



Hamaspik Gazette

News of Hamaspik Agencies and General Health

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GAZETTE SURVEY

The GAZETTE asks YOU:
WHEN DO YOU GO TO BED WEEKDAYS?
A: before 9:00 p.m.; B: 9:00-10:30 p.m.; C: 10:30-12:00 a.m.; D: after 12:00 a.m.
Respond to: survey@hamaspik.org

HEALTH STAT

| DEMENTIA PREVALENCE IN U.S. SENIORS | | |
|-------------------------------------|-------|------|
| YEAR | 2000 | 2012 |
| PERCENTAGE | 11.6% | 8.8% |

Source: Health and Retirement Study data analysis, UM Ann Arbor, JAMA Internal Medicine

HEALTH QUOTE

“I AM NOT EXCUSING HIS BEHAVIOR. I AM EXPLAINING HIS BRAIN FUNCTION.”
—Director Michelle Elkins on helping professors support students with autism, NY Times, Nov. 19. Nearly 40 U.S. colleges now run autism programs.

HEALTH TIP

DON'T REST SORE MUSCLES
For faster relief, repeat the activity that causes the soreness, but at lower intensity (example: walk, don't run).

INSIDE

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- 08 Wound-healing gene may help with diabetes

PUBLIC HEALTH AND POLICY

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PUBLIC POLICY NEWS

MAKING HEALTHCARE GREAT AGAIN?

WITH ORTHOPEDIC SURGEON AND AFFORDABLE CARE ACT (ACA) OPPONENT REP. TOM PRICE, M.D. (R-GA) WIDELY SEEN AS THE NEXT SECRETARY OF THE U.S. DEPT. OF HEALTH AND HUMAN SERVICES (HHS), A NUMBER OF CHANGES—SOME SMALL, SOME SWEEPING—WILL COME TO U.S. HEALTHCARE, AND TO HHS, WHICH RUNS MEDICARE, MEDICAID AND PRESIDENT BARACK OBAMA'S LANDMARK LAW. WITH PRESIDENT-ELECT TRUMP NOW SAYING HE MAY NOT FULLY REPEAL ALL OF “OBAMACARE” DESPITE CAMPAIGNING OTHERWISE, THE INDUSTRY REMAINS UNCERTAIN.



A KEY PART OF TRUMP'S PLAN IS INTRODUCING TAX-FREE HEALTH SAVINGS ACCOUNTS; THESE COVER MEDICAL COSTS FOR FAMILIES.

HEALTH NEWS

Uncovering the Good News Behind Bad Numbers: the Story Behind Childhood ‘Big C’

A Lot More Kids Each Year Are Being Cured. Where Are the News Reports on That?

SEE PAGE 06 >>

SENIOR CARE NEWS

Better-functioning “Alzheimer’s Gene” Reverses Symptoms in Mice: Study

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HAMASPIK NEWS

Expanding Umbrella to Cover Autism Services, Hamaspik Launches ABA Program

APPLIED BEHAVIOR ANALYSIS (ABA) PROGRAM TO BENEFIT CHILDREN ON AUTISM SPECTRUM

In the communities it services, Hamaspik—and the very word “Hamaspik”—has long been synonymous with “special needs” or “disability” services, care and authoritative information.

And taking that positive association to yet another level this October was Hamaspik of Rockland County's launching of yet another vital community support service: applied behavior analysis (ABA).

The school of thought, currently the newest trend in treatment, is said to ameliorate adverse

behaviors in children on the higher end of autism spectrum disorder (ASD) by repeating and reinforcing positive and otherwise desirable behaviors.

And now, community members can also think “Hamaspik” when someone mentions autism—because Hamaspik of Rockland County's ABA program has arrived.

Under the leadership of Mrs. Reiny Steif, Hamaspik of Rockland County's new Director of ABA Services, the non-profit agency—which has been working with people with special needs since 1986—has now opened a new front in disability services and supports.

Mrs. Steif explains that it is precisely

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Services Provided by NYSHA AGENCIES

OPWDD

COMMUNITY HABILITATION

Providing: A personal worker to work on daily living skill goals

HOME BASED RESPITE

Providing: Relief for parents of special needs individuals

AFTER SCHOOL RESPITE

Providing: A respite program for after school hours and school vacations

DAY HAB PROGRAM

Providing: A day program for adults with special needs

SUPPLEMENTAL DAY HAB PROGRAM

Providing: an extended day program for adults with special needs

CAMP NESHOMAH

Providing: A day program for children with special needs during summer and winter school breaks

INDIVIDUAL RESIDENTIAL ALTERNATIVE (IRA)

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

INDIVIDUAL SUPPORT SERVICES

Providing: Apartments and supports for individuals who can live independently

ENVIRONMENTAL MODIFICATION

Providing: Home modifications for special needs individuals

SUPPORTED EMPLOYMENT

Providing: Support and job coaching for individuals with disabilities to be employed and to 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 access and coordinate available benefits

HOME FAMILY CARE

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

INTERMEDIATE CARE FACILITY

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

IBS

Providing: Intensive Behavior Services

PLAN OF CARE SUPPORT SERVICES

Providing: Support for families of individuals with special needs

FAMILY SUPPORT SERVICES

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

PARENTAL RETREATS

Providing: Getaways and retreats for parents of special needs individuals

DOH

TRAUMATIC BRAIN INJURY

Providing: Service Coordination · Independent living skills training · Day programs · Rent subsidy · Medical equipment · E-Mods · Transportation · Community transmittal services · Home community support services

CHILD & ADULT CARE FOOD PROGRAM

Providing: Breakfast · Lunch · Supper · Snack

EARLY INTERVENTION

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

CARE AT HOME

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

NURSING HOME TRANSITION AND DIVERSION WAIVER PROGRAM (NHTD)

Providing: Service Coordination · Assistive technology · Moving assistance · Community transitional services · Home community support services · E-Mods · Independent living skills · Positive behavioral interventions · Structured day program

LHCSA - HAMASPIKCARE

PERSONAL CARE & SUPPORT SERVICES

Providing: Home Health Aides · Homemakers · Personal Care Aides · Housekeepers · HCSS aides

COUNSELING SERVICES

Providing: Dietician/Nutrition counselors · Social Workers

REHABILITATION SERVICES

Providing: Physical therapy · Speech therapy · Occupational therapy · individuals

PACE-CDPAP

Providing: Personal care aides for people in need

SOCIAL AND ENVIRONMENTAL SUPPORTS

Providing: Minor maintenance for qualified

SOCIAL MODEL

Providing: A social day program for senior patients

NURSING SERVICES

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

HAMASPIK CHOICE

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

HCR

ACCESS TO HOME

Providing: Home modifications for people with physical disabilities

RESTORE

Providing: Emergency house repairs for senior citizens

HOME REHABILITATION PROGRAM

Providing: Remodeling dilapidated homes for low income home owners

NYSED

VOCATIONAL REHABILITATION SERVICES

Providing: Employment planning · Job development · Job placement

JOB COACHING

Intensive and ongoing support for individuals with physical, mental and/or developmental disabilities to become employed and to maintain employment

NYSHA

ARTICLE 16 CLINIC

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

TRAINING

Providing: SCIP · CPR & first aid · Orientation · MSC CORE · AMAP · Annual Updates · Com-Hab/Respite · Family Care training · Supportive Employment

CENTRAL INTAKE

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

HAMASPIK GAZETTE

Providing: A bilingual monthly newspaper informing the community of available HamaspiK services

► PUBLIC POLICY NEWS

Ohio Specialty Store, Nurse, Suing Texas Hospital over Ebola

The Texas Ebola crisis ended in late 2014—but for the Dallas hospital that treated America's one Ebola “import,” a foreign patient who died of the viral disease while under its care, it's still under way.

Besides treating the late Thomas Eric Duncan, who fell ill with Ebola while visiting the country from Africa, Texas Health Presbyterian Hospital is now contending with two related lawsuits.

Two of the nurses who treated Mr. Duncan at Presbyterian, Amber Joy Vinson and Nina Pham, contracted the deadly virus despite numerous precautions—but only displayed symptoms days after being cleared for travel and other free contact with the public.

Ms. Pham is now suing Texas Health for erroneously deeming her virus-free when

she was not.

Ms. Vinson, for her part, is not suing her employer for allowing her to travel—but an Ohio specialty store the nurse visited is. Having been cleared for travel, Ms. Vinson visited Coming Attractions Bridal and Formal in her hometown of Akron, Ohio two days after Duncan died.

Once the nurse came down with Ebola, federal health authorities scrambled to retrace her steps and every public contact to ensure public safety—which required the three-month shuttering of Coming Attractions.

The specialty clothing store has since got out of business—as a direct result of public fear of visiting the “Ebola store,” according to the plaintiffs, and a closure for which the store blames the hospital. ★

Measles “Eliminated” in Americas: WHO; But Designation Doesn’t Mean Disease Gone

MILESTONE ANNOUNCEMENT COMES ON HEELS OF 2014 DISNEYLAND CASE, TENNESSEE OUTBREAK

According a September 27 announcement by the World Health Organization (WHO), the highly contagious disease of measles has now been officially “eliminated” from the Americas.

“Today we say bye-bye to the indigenous transmission of measles,” said Pan American Health Organization (PAHO) director Carissa Etienne at a PAHO meeting in Washington Sept. 27. “We celebrate the historic day in which the scourge has been eliminated.” The PAHO is the Americas arms of the WHO, the United Nations’ global health apparatus.

However, in the jargon of public health, “eliminated” here has a specific definition: No more local or regional outbreaks of a disease, but the possibility of outbreaks due to “imports” of the disease.

By contrast, “eradicated” in public-health terminology specifically refers to a disease no longer exists.

The only disease so far to earn the public health status of “eradicated” is smallpox, which was declared officially eradicated in 1972.

The declaration means that the viral disease is no longer endemic, or constantly present in a geographic area, which in this case is Chile to Canada. Measles is still common in Africa, Asia, the Pacific and some European countries.

However, there have been at least three local outbreaks of measles across the United States in recent years—despite the fact that the government declared measles officially “eliminated” in the U.S. back in 2000.

All were caused by infected foreigners inadvertently spreading the virus in the U.S. to unvaccinated Americans, or by unvaccinated Americans catching the virus abroad and “importing” it back home.

A small outbreak in 2013, confined largely to members of an extended family in Brooklyn that was mostly unprotected due to anti-vaccine misinformation, was quickly contained by city health officials. That outbreak was caused by an infected family member visiting from England.

In 2014, an infected tourist visiting Disneyland in Southern California triggered an outbreak that infected at least 147 people by the time it was brought under control in 2015. Also in 2014, two unvaccinated Amish relief workers caught the virus in the Philippines and “imported” it back to Ohio’s sizable Amish community, where 383 mostly unvaccinated people in the state ultimately

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● ► HAMASPIK NEWS

Person-centered Summer Up Front and Center at Hamaspik's Fosse Shvesterheim

Rockland County Women's Group Home Typifies New Push for Individual Choice

Ask anyone in the disability services—or “supports,” as it’s increasingly called today—industry, and they’ll tell you: focusing, or re-focusing, on the personal choices of each individual served—make that “supported”—is

the top driving trend today.

All across New York State, non-profits like Hamaspik that are affiliated with the Office for People With Developmental Disabilities (OPWDD) are training and retraining,

staff to change how they treat people with disabilities—and how they relate to them and to the entire concept of disability in the first place.

This new “person-centered” approach, the subject of several in-house trainings at Hamaspik over the past two years, was on full display this past summer season at the Fosse Shvesterheim.

Staff at the Hamaspik of Rockland County Individualized Residential Alternative (IRA) saw to it all summer long that the women they support enjoyed the activities of their choice.

For several, that meant summer vacations.

Speaking to a Fosse Direct Support Professional (DSP) by phone on Friday, Oct. 7, the *Gazette* learned that one resident rented a private house for two days in upstate Lakewood, New York, not too far from the popular shores of Lake George. Another two enjoyed a rural respite at the Raleigh Hotel, as they did last year, too. A third resident, asked how she’d like to cap her summer, opted for the following run on local goods and services: a pizza breakfast, a hairdo, shopping for a bit

of new jewelry, a pizza lunch, more jewelry shopping, and then dinner.

And a fourth resident, reports the DSP, opted for the non-action action many of us prefer come summer vacation time: She simply wanted to do nothing.

Ms. Breindy Hershkowitz, however, marked summer 2016 with the fifth pilgrimage of her life to the Holy Land.

Visiting Ms. Hershkowitz at her Fosse Shvesterheim residence the afternoon of Monday, Oct. 10, the *Gazette* caught up with the popular author and inspirational speaker, who regularly rallies young women of her age to make the most of their lives, as she likewise does.

Ms. Hershkowitz reported that, in course of her trip to visit a friend in that overseas region, she also paid her respects at the resting places of several late spiritual leaders of generations bygone.

“I really did what I do best!” on her trip, she affably declared. Which was? “Davening!” [Praying—ed.]

And that’s a personal choice few can argue with. ★

● ► PUBLIC POLICY NEWS

Growing Number of People Burned, Injured by Exploding Electronic Cigarettes

You’ve certainly heard that cigarettes are bad for your health. You may have heard that electronic cigarettes, or e-cigs, are bad for your health. But you’ve probably not heard that e-cigs are bad for your health because they can literally explode in your face.

A letter in the Oct. 6 issue of the *New England Journal of Medicine* now calls for attention and political action on the issue. Author Dr. Elisha Brownson of the Seattle-based University of Washington Regional Burn Center says that she has treated 22 people for burns and other injuries caused by exploding e-cigarettes since October 2015.

And a number of other people across the country of all ages were burned and/or injured in recent months, some quite seriously, by exploding e-cigarettes.

In fact, days before the *Gazette* went to print, a man was burned in Manhattan’s Grand Central Station when his e-cig exploded.

According to Dr. Brownson, the explosions are caused by the powerful lithium-ion batteries used in e-cigarettes. The rechargeable batteries charge a heating coil that brings liquid nicotine and flavorings to the boiling point inside the device, creating an inhalable vapor.

But when some of the batteries overheat, it can cause a fire or explosion, and resulting variety of serious burns and blast injuries.

However, the American Vaping Association counters that lithium-ion batteries are an equal threat in cellphones or laptops, saying that the letter neglected to mention explosions in those devices, too. (Brief research by the *Gazette* did uncover several reports nationwide in recent years of cellphone or laptop batteries exploding and burning or injuring users.)

“This isn’t a problem that is unique to

BUT INDUSTRY SAYS LITHIUM-ION BATTERIES EXPLODE EQUALLY ELSEWHERE, TOO

vapor products,” said American Vaping Association president Gregory Conley.

In addition, notes Erika Sward, assistant vice president of national advocacy for the American Lung Association, some users tamper with the batteries to produce more voltage, which overheats the liquid in e-cigarettes and produces a stronger hit of nicotine—not to mention a greater risk of malfunction and explosion.

(Speaking of exploding e-cigarettes, the U.S. government has banned e-cigarettes from checked airline luggage.)

While the FDA recently extended its authority over tobacco products to include e-cigarettes, manufacturers still have two years to submit nearly all e-cig products current on the market for FDA review.

“We’re hopeful the FDA starting to regulate these devices will help,” Brownson said. “Until the regulations can be enforced, we expect that we will continue to see these injuries.”

However, the House of Representatives recently passed an FDA funding bill containing a rider that would “grandfather” all existing e-cig products—meaning that they’d be exempt from the new rules. That rider will be reviewed in December when Congress resolves its budget bills. ★

● ► PUBLIC POLICY NEWS

Measles “Eliminated” in Americas: WHO; But Designation Doesn’t Mean Disease Gone

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got the virus.

And this past April, a measles outbreak of unknown origin struck Shelby County, Tennessee, with three people—an 18-month-old boy, a 50-year-old man, and a seven-month old girl—initially testing positive for the virus. That number eventually rose to seven.

An effective and rapid response by local, state and federal health authorities ultimately tracked down 985 contacts of the seven patients, six of whom were unvaccinated. The response, which also quaran-

tined 41 contacts and administered 400 MMR vaccines at public clinics and community events, eventually found that “a lack of international travel and absence of recent measles cases in the community can provide false reassurance,” according to a CDC report.

No common source was ever identified for the outbreak—which, the CDC report added, “highlights the importance of high two-dose MMR vaccination coverage among vaccine-eligible persons and the need for ongoing, vigilant surveillance for measles virus in the United States.” ★

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● ► HAMASPIK NEWS

Spectacular Tishrei Holiday Season Celebrated Across Hamaspik Services and Programs

Residences, Supports Bring Individuals into Community Mainstream throughout Month

If not for Sukkos, what would give us joy to carry us through the year? But with Sukkos filling our pockets with enough happiness for the next 11 months, there's enough for every day.

With that in mind, Hamaspik's divisions, programs, services and supports for individuals with disabilities—a machine comprising hundreds of caring Direct Support Professionals (DSPs) and other staff across five New York counties—painstakingly prepared for Sukkos, and for the entire Tishrei holiday month that Sukkos is part of, well in advance, leaving no stone unturned.

The result? The sweet taste of Tishrei lingering on the tongue of every individual, young and old alike, supported by Hamaspik, and their grateful parents, siblings and families, too.

It would take ten *Gazettes* to truly present the extraordinary care and devotion to detail provided present and immediate past by Hamaspik staff. Nevertheless, presented here are telling anecdotes that capture both the action and the spirit of giver and receiver alike.

HERALDING THE NEW YEAR

You've got to hand it to the boys of Grandview—with the approach of Tishrei, the youthful residents of the Hamaspik of Rockland County home spent more than a bit of time cutting, coloring, decorating or otherwise fashioning holiday greeting cards to send home to their parents.

And all by hand.

Each lovely little card centered on an individual's portrait surround by hand-customized paper frames that each young man had colored and glued on manually. The arts and crafts activity was the veritable highlight of the holiday month, reports Grandview Manager Joel Schnitzer, getting them involved and excited as it did.

The Seven Springs Shvesterheim IRA, of Hamaspik of Orange County, likewise dispatched a round of lovingly crafted greeting cards from daughters to parents. Along with the irresistibly cute handmade messages (photos and all), the cards arrived accompanied by dainty chocolates, rendering the total packages the sweetest of greetings.

With the *Gazette's* offices located in Monsey as they are, editors maintain personal relationships with a good few residents of the Hamaspik IRAs in the immediate area. Yiddish Editor Zishe Muller got a most pleasant surprise, when, on the eve of Rosh Hashanah, his office phone rang—with a call from Moishe, a resident of the local Forshay Briderheim.

Moishe proceeded to personally wish Mr. Muller a “good and sweet New Year,” as the age-old holiday greeting goes, with all the charm and personality that could only come from the heart.

Whether Forshay or any other group home, Hamaspik's golden-hearted residential beneficiaries found themselves making calls, or personal visits, before Rosh Hashanah to those who mean the most to them—firstly, of course, to beloved parents and immediate family... and then, perhaps, to an acquaintance or two.

With several Seven Springs residents unable to attend the nearest synagogue on

Rosh Hashanah for various reasons, Seven Springs DSP Mr. Zalman Grossberg brought the synagogue's shofar-blowing home.

With the residents gathered around, Mr. Grossberg not only sounded the sacred tones on the hollowed-out ram's horn, but was happy to be using one that was brand-new, too—underscoring the holiday's theme of renewal.

Ditto for the young women residing at Hamaspik of Rockland County's Fosse Shvesterheim, led since inception by Mrs. Esty Landau, its most capable Manager: those able to “go to shul” attended services at the nearby synagogue led by Rabbi Kok-

is—while Mrs. Landau arranged for a shofar-blower to visit the residence for those who could not.

The Bakertown Shvesterheim, Hamaspik of Orange County's newest Individualized Residential Alternative (IRA) group home and the entire agency's youngest (so far), supports a group of high-functioning young women—enabling them, as they did, to create the glowing atmosphere of High Holidays in the comfort of their own home. That atmosphere included new outfits for the holidays and holiday meals with all the customary trimmings: apples and honey, pomegranates, and exotic fruits.

In the run-up to High Holiday services, one resident requested a reserved seat at the largest synagogue in Kiryas Joel, the upstate village that is home to Bakertown, while others asked for—and obtained—annual memberships at a smaller house of worship nearby.

“Moshiach is here!” wrote Mrs. Cziment right after Rosh Hashanah and the exalted moments of prayer services at the nearby Karisterer Synagogue. “It was a Yom Tov to cover!”

Cook Mrs. Landau had whipped up a storm. Besides the honey cakes made by residents, the table was covered with “symbolic kugels” of apple, honey, carrots and so on, with pomegranates set out elegantly rivaling the finest private home.

With the advent of Rosh Hashanah, every Hamaspik IRA resident heard the blasts of the shofar—just like everyone else did.

LIVING THE HOLIDAYS

At Hamaspik's group homes, residents don't just celebrate the holidays. They live them.

That was certainly the case at Hamaspik of Rockland County's Grandview Briderheim, which enjoyed the custom of visiting a body of water for the Tashlich prayer. That prayer, in which one symbolically casts one's sins into the water, has been drawing Jews to beaches, lakefronts, ponds and the like for centuries come the High Holidays.

Sharing in the cultural customs of the community around them, then, Grandview's residents and support staff found themselves on the morning of Monday, October 10—barely a day before Yom Kippur day—before the waters of Haverstraw Bay Lake.

Sharing in the cultural customs of the community around them in yet another way, several residents at Seven Springs insisted on fasting on Yom Kippur just like any typical peer, not to mention as their parents do.

>>>

“Kedushas Yom Tov” at the Acres Briderheim, a Mutual Bond

The simple translation of “Kedushas Yom Tov” is “Holiday Holiness.”

But at Rosh Hashanah and Yom Kippur, not only does Hamaspik of Orange County's Acres Briderheim IRA bask in the atmosphere of holiday holiness, but the nearby Kedushas Yom Tov Synagogue basks in the atmosphere of the Acres Briderheim, too.

The two community institutions share an inseparable bond.

Acres' Manager Rabbi Lipa Laufer, better described as the father of the family, is also a regular cantor at Kedushas Yom Tov. He's been lending his hearty baritone to services there for years.

Locals attend Kedushas Yom Tov not just for Rabbi Laufer's notable and inspiring voice, but also for the atmosphere of spiritual purity created by when Acres is present.

When Rabbi Laufer's boys are seated in shul, the prayers have that added innocence.

Mrs. Laufer recalls how, one year at Rosh Hashanah, they weren't sure if one young man should go to shul, as he regularly presented no signs of un-

derstanding where he was or what was happening. He would likely have difficulty tolerating the stretches of silently recited prayers.

However, Kedushas Yom Tov's regulars would have none of that—and the young man's tender innocence, weeping openly at the blasts of the shofar, touched the hearts of all around him.

The gentleman evinced the same spiritual innocence throughout the day's services, with his pure soul shining for all to experience—without him uttering a word.

This year, on Rosh Hashanah's first day at Kedushas Yom Tov, another resident served as an informal accompanist of sorts to Rabbi Laufer.

Later back at home, he was asked by Mrs. Laufer why his background vocals were particularly pronounced. The young man simply replied, “What do you mean? I had to help out!”

At the end of the day, Acres' residents are beloved Kedushas Yom Tov mainstays—where each enjoys his regular seat, name plate and all, and participates in services to their individual ability. ★

● ► HAMASPIK NEWS

Putting Rosh Hashanah on the Table

Concord Briderheim IRA Manager Mrs. Shaindel Goldberger, never one to skimp on the quality and attention to detail that is her brand of down-home, hands-on residential support, put it all out there on the table when Rosh Hashanah rolled around. Judging from the photos sent in the Sunday of the Jewish New Year's eve, the dining-room centerpiece at Concord, set early in the holiday's honor, could easily grace the pages of any elegant catalog or department-store window display—which is exactly how Mrs. Goldberger and her “boys” like it.

Ditto for Hamaspiik of Kings County's South 9th Shvesterheim, whose career Manager Mrs. Malkie Cziment likewise saw to it that South 9th's pre-Rosh Hashanah table was properly bedecked with all the appropriate

pomp and circumstance—right down to the symbolic pomegranate seeds on appetizer plates and the carrot-based pastries smack in the middle.

But not missing any of the action downstate was Hamaspiik of Kings County's 38th St. Shvesterheim, the agency's youngest group home where in a group of happy young ladies of all function levels resides. The residents whipped up lovely homemade challah loaves in honor of Rosh Hashanah, not for their own tables but for those of their parents. Creatively created with “built-in” honey tins in each challah's center, the traditional baked goods were adorably wrapped in cellophane and completed with affixed New Year's messages from daughters to mothers and fathers rolled up in elegant scrolls. ★

While some could not for medical reasons, all joined in the “break-fast” dinner immediately after Yom Kippur's conclusion, sharing in the spiritual joy.

Channeling that spiritual “high” into positive, proactive action is the reason behind the common community custom of gearing up for the next holiday—Sukkos—practically as soon as you're done with Yom Kippur.

That's why residents and staff across Hamaspiik's group-home universe were seen the night of Wednesday, October 12—mere hours after Yom Kippur's close—getting their backyard sukkah huts in last-minute shape (most had put them up even before Yom Kippur).

And with Seven Springs being elegant-

ly kept year 'round, it not surprisingly had a sukkah to match, right down to the curtain-like trimmings lending the shelter a pleasantly permanent feel.

Wall decorations—rich, colorful and vibrant pieces of art of all sorts, and many hand-made by residents—dominated the décor in every Hamaspiik group-home sukkah.

Typical of that was the 38th St. Shvesterheim Individualized Residential Alternative (IRA), Hamaspiik of Kings County's youngest IRA, where the sukkah walls were hung with decorative and evocative posters of natural landscapes, while shiny ceiling decorations in a rainbow of colors hung down from the bamboo roof.

A similar scene presented itself at

Hamaspiik of Rockland County's Grandview Briderheim, IRA, where Manager Joel Schnitzer (who also doubles as an agency Medicaid Service Coordinator), the backyard sukkah was a veritable art gallery.

Ditto for Hamaspiik of Rockland's Arcadian Briderheim, where longtime Manager Shlomo Lebowitz and crew saw to it that the Sukkos spirit practically sang from the very walls. Their sukkah, besides the standard décor, was decorated with cutouts of violins and trumpets, giving their outdoor shelter a decidedly upbeat vibe.

And in the sukkah of Hamaspiik of Kings County's 61st St. Briderheim men's residence, it was quite literally Sukkos time all holiday long—what with a clock in the sukkah, and a working one at that, whose hands consisted of a lulav and esrog.

GETTING INTO SUKKOS

The first two days of Sukkos, the collective culmination of a community's almost-frantic preparation for the festival, were marked with plenty of mealtimes, synagogue attendance and other joyful expressions of family and community bonding.

Not to leave its residents out, Hamaspiik's group-home staff ensured that the people they support felt equally connected—to the Sukkos holiday, and to the communities around them also celebrating the Sukkos holiday.

Come Monday and Tuesday, October 17 and 18, then, the ladies and gentlemen across Hamaspiik's dozen-plus group homes in three counties were seen strolling the streets of their neighborhoods like everyone else—going to or coming from shul, and greeting familiar faces alike, all in the balmy spirit of the holiday only accentuated by the temperate weather.

And in enjoying their festive meals in their outdoor huts, surrounded by the positive color, joy and atmosphere, the individuals were surrounded by Sukkos—both figuratively and literally.

IN CONCERT WITH THE COMMUNITY

With Sukkos being the prime-time family bonding time that it is—a holiday that families look forward to all year—the Hamaspiik group homes, each a family in its own right,

was no different.

As such, Hamaspiik of Kings County's 38th St. Shvesterheim IRA took in a massive free community concert the first day of Chol Hamoed, the four “Intermediate Days” occupying the middle of the eight-day Sukkos holiday.

The 61st St. Briderheim, another Hamaspiik of Kings County residence, also found itself on Chol Hamoed enjoying another concert—this one headlined by Uncle Moishy, a beloved children's entertainer, in Brooklyn's Brighton Beach neighborhood.

Up north in Rockland County, the Fosse Shvesterheim IRA, also a women's residence, likewise enjoyed a local community event—this one an interactive and educational audio/video presentation—on Chol Hamoed. They also enjoyed a more private “family outing,” this in the form of a lunch in the sukkah of a Monsey kosher restaurant.

Also under the purview of Hamaspiik of Rockland, the Grandview Briderheim IRA boys residence, in keeping with individual person-centeredness, took one resident to the Queens Zoo on one Chol Hamoed day, while the entire gang took in the Grand Prix family fun center across the Hudson River in Westchester another day.

And, of course, every Hamaspiik group home—and most beneficiaries of its Family Care, Community Habilitation (Comm Hab), After-school Respite (ASR) and other programs—enjoyed Hamaspiik's gala Chol Hamoed community concert (see side story, page E7).

COMING FULL CIRCLE

Come the last day of Sukkos, a holiday in its own right known as Shmini Atzeres, residential beneficiaries of Hamaspiik came full circle in terms of community integration.

Joining community members as they did in the ceremonial dancing with the Torah scrolls at their local shuls on Shmini Atzeres (and the Simchas Torah holiday the following day), everyone felt they belonged.

At the Grandview Briderheim, for example, residents enjoyed the Hakafos (literally, “circuits”) as they danced in the traditional circle around the synagogue floor, with disability hardly even an afterthought and regulars embracing them as the members of the

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ON THE TABLE: SOUTH 9TH'S SPREAD (LEFT); CONCORD'S REGAL REPAST (CENTER); THE ARCADIAN IRA'S SUKKAH (RIGHT)

●► HEALTH NEWS

Chiropractic Benefits for Migraine Patients Likely Psychological: Control-group Study

AFTER ONE YEAR, BOTH REAL, SHAM PATIENTS REPORT LESS MIGRAINES THAN DRUG PATIENTS

While believers have all but sworn by the benefits of chiropractic for decades, skeptics have remained, well, skeptical.

But a new study from Norway now lends weight to the notion that the spinal manipulation therapy, popular in several *Gazette* reader communities, works simply due to the psychological *placebo effect*—at least when it comes to treating chronic migraine headaches.

In the placebo effect, patients report *feeling* better because of treatment—whether or not anything actually *gets* better because of treatment.

In a three-month study of 104 patients suffering from migraines, the painful and debilitating headaches, patients were split into three groups. One got real manual chiropractic adjustments, one got fake manual chiropractic adjustments, and one got conventional migraine medications.

After 12 weekly sessions, patients of both the real and fake chiropractic back adjustments reported the same reduction in “migraine days” per month as those taking medications.

But in follow-ups 12 months after the start of the study, the real and fake chiropractic patients reported about 40 percent improvement in migraine symptoms over 12 months earlier, while the medication-only patients returned to the same level of symptoms at the start of the study.

Chiropractic has long been the subject of at least some controversy. But the school of treatment, once dismissed by the medical establishment as outright quackery, has made significant inroads into the mainstream over the decades.

Subluxations, chiropractic jargon for displaced vertebrae in the spine, are the spine (no pun intended) of chiropractic theory.

Chiropractic maintains that minute displacements of the vertebrae impinge on signals from brain to body, and vice-versa, via the spinal cord, much as stepping on a garden hose limits water flow. With spinal adjustments, chiropractic supposedly corrects subluxations of the vertebrae to reduce or remove specific symptoms and to improve overall health.

However, part of the reason for chiropractic’s arms-length treatment by (at least some of) mainstream medicine is that sub-

luxations do not appear in x-rays. That and other basics of chiropractic have made it difficult to subject the discipline to the rigors of scientific testing.

In ordinary situations, a new medical treatment—say, a new drug—would be scientifically tested by giving a real pill to one group of people and a fake (placebo) pill to another group (the “control” group). If the “real” group improves compared to the “fake” group, it means that the pill works.

But in scientifically testing chiropractic, you can’t execute a fake spinal manipulation.

To address that issue, researcher Dr. Aleksander Chaibi of Akershus University Hospital in Norway—himself a physiotherapist, chiropractor and Ph.D. candidate—developed a chiropractic “adjustment” that 80 percent of study participants eventually couldn’t tell was fake. It involved pushing on the scapula shoulder bone and the far lower hip area to seem real. However, according to the researchers, it did not directly move, adjust or otherwise affect the spine.

To make their placebo-controlled study even more realistic, Chaibi and colleagues had both real and sham sessions last 15 minutes each, with both groups getting the same structural and motion assessments before and after each session. Participants also all kept a headache diary.

At the same time, the third group was

getting just common medications normally prescribed for migraines.

The authors of the study, which was published recently in the *European Journal of Neurology*, suggest that the effect of chiropractic spinal manipulation therapy “is probably due to a placebo response.”

According to Dr. Chaibi, the one-year benefits reported by the fake chiropractic group could be attributed to the neurological benefits of physical touch—a benefit that he says exists with every manual contact, including simple handshakes.

“We do not believe that our placebo sham intervention by itself had any effect other than a placebo effect,” he told health news outlet *MedPage Today*, “particularly considering that all the placebo contacts were pre-defined and made outside the spinal column.”

But Dr. Chaibi also believes that because 15 percent of migraine patients do not respond to medications like NSAIDs or triptans, chiropractic care—even if the result of a placebo effect—may have a place in treating migraines.

Or, we might add, in treating all sorts of other ailments. ★

Uncovering the Good News Behind Bad Numbers: the Story Behind Childhood ‘Big C’

A Lot More Kids Each Year Are Being Cured. Where Are the News Reports on That?

On October 20, an article on WebMD, a leading health and medical news source, stated:

“Childhood cancer has been on the rise. The numbers are small because any childhood cancer is rare. Just one of every 100 new cancer diagnoses in the United States is a childhood case. Still, the National Cancer Institute (NCI) says there has been a significant increase in the overall rate of childhood cancers in recent decades—up 27 percent since 1975 in kids under age 19.”

Not only does that sound scary, it’s also misleading.

For those who believe that the news media is deliberately sensationalistic—or, when it comes to health news, deliberately fear-mongering—the report fuels their argument.

For starters, because “27 percent” is another way of saying 1 of every 4, the report might be read by some as saying that a drastically larger slice of kids are now getting “it.” (They’re not.)

But a hairsplitting look at the actual NCI statistics behind the article reveals an entirely different picture, though—and a reassuringly positive one, too.

Here’s what the report didn’t tell you.

LET THE NUMBERS SPEAK

Since 1975, the Surveillance, Epidemiology, and End Results (SEER) program has been operated within the gargantuan U.S. Dept. of Health and Human Services (HHS)—one of whose primary divisions, the National Institutes of Health (NIH), is itself divided into 27 divisions.

The SEER program keeps highly detailed tabs on how many Americans get the dreaded “c” disease, and/or, unfortunately, lose their lives to it.

Fresh SEER data now published by the National Cancer Institute, one of those 27 divisions, says that 13.0 out of every 100,000 U.S. children ages 0-19 were diagnosed in 1975. The new data also says that 17.8 out of every 100,000 U.S. children ages 0-19 were diagnosed in 2013.

So, some simple summarized math here: increasing 13.0 by 27 percent gives you 17.8. In other words, 17.8 kids out of 100,000 are 27 percent more than 13.0 kids out of 100,000. But does that sound like “rise,” “significant increase” or “27 percent”? Not really.

Of course, for the parents of those few children, the dread disease is anything but insignificant, or a headline to scoff at.

And that leads us to the positive flip side of SEER’s new figures on U.S. pediatric cases: the truly significant rise of U.S. pediatric cure and survival rates.

LOOKING AT THE RIGHT NUMBERS RIGHT

The same SEER data revealing that U.S. pediatric cancer diagnosis rates are rising (at least statistically) since 1975 also reveals that U.S. pediatric cancer mortality rates are falling since 1975.

In plain English, that means that a few more kids each year are, sadly, getting diagnosed—but that a lot more kids each year are being cured. (Where’s the story on that?)

Rabbi Elimelech Goldberg is the founder and director of the Detroit-based Kids Kicking Cancer, an international non-profit that empowers pediatric patients with martial-arts methods of managing treatment regimens. Rabbi Goldberg lost a daughter to the illness in the early 1980s.

“The survival rate is significantly bet-

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● ► HAMASPIK NEWS

Mainstreaming Center Stage Again at Hamaspiik's Grand Community Concert

FAMILIES THRILL TO LOVE ONES DANCING, SINGING TO (AND WITH) POPULAR PERFORMERS

There's no better way to put something center stage then, well, to put it center stage.

And if contemporary progress means embracing and mainstreaming as people, people who also happen to have disabilities, then Hamaspiik again put that progress at center stage, and literally.

On Wednesday, October 19, close to 2,000 individuals with special needs and/or their family members and support staff converged on Lehman College for yet another spectacular Hamaspiik holiday concert.

The exciting event, the community outing hosted by the non-profit agency at each Sukkos and Pesach holiday, once again brought together hundreds of people with special needs of all ages—joined once again by hundreds of devoted and hardworking fathers, mothers and siblings, too.

Throughout the spectacular three-hour live event, children and young adults with special needs repeatedly took the stage to dance, sing and even perform along with vocalists and entertainers. (As they did, parents could be seen joyously snapping away on personal cameras.)

For the young folks, it was simply a fun activity. But for the community, and for society, it was another powerful, positive and telling indicator of what today takes center stage.

SETTING THE STAGE

The event began promptly at 2:00 p.m. with Master of Ceremonies Yechiel "Chilu" Posen, also choirmaster of the Hamezamerim men's vocal chorale, formally welcoming the capacity crowd.

With the dozens of cars, vans and charter buses outside having brought in the 1,000-plus guests inside, the singer artfully interacted with his audience to heighten the atmosphere of excitement—including filling the air with several energetic holiday-themed selections.

For the next hour, the eight-man orchestra and five-voice choir backed such popular community vocalists as Shea Berko, Boruch Sholom Blesofsky, Levi Falkowitz and Yoely Greenfeld as each belted out their most popular songs.

Each demonstrated the height of sensitivity and accommodation as various young

guests joined them in the limelight, or on the mike, to express exhilaration in dance or song—with most taking a singer's hand, or throwing a bonding arm over a shoulder, to skip to and fro to the music.

Serving as an intermission of sorts was beloved children's entertainer Cousin Nachum, whose foppish stage persona had children of all ages laughing from the very first drop of his hat—which, along with bowls and plates that he "accidentally" let fall to the floor, opened his humorous and captivating family act.

Much of Cousin Nachum's balancing and juggling feats admiringly and seamlessly incorporated an adorable little girl who volunteered her participation without solicitation. "That's okay, sir!" he affably quipped to a caregiver calling her to step back from the stage on which she had innocently planted herself. "I can improvise!" And improvise he did, making her part of the show as if it was totally planned. Need-

less to say, the children's parents weren't the only ones appreciative of the sensitivity.

The Yiddishe Nachas boys choir next took the stage to strong applause.

Under choirmaster Moshe Kraus, the group of 14 young vocalists rolled out one popular hit after another. The dozen-plus boys, smartly decked out in matching turquoise vests and pastel slacks, had the crowd clapping and singing along, and robustly applauding each upbeat selection.

With much fanfare, Chilu Posen then introduced cross-generational children's performer Moshe Tannebaum, a.k.a. Uncle Moishy, whose simple but memorable melodies have for decades been setting Jewish community values and practices to music.

Uncle Moishy spent an exciting 30 minutes on stage regaling the family-heavy audience with his lesson-laden lyrics on everything from regularly studying the Torah to the mitzvah of returning lost items to owners (with the help of his "lost pet fish" drifting about the stage).

THE NEXT STAGE

The event's grand finale slowly built to a crescendo, with Yiddishe Nachas first

returning to the stage for an encore round comprised of their greatest hits thus far.

The excitement rising with each song only reached additional heights with the return appearance of singers Berko, Blesofsky, Falkowitz and Greenfeld. Backed by the vocal power of the boys' and men's choirs and the band at full tilt, the gentlemen soon found themselves joined by more than a few young men hopping about the stage with them, arm in arm in musical ecstasy.

At the same time, with atmosphere practically crackling with joy, the front left seating area spontaneously combusted into an impromptu dance floor. Much of that "fire" was ignited by the volunteers of the Special Children's Center and their appropriately yellow t-shirts.

Under the direction of Boys Division Director Mrs. Miriam Kaplovitz, a sizable contingent of youths with special needs, and their caring volunteer caregivers (including Mr. Yossi Kaplovitz), from the Lakewood, New Jersey-based non-profit was again in attendance at Hamaspiik's annual concert event.

For the past several years, the Center has happily accepted repeat invitations from Hamaspiik's very own Mrs. Brenda Katina, the agency's Special Events Coordinator.

Now, with the stage manic with music and song, the corner of the concert hall was transformed into a throbbing mass of boys and men dancing with abandon, arms swinging and feet flying—with the fact not even registering that those with and without disabilities were evenly mixed.

And is that not the ultimate idea? ★



BAND AID: BACKED BY THE MUSICIANS OF QUALITY ENTERTAINMENT, SINGER YOELY GREENFELD TAKES THE STAGE



SOMETHING FISHY: UNCLE MOISHY AND HIS SEAWORTHY PAL



CENTER OF ATTENTION: LAKEWOOD'S VOLUNTEERS REVEL WITH HAMASPIK'S SPECIAL FRIENDS



GRAND FINALE: YIDDISHE NACHAS THRILLS THE CAPACITY CROWD



Happening In health Today

UNIVERSAL GENE SPEEDS WOUND HEALING IN ANIMALS

In animal experiments, federal genetics researchers have now found that a gene known as heat shock protein 60 (Hsp60) speeds up wound healing—and researchers have reason to believe it may one day work on humans.

In separate tests on zebrafish and diabetic mice, the animals' cuts and wounds completely healed far faster when they were injected or smeared with Hsp60-containing shots or gels.

The gene is believed to speed wound healing by boosting the immune system's local inflammatory response—the body's first step in regenerating cells to heal cuts or wounds.

National Institutes of Health (NIH) researchers are particularly excited about Hsp60's potential to speed wound closure in diabetic patients. Diabetes inhibits wound healing, and approximately 15 percent of diabetic patients develop foot ulcers, which too often do not heal. Researchers now hope that better understanding of wound healing might lead to better diabetes treatments.

"We hope that topical treatment with Hsp60 will act the same way in humans," said lead researcher Shawn Burgess, Ph.D.

The research was published in *Regenerative Medicine*.

NEW CLUE FROM ZEBRAFISH FOR REGENERATING SEVERED SPINAL CORDS

In related news, NIH-funded researchers at Duke University have figured out how zebrafish are able to completely regenerate severed spinal cords—research that they likewise hope to one day apply to humans.

In zebrafish with severed spinal cords, molecules called connective tissue growth factor a (CTGFa) produce cells called *glial cells*. The glial cells form a bridge at the site of a severed spinal cord. New nerve cells then fill the gap, restoring normal spinal cord function.

The promising news is that humans also produce CTGFa. Researchers are now looking into why CTGFa does not trigger the same regeneration process in human spinal-cord injuries as it does in zebrafish.

PATIENT SPELLS OUT LETTERS WITH BRAIN INTERFACE SYSTEM

An experimental computer-brain interface system developed by Dutch doctors is currently helping a paralysis patient spell

out words on a computer screen using only her brain.

The patient, a 58-year-old woman in the late stages of amyotrophic lateral sclerosis (ALS), cannot speak or move any body part except her eyes and eyelids.

Such patients typically communicate with the world via eye-tracking technology that allows them to spell out letters on a computer screen by looking at them one at a time.

However, the new system uses four sensor strips implanted over the part of the patient's brain that controls hand movement. When the patient imagines herself using a computer mouse to select an on-screen letter, the sensors pick up brain signals and passes them to a computer.

Working very slowly over the past year to fine-tune both the signal-reading software and the patient's skill, the patient and team now can hit a maximum of clicking four letters a minute with thought power alone.

MORE SOCIAL WORKPLACES, BETTER MENTAL HEALTH

An Australian study published recently in *Personality and Social Psychology Review* finds that workers with better social links to co-workers have better mental health. While the study does not claim any cause-and-effect link, it did find an association between how strongly people identified with their work colleagues or organization and better health and lower risk of burnout.

Researchers looked at 58 existing studies covering 19,000 workers in 15 countries, finding that social relationships in the workplace, especially the social groups

people form at work, can play a major role in health at work.

The researchers also suggested that the mental health benefits may come from the support provided by the work group, but also from the meaning and purpose that people derive from membership in social groups.

STRONGEST ZIKA-GUIL- LAIN-BARRE LINK FOUND

Johns Hopkins University researchers found that 17 of 68 patients with the rare Guillain-Barre syndrome also had the Zika virus in their bodies.

A link between Zika, which can seriously harm babies but is usually harmless for adults, and Guillain-Barre has long been suspected.

Rates of the neurological disorder, which causes mild tingling to temporary full-body paralysis, spiked in Zika-affected regions in the past. Guillain-Barre is rare, normally afflicting about one person in 100,000. But when Zika struck French Polynesia several years ago, about one in 4,000 people infected with the virus also developed Guillain-Barre.

With a strong Zika presence now in South America, the researchers recently tested Guillain-Barre patients in six hospitals in Colombia. Their research was published Oct. 5 in the *New England Journal of Medicine*.

How Zika may be causing Guillain-Barre—or if it actually causes it at all—is something the scientists are still not sure about. But the new findings are the strongest indication to date of a direct link between the virus and the syndrome. ★

The Autism Update

News and developments from the world of research and advocacy

NEW YORK AUTISM STUDIES FIND FOLINIC ACID BENEFIT, EXERCISE BENEFITS

New York leads the way again—this time in autism research.

In a small pilot study by SUNY Downstate Medical Center funded by advocacy group Autism Speaks, treatment with folic acid—a naturally occurring form of folate—improved communication and eased autism symptoms in language-impaired children who have autism.

The gains were greatest in a subgroup of children who tested positive for an autoantibody that may partially block this vitamin from entering brain cells.

Folic acid is a more metabolically active form of folate (also known as B9) than is folic acid, the synthetic form of folate found in many prenatal and children's vitamins.

The findings appeared recently in the journal *Molecular Psychiatry*.

Meanwhile, researchers at Manhattan's New York Medical College found that a four-month exercise program for schoolchildren with autism led to significant improvements in scores on a measure of social responsiveness, as well as gains in physical endurance.

Lead researcher Susan Ronan, DPT, PCS, assistant professor of clinical physical therapy, said in a release that the results "are encouraging and warrant further exploration in future research."

The study was presented at the Academy of Pediatric Physical Therapy's Association Section on Pediatrics (SoPAC) 2016 Annual Conference.

U.S. DROP IN DISABILITY BIAS CRIMES: FBI

In 2014, the FBI's Uniform Crime Reporting Program recorded 95 criminal offenses nationwide that were related to dis-

ability bias. But the federal agency's 2015 data, culled from reports by some 15,000 local law-enforcement agencies and released mid-November, reported 88, indicating a slight drop.

The drop in disability-related cases comes as the FBI indicated that the total number of bias crimes rose. Overall, the agency documented 5,850 incidents in 2015—but among those victims, people with disabilities comprised only 1.2 percent.

Broken down further, offenses were motivated by a person's physical disability in 52 cases, and by intellectual disabilities in 36 cases.

AUTISM GENE MUTATION THAT SLOWS BRAIN ACTIVITY UN- COVERED

Scientists have pinpointed a gene mutation in a subset of people with autism that hinders the development of brain connec-

tions and slows brain activity. The discovery could lead to new medications to treat autism at its core.

In some people with autism, researchers McMaster University in Canada have pinpointed mutations in a gene called DIXDC1. The mutations impair synaptic growth and reduce brain activity.

Synapses are structures that enable signaling between nerve cells. Impairment of this signaling can disrupt normal functioning, which can lead to developmental and behavioral problems.

In detail, the researchers found that some individuals with autism possess mutations that cause the DIXDC1 gene to be "switched off," meaning synapses remain immature and brain activity is reduced.

The researchers are hopeful that their findings, published in *Cell Reports*, will advance the development of new medications that treat the core symptoms of autism. ★

●► HAMASPIK NEWS

Furthering Cultural Familiarity, Top OPWDD Official Revisits Hamaspiik of Rockland County

VISIT BY SENIOR ADVISOR MICHAEL MASCARI FOLLOWS AUGUST LEADERSHIP MEETING ON HOUSING

On Thursday, October 6, Michael Mascari, a veteran disability industry leader now serving as Senior Advisor to OPWDD Acting Commissioner Kerry A. Delaney, visited Hamaspiik again.

The visit—the Senior Advisor’s second personal appearance at Hamaspiik of Rockland County—took place this time on the premises of the agency’s Wannamaker Biederheim IRA group home.

Mr. Mascari had visited Hamaspiik for his first time this summer, enjoying a working luncheon at Hamaspiik of Rockland County headquarters on August 8th as part of a “get-to-know-you” personal outreach tour of leading disability non-profits statewide.

That meeting, at which Mascari met with Hamaspiik leaders from Kings, Orange and Rockland Counties, touched heavily on the ever-pressing need for disability residential housing. Hamaspiik of Orange County was recently tapped by the OPWDD to build two new group homes in the village of Kiryas Joel after extensive and independent community parental outreach to the agency.

But what’s true for families affected by disability in “K.J.,” as it’s informally known, holds likewise true for disability-affected families statewide. The demand for individual placement in Individualized Residential Alternative (IRA) group homes significantly exceeds current supply. In a related vein, a new OPWDD-funded grant for non-profits in Region 3 (greater Hudson Valley) will fund “transitional services,” but only addresses non-permanent housing for people with high-function disability.

Indeed, Brooklyn and Monsey families respectively served by the Hamaspiik of Kings or Rockland County agencies need placement of their own loved ones living at home with equal urgency—with a total of over 100 individuals on their combined waiting list.

At the same time, both independent agencies have applied to their local DDRO for approval of immediate new IRA placements for eight young men and eight young women who present as placement priorities.

To get a first-hand feel for what meeting those needs might look like in Hamaspiik’s constituent community, and to further personal acquaintance with the nuanced culture in which it is steeped, Mr. Mascari paid a personal visit to the gentlemen who call the Wannamaker Biederheim home, and right in the comfort of their home.

CULTURAL COMMUNITY LIVING ‘YEAR-ROUND

The Senior Advisor arrived at the scheduled time of 11:00 a.m. on an unusually sunny and warm October morning—perhaps reflecting the balmy and convivial atmosphere to soon follow.

At the door to greet him at the stereotypically suburban cul-de-sac home were Home Manager Joel (Feish) Horowitz—along with several of the gentlemen that he and his team support ‘round-the-clock.

The young men present said hello to Mr. Mascari in their inimitable ways, followed by the OPWDD official touring the home and looking in on bedroom and backyard alike.

Helping expand the OPWDD leader’s familiarity with faith-based individual-centered community living, a critical component of the state agency’s ongoing push for its own cultural competence, was the following Hamaspiik staff demonstration of Jewish religious rites, rituals and items that are part of the just-passed Sukkos holiday—and of Jewish holidays around the year.

Sukkos (lit. “Booths” or “Huts”) is marked in Orthodox Jewish communities by the eating of most meals—and, in most denominations, by sleeping most nights—in a sukkah, a temporary and foliage-bedecked outdoor shelter that symbolizes God’s all-encompassing protection.

Sukkos is held each year at the juncture of summer and fall (at least in the Northern Hemisphere) to align, as it has since Biblical

times, with the end of the harvest. It’s based on a Torah (Bible) commandment to “dwell in booths for seven days.”

As such, Wannamaker had its own sukkah set up on its backyard deck, bedecked per custom with festive decorations on wall and ceiling alike, and well before the holiday’s onset.

Before getting into the sukkah, Hamaspiik’s visitor was shown an esrog, the citron fruit held during special prayers on the holidays. The gentleman displaying the fruit was all too happy to show off his personal purchase—one of several made by each of his fellow residents in keeping with their community-integrated cultural and religious supports.

An integral part of the communal spirit come Sukkos is showing up at one’s local synagogue brandishing a quality esrog (along with its lulav—more on that later)—not just fully participating in the rituals as the accepted member of the community that one is, but, of equal if not more importance, feeling like one is part of the community, esrog and all.

It’s that total mainstreaming that Hamaspiik, with its community-situated IRAs, has long pushed for.

Once within the sukkah’s cozy and shady walls, Mr. Mascari was treated to a demonstration of the lulav, the unopened palm frond that is part and parcel of the four-part sukkos “bouquet” that includes the esrog (and myrtle and willow twigs). He also took in a good number of wall decorations personally crafted by the residents—allowing them to almost-literally lend their signatures to the sukkah and make it truly their own.

Rounding out the demonstration of

‘round-the-year cultural integration, Manager Horowitz literally rolled out a handwritten parchment Megillas Esther (Book of Esther) scroll that is recited on the early-springtime holiday of Purim. An engrossed visitor stood appreciatively by.

A resident then blew a shofar, the ram’s horn whose inimitable call is an indelible part of the Rosh Hashanah services, and the Manager showed Mr. Mascari authentic matzah—the handmade, rapidly-baked flat-breads that are central to Passover.

The demonstration reflected the detailed cultural nuances of Orthodox Jewish community living made possible by Hamaspiik’s group homes for Orthodox Jewish individuals with disabilities—nuances to which, should they be residing elsewhere, “they might get symbolic exposure,” noted a Wannamaker staffer on hand, “but they wouldn’t be living it.”

EXPERIENCE-DRIVEN LEADERSHIP

Following a group photo outside Wannamaker’s front door, Mr. Mascari and his hosts sat down to lunch in Wannamaker’s dining room.

The hour-long discussion that followed dwelt on several key subjects.

Chief among them was Family Care, a long-running OPWDD program in which Hamaspiik is the state’s largest non-profit provider. In Family Care, families take in children with special needs as their own and are supported with monthly stipends currently based on a five-level Difficulty of Care scale.

Reflecting the agency’s reputation of trust and authority within OPWDD circles, the VIP guest requested that Hamaspiik leadership produce a proposal for fresh ideas on revitalizing and reinvigorating Family Care such that more families might consider joining—and that the entire program might attain new levels of economic efficiency.

One Family Care snafu brought up by Hamaspiik founder and Rockland County Executive Director Meyer Wertheimer is the fact that, by current regulation, program providers are automatically disqualified from benefiting from After-school Respite (ASR). That program gives much-needed school-day breaks to parents of kids with special needs.

“Just because a person is placed in someone’s house, doesn’t mean they should be barred from services they would get in their own family,” Mr. Wertheimer pointed out. The agency founder also noted the vast amounts of unpaid work that Hamaspiik’s Family Care providers devotedly invest into caring for their beloved charges—especially when the frequently medically-involved children endure prolonged and/or repeat hospitalizations.

The group also spent some time discussing some major watershed changes coming to the state’s public-private disability supports industry in coming years—changes



MEETING OF MINDS AND MISSION: MR. MASCARI WITH HAMASPIK LEADERS

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In the Know

ALL ABOUT... NOSEBLEEDS

The Gazette thanks our very own Abraham Berger, MD, FACEP, veteran emergency-medicine authority and Medical Director of the NYSHA Article 16 Clinic, for critically reviewing this article.

“Mommy, come quick! Chaim is having epistaxis again!”

When was the last time you heard that? But chances are you have heard, “Mommy, come quick! Chaim is having another nosebleed!”

In medical jargon, a nosebleed is known as *epistaxis* (pronounced ep-ih-STAK-seez).

But while nosebleeds are mostly not dangerous, and not uncommon, especially among children (and older adults), they can be dramatic. So, here’s everything you need to know about nosebleeds—and what to do to stop one if your little Chaim gets one—to be... in the know.

DEFINITION

Nosebleeds are divided into two types, depending on whether the bleeding is coming from the anterior (front) of the nose or posterior (back) of the nose. Over 90 percent of all nosebleeds are anterior nosebleeds.

With anterior nosebleeds, the bleeding usually comes from a blood vessel at the very front part of the nose. They are also usually easy to control.

Posterior nosebleeds are much less common. These tend to occur more often in elderly people. Posterior bleeding usually comes from an artery in the back part of the nose. These nosebleeds are more complicated and usually require admission to the hospital and management by an otolaryngologist (an ear, nose, and throat specialist) in emergency medicine.

Nosebleeds tend to occur during winter months and in dry, cold climates. They can occur at any age but are most common in children ages two to ten and in adults ages 50 to 80.

SYMPTOMS

Bleeding usually occurs in only one nostril.

If bleeding is heavy enough, the blood can fill up the nostril on the affected side and overflow within the *nasopharynx* (the area inside the nose where the two nostrils merge). Blood may then flow from both nostrils even though only one is bleeding.

Blood from a nosebleed can also drip back into the throat or down into the stomach, causing a person to spit or even vomit blood. Excessive blood loss due to a nosebleed is extremely rare, but it is a known symptom. Signs of excessive blood loss include dizziness, light-headedness, confusion, or even fainting.

HOME TREATMENT

Most nosebleeds can be treated at home (or pretty much anywhere) by anyone (not just doctors).

For starters, if there’s only a little bleeding in the beginning, there’s not a lot you need to do.

A common scenario is when a person with a cold or a sinus infection blows his or her nose vigorously and notices some blood on the tissue—so to keep that bleeding from getting worse, just avoid any more vigorous nose

blowing, sneezing, or inserting anything into the nose.

Such minor nosebleeds may need no treatment at all. The body will often form a clot at the site of the bleeding to stop any further bleeding.

But for the majority of nosebleeds, here’s what to do:

Stopping nosebleeds: basic steps

1. Remain calm.
2. Sit up straight.
3. Lean the head forward. By remaining upright, blood pressure in the veins of the nose is lowered. This discourages further bleeding. Leaning forward will help avoid swallowing blood, which can irritate the stomach.
4. Gently blow the nose to clear out any clotted blood.
5. Pinch the nostrils—specifically, the soft front part of the nose that does not contain bone-like hard cartilage. Use the thumb and index finger to pinch both nostrils shut, even if only one side is bleeding. Breathe through the mouth.
6. Using a timer, continue to pinch for ten minutes. (This technique puts pressure on the bleeding point on the nasal septum and often stops the flow of blood.)
7. If the bleeding doesn’t stop, repeat these steps for up to a total of 20 minutes.

Prevent fresh bleeding

Once you stop the bleeding, your goal is to prevent any irritation to the nose. So:

1. Don’t blow the nose, sneeze (if avoidable), or insert anything into the nose for 24 hours.
2. Don’t bend down for several hours. Keep the head higher than the level of the heart.
3. Eat a diet of soft, cool foods and beverages. Avoid hot liquids for at least 24 hours.
4. Avoid any strenuous activities, such as heavy lifting or exercise.
5. Rest and/or sleep with head elevated at 30 to 45 degrees.
6. If possible, try not to take any drugs that may interfere with normal blood clotting—including aspirin or anti-inflammatory drugs such as ibuprofen (Motrin or Advil) or naproxen (Aleve or Naprosyn). If you take these drugs for a chronic medical condition, consult with your doctor about what to do. Acetaminophen (Tylenol) can be taken for fever or pain.

Exposure to dry air, like in a heated home in the winter, can contribute to the problem. You can counteract this by adding moisture to the air with a humidifier or vaporizer. This will help keep the nose from drying out and triggering more bleeding.

Another option is to place a pan filled with water near a heat source, like a radiator. This allows the water to evaporate and adds moisture to the air.

Ice packs do not help

MEDICAL TREATMENT

Call a doctor about nosebleeds:

- If there are repeated episodes of

nosebleeds

- If there is additional bleeding from places other than the nose
- If there is easy bruising
- If the person is taking any blood-thinning drugs, including aspirin or warfarin (Coumadin)
- If there is any underlying disease that may affect blood clotting, like liver disease, kidney disease, or hemophilia (inability of blood to clot)
- If the person recently had chemotherapy

Seek emergency care from a doctor if the person:

- Is still bleeding after pinching the nose for a total of 20 minutes
- Is having repeated episodes of nosebleeds over a short time
- Feels dizzy, light-headed or “about to pass out”
- Has a rapid heartbeat or trouble breathing
- Is coughing up or vomiting blood
- Has a rash or temperature greater than 101.4°F (38.5°C)
- Is instructed by his/her doctor to go to the ER

Serious anterior nosebleeds

In the unusual case of an anterior nosebleed that doesn’t stop: if doctors can see the nasal blood vessel that’s not stopping bleeding, they may seal it with a chemical called silver nitrate. Cauterization is most effective when the bleeding is coming from the very front part of the nose.

In more complicated cases, a *nasal rocket* may be inserted to put pressure from inside the nostril to halt the bleeding. Many different rockets are available, ranging from petroleum (Vaseline) gauze to balloon packs to synthetic sponge packs that expand when moistened.

Most people who get an anterior nasal rocket go home with it in place. Because these rockets block the drainage pathways of the sinuses, antibiotics may be started to prevent a sinus infection. The rocket is usually left in for 24 to 72 hours.

Posterior nosebleeds

To examine the nose, the doctor places medications into the nostrils, usually with a cotton ball, to numb the inside of the nose and constrict the blood vessels in that area. This will also reduce swelling and allow the doctor to better see inside the nose.

The posterior nosebleed diagnosis is usually made when the measures used for an anterior nosebleed have failed. Seeing the source of a posterior nosebleed is nearly impossible.

To treat a posterior nosebleed, a posterior nasal rocket is required. Different types of rockets are available, though a balloon pack is most commonly used.

Unlike anterior nasal rockets, posterior rockets are very uncomfortable and frequently require sedatives and pain medications. Complications can be associated, including infection and blockage of the breathing passages. Admission to the hospital and close monitoring are required.

Posterior rockets are usually left in place for 48 to 72 hours. If they do not stop the bleeding, surgical or radiologic procedures can be performed.

Lab tests may be done to evaluate blood loss or the effects of blood thinning drugs.

CAUSE

Nosebleeds are most commonly caused by drier air or environment with reduced moisture, like an over-air-conditioned bedroom in summer or a dried-out heated bedroom in winter.

They can also be caused by trauma to the nose. Trauma to the outside of the nose, like as a blow to the face, or trauma inside the nose, like repeated irritation from a cold or even inserting objects (or fingers), can cause a nosebleed.

Less commonly, an underlying disease process like inability of the blood to clot may contribute to the bleeding. Inability of the blood to clot is most often due to blood-thinning drugs like warfarin (Coumadin) or aspirin, commonly taken by seniors. (That's why nosebleeds occur more often in seniors.) Liver disease can also interfere with blood clotting.

More rarely, abnormal blood vessels or cancerous growths in the nose cause nosebleeds.

High blood pressure may exacerbate bleeding, but is almost never the cause of bleeding.

PREVENTION AND SUMMARY

Because the primary cause of nosebleeds is the inside of the nose drying out and cracking its blood vessels due to dry air (which is why they mostly occur in wintertime), prevention primarily consists of keep one's immediate air environment moist—so as to keep the inside lining of the nose moist.

So, for that extra layer of nosebleed prevention—especially if you or your child(ren) are prone, apply a thin layer coating of petroleum jelly (Vaseline) or antibiotic ointment (bacitracin, Neosporin) inside the nose with a cotton swab, especially during colder months when air is dry. Saline nasal spray can also help moisten dry nasal membranes.

Trim your children's fingernails; by keeping those nails short, you help discourage nose picking.

And finally, use an indoor room humidifier. It will counteract the effects of dry air by adding moisture to your bedrooms and living spaces... and help keep you from having to deal with yet another dramatic scene of epistaxis. ★

● ► HAMASPIK NEWS

Expanding Umbrella to Cover Autism Services, Hamaspik Launches ABA Services

Applied Behavior Analysis (ABA) Program to Benefit Children on Autism Spectrum

◀◀ CONTINUED FROM PAGE 01

Hamaspik's decades of exposure to, and experience with, children on the autism spectrum (not to mention with all sort of intellectual and/or developmental disabilities) that poises it to best serve this niche need.

In particular, notes the veteran Hamaspik staffer—for many years an agency Medicaid Service Coordinator (MSC)—that besides the autism community at large, a good number of existing Hamaspik program beneficiaries with autism would greatly benefit from ABA services, too.

Currently, Mrs. Steif is working with insurance companies and inquirers to ensure the maximum amount of autism services coverage for the maximum number of community members whose children are on the autism spectrum—bringing the Hamaspik

touch of excellence to autism services, too.

Agency psychologist Alan Blau, Ph.D. is now also serving as the new program's Board Certified Behavior Analyst (BCBA), the backbone of any ABA-providing agency, and Mrs. Steif is also working on recruiting a good number of "paras," or trainers, who will be doing the actual one-on-one work with future young patients.

So with all the ABA programs popping up out there, how is Hamaspik's different?

Says Mrs. Steif: "Whatever Hamaspik does, it does to its fullest."

And with Hamaspik's track record of uncompromising performance, families affected by autism are sure to not be let down.

To apply for Hamaspik ABA services or for more information, please call Mrs. Steif, Hamaspik of Rockland County Director of ABA Services, at 845-503-0239. ★

● ► HEALTH NEWS

Uncovering the Good News Behind Bad Numbers: the Story Behind Childhood 'Big C'

◀◀ CONTINUED FROM PAGE 6

ter," he says, asked about improvements in childhood survival rates since 1975, and about what's really happening out there. "There's no question."

Rabbi Goldberg specifically mentions leukemia, which is the most common form of pediatric cancer. Its cure rate nowadays, he says, is "very dramatic."

The activist's assertion actually echoes two of the medical experts quoted in the WebMD article. One, American Cancer Society chief medical officer Otis Brawley, M.D., is quoted as saying that while some types of childhood cancer are increasing, others have declined or stayed the same.

But the article also quoted expert Ching-Hon Pui, M.D. of St. Jude Children's Research Hospital, who told WebMD that the increase of acute lymphoblastic leukemia (ALL) diagnoses in kids from 1975 to the 1990s is "mostly because of better tests"—not because more kids are getting it.

Rabbi Goldberg also says that today, the protocol is that a child who gets the diagnosis is almost always put immediately put into a clinical trial—reflecting Dr. Brawley's statement to WebMD that "70 percent of children with cancer are [also] in a clinical trial."

Now, for the actual statistics:

In 1975, according to SEER, the U.S. childhood mortality rate was five out of every 100,000—meaning that, of the 13 diagnosed kids of every 100,000 kids, five

would leave grieving families.

In 2013, according to SEER, that same rate was 2.5 out of every 100,000—meaning that, of the 17.75 of every 100,000 kids who were diagnosed, only 2.5 would result in worst-case scenario.

Do the math and you get a childhood cancer mortality rate of 38.46 percent in 1975—but 14.08 percent in 2013.

That's good enough news right there. Again, where are the reports on that?

Now, let's turn those numbers upside down to give them an even more positive spin. Look at the rising number of survivors, not falling number of victims—and you get this: a 61.54 percent childhood survival rate in 1975... but an 85.92 percent childhood survival rate in 2013.

What's more, according to the SEER's leukemia fact sheet, "rates for new leukemia cases have been rising on average 0.3% each year over the last 10 years"—while rates of "unhappy endings" have been dropping by an average of 1.0% each year from 2004 to 2013.

Sounds a lot more heartening, doesn't it?

Bottom line: Many more bad numbers here are going down than bad numbers are going up.

So the next time you read or hear about some negative development regarding any grim diagnosis, read between the lines—there very well may be a good story there that isn't quite being reported equally. ★

● ► HAMASPIK NEWS

Furthering Cultural Familiarity, Top OPWDD Official Revisits Hamaspik of Rockland County

◀◀ CONTINUED FROM PAGE 9

in which, Mr. Mascari noted repeatedly, Hamaspik is uniquely positioned to play a leadership role.

Discussion likewise dwelled on the OPWDD's "Amendment 01" submission to the federal Centers for Medicare and Medicaid Services (CMS) outlining the state agency's compliance plan for the new federal Conflict Free Care Coordination (CFCC) model. Under its upcoming CFCC plan, the OPWDD will be tapping two provider agencies per each state region.

"Your experiences will help inform a decision," Mr. Mascari informed the Hamaspik contingent.

According to the OPWDD advisor, Hamaspik was proactively mentioned, as the major player that it is, behind the state agency's closed doors as one of the few non-profits ready, willing and able to take a lead in the pending changes in how the state provides disability services.

"I don't get a lot of strong leadership coming from the voluntary sector," he said. "You're an exception." ★



Status Report

Happening In Hospitals Today

STUDY: NEARLY ONE OF FOUR ER VISITORS HIT WITH SURPRISE BILL

So you have a medical emergency—say, a broken leg—that forces you to go to the nearest ER. The first thing on your mind is treatment. And just about the last thing on your mind is payment.

But let's say you even manage the presence of mind to ensure that your ER of choice is covered by your insurance plan—only to get a bill of \$600 or more from the ER doctor who treated you.

What gives?

What gives, according to Yale public health professor Dr. Zach Cooper, is that today's ERs frequently contract with physicians who do not take the insurance that the ER does take.

That means that when the hospital tells you, "Sure! We take Insurance X," they often don't mean that the doctors who work in their ERs *also* take Insurance X.

In other words, according to Prof. Cooper's study, some 22 percent of people visiting in-network ERs nationwide have had to deal with bills from out-of-network doctors—at the same hospital.

The analysis of some two million ER insurance claims from one major insurance company, recently published in the *New England Journal of Medicine*, estimated that the average surprise hospital ER bill from an out-of-network ER doctor is around \$622.

According to Prof. Cooper, the problem's best solution would be to legislatively require hospitals to bill the insurance company for a "bundled," or all-in-one, emergency-room treatment "that includes both facility and professional fees."

However, complicating the matter is the apparent existence of local economic forces on ER arrangements. The study found surprise-billing rates as high as 89 percent in McAllen, Texas, but nearly zero in Boulder, Colorado and elsewhere.

That means that that different hospitals, insurance-company policies, state or other local laws, or any combination thereof, across the country, result in different surprise-billing rates.

In the meantime, if you're hit with a surprise ER bill, here's one thing you can do: ask that the claim be processed again as in-network care because you had no way of knowing that the ER doctor was out of network.

Therapeutic hypothermia, or cooling the body for medical purposes, is a relatively new treatment for cardiac arrest that is largely standardized today. In cardiac arrest, where the heart simply stops, patients are commonly cooled to between 94 and 96 degrees Fahrenheit.

COOLING THERAPY DOESN'T AID IN-HOSPITAL CARDIAC ARREST: STUDY

Lowering body temperature is believed to help preserve organs and limit brain damage. But a data review by the Mid America

Heart Institute now finds little to no benefit in therapeutic hypothermia for people having cardiac arrest while in hospitals. About 200,000 cardiac arrests occur each year in U.S. hospitals.

The review looked at records of over 26,000 U.S. cases of in-hospital cardiac arrest from 2002 to 2014. All the patients were initially resuscitated. The review found that while six percent of patients were treated with therapeutic hypothermia, their long-term survival rates compared to the 94 percent not treated with therapeutic hypothermia yielded no long-term benefit.

The findings were published in the *Journal of the American Medical Association*.

DOCS' HEALTHCARE APP USAGE BOOMING

According to a recent survey of doctors taken by Physicians Practice, an industry resource company, the number of physicians using healthcare-related apps on their mobile devices went from 50 percent in 2013 to 78 percent in 2016.

Among the survey's top ten most popular healthcare apps for 2016 are: TouchCare, a telemedicine app boasting secure, private live-streaming virtual visits with personal physicians; MDCalc, which frees doctors from mentally calculating a wide range of medical criteria, scores and equations in daily rounds; and Medibabble, which translates "Medicalese" into five languages for non-English-speaking patients, including Spanish, Russian and Chinese. ★

► HAMASPIK NEWS

Spectacular Tishrei Holiday Season Celebrated Across Hamaspiik Services and Programs

« CONTINUED FROM PAGE 5
community that they are.

But getting them to shul in the first place was the group home's team of Direct Support Professionals (DSPs), notes Manager Joel Schnitzer, which "put so much effort into making Simchas Torah a success," he says.

And not too far away, at Hamaspiik of Rockland County's Arcadian Briderheim, not only did DSP staff support residents in going to shul, but members of Congregation Shaar Hashamayim, the nearest local shul—in a remarkable display of love and unity—personally came over to the group home to accompany the young men as their DSPs brought them to shul on Simchas Torah.

AT TISHREI TUNNEL END, A CHANUKAH LIGHT

So what was special at 61st this Tishrei? Says DSP Shea Teichman: "It's always special!"

But what was true for 61st was true for all of Hamaspiik: even though the winter seems to have come in earlier this year, the

community warmed itself up against the winds, both meteorological and political, with the warm Rosh Hashanah/Yom Kippur prayers, the exuberant Hakafof and the lively dancing on Shmini Atzeres and Simchas Torah.

Esteem Makeover, Hamaspiik Edition

Joining Hamaspiik group homes across three counties this Tishrei holiday season in shopping for the season was the Grandview Briderheim IRA, one of several agency residences serving the Rockland County population. Manager Joel Schnitzer, hardworking and devoted like all other Hamaspiik group-home managers, saw to it that

It now looks forward to the next boost: the glorious days of Chanukah.

Speaking of light, Hamaspiik of Rockland County's Fosse Shvesterheim—which will be marking its 13th successful anniversary this coming January—was all lit

his young charges picked out their own brand-new suits, shirts, socks and shoes come Rosh Hashanah—ensuring that when it comes to feeling good about what you're feeling because you're feeling good about what you're wearing, the budding gentlemen that he supports are quite literally covered head to toe. ★

up with pride this October... in the successful aftermath of yet another audit by the New York State OPWDD, the state agency overseeing group homes like those run by Hamaspiik.

The audit, a new point-driven checklist being now being implemented by the state and deployed for the first time at Fosse, left auditors "beyond impressed," reports Manager Mrs. Landau. "She had tears in her eyes talking about how staff interacts with residents—she couldn't get enough of it."

With the new type of audit very emphatic on individuals' person-centered choices, notes the Manager, the auditors were particularly impressed with a "debate" over a Chol Hamoed daytime meal held forth between residents themselves while staff and visitors looked respectfully on. "Some wanted to order out. Some wanted to eat in," says Mrs. Landau. Both were accommodated. "It was amazing!"

And with a successful, and audit-enhanced, Tishrei behind it, Mrs. Landau adds, the Fosse Shvesterheim is now planning for the Festival of Lights—the next holiday on the Jewish calendar, and the next major opportunity for individuals and their community to connect. ★

Happenings Around Hamaspik



CAPTURING HAMASPIK SPIRIT, EMPLOYEE VOLUNTEERS HOSPITAL ALL-NIGHTER

New Square, New York resident Mr. Nachmen Ciment wears many hats: loyal son, devoted husband, caring father, proud grandfather, stalwart friend, diligent Hamaspik employee, and conscientious community volunteer.

On the night of Monday, November 21, he wore several of those hats, and their descriptors, at once.

Shortly before that, the hardworking and dependable Hamaspik of Rockland County Family Care Liaison, a long-time employee, was paying another voluntary visit to the agency's Forshay Bridesheim Individualized Residential Alternative (IRA), where he regularly pops in to say hello to "the boys" where he once worked as an MSC.

This time, he had brought his newly-engaged son Shloimy to Forshay that very day to share his family's joy. But it was on Forshay's premises that Mrs. Fischer, Forshay's Manager, informed Mr. Ciment that the young man he had also come to see had been hospitalized—and that he was lonely.

Mr. Ciment didn't hesitate. And it wasn't long before the soft-spoken, hard-driving agency pillar found himself at the Westchester bedside of the young man—where he stayed from dusk to dawn.

Nachmen Ciment went to work that same morning as if nothing happened. But for the Hamaspik employee, it's all in a day's work. Make that "night."



FACES OF HAMASPIK: MR. CIMENT AT HIS DESK, AND THE FORSHAY RESIDENTS HE CARES ABOUT

MORE STARS IN THE HAMASPIK SKY

Since its inception, Hamaspik's Rockland County-based STARS program has been doing nothing but growing—and turning its highest-functioning participants into self-esteem superstars.

Of course, you'll hardly notice anything special or outstanding about them at all—and that, what with integration and mainstreaming being the goal, is exactly the idea.

For the past year, reports Shloime Kornbluh, Hamaspik of Rockland Coun-

ty's Director of Day Services, the STARS program has been increasingly out and about in the community field—using its "home base" at 221 Rt. 59 in Spring Valley as a springboard for daily jaunts to local employment and skills-building venues, where the young ladies are still learning valuable daily-living lessons.

And all, along, Kornbluh notes, the number of participants has been growing—with last year's handful now this year's van-ful.

HAMASPIK OF KINGS NHTD/TBI PROGRAMS, STAFF GROWING

Where there's a community will, there's a Hamaspik way.

Community members turning to Hamaspik for things special-needs related, of course, is hardly news. What is news, though, is Hamaspik's robust (and perhaps-predictable) response.

And with the Brooklyn community's growing need for the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) programs, both provided by Hamaspik, Hamaspik of Kings County continues to respond in kind.

New York is currently in the process of gradually transitioning both programs to managed care models by January of 2018; an initial step is the state DOH's early-2017 rollout of its new Community First Choice Option (CFCO) program, expanding accessibility to services previously available only through waivers.

With the November hiring of Mrs. Chava Laufer, the agency's NHTD/TBI program is now perfectly poised to take on the still-growing influx of inquiries for the niche services. Mrs. Laufer, a product of SUNY's Empire State College

with a degree in Community and Human Services, joins NHTD Service Coordinators Mrs. Surie Katz and Mrs. Sarah Lowinger, under Supervisors Mrs. Chave Silberman and Mrs. Shalva Sashitzky, to round out an excellent team.

The new hire comes relatively shortly after Hamaspik of Kings took on the excellent David Weber as its newest Medicaid Service Coordinator (MSC) over the summer.

Speaking of excellence, it is while speaking to the *Gazette* the morning of Wednesday, November 23, that Mrs. Silberman says this: "We just got approval for Emods while talking!"

Emods, short for environmental modifications, are the Medicaid-funded benefits that individuals with disabilities—in a number of publicly-funded programs—qualify for, providing them with home renovations that make their living environments accessible and hence more livable.

Hamaspik's teams of MSCs and other capable professionals have been securing Emods for needy community members for decades. And with their new staff, more are sure to come.



BEFORE AND AFTER: AN EMOD JOB RECENTLY COMPLETED BY HAMASPIK OF KINGS COUNTY'S ACCESS TO HOME PROGRAM



ON THE JOB, ON THE GO: MR. KORNBLOH, AND THE PROGRAMS HE DIRECTS, ALL REACH FOR THE STARS EVERY DAY



YOUR LIFE IS
Precious
WE HANDLE IT WITH CARE!



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Public Health And Policy News

ENGLAND ROLLS OUT GLOBAL EBOLA RESPONSE TEAM

In early November, the British government announced the formation of an Ebola global rapid-response team. The group of professionals, including doctors, nurses and infectious disease experts, are equipped to be on the site of any outbreak of the deadly virus, anywhere in the world, within 48 hours. Its purpose is to assist and backup local health authorities in keeping any Ebola outbreak small and under control.

The 2014 Ebola epidemic killed 11,315 people, mostly in Liberia and other African nations.

For its part, the U.S. Centers for Disease Control (CDC) has kept an Ebola rapid-response team on 24/7 standby since the 2014 Texas case. That team only responds to domestic outbreaks, though.

In the wake of the Zika virus outbreak in Florida and elsewhere this past summer, the CDC also now maintains a domestic Zika rapid-response team.

U.S. ARMY STARTS ZIKA VACCINE TESTS

As reported in *Gazette* #141, the U.S. Army's Walter Reed Army Institute of Research (WRAIR) has been working on a Zika vaccine since February 2016. A prototype was developed this July, and the first of five Phase I human trials projected then for late 2016 is now underway.

On Nov. 7, the Army announced a study of 75 adults, 25 of which are getting the experimental Zika Purified Inactivated Virus (ZPIV) vaccine. Four additional Phase 1 studies to evaluate the vaccine are expected to launch in the coming months. Studies are expected to end by fall 2018.

"NEW" AUTO-INJECTOR RETURNING IN 2017

In the wake of the recent public uproar over news that prices for the life-saving EpiPen auto-injector devices were increased by their maker by over 480 percent since 2009, a "new" emergency medical device for severe allergic reactions is said to be returning to the market.

The Auvi-Q device, which like the EpiPen injects allergy patients with a life-saving dose of epinephrine, was recalled in 2015 due to potential under-dosing in severe crisis situations.

But now, according to Auvi-Q inventor

Kaleo, the injector is slated to be reintroduced to the market in the first half of 2017.

Auvi-Q has a voice prompt system that guides users through the injection process, as well as a needle that automatically retracts following injection, the company says.

Mylan, the company that manufactures EpiPens, responded to the criticism by saying it would offer a savings card to cover up to \$300 in costs for its two-pack injector set. It also said it would expand eligibility for its patient assistance program. EpiPens can cost as much as \$700 for a pack of two auto-injectors before insurance.

Kaleo did not offer information on how much Auvi-Q would cost, but said it is committed to affordability. At the time of its recall in October of 2015, Auvi-Q cost around \$400 per set.

THERANOS SHIFTING AWAY FROM BLOOD TESTS

Embattled blood-testing company Theranos announced in early October that it would be shutting down its blood-testing facilities and trimming its employee body by over 40 percent.

The California-based startup, whose trailblazing blood-drop testing technology stood to revolutionize blood testing at its 2003 launch, was rocked by a number of setbacks earlier this year.

Those included the voiding of two years' worth of customer blood tests, the federal shuttering of a Theranos lab in Newark, California, loss of a planned business partnership with pharmacy retail giant Walgreens, and a potential industry ban for founder Elizabeth Holmes.

The company now says it will now be focusing on developing new blood-testing devices, particularly its prototype miniLab device, which has yet to be approved by federal regulators.

U.S. GOV'T GRANTEE GETS 2016 CHEMISTRY NOBEL

In early October, Sir James Fraser Stoddart of Northwestern University, one of the few Americans and even fewer U.S. academics to ever earn British knighthood, was awarded the 2016 Nobel Prize in chemistry. Since 2010, Sir James has received over \$2 million from the National Cancer Institute (NCI), one of the National Institutes of Health (NIH)'s 27 divisions.

Sir James' groundbreaking work on the design and production of molecular machines earned him the coveted prize, along with Jean-Pierre Sauvage of France and Bernard L. Feringa of the Netherlands. Molecular machines are tiny molecules—1,000 times thinner than a hair—with controllable movements that can perform tasks when energy is added.

According to NIH Director Francis Collins, M.D., Ph.D., molecular machines have

the potential to deliver drugs within the body—"for example," he said, "by applying them directly to cancer cells."

1ST OF 18 "ARTIFICIAL PANCREAS" DEVICES APPROVED

According to non-profit JDRE, some 18 portable and wearable devices are currently in various stages of early development that function as artificial pancreases of sorts.

But on September 28, the FDA approved the first of these—the Medtronic MiniMed 670G device—for usage by people with type 1 diabetes. However, the device will not be available until spring of 2017.

Diabetes is a disorder in which the body can't automatically regulate levels of glucose, a key sugar in food that the body's cells need for growth and function. In type 1 diabetes, the pancreas does not produce enough insulin, a hormone that cells need to absorb glucose.

People with type 1 can manage their diabetes by dosing themselves with insulin across each day to match the current glucose level as measured by handheld blood glucose monitors. Because blood glucose levels rise or fall with the level of carbohydrates in food eaten, type 1 is ideally managed by matching the amount of each insulin dose to the amount of carbohydrates just eaten.

Medtronic's new device is unlike existing insulin pump devices, which have been around for years in a growing and ever-improving number of forms. Insulin pumps are largely operated manually, though many have automatic functions. The innovation of the new device is that it constantly monitors blood glucose levels and automatically pumps in matching insulin levels of insulin—potentially freeing users from constant glucose-level checks and insulin dosings.

"This first-of-its-kind technology can provide people with type 1 diabetes greater freedom to live their lives without having to consistently and manually monitor baseline glucose levels and administer insulin," Dr. Jeffrey Shuren, director of the FDA's Center for Devices and Radiological Health (CDRH), said in a press release. ★



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Senior Care Gazette

News from
the World of
HamaspikCare
and Senior
Health

HOW TO GET HAMASPIKCARE: A PRACTICAL GUIDE

As HamaspikCare's Outreach Coordinator for the upstate Hudson Valley region, it's not uncommon for Mr. Joel Nojovits to encounter inquirers who think you can sign up for HamaspikCare and start getting services right away.

One such applicant, an older gentleman from Middletown in the process of nursing-home discharge, wanted to rush through his HamaspikCare application paperwork—"so that," Nojovits recalls, "a home health aide would be waiting for him as soon as he got home."

But getting HamaspikCare consists of a few steps, each taking at least a few business days. From the first phone call to the first in-home care visit, then, it's a minimum of two weeks—but usually closer to six. Here's how it works.

Step One: Determine insurance eligibility

Your first phone call to HamaspikCare's competent staff, in the person of Mr. Nojovits or others, will walk you through all the "puzzle pieces" you must have first before qualifying for home care. If you have any health insurance that HamaspikCare takes—private health or long-term care insurance, a Managed Long-Term Care (MLTC) plan, or Medicaid, you can then proceed to Step Three.

If you do not have a healthcare plan that covers home care, a capable HamaspikCare Intake staffer will assist you in applying for Medicaid or otherwise discussing your options.

Step Two: get Medicaid

If you can't afford home care, your best bet is Medicaid—and "people usually already have Medicaid when they call," explains Nojovits. "If they don't, we help them get it."

(For applicants whose financial resources exceed Medicaid's qualification limits, HamaspikCare works with a highly respected third-party Medicaid consultant to create pooled income trusts or other financial arrangements that permit Medicaid membership.)

Signing up with Medicaid is a pro-

cess that typically takes about 30 days from initial submission of application information to Medicaid.

Step Three: get assessed by Maximus

Once you have Medicaid, your health will be assessed by a personal visit by a nurse from Maximus, the company that does these assessments for New York State (or one of their contracted affiliates). The nurse will assess you in the comfort of your own home.

The purpose of this assessment is to determine and review your health, your diagnoses and your overall needs—and to ensure that you're indeed a candidate for home care.

But at this stage, notes Nojovits, you only finalize your qualification for home care—you don't get assigned your total home-care hours here. That'll come later.

Step Four: pick your MLTC plan

As your assessment wraps up, the nurse will ask you to pick a state-approved MLTC plan. The nurse will provide you with a current list of New York State-approved MLTC plans from which you will select one. With you listening, the nurse calls the Medicaid Choice state hotline to record your choice of plan.

Step Five: get MLTC-assessed

The state's nurse assessment paperwork now gets sent to your MLTC of choice. That MLTC will call you within a few business days to schedule its own nurse visit. This visit is to again assess your needs—including any home-care needs.

Step Six: verify that you choose HamaspikCare

Because any MLTC coverage plan automatically includes home care, you'll now be asked to verify that you prefer HamaspikCare as your home-care agency.

Step Seven: get home-care hours assigned by your MLTC

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Low-key Researcher Gets Top Alzheimer's Award

For writing the past year's best article, neuropsychologist Mark Bondi, Ph.D. of the VA San Diego Healthcare System got the 2016 Alzheimer Medal from the *Journal of Alzheimer's Disease (JAD)*, a global research publication. Dr. Bondi's research article challenges the conventional criteria for "preclinical," or not-yet-diagnosed, Alzheimers. According to the National Institute for Aging (NIA) and the Alzheimer's Association (AA), the order of getting Alzheimer's is as follows: first, buildup of

amyloid plaques in the brain, then degeneration of nerves in the brain, and then mild cognitive decline on top of both. According to Dr. Bondi's published research, though, the number of subjects with neurodegeneration only was over twice that of subjects with buildup of amyloid plaques only.

Interestingly, Dr. Bondi is neither on the JAD's current "Top 100 Most Prolific AD Investigators" list nor its "Top 100 Most Cited AD Investigators" roster. ★

Better-functioning "Alzheimer's Gene" Reverses Symptoms in Mice: Study

Lab mice tests involving a gene called APOE suggest that "repairing" the APOE gene caused the disappearance of various Alzheimer's symptoms in the mice.

A mutated form of that gene, known as APOE4, has been found in about 60 percent of Alzheimer's patients, indicating a link. The APOE4 gene is thus a prime Alzheimer's research area.

A healthy APOE gene—dubbed APOE3—helps vital nutrients called *lipids* enter and exit cells. But with APOE4 present, lipid movement in and out of cells is impaired.

In this study, published recently in *JAD*, researchers found that mice with APOE4

had impaired learning and memory, damaged brain nerves, and buildup of tau and amyloid beta in their brains.

The researchers also found that activating a protein called ABCA1 restored normal APOE function in the mid—allowing normal lipid movement in and out of their cells, reversing the impaired learning and memory, damaged brain nerves, and buildup of tau and amyloid beta in their brains.

In plain English, researchers found that mice that had exhibited "lost" behavior and didn't recognize familiar objects before "re-lipidation" of their APOE genes were able to locate hidden objects and recognize familiar objects after "re-lipidation." ★



**HAMASPIKCARE
EMERGENCY HOTLINE**

877.928.9000

SENIOR CARE GAZETTE • SENIOR CARE GAZETTE • SENIOR CARE GAZETTE • SENIOR CARE GAZETTE

STUDY: THE HAPPIER THE SENIOR, THE HEALTHIER THE SPOUSE

A health data review by Michigan State University (MSU) researchers finds that older married people are healthier if their spouses are happier.

Psychologists at MSU looked at information on 2,000 older participants from the Health and Retirement Study over the years 2006 through 2012. Survey participants had been asked about four things: self-reported health, physical impairment, exercise, and chronic conditions.

The study found that people with a happy husband or wife are 34 percent likelier to be healthy than those married to an unhappy person. It also found that happier seniors have healthier spouses regardless of

wealth, education, or serious illness of self or spouse.

The researchers say that happier wives cause healthier husbands (or vice versa) for several reasons: the happier spouse is likely a better caretaker; more-positive people practice better long-term life and health habits—and encourage spouses to do same; and life is less stressful when one's spouse isn't always in a bad mood.

What's more, researchers believe, the happy spouse's healthy attitudes and behaviors get increasingly mimicked over the years by his/her wife/husband—even if the wife/husband isn't exactly the happiest person herself/himself. ★

HOW TO GET HAMASPIKCARE: A PRACTICAL GUIDE

<< CONTINUED FROM PAGE 15

Armed with your full assessment information, the MLTC nurse—and supervisor, if necessary—will draw up your complete plan of care. Your total home care hours will now be assigned. The MLTC will then contact you with your full coverage plan. Following that, the MLTC will send your complete plan of care to HamaspikCare.

Step Eight: HamaspikCare contacts you

At this final step, a professional HamaspikCare Scheduling Coordinator will call you to welcome you to HamaspikCare and review your scheduled start and end date and hours, the time-sheet submission process, and your selected caregivers

and their scheduled home-care hours—as well as respond to any further concerns. You're then set! Your first home care visit—and an improvement in the quality of your life at home, as only HamaspikCare delivers it—will shortly follow.

TIMING IS EVERYTHING

If you get that initial nurse visit done by the 15th of the month, you could be getting your home-care services, and all your MLTC services, by the start of the next month, or in about two weeks. Here's why.

Each month, MLTCs have to turn all new-applicant information into the state DOH by the 20th—which is why they typically push for assessments to be done by the 19th.

This is because benefits start for new MLTC members on the 1st of each month—but only if their assessments were turned in by the 20th of the preceding month.

Thus, if your MLTC assessment gets in before the 20th of December, your services start ten days later, on the 1st of January. But if they're sent in on Dec. 21st, your services start not on Jan. 1 but on Feb. 1—about 40 days later. Why cause yourself that delay?

And to give your MLTC enough time to assess you and send in your info before the 20th, you should get that first nurse assessment from Maximus done by the 15th.

For any questions and more information, HamaspikCare's Outreach Coordinators stand eagerly by ready to assist. Please feel free to contact them directly anytime—they will be happy to hear from you! For Orange County, call Joel Nojovits at 845-503-0850. For Rockland County, call Chuny Koenig at 845-503-0840. You can also reach us at 855-HAMASPIK (426-2774).

Note: HamaspikCare accepts Medicare, most private health insurance plans that offer home-care benefits, and private long-term care insurance plans, which are geared specifically for home care and other long-term needs. ★

Job Opportunities

KINGS COUNTY

38TH STREET OPPORTUNITIES:

- **Hamaspik BP woman's group home** is looking for FT **energetic female staff** from 7-9 AM, 3-8 PM. **Driver's license preferred.** Email: Ykasnett@hamaspikkings.org/ call 718-943-9233 Ext 202 or 917-216-7337

- **Hamaspik BP girls group home** is looking for a **couple** to do **Shabbos shift position.** Excellent pay. **Driver's license needed.** Email: Ykasnett@hamaspikkings.org/ call 718-943-9233 Ext 202 or 917-216-7337

HAMASPIK IN WILLIAMSBURG

South 9th residence is looking for a **devoted female** to work Mon thru Thursday 2-8 Sunday 11-8. **Great pay and benefits.** Please call 718-208-7161 or 718 387-7088 ext. 201. Email: cziment@hamaspikkings.org.

ROCKLAND COUNTY

FOSSE SHVESTERHEIM

Fosse Shvesterheim has openings for **DSP Positions** including morning afternoon and night shifts. **Great working environment.** Fax resume to: 503-1895, or Email: estylandau@hamaspikrockand.org

RESPIRE/COMHAB OPPORTUNITY:

- Looking for a **mature young lady**, for a high functioning 30 year old girl. **Twice a week**, from 6:15 – 8:30 P.M. Please call 845-503-0214.

- **Looking for a girl/women**, who is available to be a **swimming partner** for a high functioning 15 year old girl. Three times a week, from 6:45 – 8:30 P.M. **Driver's License needed.** Please call 845-503-0214.

FULL TIME POSITION

Hamaspik of Rockland is looking for a **motivated female** for a full time office position, must be organized, detail oriented, with **good communication skills. OPWDD experience a plus.** Great pay for the right individual, **please submit your resume** to careers@hamaspikrockland.org or fax to 845-503-1877.

AUTISM SERVICES

We are looking to hire **BCBA's** to join our newly developed **ABA Program.** Please send your resume to rsteif@hamaspikrockland.org, Fax 845-503-1239, or call: 845-503-0239.



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