

HAMASPIK GAZETTE



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News of Hamaspiik Agencies and General Health

Dr. Ira Oustatcher, New Superintendent at East Ramapo School District, Tours Large Array of Hamaspiik Programs

By Rivkah Lewin

A few months ago, Dr. Ira Oustatcher received warm accolades as the new Superintendent of East Ramapo School District. This month at Hamaspiik, a large number of consumers with special needs had the honor to welcome him in person for the very first time, and what a great welcome he enjoyed.

East Ramapo School District provides special education to a number of children who receive care and support services at Hamaspiik of Rockland County. To brighten the future even more for the children who are served by both Hamaspiik and East Ramapo School District, the Executive Director of Hamaspiik of Rockland, Meyer Wertheimer, invited Dr. Oustatcher to visit the agency and see firsthand what Hamaspiik is all about.

The first step of the tour was at the "Day Habilitation" center, where

Dr. Oustatcher was greeted by a group of welcoming consumers, including Eliezar Friedrich, who has a penchant for meeting with officials

and lawmakers and informing them of the needs of people with disabilities. One consumer, Shmiel Miller, stood up and said a few words in

honor of the special guest.

"It's our honor and privilege, our pleasure," he said, to greet Dr. Ira Oustatcher. Miller spoke in the

name of all his friends in the day-hab. "They can't say it because they're not able to," he admitted. "I'm able to say it, so I will say it for them."

Dr. Oustatcher was treated to a pictorial review of many trips and activities that the boys have enjoyed recently. He then spoke with Moishy, a consumer who graduated from East Ramapo's special class on baking and who now works in a Monsey bakery. Dr. Oustatcher asked Moishy, "So, tell me, what do you bake?"

"Rugelach."

"Do you eat some?" He inquired.

"No."

"Why not?"

"Because one is not allowed to steal," responded Moishy, to everyone's delight.

Dr. Oustatcher visited the Girls Day-Hab as well, one flight up, where the girls had just celebrated a birthday party for one of the con-



Left to Right: Meyer Wertheimer, Executive Director, Hamaspiik; Dr. Ira Oustatcher, Superintendent, ERCSD; Nathan Rotchild, Board President, ERCSD; and two new board members, Moshe Hopstein and Aron Weider

Leading Pediatricians Group "A.A.P." Broadens Alert on Kids' Cholesterol and Statin Medications

The American Academy of Pediatrics released new guidelines about cholesterol screening for children, issuing official recommendations to screen the cholesterol levels of "children and adolescents with a family history of high cholesterol or heart disease" and those "whose family history is unknown or who have other factors for heart disease, including obesity, high blood pressure or diabetes."

High cholesterol is a major risk for heart disease for both adults and

children. Cholesterol can build up in the walls of a person's arteries. This is called "atherosclerosis," the build-up of fatty deposits called "plaque," which can cause a narrowing of the arteries. This condition begins "in childhood and progress slowly into adulthood," according to the American Heart Association (AHA). With time, this often leads to heart disease, the leading cause of death in the U.S.

No one wants their children to have unacceptable cholesterol levels.

Parents need more information to help keep their children healthy from an early age.

The screening, according to the AAP, should take place after age two, but no later than age 10. The AAP advises that cholesterol-reducing medications should be considered for children who are older than eight who have high "LDL" (the "bad" cholesterol). "Just as with adults, there are certain risk factors in children that may call for more aggressive treatment," the AHA says in a statement.

Several drug trials in children with a genetic tendency to have high cholesterol have shown that the use of statin (cholesterol-lowering) drugs had similar safety and effectiveness as in adults. Still, "It's very important to recognize that the percentage of adolescents expected to

receive statin drugs is very small," said Dr. Darwin Labarthe, of the Centers for Disease Control and Prevention.

There is, however, a growing controversy about giving statin drugs to children.

Dr. Jatinber Bhatia, Professor in Chief of Neonatology at the Medical College of Georgia, said that whenever new guidelines are issued regarding treating children, there is "a push-back, lots of questions about it. But nobody can answer the question, 'What if we don't do this thing?' This is a global problem, as well. And if we can reduce morbidity as an adult by treating as a child, there's a win-win situation."

Atherosclerosis is a childhood process that progresses to adulthood,

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HAMASPIK GAZETTE

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At Hamaspik, HIPAA Compliance Wraps Pertinent Consumer Information under "Top Secret" Blanket

At all divisions and programs of Hamaspik, confidentiality is of primary importance, and the large network of agencies is going further, above and beyond HIPAA regulations, to keep pertinent information of consumers wrapped under "top secret" status.

"Nobody is allowed to look into our files. We would never say the last name of a person," explained Nechama Nissenbaum, a supervisor of Medicaid Service Coordination at Hamaspik in Rockland County.

Consumer files are kept in the locked office of Rachel Tress, Hamaspik Intake Coordinator. Those

who are approved to see records are logged on the way in and out, she said, while birth certificates, social security numbers and other highly confidential information are always kept in special boxes under stronger locked protection.

In general, however, while HIPAA (Health Insurance Portability and Accountability Act) is meant to protect the privacy of patients and their families, the various regulations may sometimes result in setting up barriers that may have nothing to do with privacy.

Take the story of the couple who went to a hospital clinic earlier this

month, just to be greeted by a rather terse sign on the receptionist's frosted window: "PATIENTS NOT ALLOWED TO KNOCK ON RECEPTIONIST'S WINDOW-FOR PATIENT PRIVACY REASONS-IF THE WINDOW IS CLOSED, TAKE A SEAT AND WAIT TILL WILL CALL YOU." Would it really affect patients' privacy if people knocked on that window?

Or take the example of an Orthodox Bikur Cholim volunteer who visits certain hospital patients on a regular basis. A Jewish patient who is not religious-and her family may think of the Bikur Cholim volunteer as an extended-family member. The patient and her family may ask the volunteer to keep in close touch, to doven with the family at the patient's bedside, to connect the patient with a rabbi, to help with funeral plans, if the patient is in critical condition, and even to attend the funeral. Yet, when the caring and devoted volunteer calls the nurses' station from outside the hospital to check on the patient's condition, the nurse may refuse to give any information, citing HIPAA limitations.

But mostly, of course, patients' or consumers' privacy truly needs to be protected. HIPAA provides for

severe punishment for doctors or hospital staff who release private information. It is important that patients-especially the elderly-fill out a HIPAA Release Consent Form to name the close relatives and other individuals whom they chose to allow access to their private information.

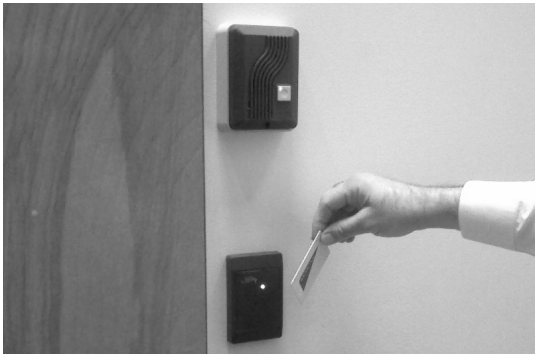
If the patient doesn't fill out this form, the relatives-even the patient's spouse, parents or children-may not get the information they need. It can be very painful, for example, when children ask the doctor or hospital for more details on their father's condition, or want to see the medical records, and find out that they must have their father's written consent. Give the father unknowingly didn't give his consent-no access.

Back at Hamaspik Intake, parents sign the Privacy Notice-Acknowledgment of Receipt and the Notice of Privacy Practices. Protected Health Information (PHI) includes the consumer's name, address, birth date, social security number, medical information, "Individualized Service Plan" (outlining the services the consumer needs), photographs and other data about the consumer's care at Hamaspik.

When the need arises, Hamaspik is authorized to disclose PHI to a limited number of parties who provide care for the consumer, such as doctors, nurses, psychologists, social workers, qualified mental retardation professionals, and developmental aides. Outside this narrow group of professionals, no one is allowed even a glimpse to "top secret" material.

"Many times, people don't want others to know details of their child's condition, even more so when there may be a genetic factor," said Tress, the Intake coordinator.

"People may not be privy to as to where each special child is attending school, how the child is doing. I always tell people when I meet with them, if they come in with somebody else - they may choose to come with a close family member, a cousin, an aunt - I'll explain to the accompanying person, 'You're here because that person brought you, but if you call me tomorrow or next week about the consumer, I will not discuss this with you.' If a relative or friend or, for that matter, anybody calls in regards to a consumer, we will not discuss an issue with them - only with the parents, the legal guardian." ■



Leading Pediatricians Group "A.A.P." Broadens Alert on Kids' Cholesterol and Statin Medications

adds Bhatia. If the two conventional recommendations of diet and exercise don't work for children, he said,

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"Then statins may be an option, since the safety and efficacy of them, at least in short-term studies, has been shown to be safe."

Skeptics maintain that so far only data from the short-term effects of using such drugs on children have been gathered. "True," said Bhatia, "but start somewhere, because with one-out-of-three children now considered obese or overweight, this is going to be a worse problem in a decade." Meanwhile, there is also no data that says that using such drugs in children is harmful, he added.

Concerning fears about side effects from Pravastatin, a statin drug approved by the FDA for children, the same side effects that occur in adults could occur in children, said Bhatia. The likelihood of major side effects is small, though, he noted, and the likelihood of benefit outweighs the risk. Children can be carefully monitored, and if side effects occur, the medication would be stopped. "It's not as if it's an irreversible side effect," Bhatia asserted.

Other doctors said the recommendation would distract from common-sense changes in diet and exercise, which are also part of the new guidelines.

"To be frank, I'm embarrassed for the A.A.P. today," said Dr. Lawrence Rosen of Hackensack University Medical Center in New Jersey, vice chairman of an academy panel on traditional and alternative medicine. He added: "Treatment with medications in the absence of any clear data? I hope they're ready for the public backlash."

Part of the concern that many have about statin use in children stems from the fact that there is still controversy about how widespread their use should be in adults. Statins, which are the most prescribed drugs in the world, have been shown to lower risk for heart attack and death

in middle-aged men with existing heart disease. But there is little evidence they prolong life in healthy men, women or people over 70. And since statins have been around only since the mid-1980s, there is no evidence to show whether giving statins to a child will lower his or her risk for heart attack in middle-age.

To be sure, the statin recommendation does not apply to most children. "Among the vast majority of children, this will not even be an issue," said Dr. Daphne Hsu, a chief of pediatric cardiology at Children's Hospital at Montefiore.

Parents Should Help Children

Parents should guide younger children with elevated cholesterol levels to reduce their weight, to

exercise and to receive nutritional counseling so they will eat healthy foods and eliminate non-healthy foods and drinks from their diets.

The AAP even recommends that children as young as one year of age, in cases where overweight is a concern, should be given reduced-fat dairy products, such as two-percent milk, although many mothers and some nutrition experts clearly disagree on that point. Historically, low-fat milk has been discouraged for very young children because fat is essential to brain development.

"Preventing and treating high blood cholesterol includes eating a diet low in saturated fat and cholesterol and high in fiber, keeping a healthy weight and getting regular exercise," according to the CDC.

The AHA prescribed that "children age two years and older should

be encouraged to eat at least five servings of fruits and vegetables daily as well as a variety of other foods low in saturated fat and cholesterol." Such a healthy diet will help children maintain normal cholesterol levels and promote cardiovascular health.

What cholesterol levels are acceptable in children two-to-19 years old? If the doctor screens a child and gives his parents the results, what do the results mean? The American Heart Association provides the guidelines in this chart to explain what the doctor may not:

"Total cholesterol" is the total measured cholesterol in a person's blood. This number includes all types of cholesterol, including HDL and LDL. "HDL" means "high-density lipoprotein" cholesterol, referred to as "good cholesterol," because it helps carry cholesterol away from the other organs to the liver, where it can be removed. To help you remember, "H" stands for "high" and higher HDL cholesterol is good.

"LDL" stands for "low-density lipoprotein" cholesterol. The LDL cholesterol is sometimes called "bad cholesterol," because it is linked with a higher chance of heart disease. Remember that "L" stands for "low" and it's best to help children maintain lower levels of LDL cholesterol for the benefit of their health and future. ■

Category	Total Cholesterol	LDL Cholesterol
Acceptable	Less than 170	Less than 110
Borderline	170-199	110-129
High	200 or greater	130 or greater

ב'ס"ד

SUNDAY

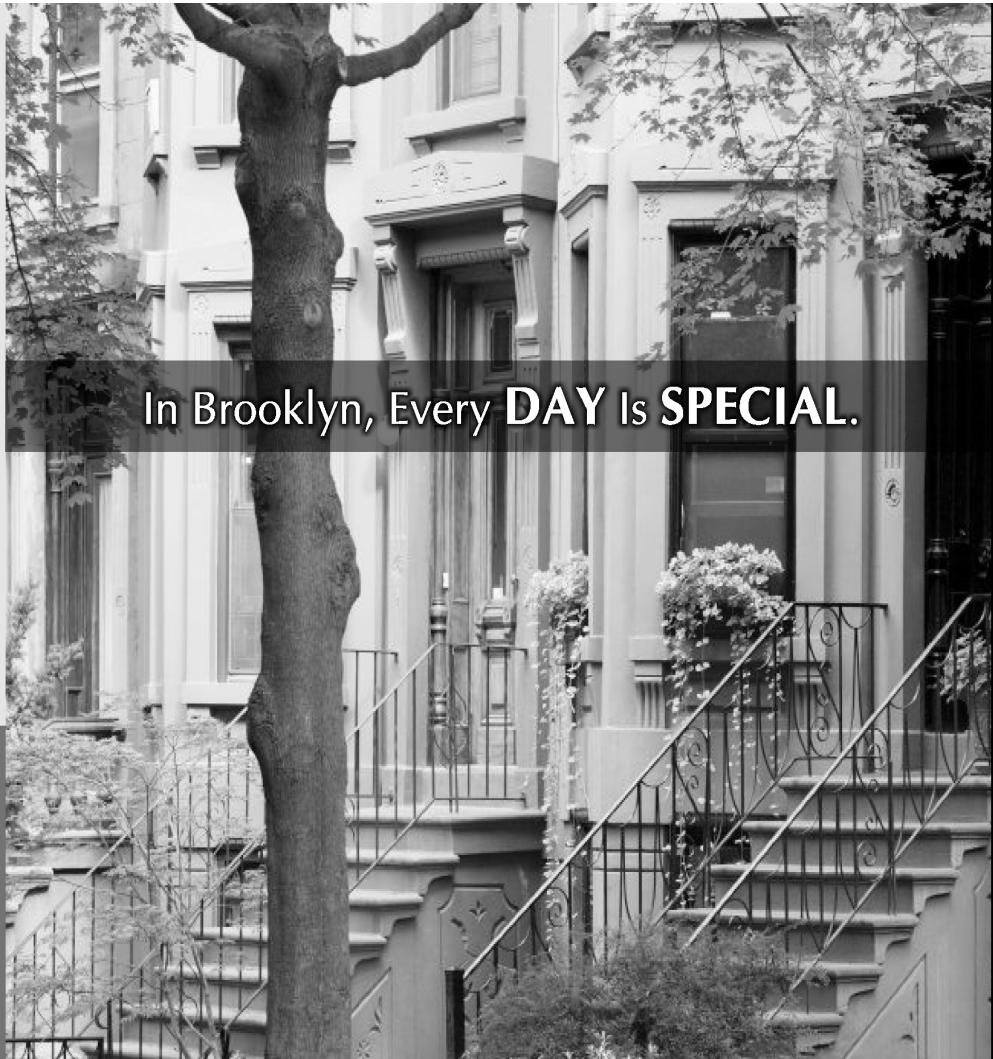
MONDAY

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WEDNESDAY

THURSDAY

FRIDAY



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Breakfast

מסניות

Trips

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Baking

חומש

Jobs

חיזוק

Cooking

Plays

Transportation

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תפילה

Pekelech

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שיעורים

Exercise

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A Better Quality of life

Caring and Persistence Turn Hamaspik Consumer from "Very Severe" into "Best Boy"

He was known as one of the hardest consumers in the entire Hamaspik network of agencies. But - no more, by far.

Taking care of him meant a heavy duty workload, not only

because of the severe developmental disabilities, or very challenged behavior, but the consumer also was psychiatrically involved, diagnosed with psychosis.

"David (not his real name), was

extremely agitated and couldn't sit still for a short moment," Joel Rubin, Residence Manager of Hamaspik's Grandview Bridesheim group-home, related. "The boy would break stuff. He suffered frequent tantrums, and

would try to injure others and even himself." In short, he was nearly uncontrollable.

At a loss, his family and advocates reached out to Hamaspik, to ask for help. "So Baruch Hashem, David came to us," said Rubin. "We got a psychiatrist to assess him and prescribe treatment. He has good staff and appropriate monthly goals. He's now a kid who makes his own bed, is brushing his teeth, goes to the bathroom. He has improved beyond anyone's expectations."

"David," said Rubin with satisfaction, "is one of the most calm and beautiful kids we have."

In terms of medical care, Rubin related, "We took David to top quality specialists, who work only on the basis of up-front payment." The consumer, he said, a young adult, has been in the Grandview Bridesheim group-home for three years and is "like a new person."

Medication was another important key to taking care of David.

"The physicians we worked with devoted overwhelming time and effort to control his medications," Rubin explained. "They were assessed and measured on a daily basis, up and down, until we were able to get to a point where he was calm and stable."

environment for his spiritual makeup was also crucial. "Because he's a Jewish kid, he needs to be in a same traditional community setting," said Rubin. "In the group-home, staff members of the same faith are caring for him with compassion. He's in a Yiddishe heim," a true Jewish home, in an environment like his family and community.

Success didn't come so easily, though. David needed to attend school, but it was hard to find the appropriate setting. Now, since he has improved so much, David is now enrolled in a solid school program and "Baruch Hashem, he's doing great," Rubin declared. "He's getting better and better."

Indeed, now the consumer is even able to join the other boys on outings. In the past, even when they went out for enjoyable times, he would throw himself on the floor and wouldn't go. Recently, the group-home went on a week-long vacation and David was able to enjoy the rides. "We really had a lot of fun and he didn't show any tantrums, which was great," Rubin said, adding that he hopes in the future to bring him "to a functioning state where he should always be calm and happy."

Rubin and his staff, at last, have turned a child whom no one else could help into "a good boy, one of the best boy we have." ■



Hamaspik's TBI Program Offers Wide Range of Services for People with Traumatic Brain Injury

Moishy* was a man in his early forties (not his real name), living a regular, independent life, with the expectation that things would continue as usual from day-to-day. One day, unfortunately, he was struck in a serious motor vehicle accident that left him with a permanent brain injury.

His life was changed forever. Moishy found himself dependent on others, in need of help with everyday life issues that he used to manage on his own.

Finally, not a day too soon, help

arrived. His family was put in touch with a special program under Hamaspik, named "TBI" ("Traumatic Brain Injury" Medicaid Waiver).

Now, through TBI, Moishy has a Service Coordinator, Mr. Israel Rosenberg, who is personally involved to closely assist him with many aspects of his daily needs and to advocate for him when he requires a helping hand.

Like a concierge, a Service Coordinator wears many hats and must use a variety of professional

skills with compassion and devotion to lighten the burdens of a person with brain injury and those of his family. Like a diplomat, he coordinates all of the different services that the participant in Hamaspik's TBI Program receives. He uses leadership skills to gain the cooperation of various parties, meet the requirements of numerous agencies, and work with doctors and therapists. He would coordinate every aspect of the participant's needs, making sure to be organized and keep accurate records.

Mr. Rosenberg works persistently to relieve Moishy of the emotional strains and financial burdens of his life. For example, Moishy's landlord refused to return his security deposit to him, and Mr. Rosenberg quickly restored the peace. When Moishy tried to return a used computer screen that didn't work to the second-hand shop he bought it from, the salesman wouldn't give him his money back, but he hastily changed his mind after the Service Coordinator put in a single phone call.

Moishy can hardly walk, so he had applied for a motorized wheelchair. The application has been stalling, though. When he applied to a program that pays phone bills for people with TBI, he was refused. He also heard that Hamaspik group-homes get a discount from a certain bookstore to purchase quality literature for the consumers, and he hoped to receive an equivalent offer from the retailer. Mr. Rosenberg has stepped in, as always. Moishy has gotten the discount from the bookstore, and the service coordinator continues to work on the other issues for smart and smooth solutions.

Millions Affected by TBI in the U.S.

Moishy, of course, is not alone in his need for support. Every year, about 1.4 million people in the U.S. sustain traumatic brain injuries. Among children up to age 14, there are 435,000 emergency room visits for TBI each year. The Centers for Disease Control estimates that at least 5.3 million Americans need help to perform daily living activities as a result of TBI.

No wonder so many need assistance. TBI can affect thinking, memory and reasoning and cause noticeable personality changes. TBI sufferers may experience difficulties in communicating and understanding, as well as depression, anxiety, aggression, and socially inappropriate behavior.

TBI should be treated early, said Tom Constand, Board Member of

the Brain Injury Association of America, based in Vienna, VA. But it's not easily detected at first, he said. Symptoms may not manifest themselves for weeks, months, or even years after the injury.

"Many times TBI is misdiagnosed and people are put into nursing homes [or psychiatric wards], when in fact, if it's diagnosed early, the sooner a person goes for physical and cognitive therapy, the better their chances are of recovery to some degree," Constand said.

One stumbling block is insurance companies that won't pay for the cost of post-acute therapy, which can devastate a family's finances. In Michigan, said Constand, there are 55 treatment centers, because of the state's no-fault insurance law. Since car accidents are one of the biggest causes of TBI, no-fault insurance covers the necessary treatment that people desperately need on a timely basis. However, most states don't have no-fault insurance, so insurance may only pay for a wheelchair, when in fact extensive physical and cognitive therapy, including trauma care and then post-acute rehabilitative treatment, are crucial.

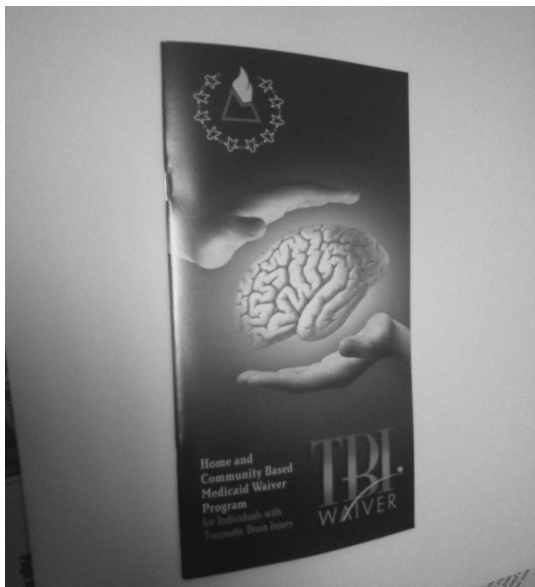
Participants can get Hamaspik's TBI services as long as they live at home, not in a nursing home or group home. "Our program provides the best services for the participant," said Rosenberg, as well as allowing

the participant to live at home rather than in a nursing home. The TBI Program thus saves the family and the government the exorbitant daily costs of keeping a participant in a nursing home.

In addition to living at home, to receive TBI Program services, people must be Medicaid recipients and be diagnosed with Traumatic Brain Injury. They must be between age 22 and 64 and be in need of nursing facility level of care. (For minors with TBI, contact OMRDD.) They must also be capable of living safely in the community with the help and services that the TBI program provides.

The TBI Program vastly improves not only the participant's quality of daily life but also his family's. "TBI can help with rent subsidies, food stamps and other social services as needed," said Rosenberg, coordinator of the Hamaspik TBI program.

The family's participation also helps the participant, he observes. Regarding a woman participant who lives on her own, Rosenberg related, "We're involved with her brother, with her married son and her daughter-in-law. They always call and see what we can do to help her condition. They know more what she needs, and Hamaspik TBI provides for her needs as best as we can." ■



- Participants in Hamaspik's TBI Program may receive a variety of services, including:
 - Independent Living Skills Training to help increase independence in performing chores such as cooking, laundry, personal hygiene, shopping, and banking.
 - Intensive Behavioral Program, which provides direct training for participants with challenging behaviors, such as frequent anger.
 - Service Coordinator, a Hamaspik staff member who becomes personally involved with the participant to advocate on his behalf and to identify and directly pursue resources to help with his needs.
 - Home and Community Support Services Worker, who spends one-on-one time with the participant overseeing his shopping, cleaning and other daily activities.
 - Environment Modification for wheelchair-bound people, including installation of ramps, lifts, special bathtubs, widening of doors and other modifications for the home.
 - Medicaid Transportation to appointments.
 - Waiver Transportation to non-medical destinations or recreation.
 - Housing Subsidy, which pays a portion of the rent for Medicaid-eligible participants who don't have Section 8.
 - Respite, which provides relief for family caregivers.

- Say "NO" to Brain Trauma by Taking Protective Measures
- The elderly, adults and children can be protected from TBI if protective measures such as those recommended by the CDC are taken and constantly maintained. The leading causes of TBI are falls and motor vehicle accidents.
- * Always wear seatbelts whenever driving or riding in a motor vehicle. Buckle children into car seatbelts or into child safety seats or booster seats, depending on the child's height, weight and age.
 - * Switch children to booster seats when they outgrow their child safety seats (usually when they weigh about 40 pounds). Fasten them into booster seats until the lap and shoulder seatbelts fit properly, typically when children are 4'9" tall.
 - * Adults and teenagers should never drive under the influence of alcohol or medications that cause drowsiness.
 - * Adults and children should always wear a helmet whenever riding bicycles or scooters.
 - * Remove tripping hazards from the home, such as throw rugs. Always keep walkways and stairs free of clutter and toys.
 - * Install window guards to keep young children from falling out of open windows.
 - * Install safety gates at the top and bottom of stairs.
 - * Check the playgrounds where your children play to make sure the surfaces are made of shock-absorbent material.
 - * Use non-slip mats in the bathtub and on shower floors.
 - * Install grab bars for seniors next to the toilet and in the tub or shower and handrails on both sides of stairways.
 - * Maintain a regular exercise program, including improving lower body strength and balance to prevent falls.
 - * Improve lighting throughout the home.

Dr. Ira Oustatcher, New Superintendent at East Ramapo School District, Tours Large Array of Hamaspik Programs

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sumers. Balloons and decorations were hanging from the wall, along with a special red-white-and-blue sign they had made to welcome Dr. Oustatcher, who was so pleased with the beautiful poster that he asked them if he could take it home - to which they happily agreed, of course. Later, as Dr. Oustatcher departed after the entire Hamaspik tour, he was personally carrying the poster to his car.

Dr. Oustatcher was then directed to Fosse Shvesterheim IRA, a group-home for girls. The girls were yet to get home, and staff were preparing a colorful selection of watermelon, cantaloupe, and honeydew for "snack" to greet the girls imminent arrival. The superintendent was given a tour of the beautiful group-

home by Shaye Werberger, Director of Residential services, and Mrs. Landau, the Residence Manager. He saw the living room, dining room, the consumers' private rooms, and how beautifully designed and decorated they all are for the girls' special needs. Dr. Oustatcher also saw how orderly the medication closet was kept, properly sorted with easy access for the staff, and strictly locked as regulations require.

The official tour then closed in to its highlight, as Dr. Oustatcher and his hosts arrived at Hamaspik headquarters in Monsey. He first visited the "Central Intake" office, which is kept separate from the other offices, so that when parents first come in they don't have to mix with employees and can feel comfortable, with their privacy protected. This office has its own separate confer-

ence table so parents don't even have to use the bigger conference room, where they would possibly be seen when the staff walks by. Dr. Oustatcher visited Mr. Wertheimer's office and then the staff offices, where he greeted the employees and was warmly received.

A Luncheon in the Ballroom

Many staff members then gathered in the Hamaspik Terrace, an exquisite ballroom, which was especially prepared to welcome the superintendent.

The President of the Board of Education for over a decade, Mr. Nathan Rothschild, together with Dr. Oustatcher and two newly elected Board members, Mr. Aron Weider and Mr. Moshe Hopstein, highlighted the event. Mr. Weider opened the event with well-delivered remarks to welcome Dr. Oustatcher, and expressed his good hopes for all students in the district.

Mr. Wertheimer welcomed Dr. Oustatcher and spoke about his ability to create an improved budget for East Ramapo, his ability to stabilize taxes in the district, and his activities on behalf of special needs children.

Dr. Oustatcher, in turn, thanked Hamaspik for the warm welcome. He spoke about his observation of the needs of special consumers in the community, and appealed to all involved to work well together to improve East Ramapo schools and

special education in the district.

Mr. Wertheimer then warmly greeted the President of the school board, Mr. Rothschild, who is renown as a devoted community leader and a longtime member of the local volunteer fire corps. Mr. Rothschild expressed his commitment to every child in the district, the mainstream as well as the special education child, and his hopes of

enhancing their education.

Dr. Oustatcher shared some personal words about Mr. Rothschild and thanked him for honoring the Hamaspik luncheon with his presence, as it was a special honor for the superintendent.

The superintendent, in concluding with internal school board parlance, then quipped to the president, "Nathan, back to you." ■



Borough President of Manhattan, Scott Stringer, Meets with Hamaspik Consumer

Eliezer Friedrich, a Hamaspik consumer driven by a personal mission to discuss the life and needs of disabled people with high officials and political figures, had a yen to meet Borough President Scott Stringer, and Hamaspik granted his wish.

On June the 2nd, Eliezer—who is physically handicapped and lives in the agency's Forshay Briderheim group-home, in Rockland County—set down with the Borough President in his downtown Manhattan office.

"I feel that he's an accomplished man," said Eliezer about the Borough President.

"He's a humble and devoted man and he's going to do things to help everybody."

In fact, the Borough President's "Disabilities Task Force" is working on a presentation called "Disabilities 101," to educate the public about the needs of people with disabilities.

The Task Force plans to give the presentation to community boards and other groups in the hope that it will "stop the ongoing problem of the needs of the disabled community

ELIEZER FRIEDRICH: "I WANT TO BE IN GOVERNMENT MYSELF"

being ignored when plans for housing, parks, buildings, and street improvements are reviewed," said a spokeswoman for the Borough President's office.

Borough President Stringer also supports increasing the income threshold for the disability rental increase exemption (DRIE), which was enacted in 2005 to protect eligible renters who have disabilities from being priced out of their apartments as rents increase. Mr. Stronger has met with advocates to discuss broadening the range of needs that are taken into account in public housing and other public facilities.

Political Ambitions
Eliezer has his own improvements in mind.

He wants Borough President Stringer and other elected officials to focus on, among other things, making parks accessible to wheelchair-bound children and adults, to provide special permits to make it easier for vans carrying disabled people to park at doctors' offices and hospitals, to make it easier for handicapped people to vote, and to integrate more disabled children into mainstream classrooms.

A Letter from President Bush
Mr. Friedrich admits that he would like to participate in the political scene on a higher level than just

visiting important people.

"I want to be in government myself," he divulged, "and I want to help people and to help their great work. I would like to be on committees and to be supporting them and communicate with them, to help everybody, not only the Chassidic and Jewish people."

Prior to his visit with Mr. Stringer, Eliezer has brought the message of the disabled to the attention of other politicians in high places. He has met and discussed their concerns with Rockland County Executive, C. Scott Vanderhoef, and former Florida Governor Jeb Bush, who is the brother of President George W.

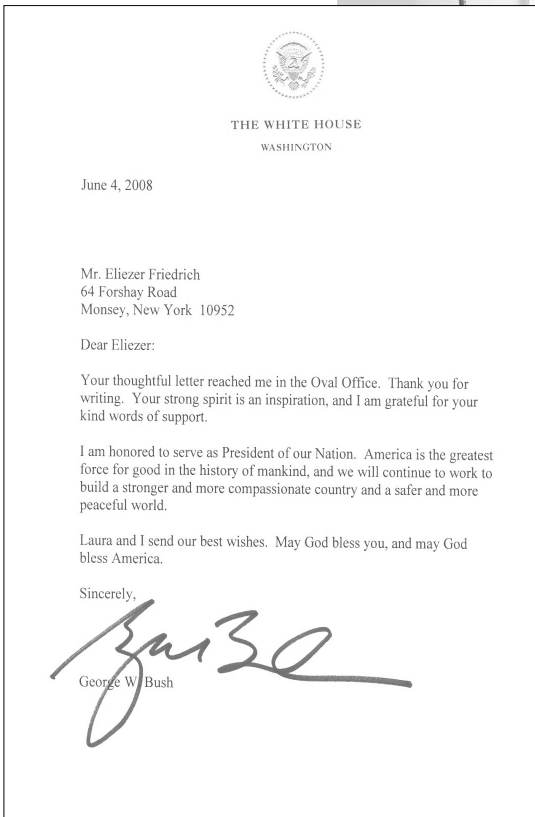
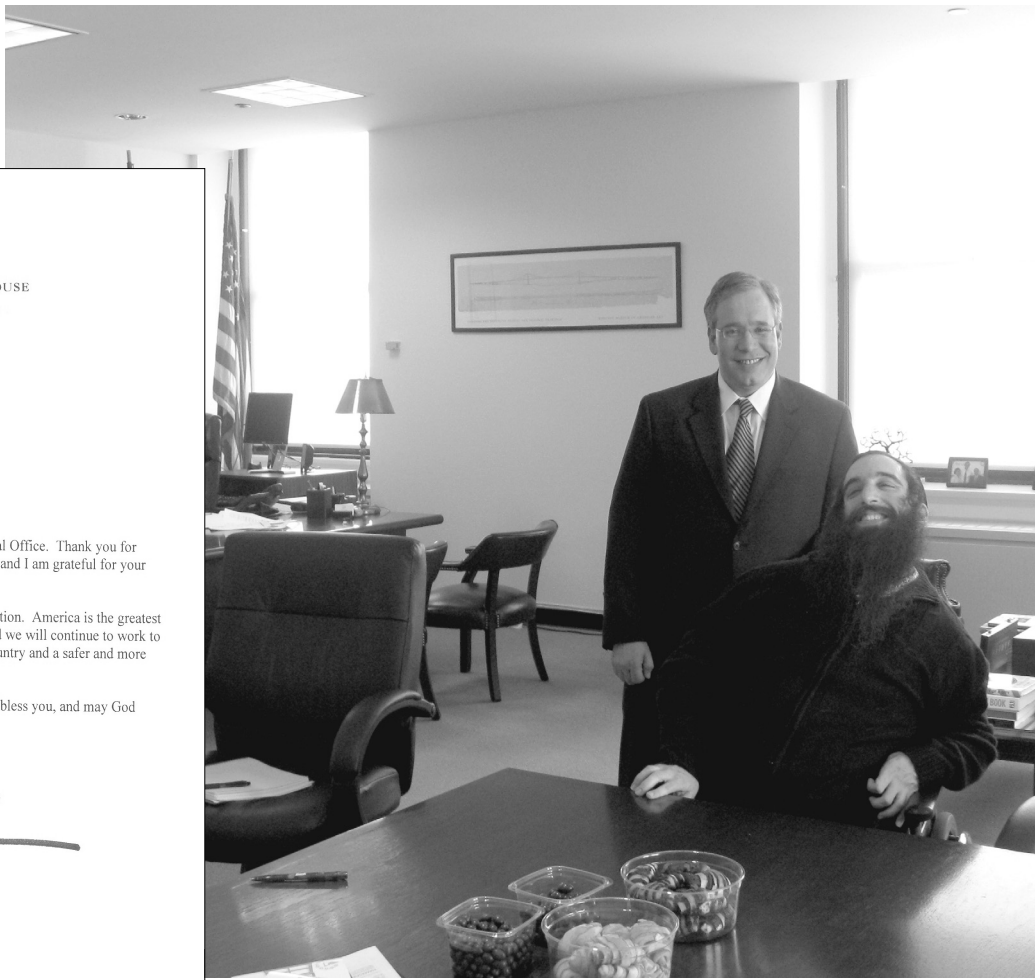
Bush. At the meeting with Bush, Eliezer handed him a letter meant for the President. Days later, Mr. Friedrich's long wish came true with the postman delivering at the Forshay Briderheim a personal letter with the hallmarks of White House correspondence.

Inside, he found a letter from President Bush, dated June 4, 2008.

"Your thoughtful letter reached me in the Oval Office," wrote the President of the United States to an ecstatic Eliezer Friedrich. "Your strong spirit is an inspiration, and I am grateful for your kind words of support."

What political offices will open their doors to Eliezer's "strong spirit" in the future?

Stay tuned. ■





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



HOW CHANGES IN MEDICARE AFFECT PATIENTS

The major goal of the new Medicare law passed this month – after a veto from the President was easily overwritten – was to block a scheduled cut in fees paid to doctors. But there's also plenty in the law that directly affects Medicare beneficiaries, including:

- Reduces out-of-pocket payments for mental-health services.
- Adds coverage of certain anti-anxiety and sleep drugs.
- Adds coverage of rehab for pulmonary problems.
- New restriction on one type of private Medicare plan.
- Doctors are pushed to switch to electronic prescribing.

The American Psychiatric Association, a professional group, says the increase in coverage should attract more psychiatrists and other mental-health-care providers into Medicare. "It's a huge step forward," adds Andrew Sperling, director of federal legislative advocacy for the National Alliance on Mental Illness, a patient advocacy group. The change to the mental-health co-payment comes as Congress aims to pass another bill later this month that would require employers and private insurers to put mental-health coverage on par with that for physical maladies.

Much of the new law's cost will be paid through reducing outlays for the private Medicare Advantage plans. These plans, which can have richer benefits or lower co-payments than traditional Medicare, are offered directly to consumers by private insurers. They also are generally more expensive for the government than traditional Medicare, government analysts say.

America's Health Insurance Plans, an industry group, estimates the change could affect around 80% of the 2.2 million people currently enrolled in private fee-for-service plans. "There are some important changes in here," says Kirsten Sloan, an official with AARP, the lobbying group for older people. "It's meaningful."

HOPE ON WAIT FOR KIDNEYS

A treatment including Rituxan, a drug approved primarily to treat blood cancer, may sharply improve the chances of successful kidney transplants for patients at high risk of rejecting them, a new study found.

About 30% of the patients on the national kidney waiting list have high levels of antibodies that attack foreign tissue. This means they are heavily prone to rejecting the vast majority of available donated organs, and therefore rarely qualify to receive one under the national

transplant-allocation system.

The Rituxan treatment lowered antibody levels enough to allow 16 of 20 such "highly sensitized" patients to qualify for kidneys, according to the study by researchers at Cedars-Sinai Medical Center in Los Angeles.

PATIENTS CURB PRESCRIPTION SPENDING

The number of prescriptions dispensed by pharmacies in the U.S. is growing at its worst rate in at least a decade, the Wall Street Journal reports, as consumers are squeezed by both a troubled economy and the growing burden of out-of-pocket health-care costs.

The pharmaceutical industry by conventional wisdom is resistant to economic downturns, because people need medicine in good times and bad. But data from market researcher IMS Health and Wall Street analysts indicate that the rate of prescription growth has fallen steadily since early last year and in recent months.

The slowdown is happening as economic pressures have snowballed in the first half of the year, from record-high gasoline prices to mortgage defaults. Skyrocketing out-of-pocket drug costs and an increasing number of uninsured Americans are making this downturn especially challenging for the health-care sector, says Kevin Schulman, a specialist in health economics at Duke University.

"The last couple months have gotten worse, and that's going to continue," says Dr. Schulman. "The health-care industry thinks it's immune from these macro forces but at some point it can't be."

PANEL REJECTS BAN ON DRUG FIRM GIFTS

A hotly-debated ban on pharmaceutical companies providing gifts and meals to physicians was stripped out of proposed legislation a House committee approved earlier this month.

The panel also removed requirements that drug and medical device

companies report payments they make to doctors for consulting and speaking to other physicians and that the Department of Public Health post that information on its website. A proposed \$5,000 fine per violation was also dropped from the bill, which is expected to be voted on by the full House later this summer.

That voluntary code would ban meals at restaurants and trinkets such as mugs and pens bearing the names of drug companies and products, but still allow companies to cater lunches in doctors' offices and hospitals, which salespeople use to promote their products directly to physicians.

OLDER MERCURY FILLINGS MAY BE TOXIC

A health warning has been issued by the FDA over amalgam dental fillings after it insisted for years that they were safe. The U-turn is a victory for campaigners who claim that the fillings may increase the risks of cause heart conditions, Alzheimer's disease, and other problems.

Elsewhere in the world, including Norway and Denmark, it has been banned from fillings.

Many dentists in the USA do not use them and are using alternative fillings that are based on resin and glass.

LAWS REDUCE DRUNKEN-DRIVING TRAGEDIES

Two federal policies in effect in all 50 states since at least 1988 - banning purchase or possession of alcohol by people under 21 and making it illegal to use false ID to buy alcohol - to make it harder for young people to acquire alcohol have significantly reduced drunken-driving tragedies, a new study finds.

Scientists calculate that the possession and purchase laws reduced the fatal crashes by about 11 percent, and laws requiring an automatic license suspension for the use of fake IDs resulted in a 7 percent decrease.

ROTAVIRUS VACCINE

SAID TO BE WORKING

The vaccine against rotavirus, first offered last fall, appears to be working, as the CDC reports a marked reduction in incidence in the 2007-8 season compared with average seasons from 1991 to 2006.

Rotavirus causes severe acute gastroenteritis among infants and young children, and results in tens of thousands of hospitalizations every year. It is grueling for child and parent alike. "It's different from other gastrointestinal diseases," said Daniel Payne, an epidemiologist with the disease centers. "It involves five to seven days of high fever, vomiting and diarrhea. It only kills a few dozen a year, but it is a huge burden."

Compared with the average for the seven preceding seasons, the number of children who had to be tested for the virus fell 37 percent, and the number of positive tests was 78.5 percent lower. The vaccine is administered orally, Dr. Payne said, and it is very well tolerated.

NEW WAYS TO DIAGNOSE AUTISM EARLIER

With the number of autistic children growing, researchers are targeting new technologies to help detect the disorder at ever-younger ages in hopes of reversing some of autism's worst symptoms. A Yale University research report, for example, shows an infant undergoing an eye-tracking study as part of a study to identify behavior in very young children that could indicate a risk of developing autism.

Most autistic children currently aren't diagnosed until they are about 4 years old, using conventional detection methods of observing behavior. Although specialists are able to identify the condition starting at about 30 months, most parents don't seek evaluations that early because they don't notice anything unusual about their children, or don't know what symptoms to look for. Now, scientists are using new techniques to study children as young as a few months old for signs of possible autism and to flag them for more extensive analysis.

By identifying children early who may be at risk of developing autism, even without a definitive diagnosis, parents can consider initiating behavioral therapy, the most widely validated treatment for the condition. Studies of autistic children indicate that preschool-age kids receiving intensive treatment show greater gains in language and IQ scores than children whose treatment begins at older ages.

STUDY FUELS LOW-FAT VS. LOW-CARB DEBATE

Overweight people on low-carbohydrate diets lost more weight and got greater cardiovascular benefits than people on a conventional low-fat diet, according to a study that endorses alternative diets published recently in a major medical journal.

The study, which tracked 322 Israelis for two years, surprisingly found that a low-carb diet, often associated in the U.S. with high levels of meat consumption -- was better than a low-fat diet in boosting blood levels of "good" cholesterol, or high-density lipoproteins associated with cardiovascular health benefits. It also determined that a Mediterranean-style diet, which includes olive oil, whole grains, wine and fruits, was better than the low-fat diet in controlling glucose levels.

The researchers suggested that doctors and nutritionists could use the findings to tailor diets individually to patients with heart disease or diabetes, stressing that these were alternatives to low-fat diets that many people find hard to follow.

The results also indicated that worries that low-carb diets, in particular, might cause health problems, are unfounded.

"A lot of people believe a low-fat diet is the only sanctioned weight-loss diet," said Meir J. Stampfer, an epidemiology and nutrition professor at the Harvard School of Public Health who was senior author of the report, published in the New England Journal of Medicine. The study found that "there are alternatives that work better."

The low-carb diet was also found to reduce harmful triglycerides, a precursor of heart disease, more than the low-fat diet. Levels of "bad" cholesterol, or low-density lipoprotein, which is associated with the formation of arterial blockages, didn't significantly differ among the three diets. Barbara Howard, former chairwoman of the American Heart Association's Council on Nutrition, said that the group hasn't advocated a low-fat diet in recent years. She said reducing total calories and exercise are key to weight loss. The group also urges people to avoid saturated fats and limit "calorie dense foods" such as fats and "highly processed carbs like pastries." ■



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