

Kol HaKavod News

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A Family Caregiver's Quest for Direction

BACKGROUND

The precarious status of family caregivers has been given national recognition over the past decade. *Health Affairs*, the preeminent forum to promote analysis and discussion on improving health and health care published a study on the topic in 1999, which is still cited in academic and scientific literature to this day. "The Economic Value of Informal Caregiving" study broadened the issue of informal caregiving from the micro level, where individual caregivers attempt to cope with the stresses and responsibilities of caregiving, to the macro level of the health care system, challenging providers and policy makers to find more effective ways to support family caregivers.

A local community based organization,

L'Orech Yomim/Center for Healthy Living initiated its "Caring for Our Elders" seminar series in 1999 and continues to advocate on behalf of this cause. It led the first national Survey of Orthodox Jewish Caregiving (JOCS) in 2009, supporting the hypothesis that those feeling compelled to comply with the Fifth Commandment to honor parents typically experience greater burden in their role than the national average.

The concluding remarks of the just released June 2015, national survey are eerily familiar:

"Not enough is being done to support family caregivers in the public or private sector as they age."

"There's a double-edged sword when

(continues on Page 17)



"I Love Water"—See story on page 9

Can A Holocaust Survivor Ever Forgive the Germans?

Anita Epstein, who was born in the Krakow ghetto in 1942, reflects on the collective guilt experienced by postwar Germans and on her own inability to see past the death she was spared.

It was more than 15 years ago, but I still remember the day clearly. My husband and I hosted a dinner at our home for emerging young German leaders. They were participating in an exchange program with the American Jewish Committee that included a week in Washington, D.C. I viewed the evening as a test of how I would deal with Germans — indeed, of whether I could deal with them at all.

The Germans, after all, had murdered almost all of my family in the Holocaust, to say nothing of their wanton slaughter of millions of other Jews, gypsies, homosexuals, and others. I escaped that gruesome fate myself only because shortly after my birth in the Krakow ghetto, in November 1942, my parents gave me away to be hidden by a Polish Catholic family. More than a million Jewish children, however, were not so

fortunate: They were strangled or starved, shot or gassed, bashed against walls or tossed out windows, burned in ovens or buried in mass graves.

I tried to behave myself that evening. I really did. But I could not help myself: I asked a wispy young German woman with whom I was speaking whether she thought she was capable of throwing a baby off a balcony.

She was stunned. "What do you mean?" I told her that Germans routinely had thrown Jewish children off balconies during the Holocaust. Did she think she could do something like that? She protested. She said that she was not even alive during the Holocaust. How could I think such a thing? Wouldn't I ever be able to forgive the Germans? She began to cry.

I told her that it was not hard for me to think such a thing. I think about such things often. I think about how easily I could have been one of the murdered babies. I think of how the Germans killed

all pregnant Jewish women they discovered in the ghetto along with so many others. I think of how my mother avoided their clutches to bring me into this world and, after she suffered terribly in four Nazi camps and returned from the brink of death, found me again after the war. And I think of the father, grandparents, uncles, aunts, cousins and others I will never know, of the postwar anti-Semitism in Germany and Poland, and of the resentment heaped on me by some Holocaust survivors whose own sons and daughters had perished. (When I was older I realized that I was a constant reminder to them of their inability to save their children. I evidently was being punished for living.)

Despite all of this and more, I have managed to have a full life, if a deeply scarred one. After several years spent chiefly in a displaced persons camp in Germany, I came to America on a crammed troop ship, the U.S.S. Taylor, and in New York survived

(continues on Page 10)

Kol HaKavod News

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In the Box and Out Of the Box

Please consider if you will, the following occurrences:

♦I approached a child in a medical center in Kiryas Yoel and jokingly asked him “vus machs de [how are you feeling]?” And the 4 year old reacted excitedly

“Yoy, mommy, kic, de goy ret Yiddish [I don’t believe it mommy, come see, the gentile can speak Yiddish]!”

♦I entered a Jewish patient’s room conducting my routine volunteer Bikur Cholim rounds in the hospital. The patient was firm. I hadn’t opened my mouth. I hadn’t said a word.

“No, I don’t want anything. I have nothing to give.”

♦A non-affiliated physician attended a religious wedding of one of his patients and was overwhelmed by the high number of disabled and handicapped relatives in attendance. He approached the celebrants some time later to inquire and learn about the genetic family malformation.

♦I needed change for the parking meter and was advised that the neighborhood bar would be able to accommodate me. Curious, I asked the bartender “What is your most popular scotch?”

“We don’t serve much scotch here. This is an Irish pub.”

IN THE BOX

These episodes have some commonality. While amusing on one level and seemingly innocuous, they are problematic on another. We tend to put people in boxes.

The young child was taught that Jews talk

and dress in one specific manner

The hospital bed bound patient felt that all orthodox rabbis wearing a wide fedora hat are solicitors, looking for a hand out.

The good physician assumed that there is high incidence of familial intermarriage within the Chassidic community.

The Scotch and Irish of course have a history of contention, but I was totally ignorant of the depth of its implications, as it played out here in the United States.

As I reflected on these instances and thought about the rough and tumble of current events, the nuclear arms negotiations as an example, I conjured up lyrics to a popular late 50s early 60s folksong:

Kingston Trio’s “*Merry Minuet*
(tongue and cheek)

They’re rioting in Africa, they’re starving in Spain.

There’s hurricanes in Florida, and Texas needs rain.

The whole world is festering with unhappy souls.

The French hate the Germans, the Germans hate the Poles.

Italians hate Yugoslavs, South Africans hate the Dutch.

And I don’t like anybody very much!

But we can be tranquil, and thankful, and proud,

For mans’ been endowed with a mushroom-shaped cloud.

And we know for certain that some lovely day

Someone will set the spark off, and we will all be blown away.

They’re rioting in Africa, there’s strife in Iran.

What nature doesn’t do to us, will be done by our fellow man.

Sheldon Harnick 1953

Though composed in 1953, we can replace some of the names, but the message is hauntingly the same for 2015 (as of late, Texas does not need rain).

We know from history that myopia and ignorance may ultimately lead to bias, prejudice and hateful action. Is there nothing that can be done? Shall we simply accept the circumstance as the natural human condition? Is there no way out of the box?

I reached out to a prominent, highly regarded, Jewish educator for his opinion on the matter and received his response.

OUT OF THE BOX

-What would you advise?

Make sure that you and your spouse and other members of your nuclear family as well as any other significant adults in the lives of your children accept, embrace, and respect all people regardless of race, color or creed.

Make sure to enroll your children in schools whose faculty, administration and other employees and constituents are of a similar demeanor -- not in what they profess but in how they act.

Expose your children to the world around them by travelling with them as often as time and budget allow.

Expose your children to appropriate videos, you tubes, etc. whose message is acceptance, tolerance and respect for all people, while reserving admiration for those who are deserving of admiration because they live the values which you espouse.

That’s enough for starters. *Ve-idach zyl gmor.*

-Should we just accept the circumstance as the human condition?

Absolutely not. If you are not a part of the solution you are a part of the problem.

Letters & Comments

On Kol Hakavod News

Dear Rabbi Becker,

I want to thank you for this very much needed Newspaper, Kol HaKavod News. I hope you will continue. I have a 92 year old mother, B’H. Who I am overseeing her care and finances. Family Trust, Pooled income trust, bills, 24/7 home attendants etc., etc., etc. It’s comforting to know that there is a resource that addresses some of these needs.

I would like to see more information on dealing with home attendants who do not work directly for you but through an agency. There are issues that come up and I’m not sure how to handle it. After all they are with my mother mostly alone. Although, I feel they take good care of my Mom and I do not want to rock the boat... it puts me in an awkward situation.

Looking forward to more editions. And please tell me where I can pick up a hard copy.

Thank you very much
RA

Honoring Our Parents

*"Kabeid Es Avicha V'es Imecha Lema'an
Ya'arichun Yamecha al Ha'adama Asher
Hashem Elokecha Nosein Lach"*

"You shall honor your father and
your mother..."

All the Aseres HaDibros, The Ten Commandments, are equally important, however each one of them has its unique challenges. The Fifth Commandment is to honor our parents. The sages in the Talmud felt that this was the single most challenging commandment to observe, even to the point of avoiding it entirely rather than doing it poorly. The Talmudic sage, Rav Yochanan's father died before he was born. His mother died in childbirth. Rav Yochanan's childhood as an orphan must have been difficult and cruel. Even so, he was relieved that he did not have to be challenged by this mitzvah.

The nature of the parent-child relationship is so complex that sometimes a child may find himself loving his parents, but unable to respect them. At other times, a child may respect his parents and care for them, but is far removed from any affection or appreciation. Oscar Wilde said, "Children begin by loving their parents; at times they judge them, rarely, if ever do they forgive them." Nevertheless, Hashem has commanded us to honor our parents and care for them and this

mitzvah is so essential that it is included in the Ten Commandments.

When we review the examples of outstanding observance of this mitzvah, we can almost see a pattern, when one honors his parents regardless of the circumstances, the mitzvah itself has the power to lift the most humble individual to the heights of greatest merit. Wicked, seemingly unredeemable Esav, was considerably rewarded for the respect and care he showed his father Yitzchok. Dama Ben Nesina was a gentile, but he too excelled in this regard and the Torah uses him as an example for the rest of us. Ben Nesina was a jeweler, and he was approached by the great rabbis of his time in order to purchase a precious stone that was necessary for the breastplate of the Kohen Gadol. However, at the time they came to him, he could not complete the transaction, because his father was resting and the key to the chest with the precious stone was under his pillow. Dama Ben Nesina refused to wake up his father and was willing to forfeit a large sum of money rather than dishonor his father. As a reward, he was blessed with a Red Heifer and was able to sell it to the Rabbinate for a large profit, thus making up the loss he suffered when he refused to sell them the stone.

The Medrash quoted in the book *Sefer HaDoros* quotes an anecdote

about Rabbi Yehoshua ben Elem. Rabbi Yehoshua was a great sage; one night in his dream he was told to rejoice because he would enjoy Olam Haboh, paradise, next to Nanas the butcher. Upon awakening he couldn't help questioning the dream, he has dedicated his entire life to the service of Hashem and spent his days and nights immersed in the holy Torah. Why should he rejoice

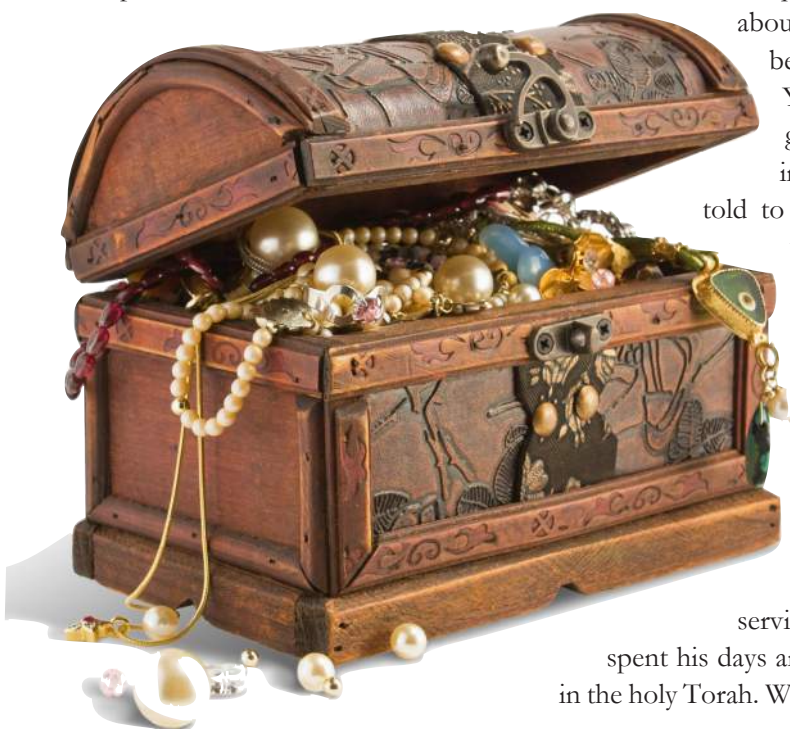
to have the same reward as a butcher? Rabbi Yehoshua decided to search for Nanas the butcher and see who this man was and why is he sharing Olam Haboh with him. Together with his students he went on an extended trip to look for Nanas. In one town far away from home, Rabbi Yehoshua finally found people who could guide him to Nanas, but they were surprised, even shocked that the great Rabbi Yehoshua wanted to meet the local butcher! Weren't there more distinguished and important people in town? Rabbi Yehoshua asked to be taken to the home of Nanas. Nanas almost fainted when he realized that a great sage was standing on his threshold. He could not contain himself, "What gives me the great honor of seeing the leader of world Jewry in my home? I'm a simple man", said Nanas, "Just a butcher trying to make a living. How can I help the great Rabbi." Rabbi Yehoshua said to Nanas, "Tell me Nanas, are you married?" Nanas answered that he is not married. "Do you have parents?" Then Nanas proceeded to explain that his parents are elderly and crippled. He said, "My parents are totally incapable of caring for themselves. I am the one who takes care of them. Every morning before going to work I bathe them, cloth them and spoon feed them.

When I come home from work I do the same thing again and then I carry each one of them to bed." When he heard this Rabbi Yehoshua hugged and kissed Nanas and said, "My son, how fortunate are you for taking care of your parents and how fortunate am I who will be your partner in the Olam HaEmes!" Nanas was a simple man, poor and unschooled, but in the World of Truth his singular dedication to his parents placed him next to the giants of Torah.

As we review these examples, it becomes evident that the challenge of the mitzvah equals its power. Not only is the mitzvah of honoring parents on par with such commandments as "I am Hashem your G-d", but working on this mitzvah can enable a simple insignificant individual to become a remarkable, exemplary Human Being. I can only add that I wish to everyone engaged in this mitzvah will find it easy and pleasant.

—By Rabbi Yakov Barros

Rabbi Yakov Barros is the Senior Rov of the South Fallsburg Shul and Rosh Kollel of the Kollel of South Fallsburg. Rabbi Barros is the author of the Birchas Yaakov sefer on Chumash Bereishis. He also lectures at community and private events. You can reach Rabbi Barros at sfallsburgshul@aol.com or at his office at 845 434-3386



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People Of The Book: A Call To Action

We are proud to have earned the position in history as People of the Book. Serious study and intellectual prowess have become our hallmark. At the same time, “The Book” advises that we are obligated to maintain a healthy lifestyle, *V’eNishMartem Me’od Le’Nafshosaichem*. Be very attentive to caring for your health. (Deuteronomy 4:15) Scientists have verified that a sedentary lifestyle is bad for your health. A lifetime of physical inactivity accelerates normal age-related changes such as loss of skeletal muscle mass, strength, and power. Sedentary individuals lose 20-40% of their muscle mass throughout their adult life and are more inclined to develop metabolic syndrome and cardiovascular diseases.

On the other hand, regular exercise lessens the likelihood of heart disease, lowers blood pressure, reduces the risk of many cancers, builds bones, lifts your spirits, keeps your brain sharp, and can add years to your life states the Harvard Medical School Special Health Report of June, 2015.

A CALL TO ACTION

“You don’t need to leave the house to be physically active” notes the National Institute on Aging. Here are ways you can exercise right in your own home.

You can

- Dance to music on the radio or a

CD

- Lift hand weights, soup cans, water bottles, or resistance bands while watching a video

- Do floor exercises like thigh stretches and hip stretches

- Do leg lifts while holding on to a sturdy chair, counter or wall for support

- March in place or walk around the room while talking on the telephone

- Take advantage of small bits of “down time” to do an exercise or two. For example, while you’re waiting for the coffee to brew or for your spouse to get ready to go out, do a few wall push-ups or calf stretches.

The Harvard Report notes further that your doctor should advise you before you begin a new exercise program, but these simple stretching tips are important to

flexibility will improve.

3. Breathe. Breathe comfortably when stretching.

4. Practice often. You’ll see the best gains if you stretch frequently — several times a day on as many days of the week as possible.

It is tempting to avoid the motions that cause you pain. But limiting your movements can weaken muscles and make joint trouble even worse.

But the right exercises performed properly can be a long-lasting way to subdue ankle, knee, hip, or shoulder pain. For some people, the right exercise routine can even help you delay or sidestep surgery. Your goal should be to pair gentle, targeted joint workouts with a simple walking routine.

The following link provides additional detail of exercise routines recommended by the National Institute on Aging: <https://www.nia.nih.gov/health/publication/workout-go> The regimens include illustrative diagrams and videos.

—RGB

Rabbi Reuven G. Becker, MBA, MS is an author, lecturer and consultant. Experienced public health professional specializing in elder care and organizational development, he is available to senior centers, synagogue groups to lecture, teach, develop programming in the areas of Healthy Aging, Mitzvas Kibud Av V’eim, End of Life Issues.

Q: I’m in my eighties, hunched over, even need a walker. Can exercise still help at this late stage?

A: ABSOLUTELY!

Physical activity benefits persons of all ages. It is vital for reducing the risk of numerous chronic conditions, relieving symptoms of depression, helping to maintain independent living and enhancing the overall quality of life. It also improves mobility and functioning in the frail and the very old.

National Council on Aging

Check with your doctor before starting any new exercise regimen.

- Take a few extra trips up and down the steps at home to strengthen your legs and build endurance

- While putting your groceries away, strengthen your arms by lifting the milk carton or a 1-pound can a few times

- Vacuum, mop, sweep, or dust those hard-to-reach areas

- Play ping pong with the grandkids

any workout.

1. Warm up first. Muscles stretch more easily when warm. Try walking for a few minutes before doing any stretches.

2. Feel no pain. Stretch only to the point of mild tension, never to the point of pain. If a stretch hurts, stop doing it. Reset your position carefully and try again. With time and practice, your



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HaGaon Rav Shlomo Zalman Auerbach z"l Went Here



Zomet certification for Shabbat use.”

Many have approached Zomet to assist them with special needs and they continue to welcome inquiries from the community for researching and finding solutions to practical concerns to enhance the quality of life for the Shomrei Torah U'Mitzvos on Shabbat. Inquiries may be sent directly to mail@zomet.org or through the contact us drop down on the Zomet website.

Harav Auerbach had approached Zomet, more specifically HaRav Rozen to find a method for freeing a young religious girl paralyzed from the waist down from feeling imprisoned and saddened when holiest of days approach. They delivered. Rabbi Rozen recruited a work group of experts in Torah and Mado who worked arduously on the task of designing a motorized wheelchair that is halachically acceptable for use on Shabbos and Yom Tov. “That achievement gave birth to the electric scooter now utilized around the world by the disabled and frail elderly,” observed Rabbi Marans. “I should underscore that our intricately designed devices are for special uses and special populations.” Of course, as with any halachic issue of this nature, review and consultation with your family rov should be conducted to affirm acceptance of the appropriateness of use in your particular circumstance. “I do have concern that many of the designated Shabbos Elevators in U.S. hospitals are not compliant to Halachah. There is much more to it than merely setting an elevator to automatically stop on each floor. We have been called upon to evaluate and recommend adjustments to their operation.”

The Halachic underpinning of Zomet products incorporate the application of the principles of:

—“*Gramma*” An indirect action, from the Hebrew root meaning “to cause” something to happen. *gramma* is allowed on Shabbat in a case of a strong need

—“*Modulating* (changing) an existing current.” Modifying a current (or a voltage or a wavelength) does not violate

any prohibition

—“*Oneg Shabbat*” ‘Declare Shabbat as a joy’ as a fundamental mitzvah, derived from the words of the prophets (Yeshayahu 58:13).

Details of the rabbinic discourse, sources and rulings for each of the devices have been presented in many articles, in Zomet’s own collection of responsa, *Tchumin* and on their website. Indeed, visiting the website is a delight. Click after click brings discovery, of products, of discussions relating to the everyday Orthodox Jewish experiences new and familiar: Using a dishwasher on Shabbat, Magnetic cards for hotel doors, nurse call bells, Does an Electric Thermos Constitute Hatmanah? And so much more. Explore and learn. It is engaging. It becomes a challenge to leave.

Their latest innovation is truly an *Oneg Shabbos* enhancement. Needless to say, it is depressing not to feel the protective

warmth, the brightness, the light that emanates from Shabbos candles. For safety reasons, hospitals and nursing homes do not even permit Shabbos candelabras that use standard bulbs to remain in the room. There is good reason. The design of an incandescent light bulb makes it fragile, costly and unsafe for certain environments. It is a frosted bulb that illuminates because a carbon filament coil heats up causing the frosted bulb to glow. There is exposure to the dangers of heat, breakage, exploding or bursting. The result is a disconnect, a compromise in the Shabbos experience. In response, Zomet designed an attractive portable candelabra using LED bulbs. An LED [light-emitting diode] bulb is much safer. In addition to using less energy, it produces very little heat, and is durable, will not break like a bulb. Hospital equipment uses LED indicators. Zomet’s new candelabra will certainly contribute

(continues on Page 18)

Hagaan HaRav Shlomo Zalman Auerbach zl went here when he needed something special. The Gaonim HaRav Dovid Feinstein, HaRav Moshe Sternbuch, Harav Ovadia Yosef z”l, HaRAv Yehoshua Newirth z”l, to just name a few Torah giants, have recognized its accomplishments. Physicians, hospitals, synagogues, even the IDF have sought its expertise. That place is Zomet (pronounced Tzomet).

Led by Rabbi Yisrael Rozen, the Zomet team of rabbinic scholars and dedicated engineers have demonstrated an ability to find creative and halachically acceptable solutions to the challenges of modern day living. Moreover, they have designed mechanisms for using technology to enhance the quality of life for those prescribing to traditional Jewish practice.

“Zomet means Intersection, crossroad,” explains Dan Marans, Zomet’s Executive Director. “From metal detector to nebulizer, elevator to computer keyboard, scooter to chair lift, we steadfastly research the depths of Halacha and state of the art science, the Zomet, to address challenges of innovation, modern living and technological advances. As examples, would you think it possible for a Torah Observant physician to be able to enter medical information into an electronic medical record on Shabbat and comply with Torah laws? Is there a way for a frail senior or disabled youngster to go to the synagogue on the Sabbath if he needs to use a motorized chair lift or wheelchair to get in and out of the house? The answer to these cases and much more is a loud resounding “Yes,” thanks to Zomet. Even the metal detector at the Kottel bears the



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Jack Ratz
Brooklyn, NY

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Breathing and Relaxing

In earlier articles in this series, we described how stress negatively affects your health and how relaxation can be an antidote to feeling stressed. Many people find it extremely comforting that we can actually change our own physiological responses, such as heart rate, blood pressure, and muscle aches and tension, by learning how to control our body's reactions.

As we mentioned in the last article, there are four basic categories of relaxation exercises:

1. Breathing
2. Muscle relaxation
3. Visual imagery
4. Movement

This article will focus on breathing, explaining why it is important, and will offer some practical exercises to be able to begin to develop this important relaxation skill.

It has been well documented that breathing has powerful effects on a variety of bodily functions. Both Jewish and Eastern philosophies assign an important role to the breath. Learning to be aware of breathing is the first step in controlling the physiological and mental effects of stress.

There are two basic types of breathing. In Western societies, when told to take a deep breath, we inhale deeply and puff out our chests. This is called chest breathing. The breaths are generally rapid and shallow. The chest expands and the shoulders rise with each breath, since the lungs are being expanded by the small muscles between the ribs. This doesn't allow for a proper exchange of old and fresh air, resulting in poor blood chemistry. It also stimulates the sympathetic nervous system. All of this results in a stress response, creating a vicious cycle of stress and inefficient breathing, leading to even greater stress.

The second type of breathing is diaphragmatic breathing. The diaphragm is a large sheet of muscle stretched out at the bottom of the lungs. The chest cavity is expanded by the diaphragm moving down on the in-breath, creating negative pressure that pulls air into the lungs. When we breathe out, the diaphragm pulls back up and pushes air out of the lungs. It is also called belly breathing because the abdomen is pushed in and out by the movement of the diaphragm. If you place your hand on your stomach and can feel the in and out movement of your breath, then you are breathing diaphragmatically. We are all born breathing diaphragmatically. If you watch a sleeping baby, you can see its belly moving easily and fully in and out with each breath.

If we can learn to automatically breathe diaphragmatically we can shift our physiology out of the stress mode into the relaxation mode.

What follows are some short, practical exercises that you can easily learn and do on your own to begin to breathe more efficiently and generally feel more relaxed. When practiced often and regularly, these exercises become automatic and carry into our everyday lives and leave us, permanently, in a more relaxed state.

BREATHING EXERCISES

A. Abdominal Breathing Technique

- 1) Begin by lying on your back or reclining in a comfortable chair.
- 2) Start by exhaling completely, then inhale deeply, letting your abdomen expand like a balloon.
(Keep a hand on your abdomen so you can feel the movement).
- 3) Let the abdomen fall as you exhale slowly; letting go of old, stale air.
- 4) Inhale easily. Feel your belly expand again.



5) Exhale slowly and fully.

6) Spend a few minutes continuing to practice breathing and establish a nice, quiet rhythm.

Allow yourself to exhale more slowly than you inhale.

B. Mini-relaxation Breathing Exercises

1. Constant Instant Practice—As you continue with your daily activities, become aware of your breathing. Exhale completely, inhale deeply, and focus attention on abdominal breathing. This exercise can be as short as one breath or as long as several minutes. This brief exercise helps re-shape the way you unconsciously breathe.

2. Mind Clearing—Close your eyes. Exhale completely and begin to breathe abdominally. On the next in-breath, repeat mentally the phrase “I am.” As you exhale fully, use the phrase “re-lax-ing.” As you exhale, feel the tension sink down and drain out of the soles of the feet. On each subsequent breath cycle, repeat the phrase “I am ... re-lax-ing” and continue to use the out-breath as an opportunity to let go of the tension.

3. 10-to-one Countdown—Close your eyes. Take a deep breath and exhale completely. Begin to breathe diaphragmatically. On the next out-breath, say mentally the number 10. As you exhale, feel the tension drain out in a wave from your head, all the way down the body, and out the soles of the feet. On each subsequent out-breath, count back one number until you reach one, continuing to use the out-breath as an opportunity to let go of tension.

By simply paying attention to your breathing, you will soon learn to shift automatically into abdominal/diaphragmatic breathing. Sympathetic nervous system arousal as a whole will decline. This results in a number of internal changes such as decreased heart rate and blood pressure, blood flow changes resulting in hand and foot warming, and ultimately leading to a subjective sense of relaxation and a decrease in anxiety and restlessness.

—By Dr. Yitzhak Berger

Dr. Yitzhak Berger is a licensed psychologist who has been practicing in a variety of settings for over 35 years. He has a specialty in rehabilitation psychology. He currently teaches in the Applied Psychology Department at New York University. Dr. Berger is particularly interested in the mind-body therapies and has expertise in relaxation training, biofeedback, and hypnosis. He is also a practitioner of tai chi.

Cases in Point: Lessons Learned

Insights For Retirement and Estate Planning



After years of hard work and toil, saving and investing for the future, success in business and their chosen profession, working to sustain family needs, retirees are proud of their achievements, and rightfully so. They look forward to transferring the assets they have accumulated to the next generation.

The Employee Benefits Research Institute (EBRI) recently reported a telling finding. It raises concern regarding the feasibility of accomplishing retiree objectives. Analyzing data of nearly 1200 people who died between 2010 to 2012, one in 5, 20%, had no assets left apart from their homes. 12% had no assets at all.

DEMOGRAPHIC UNDERPINNING

The demographics have been well established. By 2030, 20% of the

population will be over age 65. 70% of Americans who reach 65 will eventually need some sort of long-term care. Nursing Home care can cost over \$15,000 a month; 24 hour home care is not far behind close to \$10,000.

CASES IN POINT

Following are some cases that relate to the EBRI report. These are genuine scenarios as experienced by professionals and family members.

- The retiree suddenly becomes frail and needs community support services. As a taxpayer he/she is entitled to them. Never requiring any assistance before, he refuses to accept them, nor does he wish to part with his nest egg to pay privately for them.

- The frail senior applied for and received government medical assistance, but through oversight does not note a

particular account or the ownership of a house.

- Great family tension emerges as the children are concerned about the parent's well-being and the parent states that home care assistance is not needed.

These instances result in major losses.

- The parent's health may further deteriorate unnecessarily.

- The government agency may reclaim the cost of care from the unreported assets.

- A family estate may suffer losses of 10s, 100s of thousands of dollars, or may become totally depleted.

- Family relations may be marred permanently between parents and children and among siblings.

LESSONS TO BE LEARNED

There are a number of proven tools available to help protect families from such exposure and loss.

LONG-TERM CARE INSURANCE

Depending on the plan selected long-term care insurance reimburses nursing home, assisted living, adult day care, and in-home home care. Premiums may also be tax deductible. Extremely flexible but expensive, it is not a solution for everyone, nor is everyone approved for
(continues on Page 18)

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Managing Your Health Aide: How To Improve The Level Of Care

As a family caregiver, I have been responsible for the provision of home care for both my mother and father over the course of 10 years. There have been many trials and tribulations in arranging and monitoring the service. Some examples are cited below.

At this point the service is stable, but I am constantly on alert, checking with my father, observing the performance. I am certainly not loved by the agencies I've dealt with, but at the end of the day, my father is now receiving excellent service from a home attendant whom he adores and who, in turn loves and respects him. These are some guidelines I wish to offer those who are in a similar circumstance.

d.l.s.

Engaging a health aide for the care of an elderly infirmed parent is a very difficult process and emotionally trying as well. Those that are in the Medicaid system at times feel helpless and resigned to help that at times is barely adequate or may even pose a danger to the client. The family feels impotent because they are not directly employing or remunerating the aide. In addition, because the family is not paying for these services they feel they are not entitled to better quality help. However it is possible to obtain a health care aide that is professional and does actually care for the patient.

Most importantly, the family member needs to know his/her rights. I had the benefit of an excellent attorney available to me for consultation when needed in addition to reaching out to professionals in the field. Being uninformed leads to a poor level of care. The agencies providing the services can then relate incorrect information and send aides who are not providing the proper care.

My mother had been receiving 24 hour care for almost a year when out of the blue I received a phone call from a nurse evaluator. She told me that she was calling

to find out why my mother needed 24 hour care. I explained that my mother had tremendous difficulty ambulating and that she needed help getting off and on the bed. There was no way she could go to the bathroom by herself. She then suggested, "Why don't you put diapers on your mother? Then she won't need any help at night." My response was, "Why don't you wear diapers to work? You could probably save an hour a week if you didn't go to the bathroom." All I heard was silence, and no one ever again suggested that my mother wear diapers.

If the family caregiver finds that the aide is not properly caring for their parent, he/she should keep a detailed log of the issues. I did. The family has the right to then call the agency and explain the situation and why this particular aide is not a good match with the client. In most cases, the agency's response is to make the family member defensive. At one point the agency had sent aides, one worse than the next. When I called to again have a different aide, the agency's response was, "If you don't keep this aide, your mother will have no one!" I calmly but firmly reminded them that to leave my mother without an aide was illegal. The agency found a better aide.

The orthodox patient requires extra sensitivity as well. The agencies must provide help that is willing to learn and comply with the laws of Kashrus, Sabbath, and Prayers etc. If the aide is not willing to learn the intricacies of orthodoxy or is not compliant, that is reason enough to have the aide removed. The agencies must be "culturally competent" and provide help who are as well. When a male aide is needed for a male patient, most agencies' immediate reply is that male aides are almost impossible to find and the family needs to accept a female. This is absolutely untrue. It is extremely difficult for an elderly orthodox male to accept that he needs

(continues on Page 16)

Caring for an Elder?

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- Halachic Issues of Care at Home
- Home Safety Solutions
- Estate Planning K'Halacha

A Popular Folk Dance: A Lesson For Healthy Aging

Many will remember the popular folk dance that we learnt in elementary school and often performed at family celebrations. In fact, I attended a conference of public health professionals on the environment at the New York Academy of Medicine and the participants, PhDs, academicians, doctors joined in a circle, danced and sang the lyrics, probably for my benefit.

*"U'sha'avtem Mayim Bsasson
Mi'Ma'ayanei Hayeshuah"*

And you shall draw water with joy
from the waters/wells of salvation
Yeshaya 12:3

Scientific literature supports the fact that water has tremendous health benefit, while consuming too little is detrimental. As the lyrics stipulate, water is life sustaining.

BENEFITS OF DRINKING WATER

1. **Lose weight:** It flushes down the by-products of fat breakdown. Drinking water reduces hunger, it's an effective appetite suppressant so you'll eat less. Plus, water has zero calories

2. **Relieve Headache:** Helps to relieve headache and back pains due to dehydration. Although many reasons contribute to headache, dehydration is the common one.

3. **Look Younger:** You'll look younger when your skin is properly hydrated. Water helps to replenish skin tissues, moisturizes skin and increases skin elasticity.

4. **Improve Concentration:** Your brain is mostly made up of water, thus drinking water helps you think better, be more alert and more concentrated.

5. **More Energy:** Drinking water regulates your body temperature. That means you'll feel more energetic when doing exercises. Water also helps to fuel your muscle.

6. **Helps in Digestion and Constipation:** Drinking water raises your metabolism because it helps in digestion. Fiber and water goes hand in hand so that you can have your daily bowel movement.

7. **Less Cramps and Sprains:** Proper hydration helps keep your joints and muscles lubricated, so you'll less likely get cramps and sprains.

8. **Improve Immune System and Less Likely to Get Sick:** Drinking plenty of water helps fight against flu and other ailments like kidney stones and heart attack. Water adds with lemon is used for ailments like respiratory disease, intestinal problems, rheumatism and arthritis etc. In another words one of the benefits of drinking water is that it can improve your immune system.

9. **Relieve Fatigue:** Water is used by the body to help flush out toxins and waste products from the body. If your body lacks of water, your heart, for instance, needs to work harder to pump out the oxygenated blood to all cells, so are the rest of the vital organs, your organs will be exhausted and so will you.

10. **Good Mood:** Your body feels very good and that's why you feel happy.

11. **Reduce the Risk of Cancer:** Related to the digestive system, some studies show that drinking a healthy amount of water may reduce the risks of bladder cancer and colon cancer. Water dilutes the concentration of cancer-causing agents in the urine and shortens the time in which they are in contact with bladder lining.

WHY? HOW? FUNCTIONS OF WATER IN THE BODY

The human body is anywhere from 55% to 78% water depending on body size.

The functions of water in human body are vital.

Every cell in your body needs water. The brain for example consists of 90% of water. If you do not supply enough water to your body, your brain cannot function well, and you will get headache or migraine. Hence, next time, if you feel fatigue and headache, it may be the sign of dehydration.

SENIORS AND WATER

Seniors are particularly at risk of

Functions of Water in The Body



becoming dehydrated. As we get older, body water content decreases, the risk for dehydration increases, and the consequences become more serious.

Additional contributing factors for seniors are:

• **Multiple Medications** Some may be diuretic or cause patients to sweat more.

• **Decreased Thirst** A person's sense of thirst becomes less acute as they age.

• **Decreased Kidney Function** As we age our bodies lose kidney function and are less able to conserve fluid.

• **Illness** Vomiting and/or diarrhea can quickly cause elderly dehydration.

If severe enough, dehydration can lead to confusion, weakness, urinary tract infections, pneumonia, bedsores in bed-ridden patients or even death.

Dr. Larry Kenney, professor of physiology and kinesiology at Penn State University, explains: "Complicating matters is that signs of dehydration in younger people don't always show up in the elderly. For example, if a young person was extremely dehydrated, his skin may be wrinkled or sagging. But, that certainly wouldn't be noticed in most cases of elderly dehydration. Perhaps because of that delay in diagnosis, elderly dehydration is a frequent cause of hospitalization."

PREVENTING DEHYDRATION

As with the general population, it is important to attend to water intake throughout the day. "The exact amount of water needed per day really depends on the individual, notes" Dr. Kenney "Watch for the signs, fatigue, body cramps, headaches and compensate by drinking." Seniors also need to be educated to drink even when they're not thirsty. Keeping a water bottle next to the bed or their favorite chair could help, especially if they have mobility issues.

For healthy aging, heed the words to the folk dance, The Prophet Isaiah,

Drinking fluids is essential to stay alive!

Draw that water with Joy.

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Can A Holocaust Survivor Ever Forgive the Germans?

(continued from Cover)

a different kind of ghetto—Brooklyn's Bedford-Stuyvesant. I married and raised two wonderful daughters who have given me five marvelous grandchildren. I have done fulfilling work in publishing, in teaching, and, for 30 years, as a Washington lobbyist.

None of this, however, has been thanks to the Germans, who are responsible only for the darkest corners of my life, including, among other things, my regular night-mares, my survivor guilt (why was I spared?), and my persistent fear of intruders and attackers. No, I cannot forgive the Germans. That's God's job.

Of course, many people would disapprove of this view, and they can draw on an extensive literature about the importance of forgiving, including texts from the world's religions, pronunciations of literary lions, and volumes from modern psychology and psychiatry. For me, though, most of their arguments miss the point. Consider perhaps the most well-worn dictum in favor of letting bygones be bygones: Alexander Pope's "To err is human, to forgive, divine." In my case I find it easily dismissible. This is not only because it would be disgraceful to apply a remark about literary criticism—the line is from Pope's 1711 "An Essay on Criticism," which is actually a poem—to Germany's systematic extermination of more than 6 million innocent people. Even more, it would be outrageous to characterize so immense an abomination as "erring."

I am also unpersuaded by those who favor forgiveness because the act often makes the person doing the forgiving feel better. That's a favorite of psychiatrists and psychologists, who are of course dedicated to making their patients feel better about themselves. Thus one can find works about how bestowing forgiveness can lift a weight from your shoulders, set you free, bring you peace and improve your physical health in the process. The problem is that I have long felt tolerably well about myself. Indeed, for me, the idea of forgiving those who perpetrated the Holocaust would have the opposite effect: It would make it hard for me to live with myself, to get out of bed and look in the mirror. I could not dishonor the memory of my family members and the millions of

other Holocaust victims by giving a free pass to their murderers. That would only signal to other bestial beings that they, too, would be forgiven if they were to commit genocide.

Granted, a good number of people have followed the healing-through-forgiveness advice and benefited. They range from passed-over employees with deep grievances and divorcees seeking revenge to victims of childhood sex abuse and mothers in Northern Ireland who have had to bury their sons. In the Jewish community, one of the most striking examples is Eva Kor, a victim of Dr. Josef Mengele's vile genetic "experiments" at Auschwitz on Jewish and Gypsy twins, dwarfs and others. The subject of a documentary film called "Forgiving Dr. Mengele," Kor stood at Auschwitz in the winter of 1995, 50 years after its liberation, and declared that she was granting "amnesty to all Nazis who participated directly or indirectly in the murder of my family and millions of others," including Mengele.

So dramatic a declaration took the Jewish community aback and infuriated other twins who had been Mengele victims. After all, the "Angel of Death," as the racial re-searcher was known, had brutalized and killed thousands. He selected twins for "experiments" on heredity, relationships between racial types and disease, eye coloration, and other questions raised by his mentor, Otmar von Verschuer, a pathologist who was a leading proponent of Nazi racial policies. Mengele put children through excruciating pain, ordering surgeries, spinal taps, and other procedures without anesthesia. He had some twins infected with deadly diseases, others castrated, still others injected in their eyes with chemicals, and at least one set sewn together. Many twins were killed with injections of phenol or chloroform into their hearts, after which their bodies were dissected and their eyes and other organs sent to Verschuer in Berlin. That is the man Kor wanted to forgive.

Whether she knew it or not, however, Kor had her own Jewish problem: Judaism does not give her the ability to forgive Mengele or others. Judaic paths to forgiveness are, of course, unlike those of other religions. In Judaism, a person

cannot obtain forgiveness from God for wrongs done to other people, only for sins committed against God. For sins against others, Jewish law and tradition require offenders to express remorse, genuinely repent, provide recompense to victims if appropriate—and directly ask the victim, three times, for forgiveness. Obviously, Josef Mengele did not repent, and he did not beg Kor or other victims for forgiveness. Kor was thus mistaken when she thought and said that she had the power to forgive Mengele. She did not, at least so far as Judaism is concerned, and she certainly could not speak for her family or other victims or forgive all other Nazis, only those who specifically sinned against her.

Like anybody else, Kor naturally could come to terms personally with the atrocities committed by Mengele and other Nazis. While that would not absolve Mengele or anybody else, it could—and evidently did—help Kor. "I felt a burden of pain was lifted from me," she has said. "I was no longer in the grip of pain and hate; I was finally free. The day I forgave the Nazis, privately I forgave my parents whom I hated all my life for not having saved me from Auschwitz. Children expect their parents to protect them, mine couldn't. And then I forgave myself for hating my parents. Forgiveness is really nothing more than an act of self-healing and self-empowerment."

I'm afraid not. Forgiveness is, by definition, much more than a self-centered act. What Kor is describing is closer to catharsis, a purging of pain, a very different process—and one that not all Holocaust survivors wish to experience. Elie Wiesel, for example, has remarked, "I want to keep that pain; that zone of pain must stay inside me." While I did not suffer from the ineffable horror of the concentration

camps as Wiesel, my mother, my murdered family members, and so many others did, I know what he means. I, too, want to hold onto my pain. It helps ensure that the past is always present in me. It is an important part of what keeps me close to those I lost and to the world that died with them.

It also helps me deal with questions that keep rattling around in my head. For example, while the overwhelming majority of today's Germans obviously were born after the Holocaust, do they nonetheless share guilt for the actions (or inactions) of their parents and grandparents? I have family members and friends who think not, who firmly believe that one can never hold children guilty for the sins of their parents. I have even been called some unpleasant names for holding an opposing view. I have noticed, however, that such opinions usually come from people who did not suffer from the Holocaust, who are a generation



or two removed, and whose beliefs are rooted in theory, not experience. I think that such people, good-hearted though they may be, may find that the answer is not as simple as they think.

They are often among the first, after all, to insist on collective guilt for atrocious episodes in our own nation's past—the horrors of slavery, the slaughter of Native Americans, the World War II internment

of Japanese Americans, and other acts committed in our name. Such American guilt has been passed from generation to generation (though our forbears were in many cases not even on these shores when the events occurred), and it has triggered such public responses as affirmative action; Japanese-American reparations payments; compensatory education, jobs, and housing policies; and repatriation of tribal graves and cultural property.

Like a number of other nations, today's Germany also struggles with collective guilt for the sins of parents and grandparents. Germany's burden is especially heavy, because it stems from what former German chancellor Gerhard Schroder termed "the greatest crime in the history of mankind," the ultimate sin. Nations cannot easily shed that kind of guilt, and certainly not in a generation or two.

That's why Germany tries so hard, to this day, to make amends with the Jewish community, a seemingly impossible job. It not only has made restitution payments to a dwindling number of Holocaust survivors for more than 60 years. It also stands behind Israel in the Middle East. It is Israel's second-largest trading partner. It has encouraged the renewal of a sizable Jewish community in Germany. It has built Holocaust memorials, created Holocaust school curricula, maintained former concentration camps as museums.

This is as it should be. If the pain of the past is always present in me, as it is in many other survivors and their children, it does not trouble me that contemporary Germans live with the hurt from that past as well. After all, just as children inherit wealth and otherwise benefit from what their parents achieve, so do they sometimes inherit their parents' debts, including this one.

As for forgiveness, the truth is that I could not forgive today's Germans even if I wanted to. While I never explained this to the young German woman at my home that day, under Judaic law both the perpetrators and the survivors must be alive to have even the possibility of forgiveness. It is because of this, in fact, that some Jewish and Christian scholars have been groping with the question of whether, when all of Hitler's henchmen and their victims are gone, the Jewish community will have any ability to grant forgiveness

for the Holocaust. The answer seems to be that it will not. For me, though, this is not a terribly difficult question to begin with: I believe that the Holocaust is among what Moses Maimonides, in his Mishneh Torah, the 12th-century compilation of Jewish religious law, suggested were sins so hideous as to be beyond the realm of human forgiveness.

Nevertheless, many in the American Jewish community at least want to pursue reconciliation, if not forgiveness, with others. They are understandably eager to respond to Germany's gestures toward the Jewish community and Israel, as well as to public statements of remorse by Protestant and Catholic leaders for the mistreatment of Jews. I certainly endorse reconciliation with Christian communities in general. I also understand the importance of Jewish and Israeli links to Germany today, just as I understand how U.S. national interests dictated that our main World War II enemies, Germany and Japan, become our postwar allies or that today we have shifting alliances with former foes like Russia and China. Such is the world of realpolitik.

On a personal level, however, I feel quite differently. I have never sought any restitution payments from Germany, and while I am mindful of how many Jews in Germany today are from the former Soviet Union, I still find it hard to comprehend why any Jew would want to live in that country. As for myself, I will never again set foot on German soil. I flinch just hearing someone talking German, the language I spoke myself when I first arrived in the United States at age 7.

In short, then, there are obvious strategic and practical reasons for reconciling and dealing with Germany. None, however, would move me to forgive all Germans today even if I had the ability to do so. In the end Germans will have to ask the Almighty for such absolution (though I sure would like to be there to have my say during those conversations).

—By Anita Epstein

Anita Epstein was a member of the Young Israel of Kew Gardens Hills prior to moving to Washington DC to pursue her career as a lobbyist.

Comments welcome.



FOUR SEASONS

Nursing and Rehabilitation Center

LEISURE

SUDOKU!

By S. Malkah Cohen
Answers available at KolHakavodNews.com

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The Kopelowitz Story: A Tale of Personal Heroism, Divine Intervention, and the Power of Our Sages

The Kopelowitzs have been residents of Kew Gardens Hills, Queens for over 45 years. This narrative was inspired by a visit to Aaron Kopelowitz, a shiva call, to console him after the passing of his father, Yaakov (Jack) ז"ל. Jack Kopelowitz, his brothers, Shimon ז"ל, Shmuel and their mother survived the Lodz Ghetto. Jack lived on 73rd Ave, Simon on 71st Ave and Samuel on Vleigh place. Aaron currently lives on 71st Ave.

THE CONTEXT

On September 1, 1939, World War II started with the invasions of Poland by Nazi Germany

The conquered territory was partitioned in to four districts called Reichsgaue. Lodz was situated in Reichsgau Wartheland and renamed Litzmannstadt. There were approximately 250,000 Jews living in the city at the time. In three months, by December, the Lodz Ghetto was already a fact. Its function was stated clearly by Friedrich Ubelhor, Reichsgau Wartheland Inspector, Governor of the Lodz District, in his order for creating the Ghetto:

"The creation of the Ghetto is, of course, only an interim measure... The final aim must in any case be to totally cauterize this plague spot."

December 19, 1939

Conditions in the ghetto were devastating. Hunger was pervasive. Disease and death were all around.

"Hunger is the most tragic fact of the moment. The potatoes for May, distributed in the first half of April were eaten a long time ago... The great majority of the Ghetto is starving."

"179 people died in the Ghetto during these days. 5 births."

"The horrifying and unprecedented mortality in the Ghetto has forced the Burial Department to issue rulings to prevent a recurrence of a problem, namely, that bodies often were left at home for several days."

Excerpts from a Ghetto Diary, 1942

Plans for making it *Judenrein* took hold.

The Reichsfürer, SS Himmler and I have agreed on the following: "After removal of all the Jews from the Ghetto and its demolition, the entire area of the Ghetto will become the property of the city of Lodz."

Arthur Greiser, Governor of Wartheland concerning the fate of Lodz Ghetto, February 14, 1944

"The evacuation is to be carried out by August 24, 1944. Anyone not leaving the area by that date will be subject to the death penalty."

Gestapo Order, August 22, 1944

Our neighbors, the Kopelowitz family lived through the Nazi hell. Aaron Kopelowitz describes his father's escapades and eventual residence in Kew Gardens Hills with his mother and 2 brothers. They were perhaps the only family that entered the ghetto and left the ghetto intact, as they had entered.

THE BEGINNING

"This is a story of *nisim shebinisim shebinism*, miracles within miracles, within miracles.

To start with, my family had been rooted in the textile business in Lithuania before settling in Lodz where they continued their manufacturing trade. Lithuania was also home to Slonim Hassidim, of which we were, and continue to be, proud members. When the war broke out, my uncle was concerned that many outstanding receivables due them from Lithuanian merchants may be lost. Since my father was the oldest and strongest, it was suggested that he make the trip and collect the debts. This would require a dangerous 14 hour train ride from Lodz to Baranowitz. His mother [my grandmother] was not in favor of his going. She reluctantly acquiesced on the condition that my father would commit and assure her that under all circumstances he would return. He made the promise. The trip became more complicated as the Slonimer Chassidim asked my father to serve as chaperon for the Slonimer Rebbetzin's safe return home to Branowitz.

She and her daughter had been in nearby town of Aleksander, visiting with her parents, the Aleksander Rebbe. The Aleksander Rebbe was being forced in to hiding as he was very much sought after by the Germans. The ride to Baranowitz while exhausting, constantly needing to be on alert, proved uneventful. The Rebbetzin arrived safely. When my father approached the debtors for payment he found their response to be remarkable. They had never met my father before, were very far from religious practice, yet they said,

"B'H di bust gekumin." Thank G-d you came. We owe you the money and want to pay you. They paid in gold tender. At that point, my father had the opportunity of leaving for Shanghai with the yeshiva. He had plenty of money on him now. Because he had promised his mother he made arrangements to return to Lodz rather than save himself.

My father needed to pass through Warsaw for the return. He was caught by the Germans and brutally beaten. A relative nursed him to recovery and made a pair of warm boots for him to battle the frigid weather. Some time had passed since my father's departure. The overall environment had changed for the worse. Lodz was under full siege. The ghetto was closed, cut off from the city. Sentries stood guard to control every entry and exit. My father had to find a way to get back in. He finally came across a family friend who was actually fleeing from Lodz for the "safe" haven of Warsaw and who ultimately made it to Shanghai. The Schwartzmans were in the wholesale grocery business. R' Shmuel Schwartzman introduced my father to the lady who brought milk in to the city. She came up with a plan. My father was to dress up like a gentile. She arranged for my father to blend in with the group of dairy workers delivering milk to Lodz. Can you imagine this picture? My father, a young Slonimer Chassid, a bocher, dressing up as goy [gentile], crucifix and all! [he had been driven by his commitment to his mother. What daring!] When they came to the city

gate at 4:00 AM, the German watchman shined the flashlight on my father and yelled out YUDA! At which point the woman leading the group became indignant. "How dare you question my pedigree, I am the so and so and so in so..." and my father got in to the city. The next challenge was getting to the ghetto, miles away from this point of entry. It was a train ride, but Jews were forbidden to even purchase a ticket. My father offered someone on the street 5 times the cost of a ticket. He was on his way. At one stop a group of Germans boarded. Again the Yuda! Cry. They locked him in the bathroom. When the train stopped my father jumped out of the window and escaped.

THE MIDDLE

Life in the ghetto for my family was difficult and unbearable. But they were all together, three brothers and their mother.

Mordechai Rumkowski headed the Jewish Council and was liaison with the German authorities. To this day he remains an enigma. My father didn't think he was that bad. He had no choice. My father would point out that at a certain stage Russia had advanced in to Warsaw and was headed to Lodz, but stopped short. Had they proceeded, another 90,000 Jews would



Mr. Jack Kopelowitz ז"ל



The pits prepared for remaining 800 people of the ghetto. Germans didn't manage to carry out the execution.

have been saved and Rumkowski would have been declared a hero. Convinced that Jewish productivity would ensure survival, Rumkowski forced the population to work long and hard in abysmal conditions producing uniforms, garments, wood and metalwork, and electrical equipment for the German military. It may be argued that because of this productivity Lodz Ghetto operated longer than any of the others before it was finally liquidated.

Unlike the Warsaw Ghetto whose sewage system allowed for clandestine egress and entry, Lodz was totally sealed off from the outside. It needed to be totally self sufficient, to the extent of printing its own currency. Laborers were paid with the German backed currency. Outside of the ghetto the coins and bills were worthless. I have samples of the currency in our collection of memorabilia.

My uncle worked a coal mine. My father was recognized by one of the Jewish officers as having run the the family textile business and was assigned to be the factory supervisor. He was in charge of 3,500 workers. This position saved his mother's life. He was able to "clock her in" as present performing various duties, changing her assignments, even her age, while she stayed in safe locations. This was especially critical to escape detection for the various selection orders for transport out of the ghetto to the Chelmno or Auschwitz death camps.

THE END

In August, 1944 the Nazis gave the order to liquidate. They presented that the factories were so successful that they wanted to relocate the entire operation to Germany. It would be accomplished in two stages, first the equipment, and then the workers. My father felt it would be better to remain behind if possible, though his co-workers advocated that he join them. He arranged for his family to stay as part of the cleanup crew. There had been 90,000 laborers in the ghetto. 877 were left after the liquidation.

The means for communication was through gathering in public squares. Posters were mounted in key locations alerting those affected details as to where the speeches would be held. See above: one of them, poster #421. Yad Vashem has #422.

From the month of September when liquidation was completed, the ghetto no longer functioned as the slave labor industrial complex. There was plenty of food, flour, potatoes, from the inventory remaining. A mere 800 people needed to be fed as compared to 90,000 just a few weeks earlier.

My father had developed a relationship with one of the Jewish officers responsible for checking for any hidden jewelry among the Jews. My father had told him, "if you ever need something, I have something to give you." It was understood that he would not press my father for his cache in exchange for something big he would



Poster #421 as a means of communication in the ghetto

receive in the future.

One evening in mid January the Jewish officer approached my father and told him "Now I need it." He explained to my father that he had been summoned to report to the office of the senior German director. My father gave him a gold watch, the value of which was priceless, which he presented to the German superior.

At the meeting the Jewish officer was told that a call was received directly from Germany and everyone will need to report to the square the next morning. Upon admiring the value of his gift, the Nazi was so happy he said that we have to celebrate. He took out a bottle of liquor and drank and drank and drank. He got drunk and his tongue let loose "The Germans are coming tomorrow to kill out every one that is left- *Leift vee vaht dana nygen ken zeyen*. PS. During the stupor the watch was grabbed away from the German.

The ghetto had served as a large industrial complex with manufacturing plants, a few hundred buildings. These were now abandoned. Each of the remaining 800 had a special hiding place, generally where they had worked, unknown to the others. The next morning no one could be found.

Lodz was liberated the following day by the Red Army, January 17, 1945."

I asked Aaron: *Might you not say that your father was quite heroic and daring?*

AK. *My father would disagree. It was Hashgacha Pratis, Divine Intervention.*



Ghetto currency

It is also significant that my grandmother had received a bracha from the Slonim Rebbe, the Divrei Shmuel, that she will never be separated from her children. It was fulfilled.

To this day a visitor to Lodz will find deep pits at the entrance of The Jewish Cemetery at Bracka Street. Hans Biebow, chief of German Nazi administration of the Ghetto had ordered that the pits be dug intending that the Gestapo execute the remaining 877 Jews who served as a clean-up crew.

A Lodz Ghetto website notes the following caption to the photo of the death pits.

"The pits prepared for remained 800 people of the ghetto. Germans didn't manage to carry out the execution."

The ingenuity of our neighbor Jack Kopelowitz z"l was instrumental in the positive outcome, sparing the lives of the 800 Jews remaining in the Ghetto.

FOR ADDITIONAL READING

Isaiah Trunk, Robert Moses Shapiro, *Lódź Ghetto: A History* Indiana University Press 2006

Lucjan Dobroszycki, ed., *The Chronicle of the Lódź Ghetto*, abr. ed. (New Haven, 1984)

Aaron Soroski, *Remembering the Holy Ones: A Memorial to The Slonimer Shteibel in Lodz, Poland*, Heb. (Kopelowitz, Schwartzman, Walfish, Krybus Families, New York, 2010)

—By Aaron Kopelowitz & Reuven Becker

BROOKDALE CENTER FOR HEALTHY AGING

PROGRAM TITLE	BENEFITS	ELIGIBILITY
MEDICARE - Part A Hospital Insurance Program	Coverage for acute hospital care; limited coverage for skilled nursing home, hospice and home care Deductible: \$1,260 per benefit period Copayments: \$315/day for hospital days 61-90; \$630/day for hospital day 90 (up to a max of “life time) reserve days” over your lifetime); \$157.50/day for skilled nursing home days 21-100	Persons 65+, eligible for Social Security or Railroad Retirement benefits; or who wish to purchase coverage although they are not eligible for Social Security or Railroad Retirement; or who have been disabled for at least 24 months; and people with End Stage Renal Disease (ESRD).
MEDICARE - Part B Medical Insurance	Limited coverage for physicians, outpatient services, diagnostic tests and durable medical equipment Deductible: \$147 per year Premium: \$104.90 per month for most enrollees	Same as above
MEDICARE - Part D Prescription Drug Coverage	Coverage for prescription drugs: ·Deductible: Maximum of \$320 ·Premium: Benchmark premium for 2015 is \$36.94 in New York State, but higher income individuals will pay more. ·Initial Period: pay 25% of the cost between \$311 and \$2,960 ·Donut Hole: When drug costs exceed \$2,960 and go up to \$4,700 you will pay 45% of the price for the brand-name drug and 65% of the price of the generic drug. ·Catastrophic Coverage: begins after the beneficiary has incurred more than \$4,700 in out-of-pocket expenses. You only pay only a small copayment for each covered drug until the end of the year	Same as above
QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM	Pays for Medicare premiums, coinsurance, deductibles and copayments	Persons age 65+. Blind or Disabled who have low income and low resources must have Medicare Part A, Medicare Part B or both in order to apply
SPECIFIED LOW INCOME MEDICARE BENEFICIARY (SLIMB) PROGRAM	Pays for Medicare Part B premium only	Same as above
QUALIFYING INDIVIDUALS - 1	Pays for Medicare Part B premium only	Same as above
MEDICAID	Comprehensive health care benefits, including coverage for prescription drugs, physician services, hospitals, nursing homes and home care Community spouse allowances when other spouse is institutionalized: Income: maximum of \$2,980 Resources: maximum of \$119,220	Persons 65+, Blind or Disabled who have low income and low resources; and most persons under 65 who meet Safety Net Assistance Program budget rules
MEDICAID SPENDDOWN PROGRAM	Community, hospital or nursing home coverage after eligible individual or couple has “spent down” his or her “surplus income” to Medicaid level	Persons 65+, Blind or Disabled who have incurred medical expenses equal to or greater than their “surplus income” amount or have pre-paid their surplus income
ELDERLY PHARMACEUTI- CAL INSURANCE COVER- AGE (EPIC)	Assistance in paying for prescription drugs. Only people who have Part D may enroll in EPIC. EPIC will pay your Part D premium up to \$37.23/ month. EPIC will provide secondary coverage after any required deductibles are met.	Residents age 65+ who are enrolled in a Part D program

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*NOTE: The information contained in this chart is accurate as of April 2015.
Free updates are available by visiting the Brookdale Center Website at www.brookdale.org/sadin-law-institute/

2015 Benefits Checklist for Older Adults* Health Programs for Residents of New York

INCOME LIMITS	RESOURCE LIMIT	GOVERNMENT AGENCY																									
		INSIDE NYC	OUTSIDE NYC																								
None	None	Enrollment: local Social Security office or call: 1-800-772-1213 or visit www.ssa.gov or www.medicare.gov Part A claims: Empire Medicare Services at 1-800-MEDICARE or visit www.empiremedicare.com	Enrollment: local Social Security office or call 1-800-772-1213 or www.cms.gov Part A claims: Empire Medicare Services 1-800-MEDICARE or www.empiremedicare.com																								
Part B Means-Tested Based on your modified adjusted gross income as reported on your 2014 tax return: <table><tr><td>Ind. Tax Return</td><td>Joint Tax Return</td><td>You Pay</td></tr><tr><td>\$ 85,000 or below</td><td>\$170,000 or below</td><td>\$ 104.90</td></tr><tr><td>\$85,001- \$107,000</td><td>\$107,001-\$214,000</td><td>\$146.90</td></tr><tr><td>\$107,001- \$160,000</td><td>\$214,001 -\$320,000</td><td>\$ 209.80</td></tr><tr><td>\$160,001- \$214,000</td><td>\$320,001 -\$428,000</td><td>\$ 272.70</td></tr><tr><td>above \$214,000</td><td>above \$428,000</td><td>\$335.70</td></tr></table>	Ind. Tax Return	Joint Tax Return	You Pay	\$ 85,000 or below	\$170,000 or below	\$ 104.90	\$85,001- \$107,000	\$107,001-\$214,000	\$146.90	\$107,001- \$160,000	\$214,001 -\$320,000	\$ 209.80	\$160,001- \$214,000	\$320,001 -\$428,000	\$ 272.70	above \$214,000	above \$428,000	\$335.70	None	Part B claims: Empire Medicare Services (all counties except Queens) 1-800- MEDICARE www.empiremedicare.com GHI, Inc.: (Queens only) 1-800-MEDICARE www.ghimedicare.com Enrollment: Local Social Security Office or Upstate Medicare Division at 1-800-MEDICARE or visit www.ssa.gov	Part B claims: Upstate Medicare Division 1-800-MEDICARE www.umd.nycpic.com						
Ind. Tax Return	Joint Tax Return	You Pay																									
\$ 85,000 or below	\$170,000 or below	\$ 104.90																									
\$85,001- \$107,000	\$107,001-\$214,000	\$146.90																									
\$107,001- \$160,000	\$214,001 -\$320,000	\$ 209.80																									
\$160,001- \$214,000	\$320,001 -\$428,000	\$ 272.70																									
above \$214,000	above \$428,000	\$335.70																									
If your filing status and yearly income in 2013 was: <table><tr><td>Individual</td><td>Joint</td><td>Married & separate</td><td>You pay (in 2015)</td></tr><tr><td>\$85,000 or less</td><td>\$170,000 or less</td><td>\$85,000 or less</td><td>Your plan premium</td></tr><tr><td>above \$85,000 up to \$107,000</td><td>above \$170,000 up to \$214,000</td><td>not applicable</td><td>\$12.30 + your plan premium</td></tr><tr><td>above \$107,000 up to \$160,000</td><td>above \$214,000 up to \$320,000</td><td>not applicable</td><td>\$31.80 + your plan premium</td></tr><tr><td>above \$160,000 up to \$214,000</td><td>above \$320,000 up to \$428,000</td><td>above \$85,000 up to \$129,000</td><td>\$51.30 + your plan premium</td></tr><tr><td>above \$214,000</td><td>above \$428,000</td><td>above \$129,000</td><td>\$70.80 + your plan premium</td></tr></table>	Individual	Joint	Married & separate	You pay (in 2015)	\$85,000 or less	\$170,000 or less	\$85,000 or less	Your plan premium	above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	not applicable	\$12.30 + your plan premium	above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	not applicable	\$31.80 + your plan premium	above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	above \$85,000 up to \$129,000	\$51.30 + your plan premium	above \$214,000	above \$428,000	above \$129,000	\$70.80 + your plan premium	None Low income subsidy (LIS/"Extra Help") Extra Help is available if the following income and asset limits apply: <u>Income:</u> \$17,505 for an individual \$23,595 for a married couple <u>Resource:</u> \$13,440 for an individual \$26,860 for a married couple	Enrollment: 1-800-MEDICARE or visit www.medicare.gov or visit www.ssa.gov	Enrollment: 1-800-MEDICARE or visit www.medicare.gov or visit www.ssa.gov
Individual	Joint	Married & separate	You pay (in 2015)																								
\$85,000 or less	\$170,000 or less	\$85,000 or less	Your plan premium																								
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	not applicable	\$12.30 + your plan premium																								
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	not applicable	\$31.80 + your plan premium																								
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	above \$85,000 up to \$129,000	\$51.30 + your plan premium																								
above \$214,000	above \$428,000	above \$129,000	\$70.80 + your plan premium																								
Individual: \$1,001 Couple: \$1,348	No resource limit	1-877-472-8411 or visit www.nyc.gov/html/hra/html/medical_insurance/medicaid.shtml	Call local Dept. of Social Services or visit www.health.state.ny.us/nysdoh/medicare/ldss/htm																								
Individual: \$1,197 Couple: \$1,613	No resource limit	Same as above	Same as above																								
Individual: \$1,345 Couple: \$1,813	No resource limit	Same as above	Same as above																								
Individual: \$ 825 Couple: \$1,209	Individual: \$14,850 Couple: \$21,750 Exemptions: \$1,500 per person for burial fund or any amount in irrevocable pre-need funeral agreements; home; car; health insurance premiums	New applications are handled through Medical Assistance Program's (MAP's) neighborhood borough - based sites Information Citywide: HRA Infoline 1-877-472-8411 www.nyc.gov/html/hra/html/medical_insurance/medicaidshtml	Insert local Department of Social Services office number or call: 1-800-541-2831 www.health.state.ny.us/nysdoh/medicaid/ldss.htm																								
No maximum, provided that medical expenses reduce net income to levels defined in the box above or individuals pre-pay their surplus income amount	Same as Medicaid	Same as Medicaid	Same as Medicaid																								
EPIC Fee Plan: Individual: \$20,000 Couples: \$26,000 EPIC Deductible Plan: Individual: \$20,001 - \$ 75,000 Couple: \$26,001 - \$100,000	None	New York State Dept. of Health New York State Office for the Aging 1-800-332-3742 www.health.state.ny.us/health_care/epic	New York State Dept. of Health New York State Office for the Aging 1-800-332-3742 www.health.state.ny.us/health_care/epic																								

Getting Through The Day - What is Normal?

Normal has been defined as average, typical. When the average person is asked "how are you" most people would like to respond in the positive. In truth, we are each born with varied abilities and life circumstances. Normal human functioning incorporates several areas. Think of a typical day. The alarm clock rings—you shut it. You get up, get dressed, have coffee, go to shul/daven, go to work, take care of the kids, call your mother, call your friends, go shopping, cook, go to a simcha, read, go to sleep, start again.

The above normal, average, typical day sounds pretty ordinary but if you think about each and every activity, so many processes are involved:

1. The alarm clock rings, you shut it: you can hear, see and move.
2. You get up and get dressed: You have clothing in your closet, can reach it and dress yourself.
3. You make coffee: You have groceries,

appliances, a home.

4. You go to shul/daven: You believe in a higher power, are spiritually connected and have a source of inspiration.

5. You go to work: You have a vocation (possibly a meaningful one) and probably some money.

6. Take care of the kids, call your mother, call your friends, go to a simcha: You are part of a social group and interact with them.

7. Go shopping, cook; You have skills of time management and nurturing.

The accomplishment of life's tasks will vary from person to person and from day to day depending on the complex interaction of our physical abilities and stamina, intellectual skills, emotional stability, spiritual beliefs, support of family, friends, and community, and freedom from illness and disabilities.

WHAT IS A DISABILITY?

LOGICALLY DEFINED

A disability is a physical or mental

disorder that limits one or more significant areas of life. Disabilities can be temporary or permanent. They can be invisible or obvious. They can be congenital (from birth) or the result of an illness or accident.

WHAT IS A DISABILITY?

EMOTIONALLY DEFINED

Disabilities are uncomfortable realities. They're not the way things were supposed to be; not supposed to happen. Most of all they're a reminder of our vulnerabilities.

ENGAGING THE DISABLED

One of the key challenges of a person with a disability is to be seen by the public for the person that he is and not stereotyped by his particular disability. It's important that the media portray him as a whole person with individual abilities. It is also important that health care professionals give him their full attention.

What comes to mind when you think of the disabled? We sometimes think of the disabled as "that person in the wheelchair" or that unkempt person with obviously inappropriate behavior. We're not quite sure how to interact with them. This can lead to uncomfortable relationships at best and avoidance at worst.

It can be difficult at times to look beyond the individual's disability and see the unique person. Just as all of us, they want to be treated respectfully, they want to be trusted and they want to be admired.

When that alarm clock rings in the morning, what does it take to get through your day? What disability do you have and what would make it better.

—By Sarah Newman, NP

Sarah Newman is a Nurse Practitioner who has worked extensively with the critically ill and developmentally disabled

CAREGIVERS FORUM

Managing Your Health Aide:

How To Improve The Level Of Care

(continued from page 8)

help and to compound the problem by having a female dress and bathe him is unconscionable. The family needs to know that they never have to accept a female aide. Many times, when a substitute aide is required the agencies will tell the family, "Just for today, let him have a female or he will have no one at all." Allowing a female to care for a male patient just one time opens a Pandora's Box. Once a female cares for the male, it will be on the patient's record. This will make it almost impossible for this male patient to retain male help. When refusing the female aid, the important words are, "cultural competence." Once those words are uttered the agency will no longer attempt to coerce the male client to accept a female. We have been threatened numerous times that if we do not accept a female aide, my father will have no one. Remember, that if it is part of the patient contract of care the agency by law cannot leave a patient without help.

Finally, if the family feels that the agency is unresponsive to its needs, they can change agencies. As a matter of fact, our managed care agency nurse manger suggested we change agencies. Not only did we change agencies but my father's aide came along with us to the new agency. The care that we are receiving at this new agency is far superior to the former one. What a family needs to understand is that their demands cannot be unreasonable, and that no agency is going to be substantially better than another. However, when contacting the new agency, the family should explain their needs and pay attention to the agency's response.

Being informed, showing true concern, and being firm but polite and respectful will help to provide a better mode of care for the patient as well as alleviating much of the trials and tribulations associated with home care.



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A Family Caregiver's Quest for Direction

(continued from Cover)

we fail to support caregivers, because we put both the caregiver and the care recipient at risk.”

2015 Statistical highlights include:

- Approximately 34.2 million Americans have provided unpaid care to an adult age 50 or older in the prior 12 months.
- 34% of caregivers have a full-time job, while 25% work part time. Caregivers who work do so for 34.7 hours per week on average.
- Caregivers have been caring for 4 years on average, spending 24.4 hours per week helping with activities like bathing, dressing, housework, and managing finances.
- Many are averaging 62.2 hours of care weekly.
- The higher-hour caregiver has been caregiving for an average of 5-1/2 years and expects to continue care for another 5 years.
- 38% of caregivers report high emotional stress from the demands of caregiving
- Higher-hour caregivers report higher emotional stress, 46%.

THE CAREGIVER'S QUESTION

Our discussion will focus on an area of concern raised by a reader of this newsmagazine (see Letter to Editor) and assuredly contributes to emotional stress for many caregivers. The issue is how to monitor and improve the performance of a home attendant caring for a loved when the home care worker is not working directly for the family caregiver, but through an agency. With the popularization of managed long-term care models of service delivery this is has become a common circumstance.

SCOPE OF THE ISSUE

The solution is a complex matter. Firstly, a number of external environmental factors need to be considered: –Those performing the home attendant role may have limited capability or education. –Recruiting and retaining quality personnel for the position is a challenge. –The home care agency may be under contract with a state agency or a managed care organization. Each has its prescribed functions and duties. –It is a bureaucracy with a chain of command, a hierarchy. –The home attendant role is defined by the parent agency. The Agency in turn may be required by law to limit duties. –There are insurance liability issues. –The worker is assigned chores he/she is permitted to do, and those that are inappropriate. –The family is assigned a case manager, a social worker or nurse, who develops a care plan and oversees the home attendant's performance. –Each family is one of many on the case manager's caseload.

In summary, it would be important to obtain a copy of the home attendant's job description so that improvements being sought are within the agency's acceptable parameters of the role, and that they are integrated in some measure with the care plan. Home attendant duties will also be

reviewed during the intake process. Clearly, it is critical for the family caregiver to be present at the intake meeting.

In addition to external factors, another element that may complicate matters is the actual personality and skills of the family caregiver. He/she may feel intimidated and/or is not able to conduct a face to face performance evaluation. In such instance outside advice should be sought.

AN INTERVENTION PLAN

Setting these constraints aside, the following process has been proven effective in improving performance:

1. **Communicate the Concern.** It is very important to communicate and identify the area needing improvement. Family may be reluctant to do so because they don't want to upset the paid caregiver since they're caring for our loved ones and/or home. It becomes nonetheless imperative to address the issue and prevent the situation from worsening.
2. **Schedule Progress Reporting.** Let the caregiver know how you'll work together to follow-up and measure progress. For example, “Let's touch base each Thursday afternoon when I get home to see how we are both feeling about progress.” Then be sure to make note of any examples of improvement or areas needing improvement so you can give both positive and constructive feedback during your follow-ups.
3. **Provide Feedback.** Give your caregiver instant feedback (or even tokens of appreciation) when he/she has shown improvement in an area. Learn what motivates the home attendant and reward accordingly. Praise is a great motivator and can go a long way toward consistent, real improvement (and is a critical part of fostering a satisfied caregiver, in general).
4. **Conduct Ongoing Multi-Component Monitoring.** Use a combination of home-visiting, telephone follow-up, internet and telehealth technology to monitor and follow up.

The above plan for performance improvement applies equally to third party payers as well as to families paying directly for home attendant care. The complication is how to correct the problem if the home attendant is not responsive.

IF THE HOME ATTENDANT IS NOT RESPONSIVE

If all this effort brings no results, a call to the case manager is warranted; if necessary, a change of agencies.

1. Be prepared when making that call. Have notes with details available.
2. Have a clear understanding of the home attendant's duties.
3. Make certain that the home environment is safe and clean.
4. Realize that the home attendant may have already complained about you to the case manager.
5. The worker may have a long work history with no



prior complaints.

6. The agency may have no replacement available.
7. The case manager is not always present and observing in your home. It is not physically possible to do so and relies on performance history, employee's explanation. It becomes your word against theirs.

Unfortunately, it can be a battle. Contacting outside resources for guidance and advocacy may be required. If feasible, engaging a professional Geriatric Care Manager (GCM) may become necessary.

The following title, while not yet reviewed by the author sets the tone of the job ahead and may prove an invaluable reference tool.

The Fearless Caregiver: How to Get the Best Care for Your Loved One and Still Have a Life of Your Own Barg G.(editor) (2003), Capital Books, \$15.95, ISBN:1931868565

With perseverance and stamina you will have a positive outcome (See Caregiver's Forum, page 8 for a success story and additional pointers). I know of no instance where there was a direct reprisal or injury to a client due to a complaint. In reality you really have no choice. It's your father, your mother. You can't ignore the problem.

CONCLUSION

In conclusion, the family caregiver has a difficult task. Negotiating for entitlements, making visits, both planned and unplanned to see how your family member is doing, and speaking with staff at the agencies on a regular basis. These are all necessary to monitor the care being provided. And it can be lonely. Siblings may be unaware or uninterested. The parent may be passive, listless and subdued due to the change in health status and loss of independence. Being a responsible son or daughter despite the obstacles is what gives you character.

—RGB

Dear KHIN Reader:

This review offers greater appreciation that your non-paid family caregiving is indeed a job; a difficult one. However, when you ultimately do find the right home care worker or reach the right balance with the existing one - how happy you will be! With luck and persistence you will find the right match. I've seen it happen multiple times.

Comments Welcome.

The Editor

HaGaon Rav Shlomo Zalman Auerbach z"l Went Here

(continued from Page 5)

to *Oneg Shabbos* of the sick and their visitors. Bikur Cholim organizations and hospital chaplains around the world will be seeking the units. Even individual travelers will wish to obtain the candelabra for their hotel room when away from home.

Most importantly, be certain to include a visit to the Zomet Institute, *where technology meets Jewish law*, on your itinerary on your next trip to Israel (Note: Do not use the "M" word. The term "museum" is a turn off to many – children and adults alike). The interactive hands on presentation are an enjoyable educational experience for all levels, from elementary school to seasoned Talmid Chochom. It is a valuable learning opportunity not to be found anywhere else in the world. The location is perfect. Combine the visit with the trip to Kever Rachel, Mearat Hamchpeila, Chevron. Zomet received the coveted Jerusalem Prize for community leadership because of its achievements.

—RGB

Contact Zomet at HaErez 3, Alon Shvut. Sun-Thu 9:00AM - 5:00PM.

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"We love impressing Bubby & Zaidy!"

LEGAL ISSUES

Cases in Point: Lessons Learned *Insights For Retirement and Estate Planning*

(continued from Page 7)

coverage.

Money Magazine, May 2015 published a report assessing the costs and benefits of purchasing a policy, "Do You Really Need A Long-Term Care Plan?" In addition to affordability and eligibility it identifies some major determinants for selecting this option: net worth, longevity and family history, years and scope of coverage needed, inflation protection, and sharing benefits among couples. The author concludes "I'll probably end up in a shared policy with six or eight years of care.... But I'm not quite sold on this either. If I invest at 8% the \$7,500 a year I would spend on reasonably complete coverage, I could amass \$343,214 in 20 years. That would be taxable and amount to less than half the benefit I'd enjoy with a long-term-care policy. But it would be mine no matter what. What I am sure of: I will be weighing the options until my wife and I are settled on a plan. I won't leave either our care as we get older or our kids' inheritance to fate."

SPECIAL NEEDS POOLED TRUST

This instrument was established by federal statute. Recognizing that people with disabilities have many needs and expenses beyond basic medical care, food, clothing and shelter - such as insurance premiums, hobbies, telephone and electronic equipment, vacations/entertainment, supplemental nursing care, or private case management - Federal law permits a person with disabilities to retain his or her resources in a special needs trusts ("SNT") without those resources disqualifying him or her from SSI or Medicaid benefits. The Omnibus Budget Reconciliation Act of 1993 (OBRA 1993) is the Federal Law that allows for the creation of pooled trusts. The federal statute permitting Pooled Trusts is 42 U.S.C. 1396p (d)(4)(C).

As the name suggests, a pooled trust contains the assets of multiple individuals. The assets are pooled together for administration purposes, but segregated into a sub-account for the exclusive benefit of the special needs, disabled individual. This

arrangement is similar to a bank; the bank pools all deposits together, but each customer maintains a separate account.

Strict federal and state regulatory agencies monitor the integrity of Pooled Trusts. They must be managed by a non-profit organization. As with the Long-Term-Care insurance option, there are variables to consider in selecting a Pooled Trusts, administrative fees for managing the account, processing procedures for submitting bills for payment and other details. Another critical factor for determining suitability is the availability of a trustworthy executor of the trust. This is typically a family member or guardian. Frail seniors with limitations in two of the 6 basic activities of daily living may be eligible for a Pooled Trust account and thereby receive Medicaid services. Pooled Trusts also address the excess income concerns for Medicaid eligibility. Upon depositing the funds in a trust, the beneficiary's basic bills are paid by the trust such as utilities, rent and food. The disabled individual may then qualify for Medicaid and will not deplete hard earned savings.

NEED FOR EXPERIENCED PROFESSIONAL EXPERTISE

There are no hard-and-fast rules for suitability and eligibility. Careful assessment of personal assets, family history, risk tolerance and a host of other factors need to be considered on a case by case basis. Many make the mistake of assuming they do not qualify for these measures. It seems responsible to seek out professional expertise to advise families regarding entitlement and eligibility. Reaching out for assistance in this complex and serious matter is no different than seeking out the advice of an accountant to guide you and advise you regarding avoidance of unnecessary tax exposure. It is legal and considered responsible due diligence. It should be done sooner rather than later.

—By RGB and the Elder Law Institute

UCS Trust Services
Please see our ad on Page 7

The Most Valuable Plastic Card I Ever Lost

It happened on a beautiful sunny day. Not a cloud in the sky. We were on a *Chol HaMoed* excursion with our kids and grandkids. We had decided to visit Ellis Island to connect with our roots - our personal *yitzias mitzrayim*.

Great idea. The implementation was a challenge.

The line was outrageously long. It seemed like all of Flatbush, Boro Park and Kew Gardens Hills had the same idea.

Admittedly, we were not early. We had arrived at Battery Park at 11 AM. Yet hordes still streamed up after us. It became really hot. After about an hour's wait, my wife offered to go directly to the booth and attempt to purchase the tickets in advance of lining up for the boat ride to the Island.

I suggested that she use my card as we were a sizable *minyan*, grandparents, children and grandchildren.

In the interim we took turns finding a shady tree, making the rounds, noshing, schmoozing with acquaintances on the line and passing the time while maintaining our position in the queue.

By 3 PM we were finally at the booth to purchase tickets for the ferry and were told that no more ferries would be leaving to the Island that day. Extremely disappointed, we ended up that day with a stroll around the park. There was a side benefit. The sun had been so strong

that when my granddaughter returned to school they admired her tan and asked her where she had traveled, whether she had been to Florida for Yom Tov.

It wasn't until mid-summer that I realized my card was missing.

"No problem," I said. "I'll go on line and obtain a replacement." It could not be done. I couldn't even find a contact number to call. I wanted the card. It was fun. It gave me a good feeling. It was valuable.

I can recall using it for the first time. It was a *Succos Chol Hamoed* trip to the Roosevelt Mansion in Hyde Park, NY, the national historical site, home of Franklin D. Roosevelt.

Upon arrival at the entrance, the concierge announced loudly "Anyone here 62 years of age or older?" I meekly raised my hand not knowing what to expect.

"Do you have a driver's license?" I said "Yes." He called me over and explained that the federal government has a program that for a one-time \$10 fee I would receive special discount rates for admission to all national parks and historical sites. Reviewing the posted entrance fees to the Roosevelt Mansion we were easily able to work the numbers and establish that it was a great savings.

It is called the "Senior Pass."

When I shared my discovery with a good friend, he wasn't impressed.

He wasn't prepared to go public with his age, didn't want to accept being labeled a "Senior." Nor did he even wish to sign up with AARP. For my part, I received great satisfaction and enjoyment using it, benefitting from my golden age, driving to Upstate New York parks with a "younger" couple in the back seat of my car and "treating" everyone to the entrance and parking fees.

It became a real challenge to get a replacement. I was desperate. I wanted the thrill again of treating my "young" friends to a day's outing.

My web search revealed that I had to apply in person because the official issuing the Senior Pass must verify age and residency. After multiple calls, I was advised to go to West Point Academy but this was not convenient for me. I was out of luck until I took my grandson to visit Tucson Arizona's Saguaro National Park six months later.

What is the Senior Pass? Available to U.S. Citizens and permanent residents who are 62 years and older it provides discounted entry to more than 2,000 recreation sites managed by five Federal agencies National Park Service, USDA Forest Service, Fish & Wildlife Service, Bureau of Reclamation, and Bureau of Land Management. Their names are



familiar, Yellowstone, Grand Canyon, Everglades. These are thousands of acres across the United States nature walks, botanical gardens, hiking, biking and recreational activity.

The cost of the Senior Pass is \$10, and it is valid for the lifetime of the pass owner. In addition to admitting passengers in noncommercial vehicles, *Children under 16 are always admitted free*, i.e. translated **your grandchildren are admitted free**.

The Senior Pass offers tremendous satisfaction for "reaching maturity." However, those could drop down menus on the web asking for year of birth are another story.

Great news for seniors and their families, I just learned that the Senior Pass may now be purchased on line at <http://store.usgs.gov/pass/senior.html>, though there is an additional \$10 administrative cost tagged on.

Enjoy your travels!

ENDNOTE: Ellis Island does not accept the Senior Card.

—RGB



Arches National Park, Utah



Yosemite National Park, California

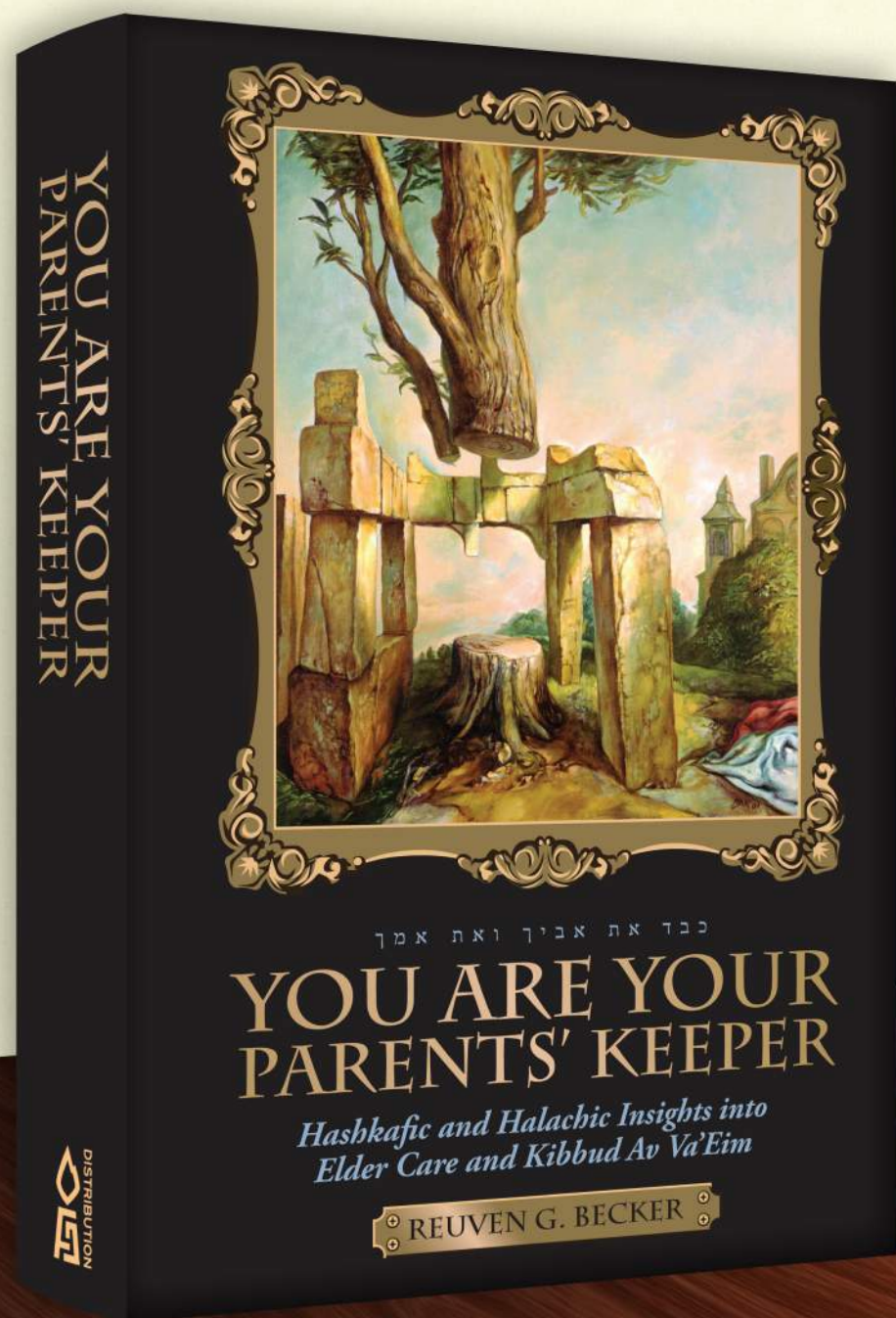
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I found it very useful. I just wish I had read it earlier when I was caring for my father. -NL



I recently got up from shiva and have been reading every book available. Nothing compares to the information and chizuk I received from reading Rabbi Becker's sefer. I learned important lessons on kibud av I was totally unaware of. -REBBITZIN N