

SENIOR TIMES

King David Center
FOR NURSING AND REHABILITATION

An Allure Facility



אלול/אב תש"פ

August/September 2020



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Let's talk a moment...

Letter from the Editor

On behalf of the entire King David Center, I would like to take this opportunity to welcome everyone to our inaugural issue. It is with a feeling of pride that we introduce the public to our magazine, which will focus on interesting and timely health-related topics. We hope to cover anything and everything you need to know to keep yourself and your loved ones happy and healthy. After this crushing pandemic, we realize the need to provide the public with reliable up-to-date information on the constantly evolving world of health.

King David Center has managed to hold its head up high, despite the tragic circumstances brought on as a result of Covid-19. King David Center managed throughout it all to provide residents with exceptional medical and therapeutic care. Even the Recreation department wasn't neglected in these trying times. King David Center realized that stability and security are of utmost priority for our senior's well-being. It was with that in mind that we went about our ways creating a sense of calm and normalcy in a dark and frightening world.

Telehealth, Zoom, personal phone calls, top-of-the-line entertainers were utilized to deliver our residents the first-class care they are used to. Our adult day care, The Waterfront, also received the golden treatment straight to their doors. This included delicious meals, personalized books, craft packages, Zoom events, baking sets, and games to keep them busy in quarantine. Even therapy was delivered via Zoom to make sure the lockdown wouldn't affect their overall health.

Please feel free to reach out to us regarding any health concerns you may have. We would love to hear your feedback. Wishing everyone a healthy and sweet new year.

Sincerely,

Rachel Klein

Rachel Klein, CTRS
Corporate Director of Special Programs

Letter from
the founder of
The Allure Group



Joel Landau

We Must Solve the Senior Isolation Epidemic.

THEIR LIVES MAY DEPEND ON IT.

As the coronavirus pandemic unfolded and concerns arose about the increased risk of infection facing older Americans, another worry came to the forefront: social isolation. This concern is of a long-term nature, and almost as insidious as the virus itself.

In a very literal sense, quarantine-in-place orders and social distancing were not what the doctor ordered for those 65 and older, many of whom have already been left to fend for themselves by circumstances such as the death of a spouse and/or friends, geographic distance from acquaintances and/or adult children, cognitive impairment or other disability. Many can also be found in long-term care, which sounds incongruous, but really is not; a landmark 2012 survey revealed,

for instance, that while 43 percent of those over 60 felt some degree of loneliness, only 18 percent actually lived by themselves.

No matter the circumstances, it has been shown that isolation (defined by National Academies of Science, Engineering and Medicine as “the objective state of having few social relationships or infrequent social contact with others”) and loneliness (“a subjective feeling of being isolated,” whether among people or not) can lead to devastating health outcomes for seniors.

Isolation is, in fact, on par with smoking as a risk factor for mortality, and has been shown to cause or exacerbate such conditions as Alzheimer’s disease, obesity, diabetes, high

blood pressure, heart disease, neurodegenerative disorders and even cancer. Moreover, pioneering psychotherapist Frieda Fromm-Reichmann (1889-1957) long ago concluded that loneliness lies at the root of all mental illnesses.

Now, faced with a pandemic, seniors have been presented with the ultimate Catch-22: They are required to engage in the sort of behaviors that can be detrimental to their health. Whether aging in place or a resident in a long-term care facility, they cannot mingle with others at meetings, religious services, classes, concerts and other gatherings. Much of the country has shut down, and as a result many seniors have been shut out.

CareMore Health CEO Sachin H. Jain, MD, MBA, has taken



note, writing the following recently: “There has never been a time where we should be more worried about loneliness and social isolation -- and its attended consequences suicide and depression.”

With visitation to long-term care facilities curtailed and at times eliminated entirely, the sight of family members visiting at the windows of the rooms occupied by relatives has become increasingly common. In other cases families have withdrawn their loved ones from facilities out of fear of infection, which leaves care in their hands but at least reduces concerns about social isolation.

Others, however, can only fret. Consider Melissa West. While her 95-year-old mother-in-law was ensconced in a

Seattle nursing home and safe from infection in the early days of the pandemic -- an enormous concern in that part of the country —West had other worries.

“I’m concerned that the loneliness and helplessness will kill her quicker than the virus,” she told the New York Times. “I just think of her being there by herself. Just sitting in her wheelchair all day. Being trapped and waiting.”

AARP suggests that now more than ever, it is essential for family members to reach out to seniors, via regular phone calls, text messages, emails and video conferences. Beyond that, there are several telephone-based programs that have shown promise in combating isolation. They

include the Friendship Line, a 24-hour-a-day hotline that also features a Call Out service, and Senior Center Without Walls, which affords access to 70 groups and programs. (The latter program is also offered online.)

The virtual companionship program offered by Papa and Uniper’s telehealth and social engagement service also warrant mention.

The Department of Aging and Adult Services outlines other options available to seniors, as does AARP’s Connect2Affect program and the National Center for Creative Aging. Then there is the matter of technology helping to alleviate feelings of isolation, such as social robots, voice-activated assistants and even virtual reality. Studies to date are inconclusive about their effectiveness in decreasing loneliness, according to the Times, and one study showed that only 26 percent of those 65 and older feel confident using tech. That is, however, likely to change in the not-too-distant future, given tech’s prevalence and the facility younger generations possess in their use of it.

The coronavirus pandemic has brought us to a troubling juncture in our history, while at the same time exacerbating a long-standing crisis among seniors. It is one that already demanded our attention; now it demands that much more. The solutions are there, if we know where to look, but increased vigilance and creativity will be needed to make them a reality. ❧

The Scourge of Ageism, and What to do About It

Melissa Powell



The coronavirus pandemic in early 2020 brought into the open some deep-seated questions about aging in America and how seniors are regarded. Are they somehow less useful than those who are younger? Are their lives somehow less valuable?

Louise Aronson is a geriatrician and professor of medicine at the University of California, San Francisco. She wrote in The Atlantic that as the disease took hold, no special protocols were put in place for the elderly even though they were the most vulnerable to it. It led her to wonder if it was evidence of ageism, which in her mind rears its ugly head in various aspects of healthcare.

A New York Times report also noted that the onset of the virus (which was dubbed the

"Boomer remover" by some young people) had left many doctors with a grim choice of how to allocate their time and resources. There were guidelines to follow and criteria to consider, one of them being patients' ages. It certainly has led to some uncomfortable questions.

Ageism in the U.S. is a topic demanding to be addressed, especially as the population grows older and older. While strides have been made in the fights against racism and discrimination, ageism nevertheless persists. Author and activist Ashton Applewhite calls it "the last acceptable prejudice."

Some of it emanates from the advertising wizards on Madison Avenue, and some of it even

comes from seniors themselves. (Consider how often those of a certain age invoke the phrase "senior moment.")

Bill Thomas, founder of ChangingAging.org, cut to the heart of the matter on a podcast with fellow geriatrician Leslie Kernisan.

"We have this strange paradox going in 21st century America. We've built a society that has done an extraordinary job getting people into old age. We do it better than almost any society in history. And at the same time we live in a society that really stigmatizes and penalizes older people, often exclusively, for being older."

It isn't like that everywhere. Thomas said the Scandinavian countries in particular

understand how to incorporate support for seniors into everyday life. He saw it for himself on a trip to Sweden when he visited an apartment building in which the eldercare and childcare facilities sat side by side.

Alas, such multi-generational facilities are a rarity in the U.S. Rather, seniors are segregated and isolated, especially when they are suffering from a cognitive issue.

What can any one person do?

Change Your Mind

Thomas advises confronting one's ageist narratives. That is something that might prove difficult to do given the degree to which youth is celebrated in our culture. Seniors are too often measured against a far younger archetype, regarded for what they can *still* do compared to their younger years.

The youthful ideal is reinforced by modern marketing. *Have a wrinkle or two? For shame! And by the way, here's an expensive cream or ointment to solve the problem. Have some physical issues? Here's a pricey medication to pull you through. Operators are standing by!*

As ChangingAging.org contributor Jeanette Leardi writes, too many people look at seniors and see caricatures as opposed to individuals. Their infirmities and social irrelevance are taken into account but not their mental and spiritual growth.

The best course is to look deeper, beyond those stereotypes. Thomas put it best when he said, "All my experience tells me that the best way to treat older people is to treat them as people."

Change Your Speech

On the surface, words can seem harmless. But closer examination reveals how demeaning they can really be.

An example was offered on AARP.com. A young waiter approaches a table of senior women and asks, "How are you *young* ladies doing today?" The writers of the piece, Amanda Duarte and Mike Albo, dismissed that as infantilizing. That was part of a list that ranged from "just plain mean" ("little old lady," "grumpy old man," et al.) to "not cool" ("of a certain age," "cougar," "over the hill.")

Applewhite mentioned in an April 2017 TED Talk that it was inappropriate for someone 65 and over to use the phrase "senior moment" to refer to a minor flub. After all, it's not like there are "junior moments."

Another geriatrician, Nicole Didyk, went so far as to take issue with the word "old." She wondered if "elder," "senior" or "older adult" might not be a better choice.

It's clear that certain words have been allowed to creep into everyday speech that cause us to look at seniors in a certain way. They also cause seniors to look

at *themselves* in a certain way. Reexamination is necessary.

Change Your World

Thomas is doing his part to be more inclusive toward seniors. He opened an age-friendly home at the University of Southern Indiana. He hopes to expand on that idea in Evansville, Indiana, Clearfield, Pennsylvania, and Loveland, Colorado. His belief is that if seniors want to age in place, such facilities are far better suited to their needs than the homes in which they raised their children.

More ideas like this are needed as the world continues to age. More than anything else, attitudes need to be altered. ChangingAging.org managing editor Kyrie Carpenter illustrates the point when she writes of an exchange between a friend and a yoga instructor during class.

"I'm old now," the instructor said. "I don't just flop over into these poses like I used to."

"What do you mean by 'old'?" Carpenter's friend asked.

There was a pause. There was a moment of realization while the instructor considered the exchange.

"I guess I mean that I know my body better now and I treat it better," she said.

So it is that the war against ageism rages on. ✂

**Letter from
our
Administrator**



David Schoenblum, LNHA

King David Center for Nursing and Rehabilitation is a magnificent, skilled nursing facility whose principal focus is providing its residents with unparalleled comfort and outstanding care. Located just off exit 5 on the Belt Parkway and overlooking the Raritan Bay, this 271-bed facility in Brooklyn is the leading choice for those seeking a place where their loved ones can heal both body and mind in a beautifully decorated, state-of-the-art environment.

The pandemic that we have all faced these last few months has been very difficult on everyone; none harder than the elderly population in long-term care settings. However, what we discovered during these challenging times is the perseverance and resilience that we had within us. The love, dedication, and compassion that our staff at King David Center displayed towards our residents was astounding.

During this pandemic, the press started calling health care workers “heroes.” The truth is that healthcare workers have always been heroes in our eyes. Our staff members gave every ounce of energy and will to our residents’ needs, day in and day out. Our staff was extremely vigilant in all infection control protocols as outlined by the New York State Department of Health and the Centers of Disease Control (CDC). Following these procedures greatly contributed to our facility having a deficiency free Infection Control Survey conducted by the Department of Health during the height of the pandemic.

At the core of the King David Center experience is the culture of care, compassion, and commitment towards our residents. Our customer service programs focus on showering the residents with love while meeting their needs and desires. Creating a home-like environment from the outset of the residents’ stay until their discharge

back home is what our entire team strives to accomplish every single day.

We have an exceptional staff of doctors, nurses, and therapists. All are highly qualified, boast years of experience, and are one hundred percent committed to fulfilling the wishes and needs of the patients and their families. Full and effective treatment plans are devised based on the residents’ health and diagnoses, and care is then consistently monitored by King David Center’s medical director as well as an MD who is on-site seven days a week. With an elite nursing staff and an above-average nurse-to-patient ratio, residents can expect a high degree of professionalism and individualized attention.

While both short-term and long-term care are offered at King David Center, the vast majority of beds are filled by those in need of short-term care, particularly residents who are admitted for

neurological, cardiovascular, or orthopedic rehabilitation. We have invested in unique rehabilitation equipment that will enable us to offer our residents an exceptional experience on their road to recovery. One of our prized pieces of equipment is the Lokomat, a Robot-assisted walking therapy device. The Lokomat enables a form of physical therapy that uses a body weight support system to suspend individuals while their legs are attached to robotic legs, which assist with basic walking functions. It is used to improve mobility in individuals following brain and spinal cord injuries, stroke, multiple sclerosis, other neurological diseases, and orthopedic conditions/injuries.

Built on the ground floor of the King David Center is the brand-new rehab facility, which offers a beautiful, tranquil setting with a state-of-the-art indoor pool and aqua-therapy sessions under trained therapists.

Kind David Center provides intense therapy under the direction of caring, qualified therapists seven days a week. Our facility’s extraordinary standards of excellence prompt even top doctors to send us their own family members when the need arises.

One of the biggest challenges faced by those seeking rehabilitation is reentering and subsequently functioning in the real world. A heart condition, stroke, or injury can unfortunately cause a person to lose the ability to perform basic activities of daily living (ADLS). These activities include eating, drinking, brushing one’s teeth, going to the bathroom, and the like.

Essentially, it is a model living space where residents can practice engaging in the daily activities they’ll be performing once they leave the center and return home.

Enter King David Center’s incredible ADL Suite. Essentially, it is a model living space where residents can practice engaging in the daily activities they’ll be performing once they leave the center and return home. It features a fully equipped kitchen, bedroom, bathroom, and more. The goal of this rehabilitation technique is to instill patients with the confidence they need to make the daunting transition from rehab to home.

For a large segment of King David Center’s patients, home can be found in the many Jewish enclaves scattered throughout the tri-state area. Since the King David Center Home for Nursing and Rehabilitation prides itself on being community-minded, it long ago adopted a strong policy of cultural accommodation.

For members of the Orthodox Jewish community, there is a rabbi on premises; daily miny anim for Shacharis, Minchah, and Ma’ariv; fascinating lectures; and strict kashrus standards. Food is prepared by King David Center’s gourmet chefs, who work together with in-house dietitians to ensure that meals are delicious, nutritious,

and have a heimishe ta’am.

Part of our what we hold dear to our hearts is the relationship between King David Center and the community. It was in that vein that when New York’s governor began easing some of the lockdown restrictions, King David Center was determined to spread some joy. The world-renowned Uncle Moishy traveled from park to park within the streets of Boro Park and Flatbush bringing music, gifts, balloons, and ice cream to the children of the community. Uncle Moishy managed to turn frowning faces – a result of months of isolation – into full-fledged smiles wherever he went.

Even politicians were drawn to the event, which marked an end to the long and difficult era of quarantine. Chaim Deustch, Simcha Eichenstein, Dov Hikind, and Kalman Yeger were amongst the influential politicians who flocked to the event, to bask in the celebration of a rehabilitation center that puts the needs and wellbeing of the community first.

People fiercely value their independence, and the King David Center Home for Nursing and Rehabilitation is the place for those who have lost theirs, whether by illness or injury, and seek to regain it once again. It’s a place where patients can rest assured that their every need will be attended to. It’s a place where patients can heal both in body and soul in a beautiful and relaxing setting. And, most importantly, it’s a place that patients can call home for the duration of their stay.

David Schoenblum, LNHA, is the administrator at the King David Center Home for Nursing and Rehabilitation.

The Coronavirus Latest



While the North Korean leader — or shall we say, dictator — Kim Jong Un has always been viewed as a terrorist guilty of neglecting his own people, he still wants to protect his country from the coronavirus pandemic. Recently, one person was showing symptoms of Covid-19 in the city of Kaesong, near the South Korean border, and therefore, the city was placed on total lockdown. If this person tests positive for the virus, he/she will be North Korea's first confirmed case. Anyone who came into contact with this individual has been placed under quarantine. Experts fear that a coronavirus outbreak in North Korea will wreak havoc on the country, since its health care infrastructure is exceptionally weak, and there is a chronic lack of medical supplies.

Just like North Korea, many borders are still closed, with some cities on total lockdown as the coronavirus continues to rip through the globe. While many countries are tightening up their borders for the first or second time, Israel is beginning to open theirs by preparing to resume flights to countries with low coronavirus infection rates. These destinations include Greece and Cyprus. Such countries with low coronavirus infection rates will be named "green countries," and those arriving from "green countries" to Israel will be required to quarantine for five days. "Red countries" are countries that have high virus infection rates. Those travelling from "red countries" will be tested for the coronavirus and can only board a flight to Israel if their results

are negative. Israel is devising a plan to be able to test up to 800 Covid-19 tests per hour, with rapid results. Leave it to Israel to master such a massive rapid testing system!

Even though some countries are resuming air travel, the airports are still emptier than ever before. International air travel is recovering more slowly than expected, and it is estimated that it will take until 2024 to return to pre-pandemic levels. Besides closed borders and restrictions, travel is also being held back by weak consumer confidence, understandably. The airport itself is full of germs; just think of TSA — imagine how many people touched those bins before you?! Not to mention public bathrooms, elevator buttons, escalator handrails...

the list can go on and on. Then comes the flight itself, which may be hard to socially distance during if more crowded than anticipated, and again the bathroom, the seats, arm rests... and the air that gets circulated is probably the germiest of all! I, for one, am still wary about the idea of flying, as much as I love vacationing.

Many tend to take advantage of the warm weather and end-of-the-year break to vacation in the summertime. This summer, however, is a different scenario. Many travelers are opting for more local vacations. Road trips and RV's are a hot choice this summer. Even though we badly wish for the economy to recover, we need to be as safe as possible.

Talking about safety, as hard as it may be to do the responsible thing, everybody's safety must come before fun. As we are well into the summer by now and trying to regain normalcy by sending our kids to camp, the coronavirus is still circulating around us. A camp, located in liberty, N.Y., normally operates as a sleep-away camp. Due to the strict regulations, this summer it has been running as a day camp. Unfortunately, despite all the precautions, two individuals in the camp tested positive for Covid-19. It is unclear whether those positive cases are adults or children. Nevertheless, the camp was shut down and all those exposed to the positive cases have entered a 14-day quarantine. Hopefully all the campers will still have a safe and enjoyable rest of their summer.

Enough with the depressing stuff. One positive outcome of the coronavirus outbreak is that the annual flu rates in the Southern hemisphere have plummeted. From Australia to South America, infections and deaths from the flu have dropped dramatically, apparently due to social distancing and better hygiene practices. In Australia, from January to June there were 21,000 people diagnosed with flu compared to 132,000 during the same period in 2019. There have been 36 deaths compared to 430 the year before. Similar patterns are being seen in other countries as well. South Africa has also seen a decline, with recent reports showing there have been 85 cases of flu this season, compared to 22,000 last year in the same period. In Argentina there has been a 64% drop in reported flu cases, from 4,210,000 to 151,000 this year. In Chile there have been just 1,100 cases of flu this season, whereas last year there were 210,000. The first two weeks of July, usually the height of the annual flu outbreak in Chile, there were no cases.

Another factor that appears to have played a role is the drastic reduction in international air travel. Each year there are new strains of the flu, but with flights reduced and travel restricted, the flu has not been carried across borders, preventing its spread. At least something good came out of corona! When will all the coronavirus worries disappear? Many companies are in the race to develop a vaccine. Lonza Biologics has begun a small-scale production of the COVID-19 vaccine from Moderna while the drug is in

its phase-three clinical trial. The Lonza spokesperson stated that "each large-scale line will be able to produce around 100 million doses a year, based on a dosage of 100ug. The final dose will be confirmed at the end of the phase-three clinical trial." Other vaccines are being made by other companies as well. The final US study of the Oxford shot begins in August, followed by plans to test a vaccine from Johnson & Johnson in September and Novavax in October. Moderna and Pfizer each started large-scale trials this week, the first in the United States. Dr. Anthony Fauci said trials are moving at a rapid speed. Hopefully around the fall time, we will have some sort of vaccine approved by the FDA. The question then becomes: who gets the vaccine? There will not be enough of the vaccine produced to be freely distributed. Furthermore, "A vaccine isn't going to work if you're not going to receive it," Dr. Naor Bar-Zeev of the Johns Hopkins Bloomberg School of Public Health said. "Most likely, older adults will be prioritized. Health-care workers will clearly be prioritized. The question then becomes: what about essential workers? What about keeping the economy going?"

"We want to make sure that we're very transparent, that people appreciate that speed is not compromising safety, nor is it compromising scientific integrity," Dr. Fauci said. A reasonable timeline for wide distribution of vaccines is likely the end of 2021, according to Dr. Bar-Zeev. That sounds like a long time away, but it will be here before you know it! ⌘

Thriving through QUARANTINE

WHEN IT ALL BEGAN

We started quarantine with a real bang," Mrs. Sarah Silverman of Lawrence, NY, shares. "Because my grandson was supposed to get married on March 29, and at that time, my only goal was to make sure we would be healthy to get to that wedding. In early March, when we saw what was going on in the world, my husband and I got scared and decided to quarantine. That was before Purim, a week or two earlier than the rest of our community."

Sarah's grandson ended up getting married in a backyard in Monsey one week earlier than expected, after hours of stressful

discussions and constantly changing regulations and circumstances. "There was a lot of emotional turmoil at that time," Sarah says. "We took it day by day, hopeful through it all, that we would be able to attend the wedding. But as the COVID situation got worse, my son called me up and said, 'There's no way you're going to be able to come.'"

"So while we missed the actual wedding, I got dressed up and watched the wedding on Zoom."

Sarah laughs as she shares her reaction to the wedding. "When my grandchildren asked me if I got to see their chuppah," she says. "I told

them I was weeping the entire time. They laughed and said, 'So were we!' I checked the video and they were."

Still with all of the pain at being physically apart, Sarah's tears as she watched that wedding were tears of joy. "I was so grateful to be able to watch them, to know that they were healthy and that they were getting married."

At the same time, missing her dear grandson's wedding was the moment when quarantine really hit Sarah. "I realized at that moment that there was something that I really wanted to do that I couldn't do. I knew I had to face that fact and learn to adjust to our

current reality. It was a very difficult position to be in, but I did what I could to just focus on being happy and appreciating the blessings in my life." Many other seniors dealt with missing major events, whether simchahs or milestones, during quarantine.

Mrs. Shayna Poupko of Eretz Yisrael had plans to host her son's family for the Seder and the following Shabbos because her daughter-in-law was due to give birth at that time. Not only were those plans canceled, when her daughter-in-law gave birth to a baby boy, Shayna knew she and her husband would have to miss the bris.

"Another son went to the bris and filmed it on Zoom so we could watch and feel like we were attending, but emotionally it was very difficult for us to miss that simchah, even though intellectually we knew we were doing the right thing by staying home."

Other major events that were missed weren't of the happy kind. "My uncle was niftar in March," Leah says. "I live in L.A. and my mom lives in Arizona. Neither of us were able to visit my uncle in Connecticut before he was niftar and of course we couldn't be there at the levayah or shivah. It was sad and frustrating for us to be so far apart, but we tried to make peace with Hashem's plans for us."

Leah was also pre-surgery for a knee replacement when quarantine started, so she was advised by her doctor to stay as

isolated as possible. "Originally my surgery was scheduled for the beginning of May but in late March it got pushed off to the beginning of July. The thought of living with my pain for any longer felt like too much." B'chasdei Hashem, her surgery was rescheduled for the beginning of June."

These women, as well as numerous others, I spoke to were faced with difficult, and at times overwhelming, feelings as lockdown began and took effect.

Realities were quickly adjusted as life as they knew it underwent a quick and sweeping change.

"Staying positive got me through it all," Sarah says.

KEEPING AFLOAT

Along with emotional changes and challenges came the logistical aspect of keeping homes running and functioning when you can hardly step past your front door.

Dear neighbors, friends, grandchildren, children.... these words are repeated again and again as people share their experiences of suddenly finding themselves in the position of needing others to help them out on a daily basis.

"I learned to place early orders on the online grocery stores so I could ensure delivery," Sarah shares. "And whatever we were missing was filled in by our children."

Ann from Yerushalayim was thankful that at least two of her

...one major
part of life went
noticeably silent:
Visiting with
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children live close by so she didn't feel she was bothering them too much when she asked them to shop for her.

Still, for Mrs. H. of England, asking others to go out on her behalf was not so comfortable. "I felt like I was asking people to risk their lives for me," she says. "Never mind my not being able to choose my own produce."

Communities and families sprang into action ensuring everyone among them had what they needed. Shayna had neighbors knocking on her door to see if she needed anything, while Mrs. H. was the recipient of a lovely note dropped off by a group of neighbors offering to shop for people in high-risk groups.

But while food and essentials were taken care of, one major part of life went noticeably silent: Visiting with children and socializing with neighbors and friends.

KEEPING CONNECTIONS ALIVE

Undoubtedly, one of the

...there was a lot of shlepping that some of our grandchildren usually do for us and this year we did this ourselves. I did my own cooking and the meals were wonderful.

most difficult aspects of the coronavirus quarantine for all of the women interviewed has been physical distance from family – children and grandchildren, even those who are close by.

“Not having company was very hard,” Shayna says. “Before coronavirus there were maybe four or five weeks a year that we didn’t have guests.”

Four years ago, Sarah Spero and her husband made the difficult decision to leave Cleveland and move to Baltimore to be closer to their children. “It was Hashem’s way of remaining anonymous,” she says. “Because it was so much easier for us to get through this time when we were closer to our children.”

Although they downsized from a house to an apartment, the Speros made sure to move into an apartment on ground level so they could maintain their freedom of easily getting in and out of the house.

“This allowed us to become ‘the zoo’ during quarantine,” she says. “When our children and grandchildren came to visit, they stood outside our glass doors and looked in to where we were sitting with the shades open. It became a lovely way for

us to visit with each other.”

Sarah Silverman’s children and grandchildren came by often to play in her yard. “Every visit, even if it was only for a few minutes, meant so much to us,” she shares. “My favorite moments were when my grandchildren were in our yard, playing and climbing trees. It kept us connected to them.”

Ann used this time to bake a lot for her children. “It was my way of saying thank you for all of their help, and it was especially useful for them during Pesach as they had large, young families to care for and I had far less work than usual.”

She also bought lots of toys and games online to send to her grandchildren to keep them busy during lockdown. “It helped me feel like I can still help others instead of only asking for help.”

For Faigie Fischler, video calls saved the day when it came to being in touch with her family living overseas. “We live in Eretz Yisrael and all of our children are in the US,” she says. “It’s difficult not knowing when we can see each other again. Thank goodness for Skype!”

Shayna’s family also stayed

connected with a nightly family Zoom get-together that her daughter organized. They had a dvar Torah and then some chit-chat to catch up on the latest news in everyone’s household. “It was a chance for the cousins to keep connected and for us to have nachas,” she says. “Later on, when the lockdown lifted, the children would come by and visit us from the street while we hung out by the window. We would leave treats at the door for them to take.”

“We definitely got creative,” Sarah says. “And that family time really kept us going.”

TURNING IN

Though this isn’t something most women would tell their children, many couples felt and expressed appreciation for this time when they were on their own.

“Pre-Covid, we often went to one of our children for the sederim, Mrs. Spero says. “This year I not only made Pesach, but our sederim were really beautiful. We had never sat at our own seder alone and that is really saying something because we’ve been married over half a century. When I finished making Pesach and set the table for the Seder I cried tears of joy and gratitude and I said Nishmas - I really did. I am not going to tell you that it was easy - there was a lot of shlepping that some of our grandchildren usually do for us and this year we did this ourselves. I did my own cooking and the meals were wonderful. I set out place cards (yes, really) and worked very hard. We

sat and sang at the Seder and stopped and reminisced too. The Sedarim were quite long - we did not take any shortcuts and it was a highlight - it really was. We made extra efforts to make it all work.”

Shayna expresses a similar sentiment. “Funny enough I enjoyed having a quiet seder,” she says. “Through the years I was busy serving, helping with the children and grandchildren and various guests, so I didn’t participate in the give and take of the seder as much as I would have wanted. Having time just for my husband and myself was special.”

Mrs. H. is enjoying having her husband home. “His job normally entailed a lot of traveling,” she says. “He’s in better health now and walking more.”

TAKING WHEN YOU WANT TO GIVE

Giving to others even behind our own closed doors is something many people turned to as a way of dealing with their new roles as recipients of others’ chasodim.

“Hashem re-ignited my resourcefulness and I found ways to do chesed at a time when I felt like I was taking so much,” Leah says. “There were a few older singles who kindly shopped and did errands for me throughout quarantine and I wondered how I could pay them back for their kindness. I realized that I could spend extra time davening for them that they would find their zivugim. I also used my phone and email to match people up – those who needed shopping and

errands done with those who were willing and able to help.”

Sarah Spero made it a point to reach out, including calling some people who lived in her building, even those she had only met once or twice before quarantine and they in turn did the same. “Getting to know them was a nice bonus,” she shares.

Ann found that finding ways to help others in any way she could helped her feel better about herself. She also suggests showing gratitude to those you rely on for help. “You can offer a cold drink or cookies (homemade or store-bought) to people delivering food for you. And tell them how much you appreciate their help.”

Another idea Ann had was to call family and friends who may have been stuck at home with large families, nowhere to go and nothing to do. “They’re probably overwhelmed and have been that way for months,” she says. “Lend a sympathetic ear, because even if you feel you are missing them so much, it’s likely their situation is harder than yours. You can really be there for them.”

Shayna shares how they tried to become ‘others-focused,’ by calling people they knew were either lonely or living alone. “That always made us realize how lucky we are to have each other.”

EXPANDING HORIZONS

Extra time and looser schedules enabled many to do things they only dreamed of doing

“Through the years I was busy serving, helping with the children and grandchildren and various guests, so I didn’t participate in the give and take of the seder as much as I would have wanted. Having time just for my husband and myself was special.”

in the past. Others also found interesting ways to still any loneliness they may encounter during quarantine.

We spent time on a massive and complicated jigsaw puzzle that we had never gotten to before," Mrs. H. says. "My daughter who lives at home did most of it but I finally finished it. It's a clock that has an actual clock mechanism. Naturally, it will be known in our house as the Coronavirus Clock."

Sarah Silverman found that her daily walks around her yard became the perfect time to listen to shiurim. "I used to go to shiurim and promptly fall asleep," she chuckles. "But during quarantine, I found myself learning a lot more Torah than usual, because you can't fall asleep when you're walking!"

For Shayna, quarantine proved to be the right time to start on a learning project she had been aiming to do for a while. "I had wanted to review nach for a while," she shares." So I started with Yehoshua and I am now halfway through Shoftim. I'm learning with many meforshim I normally wouldn't have time to cover."

She also found keeping in touch with family and friends, those close by and those an ocean

away, to be a full time job.

And without fail, everyone knew that if they had any extra time they could use it to clean their homes! "With no outside cleaning help allowed in, Hashem gave me the strength I needed to clean for Pesach, even while experiencing severe knee pain," Leah says.

"I learned that I can manage to clean more than I realized," Ann agrees. "Somehow all of the housework happened even if it wasn't up to my usual standards."

Art, Zoom exercise classes, phone calls, reading, writing and craft projects filled pockets of time and lent focus to long days.

"If I can give you one tip," Sarah Silverman says. "It would be: Stay busy!"

MAKING THE BEST OF IT

The last few months have given us all new perspective. We all learned a lot about ourselves and our abilities during this enforced pause on our regular lives. I ask the women I speak to, to share messages to others who like them, are still quarantined in their homes.

"Live in gratitude and keep a gratitude list," Leah suggests. "Even with all of my pain, I

tried to find things and people to be grateful for. Such as technology! What a gift it is to be able to video call with friends and family as far away as Eretz Yisroel! What a gift that young people in my community shopped for me--with a smile, willingly!"

Sarah echoes with a similar sentiment. "I don't hang around hopeless places," she shares. "Years ago I worked on myself to foster a sense of optimism in my life. I see now how that stands me in good stead."

Especially after members of her family got sick with COVID and recovered, she focused completely on gratitude that they are all well.

"We have phones, computers, porch minyamin, loving family, caring neighbors and all of the amenities a person can need – we stayed focused on that!" Shayna says.

Mrs. H. from England sums it up perfectly: Don't focus on what you're missing, focus on the fact that you're alive! I feel as if I should say Shehecheyonu every morning!

May we all make the best of every day and may we all get to enjoy each other's company, in person, in good health and soon! ❧

TIME TO
RHYME

By A.T. Ambush

Eretz

Avinu Malkenu, our father, our king
We thank You, we bless You, to You is who we sing
Although sometimes we might stray to the left side of the ring
At the end of the day, it's You to who we cling

Our sins are far to great, even to enumerate
Yetzer Hara has a very special way to manipulate
Sometimes it's so hard that he makes you exasperate
The Yom Hadin is coming, it's time to reactivate

Repent! Repent! Sit down and meditate
Think about your parents, and who you want to emulate
Say sorry for your sins, which you'll try to never duplicate
Cry to Hashem, the gates of heaven we will penetrate

Avinu Malkenu, let this be a good year
Please let us serve You without having to fear
It doesn't matter to us when the other nations sneer
Cause Mashiach's arrival is so very near

No matter how things look, come what may
We as a nation, are here to stay
Hashem is always listening, all you gotta do is pray
We can always do teshuva, why not start today???

Taken with permission from

Halachically Speaking

by Rabbi Moishe Dovid Lebovits

It's Elul

LET'S START LEARNING MUSSAR

It's been quite a while since this article was meant to be written, and it's been pushed off for far too long. However, after a number of readers stressed the importance of this topic and with the realization that it requires discussion, especially now that Elul is upon us, it's time for this article to make an appearance.

We've been discussing topics of halachah in the Halachically Speaking articles and sefarim for over fifteen years now, and although we don't usually focus on non-halachah topics, we have no choice but to veer off topic at this time. One can learn all the halachah in the world, but if he lacks a crucial focus, his learning will be in vain. There are times when certain topics need to be addressed even if they're not pleasant to write about. Once we are aware of the issues, we can work on solutions.

We, the Jewish nation, are a great people. We do chesed, learn Torah, visit the sick, give tzedakah generously, and as a whole are a wonderful nation. However, there are several issues in the Jewish world that need chizuk, some examples are: talking in shul; overeating and the focus on food and desires of this world; addiction to the Internet; cell phones in shul; and basic lack of awareness of Hashem. We see people who steal and cheat and don't think they did anything wrong. After all, "everyone" does it. Is this a Torah outlook?

The Gemara says that if one has the ability to make a difference and stop someone from committing a wrongdoing and doesn't, he is held liable for this. This article, then, will be our way of making a difference and hopefully bringing about a change for the better.

Talking in Shul

We see many posters in shuls discussing how terrible it is to talk in shul. Hopefully, these ads make an impact, yet how sad it is that we need to hang them in the first place. Talking in shul has been an issue for some time now, and it has only spiraled out of control. Talking may stop when the Rav insists on it, but what about when the Rav is not there? It seems that one is scared of the Rav, but not of Hashem. In some shuls talking is so rampant that people talk from the beginning of davening until the end.

How should those who do wish to daven explain to their children why there are grown men standing outside shul during davening and leining, or even inside shul, who cannot keep their mouths closed and do not care about davening? One wonders why these people come to shul in the first place.

Cell Phone

Use in Shul

The phone can be turned off — or better yet, it can be left in the car. The game one is playing or the email one is replying to is not as important as davening. We all know this — so why can't we control ourselves? Do we not have what to daven for?

We have a fear of missing out on emails, texts, and WhatsApp, but we don't fear missing out on a Kaddish, Kedushah, or amen. Where are our priorities? What has happened to us?

It may be hard to detach from the cell phone. It may require self-control and mesirus nefesh — but we must do it.

Everyone can attest to the fact that there is basically not a shul in the world that does not have someone who brings a cell phone into shul and does not have the ability to stop himself from playing games and texting during davening. Yes, you read that right: during davening. In some shuls there has been an effort to curb this by installing small cubbies for cell phones, but usually they just collect dust. An entire chazaras hashatz can go by with many people not answering amen or answering to Kaddish. Right when they finish a rushed Shemoneh Esrei they go to their phones. Where is the self-control?

THE SOLUTION

All of the above are some real problems — but problems have solutions. The solution has been around for hundreds of years. People have learned the solution in many different forms, from many different sefarim — but in the end, if one does not have a daily learning cycle in this category of Torah, then he is doomed. Perhaps yeshivas should focus on this as well and spend a bit less time focusing on other topics. The solution is the learning of mussar.

When it comes to business, we want more and more money and luxuries. Yet when it comes to Torah and avodas Hashem, we settle for mediocre, for much less than we can truly accomplish. It's

true that it's hard to change, and when one learns mussar he will inevitably change, but this is what he has to do in order to be a good Jew.

We will discuss why learning mussar is so important and how doing so can rid a person of desires, lust, stealing, and lack of self-control. Instead of these base behaviors one will feel a renewed purpose in life. He will no longer have the need to find pleasure in foreign territories that are not part of the Jewish religion.

Why Now?

The lack of proper behavior among us has been around for thousands of years. Our evil inclination was given to us when we were born. However, in years past if one sinned or committed

a misdeed it did not cause him to go off the path, disgrace Hashem, violate Shabbos, or intermarry. Today, things are different and if one deviates from the path, he ends up very far away. Therefore, there is a more pressing need now to prevent this from happening, and mussar is the way to do so.

All Beginnings Are Tough
Although the beginning of one's efforts to learn mussar may be difficult, one should not despair and give up. One should also not be concerned that learning mussar will cause him to become too extreme. The Torah will straighten him out and teach him how to relate to himself and others.

The Gra on the Importance of Learning Mussar

The Gra, zt”l devoted part of his sefer Even Shleimah to discussing the importance of breaking one’s bad habits. The Gra, in fact, learned mussar many times a day.

One’s entire servitude to Hashem depends on fixing one’s middos. All sins come from bad middos.

The main focus of one’s existence on this world is to fix his bad traits — if he doesn’t do so, why is he alive?

The Chafetz Chaim’s Opinion

The Chafetz Chaim, zt”l, mentioned (and this is especially true today) that one must make sure to learn mussar. Only through learning mussar will he be able to make sure that he doesn’t slip in his avodas Hashem. This can be understood with a mashal. If there is a strong wind and one is walking in the street, if he does not hold onto his garments they can fly away and he will be left naked. So too, if there is a person who learns Torah but does not learn mussar, the winds of society around him will blow him away. Therefore, it is important for every yeshivah to make sure they have a seder in mussar. The Chafetz Chaim goes on to mention that he spoke to other Gedolim who may have not been on board with the concept of learning mussar when the idea was first introduced, but they all agreed that times have changed and it is imperative that mussar be learned.

The reality is that whether one learns in yeshivah or works, he needs to learn mussar daily.

Which Sefer?

There are many good sefarim on mussar one can read. Gedolei Yisrael have learned many of the sifrei mussar that are available, such as Reishis Chochmah, Shevet Mussar, Chovos Halevavos, Shaarei Teshuvah, Orchos Tzaddikim, and Mesilas Yeshtarim, to name a few. Many of these sefarim have been translated into English.

One should pick a sefer that “talks” to him and to which he can relate. Each sefer discusses a different topic. If one feels he has to work on his middos, he should learn Orchos Tzaddikim; if one wishes to learn about teshuvah, then he should learn Shaarei Teshuvah. One who is struggling with anger issues should read Erech Apayim. If one has a hard time with avoiding speaking lashon hara, he should learn sefer Chafetz Chaim on shemiras halashon.

The custom of many Gedolim was to make sure to have a set time to learn mussar. In addition, the custom in most of the great yeshivos in Lithuania was to set aside time to learn mussar. Obviously, care should be taken not to spend too much of one’s time on Gemara without making any time to learn mussar.

WOMEN AND MUSSAR

Just as a male should learn mussar, so too should a woman. The Steipler, zt”l, suggested that girls learn Shaarei Teshuvah or Orchos Tzaddikim. They may learn some Pele Yoetz as well. He did not advise girls to learn from the Chovos Halevavos.

GOAL OF MUSSAR

The goal of learning mussar is to change a person so that he will act differently in the future. It is not to learn from a mussar sefer in order to get a nice vort, and so on. In addition, the point of learning mussar is that one should realize his life has a goal and is not a free-for-all, like the outside world thinks.

MUSSAR AS A PRELUDE TO TORAH

When one leaves this world he is asked many questions, such as whether he was honest in business and whether he set aside time to learn Torah. However, if one did not have fear of Hashem then nothing will help him. One thing Hashem asks from us is to fear Him.

The Meiri mentions that if one does not have fear of Hashem, it is better if he does not learn Torah. Rashi writes that the Torah is a gate for one to acquire fear of Hashem.

The Rambam opines that Torah is only found by one who is humble, implying that one has to work on himself before he can acquire Torah.

The Orchos Tzaddikim mentions that having fear of Hashem will strengthen all of a person’s other middos.

Learning mussar is important since without fear of Hashem, which one gains by learning mussar, his Torah wisdom will not last.

CONTROLLING DESIRE

Much of what we do that needs fixing stems from desire. We daven every day in Elokai Netzor (at the end of Shemoneh Esrei) that our hearts be open to Torah, which helps us avoid desiring other things. We have to make sure to control our desires in any way possible, since desire for the wrong thing can lead to forbidden actions.

If one truly wishes to climb the ladder of yiras Shamayim, he has to learn mussar.

ONCE IN A WHILE

Learning mussar once in a while is not sufficient, since one has to be inspired to change. Learning once in a while will not have an effect on a person.

LEARN IT OVER AND OVER

Even when one finishes learning a specific sefer, he should not hesitate to learn it over and over again.

OUT LOUD

Harav Avigdor Miller, zt”l, would tell his students to learn from a mussar sefer in a loud voice, like was done in

Slabodka in pre-war Europe.

LEAVING YESHIVAH

When in yeshivah, bachurim and avreichim learn in-depth and with energy, writing chiddushei Torah and so on. When they leave the yeshivah to enter the outside world, one would never know they had ever learned in a yeshivah — and the reason for this is the lack of a mussar seder.

LEARNING MUSSAR ON SHABBOS

One is allowed to learn mussar on Shabbos even if it will make him sad.

DURING ELUL

Many people are careful to have a mussar seder during the month of Elul, as preparation for the Aseres Yemi Teshuvah. Some mention that Chovos Halevavos should be learned. Others say to learn Shevet Mussar, while many learn Shaarei Teshuvah. One should learn a bit more mussar during this time than during the rest of the year.

Harav Yisrael Salanter would instruct his students not to push off their learning of Gemara in order to learn mussar, except during Aseres Yemei Teshuvah.

MUSSAR ON TISHAH B’AV

Although learning many areas of Torah is not allowed on Tishah B’Av, classic mussar sefarim may be learned on Tishah B’Av. ❧



King David Center for Nursing and Rehab draws thousands to their welcome summer event!

The air was vibrating with the sound of celebrating children. To see children gathered around, singing in unity, after months of lockdown, was truly a much anticipated and welcomed sight. It brought out the feeling of freedom everyone so keenly felt, at being invited to their favorite outdoor location. It was June 28 and the King David Center was out to spread some joy. The world-renowned Uncle

Moishy traveled from park to park within the streets of Boro Park and Flatbush bringing music, gifts, balloons and ice cream to the children of the community. Uncle Moishy managed to turn the disappointing faces, as a result of months of isolation, into full fledged smiles wherever he went. How fitting to rejoice in the lift of the lockdown by extending themselves to the community amidst pomp and joy and

reintroducing to all, the pure and heart melting smiles that only kids know how to dispense. Even the politicians were drawn to an event that marked an end to the long and difficult era of quarantine. Chaim Deustch, Simcha Eichenstein, Dov Hikind, Kalman Yeager and Heshy Tischler were amongst the influential politicians that flocked to the event, to bask in the celebration of a rehabilitation center that puts

the needs and wellbeing of the community at the forefront. King David, legendary for their standard of care, is in the process of renovating their facility to accommodate the heimishe community properly. The renovations will include a state-of-the-art aqua therapy pool and other grand upgrades in order to

provide their residents with an unsurpassable rehab experience, while not diminishing the Yiddishe Taam they are used to at home. King David's consideration to the satisfaction of the community was evident in the event that was planned and executed to perfection to the delight of the

children, and adults that attended. What a day it proved to be. It lived up to the standards that is expected of King David. After a satisfying round of blissful festivities, King David welcomed the community to their soon to be brand new, high end facility with warm wishes for a happy and safe summer. ⌘



By Mordechai M. Schmutter



Looking Back

I noticed that kids nowadays don't know what station wagons are. At least the kids *I* have nowadays. I showed them a picture and asked, "What is this?" and they didn't know. One of them guessed it was a limousine.

Okay so a station wagon is *kind* of a limousine, if after the rich people got in the back, someone threw luggage on them, and then they spent most of the trip having territorial disputes, and the driver spent the whole time yelling at them to keep it *down* back there.

The truth is that a station wagon was more like a minivan's short friend, in that it was great if you wanted to carry a lot of people but had no desire to see over traffic.

In the old days (back in Europe) everyone had station wagons. Actually Europe still *has* station wagons. In the US, we don't really have them anymore, because they stopped selling them, because we stopped buying them, because they stopped selling them.

Actually, at some point our government, in an attempt to save on fuel, came up with certain fuel

economy standards for cars, others for trucks, and others for vans. And it turns out that because of how big station wagons were and how many people we crammed into them, it was hard to build a station wagon so that it met the standards for cars. So everyone started building minivans, which easily use more fuel than station wagons, but since they're not technically cars, it's okay. So we definitely gained from all that.

Growing up, though, my family had a series of station wagons, and as the oldest in the family, I always got to sit in the back seat, which, for no reason at all, was installed backwards. As a result, I had no idea how to get ANYWHERE. I just knew how to get back.

The station wagon was marketed as a roomy car, because it had a third seat in which you could keep your extra kids or luggage, but not both. Everyone tried for both. Sure, there was a roof rack, in case you had any luggage you didn't mind losing on the interstate, but most people crammed their kids and their luggage into the back and tried not to think about it.

So we had to hold the luggage. The only time this worked in our favor was when we went on a trip, and our parents would give us the entire box of snacks to hold. And then they'd get back there and go, "What happened to the snacks?"

"Um, *what* snacks?"

But it was effectively the trunk. You had to open the door from the outside to let us out, and after we got in, you handed us all the luggage. There was also a spare tire back there. And we had windows, but they didn't open. They were just for show, so we could see the entire world go by backwards, and try to avoid making direct eye contact with the driver behind us. He'd basically see an enormous pile of luggage with two faces sticking out, trying to look in different directions.

Sure, there were downsides to sitting backwards. For example, we had no idea when we were about to hit a bump. We were the last to know. Suddenly, BUMP, and all the piles would start crumbling down around us. We also got to sit there in horror and watch huge trucks bear down on us. But on

the upside, everything was saw was a surprise. And if our parents pointed to the side of the road and said, "Look! Horsies!" we could look at the horsies until they were out of sight. We were also in charge of peering out the window when my father was trying to parallel park and telling him when he just hit the car behind him.

There was also a certain safety in knowing that if my father made a short stop, we were not going anywhere. We did go flying out of our seats when he *started* the car, because he had no idea whether we actually had our seatbelts on yet, or whether we were still climbing into the back seat.

And that was the other upside – climbing over the seats. We *loved* climbing over the seats. Sometimes we'd climb over as soon as my father unlocked his door, all the way from the driver's seat. Everyone in the entire car had to sit on muddy footprints.

We also climbed over the seats to get out, because, thanks to the infinite wisdom of the manufacturers, there was no door handle on the inside. If you wanted to get out, you'd have to wait until your parents remembered that you were back there. So usually, when the car stopped, you'd all immediately climb over the seats on top of whoever was in the middle and try to all fall out of the car at the same time.

And we had to sit back there even when there were extra *adults* in the car. It wasn't like since they were older, *they* had to sit back there. Adults can't climb over seats. I tried it recently in my minivan, and it turns out there isn't enough

room. You kind of have to roll over the seat like a whale, and go down headfirst and then flip backwards and pull everything down trying to get up.

But we had a station wagon, because what were our options? Station wagons held 7-8 people, and the next car was a van that held 12 people but no air conditioning. And if you had any number in between, you had a station wagon, and everyone somehow magically fit anyway. The roof rack helped.

There were also SUVs, but they were mainly for people who built houses for a living.

But there *was* an in-between option. At some point my parents got the biggest station wagon on the market, which came in two colors. The top half was maroon, and the bottom half was wood paneling, like someone ran out of paint halfway through. So sitting in the back was like sitting in a trunk in a basement from the 70s.

But we were very excited about this car, because instead of being put in backwards, the seats were installed sideways, facing inwards, like on the subway, and you could see out the front AND the back! Just not out whichever side of the car was behind you. You also couldn't see anything out the other side either, except your stupid brother.

Each seat, according to the manufacturer, was made for two people, although they had to be skinny people with no legs. I doubt the manufacturer ever sat back there. But each seat also had only one seatbelt, so it was like that amusement park ride where you spent the entire time trying not

to fall on each other. And if your father made a short stop, the two of you became literally one person.

And in the meantime, you have two people sitting across from you, falling onto each other, and there's one small pit in between for everyone's legs. So the only way to get all those legs in was to stagger them. One of mine, one of yours, one of mine, one of yours.

Sharp turns were a problem.

But my parents had no idea that the back wasn't actually made for 4 people. Especially since – and here was another benefit of station wagons, as far as adults – you couldn't hear people complaining back there. Or maybe you could. But you could definitely *claim* you couldn't. I'd always hear my mother saying, "Whatever you're saying to me back there, I can't hear you."

"Then how come I can hear *you*?"

"Sorry; can't hear you."

"Then why do you keep telling us to keep it down?"

But are minivans better? My wife and I have an 8-seater, so the kids still have to climb. Yes, the middle seat officially folds down, but thanks to the car seat law, we have a booster on every single seat. So to get anything to fold down, you have to take the booster completely out of the car, fold down the seat, climb in holding the booster, put it on top of the folded seat, and close the door. So the kids still climb. Also, we hear absolutely everything that goes on in the back. But we still pretend not to. What do *they* have to complain about?

TIME TO
LAUGH

If you see my kids locked outside today, mind your business we are having a fire drill.

Wi-fi went down for 5 minutes so I had to talk to my family. They are nice people.

Pretty wild how we used to eat cake after someone had blown on it...good times...

Instead of going to Starbucks today, I made my own coffee, yelled out my name wrong, and lit a \$5 bill on fire.

I googled my symptoms turned out I just needed to see my grandkids.

Parents are starting to discover that the teacher was not the problem.

Thoughts and prayers go out to all the married men who've spent months telling the wife "I'll do that when I get time"

Anyone going from the kitchen to the dining room that can take along a small package.

A MOMENT FOR
INSPIRATION

"MAKE SURE YOU
TEST POSITIVE FOR
FAITH. KEEP YOUR
DISTANCE FROM
DOUBT AND ISOLATE
YOURSELF FROM
FEAR.
TRUST IN
HASHEM
THROUGH IT
ALL"

”

Future Pandemic Precautions

By Cindy Weinberger

With the stay-at-home orders easing up, this may be the beginning of the end of the Covid-19 pandemic. One of the things

highlighted by the coronavirus is the ill health of Americans. Covid-19 is known to be particularly dangerous for those with underlying conditions, such as asthma, cancer, diabetes, heart disease, and those who are immuno-compromised.

Obviously, cancer, asthma, and the like are beyond our control, but

obesity, diabetes, and heart disease are all diet-related, and we all have the chance to reduce those numbers. If we had flattened the curve of those conditions before the start of the pandemic, some of the outcomes might have been different. To combat this and future pandemics, we need to take greater precautions and reduce the number of those suffering from diet-related health conditions. Not only is wearing a mask and washing hands frequently important, our diet and lifestyles are essential as well. We need to follow dietary guidelines to combat the obesity, heart disease, and diabetes epidemics in order to hope for better outcomes overall.

Different strokes for different folks when it comes to weight loss. Some choose a low-carb diet; others prefer the Mediterranean Diet; while still others follow the latest fad diet. Whichever

way you achieve weight loss, you are a winner! One study showed that out of 262 adults with II Diabetes, 56% were able to reverse their diagnosis by following a very low carb diet. Another study of participants following a very low carbohydrate diet showed improvement in blood pressure. Low carb diets have also been shown to improve glycemia, lower blood pressure, and improve HDL, the good cholesterol. The Mediterranean Diet and others similar to it, such as the DASH diet are designed specifically to reduce the risk of heart disease and stroke by lowering blood pressure by following a low fat diet, and focusing on fruits and vegetables. As you may already know, I am NOT a fan of fad diets, since they generally lead to weight regain as soon as the diet ends. Detoxes and cleanses may seem like a quick fix, but has no effect in the long run. Sure, the diet looks great for a few weeks to make a quick fix, but is it practical? Many fad diets include adopting new food patterns and exercise behaviors that are unrealistic to maintain for life. They are quick to cut out certain food groups, severely restrict calories, and eat the same foods for a few weeks. These plans are not feasible for the long run. The best diet is a change of lifestyle and eating habits that will work best for you at

every age and stage. Extreme diets are not realistic when it comes to long term dieting. In order to successfully lose weight and not regain it, you need to change your lifestyle and habits. Cut down on the fast food, or take out. Aim for 5-9 servings of fruits and vegetables daily. Fruits and vegetables are low in calories and packed with vitamins, minerals, phytochemicals and antioxidants. Antioxidants help fight off free radicals in our cells that can cause damage to our bodies. These beneficial antioxidants such as Vitamin C and Vitamin E help protect our body from heart disease and other illnesses. So not only do fruits and vegetables help you lose weight by decreasing your caloric intake, they also help protect your heart. Fruits and vegetables are also a great source of fiber. Most Americans don't get nearly enough fiber. The American Heart Association recommends 25-35g/day. Fiber promotes satiety and prolongs hunger by making you feel fuller for longer. Fiber also promotes regular bowel activity and helps lower cholesterol levels thus reducing the risk of cardiovascular disease. Again, helping you lose weight, and protecting your heart. Both, our key goals. Choose lean protein and whole grain starches. Low fat dairy is important too.

Forgo the sweets and fatty foods. Try to cut out sugary beverages and artificially sweetened beverages if you can, and replace with water. Your body will definitely feel better and the pounds will shed. Portion control is key and as always, so is physical activity.

Eating right has always been a hot topic and a goal for most of us. However, now, more than ever, we see how important it is to be healthy and physically fit. Unfortunately, we all know someone who was affected by the Coronavirus. Hopefully by vigilantly trying to achieve a healthy weight, prevent heart disease and diabetes, we can prevent any further casualties during the Covid-19 pandemic, or G-d forbid, any future outbreaks. X

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Oatmeal Cookie

Ingredients

- 1 ½ cups quick cooking oats
- ¾ cup flour OR white whole wheat flour
- ¼ cup sugar
- ½ cup brown sugar
- ¼ teaspoon baking soda
- ¼ teaspoon baking powder
- A nice pinch of salt
- 1 teaspoon vanilla
- ½ cup oil OR coconut oil, melted
- 6 tablespoons milk (any type/ soy milk fine)
- ½ cup unsweetened shredded coconut

Instructions

In a bowl, combine the lettuce and scallions.
To prepare dressing, combine the parmesan cheese, juice, and red onion. vinegar and oil. With a hand blender blend together. Season with salt and pepper.
Just before serving, add the avocado and toss with part of the dressing to taste. Add toasted almonds.



Taken with permission from
between
carpool

Green Salad with Citrus Dressing

Ingredients

- 1 head romaine lettuce, chopped or any greens
- 3 scallions, sliced
- 1 avocado, thinly sliced
- ½ cup almonds, toasted

Dressing:

- 3 Tbsp parmesan cheese
- ¼ cup orange juice
- 1 Tbsp red onion, chopped
- 1 Tbsp vinegar
- ½ cup extra virgin olive oil or canola oil
- Salt and pepper to taste

Instructions

In a bowl, combine the lettuce and scallions.
To prepare dressing, combine the parmesan cheese, juice, and red onion. vinegar and oil. With a hand blender blend together. Season with salt and pepper.
Just before serving, add the avocado and toss with part of the dressing to taste. Add toasted almonds.



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By Gitty Kay



Floral Pillar Candle

Pressing your own flowers may seem intimidating, especially if you think you'll need some special contraption to do it - I'm here to let you know that flowers can easily be pressed by using books! Yes books!! It's that simple! Once you have your favorite petals pressed, your craft options are limitless! Follow along as I show you how to create this beautiful floral pillar candle. It will enhance any living space, and works great as a gift too!

The best and most fool-proof flowers to press are rose petals, daisies, and thin green leaves. Keep in mind that this pressing process takes about 7-10 days. Don't open the book to peek at your flowers while they press. When they are ready, your petals should feel like paper and have no moisture in them.

Supplies for pressing flowers:

- Flowers
- Parchment paper
- Big book (like a phone book)
- Anything heavy to add weight

Supplies for the candle:

- Pressed petals
- White pillar candle
- Tea lights
- Paint brush (it will be ruined after this project)
- Twine or ribbon

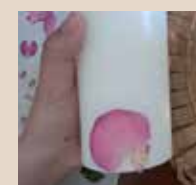
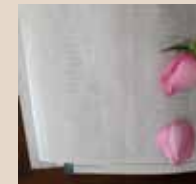
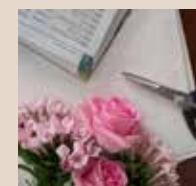
Get your petals pressed!

- Place a sheet of parchment paper in the book you are using.
- Carefully remove the petals from the flower and place on the parchment paper. Be sure to leave some space in between each petal or leaf.
- Place another sheet of parchment paper over the petals.
- Close the book.
- You may add a couple of "layers" of parchment-filled-with-petals in the same book.
- Place the book carefully in a safe spot where you can keep it for 7-10 days.
- Add some heavy items on top of the book to add weight.

7-10 Days later we are ready to decorate the candle!

- Prepare your work space with all the supplies you'll need.
- Choose the petals you'd like to use.
- Light the tea light, and wait for some wax to melt.
- Place your petal on the candle, and hold it down with your fingers.
- Dip the brush in the melted wax, and use it to 'glue' the flower to the candle by painting single strokes over the petals. Do not add layers of wax - that will create a messy and clumpy look (see photo) Make sure to work carefully and quickly, as the wax hardens really fast.
- Continue this method until your candle is fully decorated to your liking!
- Add a ribbon or piece of twine to finish the look!

Enjoy your floral masterpiece



By Gitty Kay

If you're like me, you probably understand the pleasure of repurposing old "stuff". I am excited to share with you how to use old scraps of fabric, pillow cases, clothes, or really anything made of fabric - and turn them into soft smelling potpourri sachets! Does the thought of sewing get you on pins-n-needles?! No worries! You won't be making a stitch!

For these purple sachets, I used an old sofa pillow case - I also used the trimming as the ribbon!

You will need a nice smelling essential oil for these as well. Essential oils have great benefits aside from adding a nice aroma to the room.

The most popular smells are Lavender, eucalyptus, and citrus.

Supplies for pressing flowers:

- Fabric
- Ribbon
- Clear nail polish
- Raw rice
- Essential oil
- Scissors
- Small bowl (to mix the rice and oil)

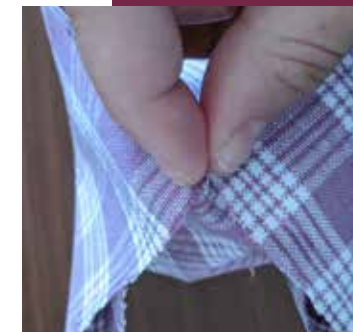
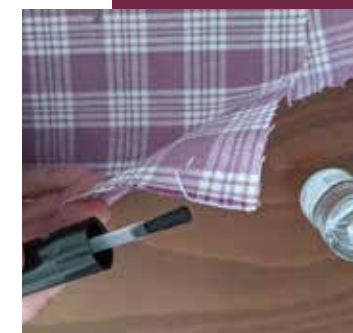
Instructions:

- Pour some rice into a bowl.
- Add 4-8 drops of the essential oil to the bowl.
- Mix and set aside.
- Cut square pieces of fabric, recommended size would be 6 inches by 6 inches.
- Use the clear nail polish to harden the edges of the fabric so it doesn't unravel.
- Cut pieces of ribbon or trimming, about 6 inches long.
- Harden the ends with nail polish.
- Place a little 'pile' of rice in the center of the fabric square.
- Pull all four corners up to the center.
- Tie the sachet with the ribbon.

POTPOURRI

sachets

*Place your soft smelling sachets in
your favorite spot*



BACK FROM DEATH'S DOOR

By C. Rosenberg

When my daughter Sara was seven years old, a nasty bout of flu struck the neighborhood. But while the rest of the neighborhood seemed to take it in stride, Sara couldn't even lift herself off the couch. That's when we learned that the swine flu pandemic wasn't just the hype of news reports; it was a real threat to human life.

"Why can't I move like the other kids?" Sara kept asking, before succumbing to the embrace of sleep. "Why can they run around, but I can't?"

I was concerned, but I didn't think that her being weaker than other children was worthy of action. After all, some kids are struck harder by illness than others. Then, Sara started complaining about severe pain in her left hand. When I checked in with the pediatrician, she advised me to rush to the ER.

It seemed that, for Sara, the flu had turned into a life-threatening disease. At the hospital, the doctors performed a series of tests that showed she was suffering from viral myocarditis, a heart condition that occurs when a virus attacks the heart muscle.

After one day in Cohen Children's Medical Center (LIJ), the staff assessed that they couldn't stabilize her blood pressure and heart function. Sara would need the expert life-saving skills of the pediatric cardiologists at Morgan Stanley Children's

Hospital (NY-Presbyterian).

After a risky ambulance ride, Sara was completely comatose upon arrival. The doctors gave her a 10 percent chance of survival. Since her heart and lungs were no longer functioning, Sara was hooked up to an ECMO (**extracorporeal membrane oxygenation**) machine, which provides both cardiac and respiratory support by giving oxygen and assisting with blood circulation. Once the virus moved out of Sara's body, we were told, she'd be able to come off the ECMO machine and begin recovering from the ordeal. In the meantime, this was to be her lifeline.

Shortly after Sara was connected to the ECMO machine, the doctors noticed that her leg was not receiving any blood. Though the ECMO machine was helping Sara's circulation, it wasn't magic; an entire room full of machines cannot take

BACK FROM DEATH'S DOOR

over for the fist-sized heart Hakadosh Baruch Hu created. Often, the ECMO isn't adequate in providing full circulation to all extremities. In Sara's case, she unfortunately lost circulation in her lower left leg and it started turning blue.

The next thing I knew, the doctors were explaining that they needed to perform fasciotomies to both the thigh and calf of her left leg. In this procedure, the connective tissue would be cut to release tension and therefore allow the blood to flow more freely.

"Sign here," a doctor thrust several papers into my hand, while my husband was in another part of the hospital speaking to a different doctor. "We need your consent for the surgery."

Just go save Sara! I wanted to yell. Don't waste time bringing me papers to sign!

I signed and then burst out crying as soon as their backs were turned—something I'd never before done in public. So enwrapped was I in my emotions that I wasn't even aware that there were people around me, but I suddenly felt arms at my shoulders—the arms of complete strangers—in an attempt to show me that I wasn't alone.

"We may have to amputate her leg from the knee down," the doctors told us, after performing the fasciotomy. "But we'll wait a few days to see if circulation kicks back in."

It did—but not quickly enough to save her entire foot. Circulation never returned to Sara's toes and she ended up losing them. However, we were just grateful that we were able to save the rest of her foot and leg. Though being told that Sara may lose her leg from the knee down was frightening, it was the perfect "*refuah kodem lamakkah*" that allowed us to be grateful later that she "only" lost her toes.

When I walked into Sara's room that evening, I met a terrifying sight. Full of fluid, Sara had grown to twice her size and her features were so distorted that she was barely recognizable.

While my husband and I remained at Sara's bedside nearly all the time, our friends and family

stepped in to help us out with our other children—including my two-month-old baby. She initially refused to adapt to bottle feeding, so my twin sister took care of her and eventually got her to take a bottle.

In addition to help with the children at home, my husband and I also needed a strong support system in the hospital so that we could deal with all the drama as it was unfolding—and we did. A close friend or family member was always with us.

After several weeks in the hospital, the virus had run its course and Sara was finally able to be taken off the ECMO. But the drama was far from over. Sara's foot required in-hospital monitoring for infection and daily dressing changes—an extremely painful procedure. It hurt so much to see Sara that way—so very, very much. I'd cry when she couldn't see, but in front of Sara, I never let my guard down.

I wanted Sara to see her *ima* looking strong and confident. My makeup was on every day before I arrived at the hospital, and my *sheitel* was well-combed. I knew that if Sara saw me looking good, she'd know I felt good and hopeful about her situation. A disarrayed look, on the other hand, would reinforce the feeling that things were looking bad.

After approximately two months, Sara's body had recovered somewhat from the physical trauma, and she was ready for therapy at the NYU RUSK Rehab Center, where she

remained for four months. She learned how to bear her own weight, transfer from chair to bed, go up and down stairs, and how to walk again. Upon her discharge, she was still in a wheelchair, but she was a lot stronger than she'd been when admitted to rehab.

After several weeks in the hospital, the virus had run its course and Sara was finally able to be taken off the ECMO. But the drama was far from over.

Once home, we followed up several times a week with a wonderful physical therapist who helped her get from a wheelchair to a walker, and at long last, to her feet (albeit with a tiny orthotic in her shoe and a very slight limp).

With Sara home, we finally had time to pause and recognize how much our family and community had done for us.

"How are we ever going to repay them?" I asked my husband. "We couldn't have managed without their help; they did absolutely everything for us."

After some time, an idea came to me: So many of the people who'd

helped us out were either singles or parents of singles. What if I became a *shadchan* and tried to help some of these people find their *basherts*?

In an incredible stroke of *hashgachah pratis*, I made eleven successful *shidduchim* that year! What a *brachah* from Hashem that I was able to reciprocate somewhat.

Four years later, Sara was struck with another bout of flu. I called her doctor in a panic.

"I think Sara came down with the flu again."

"You don't have anything to worry about," the doctor said. "It's practically unheard of to get viral myocarditis a second time."

Despite the reassurances, I rushed off to the emergency room where, against my fondest hopes, I was proven correct.

Onto the ECMO again. But this time, since Sara had accumulated scar tissue from her previous time on ECMO, she didn't recover as easily. In addition to poor circulation, which led to the above-the-knee amputation of her (previously strong) right leg, and heart failure, Sara lost kidney function as well.

"Am I going to get my leg back when Mashiach comes?" Sara asked when we broke the news to her about the impending amputation of her right leg.

Blinking away my tears, I nodded in response. We needed to get through a lot more than that, though. Sara would need a

heart and kidney transplant to recover this time.

Inches away from death, Sara's body valiantly fought on while we prayed for a heart. After nine weeks on ECMO life support, Sara was finally wheeled in for heart transplant surgery. As our friends and family rallied with *tefillos*, the doctors presented Sara with a new lease on life by gifting her with a new heart.

When life is "routine," we are often advised to take things one day at a time. In the ICU, you take one minute at a time. Ironically, this can help a person become aware of blessings that otherwise go unnoticed. You recognize "small" things such as when the heart rate and blood pressure are good; you know to appreciate the moment.

On the home front, we once again found ourselves relying on our family and friends for help. My mother moved in and took over all my

household and mothering responsibilities; from carpool to meal planning to homework, she was in charge.

One of my dear friends organized a "3:00 p.m. shift," which meant that someone would relieve me at the hospital each day so that I'd be able to be home with my younger children. They too needed me physically, as well as emotionally, to help them deal with all the upheaval their sister was experiencing. I had to tell them—in an age-appropriate manner—about Sara's developments as they occurred so that they'd hear things in the proper perspective (and not in exaggerated form via their friends at school).

The first time Sara was struck with the virus, I gained a lot of weight, eating takeout and cake and sandwiches from the Chessed and Bikur Cholim rooms. While I immensely appreciated the thoughtfulness of those organizations, this time

around I knew I needed better care if I was to help my family through this ordeal.

No longer did I feel guilty taking time off for myself; I attended exercise classes to keep myself healthy in body and mind, and when possible, I carved out time to spend with my husband away from the hospital.

At the same time, I wasn't delusional; I allowed myself to mourn the healthy child Sara had been, as well as climb into a pit of despair every once in a while. But I wouldn't *wallow* there; I only went into "grief mode" because I knew that it would be a brief stay and that I'd be out shortly to support myself, Sara, and my family.

I also made sure to keep the atmosphere around Sara very pleasant. I only allowed visitors in who were able to mask their own despondency, and I asked doctors not to discuss the more morbid intricacies of her case at her bedside. I did this even

when Sara was intubated and heavily sedated, since I knew that everything going on around her could and would affect her. Later on, I also took her to see a psychiatrist, since I knew that as much support as she was getting from family, she really needed professional expertise to deal with the trauma of her illness and its aftermath.

All this time, Sara's teachers and principals told the girls at school about what Sara was experiencing and prepared them for how to deal with her. They wrote dozens of uplifting letters to keep Sara busy, and even had a rotating visiting schedule. When Sara eventually went back to school, the faculty prepared Sara's friends for her return after a long absence—and she was welcomed as a returning celebrity.

But that was still in the future. After nearly a year on dialysis (five-hour treatments, three times a week), the doctors determined that Sara was ready for a new kidney. We'd gone through the testing process for just this eventuality, and since my husband was found to be a good match, he was able to share a kidney with Sara.

Baruch Hashem, Sara's body took well to her new kidney, and her *real* road to recovery was able to begin.

Sara was placed on an extremely regimented medication schedule. The anti-rejection medications that ensure that her heart and kidney transplants don't reject their new home were vital, and Sara's cardiac and renal team

B'chasdei Hashem, in January 2017, an anonymous Chai Lifeline donor gifted us with a wheelchair-accessible van—with a \$40,000 price tag; there was no way we could afford it on our own...

worked together to achieve the best dosages for each one.

I became a "mommy pharmacist," and we now maintain a Google spreadsheet to share Sara's medication information with other caregivers (Hashem should bless Chai Lifeline and Kids of Courage for giving Sara such a healthy social life!).

Once home, Sara once again had PT, but since her ordeal had been so much more involved this time, the recovery was a lot slower. Though it's close to three years since Sara's been fit with a prosthetic, she hasn't gotten comfortable with it yet and therefore still gets around only by wheelchair.

Until last year, this meant that either my husband or I had to lift Sara and her wheelchair each time we put her into the car for any outing. *B'chasdei Hashem*, in January 2017, an anonymous Chai Lifeline donor gifted us with a wheelchair-accessible van—with a \$40,000 price tag; there was no way we could afford it on our own—and the pain I'd been feeling in my neck from all that heavy lifting finally receded.

While validating Sara's pain and suffering, we constantly help

her recognize the positive in her ordeal (such as the fact that we helped eleven couples build a *bayis ne'eman b'Yisrael*, how well she recovered, that we got to the hospital in time, etc.). If you look for the good, you can find it.

Another thing that helps Sara remain upbeat is Camp Simcha Special, where she is able to meet friends who are "just like her." Of course, their conditions aren't necessarily the same, or even similar, but being able to interact with other children who are healthy in mind, yet physically compromised does her a world of good! There, she is just like everyone else and can thrive without much thought about sticking out.

Before Sara began high school, the principals assured me that they were really looking forward to having Sara join their school, and they built a new ramp and wheelchair-accessible bathroom just for her. Talk about heartwarming moments in a heartbreaking medical tale... As I mentioned previously, if you look for the positive, it's there for the finding! ❧

This story appears in the book Highways and Byways and is printed here with permission from the publisher. The book is available for purchase at www.israelbookshoppublications.com or at your local Judaica store.

CLEAN BILL OF HEALTH

THE FUNGUS THAT SAVED MY LIFE

As told to Chaya Silber

Who would have thought that a simple nail fungus would lead to a devastating diagnosis? Certainly not me.

I was a typical wife, mother and teacher, leading a perfectly ordinary life, when all of a sudden, a bit of fungus appeared on my nail.

Yet that was only the beginning...

Here is my unbelievable, extraordinary story of *hashgachah* and open miracles. I have never shared it before, but after reading "Clean Bill of Health" in Ami, I decided to go ahead.

When I was in my early thirties, I began to suffer from fungus on my toenails. It was quite harmless, actually, and didn't bother me enough to do anything about. I had been told that Lamisil, the medication of choice to kill fungus, can cause liver damage. I certainly didn't want to start up with my

liver! There were alternative laser treatments, but they were expensive and not yet popular. In any case, I am careful to wear socks all the time and don't wear open-toe shoes, so aside from at the swimming pool, my toes were rarely on display.

One day, back in 2001, I looked down at my fingernails and noticed that one of them had a slight discoloration; the beginning of a fungus infection. I know fungus is contagious, tends to travel quickly, and is very unsightly. I was determined to take care of it ASAP.

That very day, I called Dr. Blobstein, a prominent *frum* dermatologist, to make an appointment. The doctor explained the potential side effects of Lamisil, the drug most frequently given to fight fungus infections, and said that I would need to take a liver function test that would test my liver enzyme levels before, during, and after treatment.

Since I was desperate to get rid of the fungus, I agreed. I took a blood test, which was normal, and began taking the Lamisil right away.

Two weeks went by. Dr. Blobstein insisted I take another LFT to make sure the Lamisil was agreeing with my system. Though not every doctor would be so insistent on follow-ups, Dr. Blobstein was very meticulous and careful not to take any chance. He was literally the messenger who saved my life!

Two days after the second blood test, I received a call from Dr. Blobstein.

"Chaya?" the doctor said, sounding upset. "I just got your blood test results. Your liver enzymes are very high."
"W-what does that mean?" I asked, quite naively.

"I'm not sure," Dr. Blobstein said. "Taking Lamisil can aggravate any pre-existing liver conditions,

or hidden issues we don't know about. I recommend you go to your regular doctor and have extensive testing done as soon as possible. And of course, stop taking the medication right away. It can be very dangerous if there is something wrong with your liver."

My hands were shaking as I put down the phone. I knew that the liver is a very delicate organ, one that fulfills an important function. It definitely wasn't something I wanted to mess around with! I immediately made an appointment with my family doctor and stopped taking the Lamisil.

The doctor took some bloodwork, testing for all three types of hepatitis, examined me, and proclaimed that I appeared fine. He promised to call me with the results, though he did say it could take a while.

I put LFT results out of my mind and continued with my regular routine. I was 32 years old, the busy mother of six young children, and I taught in a local high school. I wasn't a hypochondriac who dwelled on her health issues

morning, noon and night.

Three months went by, and I had long forgotten about the scare. The fungus no longer bothered me. Little did I know that the drama surrounding my liver was only just beginning.

One day, toward the middle of the winter, during a heavy snowstorm, I was preparing to attend a cousin's wedding. Suddenly, the phone rang. It was my internist, sounding very concerned.

"Chaya?" he said to me, his voice sounding strange. "Have you ever had a blood transfusion?"

I panicked at these words. "W-why do you ask?"

"Just tell me. Have you had a transfusion?"

Instantly, I thought back to twenty years before, when I was a young teen. I had been diagnosed with scoliosis, and was scheduled for back surgery. During the surgery, I lost a lot of blood and needed multiple transfusions.

I told this to my doctor, who said

the words that would change my life.

"Chaya, I hate to say this, but it seems as if you have hepatitis C."

I froze, holding the receiver, still dressed in my wedding clothes. I knew hepatitis C wasn't a simple disease that would run its course. The doctor confirmed that this was a serious illness that didn't usually strike the *frum* community, unless one had an unsafe blood transfusion.

I also remembered, with shocking clarity, that my mother had been asked to donate blood for me before the surgery, which she did. However, we were naïve, and didn't realize that we had to specify that only her blood be used in case of emergency. What happened was that my mother's clean blood was used for someone else, while I received blood that was contaminated with hepatitis C.

I told all this to the doctor, who soberly confirmed that it was probably the cause. Twenty years ago, blood donations were not screened as well as they are today, and too many people received

Hepatitis C is an infectious disease affecting primarily the liver, caused by the hepatitis C virus (HCV). Chronic infection can lead to scarring of the liver and ultimately to cirrhosis. In some cases, those with cirrhosis will go on to develop liver failure, liver cancer, or life-threatening esophageal and gastric varices.

HCV is spread primarily by blood-to-blood contact associated with intravenous drug use, poorly sterilized medical equipment, and transfusions. An estimated 130–170 million people worldwide are infected with hepatitis C.

The virus persists in the liver in about 85% of those infected. This persistent infection can be treated with medication: a combination of peginterferon and ribavirin are the current standard therapy. Overall, 50–80% of people treated are cured. Those who develop cirrhosis or liver cancer may require a liver transplant. Hepatitis C is the leading cause of liver transplantation, though the virus usually recurs after transplantation. No vaccine against hepatitis C is currently available.

I
I was floored. I was curious, bewildered, eager, and skeptical all in one. But I picked up the phone and called his office to schedule an appointment.

dangerous, chronic diseases from blood transfusions.

My doctor warned me that there was no permanent cure for hepatitis C, which, if undiagnosed, can slowly destroy the liver until a transplant is necessary. He advised me to undergo a liver biopsy to see if my liver was already damaged. He also mentioned experimental new treatments that sounded promising, and told me to go see a specialist.

In the span of a few moments, my life turned upside down. I went from an unsuspecting, serene young woman into a nervous, anxious patient. Simply put, I was terrified for my life. I was a young mother, my youngest only a year old.

I was too young for a liver transplant, too young to die.

I didn't end up going to the wedding. I was simply too distraught. Instead, I spent the night crying, calling close friends and family, and trying to learn as much as I could about my disease.

After days of research, I had most of the facts. Instead of calming me, they made me even more frantic.

I learned that hepatitis C can be a silent killer that grows undetected for years, as there are few symptoms in the beginning. By the time it is discovered, it is

often too late to save the liver. Was my liver deteriorating as the days went by? Was it already too late? Another important issue was the effect of the hepatitis on one's unborn children during pregnancy. My doctor explained that there was a very real risk of my children having contracted hepatitis and warned that they must all be tested. We went through an anxious few weeks while all six children were tested. *Baruch Hashem*, they were all found to be free of the virus! Every time the doctor called me about another child, saying, "This one's okay, that one tested clean," I thanked Hashem and breathed a huge sigh of relief.

Since I am a 'can do,' positive person, I was determined to beat the odds, with Hashem's help. I decided to do extensive research on possible treatments for my condition, all the while knowing it might already be too late. Though I tried to continue with my daily routine, it was quite difficult with such a serious medical diagnosis hanging over my head.

And now for the miraculous part of the story, the part that is so unbelievable, even I sometimes shake my head in wonder at Hashem's *hashgachah*.

A short while after my diagnosis, I mentioned the "H" word to a close

friend of mine. I wasn't a secretive person, but didn't feel comfortable telling everyone I knew about my hepatitis. But since I was very close to this friend, I shared it with her.

"Wow, that's really strange," she said.

"What's strange?" I asked.

"It's amazing that you shared this with me just now. My brother-in-law, Dr. Ira Jacobson, is a specialist at New York Presbyterian, you know."

No, I didn't. But she proceeded to tell me that he'd recently been honored for his groundbreaking work in finding a cure for hepatitis C.

I was floored. I was curious, bewildered, eager, and skeptical all in one. But I picked up the phone and called his office to schedule an appointment. In the meantime, I read all I could about the new treatment he'd discovered.

The combination of drugs, pegylated interferon and ribavirin, given both by injection and orally, had achieved the impossible: a complete cure in patients who had previously been told their disease was incurable! Dr. Jacobson and his staff gave me all the information I needed, while also telling me the treatment was experimental, with no guarantees. There was only about a 60% chance of success.

I was asked a dozen times if I agreed to the program, and then asked to sign about fifty documents taking responsibility for what might occur. It was all pretty frightening.

Dr. Jacobson warned me that

the treatment wouldn't be easy, and could cause numerous side effects. However, if successful, it would save my liver from further damage, and possibly prevent my having to undergo a complicated liver transplant.

After discussing it with close family members and receiving *brachos* from *Gedolim*, my husband and I agreed that I would go ahead with Dr. Jacobson's regimen.

The treatment was far from simple. I needed to take injections of the drug, which caused flu-like symptoms, depression, anemia, and a rapid heart rate. These side effects then had to be treated with other medication, which meant I would be on a cocktail of strong medicine for a long time. I also was under the care of a cardiologist, who evaluated me constantly during the protocol of treatment. Additionally, I needed a CT scan, two colonoscopies, and other specialized tests.

Fortunately, my husband was very supportive, and my children were wonderfully understanding. I continued with my regular life the whole time, taking care of my family, teaching, and trying to remain strong despite the turmoil I was enduring.

There were easier days and challenging days; days when I wanted to throw in the towel and just stop. It was hard to feel nauseous and depressed all the time, and all I wanted to do was stay in bed. But I kept at it, giving myself constant doses of *chizuk* along with the drug.

Baruch Hashem, after nearly a

year on the treatment, I was pronounced cured from hepatitis C, the disease that had been living in my bloodstream for twenty years! I was ecstatic, and grateful beyond words. As I was slowly weaned off the medication, I had ample time to reflect upon Hashem's kindness in allowing me to discover the virus when I did.

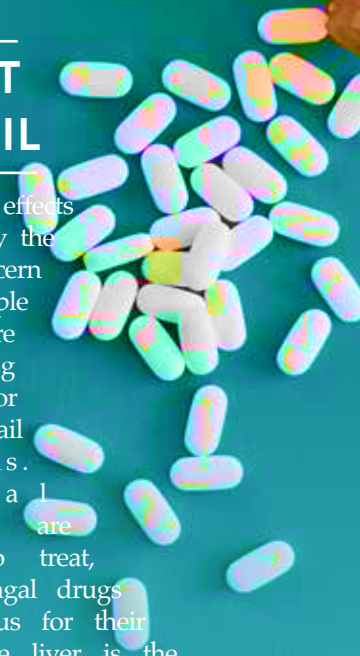
There were so many hidden kindnesses in my ordeal. First, the fact that the disease had been inside me for so long and had not yet caused liver damage was a tremendous miracle. Second, I was grateful that I hadn't discovered the existence of the hepatitis before my six children were born, because I would have been terrified during each of my pregnancies. *Baruch Hashem*, I was *zocheh* to have a family, and not one of my children caught the disease from me!

Third, and most importantly, the fact that the hepatitis was discovered shortly after Dr. Jacobson's new treatment won international acclaim was nothing short of a miracle! The *Ribbono Shel Olam* was taking care of me all these years while I was oblivious to the hepatitis in my system, and enabled me to discover it just in the nick of time.

For more information about hepatitis C or my treatment, I can be contacted through Ami Magazine.

Oh, and by the way — do you want to know what happened to my nail fungus? It just disappeared on its own! Apparently, its sole function in my life was to encourage me to take the blood test that ultimately saved my life. ❧

ABOUT LAMISIL



Lamisil side effects are probably the biggest concern for people who are considering taking it for fungus nail infections. Fungal infections are difficult to treat, and antifungal drugs are infamous for their toxicity. The liver is the organ that removes toxins from the bloodstream. It recognizes many drugs, including Lamisil, as toxins, so that is where the drug does its worst damage. No one wants liver damage in exchange for treatment to clear up a fungal nail infection.

The danger of Lamisil side effects is real, but severe complications are rare. Common side effects Lamisil may cause are usually mild and temporary. If you are thinking about taking it, learn to recognize the symptoms of liver toxicity: nausea, vomiting, appetite loss, stomach pains, a yellowish hue developing in your skin and eyes, dark urine, pale stools, and fatigue. If any of these symptoms occur, you should stop taking the drug immediately and let your liver recover.

Other side effects Lamisil may cause include rash or itchy skin, diarrhea, and an altered sense of taste. Rarely, people experience Lamisil side effects such as blistering and peeling skin, fever, chills, aching joints, and sore throat.

The danger of Lamisil increases in certain circumstances. You should not take Lamisil without consulting your doctor if you are pregnant or breast-feeding. Do not use alcohol while taking it. Finally, if you are taking other medications, be sure to remind your doctor and your pharmacist: some of the side effects Lamisil causes are made worse when it is mixed with other drugs in the body.



A LETTER FROM Dr. Kevin Tin

"We deal with the most elderly, vulnerable patients and the past few months have been truly unfathomable. I would like to give my heartfelt condolences for those patients and families who were affected by COVID19. The frontline healthcare workers have worked tirelessly to do their best to help, protect, and treat our patients. I commend all my colleagues and administration for fulfilling their respective roles in combating the coronavirus and keeping our residents as safe and healthy as possible.

My top priority as a physician is to treat the patients adhering to the constantly changing, most up-to-date information and to bridge the communication barrier between the patient and their loved ones. In the meantime, everyone can play a role during this critical time and individually we must do our best to stop the spread. Continuing to follow hand washing guidelines, social distancing, and wearing a face mask will prevent the anticipated second wave. We will continue to prepare and maintain the same diligence that have allowed us to slow and stop the spread in our healthcare facilities. United, we will get through these difficult times."

Dr. Kevin Tin, MD, MBA, FACP

Dr. Tin completed his undergraduate studies from Stony Brook University and then went on to graduate Magna Cum Laude at American University of Antigua. Dr. Tin completed his internal medicine residency and gastroenterology fellowship at Maimonides Medical Center and completed a clinical transplant hepatology fellowship training at the world-renowned New York University Langone Medical Center. He was then selected as Chief Fellow during his gastroenterology training. He is triple board certified in Internal Medicine, Obesity Medicine and Gastroenterology and Hepatology. He is an active member of the American Medical Association, American Society of Gastrointestinal Endoscopy, American Gastroenterological Association and the American College of Gastroenterology. He is also a Fellow of the American College of Physicians. Dr. Kevin Tin is the current physician at King David Center for Nursing and Rehabilitation.

A MOMENT
OF THANKS

A LETTER FROM
OUR GRATEFUL
FAMILIES

Thank you

I'd like to acknowledge the kindness, compassion and professionalism of your staff, mainly a young man David Weingarten, who provides me with Face Time with my husband Joe Gallagher who has been in the care of King David for approx.. 5 years. David takes the time to encourage Joe to talk and keeps him focused. I have not seen Joe for almost two months so the Face Time goes a long way to bring us closer. So please acknowledge David. He has my heartfelt thanks.

Since I work and only come to the home in the evening, I'd also like to express my thanks to the evening staff who take such good care of Joe; namely, Bono, Karen, Odethe, Veronica Ms. Brewster, .and Dionne. And I also must thank Esther Mathews who saved Joe's life when he was a patient on the 8th floor and had suffered a massive stroke.

I'm thankful every day for the staff who show kindness and compassion to your patients.

Joe G.



King David Center
FOR NURSING AND REHABILITATION
An Allure Facility



*King David Center
Summer Event*