irregular and chaotic beating of the upper chambers of the heart (atria) or even heart failure.

**Diagnosis**

Rheumatic fever can occur after an infection of the throat with a bacterium called Streptococcus pyogenes, or group A streptococcus. Group A streptococcus infections of the throat cause strep throat or, less commonly, scarlet fever. Group A streptococcus infections of the skin or other parts of the body rarely trigger rheumatic fever.

**Tests for strep infection**

If your child was already diagnosed with a strep infection, your doctor may not order any additional tests for the bacterium. If your doctor orders a test, it will most likely be a blood test that can detect antibodies to strep bacteria circulating in the blood. The actual bacteria may no longer be detected in your child’s throat tissues or blood.

**Electrocardiogram**

An electrocardiogram—also called an ECG or EKG—records electrical signals as they travel through the heart. Your doctor can look for patterns among these signals that indicate inflammation of the heart or poor heart function.

**Echocardiography**

An echocardiogram uses sound waves to produce live-action images of the heart. This common test may enable your doctor to detect altered structures within the heart. Damage to heart valves isn’t likely to occur early in the disease, but an echocardiogram can show such problems. This test may need to be repeated in the future in a patient who has had rheumatic fever to reassess the heart valves based on symptoms or changes in the physical exam.

**Treatment**

The treatment goals are to destroy any remaining group A streptococcal bacteria, relieve symptoms, control inflammation and prevent recurring episodes. Treatments for rheumatic fever include:

- Antibiotics. The doctor will prescribe antibiotics to eliminate any remaining strep bacteria that may exist in the body.

After the patient has completed the full antibiotic treatment, your doctor will begin another course of antibiotics to prevent recurrence of rheumatic fever. This preventive treatment usually continues until the patient is at least 21 years old. If an older teenager has had rheumatic fever, he or she may continue taking the antibiotics past age 20 to complete a minimum five-year course of preventive treatment.

**Prevention**

The only known way to prevent rheumatic fever is to treat strep throat infections or scarlet fever promptly with a full course of appropriate antibiotics.
red blood cells, use vitamin K and naturally prevent clots inside blood vessels. Vitamin E is best derived from vegetable oils, nuts, seeds, leafy green vegetables, and foods with vitamins added like cereals.

**New Crohn’s drug shows early promise**

A short-term, early clinical trial of 130 adults with the digestive disorder Crohn’s disease found that an experimental drug called mongersen had most in remission after just two weeks of treatment.

Remission means few to no symptoms of the inflammatory bowel disease for 28 days. The findings are encouraging because mongersen is a pill, compared to existing Crohn’s drugs like Remicade and Humira, which are given by injection or IV.

The study was published March 19 in the New England Journal of Medicine.

**New cancer research path: Elephants**

Pediatrician, researcher and cancer survivor Dr. Joshua Schiffman, who normally works at the Primary Children’s Hospital in Salt Lake City and at the Huntsman Cancer Institute, has recently been looking at a new avenue in cancer research: Asian elephants.

Working at the Ringling Bros. and Barnum & Bailey Center for Elephant Conservation (CEC) in Polk County, Florida, home to 29 elephants ages two to 69, Dr. Schiffman is trying to learn why these elephants do not get cancer—and how that might one day help humans do the same.

By studying elephant blood samples in a lab and analyzing their genetics, Dr. Schiffman and company hope to eventually create a medicine that mimics whatever it is that elephant blood does to prevent cancer.

**Napping may improve memory**

According to a new study by researchers from Saarland University in Germany, a short daytime nap of 45-60 minutes could improve learning and memory by fivefold.

The study had 41 participants take part in a learning task—looking at, and learning, a list of 90 single words and 120 unrelated word pairs. The researchers explain that unrelated word pairs, such as “milk-tax,” were used in order to eliminate the possibility that participants may have remembered the words as a result of familiarity.

After the learning task, participants were immediately required to complete a memory recall test. Half were then asked to take a nap of up to 90 minutes, while the remaining subjects were asked to watch a DVD.

The brain activity of those napping was measured via EEG while they rested.

Participants were next asked to retake the memory recall test, requiring them to once again remember the words and word pairs shown to them prior to napping or watching.

The researchers found that, compared with participants who watched the DVD, those who napped for around 45-60 minutes following the learning task performed approximately five times better when it came to remembering the word pairs.

The research was published in Neurobiology of Learning and Memory.

**Stents to prevent stroke may actually boost risk**

According to a new trial, using stents rather than medication alone to keep narrowed arteries open in the brain may actually increase patients’ risk of stroke.

The study involved more than 100 patients at risk of stroke because of plaque build-up in the artery walls in the brain. Those who received balloon-expandable stents—tiny, mesh tubes like those used to open heart arteries—were more than twice as likely to suffer a stroke or mini-stroke as patients treated with two blood thinners.
Let's Move! moving cities

Let’s Move! Cities, Towns and Counties (LMCTC), a localized program of First Lady Michelle Obama’s Let’s Move! anti-obesity campaign, was launched in July of 2012. As of March 2015, local elected officials from 465 sites across all 50 states had committed to implementing the five LMCTC goals. The goals are:
1. Help early education providers incorporate good nutrition and physical activity
2. Display MyPlate nutrition signs in all municipally- or county-owned or operated venues selling food/beverages
3. Expand access to meal programs before, during and after school days and/or over summer months
4. Align municipally- or county-owned food servings with the national Dietary Guidelines for Americans
5. Increasing access to play spaces for kids

Virginia green-lights ABLE

The state of Virginia became the first nationwide to approve legislation related to the Achieving a Better Life Experience, or ABLE, Act, when Gov. Terry McAuliffe signed a bill in mid-March. The federal ABLE Act was signed into law three months ago. The ABLE Act allows people with disabilities to open special accounts where they can save up to $100,000 without risking eligibility for Social Security and other government programs. However, states must put regulations in place before financial institutions can begin offering the accounts.

In addition to Virginia, legisla
tures in West Virginia and Utah have sent ABLE bills to their governors. That is, after a mere hour of debate, the court ruled that prece
dent existed for suing police officers for violating the ADA, and sent the case back to the 9th Circuit for full consideration.

Charity care drops $5 billion

Hospitals’ “charity care” uncompensated-care costs in Medicaid expansion states were reduced by $5 billion in 2014, according to an HHS report published Monday, March 23, the fifth anniversary of the Affordable Care Act.

The costs of uncompensated care declined $2.4 billion in states that did not expand the program, resulting in a total drop of $7.4 billion, down 21 percent from 2013.

In these states, the uninsured populations dropped as some resi
dents gained insurance through the law’s insurance exchanges and others who were already eligible for Medicaid enrolled as a result of the intense enrollment efforts tied to the coverage expansions, a dynamic known as the workforce effect.

Still, HHS estimates hospitals could have saved an additional $1.4 billion if the remaining states had raised Medicaid eligibility.

Green spaces help hearts

A new study suggests that turn

ing vacant lots into attractive green plots may make life less stressful for city residents.

The research included people in two Philadelphia neighborhoods who wore heart rate monitors when they went for walks in their area. Some vacant lots in one neighbor
hood underwent “greening”—which included cleaning, debris removal, planting grass and trees and installa
tion of a low wooden post-and-rail fence.

The participants walked past the vacant lots three months before and three months after some of the lots received the greening treatment.

Being near green vacant lots was associated with an average heart rate reduction of more than five beats per minute, compared with non-greened lots. Further analysis concluded that the total net reduction in heart rate when near and in view of green vacant lots was more than 15 heart beats a minute.

The study was published March 19 in the American Journal of Public Health.

FDA approvals

• Mar. 17—Cholbam capsules for bile acid synthesis disorders and peroxisomal disorders
• Mar. 25—Anthrasis, drug for treatment of inhalied anthrax

U.S. developing bird flu vaccine

The U.S. government is develop

ing a vaccine to protect poultry from new strains of avian flu that have recently killed birds from Arkansas to Washington.

Within two months, scientists at a U.S. Department of Agriculture (USDA) research lab in Georgia will test the vaccine to see how well it prevents them from getting sick and dying of the virus, which the government says is spread by wild birds.

Progress toward creating a vac

cine has not previously been report

e. It comes after the H5N8 and H5N2 flu strains have infected com

mercial poultry operations and back

yard flocks in eight states since December.

The government has no plans to distribute the vaccine yet. Instead, the United States will continue to cult

ulate infected flocks and test nearby birds to prevent transmission. The vaccine is being developed in case the U.S. needs a countermeasure to the current containment strategy.

Separately, the CDC is preparing to respond if birds transmit the flu to humans. The risk for human infec

tion is considered low

Brookhaven gets biomed funding

Long Island’s famed Brookhaven National Laboratory (along with Cold Spring Harbor Laboratory and Stony Brook University) was one of three national research hubs awarded in late March by the National Institutes of Health (NIH) to help speed the translation of basic biomedical discoveries into commercial products, such as new drugs, devices, and diagnostics. The hubs are part of the NIH-supported Research Evaluation and Commercialization Hubs (REACH) program and will be funded at $9 million over three years.