HAMASPIK GAZETTE

March 2011 · Issue No. 81

News of Hamaspik Agencies and General Health

New Dawn at Hamaspik with Launch of Integrated "Article 16" Brooklyn Clinic

Williamsburg first to usher in new era in special-needs community services

When you need special-needs help, you call Hamaspik.

But if you are Hamaspik and you need help providing special-needs help, who do you call?

That's why there's NYSHA.

The New York State Hamaspik Association, Hamaspik's in-house support organization, has made history several times several ways over the past several years.

Providing the community of Hamaspik employees and leaders with a wide range of administrative, legislative and executive services, NYSHA has advised and assisted Hamaspik in achieving numerous goals-all carefully tailored to the sensitivities of its consumers.

NYSHA continued its history-making streak in early January 2011, as the organization rolled out its latest success story—the realization of Hamaspik's decade-long dream of opening an Article 16 clinic.

SNOW BLOWER A morning blizzard is no match for a winter blast by Hamaspik of Rockland County Day Hab staffer Moshe Fried as consumers roll in despite the storm

Opening doors

It was a "monumental achievement" resulting from a full ten years of effort, wrote Hamaspik Executive Director Meyer Wertheimer in his customary congratulatory in-house e-mail.

That's how word came on Thursday, January 6 that NYSHA had passed its critical Article 16 pre-operating survey—opening a long-closed door for direly-needed community services for a direly needy community.

"Now, as we triumph on behalf of our precious consumers," continued the Director, "we thank the best of the best of Hamaspik staff for their amazing work all the years." He went on to laud Hamaspik of Rockland County Director of Operations Yoel Bernath, Hamaspik

Continued on Page E3

Winter Health and Safety Update

Average flu season returns, shot stops H1N1; snow safety tips

What a winter!

It's been cold, slippery, and anything but average out there thus far—and it's going to get worse (or at least stay the same) before it gets better. And more snowstorms—and related health risks—are on the way. For your edification, the *Gazette* presents a review of the current flu—and several key winter safety tips.

Where'd the flu fly?

Remember last year's hysteria? There'll be none of that—if you get your flu shot, that is.

That's because last year's dramatically-hyped "Swine Flu" virus—not the actual virus afflicting swine herds in Mexico but a new strain of Influenza A—is included in this year's seasonal flu vaccine.

The H1N1 virus broke out in March 2009 and quickly spread across the globe, claiming about 18,450 lives, including many expectant mothers and young people, according to the WHO. The World Health Organization declared the pandemic over by August 2010.

In plain English, if you get a flu shot now, you're protected against last year's "Swine Flu."

You're also protected against H3N2, another strain of Influenza A which, according to early government reports, is actually more potent and more prevalent this year than other strains. And you're protected against this season's strain of Influenza B and H2N2, too.

(In related news, an NIH study released in mid-December 2010 finds that the current H1N1 vaccine is safe and effective for individuals with asthma, a group particularly vulnerable to flu-related complications.)

As mentioned in *Gazette* #77's flu-season heads-up, the best way to deal with the flu is to not get it in the first place:

- Be vigilant in crowds
- Always cover your mouth and nose with your sleeve when you sneeze
- Wash your hands with soap and

Continued on Page E5

HAMASPIK GAZETTE

Published and © Copyright Feb. 2011 by:
HAMASPIK 58 Rt. 59 Suite 1 Monsey NY 10952
Telephone: (845) 503-0212 / Fax (845) 503-1212

Non Profit Org.
US Postage
PAID
PTEX GROUP

INSIDE

Dinev Inzerheim Expanded to Meet State's Call for Help

New room at Hamaspik's oldest, largest group home lends new life to new consumers

News has happened at Hamaspik's Dinev Inzerheim Intermediate Care Facility (ICF)—perhaps the biggest development in its history since its opening 17 years ago, as a matter of fact.

That's because the oldest, largest and most medically involved special-needs residence in the Hamaspik family has added a brand-new bedroom.

Upon completion, the room took in two new special-needs consumers, giving them the same level of professional care enjoyed by Dinev's current residents.

In Dinev's case, the expansion began like everything at Hamaspik begins: with a call for help. This one, however, actually came from the New York State Office for People With Developmental Disabilities (OPWDD) itself. A consumer with serious developmental disabilities needed placement with an agency servicing the Orthodox Jewish community. Enter Hamaspik.

The agency's caliber of care and professionalism, long respected by the OPWDD, was tapped yet again earlier this winter as high-ranking state officials related the consumer's entire story to the agency. "The DDSO knows that in difficult times, they can count on us," Executive Director Meyer Wertheimer told the *Gazette*.

After exploring various housing options and determining that the Dinev Inzerheim would be the girl's best hope, Hamaspik gave the state its green light. That determination, in turn, necessitated building a new bedroom, as Dinev's bedrooms have long been fully occupied.

The state also granted Hamaspik one additional slot at the ICF for another special-needs community member. The new addition to Dinev, thus, is now the bedroom of two new consumers, not just the one in question.

Construction at Dinev was completed in record time—without compromising quality or safety.

The new consumers are most welcome to Dinev's staff, according to Hamaspik of Orange County Director of Residential Services Joel Weiser. Said staff include Program Director Mrs. E. Brach, Home Manager Mrs. Z. Weiss and their 24/7 team of Direct Care Workers, all under the vigilant oversight of the ICF's doctor, nurse, psychiatrist and social worker.

But the team at Dinev, the girls' new home, knows good and well what they are undertaking and why they are there—understanding that their mission is anything but "serving apple pie and strudel," a Jewish euphemism for unnecessary luxuries.

"It's like taking in a new child, like having a baby in your own home," Weiser points out, noting that each new arrival entails extensive planning with parents and family members, team consultations with the ICF's doctor, nurse, psychiatrist and social worker, and meticulous planning of the consumer's daily schedule. "A different child is a different world. It's starting from scratch. It takes a lot of work by the manager," says Weiser.

The extension is reminiscent of Hamaspik's grand opening of the Wannamaker Briderheim, Hamaspik of Rockland County's youngest group home, in August 2009.

With high-ranking OPWDD leaders attending that event, the *Gazette* asked one such official, "How is Hamaspik different than other agencies?"

The answer was less than a second in coming: "Hamaspik takes on the most difficult and most complicated cases the state has, cases that no one else wants to get involved in," the official said. "And we recognize and appreciate that."

In Dinev's new extension, and in the bettered lives of its two newest roommates, those words reverberate and find living expression. ■

A home for growth, a growing home: The Dinev Inzerheim at 10 Dinev Ct. in Monroe

SCIP-ing Along At Hamaspik

Top trainer schools staffers in protecting consumers, training streamlined

"Okay, so again: Lift the arms! Spin! And spin all the way around! 'Cause you want to be facing him ready for the next thing," authoritatively booms Aryeh Yanofsky, drill sergeant-like.

It's Tuesday, January 4, 2011, and Hamaspik of Rockland County's latest training session for SCIP-R, or *Strategies for Crisis Intervention and Prevention-Revised*, is underway. As the *Gazette* sneaks a peek at the proceedings, professional trainer Yanofsky leads a group of Hamaspik employees, about ten men and women, in demonstrating how to safely execute a *front release*, one of several techniques used to release a caregiver from a consumer's grip.

It infrequently occurs, but because individuals with disabilities can at times physically accost caregivers, authorities have long required staffers at Hamaspik and other agencies to receive full SCIP-R training and certification. (Yanofsky tells the *Gazette* he has never heard of a front release actually used on a consumer in all his years of instruction.)

Not unlike CPR or fire-evacuation protocols, New York State specifies rigid, rigorous methods for usage by Direct Care Workers and all other special-needs care staff in the event of inappropriate or aggressive physical behavior on special-needs individuals' parts.

But this particular session, which essentially teaches caregivers how to counteract physical situations with no harm incurred to consumers, is only a part of the entire SCIP-R program, which consists of three sections: regulations, psychology, and behavioral plan development.

"It's more of a psychology course than anything else—where the behaviors come from," Yanofsky explains.

Root causes

According to information from the OPWDD's Communications Office in Albany, the SCIP training requirement for voluntary agencies apparently emerged in the late 1980s, with the original OPWDD (then-OMRDD) SCIP Instructor's Guide dated 1988. "It was revised in 1998 and became the SCIP-R training (which is still in use today)," the OPWDD's Richard Reilly informs the *Gazette* by e-mail.

Making up the bulk of SCIP-R training are the so-called "Core" lectures covering the three abovementioned areas. These, explain Hamaspik Training Coordinator Joel Grosz, are required for every Hamaspik employee who directly interacts with consumers. They explain the mental motives behind undesirable situations—"Why it happens and how to prevent it," as Grosz puts it—and the physical ("How to act and react").

In a later e-mail, Grosz emphasizes the psychological part of the training, an "inside look," as he describes it, "into the life and struggles of a person with DD." That training is driven by a curriculum designed to help staffers understand that a person with developmental disabilities still feels pain, fear, uncertainty and insecurity, and is aware of his or her surroundings.

The advanced levels of SCIP-R certification, *Specialized* and *Restrictive*, are for consumers "with really challenging behavior," Grosz notes. Yanofsky adds that while staffers at trained agencies get the Core and Specialized training, Restrictive is rarely taught, authorized for usage as it is only upon individuals with "extreme" special needs, he says.

Originally led by agency stalwart Shaya Wercberger, Hamaspik of Rockland County's Director of Residential Services, Hamaspik's SCIP-R training sessions, and all staff training programs, grew with the agency over the years—so much so that the plethora of trainings created the need for a full-time Training Coordinator.

As a result (and as reported in *Gazette* #78), longtime Hamaspik of Orange County employee Joel Grosz was tapped in late November 2010 to fill that role.

In just over a month, Mr. Grosz has organized three important training sessions, including the abovementioned SCIP session, for Hamaspik employees across its serviced regions. "I have another three lined up for this month [of January]," he tells the *Gazette*.

Among other changes implemented by the enterprising Grosz are consolidation of smaller (and cost-ineffective) trainings into full-capacity classroom events, a move intended to render future training operations "smoother and [more] efficient," says he.

SCIP-ing forward

But Grosz is not just working on the quality of Hamaspik's constant trainings—he's also endeavoring to increase their quantity too. "We want seminars around the calendar," he apprises the *Gazette* by e-mail.

He later explains that existing employees merely need to take a yearly SCIP-R refresher course while the OPWDD gives new employees three months to get SCIP-R-certified after starting their jobs. Until then, Grosz notes, said employees must summon a SCIP-R-trained co-worker to the scene should an incident occur on the job.

With the schedule of new trainings like the one described at this article's start, new staffers will wait a maximum of a few weeks—far less than three months—before getting fully SCIP-R-certified by Hamaspik.

Regardless of precisely when new Hamaspik employees receive their behavior management training, the sessions remain a critical part of the proficient, loving care provided by Hamaspik and other worthy human-services agencies.

"Everybody in contact" with special-needs children and adults needs SCIP-R, says Grosz. "I can't even begin to describe how informative it is." ■

"Article 16"

Continued from Page 1

of Kings County Executive Director Joel Freund and Hamaspik of Kings County MSC Supervisor Shloime Reichman, now promoted to Hamaspik's first-ever Clinic Director.

"Hamaspik didn't need an Article 16," Wertheimer tells the *Gazette*. "The community it serves needed it."

According to Mr. Wertheimer, the absence of an Article 16 clinic in Williamsburg created "a gap in service," causing the state to spend more to care for special-needs individuals instead of providing the clinic's more economical offerings.

"It caused the state and the system to spend lots of money without reaching the goal expeditiously," says Wertheimer. "In order to provide expedited service, you need to provide bilingual and culturally competent service, especially speech therapy. There was a big gap and there still is, which this will fill eventually."

Special needs, special laws

An Article 16 clinic gets its moniker from Article 16 of the New York State Mental Hygiene Law, which authorizes the Commissioner of the Office for People With Developmental Disabilities, or OPWDD, to open clinics that exclusively service individuals with intellectual disabilities or developmental delays. (Other clinics operate under other state laws: general medical clinics under Article 28 of the Public Health Law and mental health clinics under Article 31 of the Mental Hygiene Law.)

Article 16s can serve their beneficiary communities with a variety of health and human services, including medical and dental treatment, psychological counseling and psychiatry, social work, and the trio of common therapies: occupational, physical and speech. The clinics can also provide nursing services and even dieting education.

Based on its stated community needs, NYSHA's new Article 16 clinic has been approved for eight specific services: nursing, nutrition, occupational therapy, physical therapy, psychiatry, psychology, social work and speech therapy.

Asked for the difference between those services as rendered regularly or via Article 16, Reichman reiterates the clinics' exclusive special-needs mission. Special-needs individuals need more attention, he explains. "This is why they created Article 16s."

On home turf

Besides serving a distinct community of intellectually and developmentally disabled individuals right in their community, the new facility will become the first-ever Article 16 clinic in that community—the Orthodox Jewish neighborhood of Williamsburg, Brooklyn served faithfully by Hamaspik—according to current OPWDD data.

But besides that, the Article 16 clinic is authorized to serve that demographic in another way: by sending caregivers to consumers.

These "non-traditional services," provided off-site after hours by the professional staff of an Article 16 clinic, are "the real difference" between Article 16 and standard services, continues Reichman. "We can send a therapist into someone's home as long as it's justified."

Justification for Article 16-provided services, whether on or off site, springs from consumers' diagnosed needs followed by approval by each clinic's Medical Director.

Unique community, unique needs

"We had a huge list of people not getting services," says Reichman. "Technically, it's a waiting list."

But it was that "waiting list" that was successfully parlayed into a state-sanctioned Certificate of Need—proving the needs of a distinct demographic within a distinct demographic, giving a reticent community access to services from a trusted public-services interface.

Interior construction and renovation at the Division Avenue center converted a spacious basement into state-of-the-art offices for the new clinic, offices and all, and the Article 16 shortly opened in early February.

A Medical Director in the form of Beth Israel ER physician Abraham Berger, M.D. was hired, and other staffers including a Treatment Coordinator and the licensed clinicians required for the provision of each offered service, were likewise brought on board.

Reichman describes the current operations: a waiting room stocked with culturally attuned reading materials, patients seeing same-gender clinicians per community values on alternating days, and caregivers largely conversant in consumers' native Yiddish.

In due time, the clinic will also see action not just within its own doors but beyond those throughout the neighborhood, with trained therapists tending to special-needs tots in their living rooms and social workers supporting strained and struggling special-needs families in the comfort of their own homes.

"The need was always there," says Reichman of his new command. "The most important thing is just to service the people who are not getting anything."

Joel Freund, who is also the Executive Director of NYSHA, believes the community will be excited about it simply because the clinic will be the neighborhood's first. "We'll be able to offer all the therapies, evaluations and services that haven't been available in our area," Freund tells the *Gazette.* "They weren't able to get it until now. Now they'll be able to get it locally."

In a community renowned for its self-supporting socioeconomic infrastructure, where homes, stores, schools and synagogues are all within walking distance of each other, another piece of the communal puzzle has just fallen into place. ■

What is NYSHA?

The New York State Hamaspik Association, or NYSHA, is a support organization for New York State's Hamaspik agencies. Comprised of a team of Hamaspik leaders, the Association provides legislative advocacy, executive guidance, fiscal counseling and long-term planning for each member agency, helping each define and attain its goals.

Via NYSHA, Hamaspik of Kings County, Orange County or Rockland County—as well as the new Hamaspik Care home care services agency—can "shop" for any of the following: trainings of various types for its staff, legal advice, political lobbying, advocacy and legislative referrals and consultations.

NYSHA also organizes programs and services pertaining directly to consumers and their families. These include coordinating Hamaspik's occasional weekend retreats for parents, as well as Chol Hamoed Jewish-holiday family events, parental support groups and even kosher-food supervision.

Other NYSHA offerings include the *Hamaspik Gazette* newsletter you're reading now, as well as Hamaspik's public-relations department.

Finally, as a service offered equally to all, the new Article 16 clinic is open in Williamsburg is under the auspices of NYSHA. ■

Rising Rockland Star David Carlucci Inaugurated to State Senate

Commits to 'Efficiency, Transparency' in Major Address at RCC

Hamaspik among community groups, civic leaders attending celebration

In a gala ceremony attended by hundreds, including several Hamaspik leaders, former Clarkstown Town Clerk David Carlucci was sworn in this Sunday, January 30 as Hudson Valley's newest State Senator.

Carlucci (D-New City), a rising political star in the Hudson Valley, will represent the region's 38th District in a seat long held by the late Thomas P. Morahan (1931-2010). The District is home to a flourishing multi-ethnic community, including many individuals with special needs served by Hamaspik.

Spring Valley Trustee Joseph Gross, Cong. Eliot Engel, Wertheimer

The inauguration began at 12 p.m. on a sunny winter afternoon, as about 250 elected officials, public servants, community activists and others converged upon a hall at Rockland Community College, where Carlucci graduated.

In attendance were State Assembly members Ellen Jaffee (D-95), Kenneth Zebrowksi (D-94), U.S. Congress members Nita Lowy (D-18), Eliot Engel (D-17) and Sen. Charles Schumer (D-New York). All also spoke.

Also present were numerous East Ramapo and Spring Valley elected leaders and officials, as well as other public servants Hamaspik has successfully worked with in the past.

Following the presentation of colors, the Pledge of Allegiance and the actual swearing-in ceremony by Spring Valley Judge Christine Theodore, Carlucci, 25, laid out his agenda.

Carlucci centered on the increasingly-popular themes of government efficiency, job creation, private-sector promotion and bureaucracy elimination—the same common-sense fiscal conservatism pushed by Andrew Cuomo in his successful gubernatorial bid and, most recently, by President Barack Obama in his State of the Union Address.

The newly-elected State Senator also promised to address the MTA Payroll Tax, an issue of great concern to Hudson Valley commuters.

"I am so glad this day is here," said Carlucci. "Now let's get to work."

In chatting after the ceremony with Hamaspik Executive Director Meyer Wertheimer, Director of Community Affairs Joseph Landau and *Gazette* Yiddish editor Isaac Schnitzler, Carlucci conveyed familiarity with the health and human services provided by Hamaspik in the region.

The late Mr. Morahan, Carlucci's predecessor and the longtime chair of the State Senate Committee on Mental Health and Developmental Disabilities, enjoyed a working relationship with Hamaspik on many levels, assisting its beneficiaries throughout his long public stint.

Hamaspik congratulates Sen. Carlucci on his new position, and looks forward to working with him in meeting the needs of the district's special-needs individuals and their families. ■

A fresh face in Albany: Carlucci with Wertheimer

Pursuing Perfection at Arcadian

The only thing indicating that a home for individuals with special needs is located here is the wheelchair ramp out front seamlessly disguised as a walkway, and the waist-high fence with swinging gate cordoning off the front porch.

Unobtrusive placards on the gate, and just inside the front door, remind visitors to close the entryways behind them. That the secure whereabouts of the home's eight residents is a staff priority becomes readily apparent upon seeing door-mounted electronic devices labeled "Wander Guard," which, I imagine, set off alarms when traversed by consumer-worn bracelets.

Inside the well-lit, marble-tiled lobby, a closet large enough to swallow several dozen coats graces the right wall, while elegant glass double doors lead to a pristine dining room to the left.

The lobby intersects at a T with the home's main hallway, which runs right to several well-kept bedrooms and left to a smaller dining room, a huge kitchen and an ample living room.

The right hallway T-intersects with another hallway off of which are six bedrooms and a large, well-lit laundry room. The left hallway brings me to a living room with a wall-to-wall closet centered by a fireplace dominating one wall and a wraparound couch hugging the other two. The fourth wall is filled with a huge picture window overlooking the street.

Across the hallway is the kitchen, a study in island-centered spaciousness with enough countertop to launch a catering service. One side of the island is flanked with a table-like shelf, chairs neatly tucked beneath; I later observe staff feeding consumers at this table.

This is the Arcadian Briderheim, one of Hamaspik's several Individualized Residential Alternatives (IRAs) across Kings, Orange and Rockland Counties—and an IRA that recently passed a state audit, prompting this article.

Progress

"Something's wrong here," one may think upon stepping into the Arcadian Briderheim (or any Hamaspik IRA, for that matter). "It's too perfect."

Those were certainly among my thoughts upon joining Hamaspik in September of 2009.

Call it preconceived notions. Call it stereotyping. Call it cynicism. Or just plain old ignorance.

But the facts today belie the ugliness of yesteryear: the dark decades of apathy, fear, neglect and outright abuse that culminated in the Willowbrook debacle to bring down an insulated empire of inhumanity.

Risen in their wake are *Individualized Residential Alternatives* (IRAs), the group homes that smash still-lingering stereotypes of grim institutions by looking like anything but institutions.

One such home may be found at 8 Arcadian Drive in sylvan New Hempstead, New York.

The residence for special-needs children doesn't look like a "residence for special-needs children." Even the special-needs children don't look like "special-needs children." Floors are spotless. Faces are clean. Furniture is flawlessly arranged. Fun can be felt in the air.

Not what I expected.

Not 15 months ago at my first day on the job, an OPWDD official meet-and-greet event at the Dinev Inzerheim planned perfectly down to plaid-patterned popcorn holders, and not at the Arcadian Briderheim or the dozen other Hamaspik group homes, whose interiors could easily grace the pages of homemaking magazines.

Where's the mess? Where's the chaos? Where are the men in white coats? Where are, you know, *those kids*?

But there are no screams behind locked doors. There are no strait jackets or padded rooms. There are no skeletons in the closet. And there's no dirt, metaphorical or otherwise.

I'm still looking. And I'm not sure why.

Maybe there are skeletons in my closet. Maybe I'm too cynical. Maybe the rest of the world has moved on and I'm the ignorant stereotyper stewing in preconceived notions.

And I'm sure I'm not the only one.

Maybe that's why I'm here: so that these, and other, stereotypes might be smashed. Maybe that's why the *Gazette*, Arcadian and its fellow IRAs and Hamaspik are there.

Maybe that's why Western society increasingly funds group homes and embraces individuals with special needs. Maybe civilization, or at least part of it, has arrived, while some (including this writer) have some catching up to do.

I'll know I'm there when I can walk into an IRA and shrug. In the meantime, it's Wednesday, January 5, 2011, and I've arrived at 8 Arcadian Drive.

A home by any other name…

It's just before 4:00 p.m. and staff is awaiting the return of their beloved boys from Hamaspik of Rockland County Day Hab or special-needs schools. I get to meet some of these devoted Direct Care Workers: Yoel Fried, Yoel Goldberger, Hillel Spitzer and Michoel Gottesman. They are as witty as they are diligent about their duties; I learn the former whilst chatting before the first bus rolls up and the latter as the consumers are taken through their afternoon routines.

Home sweet home: Arcadian looks like any suburban residence—like it's supposed to

The first transportation vehicle, in classic school-bus yellow, arrives moments later.

Two Direct Care Workers trot down the front walkway to escort their charges back home. I approach to observe the driver operating the wheelchair lift for one consumer who does not walk. Surrounding the lift as it descends, the threesome make small talk. I ask the driver how he finds working with staff. "You should be very proud of them," he replies.

A few moments later, seven boys are safely inside the home. (The eighth and last will arrive soon on a separate bus.) "The first thing we do is give them a snack," Gottesman tells me. Shortly shepherded into the kitchen, several of them are seated per need at the island (with at least two being lovingly spoon-fed) while two high-functioning others prefer to munch their snacks while milling about.

After about 15 minutes, snack time is over and the boys are eased into their evening routines: about one or two hours of leisure time.

One semi-mobile boy is gently placed on his bed, where, knowing Direct Care Workers tell me, he will relax while enjoying his musical preferences. Another likewise retires to his room to watch his favorite educational videos. Others can shortly be found lounging on the living-room couch, Direct Care Workers in tow.

The atmosphere is like any functional home after the kids' return from school: relaxed, casual, informal and comfortable—which is exactly the idea. And this goes on every day, I learn, until dinner, which begins at about 5:00 p.m.

The bedtime routine, which starts around 7:30 p.m. can take up to one hour considering consumers' special needs, including showering and personal hygiene, getting into pajamas and taking medications as necessary.

Like all other IRAs, bedrooms at Arcadian hold a maximum of two beds, with at least two that I observed containing only one (required by some consumers per specific diagnoses). Call them what you want, but don't call them housing or dorms—like the rest of the house, none look anything like "special-needs bedrooms."

Down-home spirit

"Take a picture of the food!" jokes Home Manager Shlomo Lebowitz.

I often run into the hardworking employee during his not-infrequent visits to Hamaspik of Rockland County's administrative offices, out of which the *Gazette* is based. Lebowitz usually doesn't have much to say. What's news? "Nothing!" comes the typical answer, sputtered with a wry smile and that Jewish shrug of the shoulders. "Same old!"

But here, I'm on Lebowitz's turf, and I'm seeing a different side of the man.

He darts around the kitchen as it if were his own home (and, in many ways, it is). Cabinet doors fly open and snap shut in his wake as he stows plastic disposables. Noticing my notice of an enormous aluminum tray filled with what look like fish filets—tonight's dinner—warming on the stovetop, Lebowitz suggests I snap a few shots. Now I'm getting hungry.

In the meantime, Ezzy has arrived.

Some noise from the front lobby draws me back to the home's front entrance, where the last of eight consumers is wheeling in. This is 22-year-old Ezriel "Ezzy" G., a young man with severe cerebral palsy. His joystick-controlled electric wheelchair whooshes into the lobby, where his Direct Care Worker makes the introduction.

Continued on Page E5

Life happens here: Ezzy's well-appointed bedroom

Continued from Page 4

Ezzy can't speak clearly, but Michoel Gottesman, who has worked with him for three years now, can virtually read his mind. Ezzy wants me to see his room, I am told. So off we go.

Down the right hallway and around the corner to the left is Ezzy's room sweet room, a cozy, personalized haven custom-tailored to suit him just right. We enter, and Ezzy chortles in glee when the balloons he received for his recent birthday are acknowledged. He instructs Michoel to display his new Shabbos suit, which the caregiver gladly extracts from the closet, and then asks if I can come visit.

Service lane: Feish Horowitz helps a consumer home

When I suggest that Ezzy come visit my family at my own home, Ezzy, aware of his own wheelchair's limitations, wants to know how many steps there are to my front door. When I tell him that I live in a ground-floor home (I don't like stairs either), he seems happy. He then makes an indecipherable gesture. I look at Michoel.

Ezzy wants to know when he can come over, Michoel explains.

I explain that I'll have to speak to his parents. Ezzy, endearingly, doesn't let me go until I jot down his mother's work number. (We actually speak later.) "Ezzy's the best!" says Michoel, gripping him in a one-armed hug of sorts across the shoulders. Ezzy and Michoel grin, and there's no mistaking a moment of male bonding and good-natured ribbing between two guys.

Wrapping up

Back in the kitchen, Zalman B., one of the home's higher-functioning consumers, is decked out in an impromptu but highly effective apron, an industrial-size black garbage bag with holes torn for his head and arms. Zalman likes peeling potatoes. And so he helps prepare supper, simultaneously improving his daily living skills.

Pinchas, Zalman's higher-functioning counterpart, meanwhile, has put on *tefillin*, or phylacteries, the Torah-mandated leather straps and boxes on the arm and head symbolizing devotion to G-d in action and thought.

In real life, they look even happier: A family portrait

Tefillin are usually donned in the morning, but as today turned out, Pinchas didn't have time before his bus arrived—and since they may be worn anytime during the day, Pinchas puts them on now. He appears in the hallway, where I had gone to finish his conversation with Ezzy, decked out in arm piece and head piece. His Direct Care Worker informs me that he wants his picture taken in tefillin. I gladly oblige.

A clean bill of health

All throughout my visit, I observe a custodian roving about the premises, ensuring spic-and-span cleanliness. But the almost-sterile hygiene at the group home doesn't stop there: Professionally trained and certified clinicians including nurses or pharmacists are required by the OPWDD to regularly supervise and oversee each group home's medical issues, which comprises consumers' health and doctor appointment follow-ups, staff AMAP certifications and medical-closet contents.

To ensure that the health of the consumers in particular, and the home in general, are indeed well-maintained, the OPWDD regularly conducts on-site inspections and surveys of all IRAs under its jurisdiction. For the Arcadian Briderheim, the most recent of these took place on Tuesday, January 4, 2011—with auditors later reporting "a very warm and comfortable environment" with staff "respectful to and nurturing of the individuals they work with."

It's just too bad the auditors didn't come when I was about to go. I could have told them that myself. ■

Winter Health and Safety

Continued from Page 1

water frequently

• Keep your home and office well-ventilated during the winter—cold and flu viruses tend to proliferate in stale indoor air

• Regularly disinfect surfaces frequently touched by bare hands, like faucets, doorknobs and keys

As a matter of fact, a fascinating, first-of-its kind study rigged 788 public high school students and staff with sensors that detected the close presence of other sensors. The study found that students and teachers were had 762,868 opportunities daily to transmit illness; flu (and other) viruses spread through airborne water droplets ejected by sneezes and coughs to distances up to 10 feet from carriers.

So if you get the flu—you'll know by the fairly sudden onset of fever and chills—give your body what it needs most: rest and fluids. Get into a toasty bed and keep a large water pitcher handy. Contact your doctor if it doesn't get better in a few days, or gets worse.

In the meantime, here's what's happening flu-wise around the nation (and world).

Flu season normal so far

The flu season is well underway, as are immunization efforts. According to the CDC, approximately 163 million doses of the vaccines, translating to about one-third of Americans, 65 percent of them seniors, have been distributed as of November 19.

Various states are reporting normal outbreaks and rates of flu thus far. In early December, Pennsylvania reported four flu-related deaths, though all four had underlying medical conditions, and Georgia is still weathering a regional spike of Influenza B among kids, the CDC reports. A report from famous-for-its-cold Minnesota says that Minnesotans' demand for the vaccine has been low, indicating both a robust vaccination rate and a normal state flu season.

Across the pond, health officials in Britain's Health Protection Agency (HPA) see that country's outbreak of H1N1 and Influenza B as the beginning of the flu's spread across Europe. The viruses claimed ten lives from November through mid-December. All were seniors with underlying health issues.

Public-health officials now say that early signs are pointing toward a normal flu season. An average season sees one or two key Influenza A strains and one Influenza B strain appear around the country in late fall or early winter, get an infectious boost at holiday gatherings, and then make a lot of people sick between January and March.

As of December 2010's close and 2011's onset, the CDC was reporting that the traditional peak in flu activity had actually arrived a bit early, though remaining statistically unremarkable.

Snow/winter health and safety tips

Unless you've been on vacation in Arizona since fall, you may have noticed quite a bit of snow—and with that, the pedestrian perils that come with walking on wintry streets.

For starters, watch out for ice! Snow can melt on sunny days and refreeze overnight, creating patches of so-called "black ice," or transparent, slick sheets of frozen water on asphalt that can render a car's brakes completely useless.

The same effect can occur on sidewalks, where re-frozen puddles sometimes take on the color of the underlying pavement, looking like a dry patch of concrete but capable of teaching you a safety lesson the hard way (pun intended), as your *Gazette* editor found out recently. (Fortunately I didn't break anything.)

Shoveling

If you're out shoveling snow after the last blizzard, go easy! Shoveling is a huge heart strain, especially for seniors and others at risk for heart disease or stroke. Tragically, emergency rooms report treating seniors and others who collapsed during or after shoveling snow, with many too late.

An old family friend who grew up in Buffalo, New York (where towering snow drifts are normal) advises this writer that shoveling is most effective using more scoops of less snow, taking longer but sparing your heart the sudden repeated burdens of heavy snow scoops.

Also, shovel your property as soon as the snow stops, when the snow is still relatively light, fluffy and easy to shovel—not packed down under layers of multiple snowfalls and/or ice. Make sure you scrape away all the snow to prevent the formation of ice patches.

Snowblowing

If you'll be using a motorized, convenient snowblower this winter, a Loyola University Health System hand surgeon warns in a news release that snowblower accidents can severely injure hands and even require finger amputations and extensive rehabilitation. "Every winter, we get three or four cases," Dr. Randy Bindra of Chicago said in a university news release.

Nationwide, snowblowers are thought to result in hundreds of finger amputations each year. Some may be the result of using older snowblowers that lack a kill switch that turns the machine off if the operator tries to clear snow or debris from the chute.

To help keep your fingers safe from harm, safety experts offer the following tips:

• Never put your hands into a snowblower's chute or around its blades.

• If the machine gets clogged with snow, use a stick or broom handle to clear it, not your hands.

• Make sure snowblower shields are in place and don't let your hands or feet get near any of the moving parts.

So stay safe out there! (Is it just me, or can you also not wait for Spring 2011?) ■

In the Know

All about… Neurofibromatosis

Neurofibromatosis (NOO-row-FI-bro-mah-TOH-sis) means "fibers growing on nerves." It is a genetic disorder that causes tumors to grow on and/or compress nerves, causing skin and bone abnormalities. It usually appears at birth or in early childhood—and almost always with flat, light-brown spots on the skin. These very large, harmless freckles or birth marks are called café au lait (kah-FAY oh LAY) spots. More on those later.

The tumors are almost always noncancerous. They can grow anywhere in the nervous system, including the brain, spinal cord, and large and small nerves.

Neurofibromatosis is typically diagnosed in childhood or early adulthood.

There are three types of NF: NF1, NF2 and schwannomatosis.

Neurofibromatosis can be mild or severe, with results ranging from little effect to serious problems. The disorder is also sometimes known as von Recklinghausen disease, after the scientist who first described it 1882.

Fifty percent of NF cases are inherited and the other 50 percent occur spontaneously. In the inherited cases, neurofibromatosis is an *autosomal dominant disorder*, which means that it affects males and females equally. Thus, if one parent has NF, his or her children have a 50-percent chance of getting NF.

Symptoms

NF1

In NF1, tumors called *neurofibromas* generally grow at nerve endings, fanning them out like frayed shoelaces and resulting in bumps on or under the skin. These can range from barely noticeable to causing extreme cosmetic disfigurement. Close to 90 percent of NF cases are NF1; NF1 strikes about one out of every 3,000-4,000 people and affects an estimated 100,000 Americans. The majority of NF1 cases are mild to moderate.

Symptoms include:

• Café au lait spots. If you have more than six of them, it's a strong indication of NF1. With NF1, cafe au lait spots usually are present at birth or appear during the first year of life. Their number tends to increase during early childhood and then stabilize. They aren't serious but can sometimes be a cosmetic concern.

• Small freckles in the armpits or groin area. These usually appear by four to five years of age.

• Soft bumps on or under the skin (neurofibromas). These are benign tumors that grow on nerve tissue close to your skin. Sometimes, a growth will involve multiple nerves (plexiform neurofibroma).

• Tiny bumps on the iris of your eye (Lisch nodules). It's hard to see these harmless lesions just by looking at them, but your doctor can detect them with a special instrument.

• Deformed bones. Abnormalities in the way bones grow and a deficiency in bone mineral density can cause bone deformities such as a curved spine (scoliosis) or bowed lower leg.

• Learning disabilities. Most NF1 children have IQs in the average or low-average range. Often, children with NF1 have a specific learning disability, such as problems with visual-spatial skills or attention-deficit/hyperactivity disorder (ADHD). Severe retardation is not part of NF1.

• Larger-than-average head size (macrocephaly). Children with NF1 tend to have macrocephaly, but sometimes this is due to large brain size and sometimes due to a thicker skull.

• Short stature. Being short is another characteristic occasionally seen in children with NF1.

• Brain tumors, particularly involving the optic nerve, are also seen.

NF2

In NF2, the neurofibromas generally strike the nerves of the hearing system, frequently causing hearing loss. NF2 only constitutes about ten percent of all NF cases, affecting mostly adults and striking one out of every 45,000-50,000 people.

Symptoms of NF2 usually result from schwannomas (also known as acoustic neuromas) in both ears. These benign tumors grow on the eighth cranial nerve, the nerve that carries sound and balance information from the inner ear to the brain. Resulting signs and symptoms typically appear in the late teen and early adult years, and include:

• Gradual and/or complete hearing loss

• Ringing in the ears (tinnitus)

• Poor balance

• Headaches

• Vertigo

In NF2, neurofibromas can also grow on, and/or compress, the facial nerve (the seventh cranial nerve), causing facial weakness and/or paralysis.

NF2 does not cause learning disabilities or cognitive impairment.

Schwannomatosis

In some cases, NF2 can lead to growths in other nerves of the body, including the cranial (head), spinal, visual (optic) and peripheral (hand or foot) nerves. Associated signs and symptoms may include cataracts, and numbness and weakness in the arms or legs. This is *schwannomatosis*, the rarest and severest of NF types. About one-third of schwannomatosis patients have segmental schwannomatosis, which mean limited to a single part of the body like an arm, leg or the spine.

Unlike NF2, schwannomatosis does not strike the nerve that carries sound and balance information from the inner ear to the brain (the eighth cranial nerve), so it doesn't cause hearing loss.

As with NF2, schwannomatosis doesn't cause cognitive impairment or learning disabilities. The main symptom of schwannomatosis is chronic and strong pain, which can occur anywhere in the body.

Cause

Neurofibromatosis is caused by the mutation of healthy genes.

Briefly: Each cell in the body contains 46 chromosomes. Each chromosome contains genes. When each cell contains the correct number of chromosomes and genes—and properly functioning chromosomes and genes—the body is healthy. Extra or missing chromosomes or genes—or defective chromosomes or genes—cause an array of conditions, like Down syndrome, Fragile X syndrome, or neurofibromatosis.

Defective or missing chromosomes or genes are medically known as *mutations*.

In the case of neurofibromatosis, mutations of different chromosomes cause the condition's different forms.

In NF1, a mutation on Chromosome 17 causes the absence of an important gene called *neurofibromin.* Neurofibromin blocks the growth of tumors on nerves, like the front door of a house keeping the wind out. Without neurofibromin, the "wind blows in" and the body's nerves grow neurofibromas.

In NF2, a mutation on Chromosome 22 causes the absence of a gene called *merlin*, which leads to the growth of schwannomas on the eighth cranial nerve.

In schwannomatosis, both Chromosomes 17 and 22 are mutated. However, schwannomatosis is still not fully understood, and most cases are spontaneous, not inherited like NF1 and NF2.

Diagnosis

The tumors associated with neurofibromatosis are almost always benign and slow-growing. So although it's important to obtain a timely diagnosis and monitor for complications, the situation isn't an emergency.

Discuss any concerns with your child's pediatrician or your primary care doctor. Eventually, your doctor may refer you to other specialists,

depending on whether a diagnosis of neurofibromatosis is made and whether complications arise.

For your first visit, write down a list of questions and concerns for your doctor, and make a note of when you first started having them. Bring your child's or your own complete medical and family history with you, if your doctor doesn't have them.

Take notes at the appointment to help you remember key points later on.

Bring photos of other family members (living or deceased) who you think may have had NF.

The doctor is likely to conduct a thorough physical examination and ask you to describe your concerns in detail. Your doctor may also conduct some cognitive tests. Depending on your child's age, your doctor may ask about performance in school.

Because some of the signs and symptoms of neurofibromatosis are age-dependent, it may take a while, even years perhaps, before a definitive diagnosis can be made.

The diagnosis of NF1 is made if any two of the following criteria are met:

- Café au lait spots
- Skeletal abnormalities
- Freckling of the groin or the axilla (armpit)
- Two or more neurofibromas on or under the skin or one plexiform neurofibroma (a large cluster of tumors involving multiple nerves)
- Two or more Lisch nodules, or freckling in the iris
- Tumors on the optic nerve, also known as optic gliomas
- Oversized head (macrocephaly)
- Seizures (epilepsy)

NF2 is diagnosed with the appearance of schwannomas on the eight cranial nerve and the resulting hearing and/or balance problems, as well as cataracts at an early age or changes in the retina that may affect vision.

Schwannomatosis is diagnosed with the appearance of NF1 and NF2 symptoms, as well as chronic pain, usually in one limb or body area. The distinctive feature of schwannomatosis is the development of multiple schwannomas (tumors made up of certain cells) everywhere in the body except on the eighth cranial nerve.

Risk factors and problems

Inheritance

The biggest risk factor for neurofibromatosis is a family history of the disorder. The inheritance pattern for schwannomatosis is less clear. Researchers currently estimate that the risk of inheriting schwannomatosis from an affected parent is around 15 percent.

Social problems

Since neurofibromas tend to grow on nerves just below the skin, NF is also often visible on the face and hands, causing anxiety, emotional pain, and considerable social stigmatization and suffering for those affected.

The tumors, which in rare cases can be huge, can also grow in places that can cause other medical issues, and require surgical removal. Affected individuals may need multiple surgeries depending on where the tumors are located. As a matter of fact, the world's first successful full face transplant, in March of 2007, was carried out on 30-year-old Frenchman Pascal Coler, an NF patient.

Skeletal problems

Some NF children have abnormally formed bones, which can result in curvature of the spine (scoliosis) and bowed legs. NF1 is also associated with decreased bone mineral density, which increases risk of weak bones (osteoporosis).

Visual and/or facial difficulties

Occasionally in NF children, a tumor growing on the nerve leading from the eye to the brain (optic nerve) can cause visual problems. NF can also cause facial nerve damage, resulting in facial paralysis.

Cardiovascular problems

NF1 patients have an increased risk of high blood pressure and, rarely, blood vessel abnormalities.

Deafness

NF2 can cause partial or total deafness. With NF2, surgeons will likely need to remove the auditory nerve tumors, which may cause deafness afterward. When the auditory nerve is partially or completely damaged or removed, hearing aids won't work. However, in 2000, the U.S. Food and Drug Administration (FDA) approved an auditory brainstem implant for people with NF2 who have lost their hearing. This device transmits sound signals directly to the brain, enabling the person to hear certain sounds and speech.

Weakness, numbness and pain

NF2 can cause weakness and numbness in the extremities. Schwannomatosis can cause debilitating pain, which may require surgical treatment or management by a pain specialist.

Cancer

NF1 increases the risk of cancer tumor development, particularly meningiomas, gliomas and pheochromocytomas. About five percent of people with NF1 develop cancerous (malignant) tumors. These usually arise from neurofibromas under the skin or plexiform neurofibromas involving multiple nerves. So monitor neurofibromas vigilantly for any change in appearance, size or number: changes may indicate cancerous growth. But the earlier a malignancy is detected, the better the chances for effective treatment.

Children with NF1 also have a high risk of developing leukemia, although only about three percent of NF1 children actually do develop leukemia.

Treatment

Neurofibromatosis treatment aims to maximize healthy growth and development and to manage symptoms and/or complications as soon as they arise.

There is currently no cure for NF. Generally, the sooner you or your child are under the care of a doctor who specializes in neurofibromatosis, the better the outcome.

If you have a child with NF1, your doctor is likely to recommend yearly age-appropriate check-ups to:

- Assess skin for new neurofibromas or changes in existing ones
- Check blood pressure for signs of high blood pressure
- Evaluate growth and development—including height, weight and head circumference —according to growth charts available for children with NF1
- Evaluate any skeletal changes and abnormalities
- Assess learning development and progress in school
- Obtain a complete eye exam

If you notice any changes in signs or symptoms between visits, such as rapid growth of a neurofibroma or onset of pain in a tumor, it's important to contact your doctor promptly to rule out the possibility of a cancerous tumor and to access appropriate treatment at an early stage.

Once children with NF1 reach adulthood, frequency of their monitoring can be adjusted to suit their needs. Adults with mild disease may not need monitoring as often as someone with more severe complications.

When neurofibromatosis causes large tumors or tumors that press on a nerve or organ, surgery may help.

Schwannomatosis treatment consists primarily of pain management. Complete removal of schwannomas in schwannomatosis can ease pain substantially.

Less than 10% of people with neurofibromatosis, mainly NF1, develop cancerous growths; in these cases, chemotherapy and other standard cancer treatments may be successful.

Those affected with NF2 might benefit from a surgical decompression of the vestibular tumors to prevent deafness. However, surgery to remove a vestibular schwannoma may carry a risk of total hearing loss or damage to facial nerves.

Plastic surgery and laser therapy may be used to remove neurofibromas on the surface of the skin and to help improve appearance.

For deformed bones, a back brace is often used to treat scoliosis. In severe cases, back surgery may also be an option. Some bone malformations can be corrected surgically. In other cases, custom orthotic inserts may help correct a toddler's gait.

The bottom line

The majority of NF cases are mild to moderate.

For NF2 cases, a competent audiologist will be critical to walk the patient through his or her ear-related prognoses and the various options, primarily regarding hearing devices, which are very high-tech nowadays.

Even for schwannomatosis, the worst of all three NF types, pain-management medicine is more advanced than ever.

The most important thing you can do for your child's sake and for yourself is to find a primary care doctor you trust and who can coordinate care with other specialists. The Children's Tumor Foundation has an online tool to help you find a neurofibromatosis specialist in your area.

You may also find it helpful to join a support group for parents who care for children with neurofibromatosis, ADHD, special needs or chronic illnesses in general. The Children's Tumor Foundation lists support groups and family events by state on its website. You can also check your local community listings for support groups or ask your doctor for information.

Bottom line? Remember that most cases of NF are NF1, and most people with NF1 have only relatively mild signs of the disorder, like café-au-lait spots and a few neurofibromas on the surface of the skin, which require little or no treatment. Many children with NF1 grow up to live healthy lives with few, if any, complications.

The Hamaspik Gazette *thanks Ruth Nass, M.D., Professor of Child Neurology, Child and Adolescent Psychiatry, and Pediatrics at NYU Langone Medical Center, for critically reviewing this article. In appreciation, the Gazette would like to mention (though not endorse) NYU's NF clinic, one of the few.* ■

Hamaspik at the State of the State Address

Executive Director Meyer Wertheimer makes Hamaspik's case to Albany's public servants while attending newly-inaugurated Gov. Andrew Cuomo's report from the top

With New York State Comptroller Thomas DiNapoli

With Assembly Speaker Sheldon Silver

With State Sen. Kevin Parker

With Assemblyman and Assembly Mental Health Committee Chair Felix Ortiz

With OPWDD Acting Commissioner Max Chmura

With Bronx Borough President Ruben Diaz, Jr.

With Assemblyman and Ways and Means Committee Chair Herman D. Farrell, Jr.

Opening Doors at Concord

IRA welcomes Ramapo Town Supervisor St. Lawrence

Hachnosas orchim, translated literally as "the entering of guests," refers to the ancient Jewish tradition of opening one's doors to visitors in need of a meal, shelter or just a friendly pop-in.

So ancient is the tradition, as a matter of fact, it is attributed to Abraham, history's first recorded Jew and the founding patriarch of the Jewish nation. Abraham (1813-1638 BCE) was born in what is now southern Iraq or Kuwait but lived for much of his life in the "Promised Land," where he opened his tent to passing travelers from all four sides to provide food and inspiration.

Perhaps it was the spirit of Abraham at work when, on the late Friday afternoon of January 7, a Town of Ramapo truck got stuck across the street from the Concord Briderheim, one of Hamaspik of Rockland County's several IRAs.

That's because, as he watched the spectacle of a mobile crane extricate a five-ton utility vehicle from a giant pothole, Concord Direct Care Worker Yoel Loeffler noticed Ramapo Town Supervisor Christopher St. Lawrence personally overseeing operations.

So Loeffler stepped outside to say hello.

According to the Concord staffer, the friendly public servant asked him if he lived in the area. No, replied Loeffler, explaining that he worked at the nearby Concord Briderheim—to which St. Lawrence said that the group home had been one of the first ten things he had fought for upon assuming his public office. The Supervisor had actually been honored by Hamaspik at the Briderheim's opening ceremony.

You have to visit us, then, rejoined Loeffler—an invitation that the Supervisor was only too happy to take up.

Taking a few minutes of shelter under Concord's roof, Supervisor St. Lawrence got to personally meet and greet the residents of the residence, who all excitedly gathered around to share a few minutes with Ramapo's chief executive.

Before leaving, the Town Supervisor posed for a group photo with the consumers, departing with an impromptu care package for the road: a bottle of seltzer and a piece of fresh hot kugel.

"He liked being approached by them and shaking their hands," Loeffler tells the *Gazette*. "He was very happy" to have visited. ■

Make yourself at home! St. Lawrence and consumers

FDA warns on Fruta Planta

PRock Marketing LLC, of Kissimmee, Fla., is recalling all lots of Fruta Planta and Reduce Weight Fruta Planta. FDA testing confirmed that Fruta Planta contains sibutramine, a drug withdrawn from the market in December 2010 for safety reasons. The FDA has received multiple reports of adverse events associated with the use of Fruta Planta and Reduce Weight Fruta Planta, including several cardiac events and one death.

The real reason for Asperger's prevalence?

Dr. Frances Allen, the prominent psychiatrist who edited the last edition of the American Psychiatric Association's Diagnostic and Statistical Manual. The DSM is the "Bible" of modern psychiatry used by psychiatrists, insurance companies, drug researchers, the courts and even schools to authoritatively define all known mental disorders.

Today, however, Frances laments the creation of "Asperger's" and its inclusion in the last DSM as a separate diagnosis.

According to Frances, full symptoms of what is called Asperger's are very rare. (Indeed, modern psychiatry is moving towards removing the label and including it under so-called Austim Spectrum Disorders.) He blames himself for including it in the DSM's last update—leading to what he calls the "Epidemic of Asperger's," leading to an explosion of diagnosed kids and media coverage of an "Asperger's epidemic."

"At that point I did an 'oops,'" he says. "This is a complete misunderstanding. It was distressing. Quite distressing."

Frances believes the diagnosis is now radically overused in a way that he and his colleagues never intended—primarily, he says, because schools created a strange unintentional incentive.

"In order to get specialized services, often one-to-one education, a child must have a diagnosis of Asperger's or some other autistic disorder," he says. "And so kids who previously might have been considered on the boundary, eccentric, socially shy, but bright and doing well in school would mainstream [into] regular classes. Now if they get the diagnosis of Asperger's disorder, [they] get into a special program where they may get $50,000 a year worth of educational services."

Frances points to another change he made—which, for him, has had even more disturbing consequences. Essentially, Frances and his colleagues made it much easier to get a diagnosis of bipolar disorder. And he says that created this incredible opportunity for drug companies.

"Drug companies got indications for treating bipolar disorder," he says. "Not just with mood stabilizers, but also with the newer antipsychotic drugs. And they began very intensive ubiquitous advertising campaigns. So the rates of bipolar disorder doubled. And lots of people got way too much antipsychotic and mood stabilizing medicines. And these aren't safe drugs."

And for Frances, the lesson of these experiences is clear. Once you put a new diagnosis in the DSM, there is no controlling what will happen to it. So there's only one thing to do: "Anticipate the worst. If something can be misused, it will be misused," Frances says. "If diagnosis can lead to overdiagnosis and overtreatment, that will happen. So you need to be very, very cautious in making changes that may open the door for a flood of fad diagnoses."

Seven ways health reform will hit home this year

Here are seven provisions of the health law that may affect you this year:

1. Lower prescription costs for seniors

Prescription drug costs could shrink $700 for a typical Medicare beneficiary in 2011, as the law begins to close the notorious doughnut hole, the gap in prescription coverage when millions of seniors must pay full price at the pharmacy, according to the seniors group AARP. The National Council on Aging estimates the savings could reach $1,800 for some.

Starting in January, drug companies will give seniors 50 percent off brand drugs while in the gap, excluding those low-income people who already get subsidies. Generics will also be cheaper. "It's quite significant," said AARP's John Rother. "People stop filling prescriptions when they hit the doughnut hole." The National Council on Aging estimates that about 4 million Medicare beneficiaries will face the gap this year.

2. It has how many calories?

How many calories are in that sirloin steak? 1,551! Or that individual-size Chicago style deep-dish pizza? That would be 2,310. Beginning soon after the Food and Drug Administration finalizes rules in 2011, chain restaurants with 20 or more locations, and owners of 20 or more vending machines, will have to display calorie information on menus, menu boards and drive-thru signs. Restaurants must also provide diners with a brochure that includes detailed nutritional information, like the fat content of their dishes.

3. Higher Medicare premiums

Medicare premiums in 2011 will take a bigger bite from wealthier beneficiaries. Since 2007, this group has paid more than the standard premium for Part B, which covers physician and outpatient services. But the income threshold was indexed to prevent inflation from moving more people into the affected group.

The health law freezes the threshold at the current level: incomes of $85,000 or above for individuals and $170,000 for couples. With that step, beneficiaries paying higher premiums will rise from 2.4 million in 2011 to 7.8 million in 2019, according to an analysis by the Kaiser Family Foundation.

Their monthly premiums this year will be between $161.50 and $369.10, while the standard premium will be $115.40.

Also, premiums for Medicare Part D, which covers prescription drugs, will be linked to income for the first time. The thresholds will be the same as those for Part B and will not be linked to inflation. About 1.2 million beneficiaries will pay the income-related Part D premium this year, rising to 4.2 million beneficiaries in 2019.

4. Restrictions on medical savings accounts

Consumers with flexible spending accounts (FSAs), in which pre-tax income can be used for medical purchases, can no longer use them for over-the-counter drugs, including ones that treat fevers or allergies and acne, unless they have a doctor's prescription. The new restrictions, which lawmakers included in the health overhaul to raise more revenue, also apply to health reimbursement arrangements (HRAs), health savings accounts (HSAs) and Archer medical savings accounts (MSAs).

Starting this year, those with HSA or MSA accounts who spend money inappropriately will not only owe taxes on it, but also face a tax penalty of 20 percent, double what it was. For all pre-tax accounts, medical devices such as eyeglasses and crutches, and co-pays and deductibles still qualify for the accounts. Insulin obtained without a prescription is also eligible.

5. Bolstering seniors' access to primary care

Medicare is bumping up payments for primary care by 10 percent from Jan. 1 through the end of 2015. It's an incentive for doctors and others who specialize in primary care—including nurses, nurse practitioners and physician assistants—to see the swelling numbers of seniors and disabled people covered by the program. Health practitioners will qualify for the bonus only if 60 percent or more of the services they provide are for primary care. General surgeons also will receive an increase if they're practicing in areas where there are doctor shortages.

Experts agree there's a growing shortage of primary care providers, a big problem considering that the health law is expected to expand coverage to 32 million more Americans by 2019. The bonus won't cure the problem, but many see it as a start. "It's significant, but it's not the end all," said Dr. Roland Goertz, president of the American Academy of Family Physicians, emphasizing that the bonus will end in 2015.

6. Staying healthy

Several provisions of the law promote health prevention, especially for seniors. Medicare enrollees will be able to get many preventive health services—such as vaccinations and cancer screenings—for free starting in January. Specifically, the law eliminates any cost-sharing such as copayments or deductibles for Medicare-covered preventive services that are recommended (rated A or B by the U.S. Preventive Services Task Force). Also starting in January, Medicare beneficiaries can get a free annual "wellness exam" from their doctors who will set up a "personalized prevention plan" for them. The plan includes a review of the individuals' medical history and a screening schedule for the next decade.

The law also eliminates any cost sharing for the "Welcome to Medicare" physical exam, which previously included a 20 percent copay.

7. Trimming Medicare Advantage

The health law puts the squeeze on private health plans that provide Medicare coverage to about a quarter of beneficiaries. Payment for these Medicare Advantage plans is being restructured. Rates this year will be frozen at 2010 levels and lower rates will be phased in beginning in 2012.

Medicare says the reductions are fair because the plans are paid $1,000 more per person on average than the traditional fee-for-service program spends on a typical senior.

Dan Mendelson, president and CEO of Avalere Health, a consulting firm based in Washington, says some plans will respond by cutting ancillary benefits, such as vision and dental care. But he calls this "a transition year" and says more significant changes will come in 2012, when in addition to the rate reductions, the government begins offering bonuses to top-performing Advantage plans based on quality measurements.

Nursing a prison sentence

Betty Lichtenstein, a Connecticut woman who pretended to be a nurse and even spent $2,000 to stage a "Nurse of the Year" dinner for herself, has been sentenced to nine months in jail. ■

So, What's Happening in **Your** Health Today...?

Baldness discovery

A discovery regarding baldness—although neither the cure nor the root cause (no pun intended)—was made recently, with researchers finding that androgenetic alopecia, a common form of genetically-triggered hair loss, is caused not by the absence of hair stem cells but by a previously-unknown defect in those hair stem cells. The defect blocks the stem cells from churning out normal hair.

The discovery brings researchers one step closer to curing that form of baldness, although how many steps are left remain unknown

Parental talking boosts baby/toddler life success

In the 1980s, child-development specialist Betty Hart recorded every utterance made to children in 40 participating families—rich, poor and in between—for the first three years of their lives. Hart's research showed that the average child in a welfare home heard about 600 words an hour while a child in a professional home heard 2,100—adding up to children of professional parents hearing an average of 48 million words at home by age four, but only 13 million for poor kids.

The groundbreaking study sparked many early-interventional programs across the country. A study on a recent one demonstrated that after coaching, poor mothers increased their "baby talk" by 50 percent.

Bottom line? Talk to your child as much as possible.

Accident-scene IVs might raise deazh risk

A new study turns 25+ years of entrenched emergency-medicine practice and laws on its head, suggesting that giving severely wounded trauma patients intravenous (IV) fluids before rushing them to emergency rooms may actually raise their risk of death.

Supportive care better

People with diabetes or heart disease plus depression fare better if their medical care is coordinated by a care manager who also educates patients about their condition and provides motivational support, compared to those who receive care from their primary care physician only, according to an NIMH-funded study.

Arsenic may cause tuberculosis

Yes, arsenic is a lethal poison. But drink only a micro-drop of it every few days or weeks—in plain English, if your local water supply is tainted with trace amounts of arsenic—and you're twice as likely to get the lung infection commonly known as tuberculosis.

Research in Chile found that after an arsenic-removal plant was placed on a tainted water source, local incidences of tuberculosis dropped to normal after they had spiked.

Get up! Move!

Australian researchers have added another item to the growing list of health problems shown by studies to result from prolonged sitting: higher heart-disease risk. The University of Queensland study noted that people in developed countries people spend more than half of their day sitting—and that heart disease is the leading cause of premature death in both the U.S. and Europe. So if you sit at a desk job all day, take a few breaks—even if you exercise regularly.

New tonsil-removal guidelines

Remember getting your tonsils removed as a child? Now the Academy of Otolaryngology says, "Not so fast." In its newest guidelines, the authoritative body says doctors should use antibiotics and a wait-and-see approach when treating repeated throat infections in children—resorting to tonsillectomies only in the severest cases.

Chickenpox: Two vaccines better than one

Kids are less likely to get chickenpox if they get two doses of the chickenpox vaccine instead of just one, suggests a new study in The Journal of Infectious Diseases. Researchers compared non-vaccinated, once-vaccinated and twice-vaccinated kids for rates of chickenpox contraction, finding that one vaccine protected 86 percent of kids, while two doses were 98 percent effective.

Family, friends aid recovery

Dr. Michael Lemole, one of the doctors treating remarkably-recovering U.S. Rep. Gabrielle Giffords, and other medical professional, told CNN in a report that extended bedside presence of close family and friends of hospitalized patients seems to help said patients recover quicker.

Possible skin-cancer cause discovered

National Cancer Institute researchers discovered that *interferon-gamma*, a protein used by the immune system for communication between cells, seems to promote melanoma when the skin is exposed to UV radiation. Experiments showed that mice with suppressed interferon-gamma did not develop melanoma after exposure to UV light, suggesting that the protein may normally trigger the growth of melanoma, a hard-to-treat skin cancer.

Fishy diet, lower stroke risk

Women who eat more than three servings of fish per week are less likely to experience a stroke, a new study suggests.

Specifically, fish-lovers in Sweden were 16 percent less likely to experience a stroke over a 10-year-period, relative to women who ate fish less than once a week.

"Fish consumption in many countries, including the U.S., is far too low, and increased fish consumption would likely result in substantial benefits in the population," said Dr. Dariush Mozaffarian of the Harvard School of Public Health, who reviewed the findings for Reuters Health.

When choosing fish to eat, it's best to opt for fish that are rich in omega-3 fatty acids, found most abundantly in fatty fish like salmon, mackerel and albacore tuna. "But any fish is better than none," Mozaffarian noted.

Indeed, these fatty acids likely underlie the benefits of fish on stroke risk, study author Dr. Susanna Larsson of the Karolinska Institute in Stockholm told Reuters Health. "These fatty acids may reduce the risk of stroke by reducing blood pressure and blood (fat) concentrations."

This is not the first study to suggest that people who eat more fish have a lower risk of stroke, and experts already recommend a fishy diet to reduce the risk of cardiovascular problems, Mozaffarian added. "This study supports current recommendations."

Earlier this year, for instance, a study showed that middle-aged and older men who eat fish every day are less likely than infrequent fish eaters to develop a suite of risk factors for heart disease, diabetes and stroke.

In the current study, Larsson and her colleagues looked at 34,670 women 49 to 83 years old. All were free of cardiovascular disease and cancer at the beginning of the study, in 1997.

During 10 years of follow-up, 1,680 of the women (4 percent) had a stroke.

Stroke caused by blockage of an artery that supplies blood to the brain—also known as a "cerebral infarction" or "ischemic stroke"—was the most common event, representing 78 percent of all strokes in the study. Other types of strokes were due to bleeding in the brain, or unspecified causes.

Women who ate more than three servings of fish per week had a 16 percent lower risk of stroke than women who ate less than one serving a week. "Not a small effect," Mozaffarian said in an e-mail, noting that it was roughly equivalent to the effect of statin drugs on stroke risk. Furthermore, the researchers asked women about their diets only once, using a questionnaire, which might have caused errors that would underestimate the link between a fishy diet and stroke risk, he explained. "So, the true risk reduction may be larger."

Interestingly, women appeared to benefit most from eating lean fish, when other research shows fatty fish is better for health. This finding may stem from the fact that most fatty fish, such as herring and salmon, is eaten salted in Sweden, Larsson explained. "A high intake of salt increases blood pressure and thus may increase the risk of stroke," she said in an e-mail. "So the protective effects of fatty acids in fatty fish may be attenuated because of the salt."

Indeed, when it comes to fish, not all have equal benefits, Mozaffarian noted—for instance, he said, research has not shown any cardiovascular benefits from eating fast food fish burgers or fish sticks.

Larsson and her team speculate that certain nutrients in fish, such as fatty acids and vitamin D, might explain its apparent benefits. The Swedish study cannot prove cause and effect for high fish consumption and lowered stroke risk, however. For instance, fish consumption could be a sign of a generally healthier lifestyle or some other mechanism at work.

Last December, Larsson and colleagues published data from the same group of women showing that those who eat a lot of red meat may also be putting themselves at increased risk of stroke.

Losing teeth, losing memory

Elderly people who lose their teeth may be at increased risk for dementia, researchers have found.

The new study included more than 4,000 Japanese participants, 65 and older, who underwent a dental examination and a psychiatric assessment. Compared with participants who still had many of their natural teeth, those with fewer or no teeth were much more likely to have experienced some memory loss or have early-stage Alzheimer's disease.

Participants with symptoms of memory loss tended to report that they had visited the dentist rarely, if at all. Dr. Nozomi Okamoto, the study's principal investigator, said that this may be one explanation for the study's findings but suggested that there may be other links between tooth loss and memory problems.

"Infections in the gums that can lead to tooth loss may release inflammatory substances, which in turn will enhance the brain inflammation that cause neuronal death and hasten memory loss," she said in a news release from the journal's publisher. "The loss of sensory receptors around the teeth is linked to some of the dying neurons."

This may lead to a vicious cycle, Okamoto explained. The loss of these brain connections can cause more teeth to fall out, further contributing to cognitive decline.

Another TV-is-bad study

Too much time spent watching TV or sitting in front of a computer may increase your risk for heart disease and even shorten your life, a new British study found.

In fact, if you spend four hours a day or more of your leisure time watching TV, using the computer or playing video games, you are more than two times more likely to suffer a heart attack, stroke, heart failure or die, according to the study.

"Our research suggests that screen time and perhaps sitting in general can be very detrimental for overall and cardiovascular health," said lead researcher Emmanuel Stamatakis, a senior research associate in the department of epidemiology and public health at University College London.

The report is published in the Jan. 18 issue of the Journal of the American College of Cardiology.

For the study, Stamatakis's team collected data on 4,512 adults who responded to the 2003 Scottish Health Survey, which among other things asked about leisure time activities.

During 4.3 years of follow-up, 325 of these people died and 215 had a cardiovascular event, the researchers reported.

Stamatakis' group found that compared with those who spent less than two hours a day in front of a screen, those who spent four or more hours watching TV or playing or working on the computer had a 48 percent increased risk for dying from any cause and a 125 percent increased risk for having a heart attack, stroke or heart failure.

Moreover, the risk calculations remained even after taking into account such factors as smoking, high blood pressure, weight, social class and exercise, the researchers noted.

"Importantly, participation in exercise did not seem to mitigate against the harms associated with excessive screen times," Stamatakis said.

One way to keep healthy is to limit the amount of time spent sitting, Stamatakis said. Start by watching less TV, which many people do three to four hours a day, he added.

"This is excessive," he said.

So, What's Happening in **Your** Health Today...?

"And besides, TV watching [is] a waste of time in the most passive and uncreative way, in most cases. It also displaces hugely beneficial physical activity and, according to our findings, is also linked to unique and distinct risks for health."

Commenting on the study, Dr. Suzanne Steinbaum, a preventive cardiologist at Lenox Hill Hospital in New York City and a spokeswoman for the American Heart Association, said that "what I like about this study is it helps us understand the significant role that a sedentary lifestyle has on the risk of heart disease."

"We are all so fixated during the workday on the computer, and sitting has become such a regular part of our lives, that if we choose to sit for leisure, it's really harmful for us," she said.

Steinbaum recommends doing something physical every day—and not sitting when you don't have to. "Leisure activity should be something that helps get [you] moving, no matter what this is," she said.

Preventing falls among seniors

The Joint Commission, the nation's largest health care accrediting body, recently released an anti-falling brochure for use by accredited bodies (including Hamaspik Care). Suggestions include regular exercise and patients or residents not trying to get out of bed by themselves.

Some stem cells protect TB bacteria

Indian scientists have discovered that MSC stem cells, which flock to the body's infection sites along with T white blood cells, actually shelter tuberculosis (TB) bacteria from being destroyed by the T cells while also suppressing the TB—which explains how a third of the world's population is actually infected with tuberculosis bacteria but shows no symptoms for years or even decades.

Kids can't judge oncoming cars

Young children can't tell the speed of an approaching vehicle five seconds away and going over 20 miles an hour. Researcher Dr. John Wann found "strong evidence that children may make risky crossing judgments when vehicles are traveling at 30 or 40 [mph]."

Noninvasive new glaucoma test

The new pattern electroretinogram optimized for glaucoma (PEOG) test, which tests nerve cells in the retina, may detect glaucoma before any optic-nerve damage, a new study has found.

New pill for leg clots

New anti-clotting pill Xarelto may be an effective, convenient and safer treatment for patients coping with deep-vein thrombosis (DVT), a pair of new studies indicate.

Aspirin cuts cancer rates

A 20-year study of over 25,000 cancer patients found that those taking 75-300 milligrams of aspirin daily all through that time had substantially lower risks of death from esophageal cancer (60%), colorectal cancer (40%) and lung cancer (30%).

Europe too fat

A new report states that half the adults in the 27-nation European Union are overweight or obese.

Creutzfeldt-Jakob progress

Creutzfeldt-Jakob is a fatal, incurable disease caused by prions—normally harmless proteins that infect and eventually destroy victims' brains. But a new test developed at the National Institute of Allergy and Infectious Diseases (NIAID) may allow early prion detection and possible prevention of death—currently, infections can be present for decades before symptoms appear.

Hospital-acquired infection breakthrough

About two million hospital-acquired infections (HAIs) and about 100,000 HAI-related deaths occur in the U.S. yearly, most due to bacteria on catheters, pacemakers and other medical devices. However, NIAID researchers have now isolated PSM-beta, a specific protein involved in the bacteria's growth, demonstrating targeted control in mice that may help future prevention.

More statins, less gallstones

A review of health data on nearly two million Danish citizens found that those regularly taking cholesterol-busting statins had lower risk of developing gallstones—and the more statins taken, the less gallstones developed. A direct cause-and-effect link has yet to be found, however.

Seriously, take the train next time

A study of 44 endurance athletes competing in the two-month, 2,800-mile TransEuropeFootRace found that too much running is bad for you. German researchers found that runners lost 50 percent of total body fat and an average seven percent of leg muscle volume by race's end.

Colitis? Try eating worm eggs

Ulcerative colitis, currently treated with drugs and surgery, may actually be effectively treated with the ingestion of eggs of the trichuris trichiura parasitic worm. The presence of the worm in the colon apparently boosts the manufacture of healthy mucus that counteracts colitis, as well as the key protein interleukin-22 (IL-22), which promotes wound healing.

Type 1 Diabetes care improving

A study confirms what any health-conscious Type 1 diabetic will tell you—thanks to ever-improving diabetes medicine, rates of Type 1-related complications, illnesses and deaths are at their lowest ever. Still, the average death rate is roughly seven times higher in people with Type 1 than those without.

In related news, the American College of Sports Medicine and the American Diabetes Association now calls for people with Type 2 Diabetes to get at least 150 minutes of moderate-to-vigorous aerobic exercise over any three-day weekly period.

Additionally, according to the AHRQ's latest *News and Numbers*, the number of American adults treated for diabetes more than doubled between 1996 and 2007, rising from about 9 million to 19 million. The number of adults 65 and older treated for diabetes increased from 4.3 million to 8 million; 3.6 million to 8.9 million among adults aged 45 to 64; and 1.2 million to 2.4 million among people aged 18 to 44.

Huntington's disease progress

Researchers at the Buck Institute for Age Research in Novato, California have isolated specific enzymes that combat the mutant protein that causes Huntington's disease, a terminal genetic illness. The research is promising for future treatment of human Huntington's patients.

Why staph really sickens

So-called staph infections—short for invasions by staphylococcus bacteria—make people sick not because of the infection but because of the body's wild reaction to it, Swedish researchers now say. Normal viral infections will trigger about 0.0001 percent of the immune system's killer T cells—but the superantigens in staph bacteria trigger 5 to 20 percent of them, a response that often causes fever and extreme nausea.

Highest-tech heart scans, lowest cancer risk

Concerns over cancer due to CT heart scans can be laid to rest, according to Greek researchers. Levels of x-ray radiation in the newest-generation cardiac scanners will produce only one case of cancer among every 4,000 scanned women and less than one in every 13,500 men. The cancer risks also appeared to vary based on body size and dropped with age at the time of testing, report the researchers.

Leukemia/lymphoma deaths dropping

An analysis of over 2,500 leukemia and lymphoma patients treated at Seattle's Fred Hutchinson Cancer Center between the 1990s and 2007 found a 41 percent drop in the overall risk of death from the blood cancers, largely due to advancing bone marrow and blood cell transplants. The study also noted dramatic decreases in treatment complications like infection and organ damage.

In a related study, treating multiple myeloma patients with zoledronic acid along with chemotherapy was found to improve life expectancy and survival rates.

For better life, shop locally and eat with family

With their villages' weekly farmer's-market days and meals with large clans clustered around the huge family table, it now seems that our ancestors knew what they were doing after all—at least according to New York Medical College psychiatry professor Todd Essig.

In a call for "culinary mindfulness," Essig writes that buying your food fresh at local farmer's markets—and eating your meals surrounded by family and friends—are not only great ways to eat healthily and support local economies, but also to socially interact with local sellers, family and friends while shopping and eating, all critical to maintaining and boosting mental health.

New possible cure for tinnitus

Scientists were able to eliminate tinnitus—a persistent ringing in the ears—in rats by stimulating a nerve in the neck while playing a variety of sound tones over an extended period of time. The finding gives hope for a future tinnitus cure in humans.

More virus exposure… less infections?!

That paradoxical idea actually seems to be true in a small study carried out by University of Nottingham researchers. The British scientists surveyed 138 patients with or without acute respiratory infections over six weeks, finding that those who rode public buses or trams daily actually had less infections than those who didn't—bolstering the belief that repeated exposure to viruses develops more protective antibodies to common respiratory viruses.

Body clock linked to red blood cells

Conventional medical wisdom says that the body clock is somehow embedded in cells' DNA—but now, Cambridge researchers have found a circadian, or 24-hour-based, pattern of changes in red blood cells, which do not contain DNA. The finding could shed light on some shift work-related problems like diabetes, depression and cancer.

Overactive cells cause inflammation

Scientists with NIAMS, the National Institute of Arthritis and Musculoskeletal and Skin Diseases, recently discovered that molecules called reactive oxygen species (ROS) produced by the energy factories, or mitochondria, in the body's cells may play a role in a rare inherited disorder in which uncontrolled inflammation damages the body's tissues.

The research suggests that blocking these molecules could reduce inflammation in TNF receptor-associated periodic syndrome (TRAPS) and possibly other inflammatory diseases.

Chopin likely had epilepsy

A Spanish analysis of historical documents has concluded that the hallucinations suffered by 19th century Polish composer Frederic Chopin were most likely caused by undiagnosed temporal lobe epilepsy. The condition can produce complex and usually brief visualizations, just as described by Chopin himself.

Stay heart-healthy!

In her latest *Navigating the Health Care System* advice column, AHRQ Director Carolyn M. Clancy, M.D. reminded readers that "Heart disease is the number one killer in America. Nearly 2,400 Americans die *each day* from it." So take care of yourself—and your heart.

Body clock linked to blood cells

Cambridge researchers have found a circadian, or 24-hour-based, pattern of changes in red blood cells. The finding could shed light on diabetes depression and cancer. ■

Getting Work Done Right

Local businesses and Hamaspik SEMP consumers a winning team

wMedwiz is a small but growing business in a niche industry: long-term care pharmacy. The 25-employee firm, located along Nanuet's Route 304, provides medications to assisted-living and adult-care facilities, packing pills in bubble packs on-site and shipping them across the region.

About a 20-minute drive north, in the heart of Monsey's commercial district, Unique Amenities packs merchandise of a decidedly odorous sort. But that's a good thing, because the growing start-up sells pleasant-scented toiletries to hotels.

Both very different businesses congruous only by virtue of supplying demands—but very much the same by virtue of having tapped into Hamaspik's SEMP manpower.

A whiz at work

"Who doesn't know about Hamaspik? It's a known organization!" says Ari Unger, Medwiz's manager, asked when he first heard of the agency.

Still, it was Hamaspik that reached out to him first vis-à-vis *Supported Employment*, or SEMP, the OPWDD program that pairs higher-functioning consumers with willing employers. In the arrangement, consumers gain in life and employment skills, and employers gain in productive employees.

In the summer of 2010, Hamaspik of Rockland County Director of Day Services Zishe Lowy contacted Medwiz to dangle SEMP's selling points: low-maintenance, high-output employees coupled with government stipends… and Hamaspik backup assistance.

Fast-forward to winter of 2011, and two remarkably capable young men with special needs, both Hamaspik of Rockland County consumers, can be found stalwartly toiling away at the work tables of Medwiz should you walk in on any given weekday.

But no shady sweatshop here—Medwiz's line of work is rigorously overseen by a bevy of state and federal regulations, all demanding exacting compliance for public safety's sake. "We have different rules," says Unger. "We can handle different insurances that other pharmacies cannot," he explains, along with certain prescription drugs.

Filling orders for those specialty pharmaceuticals, therefore, also requires rigorous precision—tasks that would weary ordinary individuals but are right up the alley of Medwiz's special-needs employees, whose extraordinary powers of concentration more than amply compensate for their challenges.

"He's so accurate he hasn't made a mistake in a year," proudly declares Hamaspik of Rockland County Respite Coordinator Eli Neuwirth, who also works as a SEMP counselor, commenting on one consumer's attention to detail at Medwiz. "They want another consumer like him."

Asked what his firm would not have had if not for SEMP, Unger says, "They do good work." And, he adds, Medwiz gets to help individuals with special needs.

Unger also has words of praise for Neuwirth. "He's a responsible person, always taking care of clients, making sure they come and leave on time," he says. "I never have any issue whatsoever."

Does he think more businesses would use the SEMP program if they knew about it? "Definitely."

Unique product line, unique employee

Unique Amenities began in 2007 with two employees. Three years later, the firm has seven—including one Hamaspik SEMP worker.

However, the hotel-supplies company's relationship with the agency actually began as more of a community-volunteer gesture, opening its doors to the young women of Hamaspik of Rockland County's Day Hab vocational training program for short stints of minimal office help like packing boxes or stuffing envelopes.

Simon Steiner, Unique's founder, tells the Gazette that he had actually heard of Hamaspik from his wife, who in turn had heard from employed friends that the agency would send consumers to work at such places of employment as part of their vocational training.

Steiner decided to give it a try, eventually getting in touch with Hamaspik's Lowy, who at the time was looking to place yet another consumer with the SEMP program.

Suffice it to say that today, Steiner has this to say: "He's very responsible. He does exactly what you say, and he cares about it."

The boss is talking about his Hamaspik-arranged SEMP employee, who has been with Unique Amenities for over two months now. How's it going? "Very good. He does a perfect job," replies Steiner.

Thanks to the dependable young man, Unique Amenities boasts a clean workspace, with products prepared well in advance, allowing orders to be ready to go as soon as they are placed.

What does Steiner think can be done to create more jobs for individuals with special needs?

"Let people know there's an option like this," he says of the SEMP program. "Make sure they're trained so when they come, they do good work, so that people like it and take such people. Sometimes people from other organizations didn't do such a good job. This one that I have now, he could do everything. He's very capable."

Work works

Steiner agrees that more businesses would use the SEMP program if they knew about it. However, he points out that quite a few businesses do know about it, and yet, "Some people don't trust it's going to work for them," he explains. "But if they know that they worked in other places and they [i.e. employers] were happy, they will use them. If people enjoy it, why not?"

One such possible new employer is All Fresh, one of Rockland County's several large—and bustlingly busy—kosher supermarkets, notes Neuwirth.

As for existing employers and their SEMP employees, "the *chidush* [a Jewish expression meaning novelty or innovation—ed.] is that we have kids working at real companies doing real work," Neuwirth reports. "They've been there a long time."

Then he adds: "I think people in the community would enjoy reading that we're creating jobs." ■

Family Care Providers to Receive Pay Increase

Hike to include one-time payment backdated to 2009

Get out your calculators, Family Care providers. And don't forget your bank books, bill statements and Passover planners too.

But the calculators really aren't that important. That's because Hamaspik's financial staff have already made the most important calculations for you—and besides, no money can pay you for what you do anyway.

In any case, Hamaspik has fresh good news for you: You'll be getting an increase in your monthly stipend for your devotion towards your precious charges (if you haven't gotten it already, that is).

The New York State OPWDD recently authorized the first pay increase for Family Care providers since January 2009, or over two years ago. The increase resulted from the hard work put in behind the scenes by the state's Family Care Council—work that included vigorous lobbying of OPWDD Acting Commissioner Max Chmura and state budget officials. Activists argued that despite the state's financial woes, it would only be right to help families who take in special-needs children as their own.

The increase already existed on paper as of last year and the year before that. But only with the state's recent retroactive updating of Difficulty of Care (DOC) rate information came cashable checks in the mail.

The price of caring: priceless

The Hamaspik Family Care program continues to occupy a place of pride and respect in the mostly Orthodox Jewish community that it serves.

Participating families take in special-needs individuals, keeping them in their own homes with indescribable attentiveness and treating them like their own in every sense of the word—pampering and protecting them, taking them to doctor appointments and shoe stores, and bringing them along to family weddings and parties.

But still, expenses keep mounting for these hardworking families—expenses that are covered, at least partially, by the state through Hamaspik, in the form of the monthly Family Care checks.

The amounts of those checks depend on the difficulty of the consumer's diagnoses and other variables as determined by the OPWDD and other state authorities.

Monthly payments, which are completely tax-exempt, typically run from just under $1,000 to just under $2,000, and spring from various state and federal sources, including SSI allowances and state Difficulty of Care payments.

Over the past two years, the federal Social Security components of the monthly stipends have held at the same level due to absence of an annual COLA (Cost of Living Allowance) increase over said period. The COLA increase itself was withheld by federal regulators due to rates of inflation and other complex financial indicators.

The state's Difficulty of Care payments to Family Care providers have generally risen by 3 percent each year, following trends set annually by Albany.

Good news recently arrived that the state has sent out increased Family Care payments—both for payments current and, retroactively, past. Bottom line? If you're a Family Care provider, as of this writing, you should have already received a check for the total of all the monthly increases made on paper over the past two years.

For Hamaspik Family Care providers, that one-time increase ranges from $200 to $1,000.

If Family Care providers were given one dollar for each action of love taken towards their precious consumers, they'd be millionaires. But until such a system is put in place, the Family Care program's monthly stipends continue to make all the difference in the world. ■

Hamaspik Gazette

Published Monthly by "Hamaspik"
Distributed free
USPS Presorted Non-profit Mail
Postmaster: Return service requested

President Hershel Weiss
Executive Director Meyer Wertheimer
Editor Mendy Hecht
Writers and Editors Isaac Schnitzler, Joseph Landau

Letters or Address Change?

Tel: (845) 356-8400 ex. 212 **Fax**: (845) 503-1212

Mail: Hamaspik Gazette, 58 Rt. 59, Suite 1, Monsey, NY 10952