

HAMASPIK GAZETTE

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News of Hamaspiik Agencies and General Health



Hamaspik and Williamsburg Community Celebrate New Article 16 Clinic

Center to offer comprehensive services to community special-needs individuals

History happens. That electric atmosphere of climactic anticipation was in the air this past Wednesday, March 30, 2011, as a decade of waiting came to a head.

It was a moment of victory, of achievement and of celebration for the dozens of participants, from Hamaspik Executive Director Meyer Wertheimer and NYSHA leader Joel Freund to Special Events Coordinator Brenda Katina and executive assistant (and Hamaspik of Orange County EI Director) Leah Klar all the way down the chain of command.

Agency managers, program directors, administrators and Direct Care Workers alike were on hand outside 291-293 Division Avenue in the Williamsburg section of Brooklyn. A red ribbon was strung between the railings of the building's entryway. And as the crowd built and socialized in the early-spring sun, the excitement grew.

This was the moment so many had been waiting for. And when a group of prominent elected officials

and public servants cut the ribbon using an enormous pair of scissors large enough for all their hands, the

crowd of Hamaspik staffers and friends broke into enthusiastic applause.

After all, they were clapping not for themselves, but for the history that just been made—and for the new chapter of human-services history whose very first page would be written the very next day.



Speaking of inspiration: Manhattan Borough President Scott Stringer shares his personal support for the Hamaspik mission at the NYSHA luncheon

A long road

The momentous event, meticulously planned by Hamaspik of Rockland County Director of Operations Yoel Bernath, was the grand opening and ribbon-cutting of the brand-new NYSHA Article 16 Clinic—a specialized facility ten years in the making.

For well over a decade, Hamaspik had exerted great efforts to bring the specialized care center to Williamsburg, home to its largest constituency. Article 16s, so named after the section of law that allows for their creation, exclusively provide medical, dental, therapeutic and

Continued on Page E5

Pseudopseudohypoparathyroidism?!

You're probably wondering, "What on earth is that?!"

Well, for starters, you're looking at one of the longest words in the dictionary.

You're also looking at the name of one of the rarest genetic diseases known to man.

But before we get into it, let's first establish how to pronounce it:

SOO-dough-SOO-dough-HI-poh-T H I G H - r o y d - i s m . Pseudopseudohypoparathyroidism. Simple, isn't it?

That's 30 letters, by the way.

You may call it by its other names, like Alright syndrome 1, Fuller Albright syndrome 1, or, if you prefer, Seabright Bantam syndrome.

Now what *is* pseudopseudohypoparathyroidism?

Well, in plain English, it's a genetic defect.

This genetic defect causes the skeleton to grow abnormally. Because of the abnormal skeleton, people with pseudopseudohypoparathyroidism—or, to make things simple, PPHP—tend to be round-faced, or short, or obese, or have short finger bones, or any combination of the above.

About 30 percent of PPHP people also have intellectual disabilities.

And now, to confuse you even further, be informed that pseudopseudohypoparathyroidism is actually the rarest form of *hypoparathyroidism*.

That one's much more common—and much simpler. Hypoparathyroidism means "low production from the parathyroid

gland."

Here's how it works:

- There are four *parathyroid glands* in the body.

- The parathyroid glands chemically regulate levels of calcium and vitamin D in the blood and bone.

- When *hypo* ("low") levels of chemical regulators are produced by the *parathyroids*, you get hypoparathyroidism.

People with hypoparathyroidism tend to have abdominal pain, problematic hair, muscle cramps, and other health problems.

Next we add the phrase "pseudo" to "hypoparathyroidism" and we get? Pseudohypoparathyroidism! And a whole new condition. (And the name "Albright's Hereditary Osteodystrophy," if that's any better.)

Continued on Page E12

I N S I D E

*

Sew Far,

Sew Good — E2

*

Open House,

Open Possibilities — E3

*

A Day in Day Hab

(Part 2 of 3) — E6

*

Securing

Social Security — E12

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Hamaspik of Rockland County Day Hab Throws Pre-Purim Party

To mark the happy month of Adar (actually Adar II, this Jewish-calendar year being a leap year with two Adars), staff of Hamaspik of Rockland County's Day Hab program put on what has become a yearly tradition: the annual pre-Purim Purim party!

To get consumers into the buoyant spirit of Purim, the exuberant Jewish holiday held in the middle of the month, a live band was brought in and a special luncheon was served on Monday, March 7, at the Hamaspik of Rockland County Day Hab men's division building.

The exciting occasion was also used to celebrate the birthdays of four consumers.

In keeping with Purim custom, consumers and staff alike were dressed up in costumes. Faux firefighters and FBI agents could be seen mingling with pretend police officers, a baker, a clown, several animals and even a very regal-looking king, complete with velvet cape and ceremonial sword.

Six members of the Hamezamrim Orchestra, a group of talented young professionals who regularly play at weddings, were on

hand once again to entertain Hamaspik's consumers. The Day Hab's very own Moshe Fried, a Direct Care Worker and an accomplished trumpeter, joined the band with his own instrument, as did Direct Care Workers Chesky Levy and Mordechai Neuhauser, both proficient singers with impressive vocal capacities.

With the band striking up immediately after lunch ended, the crowd burst into song. Tables were cleared to make way for a dance floor, and consumers were soon seen clapping, singing, dancing and otherwise

enjoying the electric atmosphere.

One consumer, a Wannamaker Briderheim resident, was seen "conducting" the band, waving his hands with facial expressions that would rival any authentic Old World maestro. The band members played on patiently, occasionally acknowledging the "conductor" with a nod and a smile.

Like Hamaspik's staff, the band is fully comfortable working with individuals with special needs, whether at a Day Hab event celebrating the exciting month of Adar or around the entire year. ■



Holiday spirit: dancing

Weaving a Tale of Development

Veteran crafts instructor boosts Kings consumers' motor skills, self-esteem

If there's one skill that'll never go out of fashion, it's the ever-ancient, ever-modern art of thread and needle.

And step into the Hamaspik of Kings County Day Hab Women's Division on any Tuesday, and you're sure to find a group of happy young women adding to their ever-growing sartorial skills.

Under the guidance of Mrs. Rubin, a proud native of the Williamsburg neighborhood that is also "home base" to many of her Hamaspik proteges, the consumers learn once a week how to sew.

Mrs. Rubin, a veteran arts-and-crafts instructor, was hired by Day Hab Manager Israel Lichtenstein in

September of 2008 to help consumers achieve their fine-motor goals. (The *Individualized Service Plans*, or ISPs, of several actually mention "learning how to sew.")

Using her eight-plus years of special-needs instructional experience, Mrs. Rubin launched a string of hands-on activities that has put about six or seven handcrafted items in consumers' bedrooms or wardrobes in her two-plus years with Hamaspik now.

"Creativity plus patience is a good combination," says Mrs. Rubin of her background and disposition, adding that knowing her consumers well is a "bonus."

The abovementioned items

include napkin rings, swim bags, sukkah posters, and wooden clocks complete with Shabbos-table dioramas.

Most impressively, however, as Hamaspik of Kings County's official "sewing teacher," Mrs. Rubin has since taught "the girls" all the basic ins and outs of sewing.

Mrs. Rubin notes that only two consumers knew how to sew when she began.

And so, starting with giant plastic knitting needles and colorful yarn, Mrs. Rubin first taught consumers how to properly thread a needle. With the passage of sufficient time came sufficient dexterity and mastery of the items at hand,

and the instructor took her class up a notch down to the next smallest size of needle and thread.

This process proceeded until all consumers could comfortably pass a wisp of string through the head of a standard steel sewing needle, something even this writer can find difficult at times.

With love and not a little patience, Mrs. Rubin then taught her class how to tie knots in thread to prevent needles from dropping off—another vital sewing skill also taught in size-based stages.

In recent months, "Tailor-in-Chief" Rubin has been building on their now-mastered threading and knotting skills, teaching her budding

seamstresses how to execute stitches of increasing complexity.

Beginning with the most rudimentary in-and-out stitches using giant needle and yarn, large canvas sheets and big holes, the classes graduated to executing X-shaped stitches and other patterns on increasingly smaller pieces of textiles.

The excitement of doing stitches on their own personalized hand towels then followed, with consumers applying needle and thread to marked dots—and coming away amazed by their own achievements.

The girls have now secured pink flower-shaped buttons to their towels to render them complete. They've also finished their own colorful door hangers, and are currently working on weaving pretty tissue-box covers.

The results speak for themselves.

Not only did some consumers not know how to sew when they began, they didn't have much in the way of fine-motor skills either, according to Mrs. Rubin. "For them, it was a real accomplishment," she points out.

Perhaps the ultimate validation of her classes' value came one day recently on a Williamsburg street, when Mrs. Rubin was excitedly but-tonholed (no pun intended) by a student who proceeded to animatedly describe how a button had fallen off her coat—and how she had sewn it back on by herself without any help.

The twosome shared a moment of profound pride.

But for Hamaspik, such stories are not just vindication of its human-services model, but the very fabric of its ongoing success.

"Now I'll never say I can't," said consumer Blimele S. after finishing her latest sewing project, according to Mrs. Rubin. "I'll say, 'It's hard,' but I can." ■

Nothing to Laugh At—Almost

Accomplishments, comedy mark annual Mother/Daughter Night Out

In all seriousness, hilarity was the order of the day at Hilman Plaza.

But don't let the humor of comedienne Leah Forster fool you—if you were one of Hamaspik of Kings County Day Hab Women's Division's consumers at her recent performance for the agency, that is.

That's because this past Monday evening, March 7, 2011, that group of special-needs individuals joined their loving moms for that Day Hab program's fifth annual Mother/Daughter Night Out—an event taken very seriously by consumers and staff alike, as it should be.

With a little entertainment, of course.

The semi-formal event at the aforementioned catering hall in Brooklyn's Borough Park section, home to numerous Hamaspik consumers and their families, began at 7:30 p.m.

Beloved Hamaspik mainstay Brenda Katina, a seasoned MC who has presided over many a Hamaspik event, took the floor to welcome the dozens of consumers, mothers and Hamaspik Day Hab employees in attendance.

An entree was served, and a mother of a consumer then addressed the crowd to convey how thankful she was for the services rendered to her child by the human-services agency.

Back at the podium, Mrs. Katina took her turn representing gratitude—this of the agency towards the hard-working team of Day Hab employees—by graciously distributing elegant gifts to each.

Dinner was then served.

Following the catered meal, consumers individually rose to express their thanks, appreciation and abiding love for their mothers, virtually

all of whom were present. The mothers beamed in response, deeply moved by their daughters' words.

An atmosphere already charged with tender poignancy came to a climax when one ordinarily non-verbal consumer took the room by storm upon softly uttering the words, "thank you!"

The crowd was then gently eased down from that powerful "high" with the comedic performance by Leah Forster that followed next. "She was really hysterical," says Mrs. Elka Scher, the Day Hab's Assistant Manager.

Mrs. Forster not only had consumers, family members and staff alike in stitches, but even had consumers come to the front of the room for a silly sing-along that had everyone laughing.

As the event wound down following Forster's routine, guests

perused the dinner journal filled with consumers' accomplishments over the past year, along with messages from staff and well-wishers' "ads," many of which had been solicited by consumers themselves.

The yearly event, normally held around December at Chanukah time, was moved up to March due to consumers starting a new employment program at that time this year. Additionally, the upbeat event dovetailed perfectly with the spirit of Adar, the March-time Jewish-calendar month marked by the jovial holiday of Purim and a general spirit of festivity.

What was the purpose of the event? To allow parents to see their children's accomplishments over the past year, according to Mrs. Scher.

"[It's] so [that] mothers can see what the girls do throughout their day here," Mrs. Scher tells the *Gazette*, "and girls should show off to their mothers what they did—basically to involve parents more in their children's life."

And maybe laugh a little too. ■

Open House, Open Possibilities

Rockland County Day Hab women's division event salutes individual achievement

While the doors were thrown open wide to visitors for one day, doors are constantly being opened every day, and not physical ones.

That was just one of the many messages broadcast this past Wednesday, March 9 at 221 Rt. 59 in Spring Valley, home of the Hamasplik of Rockland County Day Hab women's program.

It was Day Hab's annual Open House event—and Program Manager Mrs. E. R. Kresch and team had gone all out, as usual, to make the greatest impression on visiting parents who would be in attendance. Weeks of preparation had gone into the event.

Not that they don't make the best possible impression on an ordinary day.

Walk into the Day Hab on an average weekday and you're sure to witness consumers of all ages pushing the envelope and redefining their limits. While some have reached what generally can be described as a plateau, particularly in terms of medical diagnoses, all continue to progress in small but significant baby steps—making noticeable progress in speech, action, behavior and habit that make all the difference to consumers and their family members alike.

"You find the little things that makes the person grow," says Zishe Lowy, Hamasplik of Rockland County's Director of Day Services, asked how Day Hab helps consumers progress.

For example, according to Lowy, one consumer joined the Day Hab with only five words in her



Ready to impress: the lunchroom before the event

vocabulary. She now has seven. "Wow, this is a different person!" Lowy recalls a parent saying. "I never thought she'd be able to do that!"

And it was those very achievements that over two dozen of those parents joined Day Hab staff for its annual Open House to celebrate.

Mrs. Kresch formally opened the event at 11:30 a.m., welcoming attendees who had gathered around the facility's elegantly-set round tables for lunch.

The Manager first noted that the current Jewish-calendar month was that of Adar, the month associated not just with *simchah*, or happiness, but with "increased happiness"—meaning that Adar only introduces additional joy to the *simchah* already present.

It's always good to be having an open house event in a month of *sim-*

chah, Mrs. Kresch explained—doubly so in a place like the Day Hab, which is always happy anyways.

"How can we bring in more *simchah*?" rhetorically asked the Manager of her guests. "You're the more *simchah*," she said, answering the question.

Mrs. Kresch also briefly elaborated on the event's theme, music, pointing out that just like music is comprised of various instruments playing together in harmony, so too is each consumer (and guest) "a different instrument that makes us a harmonious symphony."

The lively Day Hab Manager proceeded to outline the program's daily schedule and some of the regular activities and goings-on at the Day Hab. She went on to briefly mention the various rooms throughout the facility and their purpose, telling parents they would later take

a guided tour of the entire building to see those rooms up-front and in person.

Following her overview, Mrs. Kresch acknowledged each staff member—Ms. Benjamin, Ms. Eisenberger, Ms. Kind, Mrs. Margaretten, Mrs. Meyerowitz, Mrs. Neumann, Mrs. Reisman, Mrs. Rosenthal and Ms. Weiss—presenting each with a personal gift before the crowd and thanking them for their great work.

The team leader also expressed how "fulfilling" she personally finds her job. "When you swipe out at the end of the day, you feel you've accomplished something meaningful," she told the crowd.

Also part of the day's proceedings was a special honor conferred upon Mrs. Rivkah Singer, the proprietor of Sunrise Popcorn, a Montse-area specialty shop now based in Suffern. Sunrise Popcorn has long been a regular participant in Hamasplik of Rockland County's women's Day Hab program, volunteering its premises over the years to provide Hamasplik consumers with skills training opportunities.

For the consumers themselves, however, the highlight of the event—besides getting to welcome their mothers to their world—was the opportunity to perform for their "biggest fans." The consumers' musical rendition of a well-known Jewish prayer engendered an enthusiastic round of applause from mothers and staff—and huge grins of unabashed glee on the part of the young women.

Talented wordsmith and Day Hab Direct Care Worker Mrs. F. Meyerowitz, who had been "hired" by Mrs. Kresch to pen a few descriptive verses on each consumer's strengths and accomplishments for the event, next stood to recite her rhyming lines. Parents were touched, Mrs. Kresch reports.

A consumer then presented a humorous speech about her daily activities at Day Hab.

Wrapping things up, Direct Care Workers gave their visitors a guided tour of the entire facility, showing impressed parents the center's various areas, including the computer center, the library and even the new fish tank.

After the event formally concluded, parents and staff milled about, socializing, chatting and networking before eventually heading back home or to work.

In the past year, Day Hab consumers have learned to differentiate between healthy and unhealthy food choices, Direct Care Worker Mrs. Reisman tells the *Gazette*. They have also become significantly more proficient at reading and using the computer. "A lot of them have learned how to type," Mrs. Reisman adds. "We also encourage them to speak a lot and have conversations with one another."

As for the next year, the collective goal is to "bring out the full potential in a lot of areas," comments Direct Care Worker Mrs. Chava Leah Margaretten.

Specifically, adds Mrs. Reisman, the Day Hab plans to continue building on consumers' growth in *midos*, or positive character traits, that was emphasized in the last 12 months: "How to incorporate being nice, being more patient, not yelling, not getting angry, being happy," she says.

The Open House was not just the culmination of a year of great progress, but the inauguration of another year of opportunities. As Mrs. Reisman puts it, the Day Hab gives its beloved consumers the chance to pick up skills such as typing, equipping them for the multifaceted nuances of everyday life.

"If they weren't here, they wouldn't have that," Mrs. Reisman says.

Thanks to the Day Hab's dedicated Direct Care Worker team, those consumers will have those opportunities in the days, weeks and months ahead.

Keeping the Party In-House

Hamasplik employee hosts consumers at his own home

At Hamasplik, going above and beyond the call of duty is so commonplace among staff, it's almost par for the course.

Yet another example of that loving devotion to the mission of the agency, and the worthy human beings it serves, came this past Sunday, March 6, as the consumers of the South 9th Inzerheim, one of Hamasplik of Kings County's several group homes, enjoyed a fabulous party at the home of our very own Dr. Alan Blau, Ph.D., Hamasplik's staff psychologist.

The party, which marked the onset of the second month of Adar in the Jewish calendar (this year is a leap year featuring two Adars), began in grand fashion at 12:30 p.m., as consumers and staff excitedly hopped out of their Hamasplik transportation van almost as soon as it came to a stop in front of the Blau residence in Cedarhurst, New York.

With memories of the great time

they had last year (this was the second consecutive party for Hamasplik consumers hosted by the Blaus) still fresh, guests eagerly clustered around the dining room table, where Mrs. Marilyn Blau had prepared a hands-on crafts project that would soon fill the girls with joy: stuffing and sealing their own colorful polar fleece pillows.

For about one hour, the consumers and helpful staff enjoyed knotting closed three sides of their pillows, then filling their own "bed-time equipment" with the provided stuffing, and finally sealing each pillow's fourth side for a ready-to-use item all their own.

"Some made two pillows, they liked it so much!" Dr. Blau happily shares.

The comfortable pillows are sure to add a decorative touch to the residents' beds, or even their Seder tables at Passover next year, Dr. Blau adds. (Passover-table seating

is traditionally bolstered with pillows to lend a regal touch.)

Following the exciting activity, staff helped consumers and the Blau family clear off the table, which was then set for a sumptuous feast whipped up by Mrs. Blau and her brood. Complementing the festive decorations lining the walls and hanging from the ceiling, the delicious food completed the atmosphere, along with upbeat music playing from a corner stereo.

"They liked the project and they loved the food," says Dr. Blau.

Asked why the Blaus hosted Hamasplik, Dr. Blau responds with an earnest shrug: "I like to give them a treat! It's fun. They look forward to it."

The party ended at 3:30 p.m. But the excitement and boost of morale is sure to carry on for weeks to come.



Progress on display: Day Hab consumers' work

One Weekend Event, One Year's Worth of Inspiration

Hamaspiik's annual Shabbaton rejuvenates consumer families

Hamaspiik's grand annual weekend Shabbaton event, a yearly get-together eagerly looked forward to by numerous consumer families, was held this past March 4-6, 2011 at an exclusive event at the Dolce Hotel in Basking Ridge, New Jersey.

Over 175 families from all over the greater New York area converged on the fully-booked and privately-rented hotel facility to spend the weekend with their peers—fathers and mothers who share equal if not greater challenges in raising and parenting children with special needs.

Starting at 2:30 p.m., participants were greeted at the door as always by Hamaspiik Events Coordinator Brenda Katina and assistant Leah Klar, with each given a small and elegant hospitality package. Guests then had the rest of the afternoon to settle in, stroll about, take in the disarming atmosphere and slowly prepare for Shabbos (the Jewish Sabbath).

Just after 5:30 p.m., as Shabbos began, a magical moment was witnessed as around over 150 women gathered around a centrally-placed table to light the sacred Shabbos candles together.

With one candle per member of their own families, the mothers basking in the candles' golden glow, hands covering faces in silent prayer, was a "very moving" sight, one husband later said.

With the Jewish holiday of Purim approaching, during which Megilas Esther (the Scroll of Esther) is read, a Megilah-themed lecture for women by Lakewood, New Jersey speaker Jill Kaisman was presented in the hotel's amphitheater at 6:15 p.m.—a presentation that drew a parallel between the saga of ancient Megillah heroine Esther and the ongoing true story that is the lives of present-day mothers of special-needs kids.

Guests converged just before 6:00 p.m. on the venue's Deming Ballroom, which had been converted into a makeshift synagogue, for the

first of several Shabbos prayer services. Afterward, Rabbi Naftali Weiss, who served as Master of Ceremonies throughout the event, took the podium to the front of the room to formally welcome attendees on behalf of Hamaspiik.

At 6:30 p.m., Cantor Moshe Laufer rose to lead the evening services. With his inspired singing and back-up by the Hamizamrim men's choir, the crowd was soon in the Shabbos spirit.

Following the traditional prayers at 8:30 p.m., the crowd broke up and slowly made its way to the Alexander Graham Bell Ballroom, where a large number of tables had been primly set for the Friday night meal.

After reciting the Kiddush prayer over wine or grape juice, participants sat down to a tasteful dinner, all reveling in the jovial atmosphere as they caught up with old friends, chatted with acquaintances and family members and made new friends.

Setting the tone not just for the evening but for the entire event was Rabbi Dovid Trenk of Lakewood, New Jersey, a noted individual outreach activist who delivered a message of motivation, strength and hope.

Continued socializing, and singing led by members of Hamizamrim, followed Rabbi Trenk's speech.

Guest speaker Rabbi Leibel Lamm, an experienced life coach, spoke next. Rabbi Lamm's enthralling talk focused on coping with the unpredictable diversity of life, driving home the message of weathering whatever comes.

Saturday morning opened with a variety of light refreshments set out for breakfast. Having enjoyed a restful sleep the night before—many for the first time in months due to their 'round-the-clock attending to their special-needs children (for whom special babysitters were arranged to allow parents the rare getaway)—parents trickled into the

dining room in ones and twos, socializing over breakfast before making their way to the Deming Ballroom for morning services at 9:15 a.m.

Participants were treated to another inspirational prayer service as Cantor Yaakov Unger led synagogue-goers through a Shacharis (morning prayer service) filled with song and spirit.

A kiddush (Orthodox Jewish vernacular for a semi-formal meal) was held just for moms at 10:30 a.m. in the Penzias/Wilson conference room on the hotel's second floor.

That was followed at 12:00 p.m. by a riveting first-person account of faith in the face of terrible trial by Rebbetzin Dina Breindel Smith. Rebbetzin Smith, who survived a life-threatening bout of Guillain-Barre syndrome, shared with a rapt audience in the hotel's amphitheater how her faith carried her through seven weeks of complete paralysis.

At the same time, men gathered in Vita, the Dolce's in-house bar and restaurant for a kiddush of their own with Mr. Herschel Friedman, a father of a special-needs child, serving as event moderator.

Both kiddushim allowed participating parents of children with special needs to take the floor for a few minutes each to share their own personal experiences, ups and downs, and sources of inspiration with their peers, allowing all to benefit.

At 1:30 p.m., with both "jam sessions" over, guests made their way to the Alexander Graham Bell Ballroom for Shabbos-afternoon lunch, a delicious meal at which they were afforded ample additional opportunity to connect with friends new and old alike.

Rabbi Yitzchok Aharon Fisher, the event's next featured speaker, stood to address the crowd over the lunch's main course. Rabbi Fisher's talk centered on the subject of unity, tolerance and non-judgmentalism.

Next to speak was Rabbi Menachem Mintz, a prominent community leader in Lakewood, New

Jersey and himself the father of a Down syndrome child. Rabbi Mintz wowed the crowd with his take-home, practicality-filled message, urging listeners to avoid denial, embrace facts, and plow through challenges despite it all. "He was really inspiring," says weekend attendee and *Gazette* Yiddish Editor Isaac Schnitzler, himself the parent of a Down syndrome daughter.

The luncheon wound down by mid-afternoon, with guests retreating to their suites for two or so hours of Shabbos rest.

At 5:00 p.m., the menfolk converged once more on Vita for an *Oneg Shabbos*, an additional late-afternoon meal of sorts traditionally taken on Shabbos in many Orthodox communities. Simultaneously, mothers gathered in the Schawlow/Townes conference room for a round of inspiration with Rebbetzin Rachel Meisels, a veteran Brooklyn high school teacher and lecturer, as well as the mother of a special-needs child.

The Minchah afternoon prayer service made use of the Deming Ballroom once again at 6:00 p.m., followed by the customary *Shalosh Seudos* third Shabbos meal in the Alexander Graham Bell Ballroom at 6:15 p.m. Words of inspiration over the meal were delivered by Rabbi Paneth.

With the close of Shabbos at nightfall, or 7:04 p.m. for that date, participants were free to rest and relax for another short break until the Saturday-evening selection of workshops and events began.

Using specialized equipment, a palette of aerosol-propelled colors and his spontaneous imagination, spray-paint artist Atom, "the World's Fastest Painter," put on a demonstration of his craft as he crafted one panorama after another with a sizable crowd looking on.

In another room, an interactive discussion group for men led by Rabbi Trenk was held at the Vita bar.

Other programs during the 8:00 to 10:00 p.m. slot included a special Q&A session on parenting for mothers led by Rebbetzin Trenk and a women-only sing-along with Mrs. Tzirel Mitzman in the Anderson conference room.

At 10:00 p.m., the evening's *Melaveh Malka* (essentially translatable as "Royal Send-Off"; the customary post-Shabbos meal) was held for all.

Rabbi Shmuel Klein, director of Publications and Communications at Torah Umesorah, a leading national Jewish day school network, delivered the *Melaveh Malka*'s keynote address, communicating a broad message of spiritual uplift.

A special message was also poignantly conveyed by Isaac

Schnitzler following Rabbi Klein. Schnitzler shared not only his knowledge of the special-needs world, but also his own personal experience in parenting three-and-a-half-year-old Malka Brucha, the Schnitzlers' Down-syndrome daughter.

Drawing upon the "high" not just of the weekend at hand but of those of previous years, Schnitzler noted how the inspiration comes into play in the nooks and crannies of special-needs care—like getting up in the middle of the night to tend to his daughter.

"This gathering is a chance to share such moments. At such moments, you feel inspiration that's unmatched," said Schnitzler. "This is one of the most amazing things about having a special-needs child. When you're ready to give up, you suddenly have the strength to continue."

A live band, whose members had arrived after Shabbos, then brought the jovial atmosphere to a climax as it played tune after upbeat tune. Hand in hand, participants let go of worries as they formed circles moving to the energetic music with the dancing the culmination of a weekend of triumph over personal tribulations for many.

The dancing and live music, with minor intermissions, lasted until 3:00 a.m.

The following morning, retreat-goers joined for the shorter weekday Shacharis prayer service in the designated ballroom at 8:30 a.m., followed by a leisurely breakfast slot that accommodated the relaxed atmosphere by running from 9:00 to 11:30 a.m.

Shortly after the 12:00 p.m. check-out, buses filled with reinvigorated participants were rolling out on their ways back to Brooklyn, Monsey or Monroe. In their hands were good-bye gifts as elegant as the welcome packages, each containing a copy of a practical and tip-filled household-organization how-to book, plus two inspirational CDs—and in their hearts were gifts you can't quite capture in words.

"Mrs. Katina and Mrs. Klar were excellent, very professional, very nice, and very giving—and they worked very hard," said Hamaspiik of Rockland County Respite Coordinator Eli Neuwirth, who also attended the event. "It was a magnificent weekend."

"It's a chance to gather again and see friendly faces who have similar circumstances... We very much appreciate Hamaspiik acknowledging the need even though times are tough," said Schnitzler. "The benefits are amazing for the entire year and it's very helpful."



Grand entrance: Shabbaton guests were greeted by this sight upon arrival

New Article 16 Clinic

Continued from Page 1

counseling services to individuals with special needs.

And now, the only Article 16 clinic in Williamsburg has finally opened its doors.

The clinic is the brainchild and product of NYSHA, or the New York State Hamaspik Association, Hamaspik's in-house support organization providing legislative advocacy, executive guidance, fiscal counseling and long-term planning to each member agency.

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, and political lobbying, advocacy and legislative 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.

As detailed in *Gazette* #81, which reported on the then-breaking news of the clinic's triumphant approval, NYSHA had responded to repeated calls for assistance from Hamaspik's branches, particularly from Kings County, which had long been compiling a list of individuals with special needs who also needed

a clinic that would do precisely what an Article 16 does.

That data proved to be a linchpin in the critical Certificate of Need, the documentation demonstrating the concrete community requirement of an Article 16.

Over years of promises, false starts and new signs of hope, Hamaspik had never faltered or wavered from its long-term goal of making its own Article 16 clinic a reality.

And now, the dream had finally come true.

A show of support

First in twos and threes, then in larger groups of four or more, Hamaspik staff and public servants converged on the Hamaspik of Kings County Day Hab facility on Division Avenue, on whose surprisingly spacious premises the brand-new NYSHA Article 16 Clinic is located.

Wertheimer, Freund, Clinic Director Shlomo Reichman, Director of Community Relations Joseph Landau, Katina, Klar and others were on hand well before the 12:00 p.m. official ribbon-cutting to ensure that everything would go off without a hitch. Day Hab Manager Israel Lichtenstein, accompanied by Maintenance Manager Lezer Stern and others, could be seen roving about, ensuring that the premises were up to par for the momentous occasion.

Hamaspik's ceremonial giant

scissors, complete with wooden mounting block, were quietly awaiting the magic moment on a small stand at the top of the entryway staircase. The stand, covered in a festive white-trimmed black tablecloth, complemented the huge ribbon before it.

Above the exterior staircase, mounted on the building's outside wall, hung a large banner prominently marking the event. It read: “Grand Opening and Ribbon-Cutting Celebration of the NYSHA Article 16 Clinic, March 30, 2011”—an understated yet powerful message that conveyed so much.

From the grassroots side, several community activists and notables were seen on hand too, indicating the significance of the ribbon-cutting and what it means for the community's needs.

With the sidewalks at virtually peak capacity and exhilaration running high, Mr. Wertheimer jovially called upon several public servants to join together at the top of the staircase to wield the shears and cut the crimson strip, thus formally inaugurating the NYSHA Article 16 Clinic.

DDSO Director Limiti, known for her approachability, could be heard initially demurring, jokingly telling Wertheimer something like, “What?! This is your clinic! You do it!”

Still, Limiti joined the six or so others who took up the scissors.

At a time when Albany is enacting cuts and considering yet others, the group of public servants executed a cut of their own, snipping their way into history with a slice that meant not the closure of an existing facility but the opposite—the right-fully-celebrated opening of a new one.

Celebrating the achievement

Following the grand ribbon-cutting, the crowd slowly made its way into the spanking-new clinic facility, where public servants and their Hamaspik partners checked out the spacious reception and waiting-room area and the well-equipped examination and therapy rooms.

The officials and Hamaspik employees, including this editor, enjoyed about 20 minutes of friendly conversation about all things public health-related, catching up with old professional acquaintances and meeting new ones.

Photographer and videographers were also on hand to catch the entire event for posterity.



Heartfelt words: District Leader Ressler expresses support

After touring the facility firsthand and garnering up-front familiarity with its planned functions, the crowd made its way down the street and around the corner to the gloriously high-ceilinged Pardes Faiga Hall, an opulent social venue whose formal decor suited the occasion.

At the head of the room, strung across the curtained stage, a giant banner bearing the same message of its clinic-facility counterpart set the tone.

Hamaspik staff could be seen seated around tables together with public servants as they awaited the event's formal opening by Brenda Katina, Hamaspik's veteran emcee.

After Katina's opening message, a young Hamaspik Day Hab consumer took the podium, relating how much love, support and growth she's gotten since joining that agency program and expressing the benefits she continues to get from the Day Hab's ongoing daily activities.

The consumer went on to praise Hamaspik and its public partners for opening the Article 16 Clinic. “Thank you Hamaspik for putting a smile on my face,” she concluded, then adding with a huge grin, “Hamaspik is the best in the world!”

District Leader Ressler was then invited to share a few words.

Speaking from the heart, the young activist first congratulated the agency for its achievement, then emphasized the critical importance of the clinic for Williamsburg's families with special-needs children. Ressler ended his remarks by thanking Hamaspik for its health and human-services offerings, and offering his assistance to the agency in any possible way.

A high point of the event came next as Hamaspik Executive Director Meyer Wertheimer then took the floor, briefly recounting the efforts invested in turning a dream into the physical walls, rooms, furniture and equipment that together are the new NYSHA Article 16 Clinic in the heart of Williamsburg.

Wertheimer first invoked the Creator, publicly thanking G-d for bringing Hamaspik and all concerned parties to the historic day.

Comparing the efforts to a tree, the Executive Director drew the analogy of planting a seed, then

watering it and nurturing it as its roots sank and its young trunk sprouted branches and eventually produced fruits—even if that entailed ten years of trial and toil.

Evoking a robust round of applause, Wertheimer then declared, “This is only the beginning!”

Mr. Wertheimer then thanked a number of individuals for their critical involvement with the triumph at hand: Brenda Katina, Leah Klar, Joel Freund, Shlomo Reichman, Israel Lichtenstein, Lezer Stern and Joseph Landau, as well as Hamaspik of Rockland County Director of Operations Yoel Bernath, Hamaspik Director of Development Moses Wertheimer, agency psychologist Dr. Alan Blau, Ph.D., Hamaspik Care Scheduling Coordinator Mrs. Eger, and *Gazette* Yiddish Editor Isaac Schmitzler.

The Hamaspik leader concluded by expressing the agency's deepest gratitude to Donna Limiti, Director of the Brooklyn DDSO, noting how she had fought alongside Hamaspik all through the years, even before becoming DDSO Director, for the eventual birth of the brand-new Article 16 clinic.

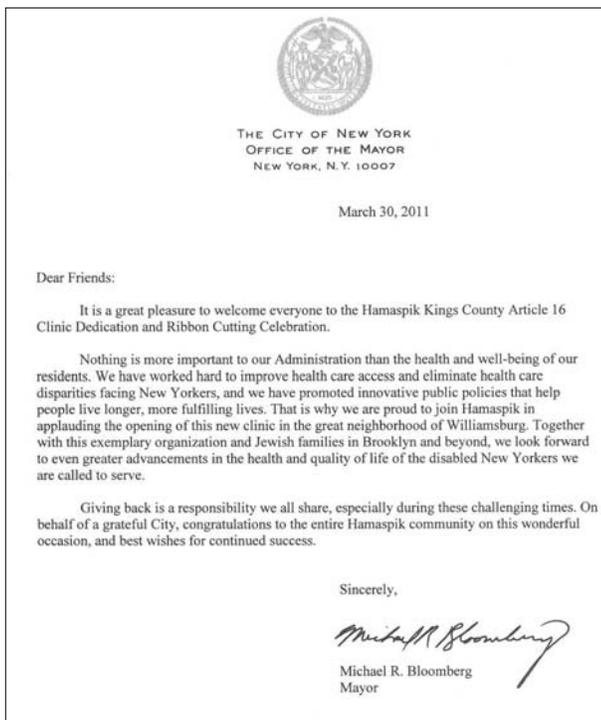
With Hamaspik services spanning a region ranging from the Catskills to Long Island, a significant number of agency constituents fall within the Flatbush, Brooklyn district of New York City Council Member Dr. Mathieu Eugene (D-40th Dist.), the Big Apple's first-ever Haitian-American in that public position.

Dr. Eugene acknowledged Hamaspik for its services to the public in general and its new Article 16 clinic in particular, concluding that should the agency ever require any assistance in his district, all they would need to do is pick up the phone.

A surprise guest in the form of Manhattan Borough President Scott Stringer, was then called upon by Katina to address the crowd at the special occasion.

Stringer used his time at the podium recalling his positive experiences from the first Hamaspik event he attended—the Sukkos-time family concert for Hamaspik consumers

Continued on Page E6



Hizzoner, in his own words: Mayor Bloomberg's letter to an agency and a community

Learning and Growing

At Hamaspik of Kings County Day Hab, consumers cash in on personal change

The doors open at 9:00 a.m., says Assistant Manager Mrs. Elka Scher. Consumers arrive from Hamaspik area group homes and from private homes. And for the next seven hours, Hamaspik of Kings County's Day Habilitation program will be their home away from home—and their headquarters for change, a beehive of workshops in personal growth that sees them improve from week to week and sometimes even from day to day.

Divided per cultural norm into men's and women's groups, the consumers engage first in their traditional morning prayers—something many never felt comfortable doing at local synagogues, or even knew how. Here at the Day Hab, however, they're welcome to turn the pages of the prayer books at their own pace and scrutinize the sacred texts at their own level of comfort.

Many have shown significant spiritual growth as a result.

The gentle souls that are these individuals with special needs, none with the crusty cynicism that pockmarks typical personalities, already have a spiritual bent when they arrive. Being part of Hamaspik's Day Hab program only accentuates that spirituality.

By 10:30 a.m., consumers will have fed their souls and their bodies, having enjoyed their soulful morning prayers followed by hearty breakfasts served out of the Day Hab's spacious kitchen. Direct Care Workers tend to each consumer, ensuring that they eat what they like and stock up on enough protein, carbs and healthy nutrients to get through the day.

That day begins in earnest immediately after breakfast, when Hamaspik's vans transport the young men and women to their skills-building activities, where they spend an hour or two each day performing gainful basic tasks at nearby businesses, simultaneously building their fine- and gross-motor skills... and building up that invaluable reservoir of self-esteem, what with productive participation making them feel part of the community as it does.

Two hours may not seem much to mainstream members of the working public. But for Hamaspik consumers, they make all the difference in the world. Consumer family members and Hamaspik Direct Care Workers alike, both those in the employ of the Day Hab and those stationed at Hamaspik of Kings County's group homes, regularly

report noticing positive changes in consumers' abilities as a result of those sessions.

Whether it's improved ability to handle cutlery, a pen or crayon or even healthy ordinary stress, personal growth and change is something consumers constantly exhibit as a result of their daily forays.

At 1:00 p.m., consumers return to the Day Hab center on Williamsburg's Division Ave. for lunch.

Fresh hot lunches are famously invigorating. Just ask any co-worker munching on his or her favorite sandwich. And if you've ever worked for a great company with high employee morale, you know that an on-site cafeteria is a given. (Have you ever noticed how many eateries dot Wall Street?)

This truism is well-known by Hamaspik of Kings County's Day Hab staff, with employees whipping up a range of servings that satisfy stomachs and recharge energy levels come lunch.

After that, it's back to productivity for some consumers and off to class for others.

While Hamaspik's vans load up to bring some consumers back to their sites for additional growth, oth-

ers remain on the premises for what can best be described simply as school.

To one side of large activity room, a classroom-like blackboard dominates one wall. Before it sits a primly placed desk commanding several rows of little tables. If it looks like a classroom, that's because it essentially is a classroom.

I ask staff about it. They confirm the pedagogical arrangement, informing me that at least once a week, consumers don the mantle of pupils, learning basic science, math and current events at function-appropriate levels. Various Direct Care Workers assume the role of teacher for these classes, patiently walking their beloved students through their lessons—which often involve hands-on, experiential projects—until the material is internalized.

However, some consumers spend their skills-building afternoons occupied not off-site but on the Day Hab's premises. During my visit on Wednesday, March 30, I witness consumers packing goodie bags for a local synagogue's youth program, capably functioning like an assembly-line team as they fill the small plastic sacks with various sweets and treats.

During that same time, another group of consumers are assembling tiny colored beads into patterns which will later be fused together by ordinary household irons into artistic items of enduring beauty and practicality. Mrs. Scher shows me one such earlier creation—a circular mouse pad on her desk composed of a rainbow of concentric stripes.

Following "school," or after-noon skills-building sessions, consumers break for a snack at 3:00 p.m., followed by Minchah, the daily afternoon prayer. Because it falls during the workday, Minchah is deliberately designed to be short—but because it is part and parcel of Orthodox communal life, acclimating consumers to the regular service is part and parcel of Hamaspik's Day Hab mission.

Dismissal is at 4:00 p.m.

Consumers head home either by Hamaspik van or staff's personal transportation. And tomorrow, they'll be back—for another day of getting used to activities of daily living so many of us take for granted, for another day learning and growing.

At Hamaspik of Kings County Hab, that's what goes on all day, every day. ■

Continued from Page 5

and their immediate relatives. The public servant and rising political star remembered being greatly inspired by the immense crowd in the hall at that time, with hundreds of consumers and their parents and siblings dancing for joy, swept away by the infectious spirit of the holiday.

Stringer acknowledged Hamaspik's reach across New York's five boroughs, adding that although the state is currently undergoing a budget crisis, government must always remember that consumers and their families need the same level of care they would have received in better times.

Following his comments and a healthy round of applause, the house lights were dimmed for a video presentation documenting the difference Hamaspik makes in consumers' lives.

That moving presentation set the stage for what was yet to come.

Taking the excitement up a notch, Mrs. Katina returned to the podium to read a short letter from the Hon. Michael R. Bloomberg, Mayor of New York, who had sent his greetings to the event.

Dr. Alan Blau, Ph.D., Hamaspik's psychologist, was then asked to share a few words.

Dr. Blau outlined the need for the new clinic, explaining from his professional perspective what was missing previously from Hamaspik services, particularly for consumers with unique specific needs, and how the NYSHA Clinic will now meet those needs. The staff psychologist had played a vital role in making the clinic a reality, and in its new function as a mental health and counseling resource, Dr. Blau will have a leading position.

Driving home everything that Hamaspik does, a mother of an autistic Hamaspik consumer then shared her personal experiences with the agency.

The young mother related the ongoing support her son and her entire family receives from Hamaspik, support that would have left a child with very special needs and his family in very dire straits had it been absent. Specifically, the mother thanked Hamaspik for its annual Shabbaton weekend support event (see page E4)—a yearly get-together held only recently and which, the mother related, gives her enough morale to keep her going an entire year.

Another high point then ensued, as Mr. Wertheimer and Mrs. Katina presented Ms. Limiti with the agency's heartfelt appreciation captured in words—specifically, in a

poem engraved upon a bronze plaque. The plaque conveyed thanks to the DDSO Director for her endlessly hard work over the years.

Director Limiti then took the stand to share a few words of her own, praising Hamaspik for never saying no to anything she asked them to do and doing everything possible to meet consumers' needs until the mission is completed. She also offered more than a few words of appreciation and praise for Hamaspik of Kings County Director Joel Freund.

The Director then thanked Mrs. Katina for the numerous hats she wears: helping open the NYSHA Clinic, organizing gala after glittering gala, and assisting in Hamaspik's all-around operations.

After a standing ovation for Director Limiti, Freund took the floor to close the event on a high note.

First warmly greeting all attendees, including public leaders, Hamaspik colleagues, parents and community activists, Freund took the crowd by storm with an impres-

sive speech. "Today is a new day and a happy day for every consumer in need of support from an Article 16 clinic right here in Williamsburg," he declared.

Comparing the long road to realizing Hamaspik's dream to a GPS device, Freund said that along the way towards eventually opening the NYSHA Clinic's doors, there were detours, wrong turns, and dead ends, all as the device says, "recalculating..." again and again, with seemingly no end in sight.

But Hamaspik never gave up, he ended as the excitement in the room built. Today, after ten years of trying to get there, the "GPS" finally said, "You have arrived at your destination," he said.

Freund concluded with sincere thanks to Executive Director and Hamaspik founder Wertheimer and to DDSO Director Limiti.

Wrapping up the entire event, Freund declared that Hamaspik isn't finished yet.

The statement summed up all of Hamaspik's achievements thus far—milestone after milestone, each building on the one that came before it.

But most important of all, it was a statement of mission—and a declaration that at Hamaspik, history will happen yet again. ■



Standing together (l-r): Wertheimer, Stringer, Freund(r)

The Results of Readiness

Constant compliance, competence evident in three Hamaspik of Kings County audits

"Always! Always, always," proudly declares South 9th Inzerheim manager Mrs. Malkie Cziment.

The Hamaspik of Kings County *Individualized Residential Alternative* (IRA) just scored big in yet another audit by the New York State Office for People with Developmental Disabilities (OPWDD). That survey, held this past mid-March, found a well-maintained home inhabited by satisfied consumers with no regulatory deficiencies in sight.

But that's only natural, given that the home is pretty much clean and well-organized at any given time, as Mrs. Cziment just conveyed to the *Gazette*, asked whether the group home is always ready for an audit.

However, the friendly manager adds, the IRA is an authentic home, in contrast to a sterile, monotonous care facility. Mrs. Cziment points out that any typical home to which kids return in the afternoon, making their way through their post-school daily routines and then dinner, will have a bit of a healthy mess, at least around dinnertime—signs of life often in even bolder relief at South 9th.

Mornings and the bulk of the day, however, when residents are out at Day Hab or school, or en route to those daily destinations, will present to visitors an almost-immaculate residence, with beds made, floors swept and mopped, and tabletops and counters cleared and cleaned.

But that near-constant cleanliness is due to the ever-present diligence of the group home's devoted team leader Mrs. Walter and her Direct Care Worker team: Mrs. Fisch, Mr. and Mrs. Hertzke Goldstein, Ms. Klein, Mr. and Mrs. Binyomin Landau, Ms. Mohadeb, Mrs. Neuhauser, Mrs. Stern and

Mrs. Weingarten.

"Number One: they work for the kids, not for themselves," say Mrs. Cziment, asked to describe her staff's work. "That's what we try to train them." And apparently they do.

Does the manager see the audit as a stamp of approval for their work?

"Yes, but I would say that we have it [i.e. a sufficient level of competence—ed.] other times too," she responds. "It doesn't mean that after the audit you let loose. We work the same after the audit."

So if auditors came back tomorrow, what would they see?

"I think they would see a gorgeous, neat house," she says. "We prepare ourselves for an audit every day."

But keeping operations audit-ready at the Inzerheim—or any Hamaspik group home or facility, for that matter—is not just the task of its Direct Care Workers or Manager, but of the proficient nurse who tends daily to its consumers. At the South 9th Inzerheim, that would be Judy Schwartz, RN, who professionally assesses and treats the various commonplace ailments that strike residents as the members of society that they are.

In like manner does Hamaspik of Kings County Maintenance Manager Eliezer "Lezer" (pronounced "laser") Stern find himself regularly carrying out any number of miscellaneous physical tasks to keep South 9th, and all Hamaspik of Kings County properties, in tip-top shape—things as diverse as installing a new oven, changing faucets, applying fresh paint to walls or hanging picture frames.

"Anything and everything," says he of his daily maintenance duties.

Because the group home is ensconced inside an old Brooklyn

brownstone, it needs more maintenance than an IRA built from scratch. However, that age hasn't affected the physical quality of the quarters within it. "Everyone who comes in doesn't believe it's so nice," points out Stern. "It's kept clean. We just changed the floors a year ago."

The same exemplary ethos was in ample display when the Hamaspik of Kings County Day Hab underwent an audit of its own in March, garnering an encouraging report that cited the program for "positive staff consumer interaction" and happy participants.

Driving that result was the hard work of the Day Hab's staff, according to Day Hab Manager Israel Lichtenstein. "They're very on top of things. They never forget what they have to do," he says.

As an example, he cites one consumer who requires daily pickup from an employment site at precisely 2:00 p.m., a daily duty carried out meticulously by Hamaspik's van-driving Direct Care Workers.

And that hard work doesn't just get the job done, but also forges deep and meaningful relationships between Hamaspik staff and consumers, as described in the report. "They integrate, really," comments Lichtenstein. "They feel close to staff, like a family."

In a cute example, Lichtenstein notes that one recently-engaged Day Hab staffer who expressed interest in moving to New Jersey after her wedding has been driving one consumer to practically beg the manager to "give her a raise" so that the staffer remains a Hamaspik employee.

But if Direct Care Workers are Hamaspik's boots on the ground in a battle for health and human-services justice, the Medicaid Service Coordinators (MSCs) are its field lieutenants, commanding the battlefield to strategically and nimbly place units where and when needed.

In that light, it's no wonder that Hamaspik of Kings County's MSC Staff, Men's Division chalked up yet another victory, a state survey that found no regulatory deficiencies and overall good performance.

According to MSC Joel Brief, keeping good records doesn't just keep the agency compliant and conducive to positive audit results, but also renders accessible an otherwise impenetrable forest of individual consumer data—a body of paper-based information in neatly-organized binders that can comprise details of over 30 consumers per Service Coordinator.

"It would be [even more] efficient if it were computerized," adds Brief.

Regardless of data efficiency, it's only the hard work behind it that

makes it mean anything. And for Hamaspik's MSCs, Kings County or otherwise, that hard work is a calling, not a job.

"No such thing," says MSC Shaya Ross, asked for the hardest part of his job. "The fact that I can help people and get paid for it, I'm two for two."

Then he adds: "Going home at night."

Of course, a great performance by a team of MSCs is only possible with the backing of a great MSC supervisor—in the case of Hamaspik of Kings County, former MSC Mr. Moshe Schechter.

What do MSCs like the most about working with Schechter?

"We all have what to learn from him," says MSC Naftali Weill. "He's a great example." "He's

always there for his MSCs," says Ross. "Anytime we need a helping hand, he's someone we can count on."

For his part, Schechter only has words of praise for his team. He mentions what's been occupying much of their time of late—*Environmental Modifications* (E-Mods) and *Individualized Support Services* (ISS) apartments—noting that they got four ISS approvals in the past month alone. "And you know it's not an easy job," he says.

Whether it's managing a group home, running a Day Hab or deftly handling a brimming MSC caseload, Hamaspik's staff pulls it all off with aplomb and plenty of hard work... making the positive results almost predictable. ■

Happenings around Hamaspik

A comprehensive CPR training session was held for new Hamaspik Care Home Health Aides (HHAs) in mid-March at Hamaspik of Rockland County's administrative offices. Close to two dozen staffers came away fully equipped to respond in the event of life-threatening emergencies.

Hamaspik of Rockland County Day Hab, Men's Division, recently welcomed new Direct Care Worker Yoel Dimfield.

Mr. Levi Meyer joined Hamaspik of Orange County as its new Home Liaison for its Family

Care program.

Mr. and Mrs. Yoel Stauber are the Grandview Briderheim IRA's new live-in couple. Mr. Stauber plans to bring his experience working with children and dramatic play to consumers.

Hamaspik welcomes Mrs. Kaily Mendlowitz as Hamaspik of Rockland County's new Human Resources coordinator. Mrs. Mendlowitz brings years of administrative experience with other worthy community organizations to the Hamaspik table. ■

HAMASPIK IN ALBANY



Advocating at the top: Hamaspik of Rockland County Director of Operations Yoel Bernath (l), Hamaspik of Kings County Executive Director Joel Freund (2nd left) and Hamaspik Executive Director Meyer Wertheimer (r) with State Senator Roy J. McDonald (R-43rd Dist.), chair of the State Senate Committee on Mental Health and Developmental Disabilities, in mid-March



In the Know

All about... Multiple sclerosis

Maybe you've heard of *multiple sclerosis*, or MS as it is commonly called. Maybe, like this editor, you know someone who has it. And maybe, like this editor, you'd like to know more about it. Here's what I found out.

Definition

Multiple sclerosis is a disease in which the body's immune system slowly eats away at the *myelin* (pronounced MY-eh-lin), the fatty protective sheath covering the nerves of the brain and spinal cord.

The name "multiple sclerosis" signifies both the number (*multiple*) and condition (*sclerosis*, from the Greek term for scarring or hardening) of demyelinated nerves.

While it was first diagnosed in 1849, records indicate that multiple sclerosis may have been around since the 14th Century.

The progressive loss of myelin progressively interferes with communication between the brain and the rest of the body, and may ultimately eat away at the nerves themselves.

It is believed that there are approximately 250,000 to 350,000 people in the United States with MS as diagnosed by doctors.

Symptoms

Multiple sclerosis is usually mild and most MS patients live relatively full and normal lives. The disease is very rarely fatal. But because each individual case of MS

is unpredictable, symptoms can range from relatively benign to profoundly disabling.

Most commonly, MS first manifests itself as a series of attacks followed by complete or partial remissions as symptoms mysteriously lessen, only to return later after a period of stability. This is called *relapsing-remitting* (RR) MS.

Primary-progressive (PP) MS is characterized by a gradual decline in affected nerve function with no distinct remissions, although there may be temporary plateaus or minor relief from symptoms.

Secondary-progressive (SP) MS begins with a relapsing-remitting course followed by a later primary-progressive course.

Rarely, patients may have a *progressive-relapsing* (PR) course in which the disease takes a progressive path punctuated by acute attacks.

PP, SP, and PR are sometimes lumped together and called *chronic progressive* MS.

Symptoms of MS vary, and can include:

- Red-green color distortion, double or blurry vision or blindness (These are usually in one eye at a time, often with pain during eye movement, and often the first symptoms; they tend to go away in later MS stages)
- Muscle numbness or weakness in one or more limbs, typically on one side of the body at a time or in the lower half of the body
- Tingling, "pins and needles" or pain in various body parts

- Electric-shock sensations that occur with certain head movements
- Tremor, lack of coordination/balance, dizziness
- Fatigue
- Speech impediments
- Hearing loss
- Euphoria/despair mood swings ("laughing/weeping syndrome"; rarely occurs)

Signs and symptoms of multiple sclerosis often are triggered or worsened by an increase in body temperature, for instance with a fever or with intensive exercise or during hot weather.

In some cases, people with multiple sclerosis may also develop:

- Muscle stiffness or spasms
- Paralysis, most typically in the legs
- Mental changes, such as forgetfulness or difficulties concentrating
- Depression
- Epilepsy

In some advanced cases, patients may lose the ability to write, walk or speak.

Diagnosis

Multiple sclerosis can be difficult to diagnose because MS symptoms tend to mysteriously come and go, sometimes vanishing partially if not completely for periods of up to several months or even years. Because of this, a physician may readily diagnose MS in some patients soon after the onset of the illness but leave other patients with years of uncertainty.

There are no specific MS tests. Ultimately, the diagnosis relies on ruling out other conditions that might produce similar symptoms. Doctors may base an MS diagnosis on the following:

- *Blood tests*: Blood analysis can help rule out some infectious or inflammatory diseases that have symptoms similar to MS
- *Spinal tap* (lumbar puncture):

Cerebrospinal fluid is drawn from the patient and analyzed in a lab for any abnormalities associated with MS, like abnormal levels of white blood cells or proteins, or for viral infections and other conditions whose symptoms are similar to those of MS

- *Evoked potential test*: This test measures the electrical signals sent by the brain in response to visual or electrical stimuli

Doctors can also use a variety of MRI tests to diagnose MS. These include:

- Standard MRIs that reveal lesions indicating myelin loss in the brain and spinal cord (although lesions aren't decisive proof that one has MS)
- *Magnetic resonance spectroscopy* (MRS), which observes brain biochemistry
- *Magnetization transfer imaging* (MTI), which can detect abnormalities before lesions are visible on standard MRI scans
- *Diffusion tensor imaging* (DTI), which creates 3D images of demyelinated areas of the brain to help determine disease progression
- *Functional MRI* (fMRI), which

is used during cognitive performance tests

Once a diagnosis is made with confidence, patients must consider a profusion of information—and misinformation—associated with this complex disease.

Cause

The precise cause of MS is currently unknown. It is currently generally seen as an autoimmune disease in which the immune system attacks the body's own tissues. Researchers are trying to determine what may cause the immune system to attack the body; many are looking into possible environmental causes like viruses or industrial pollution.

In multiple sclerosis, the immune system—the body's white blood cells and other cells—attack the myelin, the fatty substance that coats and protects nerve fibers in the brain and spinal cord. Myelin is like the insulation on electrical wires. When myelin is damaged, the messages that travel along those "wires" may be slowed or blocked.

One area of MS research is the *blood-brain barrier* which filters toxins out of the bloodstream entering the brain. This is because the first sign of MS, *before* the breakdown of myelin on the nerves, is the formation of certain proteins in the brain called *plaques*. Scientists are trying to determine whether any foreign invader in the bloodstream gets past the blood-brain barrier to trigger the formation of plaques.

Risk factors

In the population at large, the chance of developing MS is less than a tenth of one percent. However, if one person in a family has MS, that person's first-degree relatives—parents, children, and siblings—have a one to three percent chance of getting the disease. However, interestingly, when an identical twin has MS, his or sibling will only have a 30 percent chance of also developing MS, indicating non-genetic factors at play.

- MS can occur at any age, but most commonly affects people between 20 and 40 years of age. It is rare before 15 or after 60

- Women are about twice as likely as men are to develop MS

- White people, particularly those of northern European heritage, have the highest MS risk. People of Asian, African or Native American descent have the lowest risk

- A variety of viruses have been linked to MS; currently, the Epstein-Barr virus, which causes *infectious mononucleosis*, a different disease, is being studied most

- MS is five times more common in Europe, southern Canada, northern United States, New Zealand and southeastern Australia. The risk seems to increase with higher latitude

- One is very slightly more likely to develop multiple sclerosis if one also has thyroid disease, Type 1 diabetes or inflammatory bowel disease, which are also diseases of autoimmunity

Treatments

There is currently no cure for MS. Goals of treatment are fourfold: to *treat symptoms, improve recovery from attacks, prevent or lessen the number of relapses, and halt disease progression.*

Some MS patients have such mild symptoms that no treatment is necessary.

Symptom treatment strategies

- *Physical therapy* with a physical or occupational therapist can provide stretching and strengthening exercises and show patients how to use devices that can make it easier to

perform daily tasks.

- *Muscle relaxants* like *baclofen* (Lioresal) and *tizanidine* (Zanaflex) may improve muscle spasticity for MS patients who experience painful or uncontrollable muscle stiffness or spasms, particularly in the legs. However, baclofen may increase leg weakness and tizanidine may cause drowsiness or dry mouth

- *Fatigue reducers* like *amantadine* (Symmetrel) may be prescribed

- *Medications* may also be prescribed for depression, pain and other problems that may be associated with MS

- A number of other drugs and procedures like *stem cell transplantation* to treat multiple sclerosis are under investigation

Attack recovery strategies

- *Corticosteroids* are the most common MS drug, used to reduce the inflammation that spikes during MS attacks. Corticosteroids include oral prednisone and intravenous methylprednisolone. Side effects may include weight gain, mood swings and raised blood pressure. Long-term of corticosteroids use can

lead to cataracts, high blood sugar and increased risk of infections.

- *Plasmapheresis*, or plasma exchange, is a procedure that separates the blood cells from its liquid base, or *plasma*. Plasma exchange is sometimes used to help combat severe MS relapses in patients who don't respond well to corticosteroids by removing the autoantibodies from the blood circulation.

Relapse prevention/lessening strategies

- Drugs called *beta interferons*—Avonex, Betaseron, Extavia and Rebif—appear to slow the rate at which MS symptoms get worse. These drugs are among the most promising areas of MS research. However, beta interferons can cause side effects, including liver damage, so patients on these drugs need regular blood tests to monitor their liver enzymes

- *Glatiramer* (Copaxone) is believed to block the immune system's attack on the myelin. Glatiramer is injected under the skin once a day; side effects may include flushing and shortness of breath after injection. Copaxone protects myelin protein from loss; some studies indicate it can reduce relapse rates by almost one third

- Taking an oral medication daily called *fingolimod* (Gilenya) helps by trapping immune cells in the lymph nodes, reducing MS attacks and short-term disability. The first dose of this powerful drug can slow the heartbeat, so patients taking fingolimod for the first time must be monitored for about six hours—and must also be immune to the chickenpox virus (varicella-zoster virus)

- The drug *natalizumab* (Tysabri) interferes with the movement of potentially damaging immune cells from the bloodstream to the brain and spinal cord. However, Tysabri is generally reserved for patients who see no results from, or can't tolerate, other types of treatments. This is because Tysabri increases the risk of progressive *multifocal leukoencephalopathy*—a brain infection that is usually fatal. It was once withdrawn from the market due to severe side effects, but now is allowed under controlled circumstances

- The risky drug *mitoxantrone* (Novantrone) is a powerful immunosuppressant that can be harmful to the heart and is associated with development of blood cancers like leukemia, so it's usually only used for severe, advanced MS cases

Lifestyle and home remedies

- Because fatigue is a common MS symptom, and generally unrelated to activity level too, *resting* may help patients feel less tired

- Regular *aerobic exercise* may offer some benefits for mild to moderate MS, including improved strength, muscle tone, balance and coordination, and help with depression. Swimming is a good option for

patients bothered by heat

- *Cool-downs.* Symptoms of MS often worsen when body temperature increases, so cool baths can reduce core body temperature, especially if the upper torso is submerged

- Eating a *balanced diet* can help keep immune systems strong

- Because stress may trigger or worsen signs and symptoms, *stress relief and relaxation activities* like massage, deep breathing or just listening to music might help

- Foot braces, canes, walkers and other *medical equipment* can help patients stay independent

Unproven Therapies

Multiple sclerosis is a disease with a natural tendency to remit spontaneously, for which there is no universally effective treatment and no known cause—a fact that opens the door to an array of unsubstantiated cures ranging from the marginally defensible to outright quackery. None of them improve MS or any of its symptoms. Always ask your doctor first before trying anything that may fall into this category.

Coping and support

As is true with other chronic diseases, having MS can put patients on an emotional roller coaster. Here are some suggestions to help even out the ups and downs:

- Join one of the many existing community MS support groups to share experiences and feelings with other MS patients

- Because physical state can impact mental state, counseling may be beneficial if not critical by teaching coping skills, relaxation techniques and by providing a healthier perspective

- Maintain normal daily activities to the extent possible

- Stay connected to friends and family

- Continue to pursue hobbies that you enjoy and are able to do

- Talk to your doctor about how to get around obstacles if MS impairs the ability to do things you enjoy

Summary

There are a number of governmental and non-profit entities that can help you and your loved ones with regards to MS, and a large number of ongoing studies continue to produce new discoveries and treatments for this debilitating disease. So if you or someone you know is diagnosed with MS, stay positive, get referred to a good neurologist with a specialty in MS, and join a support group—you'll be thankful you did. ■

Hamaspik thanks Susan L. Perlman, M.D., Clinical Professor of Neurology and Director of the Ataxia Center and HD Center of Excellence at the University of California, Los Angeles (UCLA), for critically reviewing this article.



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Public Health and Policy

Japan nuclear health risks low, won't blow abroad

Health risks from Japan's quake-hit nuclear power reactors seem fairly low and winds are likely to carry any contamination out to the Pacific without threatening other nations, Reuters reports experts as saying.

Tokyo battled to avert a meltdown at three stricken reactors at the Fukushima plant in the worst nuclear accident since the 1986 Chernobyl disaster, triggered by the recent tsunami. Radiation levels were also up at the Onagawa atomic plant.

"This is not a serious public health issue at the moment," Malcolm Crick, Secretary of the U.N. Scientific Committee on the Effects of Atomic Radiation, told Reuters.

"It won't be anything like Chernobyl. There the reactor was operating at full power when it exploded and it had no containment," he said. As a precaution, around 140,000 people have been evacuated from the area around Fukushima.

Crick said a partial meltdown of the Three Mile Island plant in the United States in 1979—rated more serious than Japan's accident on an international scale—released low amounts of radiation.

"Many people thought they'd been exposed after Three Mile Island," he said. "The radiation levels were detectable but in terms of human health it was nothing." Radiation can cause cancers.

The World Health Organization (WHO) also said the public health risk from Japan's atomic plants remained "quite low." The quake and devastating tsunami may have killed 10,000 people.

The Chernobyl accident was discovered after radiation was detected at Sweden's Forsmark nuclear power—more than a day after the explosion that Moscow had not publicly acknowledged.

Crick said that time is a big help for reducing health risks since many of the most damaging nuclear effects, such as radio iodines, dissipate within hours or days. He said a meltdown can be contained in a sealed reactor.

Japan's biggest earthquake on record knocked out the back-up cooling systems at Fukushima, north of Tokyo, causing a build-up of heat and pressure. An explosion hit the

plant the next day.

U.N. studies have projected only a few thousand extra deaths caused by radiation from Chernobyl. Thirty workers died, almost all from radiation, in the immediate aftermath of the disaster.

Crick said the clearest sign of damage on health was that about 6,000 people aged under 18 at the time of Chernobyl had developed thyroid cancer—usually only affecting older people. Fallout on farmland may have raised radioactive levels in milk.

But he said that studies in what is now Ukraine, Belarus and Russia showed that the average increase per person in long-term radiation exposure was equivalent to one CT scan—a specialized x-ray of the body.

Japan has rated the Fukushima accident at four on an international scale—meaning an accident with local consequences—against Chernobyl which was worst at seven on the 1-7 scale. Three Mile Island rated a five.

WHO spokeswoman Christy Feig said there was no request to mobilize radiation experts known as REMPAN (Radiation Emergency Medical Preparedness and Assistance Network) set up after Chernobyl.

Mouth-to-mouth CPR may be better after all

When lifeguards try to resuscitate a drowning victim, they typically perform rescue breaths through a mask placed over the victim's mouth. But a study suggests that lifeguards may perform better with direct mouth-to-mouth breathing.

According to international recommendations, lifeguards should use a transparent "pocket" mask, placed over the victim's mouth, when delivering rescue breaths. Pocket masks may limit the small risk of transmitting an infection during CPR.

However, there is little evidence that lifeguards are actually more efficient at performing CPR with pocket masks versus mouth-to-mouth. Instead, the recommendation is largely based on expert consensus, according to Dr. Bo Lofgren and colleagues at Aarhus University in Denmark.

For their study, the researchers had 60 trained lifeguards perform CPR on mannequins, using each of three breathing tech-

niques—mouth-to-mouth, pocket mask and bag-valve mask.

Overall, the study found, the lifeguards performed best with mouth-to-mouth.

FDA pulls 500 cold medicines

The FDA announced steps in early March to remove more than 500 prescription cold, cough and allergy products from the market because of potential safety concerns.

The FDA asked companies to stop manufacturing the 500 products within 90 days and stop shipping them within 180 days. Some manufacturers must stop making and shipping their products immediately, the FDA warns.

There are no data on how often these now-banned medications are prescribed today, but many doctors may be unaware that they contain unapproved ingredients because these drugs are listed in the Physicians' Desk Reference and may be advertised in medical journals.

The FDA does not know if these prescription drugs are safe or not largely because they were grandfathered in before changes to the FDA's drug approval process were enacted.

"We don't know what they are, whether they work properly, or how they are made," said Deborah M. Autor, director of the FDA's Office of Compliance at the Center for Drug Evaluation and Research (CDER) in Silver Spring, Md., during a teleconference. "The problem is that we don't know what the problem is."

For example, some of these cough, cold, and allergy drugs are labeled as "time-release." These are complicated to manufacture, and the FDA has not reviewed whether the active ingredient is released in a consistent manner over a period of time, she says. "They may be released too slowly, too quickly, or not at all."

Others contain an "irrational" combination of the same types of products, such as two or more antihistamines, and some are inappropriately labeled for use by infants and young children, she says. Many contain the same ingredients as the over-the-counter cough and cold products that are no longer supposed to be used in kids under two.

As to the risks these drugs pose, "for the most part, [these adverse reactions] are not

serious," says Charles E. Lee, MD, medical officer of the division of new drugs and labeling compliance at the CDER.

After the FDA crackdown on the use of over-the-counter cough and cold medicine in children younger than 2, the number of emergency room visits for adverse events decreased by 50%, he says.

"We also know that 15% of these events came from prescription cough, cold, and allergy products and included sedation/drowsiness and irritability," Lee says.

April: National Minority Health Month

The annual National Minority Health Month focuses on reducing the numerous "adult conditions" now seen in higher levels in minority children like diabetes, extreme weight gain, high blood pressure and high cholesterol levels.

Many are traceable back to the excessive food consumption, particularly of unhealthy food, and lack of physical activity, found in higher levels among minority children.

A central focus of the Month is the National School Lunch Program participated in by many minority children attending public schools; by improving school lunches, minority health can be improved too.

Mosquito-malaria-fighting fungi

A genetically engineered fungus could be a highly effective tool for preventing malaria transmission. The advance might offer a new line of defense in combating a disease that affects nearly 300 million people worldwide.

Malaria is transmitted by the bite of a mosquito infected with a single-cell parasite called *Plasmodium*. It is one of the most common infectious diseases in the world, with over 780,000 deaths worldwide each year, mostly in young children in Sub-Saharan Africa.

Treating bed nets and indoor walls with insecticides is the main prevention strategy in developing countries, but the mosquitoes that transmit malaria are slowly becoming resistant to these chemicals.

A recently developed strategy is to use *Metarhizium anisopliae*, a fungus that naturally attacks mosquitoes, as a mosquito-specific "biopesticide." Previous studies have shown that this method is effective in killing mosquitoes.

However, the mosquitoes must acquire the fungus soon after becoming infected with the malaria parasite. Another problem is that a fungus that kills mosquitoes could rapidly lead to mosquito resistance.

An NIH-funded team led by Dr. Raymond J. St. Leger of the University of Maryland tried a more focused approach. Rather than developing fungi that rapidly kill the mosquito, they genetically modified the fungus to block *Plasmodium* development inside the mosquito, rendering it transgenic.

In a recent published study, the team reported that the transgenic fungi significantly reduced parasite development within mosquitoes. Malaria parasites were found in the salivary glands of just 25% of the mosquitoes sprayed with the most effective transgenic fungi, compared to 87% of those sprayed with the natural strain of the fungus and 94% of those that were not sprayed. In the 25% of mosquitoes that still had parasites after being sprayed with the transgenic fungi, parasite numbers were reduced by over 95% compared to mosquitoes sprayed with the unaltered fungus. ■



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



New taste cells discovered

Taste cells apparently host more sugar detectors than previously thought, including ones formerly thought to exist only in the pancreas and intestines, new research suggests.

The finding could lead to the development of new interventions designed to help prevent overeating, the study authors say.

"Detecting the sweetness of nutritive sugars is one of the most important tasks of our taste cells," senior author Dr. Robert F. Margolskee, a molecular neurobiologist at the Monell Chemicals Senses Center in Philadelphia, said in a news release. "Many of us eat too much sugar and to help limit overconsumption, we need to better understand how a sweet taste cell 'knows' something is sweet."

Until now, investigators had focused on one particular taste cell receptor (known as T1r2+T1r3) as the main detector of all things sweet, including both natural sugars and artificial sweeteners.

This sensor, however, did not appear to account for all aspects of sweetness detection.

So, the authors harnessed high-tech molecular and cellular lab methods to explore whether or not additional sugar sensors—those central to the digestive process that takes place in both the intestine and pancreas—might also be present in taste cells.

The result: those same sugar sensors were thriving in taste cells. In fact, several sugar sensors found in the intestine and pancreas were fingered as being present in the same taste cells that house the well-known T1r2+T1r3 receptor.

For example, the newly located taste cell receptor known as SGLT1 (previously detected solely in the intestine) was found to account for the sweet taste that registers when consuming a pinch of table salt. Another newly found sensor, known as KATP and previously attributed solely to the pancreas, is thought to play a role in restricting taste cell sensitivity to sugar to discourage overconsumption of sweetened foods.

Irregular heartbeat + stroke = more dementia risk?

People who suffer a stroke and also have an irregular heart rhythm called *atrial fibrillation* may be at greater risk of developing dementia than stroke survivors without the heart condition, British researchers report.

The likelihood of atrial fibrillation increases with age, and it is a significant risk factor for stroke. More than 2 million Americans have the condition, according to the study.

The study gathered data on

46,637 people, average age 72, who took part in 15 separate studies.

This is a method known as a meta-analysis in which researchers pull out certain data from studies not necessarily designed to evaluate the specific outcomes these researchers are interested in. The goal is to identify any significant trends.

In this case, the pooled data showed that people who survive a stroke and who also have atrial fibrillation are 2.4 times more likely to develop dementia, compared with stroke survivors without this irregular heartbeat.

In all, about 25 percent of patients with stroke and atrial fibrillation developed dementia during follow-up, the researchers noted.

The researchers were unable to determine whether people with atrial fibrillation but no stroke history are at a greater risk for dementia.

But it's possible that atrial fibrillation by itself could play a role in dementia. The goal of treatment then would be to control the arrhythmia through drugs or medical procedures.

Down syndrome blood test developed

A prototype blood test, which analyzes DNA in maternal blood for Down syndrome, has been developed by researchers in Cyprus. The test avoids the common amniocentesis test of which up to two percent trigger still birth.

Device testing not gender-balanced

Despite a requirement since 1994 for medical device makers to include women in the studies they submit to the FDA for device approval, very few include enough women or separately analyze how the devices work in them, says a new report from the American Heart Association.

Higher HDL, lower colon cancer?

A Dutch comparison study of over 2,000 persons with and without colon cancer found that the higher the HDL "good" cholesterol level, the lower the risk for colon cancer.

Americans not sleeping enough

Two more studies now point out the obvious: Americans aren't sleeping enough. Interesting findings of both include: Older people sleep most, youngest least; adults 25 to 34 most fell asleep while driving; and of the 12 states studied, Hawaiians slept the least. The National Sleep Foundation recommends seven to nine hours of sleep a night.

In related news, new studies also suggest that a daytime nap of at least

45 minutes may help stressed-out people lower their blood pressure and protect their heart—and that getting enough sleep lowers risk of colon cancer.

New SIDS clue

An Australian study of Sudden Infant Death Syndrome (SIDS) has found that babies who sleep on their stomachs have lower levels of oxygen in their brains than those who sleep on their backs, possibly rendering their brains less able to wake them up when they're not breathing. The research may also explain why babies who sleep on their stomachs are three times harder to wake than other babies.

ECG athlete screenings don't help

Electrocardiography (ECG) screenings to detect hidden heart problems in young athletes have been mandatory in Italy since the early 1980s—but a new study of screened athletes elsewhere finds that rates of sudden death of young athletes due to cardiac arrest remain unchanged.

Spring-cleaning safety tips

With spring finally in the air, the Home Safety Council offers these safe-cleaning suggestions:

- Keep stairs and floors clear of clutter, even while cleaning
- Don't carry loads that are too big to see over. If you're using stairs, leave one hand empty so you can hold onto a rail
- Don't allow young children to play near any bucket, especially a large one. It may pose a drowning danger
- Wear protective equipment, such as a mask and gloves, when working with harsh chemicals. And never mix cleaning products!
- Use caution when handling products marked as dangerous or poisonous. Always lock these away safely when not in use
- Store toys, cords or any other tripping hazards out of the way
- Use a stepladder or ladder to reach high places. Follow safety instructions when on a ladder to prevent falls
- Never use gasoline as a cleaning product, and never store it inside the home. A simple spark can ignite even gasoline vapors

Family boosts stroke recovery

The folk wisdom is now scientifically proven, at least for recovering stroke victims: In an Irish study, family-member involvement in survivors' daily exercise improved their function and recovery, reduced their stress and made them feel empowered.

Intervention helps diabetics

Two multi-year studies by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)—one of overweight and obese Type 2 diabetics and the other of overweight/obese minority/low-income sixth graders at most risk for Type 2 diabetes—found that interventional counseling, primarily comprising diet and exercise changes, lowered adverse health indicators.

Scientists create organ parts from cells

Sounds like science fiction, but it's arrived. Researchers at the Institute for Regenerative Medicine at Wake Forest University School of Medicine coated carefully-shaped meshes with muscle cells and other cells that had been culled from patients to form brand-new organ parts like heart valves, urethras and even miniature livers, avoiding often-failing transplants of real parts.

Kids' fevers generally OK

A new report from the American Academy of Pediatrics (AAP) now recommends that parents should generally *only* treat fevers if they make children uncomfortable. Bringing down a fever—the body's natural way of killing infections—may actually *prolong* recovery.

Computer Vision Syndrome?

We've all heard how bad sitting all day at your computer (or anywhere) can be for your health. But what about staring at your computer all day—isn't that bad for your eyes? The American Optometric Association now says "Computer Vision Syndrome" is real. The American Academy of Ophthalmology says it isn't—and that you just need to take breaks away from the screen.

Lost Alzheimer's brain cells replicated

Researchers recently replicated *basal forebrain cholinergic* (BFC) brain cells in a lab using human stem cells and skin cells. BFCs retrieve and create memories and are slowly destroyed by Alzheimer's; the hope is that new BFCs can one day replace lost BFCs.

Cornea transplants largely successful

A new study shows that corneal-transplant eye surgery is largely a successful method of correcting blindness caused by degenerated corneas or other eye problems, find-

ing that cornea transplants improved vision and lasted at least one decade for the majority of patients.

Double-jointed, triple migraines

If you're one of those people whose highly elastic collagen (the building block of joints) results in the *hypermobility* commonly known as "double-jointedness," you're nearly twice as likely to get painful migraine headaches—because collagen also forms blood vessels, which apparently cause migraines too if they're too stretchy, according to a new study.

AHA calls for contiguous congenital care

After two years of research, the American Heart Association recently issued a call for the seamless years-long transition from pediatric to adult medical care for patients with congenital heart defects. Congenital heart disease is the most common birth defect.

Drinking each day keeps dementia away?

A three-year study of 3,000 seniors found that those who tossed back toasts twice or thrice daily were 29 percent less likely to develop dementia and 42 percent less likely to be diagnosed with Alzheimer's. However, too much drinking can also cause dementia.

Ibuprofen possible Parkinson's reducer

A study of data on 136,197 nurses and other professionals taking over-the-counter ibuprofen (Motrin or Advil) twice or more weekly found they had a 38% lower risk of Parkinson's disease. However, ibuprofen is also linked to kidney, liver, stomach and urological complications.

Insecure relationships promote materialism

People who attach more value to possessions may be less secure in their personal relationships than those who put less value on material goods, says a new study. The study underscored human beings' two security sources: material goods and supportive relationships. If people do not feel loved and accepted by others, the researchers note, the importance of material items rises.

Idealistic spouse, happier marriage

People idealistic about their spouses, even unrealistically so, are more satisfied with marriage than realists, a three-year study of over two hundred newlyweds contends. ■

Socially Secure

At Hamaspik, SSA's rep payee model works

Are you familiar with the phrase "representative payee"?

If you are, kudos to you—you're one well-informed person.

That's because "representative payee" is as much a part of long-term care for individuals with special needs as is any medical or therapeutic word. *Representative payee* refers to those individuals or organizations authorized to collect special-needs individuals' monthly benefits from the federal Social Security Administration (SSA).

And within Hamaspik, which serves quite a few disabled individuals receiving the SSA's Supplemental Security Income (SSI) and/or Social Security Disability (SSD) benefits, "representative payee" is as much a part of the agency's repertoire of care as "individual service plan," "fine motor skills" or "activities of daily living."

Representing quality care

The Social Security program, created by U.S. president Franklin Delano Roosevelt as part of his watershed New Deal initiative, is designed, as its name implies, to provide social security to non-employed individuals in the form of monthly checks from the federal government.

Most recipients of Social Security payments are seniors and other retirees.

However, the Social Security program also provides monthly stipends to individuals unable to engage in gainful employment due to disability; hence Social Security's SSI and SSD programs.

Some such individuals may be young victims of accidents that leave them partially or completely unable to care for themselves. Others may suffer from the debilitating effects of long-term conditions like multiple sclerosis, rendering them incapable of holding down jobs. And many are individuals whose special needs like cerebral palsy, Down syndrome or autism require the loving care of an Individualized Residential Alternative (IRA) like those at Hamaspik.

And in cases where these Social Security beneficiaries are incapable of managing their own money, the SSA allows for the designation of a responsible individual to handle the funds: the representative payee (RP).

Meeting the need

Most representative payees are loving parents, stalwart spouses or other devoted family members. In

the case of IRA residents or Family Care consumers, however, the duly designated RP is the voluntary agency that provides said services, like Hamaspik.

Representative payees fall into several categories beyond the scope of this article, including volume and organizational payees.

Beneficiaries, for their part, are likewise divided by categories beyond the scope of this article—including *congregate care*, which refers to individuals in group homes.

Regardless of SSA consumer category or monthly payment amount, RPs are "responsible for using the Social Security and/or SSI benefits for the use and benefit of the beneficiary and in the beneficiary's best interests," according to the SSA's *Guide for Organizational Representative Payees*.

Said needs include food, housing, clothing, medical and dental care not covered by Medicare or Medicaid. "After these needs are met, you may also use the benefits for personal comfort items, recreation and miscellaneous expenses," continues the *Guide*.

Any remaining funds must be conserved on behalf of the beneficiary.

In a display of model management, Hamaspik plays squarely by

the RP book—a statement verified recently by the SSA itself.

How it's done

As recently as a few years ago, the Social Security system was paying over \$54 billion annually in monthly payments to five million representative payees nationwide, SSA New York Regional Communications Director John Shallman informs the *Gazette*.

In turn, those designated individuals help approximately 7.2 million beneficiaries, and of those five-million-plus "rep payees," as they are called, over 80 percent—or about four million—are family members.

Of the remainder, about 42,000 are institutions, organizations or agencies like Hamaspik.

To regulate this vast machine, the Social Security Administration divides the country into ten regional jurisdictions. As a representative payee, Hamaspik falls under the purview of the SSA's New York Region, which oversees New York, New Jersey, Puerto Rico and the U.S. Virgin Islands.

Within the New York Region, SSA staff review the books and record-keeping of some 200 rep payee organizations each year—a

figure that translates to about one or two reviews conducted every day statewide—to ensure that rep payees are fulfilling their responsibilities.

"A visit is conducted through a face-to-face meeting and an interview is conducted of the payee to find out how they manage a beneficiary's funds and what they do to make sure beneficiaries' needs are met," says Shallman. "The records we review include bank records and ledgers and documentation of their management of beneficiary funds."

On March 3, Hamaspik of Orange County was subjected to scrutiny by an SSA review team operating out of the SSA New York Region's upstate Newburgh office.

Auditors arrived with the goals of learning about Hamaspik's operations and ensuring full compliance with all RP duties. The team also reviewed the agency's required annual accounting forms and selected random consumer records for careful perusal.

The result?

"The SSA review team was very complimentary of your willingness to cooperate in determining if our beneficiaries' needs are met," wrote District Manager Joseph Dirago in a March 10 follow-up letter to Joel Weiser, Hamaspik of Orange County's Director of Residential Services.

According to government information supplied by Shallman, SSA stipends are designed to meet those needs in a remarkably comprehensive way, covering everything from bath scales and dermatology treatments to clothing, convenience items, hobby and craft items, living-area furnishings, therapeutic equipment and even trips to amusement parks—and at Hamaspik, they do.

Receipts for all beneficiary purchases, neatly organized in consumer-name-labeled binders, were retrieved for all Hamaspik of Orange County SSA-receiving consumers in the course of the audit.

"We found the beneficiaries that we contacted were happy with their arrangements and appreciated your assistance," continued Dirago's letter to Hamaspik. "Overall, the review team was satisfied with your method of record keeping and the documentation maintained in your files."

"In addition," Dirago ended, "We are truly grateful for the efforts you and your agency make with regarding SSA beneficiaries."

Backed by Hamaspik of Orange County's proficient staff who comprise the complete RP team—controller Samuel Markowitz, bookkeeper Solomon Wertheimer, HR Director Mrs. Weissman, secretary Ms. Weiss, Acres Bridesheim IRA manager Lipa Laufer, Dinev Inzerheim ICF manager Mrs. Brach, Seven Springs Shveterheim IRA manager Mrs. Heilbrun and Home Liaison Levi Mewyer—the audit demonstrated that, at least in one corner of the Empire State, Social Security recipients are truly socially secure. ■

Pseudopseudohypparathyroidism?!

Continued from Page 1

Pseudohypparathyroidism just means "false hypparathyroidism."

In pseudohypparathyroidism, the parathyroid glands work just fine. They produce enough chemical regulators for the calcium and vitamin D in the blood and bone.

The only problem is that the body resists them.

This causes people with pseudohypparathyroidism to be short, or obese, or round-faced, or have short finger bones, or any combination of the above.

In plain English, pseudohypparathyroidism means "something that looks like the result of low levels of chemical regulators but really isn't because the parathyroid glands are fine."

And now, if your tongue isn't thoroughly twisted yet, it will be now—behold pseudopseudohypparathyroidism! (See above for pronunciation.)

In plain English, pseudopseudohypparathyroidism means "something that looks like pseudohypparathyroidism but really isn't because the parathyroid glands are fine and the body is not resisting the chemical regulators."

In other words, people with

PPHP have the features of pseudohypparathyroidism, but neither of its two causes.

Are you completely confused yet? Don't worry—by this point, so are most people. (And don't feel bad—it took your humble *Gazette* editors—yes, both of them—no small amount of time to figure PPHP out so that we could explain it to you.)

Because PPHP is extremely rare, data on its prevalence was not readily

available for this article.

However, if you child has this condition, don't feel alone. A number of support organizations for rare diseases, PPHP included, are in active operation. They include:

- The Genetic Alliance, 202-966-5557
- The National Organization for Rare Disorders (NORD), which runs something called The NORD Rare Disease Community, 203-744-0100
- RareShare, a computerized

organization that connects parents of children with a wide range of rare diseases

- The Madisons (Moms And Dads In Search Of Needed Support) Foundation, 310-264-0826
- The Mums National Parent-to-Parent Network, which has exactly one child with PPHP in its database, 877-336-5333

And, of course, if there's anything Hamaspik can do to help, don't hesitate to ask! ■



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