



*Tzippy
Remembers
When...*

Jared on the Gym Floor

*What it's like to work in a
New York public school clinic*

TZIPPY CLAPMAN

Please note. In no way do we intend to imply that all public school parents are neglectful or abusive. This is a story of Mrs. Clapman's experience working with under-privileged children. Obviously, since she is a nurse, she is mostly going to see the troubled, injured or sick children. We hope this story illustrates the value of making a kiddush Hashem wherever we go, wherever we work, and whatever we do.—Ed.

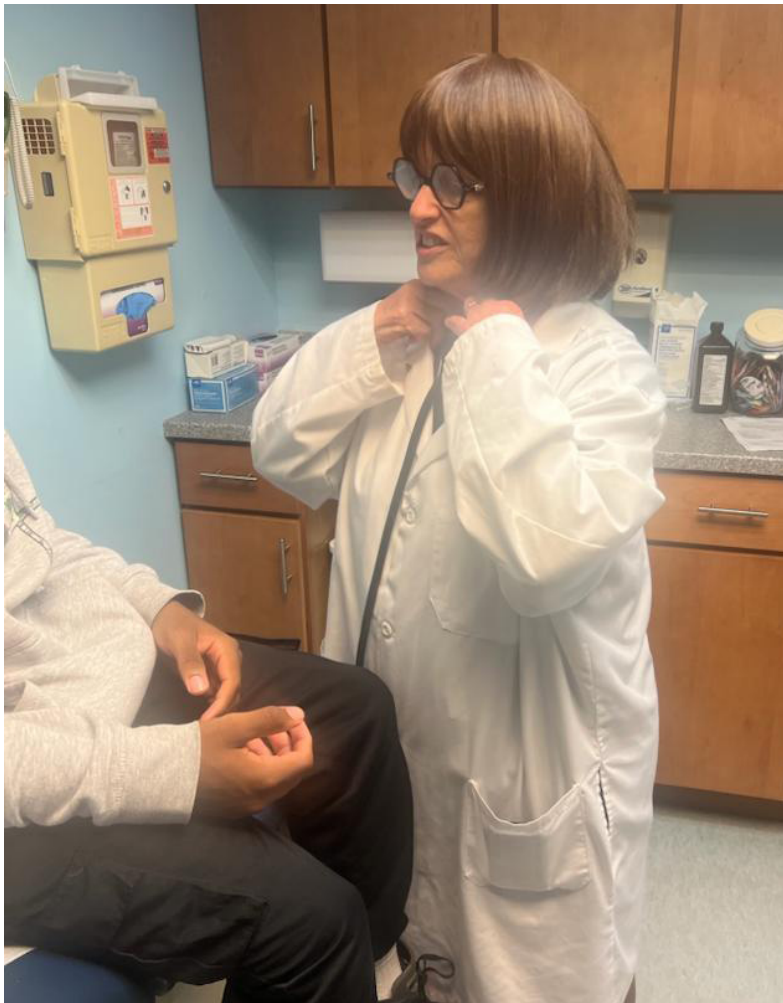
BESIDES MY MAIN ROLES AS WIFE, MOTHER, AND grandmother, I am a medical provider in a school-based clinic. There are many such clinics all over New York. We are actually real medical centers that are placed in New York public schools with a full staff of providers, medical assistants, social workers, and even dentists who go into public schools and provide services.

Many of our young patients would not receive these services if they had to rely on their parents.



Besides dealing with unpredictable injuries, my job is to provide annual physical exams, hearing and vision tests, and annual blood tests. I examine the children to make sure they are healthy enough to participate in strenuous sport activities. I also administer the legally required vaccines. (The laws change frequently but as of this writing, flu shots and COVID shots are not legally required.) I see sick children, but unlike in the old days, we don't send sick children home, because there are no parents at home for them. Instead we prescribe medications which we email to their pharmacies for the parents to pick up on their way home from work. We are realistic that public school parents are not going to bring their children to their private doctor or urgent-care center after they come home from work, so we do what we can at school. We also treat chronic health issues such as asthma with emergency treatments on the spot.

The clinic where I have been working for the past 14



years, in a public high school, also has a dental office, with a dentist and a dental assistant who do six-month checkups and all needed dental work. This is a tremendous accomplishment since many of our students come from dysfunctional homes where dental appointments will not be made or kept by the parent(s).

As part of our health assessments we do a depression screening and unfortunately many of our high school students are severely depressed. Most are not suicidal but some are and we have to have them immediately admitted to a hospital in order to protect them from themselves. Panic attacks are also a daily occurrence and I teach the suffering students relaxation exercises and refer them to social services.

In the past I worked in a school-based clinic affiliated

with Kingsbrook Hospital and an ophthalmologist came in weekly and gave vision tests to all the students. He wouldn't send home a prescription, knowing it wouldn't be taken care of. Instead, the next week he would return with a nice pair of eye glasses made for that child. This was a totally free service, completely taxpayer-funded. I have personally witnessed small children skip happily from the office calling at the top of their lungs, "I can see, finally, I can see!" My medical assistant and I would find our eyes filling with tears as we witnessed their happiness and relief.

CHILDREN WHO ARE ABUSED

I have been working in various school-based clinics for the past 24 years, and working with mostly low-income inner-city minority kids. These children are disadvantaged in yet another, more serious way: Most of them live in one-parent households or in blended families which involve a stepfather (or their mother's boyfriend) which complicates their lives. Often, the abuse is unmistakable.

Recently a little girl came to school with her mother's fingernail marks going down her entire face. When I asked this four-year-old child why her mom did this, she very seriously told me, "I did a very bad thing today, I wouldn't put on my warm winter hat on a very cold day."

From experience I can tell you that her mother was very likely drunk or drugged when this happened.

I felt like crying while cleaning the deep abrasions on her beautiful G-dly innocent face, using peroxide and then Bacitracin to prevent infection. I then had to make the dreaded call to the child abuse hotline at the ACS (Administration for Children's Services) which is part of children's protective services. It is a very heartbreaking situation that I am putting this child into in order to protect her from further abuse from her mother. ACS will immediately go down that day to the child's home to investigate the situation and may possibly remove the child to foster care if this parent is not a first-time abuser. Not necessarily is this better for the child, but how can I not report it? I can't make that call.

WHEN ABUSED CHILDREN ARE PLACED IN FOSTER CARE

In the *Tishrei N'shei Chabad Newsletter*, we read Chana Shloush's interviews about foster care in the *frum* community ["One of the Family," available on nsheichabadnewsletter.com/archives.] What I see from my vantage point working in public schools is very different from what is described in that article.

The foster parents in the *NCN* article are religious Jews and they see their work as a *shlichus*, a calling. But many of the foster parents we are dealing with in public schools do it only for the money. They make a lot of money from the government, because these kids have severe issues such as violent tempers and dangerous outbursts.

In fact, the children are so difficult to manage (due to having been repeatedly abused) that some public schools have a floating teams of trained monitors trained in safely holding down and restraining the child to protect the child as well as the children in their surroundings. These crisis events take place very often throughout the building, and are very disruptive to all the children in those classes. The windows have bars due to those violent outburst that would break when the violent child hurls chairs at them.

Still, removing them from the home and putting them into foster care is not necessarily better! Very often, removing a child from their abusive home is traumatic because they are going into the care of strangers, and they still love and want their parent. The familiarity of their home makes them feel secure and they want to stay there no matter how much abuse there is!

I once saw a documentary on this topic in which the child is so badly injured by her mother that she has to be hospitalized. In the hospital, she is crying, only one word, over and over again: "Mama... Mama..." This is who she knows and this is who she wants.

And yet as a medical provider I am mandated (like all childcare providers) to report these incidents which could save the child's life and prevent further abuse.

TRAGIC LIVES, FOSTER FAILURES

My heart breaks for the children who were born into such tragic home lives. Some of these children's parents are serving time in jail.

There was one child, our student, whose single mother and siblings were all murdered in a violent rampage by the mother's new boyfriend. Somehow, he was barely alive and resuscitated by EMS when they arrived, but

then he had to face the fact that his entire family had succumbed to their injuries.

There are so many similar stories in the histories of our students' files, and foster care is usually not a very happy solution for them. They are not loved by their foster parents; they are tolerated. I take care of the medical and physical problems and try to show them love and care in everything I do for them, but a loving home is a necessity and they often just don't have it.

As distressed and sometimes even violent as they are, there is a spark of humanity and even G-dliness deep inside them and sometimes I feel it. They are all Hashem's creations, and they have tremendous struggles due to the unfortunate circumstances they were born into.

Countless boys and girls have asked me about my religion and when I proudly told them I was Jewish, they asked me how they could become Jewish too, and possibly move in with me and my family. I came home and told my husband about this conversation with my patients and I saw tears in his eyes.

JARED ON THE GYM FLOOR

I create my own schedule at the public school clinic where I now work, by coming in as soon as the school doors are opened, which is at 7:00 a.m. I do not see any patients until after 8:00 a.m. when my medical assistants and my desk worker arrive. I find it very helpful to have an hour to read emails and clear my computer and to sign out yesterday's medical visits. I also take the time to *daven* to Hashem and to ask Him to give me all the strength and wisdom I will need to deal with all the human suffering and challenges that this job brings.

One day this past September, I arrived at my usual time, 7:00 a.m., along with many students who also arrive at that time because they are gym enthusiasts and want to have extra basketball practice and track running. The gym teacher always arrives the same time as I do so that he can be present to supervise the early bird athletes. I walked into my office and clocked in with my fingerprints; suddenly, there were violent bangs on my office door. It was the gym teacher screaming with panic in his voice: "A new kid was running around the gym and just collapsed on the floor! Come quickly!"

I grabbed my stethoscope and pulse oximeter and ran up the stairs as quickly as my legs could carry me. I assumed this was the typical case of fatigue or possibly fainting from not eating any breakfast, which is very common among my high school kids. I ran into

the gym to find 14-year-old Jared lying lifeless on the floor. I dropped down next to his body and was shocked and horrified to find him not breathing. After trying to rouse him without success I started mouth-to-mouth respiration, and chest compressions. I did not even bother to look for a sterile mouthpiece in order to protect myself. My only concern was saving this young life from oxygen deprivation. The gym teacher assisted me with CPR and in a couple of minutes EMS and paramedics arrived and took over from us. They checked Jared's heart and saw it was beating ineffectively, which had caused him to collapse and to stop breathing. They started to shock his heart. They then put him on a respirator and shocked his heart two more times until he went into normal rhythm. He was stabilized and taken to the nearest hospital. (Before you ask, let me tell you that I do not know if he received the COVID vaccine or if his collapse was at all related to that.)

I gathered myself off the floor and went back to my clinic and tried to regain my composure. I prayed to Hashem that this young boy did not lose too much oxygen to the brain and that he wouldn't remain in a coma with lack of brain function.

Two days later was Rosh Hashanah and I had Jared in mind for a full recovery. After I returned to work, I was given the report: He was still alive, but not totally out of

the woods. He was awake and breathing on his own but with a dazed expression on his face and not speaking.

When I returned to work after Yom Kippur I was told that he was now talking and walking on his own and had a defibrillator attached to his heart to prevent these deadly irregular heartbeats from happening again. The defibrillator would shock his heart automatically to a normal rhythm; he would have the defibrillator inside him for the rest of his life.

Hashem's child, 14-year-old Jared, who was lying on the gym floor with no signs of life, is going to come back to our school in a few days. I have in mind to tell him personally how Hashem saved his precious life through a Jewish messenger and to let him know that he must use his second chance at life to benefit mankind!

TZIPPY CLAPMAN, RN, MS, FNP, lives in Crown Heights with her husband, Rabbi Yehuda Clapman, a certified sofer. Formerly a NICU nurse and now a provider in school-based clinics, Tzippy has written extensively for the N'shei Chabad Newsletter, always with the goal of convincing parents of the supreme importance of creating warm, happy, Yiddishe memories for their children. Tzippy's sense of humor, her sincerity, and her clarity about Yiddishe values have changed lives for the better in the gentlest way possible. This is the 43rd installment of "Tzippy Remembers When..."