





BY CHAYA SILBER

# THEY CALL HER DR. LANDAU

Meet **Chana Brandel Landau** from Kiryas Yoel, head of a medical referral organization that is recognized worldwide





“

**F**our-thirty this afternoon, and not a second later,” the surgeon warned. “I have to leave for an important conference at 4:45, so if you’re not on time, I won’t be able to speak to you.”

Mrs. Chana Brandel Landau assured the doctor that she would do her best. It was imperative that she meet with him to discuss a complicated case involving a patient who wasn’t doing well.

At two p.m., a car pulled up outside the Refuah Helpline offices in Monroe to take her to Manhattan. But just as she was about to get into the car, her cell phone rang. A woman was calling from her oncologist’s office with the bad news that the cancer had returned with a vengeance. The doctors wanted to operate immediately, as the tumor was obstructing her intestines, but there were serious risks involved. She needed advice now.

Chana Brandel recalled, “I was in a rush to meet the doctor, but I also had to take care of this emergency. It was a matter of life and death.” She and her assistant spent the next two hours on the phone calling specialists and researching options. By the time she had a recommendation for the woman, it was four p.m. The specialist’s office in Manhattan was at least a 90-minute drive from Monroe,

and it was now rush hour.

“Shouldn’t I cancel the car?” asked her assistant. “There’s no way you’ll get there in time.”

“No, don’t cancel it,” Chana Brandel told her. “I must speak to this doctor. I’m going to do my *hishtadlus*, and if it’s *bashert*, Hashem will make it happen. Maybe the doctor also had an emergency or decided not to go to the conference for some reason.”

Chana Brandel relates: “As soon as we got onto Route 17, we hit heavy traffic. We inched forward slowly, a tenth of a mile at a time. Every so often the driver asked if he should make a U-turn, but I told him no. I knew it was highly unlikely that I would get to meet the doctor, but something pushed me to continue.

“We finally pulled into the parking lot at 6:30. I entered the main lobby and waited for the elevator. It was after business hours, and the building was deserted. It didn’t even make sense for me to go upstairs, but then again, what I was doing had nothing to do with logic.

“Suddenly one of the elevators opened and discharged a team of doctors. I stood there, stunned, as the very doctor I had come to see walked toward me. ‘Hannah, what are you doing here?’ he asked in surprise. ‘Didn’t I tell you not to bother coming after 4:30?’

“I could ask you the same question,’ I replied. ‘What are you doing here?’

“We just got back from the conference and went upstairs to get our coats,’ he explained. ‘We locked up the office and we’re leaving

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for the night.'

"Before you leave,' I said, mustering up my courage, 'could I please have a short consultation with you?'

"Even though it was late and the doctor was clearly exhausted, he and his colleagues reviewed the files and gave me their professional opinion. Fifteen minutes later, as I was getting back into the car, my assistant said to me, 'I told you it was a waste of time,'

"You won't believe this, but I actually did speak to the doctor!' I said, and told her the story.

'She was stunned. 'Chana Brandel, you're either a magician or you have a secret weapon,' she said. But there was no secret weapon, I was just doing whatever *hishtadlus* was necessary and I left the rest to the *Ribbono Shel Olam.*"

Not every missed appointment results in a hoped-for consultation. But in the 20-plus years that Chana Brandel Landau, the woman who founded and steers the Refuah Helpline, has been taking care of her "patients," she has merited incredible *siyata diShmaya.*

"We recently sent a middle-aged woman with a heart condition to the Mayo Clinic," she told me. "After she returned home, one of our staff members called her to see how she was recuperating. She sounded very weak. Her words were garbled, but she insisted that she was fine. Trusting her instincts, this staff member called Hatzalah. They determined that the woman was having a major stroke and rushed her to the hospital. Fortunately, they were able to administer tPA [tissue plasminogen activator] in time to prevent brain damage.

"Another time, a pregnant woman was suffering from a terrible migraine that wouldn't go away. She went to her obstetrician twice, but was sent home each time. When she consulted us, we advised her to go to her doctor and insist on a brain scan. As soon as the scan results were in, she was rushed off for emergency surgery to stop bleeding in the brain. If they had not treated her in time, neither she nor her baby would have survived."

## FROM A SUPERMARKET TO A COORDINATOR IN THE MEDICAL FIELD

How did a *chasidish* woman from Monroe come to provide medical referrals, guidance, advocacy, case management and patient support? How did she win the respect of specialists around the world who answer their cell phones whenever she calls? How can a woman without a medical background interpret complicated test results, honing in on rare conditions that have stymied top doctors?

I first heard of Chana Brandel and Refuah Helpline when I was trying to help a relative whose nine-month-old baby had been diagnosed with failure to thrive and couldn't tolerate a protein-based formula. The child had been in and out of the hospital for weeks before a friend suggested that I call Chana Brandel. "She can help you. The doctors have tremendous respect

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for her," she said. "She has them all on speed dial."

Before long, Chana Brandel and her staff were immersed in my relative's case. If I hadn't known how many other people they were helping, I would have thought that this baby was the only patient on their minds. The Refuah Helpline handles an average of 200 calls a day and oversees thousands of cases each year.

First Chana Brandel scrutinized the baby's test results and immediately rattled off a list of disorders that corresponded with the symptoms. She urged the baby's parents to have genetic testing done immediately, and then she contacted Rabbi Chaim Jalas of Bonei Olam, who arranged for testing for that evening. When I protested that this was all too complicated for the family to coordinate so fast, Chana Brandel got to work. In under an hour she'd arranged for the testing to be done in a private lab free of charge, found a driver to pick up the mother from the hospital (at the same time dropping off another family member to stay with the baby), and take her back after the testing. She didn't rest until leading metabolic doctors were on the case, and she stayed in touch with them several times a day to ensure that the baby was receiving the right attention.

After experiencing all of this firsthand, I knew that I wanted to profile this incredible operation. But getting Chana Brandel and her staff to agree was a challenge. "I don't need the publicity," she told me repeatedly. "We're busy around the clock. There's no time to talk about what we do!"

"But think of the *kiddush Hashem* it would make!" I argued. "And besides, what if it brings new hope to a family struggling with a medical issue?"

Chana Brandel reluctantly agreed, although actually finding the time to sit down and talk was another story. We rescheduled the interview a few times until it was finally confirmed. But when I called the office that day, I was told that Mrs. Landau wasn't available because a patient from London had just flown in for a consultation regarding his rare and complicated cancer.

Fortunately, Chana Brandel squeezed me in while she was waiting for the patient to arrive from the airport. We spoke for nearly two hours as he was delayed in traffic, but we could easily have continued for another two hours.

Chana Brandel Landau (*née* Frankel) is the energetic, articulate mother of a large family, *ka"b*. She has been living in Kiryas Yoel for nearly four decades, ever since her family moved there from Williamsburg when she was a child. Her childhood and adolescence were unremarkable. "I enjoyed school, but in our family helping at home was paramount," she recalled. "I left school after eighth grade in order to help with *parnasah*."

Chana Brandel spent the next few years working in a busy supermarket, putting together orders, supervising deliveries and making sure the shelves were stocked. After getting married, she continued working in order to support her family while her husband learned in *kollel*. She also devoted herself to *chesed*, something she had seen in her home while she was growing up. "My parents had an open house, feeding and housing people who had nowhere to go," she

told me. "This is how we were raised."

Chana Brandel told me the incredible story of how her efforts to help a family from Israel and an unfortunate man with no family led to the development of one of the largest medical referral organizations in the world, with a budget of almost \$2 million a year and a staff of 23 employees.

"Back in 1995," she began, "I was a busy young wife, working and taking care of an infant and a toddler, when I heard about a family from Eretz Yisrael that had three children with a rare genetic disease. On the advice of *askanim* they had come to New York for medical treatments, but they didn't speak any English. They needed a liaison, someone who could interpret for them and smooth their way. A family friend called to ask if I was available. I had no medical background, but I did speak decent English, and the family's situation touched me, so I agreed.

"I took some time off from work, left my children with relatives, and accompanied the family to Philadelphia. For the next few weeks I was busy finding them a place to stay, talking to doctors and helping them make decisions. I didn't really know what I was doing, but they didn't have anyone else. *Baruch Hashem*, the children's conditions improved and eventually they went back home. But the experience taught me how vital it was for patients to have hands-on assistance, someone who knows the system and understands the jargon.


"Not long afterward, a family acquaintance became seriously ill, an elderly man who didn't have any family and would come to our home for Shabbos meals for many years. I got a call from Moshe Aron Steinberg, the renowned founder and director of Kiryas Yoel Hatzalah, informing me that the man had had a severe attack of pancreatitis and was in the hospital. The doctors were recommending emergency surgery, but he was so weak that they weren't sure he'd survive. Would I be able to pick up his X-rays from Westchester and take them to a doctor in Manhattan for a second opinion?"

"I traveled to Westchester to pick up the film. Then we set out for Manhattan to meet an expert at NYU. I remember that there was a lot of traffic on the bridge, and we sat there for over an hour. I had no cell phone. Who had cell phones in those days? It was nearly six o'clock by the time we arrived at the doctor's office. The place was deserted except for a janitor mopping the floors. Should I just go back home? I stood in the lobby, blinking away my tears, and then I put a quarter in the pay phone to let the *askanim* know that I had failed in my mission.

"Suddenly, a man dressed in scrubs walked into the lobby. 'What are you doing here?' he asked. I steadied my voice and explained that I had an appointment to show some slides to a specialist, but I'd missed it due to heavy traffic.

"I'm the doctor you're looking for," he said, to my incredible surprise. 'Come into my office.' I walked in hesitantly, keeping the door open a crack because of *yichud*. The doctor glanced at the scans, and his face darkened in anger. 'I can't believe the doctors want to operate,' he said. 'This patient's pancreas is so inflamed that he wouldn't survive the operation.' He called a colleague to show him





the scans, and the second doctor concurred. I thanked them profusely, got into the waiting car and hurried back to Westchester to inform the doctors that there would be no surgery. They put up a bit of an argument, but we refused to give in.

“With the help of Rabbi Isaac Twersky, our friend was transferred to another hospital, which used a more advanced treatment protocol, and he slowly recovered. He was put on a strict diet, and members of my extended family prepared his meals. This very sick man rallied and lived for several more years, far surpassing the doctors’ predictions.

“These two incidents were the nucleus that got me off the ground. Friends and neighbors heard that I was involved in these situations, and they started calling and asking for assistance. At that time my children were still very young and I was juggling a job as well. Eventually I stopped working in the grocery, since I was too busy dealing with desperate patients, and I hired an assistant to help me in my home office. But the calls kept coming, and eventually we could no longer keep up with the workload. We hired one secretary and then another, and we were still busy around the clock.

“Eighteen and a half years ago, our fourth child, a boy, was born with spina bifida. By then I was already very involved in the medical field and was acquainted with the top doctors for his condition. Over the years, many people have assumed that Shloimy’s condition was probably what propelled me to make medical referrals my life’s mission. But in fact, it was the other way around. The *Ribbono Shel Olam*, in His great kindness, prepared the *refuah* before the *makkah*, giving me the tools to care for Shloimy and help him get the best care.

“Two decades later we’ve come a long way, *baruch Hashem*. The Refuah Helpline has an entire suite of offices on 9 Meron Drive in Monroe. All of the dedicated men and women on our staff receive comprehensive training and attend specialized conferences and seminars. We’re in contact with thousands of doctors all over the world and deal with close to 5,000 cases a year, and we also work with *askanim* and organizations to ensure that patients receive comprehensive care.”

It would be nearly impossible to describe the full scope of the activities of Chana Brandel Landau and her team. During the interview, she and her staff were simultaneously monitoring several urgent situations, answering phone calls from doctors and overseeing cases. They do all of this through the numerous connections they have developed over the years, key contacts who are ready and willing to accept Refuah Helpline’s patients even at the last moment.

Her staff is specially trained in the complexities of medical research. “We don’t read images,” she says, “but we understand reports. We can notice anomalies that doctors sometimes miss, because they are not looking for that specific issue, or maybe because they’ve seen the scans so many times. We look at it with a fresh eye and an open mind. In fact, our team has seen so many different types of complicated conditions. My staff, especially those in the second group, constantly travel around the world, to attend



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medical conferences and learn the latest cutting-edge techniques.

“Let me stress, I’m not talking about alternative medicine; I’m talking about the most updated ways of healing cancer. We aim to help our patients find the most innovative and cutting-edge treatments for cancer and other life threatening illnesses; such as immunotherapy, HIPEC treatment, which stands for Hyperthermic Intraperitoneal Chemotherapy and others. Sometimes doctors will discourage these cutting-edge therapies, saying they will buy the patient only a year of life, but for a young mother with children, another year of life, of being with her precious children...you can’t put a price tag on that.”

What benefit do the doctors have from working with Refuah Helpline, when they are so overwhelmed and busy and are generally not looking for new clients?

“They view us like colleagues,” says Chana Brandel. “We are professional. They respect that. We speak their language, understand their terminology and are on top of the latest medical advances. We don’t take advantage of these professionals by trying to push our patients in. We’ll explain to them why the treatment can’t wait, and ask them to please try and find time for this urgent case. In fact, though I don’t have a medical degree, many of the doctors call me Dr. Landau. They have offered to send me to medical school, having me skip the first year, but I have no time for that. I’m too busy dealing with complex cases and helping our patients receive the best care.”

Chana Brandel stressed that Refuah Helpline also handles cases that are not life-threatening emergencies. In fact, many of the calls that come in on its multiple phone lines each day are requests for referrals to doctors who treat conditions like sciatica or inflammatory bowel disease. A young mother might call for a referral to a doctor who performs a common procedure to correct a condition called “tongue-tie” in newborns. With just one or two phone calls, staff members assist patients with broken bones, MRSA abscesses, and questions about neurologists, urologists and cardiologists.

In her estimation, 50 percent of the calls are for routine medical referrals. The other 50 percent, which involve life-threatening matters, include newly diagnosed cancers, pregnancy complications, fetal anomalies, chronic illnesses and rare diseases. “But even a routine phone call is important,” she said. “If someone has a hernia, for example, that’s all he can think about. True, it’s usually not life-threatening, but it’s *his*. No surgery is small when it’s your body. We try not to let anyone wait too long,” she added, “but obviously, the most serious situations are dealt with first.

“Our staff is divided into three fully trained, professional teams. Team A is the intake team, which deals with the ‘ordinary’ phone calls. Say a patient needs a bunion surgery, has an issue with gestational diabetes or complications from a first degree burn. No issue is ordinary, in reality, but we’re talking about non-life-threatening issues. They are proficient in the latest medical advances and deal with these situations.

“Team B is what we call the complex team, dealing with all types of cancers, rare diseases, kidney issues and auto-immune diseases. It’s a highly qualified team that includes doctors and medical professionals who spend all their time advising our patients and researching the best treatment options for them.

“Team C deals with emotional illness, *chizzuk* and support, connecting patients (with their permission, of course) to people who have gone through similar situations, as well as *chizzuk* for people who have experienced a loss.”

The staggering workload includes consulting with doctors, accompanying patients to specialists, expediting care and making sure the family is cared for. I asked if being treated by prestigious well-known specialists or hospitals offer a patient a better prognosis.

Chana Brandel vehemently debunked this notion. “Let me make something clear,” she stressed several times during the interview. “The entire field of medicine has been completely transformed over the past ten years. The old school of thought was that there were a few brand-name hospitals and famous doctors who were ‘the best,’ and the few *askanim* that there were then were busy around the clock trying to get everyone in to those brand-names. Everyone ran to the same experts, regardless of the severity of the illness or individual pathology.

“Medicine today is much more specific. The concept of a brand-name doctor or hospital is outdated; there’s only the perfect doctor for that particular situation. Medical testing and imaging have advanced greatly, and there are more sub-specialists and targeted treatments. Sometimes the best doctor is someone in a remote place who has perfected a new technique or a minimally invasive procedure, or maybe it’s a local doctor or specialist in Seattle, Milwaukee or Houston. There are cardiologists and cardio-thoracic surgeons who deal with heart failure, artery disease, congenital conditions or cardiomyopathy, which is the ‘muscle function’ of the heart. You need to find the right cardiac expert for the patient’s specific need.

“There are also teaching hospitals and research centers that are uniquely qualified to treat certain rare diseases and conditions because that’s all they do. So a lot of times the best doctor isn’t

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necessarily the most well-known expert. It can also be a young, idealistic doctor who's in the process of conducting a clinical trial that can help those whom conventional medicine has already given up on. And even with specialized cancers, every case is different. It depends on the age of the patient, their past history, their general health, coping skills, family support, etc. It's not possible, nor productive, to treat everyone the same. You can't just use a 'big black book' with the numbers of the top doctors, because there is no such thing as a 'top' doctor. Every expert is 'top' in something else. It's just a matter of *siyata dishmaya*, of finding the right doctor for the condition.

"One of our patients, a small child, needed a delicate operation to save her eye. We intentionally chose a younger doctor who had an excellent success rate with this type of surgery, because his reflexes would be faster than those of an older doctor. Other times we'll go with an older doctor because of his experience. Each case is different."

"That's a whole new way of thinking," I commented. "I thought everyone automatically wants to be treated by the 'top guy.'"

"Often there's an issue of immediate care; there's no luxury of time. There's an old saying—'Who's the best firefighter? The one who's close by and can actually put out the fire,'" Chana Brandel responded. "You don't want to call a fireman who's all the way across the country, because he'll get there too late—and he might not even be the right person for the job."

"Recently, a family traveling home from a *simchah* in Montreal was involved in a major car accident in Plattsburg, New York. The patient called from the ambulance, frantic because they were taking her to a local hospital. I explained that she needed to be stabilized right away; only afterward could she be transferred elsewhere."

Another development in the world of medicine is the revolution in the diagnosis and treatment of genetic illnesses. "It's a very complicated field," said Chana Brandel. "Sometimes the purpose of these tests is to help doctors find exactly which type of protein a child is missing, for example, and how to supplement it in ways that the digestive system can handle. We're not just going to the same well-known doctors to do the same procedures over and over again."

Chana Brandel shared a recent story involving a woman from Belgium who was preparing to marry off her eldest child when she suddenly started having uncontrollable seizures and headaches. Unfortunately, the cancer she had previously beaten had recurred in her brain, and the tumor was inoperable. Naturally, she was hysterical. All she could think of was the wedding, and the doctors were telling her that she wouldn't survive until then.

"We had her scans overnighted to more than a dozen top neurosurgeons, neuro-oncologists, radiation oncologists and others. Most of them agreed that it was hopeless and that there was no point in bringing her to America.

"But this was the mother of a large family—and she was making



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a *chasunah!* How could we give up on her? We don't give up on anyone, by the way; that's not the *Yiddishe* way. We searched desperately for a specialist who could give her some hope. In the end we found a doctor in Chicago who'd perfected a new method of targeted laser ablation, which means drilling a hole in the brain and delivering a strong dose of radiation to exactly the right spot. Time was of the essence, and unfortunately he wouldn't be available for another two weeks. So he recommended a colleague in Rutgers University in New Jersey who had been trained to do the same procedure, although he performed fewer of them.

"With the help of Vital One emergency medical transport, we arranged for the transfer from Antwerp, helped the woman find accommodations, and took her to Rutgers. At that point the only problem was that her insurance wouldn't pay for treatment in America—and the doctor wanted \$42,000 up front! We put the bill on Refuah Helpline's credit card. To make a long story short, the tumor disappeared after the treatment. The woman went back to Antwerp, married off her son, and continued going to her doctor for periodic scans. It's now a year later, her next child is engaged and she's still tumor-free. The children have their mother back and the family is whole.

"A few months ago we brought a baby from Eretz Yisrael to Boston for treatment of a rare sarcoma, a very aggressive mandibular tumor that had already spread. Rabbi Meilech Firer, with whom we work closely, had alerted us to this emergency situation. By the time the baby came to America, her face was completely disfigured. We did hours and hours of research and finally reached a surgical team in Boston that agreed to treat her, but they weren't too optimistic.

"When they actually saw her, the doctors were appalled. They said it was the worst case they had ever seen. After the mass was resected, the child would have to have her face reconstructed. Normally, the hospital provides a cost estimate, but they couldn't do that here, because they'd never had such a complicated case. It took us almost a week to get the whole team, consisting of two plastic surgeons—one for the flap and one

for the reconstruction—the head and neck surgeon, the oral surgeon and an airway specialist, into one room to evaluate the child. To make a very long story short, the child and her parents were in Boston for several months while she underwent multiple surgeries to rebuild her face. Today she is back in Eretz Yisrael and doing well."

Chana Brandel shared the heartbreaking story of an Israeli *chasan* who suddenly collapsed just a few weeks before his wedding and was diagnosed with cancer. The *kallah* was willing to wait, and the wedding was postponed for nearly a year. The *chasan* came to America, and Refuah Helpline sent him to a doctor in Indianapolis who performed the surgery. *Baruch Hashem*, he went into remission. When the couple got married in Eretz Yisrael, some Refuah Helpline staff members attended the *simchah*. Sadly, the cancer returned with a vengeance, and the *yungerman* and his wife returned to America for follow-up treatment. Although it was touch and go for a while, they have been married for several years and he continues to do well."

"Every single case involves indescribable pain, agonizing decisions, sleepless nights, tens of thousands of dollars, and often the collapse of a family as they run from one specialist to the next—and sometimes the doctors can't do anything. Still, we try to do everything we can to find a cure, extend a patient's life or enhance his or her quality of life. Who can appreciate the value of extending the life of a fellow *Yid*?"

"Of course, the doctors are only messengers who are given permission by the *Bashefer*, the *Rofei Kol Basar*, to heal. Sadly, sometimes our *hishtadlus* isn't successful, and the doctors have nothing to offer, *R"l*. In such cases, we will hold the family's hand. We become very close to the families; it's like one big *mishpachah*. Fortunately, although in some cases there is only a temporary reprieve, there are many more situations where the patient has a complete recovery.

"The doctors and nurses often tell us, 'No one has the care and concern that your community has for its members.' I've seen patients languishing in the hospital for weeks



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and months because they have no voice. The system fails a lot of people. Do you know how many Americans die each year from medical neglect? The numbers are shocking. In our community, if there's a sick child on the other side of the world, we'll move heaven and earth to get him the care he needs."

"Must everyone with a complex medical issue come to America?" I asked.

"Not at all. There are doctors in other countries and in Eretz Yisrael who are well equipped to treat certain illnesses. Eretz Yisrael has very advanced trauma teams due to the terrorist attacks. We recently had an infant who was diagnosed with a rare disorder and needed an urgent bone marrow transplant. If it wasn't done ASAP, the child would go blind. We found a doctor who worked with kids from the West Bank, where the same genetic condition is common among Arabs. The child stayed in Eretz Yisrael and was treated successfully.

"In general, traveling to America is only necessary if the patient cannot get the same level of care at home. The cost of bringing someone here from overseas is staggering. But it's not only the cost. A patient who stays in their comfort zone, surrounded by their loving family, is much better off. Why should a young mother with a serious illness be away from her precious children for months on end? If she stays in her hometown, she can spend the precious time between treatments with her family. Sometimes all you need is a protocol from the top doctors in America. Everything can be sent through emails nowadays. Still, if there's a need for it and the chances of success are greater, we won't hesitate for a moment."

Chana Brandel praised the members of her dedicated staff, who are ready, willing and able to work nights and weekends, travel at a moment's notice, and spend hours with a grieving, confused parent who needs encouragement and support.

"How is all of this covered financially?" I asked.

Chana Brandel sighed. "Unfortunately, it's been a struggle. We don't charge the patients for anything. We have a few steady donors, an annual Chinese auction, and

smaller fundraisers throughout the year."

"Do the doctors take you any less seriously because you are a chasidic woman?"

Chana Brandel chuckled. "I attend medical conferences around the world and no one bats an eyelash. When I explain that my religion doesn't allow me to shake hands with men, it's never a problem. Sometimes I have a male staff member with me, and he shakes the hands of the male doctors. I've never lost out on anything because of our adherence to *halachah* and to the *psakim* of our *gedolim*. In fact, it makes the doctors respect us more.

"Unfortunately, there are sick *Yidden* from every walk of life and all across the religious spectrum. It doesn't really matter what your brother or sister looks like because we're all the same."

"Do doctors ever resent it when patients are transferred to someone else's care?" I asked.

Chana Brandel admitted that it's sometimes sticky. "But most of them understand that we don't play politics; the only important thing is what's best for the patient. We might sometimes take a patient away, but the next day we'll bring that doctor a few more. We're patient advocates, not physician advocates. They know we research our options and do whatever will give a person the very best chance."

Nowadays, thanks to medical advances, patients who are seriously ill have a higher survival rate than ever. "People usually only hear about the tragedies," Chana Brandel says. "We don't hear about the thousands of success stories. I could send you an entire book of stories, but of course I would never divulge any personal information. Confidentiality is the cornerstone of what we do.

"Ultimately, we are only the *Ribbono Shel Olam's* messengers. We use our network of medical professionals to help the *cholei Yisrael*, but the end result is in the hands of the *Rofei Kol Basar*. Spending the last 20 years in the medical field has filled us with a healthy dose of humility, as we see, time and again, how people defy the doctor's predictions, thanks to the *tefillos* of their family members and of *klal Yisrael*." □

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