

Kol HaKavod News

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First National Study Of Orthodox Jewish Caregiving

(New York, NY): A team of researchers, themselves traditional *shomrei Torah U'Mitzvos*, conducted a survey of the challenges and demands of caregivers for parents/grandparents/in-laws in the Orthodox Jewish community.

Much has been written and researched regarding the plight and burden of the family caregiver. These are individuals, typically immediate relatives, spouses, children, grandchildren who are unpaid and sometimes unknown providers of care to the frail and chronically ill older persons living in our communities. Recognized as having significant economic as well as quality of life implications, national studies have been conducted and legislation has even been passed to help address the well documented concerns. As an example, according to a recent AARP Report (*Houser, & Gibson, 2008*), this voluntary assistance reduces public spending for long-term care supports and services and has an estimated annual economic value of \$25 billion in New York State and an estimated national total of \$375 billion, which is more than the total Medicaid expenditures for nursing home and home and community-based services combined.

While studies of the Hispanic, Black and other ethnic groups have been conducted, publicized and reported in the literature, little is known regarding Orthodox Jewish caregiving.

Do the religiously observant members of the frum community have perhaps special needs? Does the obligation of complying to the Fifth Commandment, honoring parents, *kiyum mitzvas kibud av v'aim*, place an additional layer of pressure on the adult children and grandchildren beyond the general society? Does adherence to laws of modesty, *tznius* and other halachic practices limit the use of existing support services? Is the Jewish community and public at large aware of these issues? What has been their response?

(continues on page 10)

MEET PITZY



This adorable yellow feathered friend has captured our hearts and the hearts of our beloved children and grandchildren. See page 11 for a review on this wonderful series.

The Mazinke Dance: Tradition, Folklore or Not?

(Kol HaKavod News Exclusive)

As we "Come of Age" it brings with it the joyous opportunity of participating at weddings of family and friends marrying off their last child. Most recently we have been experiencing this interesting dance towards the end of the wedding called "the mazinke" dedicated to this event. The parents of the bride or groom as the case may be, sit together, immediate family and friends form a circle, dance around them and an upbeat klezmer melody is played. Often the mother will have the appurtenance of a broom and laurels may be placed on the heads of both parents.

Come join me on this fascinating exploration – across continents, oceans, archives, research libraries, even to the Catskill mountain New York summer escape -

What is the source for the Mazinke Dance? How did it become part of normative Jewish wedding fare of today?

(see page 12 for more)

KOL HAKAVOD NEWS

An independent news magazine published monthly for the education of individuals, professionals, businesses, and elected officials interested in the needs and concerns of Orthodox Jewish elders, active adults and their families.

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Why the Need for Another Newspaper?

You may also ask, "Who are you to publish it?"

So I will tell you, you are asking legitimate and fair questions.

Kol HaKavod News is an outreach in a new direction in Jewish periodicals taking into account the changing demographics of the society at large and particular needs of our community. Today's 50+ adult population faces opportunities and challenges that in some ways are very different from those of their parents. Statistics show that they tend to be more active and healthier, to have more discretionary income, to work longer, and to be more aware of and engaged in a wider world. They also have higher levels of stress and, more than ever, tend to be part of the "sandwich generation," balancing the needs of their children, their parents – and themselves.

For Orthodox Jews, some very real additional challenges arise from our

commitment to balancing Torah values with the realities and possibilities of the 21st Century. *Kol HaKavod News* is designed to help respond to those realities and serve as a valuable resource for the Torah observant, with a particular appreciation for the significance of fulfilling the Mitzvah of *Kibud Av V'Eim*, honoring one's parents.

The Publisher, Rabbi Reuven Becker, author, lecturer and educator, is a veteran caregiver whose background is in organizational development, management, and quality assurance in service delivery. He has written numerous articles in local and national journals and newspapers, including *The Gerontologist* as well as two books on elder care. At the 2009 National Public Health Conference he was selected to lead a round table discussion on the topic of "Health Promotion Interventions for Family Caregivers."

Rabbi Becker founded the landmark L'Orech Yomim "Caring for Our Elders" community seminar series in 1999 to bring state of the art information directly to the Orthodox Jewish consumer (lorenchyomim.org). Targeted to the 50+ age group, the programs have a standing-room-only attendance with active government, business, consumer and social service agency participation. This model, which integrates professional and rabbinic expertise, has been replicated throughout the country. *Kol HaKavod News* is a forum to share this scope of knowledge with greater audiences.

Supplemented by the contribution of experienced professionals such as book editor S. Malkah Cohen and psychologist Yitzhak Berger, PhD, *Kol HaKavod News* promises to be, as its name suggests, an important voice for active adults in our community and their families.

Eskimos, Native Americans & the Orthodox Jewish Community

To my knowledge I have never had the good fortune to meet and to know a full blooded American Indian or Alaska Native. Nonetheless there is a commonality that we all share and can readily attest to. One that connects us. We have a set of beliefs and practices that differs from the Anglo-Saxon society we live in.

Over the last 25 years our government has identified and addressed cultural competence as a fundamental element to quality service delivery. Culture defines how information presented by a provider is received and acted upon. It directly impacts on the outcome of intervention regimens being recommended. Focus has been on American Indians and Alaskan Natives, as well as African-Americans, Hispanic, Asian and Pacific Islanders. This is to be lauded. The emphasis has spurred national coalition building, new scientific research, changes in the curriculum of professional training, as well as refinements in the design of social



"There is a commonality that we all share and can readily attest to."

and health care programs.

In highlighting the need, the federal government observes that "in Census 2000, more than 87,000 people in New York City reported being American Indian or Alaska Native alone or in combination with one or more other races. Los Angeles had the second largest number, with 53,092," a combined total of 140,000. During that same period 331,000 Jews in New York City identified themselves as Orthodox and Los Angeles had 61,000, a combined total of 392,000.

John Ruffin, PhD, Director, National Center on Minority Health and Health Disparities, stated recently that American Indian,

Alaskan natives, African-Americans, Hispanic, Asian and Pacific Islanders are broad categories. "We are still a nation of immigrants, and each immigrant population has unique health concerns, as do many other communities. Effective translation of scientific knowledge to all of these specific populations and communities will require an intimate understanding of their unique cultures and attitudes."

The Orthodox Jewish community needs to be counted. *Kol HaKavod News* is dedicated to serve as a forum for raising public awareness to this issue, identifying leadership, and disseminating relevant scientific research.

The Therapeutic Value of Being There

Advances in medical technology, both in diagnostics and therapeutics, have profoundly changed both the survival of patients and their quality of life. Although the quality of life has sometimes been diminished as a result, the overall benefits of medical technology significantly outweigh the detriments. One therapeutic modality which dates back to the Bible and remains timeless, involves a rather simple process in stark contrast to all the sophisticated treatments presently available. The Torah describes how G-d Himself appeared to Abraham following Abraham's surgical procedure of circumcision. Rabbi Shlomo Yitzhaki (Genesis 18:1) explains that G-d was participating in *bikur holim* - visiting the sick. While G-d did not specifically perform any particular task on behalf of Abraham, His simple presence provided relief of clinical significance. Rabbi Moshe Feinstein (*Yoreh Deah* 1:223) claims that one who calls a patient by phone, partially satisfies the Mitzvah of *bikur holim*, since the individual receives emotional benefit – *nahas ruakh* - by knowing that people are concerned about his/her welfare. However, says Rabbi Feinstein, only by being present in person can one most appropriately fulfill this mitzvah, both in terms of being able to provide practical and physical service

to the patient, as well as the emotional support experienced by the patient.

The prominence to which Jewish law attaches to “being there,” is highlighted by the absolute need to ensure that a person is not left alone at the end of life. The *Shulhan Arukh* (*Yoreh Deah* 339:4) states: One is not permitted to leave the presence of an imminently dying person, so that the person should not die alone. Dr. Abraham S. Abraham (*Nishmat Avraham* 2:339; 9) quotes a discussion as to whether it would be permitted for a *Kohen* - priest - to remain with the patient in such a situation. While a *Kohen* is not permitted to be present when a person is imminently dying, the emotional concerns of the patient are viewed as potential cause of accelerating his/her death, and may override the restrictions of a *Kohen*.

Dr. Avraham Steinberg (*Encyclopedia Halakhatit Refuit* vol. 5, page 160) refers to an opinion of Rabbi Moshe Shternbukh, who claims that children are required to visit a parent even if the parent is not conscious and lacks any awareness. Rabbi Shternbukh writes (*Responsa Teshuvot VeHanhagot* 2:448) that even though the parent does not apparently sense or appreciate people's presence, the visit is necessary as the honor due a parent is partly an honor to G-d by satisfying His mitzvah. In

addition, Rabbi Shternbukh suggests, that the parent may actually have some degree of awareness of the children's presence, though it may not be clinically noticeable. Rabbi Asher Zelig Mirsky (*Sefer Bikur Holim* 2:14; 17), writes that visiting a patient who is alone and engaging in compassionate and sensitive discussion is therapeutically beneficial. However, he states, that for a person who is unconscious, that benefit together with the many other benefits of visitation are simply not applicable. Hence, the mitzvah of *bikur holim* would not apply to someone in that situation, unless no one else would be able to monitor his/her medical needs. Furthermore, any visit to any patient is designed to inspire prayer on his/her behalf. That is still relevant in an unconscious patient. While potential benefit to an unconscious patient is subject to discussion, the benefits to patients who are able to interact on some level is definite.

The New England Journal of Medicine (August 19, 2010) published a study regarding early palliative care intervention soon after diagnosis in patients with lung cancer. The study indicates that palliative care involving symptom control, addressing psychosocial issues, and optimizing quality of life resulted in two positive outcomes. First, the

patients with palliative care achieved a higher quality of life. For example, they tended to experience less depression than those not receiving palliative care. Second, those receiving palliative care survived about two and one half months longer than those who did not receive early palliative care. In an editorial in the same issue, Drs. Kelley and Meier contend that the positive effects of the palliative care may not have been entirely due to palliative care. They suggest that the additional time and attention from health care providers may have had an important contribution. It is this author's feeling that the time spent is precisely what palliative care is largely about - just being there. And, yes, that itself will positively impact upon the patient's quality of life and longevity. That study simply reinforces that which Judaism has emphasized for some time: there is great therapeutic benefit for a patient when another human being is just there.

- By Rabbi Richard Weiss, MD

Rabbi Weiss is the spiritual leader of the Young Israel of Hillcrest, adjunct assistant professor of biology - Stern College for Women, noted lecturer and author in the fields of bioethics and end of life. He is co-president, Vaad HaRabbonim of Queens and may be reached at rabbiethics@junio.com or through the editor.

FROM OUR SAGES

Kibbud Av Va'Eim and Torah Study

TESHUVOS V'HANHAGOS 274

Which takes priority? When asked by a parent for assistance at a time that a son is scheduled to be learning, what should he do?

The purpose of Torah study is to perform mitzvos. Yet the Gemara teaches, “*Gadol talmud Torah yoser mikibbud av va'eim*” that it is greater than *kibbud av va'eim*. This requires explanation. As a routine practice we indeed will stop the study of Torah to perform mitzvos. Why then was *kibbud av* singled out in this manner?

The Talmud explains that the basis for this directive is Yaakov's relationship with his father, Yitzchak. Yaakov was punished for the time that he was away from Yitzchak and was not fulfilling the mitzvah of *kibbud av va'eim*. Yet he was not punished for the time he spent away

from home learning in Ever's yeshivah. However, a critical detail to be considered in applying this ruling is the fact that Yitzchak Avinu had never requested Yaakov to care for him. Therefore, should a parent ask for assistance, causing a reduction in learning time, and there is no one else available to assist, it behooves the son to help his father.

When the Rambam and other scholarly sources proclaim that *talmud Torah* is *adif* - is stronger and greater than all other mitzvos - there are a number of qualifying factors to explain the application of this term. The word *adif* in this context is to be understood to mean that every single letter learned is a mitzvah on its own. Furthermore, when learning is stopped and another mitzvah is performed, it is not simply an

equal exchange of time lost. It interferes with concentration and the quality of learning afterward. Parents should consider this when asking children for assistance. Nonetheless, if a parent requests assistance from a son who is learning, even a drink of water, and there is no one else available, and it is of equal time, then *kibbud av* takes priority and the parent should be helped.

Kibbud av serves to honor *HaKadosh Baruch Hu* similar to Torah study. The instruction that Torah study - Talmud Torah - is greater and takes priority - *gadol mikibbud av v'eim* - does apply in the instance when the son would need to leave his place of learning and care for his father in a different city. If they are both in the same city, he should attend to his parent.

To Summarize:

If the parent's request for assistance totally disrupts the son's learning capability, then Torah study overrides the mitzvah of *kibbud av*. If it is intermittent and allows for relatively continual study, the parent must be attended to, and there is great reward in its performance. Moreover, if the father is sick and there is no one else available to care for him, the son is obligated to forgo his study. This loss of Torah study understandably should be as limited as possible.

- By HaGaon HaRav Moshe Sternbuch, shlita

An excerpt from soon to be released book **You Are Your Parents' Keeper: Hashkafic and Halachik Insights into Elder Care and Kibbud Av Va'Eim** by Rabbi Reuven G. Becker.

Paradigm Shift in Hospital Expectations of Patient and Family

RESEARCH FINDINGS

Emergency Room Care: A study of patients discharged from the emergency room measured their understanding of

- their diagnosis
- their E.R. treatment
- instructions for their at-home care
- warning signs of when to return to the hospital

They found that:

- 78% of the patients were deficient in their comprehension in at least one area
- 34% of these instances related to understanding post emergency room self-care
- 80% of patients with comprehension deficits were unaware of their lack of understanding and reported inappropriate confidence in their comprehension and recall.

-Annals of Emergency Medicine and The New York Times

Reacting to these findings, experts noted:

- The problem is much more common than we had thought.
- Both the patient and doctor are part of the equation.
- The emergency room environment is not conducive to integrating new information.

The health care team is often harried, has little time to go over complicated information and is not familiar with the patients under its care. Most patients are anxious, upset and not likely to be thinking clearly.

Older patients are particularly vulnerable. "They have the kinds of communication barriers we might expect, with vision and hearing problems." The hectic environment of the emergency department can be particularly stressful for them.

One third of people over the age of 55 have impaired executive cognitive function. Such patients might understand their medications and know when to take them, but fail to follow through.

Similar results have been found for patients leaving hospitals:

- 18 percent of Medicare patients discharged from a hospital are readmitted within 30 days.
- 40 percent of patients 65 or older have a medication error after they leave the hospital.

"No matter what you put in writing, what diagrams you have, you really can't be confident that patients understand what they should be doing unless you have them repeat it back to you," states Dr.

Paul M. Schyve, Senior Vice President of the Joint Commission on Accreditation of Healthcare Organizations.

Dr. Michael S. Radeos, Research Director, Department of Emergency Medicine, New York Hospital Queens, had also been sought out by the *New York Times* reporter to discuss the implications of the study. In our own follow-up with him, he indicated that these issues continue to be of concern and that the hospital has incorporated these findings into its curriculum training program for emergency room physicians. Dr. Radeos encourages patients discharged from New York Hospital Queens Emergency Room who want additional clarification regarding their self-care needs to call the special ER Discharge Unit at (718) 670-1100. He added, "Feel free to advise *Kol HaKavod News* readership that they can call me directly if they have concerns regarding Emergency Department follow-up issues. I will be happy to assist them. The best number to reach me directly is (718) 661-7305."

Hospital Care: A study of Medicare patients found that

- 44 percent of adverse events and temporary harm events that occurred in the hospital were clearly or likely preventable.
- 60% of infections were assessed as preventable
- 50% of medications errors were preventable
- 51% of patient care errors were preventable as were 17% of surgery and other procedures.

Office of the Inspector General of the Department of Health & Human Service.

PRACTICE IMPLICATIONS

Change in Role of Patient: These findings are certainly onerous and of concern. But they have a positive side to them. As part of our tradition, we are taught to respect achievements in knowledge and training. Members of the health care team are among the highest representatives of this category. As a result, when we elect or need to be under the care of trained professionals in an organized environment, there is a tendency to be passive and submissive to those that are more knowledgeable than ourselves. This is natural and understandable.

However, we also have the responsibility, through the dictum of our faith, of

v'nishmartem mi'od l'nafshoseichem, to monitor and assure that our activities and actions are preventative, that we maintain good health for ourselves and our families. The data presented above highlights that there is an obligation to be pro-active upon admission to a health care facility. Following are some strategies to help avoid/overcome problems and facilitate good outcomes, despite the concerns that are raised by this data.

Experts in doctor-patient communication advise that "Patients need to ask questions." They recommend a "teach back" approach, in which the patient, preferably accompanied by a relative, friend or caregiver, has to repeat the instructions back to the doctor.

Upon admission to a hospital, it is helpful to learn, through polite negotiation, the names and phone numbers for key contacts: the chairman of the department whose discipline you are being cared for; the chaplain; the patient advocate (in most hospitals today there is a position that serves this function); and the name of the *Bikur Cholim* representatives. Both the patient and his or her primary family or emergency contact should have a copy of this information.

These have value as there are occasions where a mere telephone call to any of the above will help the family or the patient break through barriers that may occur in service delivery. Should the problem persist and all possibilities have been exhausted, or if you simply do not have the personality to follow through and you know it needs to be done, there is an industry of patient advocates who will assist. As a final resort, L'Orech Yomim (www.lorechyomim.org), through its network of professionals, is prepared to assist you.

Consumer Empowerment Encouraged by the Medical Establishment:

What is most striking about these statistics is that much of this harm is preventable. The medical establishment's very own Institute of Medicine, through its Committee on Identifying and Preventing Medication Errors, concluded that the current state of affairs is not acceptable, and it recommends a series of steps to prevent medication errors.

Among these are:

1. **Allow and encourage patients to take a more active role in their own medical care.** In the past the nation's health care

system has generally been paternalistic and provider-centric. Patients were not expected to be involved in the process. Move toward a model of health care where there is more of a partnership between the patients and the health care providers. Patients should take more responsibility for monitoring those medications, while providers should take steps to educate, consult with, and listen to the patients.

2. Make this new model of health care work. Doctors, nurses, pharmacists and other providers need to communicate more with patients at every step of the way and make that communication a two-way street, listening to the patients as well as talking to them. They should also be more forthcoming when medication errors have occurred and explain what the consequences have been.

3. Patients or their surrogates (family caregiver, friends) should in turn take a more active role in the process. Learn to keep careful records of all the medications they are taking and take greater responsibility for monitoring those medications by, for example, double-checking prescriptions from pharmacies and reporting any unexpected changes in how they feel after starting a new medication.

4. The Health Care System needs to do a better job of educating patients and of providing ways for patients to educate themselves. There needs to be a concerted effort to improve the quality and the accessibility of information about medications provided consumers.

The Institute's guidelines, *What You Can Do to Avoid Medication Errors*, is available at www.lorechyomim.org resource tab.

"Strategies of Patient Empowerment" is the 'hot' topic among health professionals today. Conferences and educational programs are designed and offered for this purpose. Research demonstrates that patient empowerment is a critical step in improving quality of care and reducing costs. The health care establishment now expects families and consumers to be pro-active in a hospital and emergency room setting. It is no longer a matter of choice. It is a mandate.

- By Rabbi Reuven G. Becker

An Interview With Mel Zachter, CPA Partner, Loeb and Troper, LLP

Leading advisor to executives, board members and to the practitioner community, and recent recipient of the prestigious Michael H. Urbach Award, presented by the New York State Society of Certified Public Accountants and the Council of Community Services in New York State

THE MAN

Can you tell us a little about your personal life, what you enjoy ...

B"H, I've been with Loeb & Troper (L&T) for over 40 years, a partner for over 30 years. We deal mainly with all different types of not-for-profit organizations, audits and consulting services. Personally, I've been married for over 40 years; I feel most fortunate to have a loving wife, three children and, B"H, several grandchildren, *Kein Yirbu*.

Involvement with Jewish communal organizations gives me great satisfaction. I was born, raised and began to raise my family on the East Side. About 25 years ago, I moved to Staten Island.

Going way back to my years on the Lower East Side, I first observed community leadership there from many of the older gentlemen, such as Sam Kushner, who we would call Mr. Young Israel of Manhattan. Both my brothers were active and officers before me at the Young Israel. I followed and eventually became President. At the same time, I was active as Treasurer of the United Jewish Council of the East Side, a social service agency helping the indigent youth and senior residents.

At some point, my friend David Jacobson, asked me to come down to a board meeting of Ohel Children's Home and Family Services. That turned me on to the organization, and I've continued to help them for over 30 years. I am currently Treasurer and Chairman of the Executive Committee.

Moishe Hellman is the current President; together with David Mandel, our CEO, they have been doing a terrific job in taking the organization to new heights. Ohel has grown from about a

1.5 million dollar organization to over 55 million-dollars. They recently bought a camp in the Catskills, Camp KAYLIE, on the Dr. Joseph Silver campus. It will serve as a summer camp, a year-round respite for parents and for the use by other *moisdos*.



On Staten Island, my communal activity includes officer and chairman at the Young Israel of Staten Island, the Rabbi Jacob Joseph School in Staten Island, as well as with Nisivos Hatorah, YTT (Yeshiva Mesivta Tiferes Torah) and Hatzala.

A number of years ago, Central Hatzala asked me to join their Executive Committee, as well.

I feel that Hashem gave me the wherewithal and gezunt to not only spend my time doing my business at L&T but also being able to help Klal Yisroel in many other endeavors as well.

With all that, do you have any time to relax? Very little, but during the summer, I try to take long weekends. My wife Phyllis and I have a second home upstate. I enjoy swimming. Years ago I was part of the OBBL, the Orthodox Bungalow Colony Baseball League, which recently voted me to be the number two All-Star catcher of all time.

THE PROFESSIONAL

Can you describe the skills that catapulted you to senior partner in this nationally reputed firm?

Basically, I always believed in hard work - I learned that from my parents, A"H. They worked hard all their lives, raised three boys, each of them leaders in their own fields. My oldest brother, Albie, was a principal in a public high school as well as in several yeshivas; my middle brother, Sid Zachter, is an accountant. He actually started at Loeb and Troper; that's how I got into L&T many years ago. He went on to different *moisdos*, to help them in many ways. I have always looked up to my brothers.

Personal relationships are a very key factor in ascent in any area. Knowing how to talk to people, knowing how to solve problems, and trying to work

with people instead of against people is certainly an important aspect of moving up and being respected.

B"H, over the years, many people have come to me for advice, including HaRav Dovid Feinstein of Torah Umesora and Rabbi Meir Zlotowitz of Mesorah Heritage Foundation. They touch base with me on many different *tzedaka* issues and those relating to non-profit organizations. I lecture for the Agudath Israel of America on topics ranging from contributions to qualified tuition deduction plans, parsonage, and many other areas. I've been privileged to work with many different *moisdos*, helping them tackle through the issues.

Certainly I don't do this alone. I consult with others, within and outside of L&T, to give the right advice.

ON LEADERSHIP

What makes for a good organization and what makes a great organization? There are many organizations whose intent is to do good work. They need to have a meaningful mission. That mission must be met, and there should be guidance by a board of directors.

I stress the board, because I believe that is the key. The Executive Director, the CEO and CFO are critical. Program directors are important; everyone in the organization is important. But the overall guidance and mission has to be set and overseen by a board of directors. A quality board, president and treasurer are key to ensure that the ship is headed in the right direction, sailing smoothly, adjusting accordingly. Not everything goes smoothly. You can have major government grants suddenly lost overnight; New York State and City had budget cuts; you have to switch and change and go through different phases in the organization life and be able to react quickly and efficiently to assure that the organization stays on track. You can't lose sight of the fact that we are here for the betterment of *yiddische neshomos*. That is the mission. The board provides the vision and knowledge to help stay the course.

Have you seen any change over the years in the quality of leaders in the non-profits?

I think people who are volunteering on boards today are more attuned and more professional than those of years ago. Then, people did it from their heart. That is still true, but more professionals, lawyers, accountants, etc., are getting involved and lending their expertise. It's not just a matter of writing out a check. It's being involved in board decisions and committees. Compliance with certain governmental rules and regulations is critical in many organizations; the expertise of lawyers and other professionals are key to ensure that. IRS forms, revised for the first time in over 40 years, have more compliance questions than ever before, about conflicts of interest, whistleblowers, document destruction and audit committees. It is a new world out there. IRS and Congress are looking into the non-profits more so than ever before. It's important that more professionals devote their time and give of their time voluntarily to the nonprofit organizations for the betterment of the community. The community certainly has a role model in Assembly Speaker Sheldon Silver in his many leadership roles and achievements over many years.

Thoughts regarding the past, present and future direction of local Jewish coordinating community councils?

They are a wonderful resources embedded right within the community where people live. Due to budget cuts at the state and city level, councils are hurting. With more funding, they could do much more in aiding and assisting our neighbors.

Peter Drucker, the management guru, defines bureaucracy as an organization designed for the needs of its employees. For example, in a social services agency, when someone calls at 4:55 in the afternoon needing some help, and either the phone is not picked up because of a change of shift, or the phone is picked up but the person who is in need of help is told, "Sorry, I cannot help you now. Please call back tomorrow." That type of attitude. Have you any thoughts or comments about this?

Ohel not only has an intake department that is available at all times, but its board members act as liaisons with the

Visit www.lorechyomim.org
for such resources as:

- Halachic Living Will •
- Kosher Senior Centers •
- Mitzvas Kibud Av V'Eim Compendium •
- Seminars •
- Rabbinic Advice & more! •

Barriers to Prayer

We often are concerned regarding having proper focus in our prayers - proper *kavono* in *tefilla* - as an obstacle to having our prayers forwarded to and addressed by our Maker. There are other barriers as well that need to be considered.

There's a lot of talk in the media nowadays about "accessibility." The Americans with Disabilities Act requires all new construction and most major renovations to keep in mind the limitations of those of us with special needs. AARP and other organizations have lots of recommendations about making our homes and public places more livable.

That's fine for new buildings, but what about all the buildings, including our own homes, places of worship and public places, such as stores, restaurants and medical facilities, built before this law went into effect? In some municipalities, this is being slowly addressed, but that process takes years and many buildings are "grandfathered," not required to meet these new requirements because of the difficulty of retrofitting them. Meanwhile, whether it's a cast and crutches after a skiing accident or a wheelchair or walker as we get older, sometimes simply getting around means facing obstacles we never had to consider before.

Just what does a "barrier" consist of? It can be as simple as a doorsill that prevents a walker or wheelchair from moving from room to room, or as complex as the lack of an elevator. Many door handles are difficult for someone in an arm cast or with arthritis and some doors and hallways are too narrow for a wheelchair to navigate. Perhaps a bathroom is impossible for someone with limited mobility to use, or a kitchen's faucet or appliances cannot be used by someone seated in a wheelchair.

SOME ACTUAL EXAMPLES:

- A recently built synagogue was careful to make sure there are no sills or steps to negotiate to enter the building or move around on the first floor. However, there was no way to make the social hall accessible, given its location in the basement, the layout of the building and the size of the plot on which it sits.

- A doctor's office has an elevator to take one from the lobby to the office itself, but to get into the lobby, one has to step up onto a six-inch high stoop and then down

four steep steps. There is no ramp up to the door or down the four steps. There is a "handicapped accessible" entrance, but it's not marked from the outside. AND, one must notify the doorman in advance so that he can come open that door for you - it's kept locked "for security reasons" - yet there is no sign giving the phone number to contact the doorman, either outside the building, in the lobby or in the doctor's office.

- A polling place is located in a 40-year-old school building. Although the building's entrance is just a few feet from the polling area, that area is up six steps from the entry hallway. Handicapped voters must detour in the opposite direction, up through the school's auditorium and through a maze of classroom hallways to the accessible entrance to the polling area, an estimated 250 feet. This is even more difficult on primary days, when the students are in the building, jostling elderly and handicapped voters in their rush to get to their own destinations.

- An elderly woman was released from a nursing facility after breaking a hip. Her home care instructions restricted her to "six steps up or down at a time." The entrance to her home is up sixteen steps or else down a very steep hill to a very narrow back door and then up fourteen narrow steps to the main floor. Her bedroom and the only bathroom is up another thirteen steps on the second floor. She lives alone, having no living relatives, yet no one was able to arrange for a home health aide, and she cannot afford either assisted living or major renovations. She lives in fear of another fall and is sleeping on a couch and using a commode in her living room, rather than attempt to use the second floor.

Let me now share with you the recent experiences of two of my friends, L. and J., who needed and wanted to go to shul to daven. J. uses a cane and stairs are a particular chore for him. All but one synagogue within a half mile of his home requires a minimum six to eight steps up or down. In many synagogues, getting an aliyah also requires a step or two up and down. L., who relies on a walker after surgery to repair a fractured bone, reports that almost all social halls in her area are "downstairs." Although she and J. love to sponsor a collation of some sort, i.e., *kiddush* or a *seuda shlishi*, for

birthdays, anniversaries and *yahrtzeits*, they have cut back on such contributions to communal living, since the stairs present such an obstacle.

WHAT CAN BE DONE?

As our community "ages in," a term that reflects residents of a neighborhood who do not elect to go to South for retirement and stay in their communities, where they have long term relationships with family and friends, this issue is more compelling than ever and needs to be addressed.

Many congregations do already recognize the need, of course, but also have to balance the budgetary constraints involved. It is much cheaper to add a Shabbat elevator and ramps to a new building or extension than retrofit an existing building, and a shul serving a population that is aging in place may also be facing a shrinking donor base. The original design of some of our *batei midrash* and synagogues is proving an additional obstacle to work around, even for those congregations willing to tackle the task.

Just a little thought can go a long way on smaller issues, too. Replacing knobs with levers and installing support bars in the bathrooms costs very little but makes a big difference to anyone with a cast or arthritis. Removing door sills costs next to nothing, but makes moving between rooms so much easier.

We encourage our readers to support,

encourage and advocate for such actions at your own synagogue as a donor campaign; both new construction and renovation open up opportunities for memorials.

There IS hope on the horizon. There are additional ways to fund such endeavors that reach beyond the congregation's membership and donor base, such as a community outreach fundraising drive. It takes research, creativity, time and effort, but these additional avenues can bear significant fruit.

One interesting approach was the UJC's collaboration with various New Jersey congregations last year. Ten area synagogues improved their handicapped accessibility through dollar-for-dollar matching challenge grants, ranging from \$450-\$2,000, from a local consortium of Jewish and healthcare philanthropies.

There are corporate and charitable foundations offering grants specifically aimed at increasing accessibility to faith, specifically designed to fund needed renovations in churches and synagogues. Additional funding might come from DFTA for creating or expanding a senior program. Reaching out to your local council member and other elected officials can often provide solutions as well.

Yes, there are barriers. There are also solutions.

- By S. Malkah Cohen

LEISURE

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Five More Retirement Mistakes to Avoid

Social security maximization as well as estate planning belong on retirees' to-do lists.

You might think of your retirement years as a time to kick back and enjoy your fruits of your labors, and in many ways it is. But from a financial standpoint, it's a mistake to let your guard down completely during retirement because you can fall into plenty of traps.

A few weeks ago, I discussed some of the key retirement pitfalls to avoid, including overspending, misjudging your in-retirement income needs, or having a too aggressive - or too conservative - asset mix.

Those are some of the biggies, to be sure, but that wasn't an exhaustive list. In this article, I'll discuss some other retirement-related mistakes you'll want to take care to avoid.

1. OVERGIFTING TO CHILDREN

For many retirees, gifting to children, grandchildren, and other folks close to them is a huge source of joy. Could there be anything more gratifying - or important - than providing someone with financial help when they need it? So it pains me to include giving too much on a list of apparent mistakes. But I've seen firsthand that many parents' natural inclination is to give all they can without regard for how that will affect their own finances, and that's where they can run into trouble. Unlike children and

grandchildren, who probably still have earning years ahead of them, retirees are drawing upon a finite pool of resources to fund their living expenses and pay for any extras.

The bottom line is that if you're making a large gift, whether into a grandchild's college fund or to help your daughter and son-in-law out of a financial bind, do so only with full knowledge of how that gift could affect your portfolio's ability to last throughout your retirement years. As astute readers noted in response to an article that discussed this very issue, well-meaning retirees could inadvertently end up hurting the very folks they were trying to help if it turns out they'll fall short during retirement. Retirement income calculators such as those from Fidelity and T. Rowe Price are a valuable way to test your portfolio's sustainability and see whether you have wiggle room for extras. This is also an area where an advisor or attorney who's well-versed in estate planning can coach you on how much - if anything - you can safely give to your children.

2. FAILING TO DOWNSIZE

This is another one of those issues that's often fraught with tension between head and heart: From a financial standpoint, moving to a smaller home can help

retirees unlock equity that, when added to their retirement portfolios, can improve their portfolio's sustainability. At the same time, many retirees have an emotional attachment to the homes where they raised their families. (There are also the not-insignificant logistical challenges of moving.)

Of course, moving to a smaller home may not always make good financial sense. Most homeowners' home equity isn't what it once was, and T. Rowe Price senior financial planner Christine Fahlund also noted in our recent webcast that downsizing won't always result in big cost savings for retirees who are staying in the same geographic locale. But for retirees who are concerned about falling short during retirement and running out of levers to pull, moving to a smaller home should at least be part of the discussion.

3. NOT CONSIDERING SOCIAL SECURITY MAXIMIZATION

Compared with jockeying your own investment portfolio, Social Security may seem like an oasis of simplicity. You start collecting benefits when you retire, right? Ah, if it were so simple. But taking a close look at the timing of your benefits, and your spouse's, is another one of those factors that help can improve your investment portfolio's sustainability. For example, a person with a \$100,000 salary who began taking Social Security benefits this year at age 62 would take home roughly \$1,500 in Social Security benefits per month. If he waited another five years to collect benefits, his payout would jump to more than \$2,300 per month, in today's dollars.

Of course, deferring Social Security benefits is only worthwhile for those who think they will exceed average life expectancy; others are better off taking the money as soon as they can. This article walks through some of the key variables to consider when timing your Social Security benefits, while this one discusses Social Security maximization for married couples. (Note that one maneuver I discussed this past summer, the so-called Social Security do-over, was effectively killed in 2010's waning days.)

4. NEGLECTING ESTATE PLANNING

The term estate planning might conjure up thoughts of trust funds and wood-

paneled libraries, and it's true that, at least for now, the estate tax will only affect very high rollers. (Only estates worth more than \$5 million are subject to the estate tax in 2011 and 2012.) But estate planning encompasses a lot more than tax avoidance; it also involves spelling out how you'd like your assets distributed after you're gone and identifying key individuals to make decisions on your behalf if you die or become disabled.

This interview details some of the key factors that individuals of all income levels need to know about the estate-planning process. I'd also urge retirees and pre-retirees to conceive of estate planning in the broadest possible sense; the goal of a holistic estate plan, in my view, is to make it as easy as possible for your loved ones to take care of your financial matters after you're gone. While an estate-planning attorney can help you draft the right legal documents, the onus is on you to keep organized files, streamline your investments as much as you can, properly manage beneficiary designations, and create a master directory of what you own.

5. NOT PLANNING FOR LONG-TERM CARE

Not everyone needs long-term care insurance: The very wealthy will be able to self-insure (though some may still want to purchase a policy to buy themselves peace of mind, as I discuss in this article). Those of limited means may be able to rely on the safety net of government programs, and the newly enacted CLASS Act may provide another level of protection for some. Those in the middle - and my guess that's many Morningstar.com readers - should be sure to consider the deleterious effects that paying for long-term care could have on the assets they've earmarked for retirement. Another of my articles discusses some of the key questions to consider when deciding whether this type of policy is right for you, and yet another discusses the optimal time to buy such a policy.

- By Christine Benz

Christine Benz is Morningstar's director of personal finance and author of *30-Minute Money Solutions: A Step-by-Step Guide to Managing Your Finances* and the *Morningstar Guide to Mutual Funds: 5-Star Strategies for Success*.

LEISURE

ALEF BET SUDOKU!

Fill in the grid to the left so that every row, column, and box contains the digits 1 through 9, or א to ט for our puzzle. However, no row, column or box can contain more than one of the same number or letter.

Why spend time on a Sudoku puzzle?

Researchers tell us that the brain needs exercise and responds to exercise just like our muscles. Sudoku has been proven to accomplish this end.

It's fun. Try playing with the grandkids or your spouse. Make a copy or two and see who finishes first.

(SEE SOLUTION ON PAGE 11)

Kosher Senior Centers

The New York City Department for the Aging (DFTA), in its contract funding of local community centers, provides an outstanding network of programming resource for the Orthodox Jewish community as well as the public at large.

Below is a select listing of senior centers in Queens, Brooklyn and Long Island. While each center has a core set of services it provides, the quality and scope and appropriateness, suitability for each individual is a matter of personal taste and preference. Similarly, while each has indicated kosher meals are provided, standards of acceptability are also a personal preference. Further, the experience at one senior center does not necessarily reflect the opportunities at another senior center. In discussions with the center directors, *Kol HaKavod News* was advised that seniors are invited to come and register

for their programming from any locale of the city. For example, someone in Queens who knows that there is a particular leader of an exercise class in Brooklyn that they find to be especially suitable for them, or perhaps has a preference for a particular date or time, or has friends in the area, is welcome to participate in the Brooklyn program, and the same is true of Brooklynites who wish to participate in Queens. Phone numbers are provided so that our readers can research the centers that are suitable to their own needs.

For administrative planning purposes, DFTA allocates senior centers by zip codes and demographics; what is being suggested is somewhat creative and not the norm. At the same time, the centers have been established to be used. Everyone has a personal preference and these are respected.

Another important variable in program-

ming at each of the senior centers is leadership. This is true of any organization; that is, leadership will define the quality of the services delivered, just as a pastrami on club will vary depending on which restaurant you go to. Below is a snapshot of centers that we visited that have demonstrated outstanding leadership with concomitant good programming content. Other centers will be featured in future issues.

YOUNG ISRAEL SENIOR SERVICES OF MIDWOOD

There was hustle and bustle on a Friday morning when I visited, and I was told that it was a slow morning. Mrs. Sarah Klein was busy behind closed doors and I had to wait for my 10:00 AM appointment. The surrounding area was amiss with volunteers and clusters of friends in corners, socializing

and having snacks. There was ample room for all. I was seen twenty minutes later and escorted to view the "Chair Aerobics" activity. I learned that Mrs. Klein had been advising and advocating on behalf of one of her members regarding an accident she just experienced on the Access-a-Ride trip to the Center. Mrs. Klein and her able assistant Ita Goldberger help their members with the scope of services you would wish to have from a close relative or dear friend: entitlements, arranging for home health aides, interventions on every level. She showed me with pride a blog posting by a social worker of "what stands out" at the senior center, among others, "social services help, and the dedication of kind-hearted staff and volunteers." This was not

(continues on page 9)

Brooklyn

Boro Park Senior Center
5602 11th Ave.
Boro Park
(718) 854-7430

Boro Park YM-YWHA Senior Center
4912 14th Ave.
Boro Park
(718) 435-3804

Boulevard Senior Center
726 Stanley Ave.
Brooklyn
(718) 272-6202

Brevoort Senior Center
280 Ralph Ave.
Brooklyn
(718) 467-7381

Brookdale Sr Citizens Center
817 Ave. H
Brooklyn
(718) 434-8670

Council Center For Senior Citizens
1001 Quentin Road
Brooklyn
(718) 627-7680

House Of Jacob Senior Center
6222 23rd Ave.
Brooklyn
(718) 259-0100

JASA Hes Senior Center
9502 Seaview Ave.
Brooklyn
(718) 251-3700

JASA Luna Park Senior Center
2880 West 12th St.
Brooklyn
(718) 996-6666

JASA Manhattan Beach Senior Center
60 West End Ave.
Manhattan Beach
(718) 646-1118

JASA Mill Basin Center
2075 East 68 St.
Mill Basin
(718) 451-0779

JASA Scheuer House Of Coney Isl Sr Ctr
3601 Surf Ave.
Coney Island
(718) 373-3954

JASA Senior Alliance Senior Center
161 Corbin Place
Brooklyn
(718) 646-4100

JASA Shorefront Senior Center
3300 Coney Island Ave.
Brooklyn
(718) 646-1444

JASA Starrett City Senior Center
1540 Van Siclen Ave.
Starrett City
(718) 642-1010

JASA Williamsburg Sr Center
202 Graham Ave.
Williamsburg
(718) 388-6865

Ocean Pkwy Senior Citizens Center
1960 East 7th St.
Brooklyn
(718) 627-2500

Sephardic Multi Service Senior Center
485 Kings Highway
Brooklyn
(718) 336-1300

Shalom Senior Center
483 Albany Ave.
Brooklyn
(718) 774-9213

Sr Citizens League Of Flatbush Sr Center
550 Ocean Parkway
Flatbush
(718) 859-1797

Williamsburg-Satmar Senior Center
125 Heyward St.
Williamsburgh
(718) 625-1608

Young Israel Bedford Bay Senior Center
2114 Brown St.
Brooklyn
(718) 769-2649

Young Israel Senior Services Of Midwood
1694 Ocean Ave.
Midwood
(718) 253-7800

Queens & Long Island

Austin Street Senior Center
106-06 Queens Blvd.
Forest Hills, 11375
(718) 520-8197

JASA Roy Reuther Senior Center
711 Seagirt Ave.
Far Rockaway, 11691
(718) 471-3110

JASA Holliswood Senior Center
86-25 Frances Lewis Blvd.
Jamaica, 11427
(718) 776-8500

JASA Rockaway Park Sr Center
106-20 Shore Front Pkwy.
Rockaway Pk., 11694
(718) 634-3044

JASA Brookdale Village Sr Center
131 Beach 19th St.
Far Rockaway, 11691
(718) 471-2300

JASA Long Beach Senior Center
570 W. Walnut St.
Long Beach, 11561
(516) 432-5555

Young Israel Of Forest Hills Senior League
68-07 Burns St.
Forest Hills, 11375
(718) 520-2305

Young Israel Of Queens Valley Senior League
141-55 77th Ave.
Kew Gardens Hills, 11367
(718) 263-6995

Young Israel Of Wavecrest/ Bayswater Senior League
2716 Healy Ave.
Bayswater, 11691
(718) 327-0297

This listing is a courtesy of
L'Orech Yomim/
Center for Healthy Living, Inc.

YOUR SUGGESTIONS,
COMMENTS, AND
FEEDBACK ARE ALWAYS
WELCOME AT:

Info@KolHaKavodNews.com

Assisted Living At Home: The New Scharf Initiative

Building on decades of proven commitment to quality care for seniors and their families in the Orthodox Jewish community, the Scharf family is now introducing a new service model which responds to a demonstrated need and was developed through careful planning, team building and the wisdom of an elder statesman.

We opened Ateret Avot in 1999 with the philosophy that there should not be any compromise in caring for seniors. Only the best will do! Respect, Compassion and Quality are the foundations that we look for in our staff and service providers. This holds true in every aspect of service that we provide: Security, Housekeeping, Maintenance, Dietary, Recreation, Medical, Nursing and Home Care. This attitude and commitment is the driving force for all those connected with Ateret Avot.

Over the years we have found that many individuals, for a variety of reasons, find the transition to living at an Assisted Living Facility difficult to the point of impossibility. Rather, they just sit at home, not going out much and without anything or anyone to perk up their day. If they are living alone, they may not be preparing meals, missing out on the nutrition to support their wellbeing. Depression and despondency set in. Relationships with family and friends deteriorate. Guilt and anger color conversation and visits.

For families who do not live in the same communities as their parents, there is also

the worry factor: What if my parent takes a fall? Who will take them shopping? Who is watching what they are eating?

This is not the experience of the residents and families at Ateret Avot. Here, life takes on a glow. There is anticipation to what the day will bring. There is a bustle of activity at all times. The week is filled with a variety of programs to satisfy various interests.

ASSISTED LIVING WHILE STILL AT HOME

To remedy the situation so many families face, we decided to bring our proven Assisted Living program to seniors living at home. We have put together a team of compassionate people who will come to your home as often as you choose, for companionship, to do secretarial work, to shop for you or even to plan and prepare meals to your liking.

THE BENEFITS

We can arrange trips or visits with family and friends. We can also set up an ongoing meaningful project for you to pursue when on your own or with family

and friends.

For instance, we have found that many individuals have boxes and drawers of pictures that they have been meaning to organize and put into albums, this being a part their legacy, a tour of their life, through pictures, for their children to go on. This project gets put off for various reasons. We will get you started and help you and encourage you. This will become an enjoyable and meaningful family project.

Do you have a hobby or an interest that you gave up? We would encourage you and help you take it up again.

CONFIDENCE & REASSURANCE

For families separated by distance or time constraints, we can be your eyes ears and helping hand. Is there a safety concern? We can help there, too. We will do a home safety check and give you a written report with recommendations for improvements. Sometimes it is just a question of rearranging furnishings and removing possible tripping hazards. We can arrange for a pendant call system and even to respond to the call.

Very often there are questions that come up and need to be answered by professionals. We will be happy to recommend to you those individuals with expertise in their field with whom we have had good experience and whose input you can rely with upon with confidence.

Everyone can benefit from a physical fitness program, the elderly more so. We become less agile and less balanced as we age. This makes us prone to falls. Falls cause the most damage and heartache in the elderly. They are painful, and rehabilitation is a long and arduous process. A properly supervised fitness program consisting of a balance of strength training, stretching and cardio-fitness will slow down further deterioration and can restore flexibility, movement and balance to the body. More importantly, a fitness program can also restore self-confidence and self-worth. (It is important not to confuse a physical fitness program with physical therapy. Physical therapy is limited to a specific area of the body, while a physical fitness program works on the body as whole.)

- By Moshe Scharf

(More about the Sharf Initiative on p.13)

HAPPENINGS

Kosher Senior Centers

(continues from page 8)

necessary. Competency and caring were felt in the air you breathe. Oh yes, the food is catered by the renowned ChapANosh.

YOUNG ISRAEL OF QUEENS VALLEY SENIOR LEAGUE

In operation since 1974, Alan Gombo is the director and the inspiration for all the activities. Center hours are 9am to 5pm, Monday through Friday. Programming in a recent month included weekly yoga, exercise classes, lectures, discussion groups, parties and excursions. Alan is particularly proud of the Tai Chi and Yiddish sessions, both very well attended. Meals are catered by the tasty Queens landmark, Mauzone caterers. Recent

trips include visits to museums in the metropolitan area and botanical garden flower shows.

YOUNG ISRAEL OF WAVECREST/BAYSWATER SENIOR LEAGUE

The smell of hot soup on a cold wintery day was quite enticing. Mrs. Fay Gross cheerfully directed me to meet with her assistant, Cydelle Ackerman, who described the programs offered. These include a weekly shiur by Rabbi Eliezer Feuer, Spiritual Leader of the Young Israel, crafts, dance aerobics, arthritis yoga, and Hebrew classes. A center highlight is the intergenerational activity with Yeshiva Yam HaTora which shares space in the Young Israel building. Parking is available. A look at the menu

made me want to stay for lunch.

All Senior centers serving the Orthodox Jewish community are welcome to share their events and schedules on these pages. Those who attend the programs are also welcome to share their experiences. We welcome your comments. An objective is to facilitate expansion of services. Your experiences will help in this mission. Center directors indicated that they would be happy to consider additional programming sessions, such as a men's shiur; and would welcome those



Chair aerobics at Young Israel Senior Services of Midwood.

in the community who have the interest and expertise to offer such.

As a rule, centers are housed in a spacious attractive facility in the heart of the community. It is an excellent resource for educating and learning or simply relaxing.

First National Study of Orthodox Jewish Caregiving

(continues from page 1)

These are among the questions that the survey was designed to address and bring to the attention of the public.

"The significance of this project was validated by a simple telephone call I made to a friend just this Sunday morning," observes Rabbi Becker. "I barely had a chance to say hello, when he precipitously cut me off and said 'Reuven, I'm sorry, I can't talk to you right now. [breathing heavily from frustration and anxiety] I'm totally exhausted. I spent the entire Shabbos in the hospital with my mother. I just got back. Call me back later.' And hung up."

It must not be this way.

Upon learning of the initiative, the esteemed Rabbi Yechezkel Pikus, Executive Director, Council of Jewish Organizations of the Flatbush encouraged community response when presented with the opportunity to complete the questionnaire. "I think this study should be publicized widely to generate the largest possible participation," he said. "This is important."

Initiated by Rabbi Reuven Becker, MBA, MS, L'Orech Yomim/Center for Health Living, Inc, the survey was a cross-country collaboration with Lee Caplan, M.D., Ph.D., M.P.H., Department of Community Health and Preventive Medicine, Morehouse School of Medicine, Atlanta, GA, Mendel E. Singer, Ph.D. Department of Epidemiology and Biostatistics, Case Western Reserve University School of Medicine, Principal Investigator,

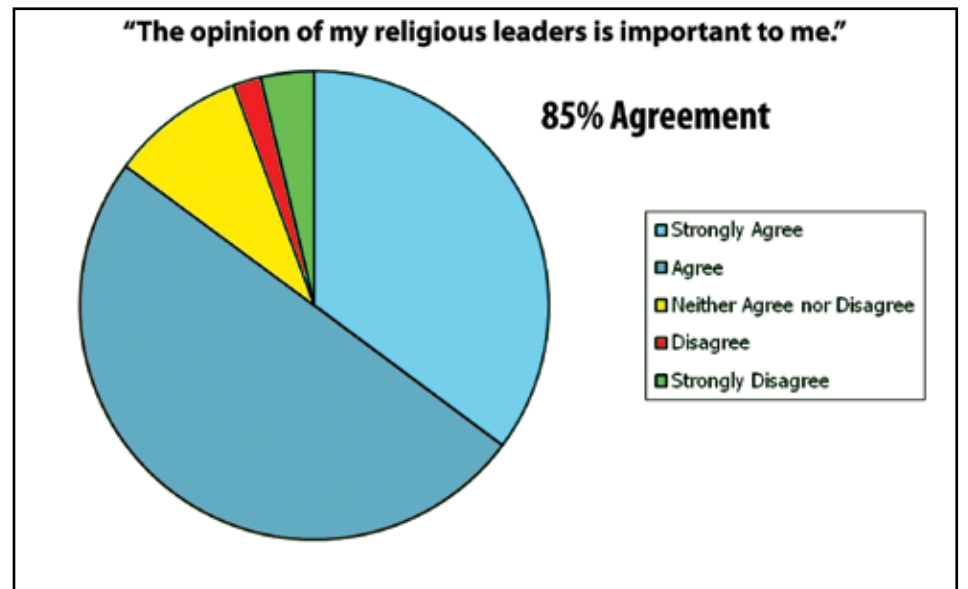
Cleveland, OH and Ephraim Shapiro, M.P.A., M.Phil, Mailman School of Public Health Columbia University New York, NY. All were volunteers, motivated by the issue and the opportunity to apply their respective skills for the *klal*.

The research team had many exchanges, conference calls, consultations over a period of three months to design an evaluation instrument that would be simple to complete and provide the data to answer the research questions.

Participation of Torah observant caregivers was recruited through synagogue announcements and press releases and postings to email listings. The questionnaire could be accessed online or completed through paper copy or telephone.

One of the main challenges in developing the questionnaire was determining how to measure caregiver burden. Gerontologic health scientific literature identifies a number of scales. The 4-item Zarit screen was selected. It is short and simple. The questions are self-administered and are presented below. A score of 8 indicates high burden and that intervention may be indicated. Fifty percent (50%) of those completing the *Orthodox Jewish Caregiver Survey* experienced high burden.

The pilot study bore a number of additional results of interest. A significant minority (20.2%) do not read secular newspapers. The vast majority, over 85%, expressed that "The opinion of my religious leaders is important to me." Detailed discussion of the survey will be presented in future installments.



We sought to raise public awareness of the issues, and this was accomplished. In addition to the fact that the survey was announced across the country and led by many in the community, the study was selected for presentation at a national scientific public health conference attended by over 17,000 professionals. At a round table discussion, the study "Health promotion interventions for family caregivers: Effectiveness in serving the needs of the Jewish community" was selected to be of greatest interest by colleagues and professionals representing all ethnic groups. "It was also remarkable that when I presented the report," says Rabbi Reuven Becker, "and expressed the fact that many of the Orthodox Jewish community do not use the Internet, there were some eyebrows raised, questioning this restriction. But when I explained that, as we all know, there is much on the Internet that is provocative and enticing, the audience readily understood and respected the position."

Mendel E. Singer, Ph.D., principal investigator of the study and Director of Research, Divisions of Public Health, Health Services Research and Policy, and Director, Jewish Community Health Initiative, Case School of Medicine, believes that a valuable instrument was developed by our research team, and he would gladly consider partnering with another academic institution or scientific group to expand this pilot study into a broader, more extensive scientific research investigation. This feeling was

shared by the other researchers.

Noteworthy is a finding of the original Zarit caregiver burden study cited above (*The Gerontologist*, 1980, Vol. 20, No. 6, pp. 649-655.): "The surprising aspect of this study is that extent of burden reported by primary caregivers ... was not related to the behavior problems caused by the illness, but was associated with the social supports available, specifically the number of visitors to the household... The sheer quantity of visits from other family members was important... Community volunteers can also be used to fortify the natural support network..." The article and other works identify a number of additional interventions that may be effective in reducing caregiver burden. These as well as the services available in the community will be discussed in future columns.

The topic takes on an even more sobering tone when considering the following data.

- Family caregivers experiencing extreme stress have been shown to age prematurely. This level of stress can take as much as 10 years off a family caregiver's life.
- Nearly three quarters (72%) of family caregivers report not going to the doctor as often as they should and 55% say they skip doctor appointments for themselves.
- American businesses can lose as much as \$34 billion each year due to employees'

(continues on page 11 "Caregiving")

ZARIT SCREEN MEASURE OF CAREGIVER BURDEN

1. Do you feel that because of your relative that you don't have enough time for yourself?

☐ Never (0) ☐ Rarely (1) ☐ Sometimes (2) ☐ Quite Frequently (3) ☐ Nearly Always (4)

2. Do you feel stressed between caring for your relative & trying to meet other responsibilities?

☐ Never (0) ☐ Rarely (1) ☐ Sometimes (2) ☐ Quite Frequently (3) ☐ Nearly Always (4)

3. Do you feel strained when you are around your relative?

☐ Never (0) ☐ Rarely (1) ☐ Sometimes (2) ☐ Quite Frequently (3) ☐ Nearly Always (4)

4. Do you feel uncertain about what to do about your relative?

☐ Never (0) ☐ Rarely (1) ☐ Sometimes (2) ☐ Quite Frequently (3) ☐ Nearly Always (4)

A TOTAL SCORE OF 8 INDICATES HIGH BURDEN

(continues from page 10 "Caregiving")

need to care for loved ones 50 years of age and older.

Ephraim Shapiro, currently Research Scientist at the New York University School of Medicine, observes "I was glad for the opportunity to collaborate with members of our research team for the benefit of the *klal*. Participating on this

project sensitized me to the issue and needs of Orthodox Jewish caregivers. I see our pilot study as a meaningful first step in addressing this community problem, one that not only impacts on the Jewish community, but other ethnic groups as well."

Caregivers learning about the survey were comforted by the knowledge that their plight was finally being addressed in a public forum.

ROLE MODELS OF LEADERSHIP

(continues from page 5 "Zachter")

professionals. They are available day and night so that [the] services provided are available 24/7. There is no such thing as being closed!

Are you then suggesting that an individual who experiences this type of occurrence, and it can happen in any social service agency, should reach out to a board member?

Yes, board members need to make themselves available for emergencies and have contact with people at the social service agencies. If the social service agencies can help, that's what they're there for. It's not just 9-to-5. If it is a true emergency, it cannot wait until the next day. Then yes, they should call the board member.

Wouldn't you say as well that this commitment to the client, mission of community service needs to be reinforced routinely at staff meetings of the organization?

Yes, of course.

How would you describe your own management style?

Understanding the needs of our clients and working with L&T staff to fulfill

these needs; Tough, yet understanding; follow up aggressively on matters.

Aspirations right now? What gets you excited?

On a personal level: Seeing my children and grandchildren exploring and reaching new heights in learning and personality. On a professional level, obtaining new L&T clients and being complimented by management and boards of directors of the not-for-profits we serve.

To summarize, what would you say are the top four traits and skills of a good leader?

- Communication: Being a Communicator, both in writing and orally.
- Dedication: To a cause... and family.
- Time: Put in the necessary time to learn and understand issues.
- Passion: "Go for it!"

- By Rabbi Reuven Becker

Abridged and edited. Visit www.kolhakavodnews.com for the complete interview. Loeb and Troper can be reached at 212.867-4000 info@loebandtroper.com

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Pitzzy - A Gift That Lasts

I must share with you a delightful experience which occurred last year and which I am still enjoying even "as we speak." I had been planning to visit my grandkids, was aware that Shoshana, the six year old's birthday was coming up and wanted to bring her a meaningful gift. On a lark, I walked into a Judaica Sforim store and asked for a book in Hebrew suitable for six-year-olds. The young man at the counter asked me "are you sure? in Hebrew?" And I said yes and he directed me to some books in a corner that he thought perhaps might be what I was looking for. In reviewing the stack I ended up buying three books (easier than deciding which one is best), the illustrations and accompanying text were so engaging. I presented them to Shoshana and was elated by the response. I could not have selected a more perfect gift. My granddaughter and I bonded as we sat together on the couch reading the stories, both of us tantalized by the experience while I happily needed to learn some new Hebrew words in the process. The book series, *Alilot Pitzzy*, teaches lessons in character development, *midos tovos*, such as honesty, respecting parents in a sophisticated non-judgmental manner. Shoshana was so enamored that



she brought the books to school, showed her teacher, who in turn read them to the class. She came for Shabbos last week on her 7th birthday and brought one of the books along. I called Eichlers in Flatbush and Boro Park as well as SafriTech. Not there. But it is available on line at judaica-il.com or kiriyatam.library.org.il, and perhaps a call or fax directly to publisher, Doni Seforim 08-6812225,6 fax: 08-6882359, may get some results. Worth pursuing. *Been enjoying your grandchildren? We'd like to hear about it. Share your nachas with us. info@kolhakavodnews.com.*

LEISURE

ALEF BET SUDOKU!

Solution to Puzzle from Pages 6-7

ד	א	ה	ח	ט	ו	ב	ג	ז
ח	ו	ט	ג	ז	ב	ד	א	ה
ז	ב	ג	ד	ה	א	ט	ח	ו
ב	ח	א	ו	ג	ד	ז	ה	ט
ה	ז	ד	ב	ח	ט	א	ו	ג
ג	ט	ו	ז	א	ה	ח	ב	ד
ט	ד	ח	ה	ב	ג	ו	ז	א
א	ה	ז	ט	ו	ח	ג	ד	ב
ו	ג	ב	א	ד	ז	ה	ט	ח

Puzzle by S. Malkah Cohen

Did you solve it?

Lots of fun, and good, healthy brain exercise, right?

Do send us your comments and suggestions on this and other puzzles you might enjoy!

The Mazinke Dance - Tradition, Folklore, or Not?

As I recall, the conversation began something like this:

The chupa was absolutely stunning.

- Yep. Quite a number of Roshei Yeshiva received Brochos.

The singer under the Chupa was great - did you get his name?

- No, but I could find out. How was your main? Did you enjoy the schmorg? *Delicious. It was a beautiful simcha all around. The spirit permeated the entire ballroom.*

Standard exchange while driving home with your wife from a separate seating wedding affair.

But then she asked the following:

Did you get to see the mezinka tantze?

- Yes, I said.

My friend Shaindy was standing right next to me. She feels it's taken from the secular Yiddish theatre, and adapted from some non Jewish ritual. What do you think?

Admittedly, there is something about the broom sweeping, and the placing of laurels that seem to me to be inconsistent and foreign to our traditional values. The laurels in particular conjure up thoughts of Greek gods and their culture. Yet the dance has reached such popularity and acceptance that it may be found on the checklists for those wishing to comply with traditional practice, sandwiched somewhere between *Yichud* and *Sheva Brachos*.

I thought it would be valuable to research the matter, and learn the facts rather than speculate.

When I arrived home that evening, though it was quite late, I was so curious and perplexed about this issue that I immediately went to my *sforim* cabinet to review some of the traditional references on my shelves - perhaps I had somehow overlooked this *minhag* in earlier studies of the laws and customs of the wedding celebration. The two-volume *Invei HaGefen*, which enjoys the *haskomos* of HaRav Moshe Feinstein and HaRav Shlomo Zalman Aurbach, z"l, among others, had nothing. Neither did the *Nitei Gavriel*. I have an English-language collection by a respected American congregation rabbi, Abraham Chill, who had served in a number of leadership positions on the Rabbinical Council of America,

entitled *The Minhagim: The Customs and Ceremonies of Judaism, Their Origins and Rationale*, also no mention of the dance.

I went to bed. Mystery unsolved.

In pursuing the matter further, the first challenge I encountered was the basic spelling of the word. Is it "*muzinke*" perhaps "*mozinka*" or "*mezynke*"? A similar problem emerged regarding the Hebrew Yiddish letter formation.

After multiple tries and still unsuccessful, I thought of contacting a friend, a researcher at YIVO. Located in Manhattan, the YIVO Institute for Jewish Research is a world renowned resource center for East European Jewish Studies; Yiddish language, literature and folklore; and the American Jewish immigrant experience. The YIVO Library holds over 385,000 volumes in 12 major languages, and the Archives contains more than 24,000,000 pieces, including manuscripts, documents, photographs, sound recordings, art works, films, posters, sheet music, and other artifacts.

I felt confident my friend Shaye Metal and his associates would readily respond to my inquiry and resolve the entire matter. Spoke to Shaye. He too wasn't sure about the spelling and referred me to someone he was certain would have the answers and if not, could refer me to someone who does.

Dr. Paul Glasser, Associate Dean, YIVO Max Weinreich Center for Advanced Jewish Study, was extremely helpful. He spelled the word for me in both English and Yiddish, confirmed that it indeed is a Yiddish word [I had thought that perhaps it might be Russian], provided the definition, "the youngest daughter." And said "No, don't know the history of the dance, but can refer you to the expert who definitely can help."

Chana Mlotek is YIVO's Music Archivist. In a flash she said, "Certainly I know the song, lyrics and music composed by Mordechai Warshavsky in Kiev 1901." "That's very helpful, but what about the dance?"

"Don't know anything about a dance." What?! Silence. I was dumfounded. The phone call ended.

At least I had made some progress. Armed with the correct spelling I could now effectively proceed to search for the custom in a number of data bases.

My first choice was the world renowned Bar Ilan archives. The Bar Ilan Global Jewish Database (the *Responsa* Project) contains 92,000 *Responsa* on every facet of Jewish law, and together with other primary text of Jewish teaching represent a period of over three thousand years of Jewish life. These *Responsa* are rabbinic case-law rulings which represent the historical-sociological milieu of real-life situations. Upon asking their local rabbis for advice on almost every subject, these questions and answers, *responsa*, were then compiled and published in to volumes and accordingly provide halachic, historical, sociological and economic data representing every aspect of the life cycle.

It would naturally be expected that the word and reference to the custom would be found therein.

I entered the letters/word. מיזינקע.

"No results for this search."

Otzar HaHochma is another respected and major source of study and research. The digital library contains more than 45,000 Judaic books, scanned page after page in their original format. It too encompasses all realms of Judaism from ancient times to the modern period, Halachah and Customs from the Rishonim and Acharonim, Responsa Literature as well as Modern scholarship. Again, nothing Amazing.

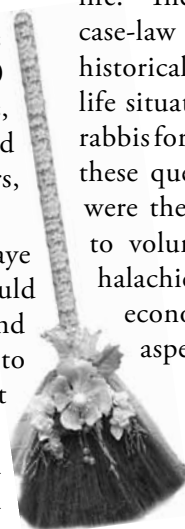
I thought I might try approaching this from another angle. Let's see what I can find regarding Mordechai Warshavsky and the song. Perhaps it will shed light on the dance. Soon enough I learned the following: That Mordechai or Mark Warshavsky was a famous Jewish folksinger and composer. He was befriended and mentored by Sholom Aleichem who admired his work and encouraged him to publish them. Together they were part of a circle of artists who frequented and performed in the cafes of Kiev. In addition to composing the words and lyrics to the Mazinke dance, his repertoire includes authorship of the beautiful and familiar lullaby *Oifem Prepechik*.

But what about the dance?

(To be continued in our next issue)

The lyrics and my translation are available at kolhakavodnews.com

— RGB



Di Mizinke Oisgegebn די מיזינקע אויסגעגעבן

ווערטער און מוזיק: מ. מ. ווארשאַווסקי

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מוזיק-KE OIS GE-GE-BN DI MU-ZIK-KE OIS GE-LE DI

Assisted Living At Home: The New Scharf Initiative

(continues from page 9)

Now, Scharf's Ateret Avot experience can be brought right into your own home. Our Ateret At Home program offers you a choice of a wide range of services that will help you live a healthy, independent life in your own home. Ateret At Home is the best of both worlds.

Ateret at Home will fill the void that presently exists for those seniors who wish to remain at home but may need additional support and services. We can provide these, discretely, expertly and professionally. Our program can provide social workers, nutritionists, recreational therapists, Alzheimer's experts, artists, musicians, party organizers, health and financial professionals, "handymen," personal shoppers, and all kinds of concierge services, including handling your mail, making your appointments and more. Our large and diversified database of health and financial professionals can be accessed for your benefit.

Our staff will meet with you and/or your caregivers to discuss your needs and observe your living arrangements. We offer a complimentary in-home safety assessment whether or not you enroll in our program. Ateret At Home can come to your home daily, three times weekly, or twice weekly. You may choose from a full complement of supportive assistance. Rediscover the hobbies, pastimes and activities that make life more meaningful. Our Team Members will keep in touch with you on days when we are not in your home, just to check in and monitor your well being.

Caregivers and family members can also benefit greatly from this service by having peace of mind, knowing Ateret At Home is there to provide the support and supervision your loved one may need when you are not close by.

We can propose ways to make your home safer and even oversee the safety improvements. We can help you create weekly meal plans and even shop for food and stock your pantry with healthful and nutritious food items. We can prepare and serve your meals daily and stock your freezer with meals that can be used when needed. And we can also arrange activities based on your interests and abilities, plan outings and arrange for you to attend special events.

We are thrilled to be launching this very exciting program. Our preliminary

feedback from professionals in the field, caregivers, clients and family members alike is overwhelming. People have said, "Where have you been?" "How marvelous!" "Oh, I wish you had been around when my mother was alive

because she would have benefited greatly." If you are interested, please contact Ateret Avot and ask for Jenni, Director of Client Services at Ateret At Home, or you can reach her directly on her cell at 347-504-2367 or email Jenni at JLevin@ateretavot.com.

com. Our service area at this time is Brooklyn, Queens, and Long Island.

- By Jenni Levine, MSW

Jenni Levin, MSW is a graduate of Columbia University and has been a social worker for 25 years, working with the geriatric population.

LEISURE

A Walking Tour of Jewish History, Part 1

Queens Jewish Historical Society and Central Queens Historic Assn.

Over the last several decades, I have brought together information about the history of our borough under the auspices of the Central Queens Historic Association, publishing many articles and archiving thousands of photographs and documents. With the founding of the Queens Jewish Historical Society in 2002, we began to focus specifically on Jewish Queens and the fascinating ebb and flow of our communities, especially over the last one hundred or so years. Our walking tours and slide shows help bring this history to life for people of all ages.

We are proud to have been the key resource that provided information about this borough for the the *Jewish Map of New York City*, a collaborative effort celebrating 400 years of Jewish presence in the United States and specifically in this city. This series of mini-tours is based on the Queens Jewish Historical Society compilation of interesting sites, past and present, of Jewish interest.

OUR FIRST FIVE STOPS

Former Congregation Agudas Israel of Ridgewood

1618 Cornelia Street, Ridgewood. Chartered in 1912, the congregation bought the building in 1924 from the New Apostolic Church. Renovated in recent years, and air conditioned, it had a very small congregation and was taken care of by one Emanuel Potoker. The shul was symbolic of a once-strong Jewish

presence in a Christian neighborhood. The Bund marched two blocks away in the 1930's. Now closed, it has artist studios in its basement.

Cornerstone of the former Congregation Mishkan Israel

27-31 Crescent Street. Mishkan's congregation was formed in 1904 and its edifice built in 1905. A cornerstone of Orthodox Astoria life, it built its Talmud Torah next door in 1925. The Talmud Torah soon became the independent Astoria Center of Israel, under Rabbi Joshua Goldberg, later one of the first U.S. Naval chaplains. In 2003, the cornerstone was cleaned and mounted for display by the Greater Astoria Historical Society, at Quinn's Funeral Home, in Astoria.

Former Congregation Beth-El of Astoria

30-85 35th Street, Astoria. Founded in 1935 and sold in 1996, when only eighteen congregants were left, this Orthodox center of Jewish life is now the Open Door Bible Baptist Church, with a gracious Pastor Pete Montoro officiating in a sanctuary which has the original Jewish trappings: *bima* (reader's station), Stars of David, Menorah art work and Jewish stained glass designs. Originally, this congregation was several hundred families strong, in a Christian neighborhood. Changing demographics can also be seen in nearby Middle Village, which had its last synagogue close in 2001.

Congregation Independant Tifereth Israel of Corona

109-18 54th Avenue, Corona. Now experiencing a re-birth under the Bukharian leadership of Rabbi Amnein Khaimov, the congregation, originating in 1907, occupies a building first opened for services in 1915. The shul, a *shtetl* revival façade, resembles the 1905 Washington Street (First Independent



Statue of "Job" Forest Park, Kew Gardens

Hebrew Congregation) synagogue of Jamaica. Flourishing amidst a predominantly Italian neighborhood, in the 1930's and 1940's, it was one of four congregations in the Corona area – and is now the last one left. Cosmetics queen mother Estee and son Ronald Lauder were members of the congregation and later contributors to the synagogue. It is now on the State and National Registers of Historic Places.

American-Israel Friendship Grove

Flushing Meadows-Corona Park. Located next to the Queens Museum building, where the General Assembly of the United Nations met on November 29, 1947 and partitioned British Palestine into a Jewish state and an Arab state. This is a reminder to people of an era when Israel came to life amidst Arab hostility. Has the world changed all that much? The landscaped area offers much tranquility in the bustle of the park.

I look forward to hearing your feedback about this series. Your comments and suggestions, and especially your photos, are all very valuable to us and our research.

- By Jeff Gottlieb, President

Queens Jewish Historical Society
& Central Queens Historic Association

In our next installment, we'll explore more of Forest Hills, Kew Gardens Hills and points west. For more information about the Queens Jewish Historical Society and, please contact me at (917) 376-4496 or via email at JeffGottlieb@hotmail.com.



Cornerstone of the former Congregation Mishkan Israel of Astoria.

On Becoming A Doctor: A Father's Letter to His Two Sons

My Dear Children,

A theme addressed by many writers in the field of Jewish medical ethics is the physician's role in the healing of his patients within the context of belief in *Hashem* as the ultimate healer, אני ד' רפאך, I G-d am your healer (*Exodus* 15:26).

The accepted traditional view is that the physician is but an agent or tool of *Hashem* and that the healing and ultimate outcome of the patient is wholly dependent upon the will of *Hashem*, as is everything else that takes place in the universe.

Although this basic truth has important ramifications with regard to the conduct of the physician, it is obviously nowhere to be found in the curriculum of the secular medical school. I would therefore like to elaborate on this topic for you, my dear sons, who have chosen to serve *Hashem* through the practice of medicine and whose "student well-being" course should also include the well-being of your *Neshama*, your spiritual soul.

The concept of man serving as a *Shaliach*, a messenger of *Hakodosh Boruch Hu* is not limited only to physicians, but rather applies to all of mankind. The Rav (Rabbi Joseph B. Soloveitchik) זצ"ל spoke on a number of occasions on the topic of man as a שליח of *הקב"ה* using as the example "par excellence" Moshe Rabbeinu. When G-d appointed Moses, Moshe Rabbeinu, as the messenger to take כלל ישראל out of Egypt, He promised him, כי אהיה עמך, I will be with you (*Exodus* 3:12). From this we learn that, unlike a human being who stays behind, letting his agent take his place, *הקב"ה* accompanies the שליח and assures his success.

The Rav derives the universality of *Shlichus* with regard to all men from the Gemara in Nida ל: which relates that, before we are born, each one of us takes an oath. (*I don't think this was included in your embryology course*):

אינו יוצא משם עד שמשביעין אותו... ומה היא השבועה שמשביעין אותו
תהי צדיק ואל תהי רשע והוי יודע שהקב"ה טהור ומשרתיו טהורים
ונשמה שנתן בד' טהורה היא

אם אתה משמרה בטהרה מוטב ואם לאו הריני נוטלה ממך

"He does not leave the womb until he is given an oath ... and what is the oath? Be righteous and do not be evil ... and know that *Hakodosh Boruch Hu* is pure and His servants are pure, and the soul which is placed within you is pure. If you preserve its purity, good. If not, I shall take it from you."

Why is this oath administered before we come into this world? The Rav explains that, when someone appoints a messenger for a very important mission, he makes the messenger swear that he will faithfully fulfill his mission. Thus we find that Avrohom administered an oath to Eliezer when he appointed him to choose a wife for Yitzchok, and Yaakov Avinu made Yosef swear that he would bury him in *Eretz Yisroel*. In the same manner, we must all take an oath that we will faithfully fulfill the mission for which we were created and which was assigned specifically to each and every one of us as an agent of *הקב"ה*.

But the Rav asks a question with regards to this *Shlichus*. There is a Halachic concept of שלוחו של אדם כמותו – a שליח takes the place of his sender. How can a human being, as a physician or in any other capacity, take the place of *הקב"ה*, even as a שליח? The answer is found in the same Gemara:

הקב"ה טהור ומשרתיו טהורים ונשמה שנתן בד' טהורה היא

It is by virtue of our נשמה טהורה, the purity of our soul, our צלם אלוקים that we merit the privilege of representing and serving *הקב"ה* in this world. To the extent that we maintain the purity of our נשמה throughout our life we can feel confident that *הקב"ה* will help us fulfill our mission in this world.

More than anyone else, the physician, a שליח who bears the awesome responsibility of life and death, needs סייעתא דשמיא, Heavenly assistance, to be successful. I have always felt that a physician must not only be diligent in his studies and completely devoted to his patients, but must also maintain and increase his personal growth in Torah, *Middos* and *Yiras Shamayim*, so that he will always be a worthy שליח. He must always bear in mind the teaching of *Chazal*:

מגלגלין זכות על ידי זכאי וחובה על ידי חייב

"Merits are rewarded through those who are meritorious, and punishments are dispensed through those who are themselves guilty."

I pray every day that I should be an agent only for the good and never for the bad.

Having been through medical school and post-graduate training, I know full well the rigors and stresses of your medical education and the spiritual dangers posed by the secular environment to which you are exposed. On the other hand, as you learn about the infinite wisdom of the human body which *הקב"ה* created, I know you can be religiously inspired. To a great extent, the effect medical school will have on you depends on you. We are taught that מצוה אינן ניזוקין "One who is involved in a Mitzvah merits special protection, both physically and spiritually." If you go through life as a faithful servant of *הקב"ה*, He will be at your side at all times, and you will succeed in all of your endeavors.

Please take these words to heart, and I am sure you will continue to be a source of *Nachas* to me and to all of כלל ישראל.

Sincerely,

With Love,

אבא

- By Jacob S. Walfish, MD, FACP

Dr. Walfish is Assistant Clinical Professor of Medicine, NYU School of Medicine, Medical Director, NYU Langone Medical Center – Williamsburg. A graduate of Yeshiva University and Harvard Medical School, he specializes in Internal Medicine and Gastroenterology. 718.384.5179.

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Things You Should Know About Vision Loss

Do you have new eyeglasses, but find that there are still things you cannot do because of your vision?

Have you gone for medical treatment or surgery to correct vision problems, but still have trouble seeing?

If you answered yes to either question, you might have “low vision” or “vision impairment.” This occurs when all traditional means to correct vision, such as standard eyeglasses, prescription medication, treatments and surgery don’t improve your vision well enough to let you continue daily activities such as reading, sewing, cooking and seeing the television or computer screen.

Low vision often results from an eye disease such as macular degeneration, glaucoma, and cataracts, or from a condition such as diabetes. While it can be frightening to get one of these diagnoses and even to lose some of your vision, it is important to understand that most people do not become completely blind. There are also many services and special devices that can help you to stay independent and active in spite of your declining vision.

SOME KEY POINTS TO REMEMBER IF YOU HAVE A VISION PROBLEM:

- Have regular eye exams. A dilated eye exam allows the eye doctor to check your eye health and track the development or progression of any eye diseases or related conditions. In fact, eye doctors often are the first to detect diabetes in patients, because of the changes it causes in the eye!

- Have a low vision examination. This is a special exam done by a low vision doctor. This can help you maximize your visual abilities and enable you to receive special-assistive devices and training.

- Ask about vision rehabilitation services. There are many specialized techniques and devices that can help someone who is losing vision continue with daily tasks.

Vision rehabilitation services can be accessed through occupational therapists or vision rehabilitation teachers. Sometimes a simple change like marking the on/off button on the microwave with a raised dot can make all the difference in being able to do things for yourself.

- Create a safe home environment. Important concepts to pay attention to are lighting, contrast and glare. Check that you have enough light (especially in the kitchen and bathroom) and that lighting levels are even throughout your home. Have nightlights in hallways and bathrooms. Create contrast wherever you can, for instance, dark switch plates against light walls, dark handles on light cabinets, a dark non-skid mat in a light-colored tub, etc. Ways to control glare include installing blinds that allow you to redirect light from outside, covering shiny floors with non-slip rugs, having shades on your lamps, and wearing a hat with a brim outside on sunny days.

- Seek out support services. Individual counseling and support groups can help you cope with the emotions that often accompany vision loss and connect with others who are going through changes similar to yours. Some groups meet in person, while others are tele-support groups that meet on the phone or on-line.

For a free copy of *Vision Loss: Everything You Wanted to Know but Were Afraid to Ask!*, a booklet with more information about low vision care and services, call 800-539-4845 or email sightcare@jgb.org.

*- By Roy Gordon Cole, OD and Annemarie O'Hearn, MPA
The Jewish Guild for the Blind*

The Jewish Guild for the Blind, located at 15 West 65th Street, NYC, 10023, provides a wide range of programs and services for people with vision loss of all ages. Please call 212-769-6263 for more information or go to www.jgb.org.



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