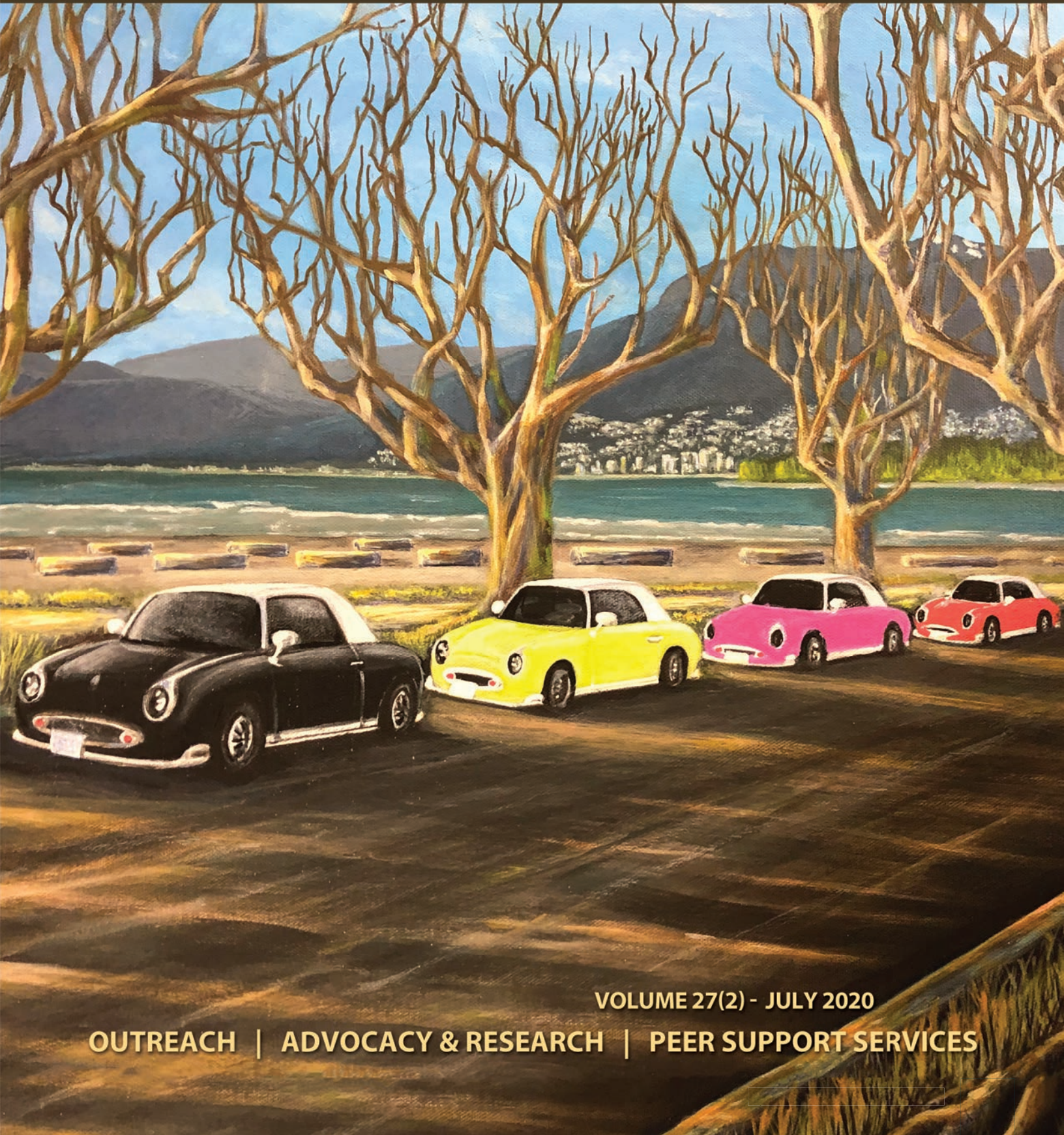


SENIOR LINE

MAGAZINE OF THE JEWISH SENIORS ALLIANCE OF GREATER VANCOUVER



VOLUME 27(2) - JULY 2020

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WHERE TO GO FOR HELP

www.jsalliance.org/resources/where-to-go/

JSA is committed to providing resources for seniors seeking assistance or information. Visit our website www.jsalliance.org for a comprehensive list of services available to seniors:

- Emergency Services
- Medical Information and Referral Services
- Legal, Financial and Elder Abuse Services
- Housing, Rental and Mortgage Deferral
- Counselling and Support Services
- Transportation
- Nutrition, Food and Meals
- Information and Support Services



24 HOURS 7 DAYS A WEEK EMERGENCY PHONE NUMBERS:

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- 811** Health Link BC registered nurses can help you with non-emergency health topics and concerns
- 1-800-567-8911** Poison Control provides assistance if you suspect that someone has been poisoned
- 604-872-3311** The Crisis Centre and Suicide Prevention Centre can assist you if you are in emotional distress
- 1-800-273-8255** National Suicide Prevention Lifeline provides confidential emotional support to people in suicidal crisis

For a more comprehensive listing of all services available for seniors in B.C., please inquire about the **BC Seniors' Guide**, a booklet published by the Government of British Columbia. Telephone Government of BC: 1-800-663-7867 www.SeniorsBC.ca



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CO-PRESIDENTS' MESSAGE

Dear *Senior Line* Reader;
How our world and our lives have changed since our last edition was published in March. The impact of these changes in so many of what were once, not so long ago, normal routine activities in our daily lives, from shopping, socializing, exercising, going to doctors' appointments, etc., have affected every one of us.

We have become painfully aware of the increase in stress and anxiety being expressed by those we serve, as they share with us their fears—realistic fears of contracting the dreaded COVID-19 virus themselves and fears for their family and friends of becoming infected. Their apprehension and doubts about their ability to cope with the mounting anxiety over the long term are prevalent and increasing at an alarming rate. *The reality is that there doesn't appear to be an end in sight to this dire situation.*

MAKE AN EFFORT TO RECONNECT WITH OLD FRIENDS

Gyda and I have appealed to you, our

FACING CHANGE: WHAT WE CAN DO TO HELP

Written by Larry Shapiro and Gyda Chud

readers, to help us at Jewish Seniors Alliance to identify those invisible and forgotten (out of sight, out of mind) members of our community. We once again turn to you, the lucky and fortunate ones to re-double your efforts by taking that all-important step of picking up the phone and reconnecting with old acquaintances whose current situation may have deteriorated.

Here is a personal experience that clearly illustrates this point. I recently re-connected with a gentleman with whom I had the pleasure of working on a major construction project in Boundary Bay when I first moved to Vancouver in 2013. We became friends, and John shared many stories about his life growing up on the family farm in Holland with me. John described in detail how his father hid a Jewish family in a huge haystack during the Nazi occupation of the Netherlands. I have kept in touch with John sporadically but rarely saw him as he lives with his wife in Mission. After our appeal to you, dear readers, I scrolled through my contacts and started phoning all of those with whom I haven't spoken in a long while. In my conversation with John, I discovered that he had just returned home from the hospital where he had undergone successful colon cancer surgery. He was now recovering at home

while waiting for further treatment. John was very appreciative and I was happy to be able to boost his morale.

RADICAL CHANGES NEEDED IN OUR LONG-TERM CARE FACILITIES

Gyda and I, encouraged by our Advocacy Committee led by its determined and capable chairman, Tony DuMoulin, decided to begin a narrative with a view towards encouraging our political leaders to make the radical changes needed in our long-term care facilities. Our public health-care system has been exposed by the COVID-19 Pandemic as having been fractured by private-for-profit interests which are draining the public system of health professionals. As private businesses, they are not accountable to the public. The first question we must ask ourselves is: Who should we seniors rely on to guarantee our rights when we need them the most? We need to feel secure in the knowledge that we will receive the highest quality care in a safe and secure environment which is properly equipped and appropriately staffed. The answer is the Federal Government! The Federal Government should be there to see that elder seniors live out their lives with the dignity that they deserve in long-term care facilities!

I don't think anyone has any doubt that the present state of those facilities is in shambles and requires complete restructuring. My thinking leads me to the conclusion that the task of totally

We charge the Federal Government to restore the dignity and proper health care to elder seniors in long-term care facilities.



Continued on page 7...

WILL THERE BE A SILVER LINING OF THIS PANDEMIC?

ICH BIN AZOY OYSGESOOMT (I'M SO DONE WITH ZOOM!)

Written by Dolores Luber



EDITOR'S MESSAGE

The title of this essay “*Ich bin azoy oysgesoomt*” uses a new Yiddish word *Oysgesoomt* which means ‘Over-exposed to, fatigued by, exhausted from, bored by, had it with...Zoom.’

The last four months have been an emotional and spiritual challenge, a roller-coaster, for me, my family, my friends and my colleagues. I wavered between denial, cynicism, fear, anger, anxiety, defiance, resignation, hope and acceptance regarding the life and death battle with the Coronavirus being waged around me and humanity. We have been communicating our love, our compassion and our yearning for connection with WhatsApp, Facetime, Zoom and Skype. Deprived of the usual cues of direct communication; that momentary shadow on the face, that wistful, almost imperceptible glance; we are forced to listen with acute attention, we are compelled to concentrate with special focus.

We must really attend to each word—especially the new words—social distancing, herd immunity, flattening the curve, sanitizers, disinfectants, multiple masks (N95 respirators, surgical masks, cloth face masks), coronavirus, contact tracing and COVID-19. Our vocabulary has been enriched and we are paying attention!

In this magazine you will read about JSA's Peer Support Services active role in the Pandemic. You will learn of the consequences and possible improvements resulting from the Post COVID-19 Era—how services hopefully will be

improved in the care received by seniors in long-term care facilities. You can read in Hebrew, our new feature, how Israelis cope with the trauma of COVID-19.

SPECIAL FEATURE: THE IN-CASE-OF-EMERGENCY FORM

The specter and tangibility of death has come a little closer, no one knows when the ambulance will come to your front door or you will be rushed to the Emergency Department of your local hospital. We must ask ourselves the hard questions about what we wish for ourselves in terms of health care and surgical and mechanical interventions. We must have that conversation with the people closest to us! Dr. Bonnie Henry said, “It’s a challenging conversation many families are having right now about advanced directives, about understanding what their loved one wants should they become ill.” Now you have no more excuses—in the center of this magazine is a four-page pull-out form for each of you to fill out and place on your refrigerator or freezer, ready to be grabbed in a minute by the ambulance attendant or your spouse or friend. For the complete form with detailed instructions and to print out more forms, go to <http://patientpathways.ca/plan-ahead-in-case-of-emergency/>.

We have an article about sharing your end-of-life decisions with others, as well as a description of Palliative Care, at home and in Hospice; and the process and procedures of Medical Assistance in Dying (MAiD).

All is not gloom and doom, we have a new comic strip, *Bayla's Issues*, for you. Hopefully you will relate to Hinda Avery's (PhD '93, feminist activist, educator, philosopher, fine artist) comic book character Bayla and her wrinkles. Are you feeling “technologically” challenged? Join the club with Muriel Kauffmann's humorous blog on the topic of computers.

For the culture mavens, there is a book review of Israeli writer A. B. Yehoshua's book *The Tunnel* and two other books which offer classic descriptions of The Black Death in Europe.

Have you ever thought of Aging as a Disease? What are the advantages of this concept? What have been the positive results of the research? Are there negative repercussions to this approach?

THE PLIGHT OF THE CHARITABLE SECTOR

On March 29, 2020, Prime Minister Justin Trudeau, acknowledged the plight of the charitable sector, stating: “Not only are organizations in the charitable sector and the non-profit sector doing incredibly important work during difficult times, they're also in many cases seeing their donations dry up and are very worried about their capacity to continue to do the work they're doing.” JSA relies on our

Continued on page 4...

WILL THERE BE A SILVER LINING OF THIS PANDEMIC?

...Continued from Page 3.

supporters in order to continue meeting the needs of isolated and frail seniors. Do your part and make a donation; we are in urgent need of financial support. AND, if you are receiving this magazine, it does not mean that you are a SUPPORTER

of JSA—*please become a supporter for \$18 a year.*

In closing, I would like to quote William Arthur Ward:

*You can't change the wind.
But you can change the direction of
your sails.*

*The pessimist complains about the
wind.*

The optimist expects it to change.

The realist adjusts the sails.

Dolores Luber MS is a retired psychotherapist and family counsellor. She taught psychology for many years, and loves to learn. Researching, writing and organizing JSA's *Senior Line* magazine is her passion.

LETTERS TO THE EDITOR...

Write to Dolores at: editor@jsalliance.org

Thanks for your wonderful magazine. The *Senior Line* magazine is a joy to receive, and I look forward to reading each article with excellent researched issues on seniors' health, housing, income security, and aging well. The humour and arts sections increase my knowledge, and give pause and pleasure! Especially useful is the centre section of resources and upcoming events. Keep up the good work, this is a lovely magazine!

Barb Mikulec

Chair COSCO Senior Health and Wellness Institute

I would like to commend all those dedicated individuals who contribute their time and expertise to Senior Line. This publication certainly serves our senior community with excellent articles and timely information.

Ivan Gasoi

Here is a photo of the tulips sent to me by the Queen of Holland. They are very beautiful in the courtyard.

David Friedman

Resident of the Louis Brier Home

Editor's note: We wrote about David and his garden in a previous magazine. He accomplishes wonderful things! *Kol Ha Kavod* David.



I came across an article online by Dolores Luber re the artist Sergey Karlov. May I inquire as to the contact information for Sergey? I am an artist (lapidary) and art collector and would be interested in purchasing artwork by Sergey Karlov.

Rennie Castelino

San Mateo, CA

Editor's note: I provided Rennie with the required information. He and Sergey have been communicating with each other. It is good to know that our magazine is read beyond Greater Vancouver.

Know That We Are Here For You

Wanting to let you know that I very much appreciated the call from Marilyn Berger on Monday. I am doing OK at this point—doing my own shopping in gloves and mask. Going for walks, sometimes with a friend, sometimes alone. Participating in various online activities and phone calls. If I do need assistance, I'll be sure to let you know. It's reassuring to know that you're there.

Susan Krug

Greetings, wow, does the excellence and dedication ever stop? Just yesterday we received the latest issue of *Senior Line*, which is, as always, superb to the hilt. *Kol HaKavod* and *Mazel-Tov* to all. And, today, just a day later, *Senior Line's* outstanding editor calls for the editorial board to consider possible front covers for the next issue! The answer to the query above—definitely not.

Bob Markin

JSA WELCOMES NEW SUPPORTERS

Rachelle Czerwinski
Apolonia & Jakub Wilczynski
Georgene Powell
Marilee Sigal

THE 11TH PLAGUE: THE CORONAVIRUS PANDEMIC

Written by Serge Haber

Not long ago we celebrated the Passover Festivity and the Seders. We celebrated the occasion virtually with family and friends. The *Haggadah* tells us about the 10 plagues which Pharaoh and the Egyptians suffered because of not releasing the Hebrew people out of slavery. We are now experiencing the 11th plague, the Coronavirus Pandemic. These times will be marked in our history as humanity's fight against this malignant adversary. Our suffering and determination will lead to our success in arriving at a better tomorrow.

OUR ROLE IN THE PANDEMIC

Peer Support Services continues to train volunteers, but they are calling their senior clients two to three times a week instead of once. The members of Jewish Seniors Alliance (JSA) have undertaken an important and necessary program—we are calling all our members, friends, and acquaintances, over 1000 families, in order to alleviate the hours and days that we spend in social isolation. We will continue to do so for the foreseeable future.

We see the positive reactions of individuals and families that are facing isolation. The unfortunate Coronavirus experience is demonstrating the importance of JSA's programs in fighting the adversity of social isolation. We now realize that in normal times there are many seniors who are marginalized, lonely, disconnected from society and totally isolated. I believe that this is the finest proof of the validity of the JSA Peer Support Programs. We must support this work on a regular basis through your involvement as a supporter, through volunteering and your financial contributions. I personally made sixty

odd calls, and will continue telephoning our senior friends. I received many exclamations of thank you, of gladness, and wonderful conversations occurred. We seniors have done something very positive to help the situation.

PROBLEMS IN THE LONG-TERM CARE FACILITIES

I'm ninety-two years old, and one of the greatest difficulties for me is questioning what is going to happen to me when I am no longer conscious of my actions, disabled, or end up in a home for seniors. In these troubled times, it is mostly seniors that are paying the ultimate price of life and death. The Pandemic has shown the deficiencies of our society in caring about its elders; in failing to spend the necessary amount of money in order to provide the proper help, love and care that these seniors deserve. The world has lost almost a total generation of seniors because of this plague 'the Coronavirus'.

ACKNOWLEDGEMENT OF FRONT-LINE WORKERS

We must acknowledge the crucial role that individuals, doctors, nurses, caregivers and workers in every essential industry are playing to keep us alive. There has been a shortage of equipment, protective wear, masks and respirators which makes their work even more dangerous and desperate. The world was not prepared for this kind of eventuality. It shows the outstanding support of individuals who are risking their lives on a daily basis, providing the essential care, the food buying—they have realized that there are people that need help and they are willing to provide it by exposing their own lives to uncertainty.



SERGE HABER'S MESSAGE

LIVING WITHOUT THE VIRTUAL WORLD

The Pandemic has forced people to use the Internet, to the extent that it has never been used before. At the same time, we must remember that there is still a large proportion of seniors who do not use a computer, it's too late for them to learn. Between 15-17% of seniors are poor, they cannot afford to buy a computer or a cell phone, neither can they afford to pay the fees that the service providers are charging for those services. We must remember to provide appropriate services to these people who live without the 'virtual world'.

A BETTER RESPONSE IN THE FUTURE

This magazine provides information and experiences which can lead to improvements in our caring for the elderly. We have to be ready to adapt, to fight, to innovate, in order to provide for our tomorrow. It will require adjustment and new enterprise. With 7.8 billion people on this planet today, we have to regard the future with much greater care than ever before.

Serge Haber

President Emeritus

Serge Haber is the founder and President Emeritus of Jewish Seniors Alliance. His vision, his determination and his continuing commitment are crucial to the development of the organization and its services.

FOR BETTER AND FOR WORSE

THE COVID-19 PANDEMIC AT THE LOUIS BRIER HOME AND HOSPITAL

Written by Dr. David Keselman

COVID-19 has wreaked havoc on the healthcare scene in Canada, affecting our daily lives, both personal and professional. Many people were sent home to either self-isolate or work from home, labeling them as “non-essential” workers; while identifying others as “essential” workers and charging them with a much greater role and responsibility for the health and wellbeing of one of our most vulnerable populations, our seniors. Many seniors became isolated in their homes to stay safe, and others resided in organized healthcare facilities, or Long Term Care (LTC) facilities. They also became isolated, as their families were now considered a threat to their health and wellbeing and were not allowed to visit them. What a conundrum it is.

I have been a Registered Nurse (RN) for almost 30 years, my knowledge is laced with experiences across the country and a range of settings. I am not an expert in geriatrics, or LTC, and have only directly been involved with this sector since assuming the role of the CEO of Louis Brier Home and Hospital and Weinberg Residence (LBHH and WR). As a healthcare provider and a leader, I am committed to the delivery of accountable, quality, and safe care. LBHH was awarded an “Exemplary Status” by Accreditation Canada in 2018, for meeting and exceeding national standards for quality and safety in the provision of care. Our Mission is to provide exemplary resident and family-centered care for seniors

through innovation, education, research, partnerships and collaboration with a focus on quality and safety, all guided by Jewish heritage.

I can not argue that the ‘resident’ pandemic COVID-19 “episode” certainly exacerbated and contributed to the already fragile nature of the LTC sector. It highlighted the need to use specific data to establish, measure, and evaluate outcomes, as well as further understand the efficiency and effectiveness of the work and services we deliver—much as it is done in the acute care sector. This will further enhance the responsibility and accountability elements in the system, while standardizing our LTC services, across the province as well as nationally.

This pandemic presented a unique opportunity to understand, acknowledge, and accept the required actions needed to correct the situation and make a commitment to sustain the required changes going forward. **One point we should make clear – the deficiencies in the LTC sector have been known for quite sometime; funding formulas, staffing ratios, and aging infrastructure are easy to turn a blind eye to.** They require dollars that the system may not have.

MEANINGFUL AND SUSTAINED CHANGES IN THE NEW NORMAL

Almost three months into this pandemic, and after multiple restrictive

directives, it is time to think ahead and accept that things may never go back to what and how they were. We must welcome a “new-normal” and yet what that new normal may or should look like is anyone's guess. My personal hope is that there is commitment for meaningful and sustained change in LTC.

It is time to think ahead and accept that things may never go back to what and how they were. ”

I believe that we need to consider the following elements as part of such change:

1. A much needed increase in funding to support improved staffing levels in LTC did take place in the last year. The current pandemic presented an opportunity to further examine the current direct care hours against the needs and increasing clinical complexity of older adults. As a result of many changes in the LTC sector, up to 70% of the care staff are unregulated/non-registered and only 30% are licensed or registered (RNs and LPNs).

A sense of urgency may have been presented to evaluate and reconsider the current skill mix and staff/resident ratios. As a result, a more robust staffing model may help meet the changing needs of residents in LTC. As frailty and complexity of residents continues to increase, so should the consideration to adjust the current skill mix of registered and regulated providers that can safely and more adequately address such needs.

2. Evaluate resources and support functions that each LTC facility relies on to support the safety of their staff and ensure that residents are safe and receive the highest possible care. Resources such as dedicated Infection Control practitioners, adequate Human Resources personnel and Occupational Health & Safety experts are not funded in the LTC sector.

3. Focus on the standardization and integration of technology across LTC and Health Authorities (HA), to improve monitoring, evaluation, documentation, and communication.

4. Improve infrastructure and facilities to meet current health and safety standards. Consider larger and newer

infrastructure and safety standards to better and more effectively utilize resources.

5. Focus education and training for front line staff and providers in meeting the needs of the geriatric population with complex needs and conditions. Consider adding Nurse Practitioner (NP) positions into the LTC sector to further support and enhance the quality of care and resident outcomes.

6. Focus on the psychosocial needs of the elderly and enhance recreation and spiritual support.

7. Identify best practices, rooted in research and innovation and enforce accountability and responsibility for implementation and sustainability.

8. Consider an alternate reporting structure to facilitate direct relationship and communication for LTC and Ministry of Health (MoH).

If we desire change we must commit to change.

Dr. David Keselman, MN, DHA. CHE. RN is Chief Executive Officer of the Louis Brier Home and Hospital & Weinberg Residence in Vancouver, BC. He is also an Adjunct Professor, UBC School of Nursing.



FACING CHANGE: WHAT WE CAN DO TO HELP

...Continued from Page 2.

rethinking our approach to long-term care including the design of the buildings that house our Seniors should not be under the control and authority of Provincial Health Boards but rather a Federal Ministry with an exclusive mandate holding them responsible for everything from approving and issuing permits for the construction, renovation and modification of existing buildings to meet minimum predetermined criteria. The establishment of these resources is deemed necessary to assure that we never again witness the multitude of what the current health care authorities refer to as examples of “neglect” to cover up what is in reality Elder Abuse.

Lately the “solution” of last resort, at least for the provinces of Quebec, Ontario and Saskatchewan is to call on Ottawa to

send soldiers to serve as helpers in long-term care facilities. At last count, there have been well over 1,000 members of the Canadian Armed Forces deployed to carry out this mission. It is the opinion of Gyda and myself that the military should not have to go to help in long-term care centres and it certainly is not a long-term solution.

What about re-defining our OAS (Old Age Security) program as being something more than a government agency securing all Canadian Seniors

Gyda Chud's lifelong passion is her career in Early Childhood Education which she teaches at Langara and VCC. She serves on the Boards of numerous organizations including JSA and President of the Peretz Centre which her parents helped establish in 1945.

with an element of financial security; rather to be the authority responsible for the security of all Old Age matters that would certainly include long-term care facilities. Perhaps the first step should be to draft a **Canadian Senior Citizens Bill of Rights** which will serve the noble purpose of assuring that the politicians keep their hands off our golden years.

As always, Gyda and I welcome your thoughts on this and any other matters that concern you.

Be well, all, and stay safe.

Larry Shapiro and Gyda Chud
Co-Presidents

Larry Shapiro studied accounting and worked at major firms as well as with the Federal government. In 1977, he studied real estate and opened his own business. Since moving from Montreal to Vancouver, Larry has been an active member of the JSA Board.

JEWISH CHAPLAINCY SOCIETY: CONNECTING WITH JUDAISM WITHOUT A SYNAGOGUE

Written by Rabbi Dina-Hasida Mercy

One of my teachers a well-known and esteemed rabbi, told me of a class he had taken at a conference. The instructor, speaking to this group of rabbis, asked who had ever felt outside the realm of Judaism. My teacher said most of those present raised their hands. The point he was making was that even the most respected leaders, maybe all individuals, will feel excluded at some point in time. The question I asked myself was “if these esteemed leaders felt outside and excluded, how much more so for someone who had reason to feel outside and excluded?” Out of this story came the Jewish Chaplaincy Society.

Chaplaincy is spiritual service to those who are not able to participate in the traditional site-based religion of their choice.

Chaplaincy is like an inside-out synagogue. A synagogue offers wonderful programs and many services for those who walk through the doors. A chaplain goes to individuals who, for whatever reason, cannot go through the doors. Hospitals have chaplains, the military

have chaplains, and prisons have chaplains.

Other people who might not ‘go through the doors’ have experienced rejection from traditional religious sources. Unfortunately, there are many rejections when a Jew falls in love with a non-Jew and they set about planning their wedding. When I was in my rabbinic training, at one point we were told, “Don’t do interfaith weddings. You’ll become known as the rabbi who just does interfaith weddings.”

I disagreed with that instruction when I heard it, but my decision was made when the first couple approached me about facilitating their wedding. I said ‘yes’ without a second thought. My observation has been that often rabbis of congregations are expected to be gatekeepers for the Jewish tradition. To me, Judaism is wonderful and exciting, and I can understand the attraction of people to Jewish people who are not part of Judaism. For that reason, when a non-Jew falls in love with a Jew, I tend to think that part of the reason is the way that Judaism exhibits itself through that Jewish person.



Since that first Interfaith wedding in 1998, I have also had the pleasure of watching that family and others grow in their commitments to keeping Judaism alive in their homes: officiating conversion-of-a-minor batei din for their children, Bar and Bat Mitzvah services, and counselling Jewish grandparents on how to be a Jewish presence in less-than-traditional Jewish families.

PRISON CHAPLAINCY AND SENIOR PRISONERS

I have been involved in prison chaplaincy since 2012. Of all the arenas where chaplains work, the prisons contain people who are the most extreme outsiders. I am very aware that many people have little sympathy for prisoners. Nevertheless, it is heart-breaking to meet with inmates who are young enough to be my grandchild and others who have prematurely become old men.

How does life in prison age a person prematurely? Sleeping on a two-inch thick mattress on a metal base is the norm. There is a regional unit for senior and frail inmates. If an inmate in that unit has complex health issues,

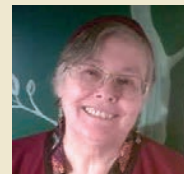
As we learn in *Pirkei Avot*: One who saves a life, saves a whole world. ”

the person can apply for a thicker mattress. Inmates have told me that their dental care leans more towards pulling teeth than fixing them. Long waits for health care are common: A senior inmate with dentures couldn't get them replaced when there were holes worn through them. A senior inmate told me that he waited nine months for footcare that he was supposed to receive four times each year. He can't see well enough to cut his own toenails. He doesn't want to go to the long-term care unit because

he believes that the inmate 'helpers' steal from the seniors.

As a Jew, I believe in the possibility that each person can do *T'shuva* (repentance/return). I work with interfaith families in order to encourage Judaism in their homes and I work with inmates to support their *T'shuva* and eventual return to society. As we learn in *Pirkei Avot*: One who saves a life, saves a whole world. No matter how excluded any one of us may feel, there is always someone

further out, having a harder time. Extending a hand brings us all closer.



Rabbi Dina-Hasida Mercy is an independent, liberal Rabbi living in Vancouver, BC.

Currently she serves as the Chaplain of the Jewish Chaplaincy Society and as the Jewish Chaplain for the federal prisons in the Pacific region of Canada. She can be reached through her website: www.rabbi-mercy.com.



Written by Tamara Frankel

The audience that gathered at the JCC Wosk Auditorium was inspired by the 1999 American biographical film *Music of the Heart*.

The movie was a joint program of the Jewish Senior Alliance and the Jewish Community Centre Adults 55+, and part of the JSA's Empowerment Series entitled *Be Inspired*.



And indeed, the audience was inspired by the dramatization of the true story of Roberta Guaspari, (portrayed by Meryl Streep), who co-founded the Opus 118 Harlem School of Music and fought for music education funding in New York public schools.

Meryl Streep, who was nominated for an Academy Award for this movie (in addition to her other 20 nominations), portrays the inspiring violin teacher of a group of children and their initially skeptical parents. The program she initiated was eliminated ten years later and led to her early dismissal. With toughness and determination, and the support of former pupils, parents and teachers, she plans a benefit concert, Fiddlefest, to raise money so that the program can continue.

But – alas – the venue was canceled. Thanks to Arnold Steinhardt, the husband of her publicist friend, and

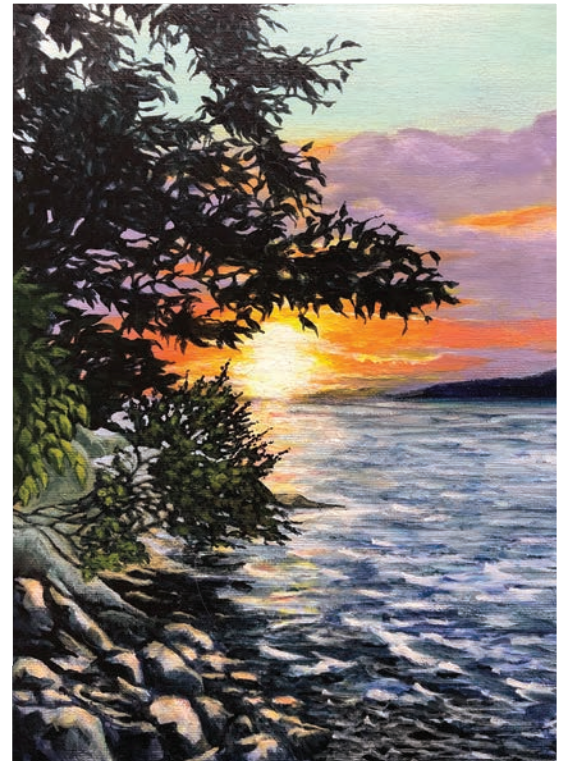
a violinist in the Guarneri Quartet, the concert is mounted at Carnegie Hall, with the participation of well-know musicians, including Isaac Stern, Itzhak Perlman and Joshua Bell. Determination, toughness and *Chutzpah* have won.

The audience was moved by the film which touched their hearts and rated it excellent. The answer to the question: “what brought you to this event” was unanimous: The opportunity to interact with friends and members of the community. This by itself is inspiring.

Tamara Frankel is a member of the Board of Jewish Seniors Alliance and of the Editorial Committee

of *Senior Line* Magazine. She is also a Board member of the Jewish Community Centre.





PORTRAIT OF AN ARTIST

MARCIE LEVITT-COOPER

Written by Rita Roling

We are living during difficult times due to the Covid-19 pandemic. To escape the mundanity of social isolation, we humans need mental stimulation, joy and excitement. Visual arts can give us all these and Vancouver artist Marcie Levitt-Cooper's painting *Beneath the Trees* [front cover] certainly does.

Art is the expression of the artist's creative mind and its purpose is to produce thinking and feelings. It is not important where your particular beach is; what matters is your reaction to the picture. Maybe your feelings give you pleasure, grief, or tranquility. Individual interpretations are based on what we ourselves know and have experienced.

Unfortunately, due to Covid-19 social restrictions, I did not have the opportunity to meet Ms. Levitt-Cooper in person, but on the phone her voice was full of sunshine, optimism and honesty, which she said is the message in her work.

Marcie cannot recall a time in her life when she was not painting or drawing. She remembers how at the age of three she and her father were sitting side by side drawing and painting. He is the one who first inspired her to nurture her artistic talent and to pursue her creative passions. Her first venture was in calligraphy which included *Ketubah* commissions. She was calligrapher/artist for the Beth Israel Golden Book for around 20 years. The curves and fluid lines in calligraphy are evident in many of her paintings.

Marcie describes herself as a self-taught late starter. She has now emerged as a serious, prolific artist who spends every afternoon in her studio. Her paintings evoke feelings of beauty and *joie de vivre*. Life, nature and people inspire her. When I viewed on-line some of her work such as *Roses by the River*, I was taken aback by the plumpness of the bell-shaped roses and the vividness of the green cedar tree in the background. She did not have to tell me that this piece of

art was painted during a very happy and content part in her life.

Marcie's art speaks to the viewer or in the case of *Reflections* it sings. The painting depicts a seascape at twilight when the colours are muted and the differences between water and sky are more nuances than breaks. Most of us are familiar with Louis Armstrong's crooning, "I see skies of blue and clouds of white, the bright blessed day, the dark sacred night. And I think to myself, what a wonderful world." Those lyrics are the very essence of Marcie's "reflections" as it urges us to turn inward and reflect on our lives, its meanings and its blessings.

Family is and has always been a source of strength and safety for Marcie. No matter where she lived the doors to her home were always open to family and friends. Doors are a recurring theme in her art, they illustrate how she feels about aging, roots, and inclusiveness. For example in two of her paintings, doors are the feature points; one is of a heritage home and the other of a Vancouver Special. Both have closed doors but the wide steps leading up to the entry are easy to climb. One of Marcie's later works, *Open Doors*, shows several small

homes similar to birdhouses. All have open doors. Together these works depict progress and lead me to believe the artist says it does not matter if a person lives in a single family home or a condo, a home is a welcoming place.

Marcie herself lives in a multigenerational home. She is surrounded by children, grandchildren and extended family. When we talked I could hear young voices in the background and she told me she had just completed a present for her sister-in-law who is celebrating a special event. This work of art is of an erect, metallic blue Iris. Strong and true like you Marcie Levitt-Cooper. Thank you for sharing your time with me and giving me this piece of wisdom: "if the canvas is cursed, throw it away."



Rita Roling

worked in the social service field for over three decades. She is a firm believer in volunteerism and has for many years been actively involved with the Jewish Seniors Alliance. She is on the board of JSA and Past Vice President, and also a member of the editorial committee.

Page 10:

Left: *Reflections*

Right: *Tide's In*

Page 11:

Top: *Aging Gracefully*

Left: *Cousins*

Right: *Tikkun Olam*



KNOW YOUR TECHNOLOGY: VIEW FROM OVER THE HILL

Written by Muriel Kauffmann

Muriel Kauffmann shares heart-warming and humorous "thoughts from an opinionated old lady" in her blog, *View From Over The Hill*. You can follow her at <https://viewfromoverthehill.wordpress.com/>

My computer must be about 14 years old. When it was 11, it was ill and needed care, so I took it in to the Apple Store where I bought it. They do repairs, but refused to fix mine because, said they, it was over 10 years old. Obviously, if I didn't buy a new one, Apple would go bankrupt for sure. Right? So, I took it elsewhere and it's been feeling fine ever since.

If you think I know how to use everything on my computer you are absolutely mistaken. I'm not at all a technologically-gifted individual.

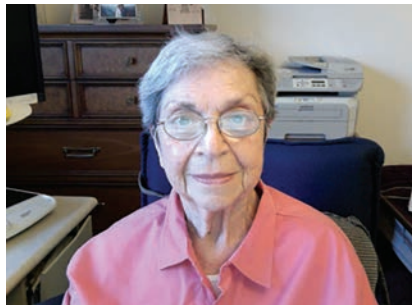
My daughter Susan visited. She deemed it of value to attempt to teach her mom how to use something new – my computer's built-in camera. It's always been there, but has never ever been used before. It was an experience to remember.

It takes more than a little patience to teach me computer stuff, but Susan knows me well and how to keep me focused. Make me laugh and you've got my full attention. This Susan accomplished — in spades.



She definitely had my attention after she showed me this gorgeous photo of herself. Lucky you, because of Susan's patience, you get the privilege of seeing two real beauties. Aren't we gorgeous? Well, we sure had fun.

After we howled with laughter, Susan diligently wrote down very clear instructions to leave for me. Will her efforts bear fruit?



Look Susan. I just took this one of me in my reading glasses! Your instructions were great!!! Thank you! Thank you! I love the idea of learning something new.

I was content with my old computer. Start over? What? Are you nuts?

This year I was told I could no longer do my tax return on it; and my son Rafi could no longer save my butt using TeamViewer.

It has been useful when I was desperate. Where computers are concerned, I DO get desperate – often. WWEEELLLLLL, I had to rethink what I think. (I also admit I was

terrified at having to learn how to use a new electronic device.)

COVID-19 came along and thus Rafi is spending more time at home. He suggested this was a good time for me to take the big step. He chose a computer to suit my needs and promised to be helpful AND patient. He's managed that — almost always. (Don't be judgmental, I'm not YOUR mother. Lucky you!)

Because of everything else happening, our tax people gave us extra time to file, so the first thing I attempted on this brand-new machine, which can do 98% more than I'll ever need, was to do my tax return. Well folks, I'm not totally useless – I'm just technologically challenged. I made it! I did my return and e-filed it! Congrats to me. Yeah!

Andrew, my priceless local 'grandson' ordered the computer online for me and set it up when it arrived. He spent oodles and oodles of time transferring information from my old computer. I never could have managed without him.

Then, just to make me happy, he managed to find a beautifully-coloured hummingbird for my desktop. I love it! Wouldn't you like to open your computer and see this? I am, indeed, a lucky gal.



Photo: Roger Levien

Muriel Kauffmann is an accomplished journalist writing for various newspapers and magazines. She is the founder and past-president of the B.C. Balance and Dizziness Disorders Society, and has served on the Boards of JSA, and Wavefront.

CURL UP WITH A GOOD BOOK

Written by Dolores Luber

To my readers, do you have a favourite book? Write a couple of paragraphs about it and send it to me (editor@jsalliance.org). Share the pleasure and the excitement of a good book.

I have been studying Hebrew, both Modern and Biblical, for 20 years. But, I cannot read a novel in Hebrew, it is just too demanding and time-consuming, so I read Israeli authors in translation. My favourite Israeli writers are Amos Oz, David Grossman and A.B. Yehoshua.

My first and lasting impression of A.B. Yehoshua was in reading his novel *A Journey to the End of the Millennium* (1999). He takes us on a journey through time back to the Middle ages as the first Millennium of the Christian era approaches, and across continents, as Ben Attar, a North African Jewish merchant from Tangiers embarks on a long and potentially hazardous sea journey past Gibraltar, way up the Atlantic coast, and up the Seine to the Frankish town of Paris. I was enthralled and delighted in this romantic, historical novel.

Then I read *Mr. Mani* (1992). Six generations of the Sephardi Mani family are chronicled in this profound and passionate Mediterranean epic which moves backwards from the 1980s to the mid-nineteenth century. The story comprises of five conversations each centering on the fate of a different member of the Mani family and in each the responses of one person are absent. *Mr. Mani* is surprisingly humorous, full of extraordinary historical perspectives and is deeply wise and compassionate. It is an imaginative tour de force.

THE TUNNEL (HAMINHARA)

by A.B. Yehoshua (2020)



His most recent novel is equally fascinating, written at the age of 82! Here is a suspenseful and poignant story of a family coping with the sudden mental decline of their beloved husband and father, an engineer who they discover is involved in an ominous military project. Zvi Luria is showing signs of early dementia, and his work on the

tunnels of the Trans-Israel Highway is no longer possible. To keep his mind sharp, Zvi decides to take a job as the unpaid assistant to Asael Maimoni, a young engineer involved in a secret military project, a road to be built inside the massive Ramon Crater in the northern Negev Desert. Living secretly on the proposed route, amid ancient Nabatean ruins, is a Palestinian family under the protection of an enigmatic archaeological preservationist. Zvi rises to the occasion, proposing a tunnel that would not dislodge the family. The story is a sensitive, realistic and humorous account of a man struggling and coping with his early dementia and the quirks of the Israeli mentality. I relished every word. Available at the Isaac Waldman Jewish Public Library.

THE PLAGUE IN LITERATURE

Information is power—with knowledge, you can control your own destiny. Knowledge gives you the power of decision-making. Because of the information you have, decisions can be made.

A.B. Yehoshua wrote an article in Hebrew about the situation in Israel regarding the Pandemic and the participation or lack thereof of certain religious groups. He mentioned two classic books which described The Black Death in Europe.

The Betrothed by Alessandro Manzoni, written in Italian in 1825-26, is considered a classic masterpiece of romantic historical fiction. The scene is laid in Lombardy between 1628 and 1631, and the plot deals with the thwarting of the love of two peasants by a local tyrant. The manners of the time are presented with great vividness; one of the most notable elements being the elaborate description of the plague which devastated Milan in 1630 (**Chapters 31 – 37**). If you wish to put our Pandemic in perspective, if you wish to understand human nature and its responses to plagues, acquire this book and read only the seven chapters. You will be fascinated and horrified at the same time.

A.B. Yehoshua's second recommendation was *The Plague*, by Albert Camus, published in 1947. It tells the story from the point of view of an unknown narrator of a plague sweeping the French Algerian city of Oran. Camus won the Nobel Prize for literature in 1957 for this work. A haunting tale of human resilience in the face of unrelieved horror, Camus' novel about a bubonic plague ravaging the population is a classic of 20th century literature.

In reading these two books, I was able to better understand what is happening in Canada, and the various reactions of people and governments towards the COVID-19 virus.

SENIORS IN THE MOVIES

Written by Dolores Luber

Movies and television series move around in the Streaming world of the Internet. Also Shaw and Telus have free movies on demand! When I want to watch a movie I do a Google search “Where can I watch *Apollo 13* (The name of the movie)?” You can pay monthly for the individual streaming services (Netflix, Hulu, Amazon Prime, Crave, etc.) or you can pay to watch a specific movie on Google Play, Microsoft or iTunes. In this case I paid \$4.99 on Google Play. This is a superb movie (1995), based on the true story (six days in 1970) of three American astronauts who, if not for the superb technical assistance from NASA on the ground, and their own resolute, rational approach to problems in the spacecraft, almost did not make it home.



KNIVES OUT

2019



The movie takes the shape of an old-fashioned whodunit—the kind with mystery, suspense, entertainment, a corpse on an heirloom settee and a half-dozen or so shifty suspects

milling about. As suits the genre, the main setting is a stately manor with dark corners, creaking stairs and a warren of richly appointed rooms shrouded in secrets. Daniel Craig plays Benoit Blanc, the private investigator. This is an Agatha Christie-style murder mystery, with interrogations, possible motives and dubious alibis. It is delightful to watch “something old” which is such great fun. Available at Black Dog Video.



FROST/NIXON

2008



We all remember Watergate and the resignation of President Richard Nixon. Now you can relive it in a theatrical smackdown with Frank

Langella (age 82) as Nixon and Michael Sheen as Frost. This is armchair-to-armchair sparring. Nixon is seeking absolution. Frost is betting his career on the interviews. The four actual interviews were a huge success; the movie is clever and captivating. I was shocked to discover that I actually liked Nixon in the end! Available on Netflix, iTunes, Microsoft, Google Play.



THE LIGHTHOUSE

2019



Willem Dafoe (age 64) and Robert Pattinson star in this moody, sly American Gothic set in the late 19th century. The stark black-and-white cinematography deepens the film's

shadows and unease. A horror movie about inner and outer darkness, the film begins with two lighthouse workers, Wake and Winslow, arriving on a small, desolate island. Over many solitary days and nights, they work, eat, drink and dig at each other, establishing a bristling antagonism born of temperament and boredom. It is an exquisite film, with impeccable acting, a riveting experience for the movie lover. Remember I said “a horror movie.” Available on Amazon Prime, Netflix, Hulu and HBO.



PAIN AND GLORY

2019



Antonio Banderas (age 59) plays Salvador Mallo, the celebrated Spanish filmmaker who is gravely depressed, his body seems to have permanently surrendered to his

maladies, to his bad back, migraines, asthma and fits of terrifying mysterious choking. When a friend offers him some heroin to smoke, Salvador readily lights up and disappears. His nagging pains suddenly give way to images from his childhood, idylls that brighten the screen like beacons in a fog. The film is a story of memory and creation, with many autobiographical elements from the life of the director, Pedro Almodóvar. He shares with the audience the pain and the glory of his own personal history. Superb! Available on YouTube, Google Play.

ULTRA-ORTHODOX JUDAISM IN THE SPOTLIGHT



UNORTHODOX 2020



Unorthodox is a 4-part television series about a young woman escaping the Satmar Hasidic community in present-day Brooklyn. Esty (Shira Haas) is

a 19-year-old bride in an unhappy arranged marriage, unable to consummate her marriage in order to produce a child. One day, with cash and a few papers stashed in her waistband, she escapes to Berlin alone, looking for the mother who herself fled the Satmars and her alcoholic husband when Esty was a child. Haas is a phenomenon, expressive and captivating. Yanky, her husband, searches for her, following her to Berlin. I had sympathy for Yanky, he is uninformed, naïve, at a total loss as to the role of husband and lover. It is helpful if the viewer has some knowledge of the many variations of Orthodox Judaism; but even without it, the tremendous intimacy of the film and the humanity of all the characters is commendable. In Yiddish, English and German. Available on Netflix.



THE AWAKENING OF MOTTI WOLKENBRUCH 2018



The setting is an Orthodox Jewish community in Switzerland. College student

Motti (Joel Basman) is the Wolkenbruch's youngest son, his siblings are married. He is stubbornly turning down every *shidduch* (arranged match) the family sets up with nice Jewish girls from nice Jewish families. He insists on feeling a "spark" with the woman he's expected to marry. Then he falls hard for beautiful Laura (Noemie Schmidt), a *shiksa* (non-Jewish girl) in his economics class. In a panic, Motti's parents send him to Israel to find a girl there, but instead he is seduced by a free-spirited Israeli girl. In Yiddish and German, with English Subtitles. Available on Netflix.

Continued on page 16...

PROFILE OF A DIRECTOR: BONG JOON-HO

Bong Joon-ho is a South Korean writer and filmmaker. His movie *Parasite* won four Academy Awards this year, best picture, best directing, best international feature film and best writing (original screenplay). It was the first non-English language film in Oscar history to win the award for best picture. I watched *Parasite*, enthralled by this fascinating story, brilliantly acted and sumptuously filmed. I learned the term "revenge narrative." His topic is the huge gap between the rich and the poor. The result of this inequity is chaos and violence, the lower depths rise with a vengeance. We laugh at the beginning, but be prepared for surprises. I was hooked. I decided to watch some other films he had made.

Okja (2017) came next. In *Okja*, a girl and her pig take on the industrial food complex. *Okja* is a most remarkable pig, who is loyal, gentle and brave. He is devoted to a girl name Kija. They have grown up together on a remote mountain farm, inseparable companions in a classic literary and cinematic tradition. Enter the multinational corporation, Mirando and the villain, Lucy Mirando, chief executive officer. They own the pig who is destined for the slaughter house. Kija fights back, chaos and violence ensue. This is an animal rights fable, or at least a protest against factory farming and genetic engineering. You laugh, you smile and you gasp at the terrifying enormity of the situation.

I watched *Snowpiercer* (2013) with trepidation and anguish. After a human-engineered planetary catastrophe (trying to arrest the planet's warming, we accidentally froze it solid), the remaining people are confined to a train that never stops moving. A few thousand survivors live in railway cars, sorted into a rigid and ruthlessly enforced social order. Towards the front, the more fortunate enjoy access to schools, nightclubs and fresh food. A group of rebels have decided to challenge the power of the entrepreneur who is in charge and the extreme inequality he represents. The movie is hard to watch, the violence is graphic, and the acting is superb. His message is clear—inequity will bring on revolution and violence. His movies cause one to reflect on our world order—now! Three more movies to go: *Memories of Murder*, *Mother* and *The Host*. Do I have the stamina?



...Continued from Page 15.



DISOBEDIENCE

2017



Disobedience tracks Ronit (Rachel Weisz) as she steps back in time after the death of her rabbi father, a revered religious figure in north London. This tightly religious

community no longer wholly welcomes her. She resumes her relationship with a former lover Esti (Rachel McAdams) as they explore the boundaries of faith and sexuality. Ms. McAdams and Ms. Weisz persuasively convey the inner lives of the character they play. There are graphic scenes of sexual intimacy. Available on Netflix.

SPECIAL MENTION



INSIDE BILL'S BRAIN: DECODING BILL GATES

2019



This is a tribute to a rich man trying to make a difference. With the full cooperation of Bill Gates, the director Dais Guggenheim creates a superb

portrait of an intelligent, thoughtful and compassionate man. The three parts of the documentary series describe Gates' favourite projects, his early family life and his marriage to Melinda. I hung onto every moment, relishing the details of his relationship with his mother. I did not want it to end. He is a *mensch*. Available on Netflix.

WATCH WITH THE GRANDKIDS



WONDER

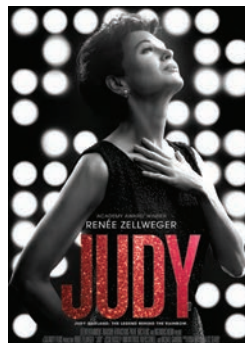
2017



"I know I'm not an ordinary 10-year-old kid," say Auggie (Jacob Tremblay), as we see him standing on his bed wearing an astronaut's helmet. When the helmet is removed,

we see his young scarred face, his earlobes are little flaps and his eyes are tear-shaped, giving him a perpetual sad-puppy expression. Auggie describes his facial birth defects and the 27 operations he has endured as "hilarious." But Auggie is less amused by the prospect of entering the fifth grade, and no longer being home-schooled by his brilliant and loving mother, Isabel Pullman (Julia Roberts).

The movie, based on the children's novel by R.J. Palacio, hews to the book's multicharacter narration structure which allows us to understand each character's feelings and behaviour. Auggie knows that he will encounter bullies, but he is smart, clever and exceptionally good-hearted. He has a knack for winning people over. *Wonder* is a family picture, filled with intelligence and intimacy, it moves and amuses while never overtly pandering. Available on Netflix.



JUDY

2019



Renée Zellweger plays Judy Garland near the end of her life, when she grasped onto one more comeback and one last chance. Zellweger is superb, she plays a few variations on Garland;

worried mother, needy lover, disaster and legend. The movie derives its force from its central mythic figure and our own memories: the Hollywood supernova. The viewer shares in the despair that comes from watching someone die in slow motion. An extraordinary film. Available at Black Dog Video and Amazon Prime.



AMERICAN FACTORY

2019



This documentary sharply delineates the possibilities and the limits of a modern global economy. An abandoned GM plant becomes, seven years later, a Chinese windshield

company called Fuyao Glass. Steven Bognar and Julia Reichert, the directors, follow the Chinese workers who come to Ohio to establish the plant, and the Americans who struggle to conform to their vastly different management style. There are scenes of startling culture clash. The movie received rave reviews. I agree! Available on Netflix.



IN CASE OF EMERGENCY

An In Case of Emergency Form (ICE) speaks for you when you are overwhelmed or unable to speak for yourself or a loved one. It gathers key information about you, your health, and your household, and makes it immediately available to first responders, paramedics, family and friends. Post this ICE form and all completed, related documents in a clear plastic zippered folder on the front of your fridge.

For More information go to: <http://patientpathways.ca/plan-ahead/in-case-of-emergency/>

PARAMEDICS AND FIRST RESPONDERS: PLEASE READ AND TAKE TO HOSPITAL

MEDICAL INFORMATION

Full name [Last name, Given names]: _____
Personal health number: _____
Main phone: _____ Alternate phone: _____
Birth date [yyyy-mm-dd]: _____
Languages Spoken: _____
Date completed [yyyy-mm-dd]: _____

DOCUMENTS INCLUDED WITH THIS ICE FORM

- Representation Agreement
- No CPR
- Medical Orders for Scope of Treatment [MOST]
- Advance Directive
- Expected Death in the Home [EDiH] [For those nearing end of life]
- Enduring Power of Attorney OR Power of Attorney
- Registered organ donor
- Funeral arrangements and after-death care of body instructions

Other important details can be found: _____

IMPORTANT CIRCUMSTANCES

Examples: "I care for my husband Jack. He has dementia and can't be left alone; call his brother Fred," or "Sally has autism and is nonverbal," or "I am deaf without my hearing aids." _____

MEDICAL CONDITIONS & RECENT SURGERIES

[Most important and recent at top.]

Condition: _____

Year diagnosed/treated: _____ Notes: _____

Condition: _____

Year diagnosed/treated: _____ Notes: _____

Condition: _____

Year diagnosed/treated: _____ Notes: _____

Condition: _____

Year diagnosed/treated: _____ Notes: _____

Condition: _____

Year diagnosed/treated: _____ Notes: _____

Condition: _____

Year diagnosed/treated: _____ Notes: _____

MOBILITY AND SENSORY ISSUES

- | | |
|---------------------------------------|---------------------------------------|
| <input type="radio"/> Paralysis | <input type="radio"/> Autism spectrum |
| <input type="radio"/> Wheelchair | <input type="radio"/> Nonverbal |
| <input type="radio"/> Walker | <input type="radio"/> Low/No hearing |
| <input type="radio"/> Cane | <input type="radio"/> Hearing aid |
| <input type="radio"/> Scooter | <input type="radio"/> Low/No vision |
| <input type="radio"/> Prosthetic limb | <input type="radio"/> Eyeglasses |
| <input type="radio"/> Dentures | <input type="radio"/> Contact lenses |
| <input type="radio"/> Swallowing | <input type="radio"/> Other: _____ |

LIFE THREATENING ALLERGIES

[Most important and recent at top. Example for "What to do: Benadryl or Epi Pen".]

Allergen: _____

Reaction: _____ What to do: _____

Allergen: _____

Reaction: _____ What to do: _____

Allergen: _____

Reaction: _____ What to do: _____

Allergen: _____

Reaction: _____ What to do: _____

PRESCRIPTION MEDICATION RECORD

Where these prescribed medications are kept:

- Kitchen/Fridge Purse/bag
 Bathroom Other: _____
 Bedroom

Drug: _____ Dosage: _____

- Oral Inhaler Patch Ointment Injection

Taken for: _____ Prescribed By: GP Specialist

When: Morning Lunch Supper Bedtime

Drug: _____ Dosage: _____

- Oral Inhaler Patch Ointment Injection

Taken for: _____ Prescribed By: GP Specialist

When: Morning Lunch Supper Bedtime

Drug: _____ Dosage: _____

- Oral Inhaler Patch Ointment Injection

Taken for: _____ Prescribed By: GP Specialist

When: Morning Lunch Supper Bedtime

Drug: _____ Dosage: _____

- Oral Inhaler Patch Ointment Injection

Taken for: _____ Prescribed By: GP Specialist

When: Morning Lunch Supper Bedtime

NON-PRESCRIPTION MEDICATIONS, OINTMENTS & SUPPLEMENTS

Where these prescribed medications are kept:

- Kitchen/Fridge Purse/bag
 Bathroom Other: _____
 Bedroom

Drug: _____ Dosage: _____

- Oral Inhaler Patch Ointment Injection

Taken for: _____ Recommended By: _____

When: Morning Lunch Supper Bedtime

Drug: _____ Dosage: _____

- Oral Inhaler Patch Ointment Injection

Taken for: _____ Recommended By: _____

When: Morning Lunch Supper Bedtime

Drug: _____ Dosage: _____

- Oral Inhaler Patch Ointment Injection

Taken for: _____ Recommended By: _____

When: Morning Lunch Supper Bedtime

MEDICAL EMERGENCY CONTACTS

Name: _____ Relationship: _____

Main phone: _____ Alternate phone: _____

Name: _____ Relationship: _____

Main phone: _____ Alternate phone: _____

CURRENT PHYSICIANS

Family physician:: _____ Phone: _____

Address: _____ Last seen [yyyy-mm]: _____

Notes: _____

Specialist physician:: _____ Phone: _____

Address: _____ Last seen [yyyy-mm]: _____

Notes: _____

Specialist physician:: _____ Phone: _____

Address: _____ Last seen [yyyy-mm]: _____

Notes: _____

Specialist physician:: _____ Phone: _____

Address: _____ Last seen [yyyy-mm]: _____

Notes: _____

PERSONAL AND HOUSEHOLD CONTACTS

[Examples: "Building manager, friend with key"]

Name: _____ Phone: _____

Role: _____

Notes: _____

Name: _____ Phone: _____

Role: _____

Notes: _____

NOTES



REVIEW YOUR DOCUMENTS EVERY YEAR OR AFTER ANY CHANGE IN HEALTH STATUS

CARTOON CAPTION CONTEST



“Don’t oy me. Give a look. He’s single, almost a dentist, and he keeps *kosher*!”

CONGRATULATIONS TO
OUR WINNER:
ALEX KLINER

Thanks to everyone for your creative efforts!

OUR RUNNERS UP:

“What’s the problem, Sweetheart?
He says he *likes* older women!”
- **Sharon Harowitz**

“It’s called sexting!”
- **Dana Sair**

“Sweetheart, your *Bubbe* has made so many
friends in Nigeria!!”
- **Edward Korbin**

“Sweetie, I just found a nice Jewish boy for you
on J Date”
- **Ivan Gasoi**

“Download the new app, *GEFILTE*. Use it to
Phish around!”
- **Morris Harowitz**

1. “I gave your phone a good wash in soapy water.
Now it won’t have any viruses!”

2. “I just had a good talk with your new boyfriend.”
- **Catherine Myerowitz**

ENTER THE CARTOON CAPTION CONTEST!

Write a caption for the cartoon and send it to us by mail or email



Jewish Seniors Alliance

949 West 49th Avenue, Vancouver, BC V5Z 2T1

Email: office@jsalliance.org

Be sure to include your name and address.

The author of the winning caption will receive a JSA T-shirt and two Tribute Cards worth \$18.00 each to send to family or friends. We will publish the cartoon with your caption in the next *Senior Line*.

HUMOUR!

LOOKING GOOD

My face in the mirror isn't wrinkled or drawn.

My house isn't dirty. The cobwebs are gone.

My garden looks lovely and so does my lawn.

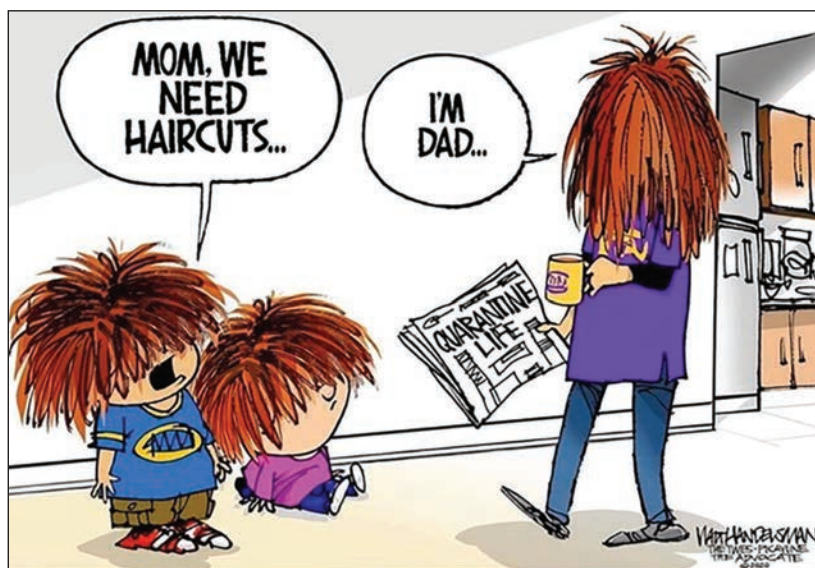
I think I might never put my glasses back on.

EXERCISES FOR SENIORS

You know how important exercise is, as we grow older. Here are a few suggestions. I start by standing outside behind the house and, with a five-pound potato sack in each hand, extend my arms straight out to my sides and hold them there as long as I can.

After a few weeks, I moved up to 10-pound potato sacks, then 50-pound potato sacks and finally I got to where I could lift a 100-pound potato sack in each hand and hold my arms straight out for more than a full minute!

Next, I started putting a few potatoes IN the sacks, but I would caution you not to overdo it at this level.



REALITY CHECK

Eventually, you will reach a point when you stop lying about your age and start bragging about it.

Don't let anyone tell you that you're getting old. Squash their toes with your rocker.

The older we get, the fewer things seem worth waiting in line for.

Some people try to turn back their odometers. Not me. I want people to know why I look this way. I've traveled a long way and some of the roads weren't paved.

Maturity means being emotionally and mentally healthy. It is that time when you know when to say yes and when to say no, and when to say WHOOPPEE!

How old would you be if you didn't know how old you are?

When you are dissatisfied and would like to go back to youth, just think of Algebra.

One must wait until evening to see how splendid the day has been.

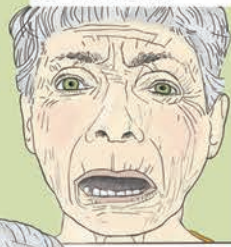


BAYLA'S WRINKLES

by hinda

THErapy SESSION 9

I'M OBSESSED WITH MY WRINKLES.



THEY'RE ALL OVER MY FACE!



BAYLA, YOU'RE AN OLD JEWISH WOMAN. YOU'RE NO SPRING CHICKEN.



DR. KATE IS BAYLA'S THERAPIST.

THEY'RE IN A CROSS-HATCH DESIGN.

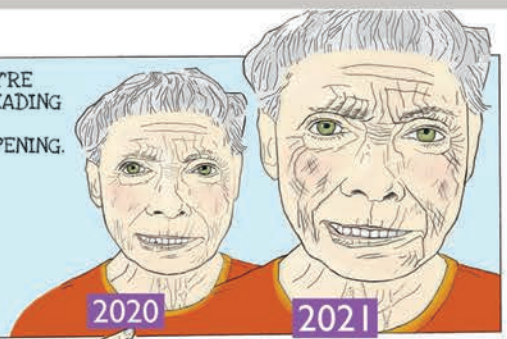


AT LEAST THERE'S A DESIGN TO THEM.



1

THEY'RE SPREADING AND DEEPENING.



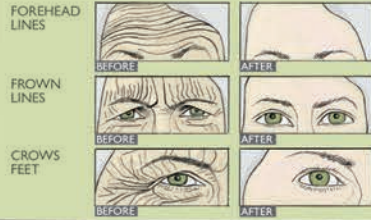
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I'M NOT SUPPOSED TO HAVE THEM!

EVERYWHERE I TURN I'M PRESSURED TO GET RID OF THEM.



BAYLA, THINK COST!

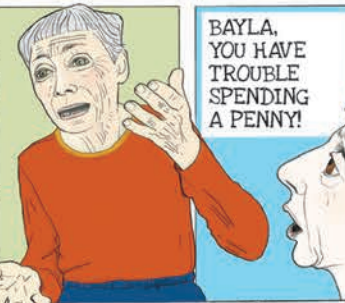


2

SHOULD I INVEST IN ANTI-AGING CREAMS?



BAYLA, YOU HAVE TROUBLE SPENDING A PENNY!



I HATE MYSELF FOR BEING OBSESSED WITH MY WRINKLES.

MY THOUGHTS SHOULD BE WITH FOMENTING A FEMINIST REVOLUTION!



ONE DAY I HAPPENED TO BE WITH FIVE FEISTY OLD JEWISH FEMINISTS



3

EACH OF US HAD OUR OWN WRINKLE DESIGN.



A BRILLIANT IDEA WAS SUGGESTED.

LET'S FIGHT THE AGEIST FASCIST FUCKERS!



FUCK ANTI-AGING CREAMS!

I FELT LIBERATED!

BUT HOW LONG WILL THIS FEELING LAST?



NOT LONG - GIVEN YOUR WRINKLES.



4

PEER SUPPORT SERVICES

DID YOU KNOW?

Jewish Seniors Alliance Peer Support Program provides services to over 200 seniors with varied needs, from diverse cultural backgrounds. Services are delivered in multiple languages by highly trained and motivated volunteers, who receive certification after 55 hours of training.

SENIORS STRONGER TOGETHER



YOUR SUPPORT MAKES A MEANINGFUL DIFFERENCE IN THE LIVES OF SENIORS



"In supporting other seniors, I am helping myself. My personal life has changed and benefitted tremendously. I have felt more fulfilled and engaged in my community. I have made many new friends through the volunteer program.



PEGGY, VOLUNTEER



Connecting with other peers has been a true blessing in my life. It gives me a sense of purpose. My listening skills became a part of my life. Not only have I helped others but I have received many benefits for myself."

AUDREY, VOLUNTEER



JSA has initiated several supportive and distinct peer services offered to all seniors in the lower mainland, promoting self-empowerment, volunteerism and seniors helping seniors.

Peer support is a one-to-one service provided by specially trained volunteers who are supervised by professional staff.

JSA Peer Services include: **Weekly Peer Support Sessions, Friendly Phone Calls, Home Visits, and Information Referrals.** These services are provided free of charge.



Jewish Seniors
Alliance

WE NEED YOUR HELP!

To continue this needed service **PLEASE DONATE TODAY!** Show your support, become a member/supporter of Jewish Seniors Alliance. Donate by phone at 604-732-1555, online at www.jsalliance.org/donate/, or fill in the form on the opposite page.

OUTREACH



JSA provides annual programs to empower, inform, and educate, which are designed to enhance and improve the quality of life for seniors, including our **Spring Forum**, **Fall Symposium** and **Empowerment Series**.

Three times a year the **Senior Line Magazine** will come to your door, chock full of informative, innovative, and cultural articles. Our website **www.jsalliance.org** is bursting with useful information, including an up-to-date calendar listing senior events, articles, videos and much more. Follow our **Facebook Page** for curated articles on topics about seniors.

ADVOCACY



Advocating for the needs of seniors and seniors' organizations in the Lower Mainland, JSA responds to concerns with governments, public agencies and funding groups, including at this time:

- Urging the federal government to implement a national, universal pharmacare and dental insurance program for seniors.
- Participating in webinars and zoom meetings to share information that focuses on issues that seniors are facing due to the COVID-19 pandemic.
- Working with other groups to advocate for provincial government mandated higher staffing ratios in long term and assisted living facilities.



Jewish Seniors Alliance
SENIORS STRONGER TOGETHER

RETURN TO:
Jewish Seniors Alliance
949 W 49th Avenue, Vancouver, BC V5Z 2T1

Name		Telephone	
Address		City	
Postal Code	Email		
Yes, I would like to Support JSA with a One Time Donation in the amount of:			
<input type="checkbox"/> \$18	<input type="checkbox"/> \$36	<input type="checkbox"/> \$54	<input type="checkbox"/> \$72 <input type="checkbox"/> Other: \$ _____
Your monthly gift will bring steady funding to vital programs. I wish to make a Monthly Contribution in the amount of:			
<input type="checkbox"/> \$20	<input type="checkbox"/> \$35	<input type="checkbox"/> \$50	<input type="checkbox"/> Other: \$ _____
Cheque enclosed for \$ _____ payable to Jewish Seniors Alliance of Greater Vancouver			
Credit Card # (Visa/MC)		Expiry Date /	
Signature			
Please help save costs by signing up to receive tax receipts by email <input type="checkbox"/> Yes <input type="checkbox"/> No			
A Donation of \$18 or more will recognize you as a Member/Supporter of JSA which will allow you to vote at our AGM. A tax receipt will be issued for a donation of \$18 and up.			



PEER SUPPORT SERVICES

VOLUNTEER PROFILE: CATHERINE DERHOUSOFF

Interview by Charles Leibovitch

A Born Nurturer with an Adventurous, Independent Spirit



Catherine has been a Senior Peer Support Volunteer with Jewish Seniors Alliance for the past three years. Born in Vancouver, as a young child she observed her mother who was a school teacher and caregiver towards seniors. Her mother came from a large

family of 15 children and Catherine was particularly close to one aunt who was a free spirit, who worked as an artist, clothes designer and had her own art gallery. Catherine remembers wonderful times spent with her aunt exploring the Bay area of California at age 16 in the early 1960s during summer holidays in grade 11. After these two months, Catherine was encouraged to pursue her passions. The need to be independent and push the boundaries became a theme for Catherine in her adult life. As a teenager, she spent her grade 12 living apart from her parents, who had moved to the Kootenays. She decided to stay in Vancouver, lodging with a Jewish family in exchange for babysitting their two sons. After graduating from Eric Hamber Secondary with Honours, Catherine attended Langara College to pursue liberal arts. But life throws curve balls and at the age of 18, Catherine became pregnant. She was now a single mother to her son. In order to financially support herself and her son, she took a government manpower employment program and was trained in bookkeeping and typing. Not her preference

then as she had dreams of becoming a teacher or social worker to help others. She worked at Canadian General Electric as a secretary for five years. She was then hired by ICBC in the claims department. She worked there for thirteen years, climbing to the level of trainer for adjusters.

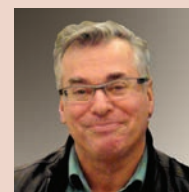
Through her personal relationships, Catherine discovered that she had a pattern of choosing partners who had lifestyle behaviors that were unhealthy. She had a vocational assessment which revealed her love of cooking so Catherine then enrolled and completed her training as a chef. During this time, she helped her partner with his addiction and he successfully recovered with Catherine's help. However, her mother was dying, so Catherine and her partner moved back to Vancouver, where she put in some time cooking at Bishop's on 4th Avenue in Kitsilano.

She soon realized that kitchen work was too physically demanding and was causing back injuries. Because her real passion was to help others in the community, she worked as a scheduler at her cousin's Homemaking Agency, sending homemakers to assist seniors and families.

Catherine then took a course to work with First Nations communities. She became a foster mother for mostly First Nations children and teenagers with Plea Community Services. She was a foster mother with the Ministry of Child and Family Services for 15 years. Then a turning point occurred when Catherine got a job with Pacific Association of First Nations Women. She worked full-time, getting assignments to work with First Nation seniors. She found this job and her job as a foster parent to be extremely rewarding. She then began to be a supervisor of foster children having visits with their biological parents. Three years ago she saw an ad in the Georgia Straight newspaper for Senior Peer Support Volunteers and took the training with Grace Hann which further enhanced her helping and listening skills. Today Catherine is busy with JSA, Pacific Association of First Nations Women and her grandchildren. So we salute Catherine for her nurturing and adventurous spirit.

Thank you Catherine!

Charles Leibovitch, MSW, is JSA's Senior Peer Support Services Coordinator. He initiated the Program in December 2011. He has a long history of caring for seniors.



THE NEW NORMAL AT JSA'S PEER SUPPORT SERVICES

Written by Grace Hann

The date was March 9th when I heard the news. “B.C. has recorded its first COVID-19 related death.” It will be forever embedded in my memory. My mind raced ahead! How many people will be affected? How many of our loved ones will suffer? We knew by then that it was the elderly who were most vulnerable and it was at a care facility where the first case was reported. This is the population we serve at Jewish Seniors Alliance. The news headlines were relentless. “From one COVID-19 lockdown to another, “Canada’s seniors face new reality”, “28 residents, 27 staff at Vancouver’s Haro Park care centre confirmed to have COVID-19”. How were we to support seniors during the novel coronavirus?

For us at Jewish Seniors Alliance we soon discovered that we would have to adapt to the new normal. Our model of emotional support consists of trained volunteers visiting seniors at residential care homes as well as in their private homes. Reluctantly, we stopped all home visits. We were already aware of the social isolation within the elderly population, only now it had been exacerbated.

MORE VOLUNTEERS, MORE SUPPORT, MORE INTERACTION, MORE TRAINING

Staff and volunteers resolved to help more than ever. Volunteers quickly jumped in with offers to connect by phone with the seniors we support on a more frequent basis. ZOOM became the new method of communication between staff and volunteers. Bi-monthly volunteer support meetings became bi-weekly—in order to stay connected and focussed on senior isolation.

As time progressed, anxiety became the most frequent topic of concern, for both family members and their loved ones. Families asked, “Who will connect with my mom, now that I am unable to visit? Who will be there for our parents if they fall prey to this vicious disease? Will our parents survive?” We started to hear more about individuals we knew who had become sick with the virus. Who would be next?

JSA volunteers received more support and training with a focus on listening skills and an understanding of the



JSA Peer Support Volunteers meet via Zoom
June 2020

anxiety surrounding COVID-19, as well as a detailed list of resources available during this demanding and difficult time.

COLLABORATION WITH THE SOUTH VANCOUVER SENIORS NETWORK

In order to enhance community awareness concerning resources, I joined a weekly webinar with Michael Lee, M.L.A. for Vancouver/Langara and Andrea Krombein, Seniors Outreach Coordinator of Marpole Oakridge Family Place. This has been a great forum to raise awareness of the emotional support and resources JSA is offering and to collaborate with South Vancouver Seniors Network. This partnership has been very successful as I also provided two separate training sessions for their staff and volunteers in order to reach out to more isolated seniors through telephone calling.

Jewish Seniors Alliance will continue to work diligently in supporting all seniors who are facing extreme isolation and loneliness. **If you or a family member is experiencing this, please do not hesitate to contact our office at (604) 267-1555 for support. If you would like to join our team of volunteers at this crucial time, we will be conducting virtual training and we would love to hear from you.** Our community needs you!

Grace Hann is the trainer of volunteers of Senior Peer Support Services. She has been training volunteers and supporting seniors for the past 20 years.



DURING AND AFTER THE COVID-19 PANDEMIC

WE ARE OUR BROTHERS' AND OUR SISTERS' KEEPERS

Written by Kenneth Levitt

On March 15, Leah and I returned from a Mexican vacation two weeks earlier than originally planned. About the fifth day of our holiday we decided that we did not want to become ill in a foreign country. It was prudent to return to Canada. Fifteen family members and close friends cancelled their trips to join us due to Covid-19. We felt better off physically and emotionally at home close to family and close to all the personal resources including medical if they might be needed.

Older adults do not have the same immune system as younger adults and children. Our immune system is in decline and this decline means we do not respond as efficiently to new or even familiar viruses. When we encounter a virus like Covid-19 our whole body is ambushed; our lungs are attacked; a serious symptom is gasping for air. The most severe cases of this pandemic require hospitalization and care in an ICU (intensive care unit). A small percentage of people succumb to the disease but the majority survive.

Older adults with a known compromised immune system become the most vulnerable. We witnessed this in Ontario and Quebec nursing homes and to a lesser extent in British Columbia nursing homes. Elderly persons make up a disproportionate percentage (80%) of persons who have

died from Covid-19. The demographic of older adults who live on their own, are isolated, lonely and marginalized adds another layer to their overall at-risk situation.

As of the writing of this column (mid-May) there is a dull light at the end of the tunnel. There is some easing up of the restrictions and suggestions imposed by our Provincial government and our Provincial Health Officer for British Columbia, Dr. Bonnie Henry. The information that is presented has helped to reinforce the dos and don'ts to remain healthy and virus free.

We felt better off physically and emotionally at home close to family. ”

LOOKING TO THE FUTURE

But what happens when we get a "go ahead" from the health authorities to return to our way of daily living without restrictions? I believe and hope this edict is a long, long way in the future. Let us turn to what might be the "new normal" that will provide us with fair guidelines for wellbeing and moving forward.

- With less or no face-to-face contact with vulnerable older adults, we will rely more and more on electronic devices, and increase our electronic contacts and be more innovative.
- We will need to know and teach the best quality of training and support for our volunteers in the "new normal."
- We need to advocate to local and provincial authorities to rebalance their spending priorities.
- Seniors must not be seen as a "throw away" group if it is a matter of limited resources.
- Seniors will be at risk until a Covid-19 vaccine is developed and made available free of charge.
- Governments should consider a Guaranteed Annual Income for low-income seniors.
- We must advocate for more funding for services to seniors who choose to remain in their own homes also known as "Aging in Place".
- We must support and encourage isolated seniors to reach out, find hobbies, read books and maintain their physical activities. It is known that reduction in physical activity with more sedentary behavior places older adults at even higher risk.
- We must encourage retail stores to keep separate hours for seniors.
- Ensure that older at-risk adults have access to high quality, healthy foods. A healthy diet will contribute to better cognitive functions and to physical wellbeing.
- Given the efficacy of the High Dosage flu shot for seniors, it should be readily available and free of charge.



Binny Goldman wears a mask designed by daughter Shari Goldman-Lutsky. (photo Herb Goldman)

THE ROLE OF JEWISH SENIORS ALLIANCE OF GREATER VANCOUVER

This brings us to the role of JSA as the leader in Peer Support Services (PSS) in the Lower Mainland. As a progressive organization we have already adapted in many ways to the "new normal" as above noted, but there is more that can and should be done:

- We need to be vigilant to ensure that our clients are not 'socially excluded.'
- We need to understand better the barriers our clients face: cognitive impairment, physical and emotional challenges, lack of consistent social interaction, self-neglect, poor nutrition and general self-disregard.
- We need to advocate for more resources and support to allow seniors to lead as normal and as independent a life as possible which includes expanded services and care.
- We need to reduce risk-taking by seniors who are vulnerable, without diminishing their independence

and encourage them to take control of the decisions that affect them.

- We need to understand that the world, our country and our community will never be the same.
- We need to remind ourselves that seniors are taxpayers, volunteers and voters who have contributed greatly to our wonderful democracy.

FIVE THINGS TO REMEMBER:

1. Wash hands vigorously and do not touch your face or eyes
2. Maintain physical distancing
3. Stay at home when sick
4. Wear facial masks when you may not be able to maintain physical distancing
5. Be patient and kind to each other

If there was a sixth thing to remember it would be to act on the sage advice of Dr. Bonnie Henry.

To paraphrase FDR "*The only thing we have to fear is complacency*".

**Thanks to Pam Ottem, JSA Board member responsible for PSS, and Dan Levitt, CEO of Tabor Village, who contributed many thoughts to this column.



Ken Levitt, MSW, is a former CEO of the Louis Brier Home and Hospital. He has an extensive

background in corrections, child welfare, public assistance and services to seniors. Ken has served on the Board of JSA since 2011 and is a Past President.

PANDEMIC POEM

Written by Lynn Ungar

What if you thought of it
as the Jews consider the Sabbath—
the most sacred of times?
Cease from travel.
Cease from buying and selling.
Give up, just for now,
on trying to make the world
different than it is.
Sing. Pray. Touch only those
to whom you commit your life.
Center down.
And when your body has become
still,
reach out with your heart.
Know that we are connected
in ways that are terrifying and
beautiful.
(You could hardly deny it now.)
Know that our lives
are in one another's hands.
(Surely, that has come clear.)
Do not reach out your hands.
Reach out your heart.
Reach out your words.
Reach out all the tendrils
of compassion that move, invisibly,
where we cannot touch.
Promise this world your love--
for better or for worse,
in sickness and in health,
so long as we all shall live.

DO YOUR LOVED ONES A FAVOUR: TELL THEM HOW YOU WANT TO DIE

END OF LIFE CARE OPTIONS IN BRITISH COLUMBIA

Written by Anthony DuMoulin

While our ultimate death is a certainty, when and how we will die is unknowable. And though death is inevitable, it remains a taboo subject for most. None of us knows what the future will bring. It is better to be prepared, so that if you become unable to make medical care decisions, your designated family members and health care providers, if you have talked to them, will have the knowledge and confidence to make those decisions for you.

ADVANCE CARE PLANNING

As long as you are capable of understanding and communicating effectively with your doctor, nurse or other health care provider, you will be asked to make your own health care treatment decisions. But a serious accident or illness can result in you being incapable of making your own health care decisions at the time care is needed. This is why thinking about your preferences and talking to your future decision-makers now is so important. Making an advance care plan is a choice that will help alleviate some of the stress your family and friends could face if they are required to make important health care decisions for you, including who, exactly, you want your doctor to approach to learn about your wishes.

Advance care planning begins by thinking about your **beliefs, values**

and **wishes** regarding future health care treatment and talking about them with selected family members or friends as well as your doctor. When people you trust know what is important to you, it will be easier for them to make treatment decisions on your behalf.

Health care providers will always offer medically appropriate health care based on clinical assessment. They will want to ensure that any symptoms like pain, dizziness, nausea, bleeding or infection are understood and addressed. As long as you can understand and communicate, your health care provider will explain the medically appropriate care best for you, including any risks, benefits or alternatives. They will also ask if you have any questions and if you wish to accept or refuse the proposed health care treatment.

Some of the hardest decisions deal with the use of life support and life-prolonging medical interventions. These can include a ventilator to help with breathing, tube feeding, kidney dialysis, or CPR to restart the heart and lungs. If you were to have a life-threatening illness or injury, would you want to

accept or refuse?

- CPR
- All, some, or no life support or life-prolonging medical interventions
- A trial period of life support and life-prolonging medical interventions, allowing a natural death to occur if your condition is not improving?

Your advance care plan should at a minimum include these three things:

- Having conversations with selected family members, friends, your family doctor and, if applicable, your spiritual leader, about your beliefs, your values and your wishes.
- Writing down your beliefs, values and wishes for future health care treatment.
- Writing down the contact information for the people who qualify to be on your Temporary Substitute Decision Maker list (see below), or, if you prefer, the contact information for the Representative you have chosen and named in an enhanced Representation Agreement, which is the one which allows you to name a person to make personal care decisions and some health care decisions, including decisions to accept or refuse life support or life-prolonging medical interventions for you. (If you choose to have a Representative Agreement, I recommend you seek legal advice).

Bear in mind that your health and personal circumstances will change over

None of us knows what the future will bring. It is better to be prepared. ””



time. As long as you are capable, you may change or cancel your advance care plan at any time and for any reason. Be sure to notify your doctor and your family members/friends of all changes you make.

PALLIATIVE CARE—AT HOME AND AT A HOSPICE

When thinking about what to cover in your advance care plan, you might want to expressly include your wish to receive palliative care if you are suffering from a serious illness or condition. Palliative care is specialized medical care which focuses on providing patients with relief from the **symptoms, pain and stress** of a serious illness, whatever the diagnosis. The goal of palliative care is not to prolong life, nor to shorten it. The goal is to improve quality of life for both the patient and the family, and can be provided in a variety of locations, including the patient's home, in a hospice, in a residential care facility or in a hospital. Palliative care is provided by a team of doctors, nurses and other specialists who work with a patient's other doctors to provide an extra layer of support. While often associated with end-of-life situations, palliative care is appropriate at any age and at any stage in a serious illness and can be provided alongside other appropriate treatments.

Many people choose to stay at home right to the end of their lives while receiving in-home palliative care from specialized health care providers. But if you are in the last few months of your life and feel that you are no longer able to manage at home, a hospice may be a good option for you. Hospices are meant to feel more like a home than a hospital. They are designed and furnished to provide a peaceful, home-like environment for you and your family while you receive end-of-life palliative care.

For more information on the delivery of palliative care in each of these settings, search the B.C. Health Ministry website or contact your local health authority.

MEDICAL ASSISTANCE IN DYING

You and your family will have many decisions to make when faced with end-of-life care in the face of intolerable suffering. It is important for you to know and understand all the options available in such circumstances.

Medical Assistance in Dying (MAiD) was made legal in Canada in 2016. It provides eligible patients who are experiencing intolerable suffering due to a grievous and incurable medical

condition the option to end their life with the assistance of a doctor or nurse practitioner.

If your beliefs and values allow you to consider MAiD in the face of intolerable suffering, you should start by speaking with your doctor or your local health authority. For a variety of reasons, not all doctors will provide MAiD, and no one is required by law to do so. For some, MAiD may conflict with their personal beliefs or professional ethics. However, a patient can expect to be provided with information on how to access this service. Health care providers must not discriminate against patients with different beliefs or values different from their own, and must provide an effective transfer of care to another health care professional who does offer MAiD.

To be eligible for MAiD, a patient must meet **ALL** of the criteria listed below:

- be registered under BC Medical
- be at least 18 years old and capable of making health care decisions
- have made a **voluntary** request for medical assistance in dying that was not made under any external pressure. This request must be in writing and signed and dated in front of two independent witnesses
- have given informed consent after having been informed of the other means that are available to relieve their suffering, including palliative care, and
- on assessment by two independent doctors or nurse practitioners, are determined to have a grievous and incurable medical condition, which means:

Continued on page 33...

THINKING OF AGING AS A DISEASE

IS AGING NATURAL, A DISEASE THAT WE CAN TREAT,
OR BOTH?

Written by Shanie Levin

Disease's definition reflects our scientific knowledge and cultural history. A changing understanding of physiology alters what we consider "disease." Alzheimer's and osteoporosis were once considered "normal aging" and as consequence was felt to be inevitable, a word that often is taken to mean untreatable.

Is aging natural or a disease we can treat, or both? Is this a philosophical, scientific or medical question? Is not the aging process and the result—death—not inevitable? Then is it not a natural process? Modern medicine has succeeded in finding cures and treatments for so many of the diseases and conditions of aging that the average age of death in countries with robust medical systems has been delayed by decades. Is this a natural phenomenon? What do the experts say?

PROBLEMS OF AGING SEEN AS PATHOLOGY TO BE CURED OR CORRECTED

There are a myriad of opinions in the scientific world. Since many advances have been made in the diseases common in aging such as high blood pressure, heart ailments, diabetes, arthritis and osteoporosis, some academics would say that as these diseases can be successfully controlled, then aging should be considered a disease or pathology. Indeed many labs are working on "cures" for such

conditions as Parkinson's and dementia. We can look at the example of cataracts. With the advent of modern cataract surgery we no longer see many blind elderly, as we did in previous times. The medical condition of the eye being attacked now is macular degeneration.

A new approach aims to prevent and treat age-related diseases by targeting the aging process directly. ”

We have to take into account that grant requests focused on curing common diseases are more likely to succeed than those that suggest that aging is natural and thus not worthy of financial input. A new approach, known as "regeneration biotechnology", aims to prevent and treat age-related diseases

by targeting the aging process directly. Some academics posit that aging qualifies as a syndrome. They define a syndrome as a group of symptoms that consistently occur together. So they see aging as an umbrella term that may struggle to be identified as a disease, but does qualify as a syndrome.

REGENERATIVE MEDICINE AND BIONIC MEDICINE

In medicine, bionics means the replacement or enhancement of organs or other body parts by mechanical versions. Bionic implants differ from mere prostheses by mimicking the original function very closely, or even surpassing it.

A lot of work is being done in regenerative medicine. This involves the regrowing of damaged tissue, such as cartilage, ligaments, tendons, bones, etc. Once this is achieved it would preclude surgeries such as hip or knee replacements. Another area of research is called "epigenetic reprogramming". This involves repairing DNA and damaged cells. A leader in this field is David Sinclair of Harvard Medical School. His new book is called, *Lifespan—Why We Age, and Why We Don't Have To*. Geriatrician Dr. Peter Boling has stated that "advocating for more basic research funding to study the biological causes of aging is a legitimate scientific objective and may lead to better health. But it will not ultimately uncover a fountain of youth".

Researchers at Stanford University report that they can rejuvenate human cells by reprogramming them back to a youthful state. They hope that the technique will help in the treatment of diseases, such as osteoarthritis and muscle wasting that are caused by the

aging of tissue cells. A major cause of aging is thought to be the errors that accumulate in the epigenome, the system of proteins that packages the DNA and controls access to its genes. The Stanford team, led by Tapash Jay Sarkar, Dr. Thomas A. Rando and Vittorio Sebastiano, say their method, designed to reverse these errors and walk back the cells to their youthful state, does indeed restore the cells' vigor and eliminate signs of aging. The study is definitely a step forward in the goal of reversing cellular aging.

USING THE POWER OF AN AGING AND HEALTHY POPULATION

The population of Canada is aging. We have a record of 10,000 centenarians.

As our numbers grow the population over seventy is gaining power. We vote in great numbers and thus have influence on government and on how research dollars are spent. This is a new phenomenon, as in the past we were largely ignored. We need to begin using our influence for our betterment. A good example of societies' failure in regards to seniors' care at this point in time is evidenced in long-term senior care homes. The present pandemic has highlighted these failures where eighty per cent of the deaths in Canada have occurred in long-term care homes.

Thus, whether we consider aging natural or pathological, i.e., a disease, is not really the question we should be asking. The more important

question is: As our numbers grow, and our ability to treat diseases of aging continue to improve, how do we want to use these abilities in the future?

Peter Diamandis, a space, technology, aeronautics and medicine pioneer states: "The new field in medicine known as "longevity" is of interest to everyone. 100 will be the new 60. The average human health span will increase by 10+ years this decade."

Shanie Levin, is an executive board member of JSA and on the editorial board of Senior Line magazine.



DO YOUR LOVED ONES A FAVOUR

...Continued from Page 31.

- ~ they have a serious and incurable illness, disease or disability
- ~ they are in an advanced state of decline that cannot be reversed
- ~ the illness, disease, disability or state of decline causes enduring physical or psychological suffering that is intolerable and cannot be relieved under conditions that the patient considers acceptable
- ~ their natural death becomes reasonably foreseeable*

* On February 24, 2020 the Liberal government of Canada introduced a bill to further amend the Criminal Code to, among other things related to MAiD, allow eligible persons

to pursue a medically assisted death whether their natural death is reasonably foreseeable or not.

A patient who has requested MAiD must be given the opportunity to withdraw their request throughout the process, including immediately before the medical assistance is administered, and this withdrawal need not be in writing or in any other form. Just an indication of a change of mind will do. And be aware that only patients who are themselves capable of giving consent can request MAiD. A request by a substitute decision maker or by way of an advance directive is not valid.

CONCLUSION

There is much more information available on end-of-life options than I have touched on in this article, and

many matters I have not covered, but my hope is that there is enough here to allow you to begin a conversation with those in your life who you want to make decisions for you when you cannot.

This is a lot to cover in one conversation. You can have as many conversations as you need. JUST GET STARTED, before unwelcome circumstances make it too late. You will be doing yourself and your loved ones a big favour.

Tony DuMoulin is a founder of the law firm of DuMoulin Boskovich, where he practised commercial and real estate law for 40 years. He has a long history of involvement in Jewish organizations and municipal projects. Tony is on the Executive Board of JSA.



SUPPORTING SENIORS: SOUTH VANCOUVER SENIORS NETWORK

Written by Michael Lee, MLA

Supporting seniors in our community has been an important focus for me, and it has been wonderful to Co-Chair the South Vancouver Seniors Network together with Andrea Krombein, the Seniors Outreach Coordinator of Marpole Oakridge Family Place.

The South Vancouver Seniors Network was re-established in April 2019 as an umbrella network of 25 community organizations serving seniors and caregivers, and focuses on strengthening communication, collaborations and initiatives that support seniors issues and services. We do that by bringing together community leaders, organizations, staff and volunteers, and caregivers and seniors in the South Vancouver area. The SVSN has received strong and ongoing participation and support from community partner organizations, including from the Jewish Seniors Alliance and the much appreciated contributions by Ken Levitt, Larry Shapiro and Grace Hann.

The SVSN continues to organize initiatives and programs to help support seniors. In February, we hosted the South Vancouver Seniors Forum with

20 community booths and attended by nearly 200 seniors and caregivers at the Marpole Neighbourhood House. The Seniors Forum had so many terrific and engaging speakers who gave very informative presentations on topics such as navigating seniors services, accessing critical resources for caregivers, seniors mental health services and support, and addressing social isolation faced by many seniors. A second Seniors Forum scheduled for June was in the planning stages when COVID-19 hit and has been postponed.

In the face of the challenges of COVID-19, the SVSN currently has the following initiatives:

- **Weekly Thursday COVID-19 Webinar and Information Sessions:** moderated by myself, with Andrea Krombein and Grace Hann as regular panelists. Guest panelists join the discussion on topics ranging from social isolation, elder abuse and neglect, to mental and physical health supports.
- **Biweekly Newsletters:** provide information on supports for seniors in South Vancouver and updates on local



Michael Lee
MLA for Vancouver-Langara

community organizations and their services and programs.

• **Community Connectors for Seniors Volunteer Team:** to reach out to isolated seniors in the Marpole area. Our thanks to the amazing Grace Hann, who is helping to train interested volunteers for this seniors outreach pilot program. We can't wait for our Community Connectors to do just that — connect with seniors in Marpole!

To learn more about any of these initiatives, volunteer as a Community Connector, and/or sign up for the SVSN newsletter, please reach out to my Vancouver-Langara Community Office by calling 604-660-8380 or emailing Michael.Lee.MLA@leg.bc.ca.

The South Vancouver Seniors Network was re-established in April 2019 as an umbrella network of 25 community organizations serving seniors and caregivers. ”

Michael Lee was elected the MLA for Vancouver-Langara in 2017. Prior to his election, Michael was a business lawyer and partner with Lawson Lundell LLP. Michael has served on various Boards including YMCA, past Chair of Arts Umbrella and Alumni UBC, Vice-Chair and Board member of Science World BC, SUCCESS and Leadership Vancouver, and more.

קורונה כחול לבן: מאפיינים תרבותיים בהתמודדות הישראלית מול הקורונה

מאת אילנה שפירא

מורשת

האיסור הגורף על התקהלות בעקבות התפרצות הקורונה, היווה אתגר לא פשוט לישראלים, שהם חברתיים ומשפחתיים מטבעם. אתגר שהפך מאתגר אף יותר בחודשי האביב הכוללים רצף תאריכים מרכזיים בהווה הישראלית.

יום השואה ויום הזיכרון צוינו במסגרת פרויקטים דיגיטליים חדשים שהותאמו למצב של בידוד חברתי ואפשרו לציבור הישראלי לתמוך ולהפגין סולידריות ושותפות גורל עם ניצולי השואה ומשפחות השכול. ואילו בליל הסדר, הוחלפו החגיגות המשפחתיות סביב שולחן הסדר, בחגיגות עם הקהילה, כאשר ישראלים רבים יצאו למרפסות ושרו את שירי החג מההגדה של פסח, עם שכניהם.

הומור

הישראלים נוהגים בדרך כלל להגיב בהומור למצבי לחץ.

בתקופת מלחמת ששת הימים זיהו חוקרים את תופעת ה'מגנט', תופעה המלמדת על הפגת פחדים באמצעות הומור. החוקרים צפו בילדי קיבוץ במקלטים וראו שכאשר אחד הילדים מספר בדיחות ומצחיק את חבריו, רמת החרדה שלהם יורדת.

ואכן, עם פרוץ המגפה, כמיטב המסורת הישראלית, הרשתות החברתיות הוצפו בסרטונים ותמונות של ישראלים המתבדחים על השלכות הקורונה והתגובות שלנו למצב החדש.



ומחזקת מספר מאפיינים ישראלים, המהווים מקור לגאווה ישראלית וביניהם, ערבות הדדית, יצירתיות, שמירה על המורשת והומור.

ערבות הדדית

למדינת ישראל יש הסטוריה מפוארת בקידוש ערך הערבות הדדית. ואכן, עם תחילת המשבר, נחתו בישראל חצי מיליון ישראלים, אשר 'חזרו הבייתה' בסיוע המדינה. מדינת ישראל נרתמה להחזיר הבייתה מטיילים (ברובם צעירים, אחרי הצבא) מרחבי העולם וביניהם 1100 מטיילים ישראלים אותם החזירה ישראל בטיסות מיוחדות מפרו. זאת על מנת למנוע קבלה של טיפול רפואי לקוי, בעיקר במדינות עולם שלישי, וכן על מנת לתת מענה במקרים בהם השלטונות דחפו תיירים החוצה, כמו תאילנד ודרום אמריקה. כמו כן, ישראלים אשר חזרו לישראל לאחר שהות ממושכת בחו"ל קיבלו הקלות של ביטוח לאומי, דמי אבטלה וטיפול רפואי.

יצירתיות

המלחמה בנגיף הקורונה הביאה להתגייסות תעשיית ההייטק הישראלית ולשורה של פיתוחים חדשניים העתידים לסייע במאבק בנגיף. בין הפיתוחים החדשנים ניתן לראות רובוטים המאפשרים פעילות לצד בני אדם, פריסה מהירה של אוטומציה ובטחון מקסימלי לסובבים אותם. פיתוח זה עשוי לאפשר מתן פתרון יצירתי בבתי חולים ובמפעלים כמו למשל חלוקת מזון ותרופות לחולים בבידוד. בין הפיתוחים יש גם פיתוח ההופך מפוח הנשמה ידני למכונת הנשמה חשמלית ופיתוח אמצעי זיהוי חולי קורונה שמצבם מחמיר ע"י טביעת האצבע של קולם ופיתוח לתרופה ולחיסון נגד וירוס הקורונה אשר כפי הנראה יושלם עוד השנה.

לשרוק בחושך

מאת יענק'לה רוטבליט

כל אחד, לפעמים, שורק בחושך

זה נעים, זה תמים לשרוק בחושך

גם אני לעצמי, גם אחר במקומי

כל אחד קצת פוחד לבד בחושך

כל אחד קצת בודד בתוך החושך

שום דבר באמת, רק טיפה לא שקט

תיכף זה יעבור

תיכף ידליקו אור

(בעקבות משבר הקורונה, אמני ישראל ביצעו הקלטה מחודשת לשיר "לשרוק בחושך", כהצדעה לאנשי הרפואה.)

ימי הקורונה שנפלו על העולם כרעם ביום בהיר כפו על העולם סוג של פסק זמן מהמירוץ ה"בינוני" אליו הוא נקלע בעידן הנוכחי. פסק זמן המאפשר לכלל האנושות ולכל אחד ואחת מאיתנו, לעצור לרגע, להתבונן וללמוד מחדש את עצמינו כבודדים וכחברה.

הלן ראסל, חוקרת אושר, משתפת ברב המכר 'האטלס של האושר' את ממצאי המחקר שלה, המלמדים כי כל מדינה מאושרת על פי דרכה ועל פי ההרגלים התרבותיים האופייניים לה, בדומה לכך, אופן התגובה וההתמודדות של המדינות השונות בעולם עם מגפת הקורונה משקפים את מאפייני התרבות והחברה במדינות השונות.

התבוננות בתגובות של החברה הישראלית להתפרצות הקורונה, משקפת גם היא, את מאפייני החברה הישראלית.

Continued on page 36...

A FEW OF MY FAVORITE THINGS

Maalox and nose drops and needles for knitting,
Walkers and handrails and new dental fittin's
Bundles of magazines tied up with string,
These are a few of my favorite things.

Cadillacs, cataracts, hearing aids, glasses,
Polident, Fixodent, false teeth in glasses,
Pacemakers, golf carts and porches with swings,
These are a few of my favorite things.

CHORUS:

When the pipes leak,
When the bones creak,
When the knees go bad,
I simply remember my favorite things,
And then I don't feel so bad.

Hot tea and crumpets,
And corn pads for bunions, No spicy hot food
And no food with onions,
Bathrobes and heat pads and hot meals they bring,
These are a few of my favorite things.

CHORUS:

Back pains, confused brains, And no fear of sinning,
Thin bones and fractures And hair that is thinning,
As we won't mention Our short shrunken frames,
When we remember our favorite things.

CHORUS:

When the joints ache,
When the hips break,
When the eyes grow dim,
Then I remember the great life I've had
And then I don't feel soooo baaaaaaad!



...Continued from Page 35.

(צילום: מתוך הרשתות
החברתיות.)

וכך, התמודדות עם המציאות
החדשה והלא נעימה
שהקורונה מביאה איתה,
היא גם מעלה על נס את

המאפיינים הייחודיים והחיוביים של החברה הישראלית
ומזכירה לנו שלהיות ישראלים, זו זכות.

זוג עם מסכות
נכנס הבוקר לבנק
הדואר, כולם נכנסו
לפניקה עד שהם
צעקו "תרגעו. זה
שוד"

ENGLISH SUMMARY

Corona Blue and White: Cultural Characteristics in the Israeli Coping with the Corona Pandemic

Written by Ilana Shapira

There are many things ahead of us to learn about The Coronavirus Pandemic and its outcomes, but some things can be already be observed, among them are the cultural characteristics of places around the world and how they react to the challenges of the Pandemic. What can we learn about Israeli society and its reaction to Covid-19?

TO WHISTLE IN THE DARK

by Yanka'la Rothblit

Sometimes each of us whistles in the dark
It is pleasant, it is naive to whistle in the dark
I do it for myself, also someone does it instead of me
Each person is a bit scared alone in the darkness
Every person is a bit lonely in the darkness
It's nothing really, just a bit of unease
Soon it will pass
Soon they will turn on the light



Ilana Shapira, Educator, Founder of *Ivrikal*. Ilana has over twenty years' experience in Jewish education in North America, as an educator, administrator as well as training teachers in teaching Hebrew as a second language and in developing Hebrew teaching units.



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