# New Horizons

village care

# Why They Come

## Long-Term Care Turns to Immigration to Help Fill the Void


**VILLAGE CARE OF NEW YORK**
**VOLUME 1, NO. 2**
FALL 2006

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NewHorizons

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# Short-Stay Rehabilitation

By Arthur Y. Webb, President and CEO

At Village Care, we recently made some significant investments in our Short-Term Rehabilitation Program that's located in a separate unit on two floors of our Village Nursing Home.

You can read about what we've done in this issue of New Horizons.

Short-stay rehabilitation is an increasingly important part of the work we do at Village Nursing Home and that is reflected in the fact that more and more when people enter a skilled nursing facility it's not the last stop in their lives. Most return home.

That's why we believe that offering the opportunity for individuals to get the highest quality of rehabilitative and restorative care is one of the most significant contributions we can make to our community.

When faced with a disabling condition or illness, such as a fracture, stroke, amputation, spinal injury or other neurological, orthopedic or cardiac condition, patients first and foremost want to get better…and then they want to return home.

And that's our goal too.

In addition to new equipment, new services and a facelift for the short-stay program, Village Care has also affiliated with NYU Medical Center's Rusk Institute Rehabilitation Network. With this relationship, we've been encouraged to expand our program with new methods and equipment to support clinical trials and take advantage of Rusk's considerable expertise as a leader in university-affiliated rehabilitation medicine. Rusk also provides our staff with ongoing education programs on orthopedics, cardiac care, neurological care and other developments in rehabilitation.

This is one more way that Village Care is keeping its promise to be your partner in healing mind, body and spirit.

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# In the News

## Palliative Care at Village Nursing Home

Village Nursing Home's spirituality committee was integral in the development of the Palliative Care Training Program for the skilled care residence, which was sponsored by state training funds provided to Village Care and 1199 SEIU.

The spirituality committee was created to provide dignity and compassion through the end of life to residents. The panel, which meets bi-monthly, or as needed, is comprised of staff members from all disciplines including social work, nursing, medicine, education, housekeeping, dietary, health information and therapeutic recreation.

Training in the palliative care program was provided one day a week over a period of five consecutive weeks. Classes, which concluded earlier this year, consisted of five groups of interdisciplinary staff members.

Palliative care is the care of a resident whose disease is not responding to curative treatment and is refocused from lifesaving measures toward effective pursuit of treatment that maximizes comfort and dignity. Control of pain and other symptoms is paramount, but also included are supportive measures and interventions to address the psychosocial and spiritual needs of the resident and family.

The goal of the program is to improve the quality of life for all long-term residents in addition to incorporating palliative care skills sets into the routine job function of staff members. Upon graduation from the program, staff members presented recommendations based on their training, which ranged from communication issues to pain management. These suggestions were reviewed and implemented into policies.

"Our mission is to provide comfort through individualized care for our residents and advance the understanding of cultural differences in death and grieving while educating the staff about spirituality and its role in caring," Sandy Freeland, co-chair of the spirituality committee at Village Nursing Home, said. "We strive to recognize the unique spiritual needs of each resident and provide support and care to foster healing."

## Women Bear Greater Share of Long-Term Care

According to a new study, in seven out of ten instances in America, women are the care providers in unpaid long-term care situations.

The study also indicates that women are impacted more profoundly than men by long-term care, both as caregivers and as recipients.

For example, the study found that women are far more likely than men to enter a nursing home at some point in their lives. Men today who are 65 and older have a 27 percent chance of entering a nursing home, while women in the same age category have a 44 percent chance, according to the study.

Other findings of the study:

— Estimates suggest that there are 23 million unpaid care providers in the United States, with 70 percent being women.

— One in five unpaid caregivers give "constant care" of at least 40 hours a week. Eighty percent of "constant caregivers" are women.

— The average caregiver will lose nearly $660,000 in lifetime income due to care giving.

The gender-specific long-term care research, which documents that women may experience large financial sacrifices in their roles as the nation's predominant unpaid care providers, was conducted by Genworth Financial.

## Columbia Honors Village Health Center with Award for Excellence

Village Adult Day Health Center has received the 2005-2006 Columbia University School of Nursing Award for Excellence in Support of Clinical Teaching.

The award was announced by Sarah Sheets Cook, vice-dean at Columbia's nursing school.

Village Adult Day Health Center was also presented with a certificate recognizing the achievement.

Cook, in a letter to the facility, said, "I want to send a special thank you to you and your unit for the tremendous resource you have been providing students with the highest quality clinical experience."

Through its relationship with the nursing school, the adult day center works with nursing students in the program as part of their training and education.

"As practicing clinicians, you know the importance of educating new nurses, not only didactically but clinically and professionally," Cook said. "Your willingness to share your expertise and professionalism in mentoring a new generation of nurses is greatly appreciated."

## Institute of Medicine Gives Consumer Tips for Avoiding Medication Errors

The Institute of Medicine recently reported that medication errors injure more than 1.5 million persons each year. Reporting that the medication error toll has been unrecognized and unfought, the IOM urged major steps by government, health providers and patients alike to respond to this problem.

The IOM called for all prescriptions to be written electronically by 2010 in order to reduce errors; currently, fewer than 20 percent are electronic.

In urging patients to raise their awareness of the potential for medication error and to take steps on their own to help reduce the possibility, the IOM offered this advice:

—Maintain a list of prescription and non-prescription drugs, vitamins and other dietary supplements you use. Take that list with you whenever you visit a health care provider.

—Ask your doctor to write down the drug's name, dose and how to take it. At the pharmacy, make sure those instructions match what's on the bottle you're given.

—You can ask both the doctor and pharmacist about side effects and how to use the drug.

—Pharmacies often maintain computer records that can flag drugs that will interact dangerously, if you fill all your prescriptions at the same chain.

—Information leaflets usually come with prescription drugs, but ask the pharmacist for one if you don't receive it.

—At the hospital, ask the doctor and nurse what drugs you're being given and don't take a drug without being told the purpose for doing so.

—Before surgery, ask if there are any medicines you should avoid or stop taking beforehand.

—Prior to hospital discharge, ask for a list of medications you should be taking at home and how to take them.

—In the hospital, you have the right to have a relative or other surrogate present whenever you receive medication and cannot monitor that process yourself.

## Tips to Make Daily Chores Easier and Safer

Newswise — Nobody says the physical changes of growing older come easy. That doesn't mean you can't still do it your way — with a little help from assistive devices.

The August issue of Mayo Clinic Women's HealthSource shares tips and tools to make daily chores safer and more convenient.

KITCHEN CART: A cart on wheels is a good way to transport many items at once, such as moving items from a cabinet to a counter or plates and silverware to the table.

UTENSILS: Look for peelers, knives and other utensils with larger, rubberized handles. Specially designed kitchen knives with large handles can make food preparation safer. Cutting boards with spikes in the center to hold a fruit or vegetable in place may also help.

GRAB BARS: Install these in your shower or tub to help you get in and out.

BATH BENCH: A special seat inserted in your tub allows you to sit down while bathing. If you have a walk-in shower, consider a fold-down seat that attaches to the wall.

FOAM TUBING: Put foam tubing, available at hardware stores, around your toothbrush and hairbrush handles to make them easier to grasp.

BEDRAIL: A sturdy bedrail, available at medical supply stores, can make it easier to get in and out of bed by giving you something to hang on to. A high, firm bed is easier to get out of than a lower, softer one.

ZIPPER RING: Loop a key ring through your zipper to make it easier to grip and give you more leverage.

BUTTONHOOK: This gadget eliminates fumbling with buttons. Slip the hook through your buttonhole, catch the button and pull it back through.

LONG-HANDLED SHOEHORN: A shoehorn that's at least 18 inches in length can greatly ease the task of getting your shoes on without bending over.

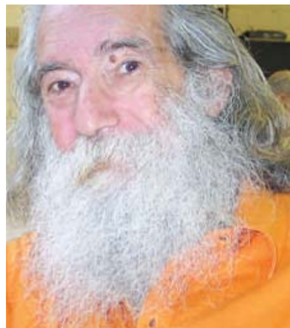
The tools and tips here are a small sample of what's available. An occupational therapist can do a customized assessment of your needs and make recommendations. Ask a doctor or local hospital for a referral.

# What has changed about New York City over the years that you like most, and what has changed that you like least?

**Ceferina Polanco, Bronx** - I love New York, because it is my home. I do not feel that much has changed for the better. However, there have been changes that I can do without. Everything in the city has become so expensive. It is getting harder and harder to live on a fixed income. Rent rates increase by the day as well as parking rates. Health care has also become more expensive. The local government needs to pay more attention to the health of New Yorkers. Over the last few years, they have focused their budget more on security than our health. If we're not around to use it, what good is security?

**Ina Sackey, West 17th Street** - I love how our parks have flourished over the years. There are now so many great places around the city to sit and enjoy the rejuvenated scenery. I also feel safer than before. There has been a decrease in crime statistically, and it shows on the streets. The increase of prices in everything is definitely a change I can do without. When I first arrived in New York from the Caribbean, it was five cents to ride the subway. It is unbelievable how it is now two dollars. It doesn't end with transportation, the hikes are everywhere. Food, clothes, even public entertainment, they've all gone up.

**Jack Rubnitz, West 25th Street** - New York is a fantastic place to be. The buildings are being built taller, the parks have become bigger and stretch from one end of the city to the other, and there is so much more to see when walking through the communities. There has been great change, however, in the last few years there have been changes that have made it not so nice to be here. I don't like how there are cameras everywhere watching your every move. Security needed to be tightened because of threats, but technology was headed in that direction anyway. The cameras and public messages have now put a sense of fear in all of us. There are now too many rules. We used to be able to depend on our neighbors, now the initial reaction is to not trust your fellow man.



**Ana Acosta, Greenwich Village** - I always cherished the New York lifestyle. The big city and amazing things to do is such an attraction. A lot of positive changes have happened since I moved here over 30 years ago. The streets are cleaner, and I feel safer walking around. In my neighborhood, they made the area by the Hudson River absolutely beautiful. The one negative change that stands out in my mind is that the city seems noisier than ever. The government has tried to squelch the noise makers, but they didn't succeed.

**Gene Mandel, West 18th Street** - I have lived in New York City most of my life and have seen many changes over the years. Crime has decreased dramatically. I cannot recall an incident that has happened to me since I was held up in 1938. I do not like how the government has cut the education standards from what they used to be. The youth is not getting the quality of education that they used to get. It seems to me that there are more homeless than ever. The economy has changed for the worse and needs quite a boost.

NATALIE FURSETZER AND MIFA ROGOFF AT 2006 AIDS WALK

# Mifa Rogoff

## 46th & Ten Resident and New York AIDS Walk Veteran

BY NATALIE FURSETZER

MIFA ROGOFF, A RESIDENT OF THE VILLAGE AT 46TH & TEN SINCE THE SPRING OF 2003, PASSED AWAY RECENTLY. SHE WAS AN ACTIVE AND FAMILIAR FIGURE AROUND THE RESIDENCE, WHICH VILLAGE CARE OPENED IN 2001.

SHORTLY BEFORE HER DEATH, MIFA WAS INTERVIEWED BY NATALIE FURSETZER, ONE OF THE COORDINATORS OF THE AIDS WALK NEW YORK. THE FOLLOWING WAS FEATURED IN THE OFFICIAL AIDS WALK JOURNAL IN THE NEW YORK DAILY NEWS

As the Star Walker Coordinator, I spend every day working with a wonderful, dedicated, hard-working group of fundraisers—the best and brightest stars of AIDS Walk New York. Mifa Rogoff is one of these people—but don't call her Ms. Rogoff: "Everyone calls me Mifa—even my grandchildren. It's short."

Hearing Mifa tell her life story is like taking a trip around the world: she was born in Eastern Europe, attended high school in Palestine, earned her degree at the University of Geneva, met her husband in Paris, and raised both of her children in Forest Hills, Queens. As a result of her multi-cultural history, Mifa speaks five different languages: Russian, French, German, Hebrew and English.

A New York resident since 1937, Mifa has been an active, loyal member of many communities. She volunteered at her daughters' school when they were younger—"I practically ran the place!"—and hosted many parties for her husband's colleagues from the Hospital for Special Surgery. She spent 20 years as an occupational therapist for a local nursing home and serves on the residents' board of the Village at 46th & Ten, the community where she lives.

Mifa, who will celebrate her 91st birthday this August, has participated in every AIDS Walk New York since its inception. I recently had the great pleasure to sit down with Mifa and talk with her about her history with AIDS Walk New York.

**Natalie Fursetzer:** You've been participating in AIDS Walk New York since the first event in 1986. What inspired you to sign up for that first Walk?

**Mifa Rogoff:** My daughter Tamar is a dancer and she had a friend who was sick in the hospital. His parents wouldn't go to see him, but Tamar did. When she visited she had to wear a mask. He was the first person we knew that had AIDS. Tamar had another friend, a wonderful man who danced on stilts—he died shortly after. In the span of 1-2 months we lost three close friends to AIDS. They were my daughter's friends first, but they became my friends, too—I used to invite them to dinner and take care of them. I don't remember how I found out about the first AIDS Walk, but I did it in honor of them. But not just that—this was the first time I realized how terrible the disease was and that they really needed money to support the people who were sick. I did it for that reason, too.

**NF:** TELL ME ABOUT YOUR FIRST MEMORIES OF AIDS WALK.

**MR:** In the beginning no one collected as much. The Walk was in a different place—we used to just walk down Fifth Avenue and people would throw down ice cream containers at us. It was fun! I liked to sit on the grass at the end and listen to music and wait for them to announce how much we raised. I remember riding the subway to the Walk—everyone was going the same direction. I met two nice men and they became my friends. You always meet somebody at the Walk.

**NF:** YOU EMPHASIZED THE IMPORTANCE OF FUNDRAISING TO SUPPORT PEOPLE LIVING WITH HIV AND AIDS. LAST YEAR WAS YOUR FIRST YEAR AS A STAR WALKER—YOU RAISED $1,231.84. HOW HAVE YOU APPROACHED FUNDRAISING OVER THE YEARS?

**MR:** I used to live at Sheridan Square in the Village—I would leave a Sponsor Form with the doorman in my building and all my neighbors would support me. I used to get big sums from wealthy people, but many of them just died so I will ask my family to help me get sponsors this year. My daughter Ilana always helps me—she is a doctor and puts AIDS Walk information in her waiting room. She tells her patients about her mother and says, "If she can do the AIDS Walk, then you can do this, too!"

**NF:** IT SOUNDS LIKE AIDS WALK HAS BEEN A FAMILY EFFORT FOR YOU.

**MR:** Everyone walked with me at the first walk, the whole family. Most of them dropped out now but they still support me—not always with money, but with moral support. Now my granddaughter Heidi walks with me—she is a wonderful person. She has been walking with me for at least ten years.

**NF:** THIS WILL BE YOUR 21ST AIDS WALK. WHAT IS YOUR FAVORITE PART OF THE WALK? HAS IT GOTTEN HARDER OVER THE YEARS?

**MR:** It is hard, but not enough to prevent me from being there. Towards the end, I am very aware that I'm walking! My favorite part is the excitement when they first start and finding out how much money was made. And also, the feeling that I made it and that I didn't fall apart!

Mifa takes five low-impact exercise classes a week. "They're not too hard," she says. "Just a lot of stretching. It keeps me prepared [for the Walk]." When asked if she is actively involved with other causes, Mifa responds, "I donate money to other causes, but I only do the AIDS Walk. It's my baby!"

A fitting sentiment for a woman who has watched AIDS Walk New York grow over the last twenty years.

*(You can read more about Mifa and her life story at http://vcny.org/news/mifarogoff.html.)*

JUST BURN IT.
JUST SMASH IT.
JUST MIX IT.
JUST RISK IT.
JUST SPIKE IT.

# All the Tools Needed for Recovery

## (Kitchen Sink Included)

BY ROB GOLDMAN

With a major facelift, the addition of new equipment and services and an innovative affiliation with NYU Medical Center's renowned Rusk Institute, Village Care of New York's Short-Term Rehabilitation Program is setting a new standard of care to help individuals achieve recovery and return home.

Short-term, or short-stay, rehabilitation has grown in recent years to become a major component of care and services at Village Nursing Home, helping individuals attain the highest level of recovery possible from a traumatic event through rehabilitation and therapy so they may return as active members of the community.

Located as a discrete unit on two floors at Village Nursing Home, the 60-bed short-term rehabilitation program underwent a $500,000 upgrade and expansion, which included renovation of the physical therapy gym, new cardiac rehabilitation equipment and an upgraded therapeutic recreation area with a functioning kitchen.

In addition, a new telemetry system has been installed in the rehab areas, which allows for continuous monitoring of cardiac rehabilitation patients while they are exercising. This provides therapists with real-time information and offers increased reporting information that can be used to enhance assessments of individual progress.

Enhancement of the program's focus on cardiac rehabilitation now provides the community with a significant upgrade in resources available for individuals recovering from significant heart problems and surgeries.

Patients requiring cardiac rehabilitation are usually recovering from valve replacements, coronary artery bypass graft, myocardial infarction (heart attack), congestive heart failure, respira-

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tory and pulmonary conditions.

"The new cardiac equipment, which includes an upper body ergometer, a recumbent bicycle, an upright bicycle and a treadmill, will challenge the cardiac patient's body to regain its strength, while allowing the therapist to monitor their progress," Greg Westgate, M.S.P.T., who is the director of rehabilitation services, said.

The cardiac program incorporates breathing techniques, social work and interdisciplinary education, from areas such as rehabilitation, recreation therapy, social work and nutrition services. These programs teach proper stress management techniques, a heart-healthy diet, smoking cessation (if necessary) and information about exercising safely.

The fully functional kitchen in the occupational therapy department is set up similar to a typical kitchen in the patient's home. It includes a refrigerator, a stove, appliances and a sink.

"Our new model kitchen is integral in helping patients acclimate themselves to their normal activities of daily life," said Tracy Chippendale, M.A. OTR/L, assistant director of rehabilitation services and an occupational therapist. "It will also help us evaluate what adaptations are needed in the home when the patient is discharged."

Herb Fillmore, Village Care's executive vice-president for SeniorChoices, said that the facelift and improvements to the unit will enhance both care and the environment.

"The fresh paint, cheerful colors and crisp styling of the new nursing station create a calm energy that's reflected in the purposeful and pleasant demeanor of the staff," Fillmore commented.

He said that not only do the physical improvements add to the ability of the program to assist patients, the work also responds to the needs and desires of patients and families.

In another significant development, Fillmore pointed out that Village Care's Short-Term Rehabilitation Program has joined the Rusk Institute Rehabilitation Network, which is the world's first university-affiliated program devoted entirely to rehabilitation medicine. Rusk has trained more physicians and therapists in rehabilitation medicine than any other institution in the world.

The Rusk Network is a continuum of rehabilitative services offered on acute, subacute and outpatient levels. Acute and outpatient care is provided directly by the Rusk Institute, which is the largest university-affiliated center devoted entirely to inpatient/outpatient care, research and training in rehabilitative medicine.

Subacute care has been delegated to select programs around New York City, and Village Care's Short-Term Rehabilitation program one of seven designated facilities in the metropolitan area.

Subacute care is a level of rehabilitation that usually follows a period of acute care, or hospitalized treatment, for a patient who had suffered from a traumatic event. The therapy and rehabilitation provided is less intense than the acute level, and prepares the patient to return to his or her normal activities of daily life.

*Rusk Affiliation brings considerable expertise to Village Care's Rehab Program*

As part of Rusk Network membership, the Institute provides in-service education to the Village Nursing Home rehabilitation staff on the latest clinical trials, technology, and methods of care.

The short-term rehabilitation program at Village Nursing Home has for some time already practiced many of the clinical methods of the Rusk Institute. The new affiliation has encouraged the program to expand with new methods and equipment to support the clinical trials and to take advantage of Rusk's considerable expertise.

A series of education programs on orthopedics, cardiac care and neurological care were instituted immediately following the partnership agreement.

"This marks a step to push us even further into the world of quality health care and response to individual care needs," Arthur Y. Webb, Village Care's president and CEO said, "By joining with Rusk in this new network, we are expanding our abilities to ensure that those who come to us for assistance are provided the best care possible so they can return home and continue with their lives.

James Karkenny, executive director of the Rusk Network, said that the approach of offering subacute rehabilitation at affiliated skilled nursing facilities such as the short-stay program at Village Nursing Home extends the excellence and continuity of care associated with Rusk Institute's acute inpatient and outpatient programs.

According to Aida Ramos, the home's administrator, rehabilitation process has been carefully studied by doctors and medical professionals for years, and the short-term rehabilitation program at Village Nursing Home "has benefited from this research by providing the latest methods to restore the abilities of patients to conduct activities of daily living at the highest level of recovery possible."

Upon admission into the program, social workers, therapists and staff meet with patient and family to organize a daily schedule that will promote a speedy recovery. This schedule consists of a combination of different therapies and support that the patient will follow each day.

"A regimented schedule is not only beneficial for the staff, but for the patient," Westgate said. "The body learns to adjust itself at certain times of the day to prepare for the program, which at times may be quite rigorous."

The patient's schedule of rehabilitation starts with occupational therapy at wake up.

"It is essential that we begin to retrain the patient to perform their morning routines from the beginning of rehabilitation," Chippendale said. Everything from getting out of bed to toileting and bathing to getting dressed are covered first thing in the morning on a daily basis, she explained.

The patient's meals are also considered treatment, as they are learning proper techniques in eating and tips to make these techniques less difficult when performing these task on their own.

Depending on the level needed, a patient will then begin physical therapy,

which can range from 30 minutes to two hours in duration. Throughout the day, patients will also attend several education and support groups.

Upon discharge, each patient's case is evaluated, and if necessary may include a home assessment, which involves a survey of the patient's home to make sure that the environment is appropriate for them. Such assessments include suggesting any adaptive equipment the patient may need, transportation, and proper management of any stairs in the home. Social workers follow up with the patient once he or she is at home. Satisfaction surveys are sent out, which help the staff adjust the program for future patients.

"Our discharge planning procedure ensures that the transition of going home is as smooth as possible," Chippendale said.

The evaluation may also include required referrals such as home care or tertiary treatment. Village Care's Certified Home Health Agency (CHHA) is also available to provide at-home physical and occupational therapists for the program if the discharged patient chooses.

The affiliation with the Rusk Institute Rehabilitation Network has provided the Short-Term Rehabilitation Program with opportunities for further expansion.

For example, because of the community's growing need for cardiac rehabilitation, there is consideration to increase the amount of dedicated beds, which will provide a need for more equipment and staff. Additional work is already scheduled. Village Care's Fillmore pointed out that enhancements to patient rooms that will soon be installed will be flat-panel, bedside televisions and wireless Internet access. He said a new day room will complete the facelift.

Meanwhile, the on-going rehabilitation research and education at the Rusk Institute directly impacts the program at Village Nursing Home, enhancing the abilities of the staff in the program. Fillmore said this expands the assurance to patients that they are receiving the highest quality rehabilitative care available.

After the successful screening of a Linda Hattendorf's documentary The Cats of Mirikitani during the Tribeca film festival, the film's subject, "Jimmy" Mirikitani (wearing red cap) celebrated amidst family, friends and well-wishers. They gathered in a downtown Japanese restaurant, near where he and Hattendorf met for the first time five years ago. Hattendorf is second from left.

# The Cats of Mirikitani

## A Double Winner at the Tribeca Film Festival

By Jess Espinosa

# 46th & Ten's
## *Jimmy Mirikitani:*
## Life Struggles Showcased in Award-Winning Documentary

Linda Hattendorf's five-year quest to capture on film the struggles and successes of artist Jimmy Mirikitani was capped this year when her documentary captured the Audience Award at the Tribeca Film Festival.

The film's premiere at the Loews Theater on West 34th Street during the 5th annual Tribeca festival was a big day for Hattendorf and for Mirikitani, who lives at The Village at 46th & Ten. Joining them at the theater was a large contingent of friends and well-wishers that include a group of residents from 46th & Ten, family members and some Village Care staff.

Hattendorf's film — The Cats of Mirikitani — is a story of survival, friendship and the healing power of art.

Jimmy, whose real name is Tsutomu, was born in Sacramento, California, and was raised in Hiroshima, Japan. He returned to the U.S. a bright-eyed teen with aspirations to become an artist, only to be placed in an internment camp with other Japanese-Americans. He not only suffered separation from the rest of his family but also the death of relatives when the atomic bomb fell in Hiroshima.

Fast forwarding to 2001, Mirikitani's life changed when he met Linda Hattendorf, a filmmaker, who not only found a friend and grandfather figure but also a willing and fascinating subject for a documentary. At the time, Mirikitani was living and painting on the streets of lower Manhattan, and on 9/11 Hattendorf recalls two unforgettable sights – the destruction of the World Trade Center towers, and Mirikitani, at the corner of Spring and Thompson Streets, furiously painting the horrible scene unfolding before him.

Thick smoke from the collapse of the twin towers was hovering in the air, panicky people were milling around the streets and sounds of ambulance and fire engines filled the air, and in the midst of all this, Mirikitani was busily painting.

After the collapse of the twin towers at the World Trade Center, when the air quality in downtown Manhattan became dangerous, Hattendorf decided to invite Mirikitani into her tiny apartment.

Having lived outdoors for a long time, Mirikitani finally had a home. Soon, Hattendorf was working with Village Care staff to get a studio apartment at The Village at 46th & Ten for her "adopted grandfather."

Through all the ups and downs in his life, one constant was Mirikitani's art. Hattendorf had met him for the first time one cold and snowy night under the awning of a fruit and vegetable stand in the Village, painting his favorite subject – cats.

At the film's premier during the Tribeca festival, the audience seemed to find the film fascinating from the outset and the documentary gripped viewers' attention from beginning to end.

Audiences and critics agreed on the film.

A New York magazine film critic wrote, "How refreshing it is to see a documentary nowadays that doesn't announce from its opening frames exactly where it's headed and how it's going to get there. As Hattendorf encourages Mirikitani to revisit his tragic past, she also helps him to integrate back into the society against which he has waged mental war for most of his life. The result is a profoundly gripping film, with a cumulative impact that may well wipe you out."

The Cats of Mirikitani was a star performer at the film festival.

The last two shows were sold out, and at the last screening it was introduced as "the show everyone is talking about."

A giddy Hattendorf said, "They laughed, they cried and they were deeply moved and impressed by Jimmy's story."

The work that the staff of Village Care of New York did to get an apartment for Jimmy did not go unnoticed. Hattendorf said that her friends commented "how impressed they were by the social services people in the film and how it changed their opinion of uncaring bureaucracies."

At the awards night on May 7, the winners were announced.

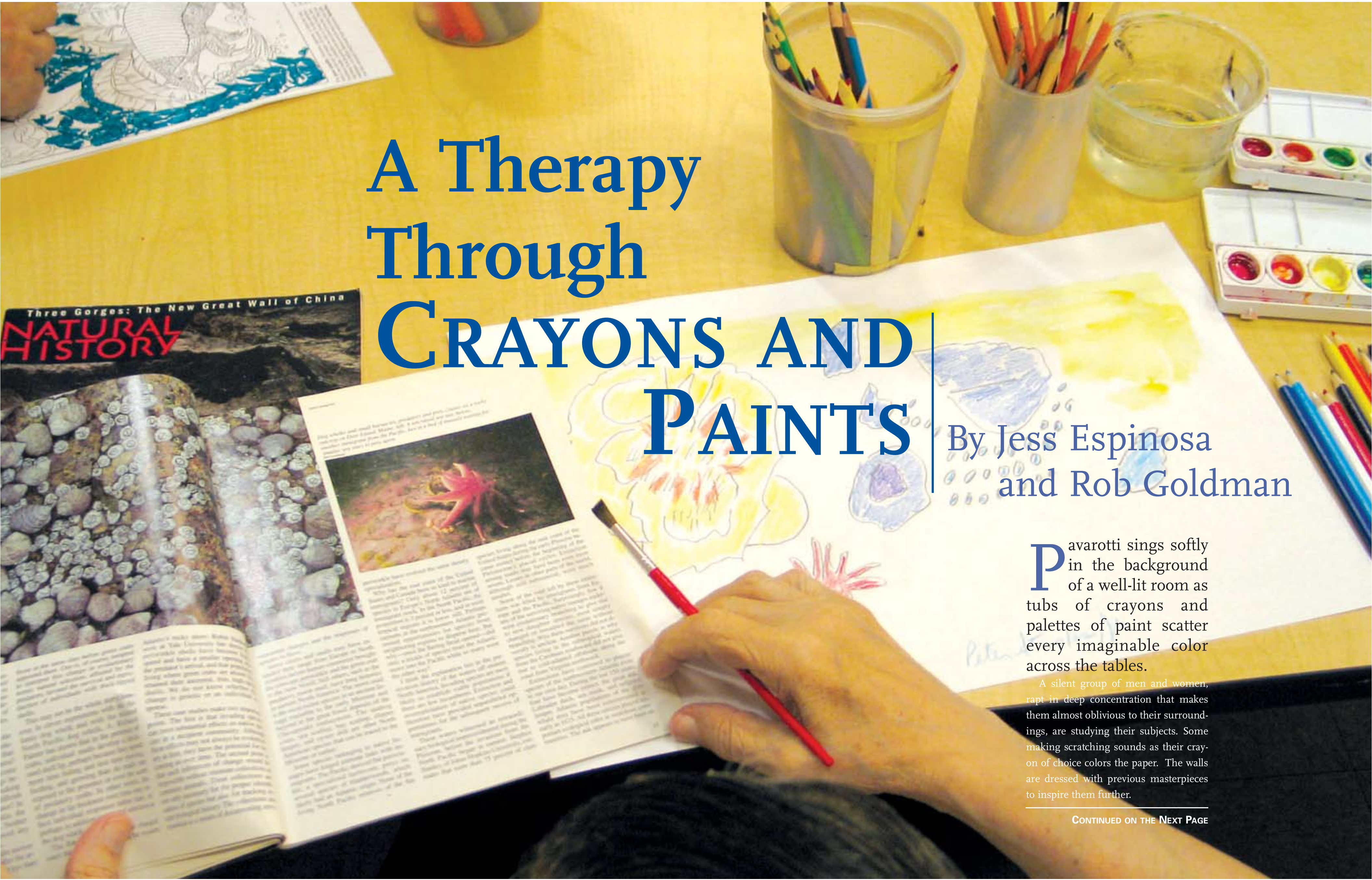
For the Audience Award, the winner is — The Cats of Mirikitani!

For the New York Loves Film Documentary Feature Honorable Mention, the winner is — The Cats of Mirikitani!

And the recognition of Jimmy Mirikitani continues. From July 7 to September 17, Jimmy had his first one-man show at the Wing Luke Asian Museum in Seattle, Washington. The show's theme was "the life and art of Jimmy, a poignant exploration of the lasting impacts of war and discrimination and the healing power of creativity." The show was curated by Roger Shimomura, Seattle-born artist and University of Kansas Distinguished Professor Emeritus, and a friend of Mirikitani's.

How has all these adulations affected Jimmy? He'll make a comment as soon as he finishes the painting he is working on now...or maybe after the next...or the next.

*(You can read more about Jimmy Mirikitani's life at http://vcny.org/news/mirikitani.html.)*




# A Therapy Through Crayons and Paints

By Jess Espinosa and Rob Goldman

Pavarotti sings softly in the background of a well-lit room as tubs of crayons and palettes of paint scatter every imaginable color across the tables.

A silent group of men and women, rapt in deep concentration that makes them almost oblivious to their surroundings, are studying their subjects. Some making scratching sounds as their crayon of choice colors the paper. The walls are dressed with previous masterpieces to inspire them further.

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Original, imaginative, creative works of art slowly emerge.

The therapeutic art program at the Village Adult Day Health Center is in session.

The field of art therapy is gaining much attention in health care facilities throughout the United States and within the areas of psychiatry, psychology, counseling, education and the arts. Visual expression has been used for healing throughout history, but art therapy did not emerge as a distinct profession until the 1940s.

In the early 20th century, psychiatrists became interested in the artwork created by their patients with mental illness. At around the same time, educators were discovering that children's art expressions reflected developmental, emotional and cognitive growth. By mid-century, hospitals, clinics and rehabilitation centers increasingly began to include therapeutic art programs along with traditional 'talk therapies,' underscoring the recognition that the creative process of art-making enhanced recovery, health and wellness. As a result, the field of art therapy grew into an effective and important method of communication, assessment and treatment with children and adults in a variety of settings.

At the Village Adult Day Health Center, the therapeutic art program has become one of the most popular activities. It is under the guidance of Kristi Sunde, who is a graduate of the Art Therapy Program at the School of Visual Arts, and Pat Langer, a working artist in the community who has shared her talents and interest in art with the group for more than five years.

The setting is a safe, non-judgmental environment for the participants to express themselves through a variety of art media.

Sometimes the creation process for the artwork done by the program participants is spontaneous, while other times it is directed by the facilitator, with the emphasis on empowering the participants to self-interpret their non-verbal expression.

Through therapeutic art, participants may increase self-awareness, social skills, coping skills, reduce stress, gain self-esteem, enhance and maintain cognitive abilities and divert from pain.

"Therapeutic art provides a distraction that allows participants to focus on something positive instead of their health for a time, and it also gives them something they can control," Sunde said.

The participants are able to explore their thoughts and feelings through art materials at their own pace. When they first come into the art room, they often do not know what they want to do, and seem unsure of their abilities. With gentle encouragement from Sunde and Langer, and from each other, they are often pleased and surprised to find that they are capable of completing an art project.

"When participants join us for the first time, they don't always feel confident of their abilities, but they usually begin to take great pride in their accomplishments after a few projects," Sunde said, adding that they often give away their artwork to staff and peers as gifts.

The nature of art goes beyond the normal drawing and painting.

"Some participants want to draw and some paint, others want to make jewelry, work with wood or create a gift for a friend or loved one," Sunde said. A wide variety of art materials, plenty of one-on-one assistance and a calm, supportive, structured environment all facilitate the art-making process.

Francis is one of the participants who is a mainstay in the thrice-weekly art classes. He does not have any art background but when he started coming to the center four years ago, he discovered a dormant talent waiting to be awakened. He displays an amazing amount of concentration while working on his color-filled creations.

"When I am drawing, I don't think of anything else except what color to use." No artist, no matter how famous or important, can lay claim to have influenced Francis' work. "I have my own patterns in doing my art, everything is my own," he said. He gives away his works to his friends and neighbors. When they say, "I haven't seen anything like it," he proudly responds, "It is one of a kind."

Eileen is a quiet, shy woman who found a mentor in Pat Langer and has become one of the most active participants in the art classes. Like Francis,

Eileen did not know she had any artistic talent. She did some drawing in high school and she did not like it very much.

Langer, with an eye for talent, saw a lot of promise in Eileen's early sketches and took her under her wing. Eileen blossomed. Nowadays, listening to Eileen describe the difference between light and shadow and the combination of colors is like being in an art appreciation class.

"Without Pat, I would not know the basics of painting," said Eileen. "I feel so good about myself now, and I say to myself, 'Look what I have achieved, let me go and continue and see what will come out of it,'" she added.

Her sisters are very happy with the new confidence they see in Eileen and there are plans of sending her to art school for more formal training. Eileen is now known in the center not only for the spirited Irish jig that she willingly performs on special occasions, but also for her art.

Marilyn has found a remarkable way to channel her artistic abilities. She is a member of the program and a long-time jewelry maker. "I enjoy wearing my creations and starting new ones," she boasts. She attributes her appreciation of the arts to her mother who sent her to camp, where she first learned to make jewelry. Marilyn proclaims that jewelry making not only keeps her busy, but makes her feel cheery inside. When asked what inspires her pieces of jewelry, she replies, "the colors, I love the colors!"

The photography group is a new, up and coming expansion of the program.

It was formed as a result of the interest in photography by several participants. Gerry is one of the participants in the group. One day, he was out with the center's walking group by the Hudson River pier when he became inspired by the view, "I wish I had a camera," he blurted out. A few weeks later, the group was formed and he was holding a digital camera in his hands. Digital cameras offer participants a way to learn and feel confident about new technologies and enjoy photography. The large LCD screen viewfinders make photography easier, especially for the visually impaired.

"I feel good [when taking pictures], it's something I like doing. It's exciting to take the picture, develop it, and see other pictures within the picture," Gerry said.

Earlier this year, an art show called "Our World" was held at the center. On display were pieces of art that the artist-participants chose themselves, those that are important to their sense of themselves and the world.

There was no particular theme for the art show, because Sunde and Langer wanted it to be as open-ended therapeutically as possible and give the participants a chance to show their favorite works to their peers and t members of the community.

Sunde said this allowed the center's artists to "respond as personally as possible without being too specific, expressing how they relate to the world as a community, culture or just the environment. They were the curators of their own artwork."

The program continues to grow. In June, Francis submitted one of his works to Fresh, an art gallery in Soho. The piece was displayed for two months for all to see.

"What a feeling it is to have others appreciate my art, which really shows how I was feeling that day," Francis said. Fresh is a non-profit organization dedicated to providing artistic, personal growth and entrepreneurial opportunities for New York City artists with special needs.

Fresh also showed the artwork of three other Village Adult Day Health Center participants in a group show held in Philadelphia. Members of the art group went on a day trip to see the work and honor Francis' accomplishments as well as gaining inspiration for their own work.

Plans for the art program include expanding the jewelry-making program, having an annual spring participant art exhibit and hosting an exhibit of the new photography group's pictures.

As the staff, participants and guests walk around the center looking at the works of art hanging on the walls each day, Marsha, Kitty, Marilyn, Gerry, Hector, Stephen, Claudette, Eileen, Maria, Dorothy, Netti, Sheri, Francis, Jorge and all new members of the group burst with pride, knowing that their feelings have been expressed to the fullest potential.

*"I didn't know about this kind of job until I came into this country,"*

# Why They Come

## Long-Term Care Turns to Immigration to Help Fill the Void

Written By Robb Murray

Where Caroline comes from, taking care of people is as much a part of everyday life as eating or breathing.

As she puts it, when your mother grows frail, you take care of her. When your father can no longer care for himself, there is no hand wringing, no debate about what to do, no shopping around to get the best deal on a nursing home. You just do it.

It's how you were raised. And everyone else in your village does it that way, too.

This reliance on family-driven healthcare might sound a bit foreign to the ears of Manhattanites, whose American version of individualism includes the practice of hiring people to take care of us when can't do for our-

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VALERIE COLLINS

## "People that come here do not want a free ride."

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selves. Caroline, who asked that we not use her full name, herself is foreign-born. What's more, growing up in the African country of Ghana, American's dependence on professional healthcare at every stage of life is quite as foreign to her as her version is to us.

So when she came to America, two of what would be a myriad of surprises stuck out. First, Caroline, who ran a store in her home country, was surprised to see the number of elderly not being cared for by a family members. And second ...

"I didn't know about this kind of job until I came into this country," she said. "In my country we don't have anything like this."

The "job" Caroline is talking about is her work as a home health aide for Village Care Plus, Inc., which is Village Care of New York's licensed home care agency.

Caroline is like a significant number of immigrants who come to America. They may not specifically come to work in health care, but many of them do, for the same reasons that many immigrants come: better pay, better hours, better lives.

As the nation's politicians debate immigration theory and policy, and as people in communities across the country attempt to reconcile in their own minds what immigration means to the country's well being, one fact remains startlingly clear: Without immigrants, the health care system in America, particularly the home health care industry, would crumble. Home health aide agencies in New York report that much of the work force are made up of immigrants, including Village Care of New York, which puts the number as high as 80 percent.

Gary Stern is one of the thousands of New Yorkers who each year make the decision to get help for an aging parent. In his case, it was his mother.

Stern's mother made it into her 80s with few problems, living as an independent, functioning older adult.

She got along on her own. She didn't need someone around full time to make sure she didn't get hurt. She wasn't careless or forgetful, not dangerously so anyway.

But as she grew older, she began to show signs of dementia.

The serious blow to her independence, however, came one day in 2004, when in the middle of the night she stumbled. The cascade began, and the fall triggered an array of ancillary health issues.

Finally, the family doctor suggested that she be placed in a nursing home.

"That started the whole thing," says Gary Stern, a New Yorker who has had to be extremely involved in his mother's care ever since. "I hired a social worker as a consultant and the social worker said, 'She fell down once. What's the big deal?"

Stern said his mother wanted to remain in her own home. It was where she was comfortable, home with her cats.

And this is where Stern became very acquainted with — and thankful for — the presence of immigrants in the American health care system.

Because without them, he says, he's not sure what would have happened to his mother.

Stern quickly learned that a large share of the work force of home health aide agencies in the New York City area is made up of immigrants.

At first blush, his experience seemed

less than ideal.

Unable to afford full-time care, he interviewed three home health care aides who would be with his mother during the day. He fully explained his mother's living and pet situation.

"I told them she's confused, the house is a mess and she has a cat. So if you want this job, be prepared to clean and deal with the mess," says Stern.

He first hired Marie, an immigrant from Guyana, South America. She lasted one day, telling the agency she couldn't handle the mess. Worker No. 2, Vida, was from Jamaica, and she lasted two weeks, telling Stern finally that she had to leave because she's allergic to cats. The third worker, Marcie, was also from Jamaica.

"Marcie was great, helpful, attentive, proactive, came up with suggestions on how to make my mother's life easier," he said. But another fall for Stern's mother resulted in hospitalization. And a few weeks later, when Stern called to ask Marcie to return, he learned she had to go home to Jamaica because of a family crisis.

Finally Stern hired June, who has taken care of his mother since.

Although the process was seemingly one of starts and stops in the beginning, Stern doesn't see the situation as a revolving door problem. Quite the opposite.

"Without these immigrants from Jamaica and Guyana being there, earning minimum wage, who would be there to take care of my mother?" he asks.

While immigrants are having an impact in many areas of America's work force, there's perhaps no more significant area than health care, particularly as caregivers to a growing older population. Despite a volatile political climate regarding immigration, legal or otherwise, the demographic changes that are starting to hit the nation as the baby boom generation ages are raising awareness that increasing numbers of individuals are going to be needed to help care for an aging population.

And throughout most of America, there isn't a sufficient supply of native-born people to move into the hired caregiver role, nor is there necessarily a willingness or desire to even enter the field.

The health care dilemma, particularly regarding long-term care, isn't limited to a need for trained and qualified aides, but affects the supply of professionals also.

Few stories in health care have have gotten as much attention as the nursing shortage, for example.

Indeed, across the nation and in New York, newspaper classified sections are filled with ads looking to fill nursing vacancies, often offering hefty sign-on bonuses and other incentives.

Driving this, of course, is the baby boom generation.

As medicine improves and lets us all live longer lives, more of that demographically voluminous segment of Americans will be of the age that, in general, has greater need for medical attention. And no hospital or clinic worker doles out more care than nurses.

Kathy Sanford, president of the American Organization of Nurses, says hospitals have been reporting large numbers of positions they haven't been able to fill — a problem she says isn't so much of product of not enough people wanting to be nurses, but not enough highly qualified trainers of nurses. When you can make more money in a hospital working with patients, why work for less on a college campus? Nursing schools, Sanford says, are doing their own soul-searching to solve this dilemma.

Immigrants who wish to come to America to be nurses must pass proficiency tests before they are even allowed to practice in the United States. For the prospective home health aide, however, is far different story. It is one that presents a considerable opportunity for someone coming to America to obtain employment in a new country.

Valerie Collins, administrator of Village Care Plus, says immigrants have, for at least the last 20 or 30

> *"Here in America, when you come, it's not easy. Whatever you did in your country, it's not recognized."*

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AFTER GARY STERN'S MOTHER, SARAH, COULD NO LONGER TAKE CARE OF HERSELF, HIS ONLY ALTERNATIVE TO A NURSING HOME WAS TO HIRE A HOME HEALTH AIDE FROM ANOTHER COUNTRY.

*"Without these immigrants... being there, earning minimum wage, who would be there to take care of my mother?"*

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years and perhaps even as much as the last half century, been a major presence in the home health aide work force.

Home health aide jobs don't pay that much — less than $10 per hour — and are typically filled by unskilled workers. Most immigrants come to America without the kind of skills to land high-paying jobs. They also present their new employers with challenges.

Collins reports that her agency has been recruiting such high numbers of newly arrived Hispanic workers that it has has been prompted to conduct training courses for new workers, and even in-service training for existing workers, in Spanish. While the quality of care isn't impacted, Collins says that her agency has to address the language issue. The problem goes back simply to the fact that many of those recently arrived don't have a good grasp of English when they begin their journeys as American workers.

The occupation of home health aide — a worker who helps clients with such tasks as bathing, cooking and getting dressed — is poised for big growth in New York.

According to the U.S. Bureau of Labor Statistics, the rate of home health aide vacancies should just about keep pace with the demographic swing about to hit the aged population.

By 2014, there will be nearly a million home health aides working in America.

Most of them will be immigrants.

In New York, the bureau estimates that there were nearly 200,000 part- and full-time home health aides in 2005, earning a median annual income of $15,640.

Making things still more interesting is a survey released recently by the Greater New York Hospital Association. The report — which examines staffing levels of nurses, nurse manager and patient care assistants — cites an increase in the number of people employed in those positions, while at the same time showing no change in the vacancy rate. "The need for additional nurses outpaced the rate at which hospitals were able to hire them."

Again, demographics has much to do with this, and that factor also affects the home health aide situation.

Faced with shortages of nurses and home health aides, the political debate surrounding immigration has been followed closely by health care providers, although for the most part there is less concern given that the demand for caregivers is likely to trump any irrationality about immigrants.

Immigrants meanwhile are searching for a way to establish a foothold in America and see the basic caregiver role in health care as a way to do that.

Collins described one person this way: "She needed to work. She needed the money. Many people that come here do not want a free ride." Instead what they want is a chance at a better life, and in most cases they're willing to work hard for it, Collins said.

Among Collins' employees are women from southeast Asia, the Dominican Republic, Puerto Rico, South and Central America, China, West Africa and the Caribbean islands.

Another Village Care Plus aide, Stephen Adu, who is also a west African immigrant, was studying at a university before he came to America. He left his homeland for the same reason most immigrants leave: opportunity. But when he arrived, he discovered that finding good work is difficult. He says that people with an American education have a much easier time finding decent jobs. Although he was pursuing a college degree, he feels that even had he obtained a degree, he doesn't think it would have done him much good.

"Here in America, when you come, it's not easy. Whatever you did in your country, it's not recognized," Adu commented.

Adu says he may return to Ghana some day. For now, though, he's working long days for wages he wishes were higher.

"What is a guy gonna do," he asks. "You're here for a job."

Overshadowing every bit of this, though, is politics.

Earlier this year, politics dominated the nation's policies on immigration, driven by a wave of public and media concern about illegal immigration.

Several months ago, Republican lawmakers in Congress sought to change the way the U.S. deals with illegal immigration with legislation making it a felony. This set off a public debate, with seemingly everyone weighing from the President on down to the operator of the bodega where you buy your coffee in the morning.

For that matter, few could avoid the controversy, and others seized the chance to connect with their constituents.

Senator John Edwards of North Carolina, the 2004 Democratic vice-presidential candidate, joined with the labor union that represents significant numbers of health care workers, 1199 SEIU, in a show of support for workers amidst a labor dispute.

"In a nation of our wealth, it is wrong for Americans who work full-time to live in poverty. Home health aides deserve fair wages and benefits so that they have the chance to achieve the American Dream. I am proud to stand with them and join in their fight to lift their workers into the middle class," Edwards said.

Stern couldn't agree more. The only way to look at immigrants, he said, is as people who simply want what everyone else wants.

"She came here for a better life," says Stern about June, the immigrant taking care of his mother. "She came here to get work. She's got a much better life making minimum wage, living in the Bronx, than she had in Jamaica. And she doesn't complain."

Caroline doesn't like to talk about why she left Ghana. But when pressed, she'll reveal that, like Adu and June, it was about opportunity. Owning her own store in Ghana allowed her some degree of freedom. Also, her job required her to travel and she was able to see parts of the world she otherwise wouldn't have.

Still, the idea of the American dream and images of affluence that accompany what immigrants think about this country led her to seek out something better. And in that, she says, she's not alone.

"Who doesn't want to be in America?" she asks. "People in my country say America is heaven. Everybody in third world countries believes that if they come to America their problems are solved."

Meanwhile, for Collins at Village Care Plus, where immigrants make up a sizeable portion of her complement of aides, immigrant workers are a practical solution to a real-world problem.

She sees the active recruitment of immigrants as essential to filling the ranks of employees with hard-working individuals who will get the job done.

# Pension/Retiree Benefit Cuts Threaten Seniors' Futures

If you are a retiree today and have health insurance provided and paid for in part by your former employer, beware.

Meanwhile, if you've managed to retire already and access a defined-benefit pension, you're probably ok. But at the same time, if your company has such a pension plan, but you haven't reached retirement age, well, double-beware.

Both of those are fast-disappearing benefits in the corporate landscape, and while some see it as more broken promises, the trend is crystal clear. Big companies that have already moved to curtail health and pension benefits include General Motors, Alcoa, Verizon, IBM, United Airlines, J.C. Penney, Lockheed Martin, Motorola and Caterpillar, to name a few.

In terms of health coverage, according to a survey of 163 companies conducted by Watson Wyatt Worldwide, a consulting company, in the next five years we can expect that 14 percent will eliminate retiree medical plans entirely for future retirees 65 and older and another six percent plan to eliminate it for their current retirees.

Further, nearly two-thirds said they expect to require increased financial contributions from future retirees and half said they will change their plan design.

In terms of pension plans, the death knell for defined-benefit plans isn't being sounded only by companies that are in financial trouble, which was generally the case in the past, but by healthy employers that are leading the way in freezing and closing pensions.

There are explanations from corporations that such moves are "prudent" or are important for "global competition."

Talk about ending pension plans has even hit the gubernatorial campaign in New York where Republican nominee John Faso says he wants to eliminate pensions for public employees. He wants to pursue the tack used by most corporations when ending defined-benefit plans – creation of 401k savings plans to which employees and employers contribute.

A bitter irony not lost on the rank and file is the fact that there has been enormous growth in CEO compensation, where qualified pensions have become irrelevant to upper management, which now receives all retirement benefits through non-qualified plans, according to the Center for Retirement Research at Boston College. CBS News reported that more than 100 of the Fortune 1000 companies have terminated or frozen pension plans while company leadership benefits are increasing. For example, AT&T's CEO will be entitled to a yearly pension of $5.4 million for life, and The Wall Street Journal found that 45 percent of the company's pension expenses go to the top 1,500 executives, or less than 1 percent of the AT&T work force.

Meanwhile, the Bush administration with some support from Congress has sought to undermine the helpful programs of Social Security, Medicare and Medicaid, which make up the important safety net for retirees, creating a situation where the American worker – blue collar, white collar...right through the middle class – is facing an increasingly dire and uncertain future. This includes those already retired and living on fixed incomes and a large proportion of those in the baby boom generation, who are already seen as pretty unprepared to finance their own retirement.

The glorious dream of a healthy, financially secure retirement is quickly becoming a nightmare.

Something is dreadfully wrong when corporations and government engage in policies and actions that instill large numbers of an entire generation with fear and insecurity in their so-called "golden years."

# Immigration and Elder Care

Given the intensity, and sometimes hysteria, of the immigration debate both in Washington and across the nation in 2006, this issue of New Horizons examines the importance of those newly and recently arrived to America as caregivers.

What's clear to anyone who begins looking for help with caring for a frail or disabled older parent is that a large share of that work force here in the metropolitan area is made up of immigrants.

In fact, what's startlingly clear is that without immigrants, who make up the backbone of the direct care work force, the health care system in America, especially home health care, could begin to crumble.

And the demand for immigrant workers in health care has only just begun. Already, they make up a disproportionate share of those caring for older adults, and with the massive baby boom generation beginning to move toward retirement, the demand for care is expected to explode.

According to the federal Department of Health and Human Services, today there is a need for about 2 million long-term care workers nationwide, with that number expected to grow to more than 3.5 million over the next four years and reach as high as 5 million by 2050.

A recent article in The Wall Street Journal reported that the domestic pool of 25-to-50-year-old American-born women, heretofore the main source of elder-care jobs, is shrinking. Most of the organizations that hire and provide these workers feel that the solution lies abroad. Operators point out that there isn't a sufficient supply of native-born people to move into the hired caregiver role, nor is there necessarily a willingness or a desire to even enter the field. Meanwhile, it is one that immigrants are flocking to, finding jobs that enable them to gain a foothold in their new world.

The downside to all this would be an over-reactive crackdown on immigration that would threaten this much needed and growing supply of workers. Despite the claims of immigration opponents, it doesn't seem likely that, even if pay and benefits are driven up by the demand, that there are going to be anywhere near sufficient numbers of American workers to move to fill the huge gap that would be created.

As The Wall Street Journal asked: Who will care for U.S. elderly if the borders close?

# Making Sure Seniors Don't Outlive Their Savings

By BEN STEIN

In the waning months of World War II, Franklin Delano Roosevelt was asked what we were looking for after victory.

He said we wanted for mankind to have Four Freedoms. One of them was "Freedom from Fear." There are many kinds of fear, and it's good to have freedom from all of them. One of the most gnawing kinds of fear we would like to be free of is fear of financial insecurity.

Franklin D. Roosevelt also hoped for Freedom from Want, a glorious freedom which enriches the lives of all who enjoy it.

These are great goals, but unfortunately, for tens of millions of Americans, especially baby boomers, there is nothing but fear of financial insecurity, nothing like freedom from fear or freedom from want, where retirement is concerned.

The facts are not in serious dispute.

There are about 77 million baby boomers. Their average savings are far below what is needed for a comfortable or even decent retirement. While millions are adequately prepared, tens of millions are not. They lack sufficient savings to provide enough income to give them even close to what they had as a lifestyle before they retired.

Their employers' defined benefit plans are disappearing before our eyes, day by day. Many of them rely on growing house values to tide them over but real estate markets—as we are seeing right now—can shift dramatically and what had seemed like a castle suddenly becomes just an ordinary home again.

This problem hits women, minorities, and farmers particularly hard for a variety of reasons mostly having to do with various problems they have accumulating large savings. On a relative basis women, minorities, and farmers are worse prepared for retirement than other groups and the other groups are not doing terribly well either.

The basic nub of the problem is that we have a large chunk of the population who are likely to run out of money when they are old and unable to work any longer. That is, they will be broke, or in serious privation when they are at their most vulnerable and enfeebled.

To be sure, there is one form of old age insurance that is guaranteed and will probably not run out of money any time soon. That's Social Security. But its payments are, for most people, fairly modest. All other forms of old age insurance can run out or are subject to market variations.

It is great to have a lot of stocks, bonds, mutual funds, and exchange traded funds—and cash, and real estate. But most people don't have those lucky charms in large quantities, and even if they do, they can run out or lose value in market fluctuations.

But the annuity, issued by large, reputable insurance companies, provides income until death, and often to the heirs for some time after that. The annuity, whether fixed or variable, provides income that by definition will last until the holder of the annuity has entered a place where money is (presumably) not needed. The variable annuity has the added benefit that because its benefits are based on the movement of stocks or bonds or both, its payments can and almost always do rise as inflation rises in retirement.

This is a major consideration because the recent retiree is by definition a long-term investor.

The man or women who retires at 65 can expect a good twenty more years of life, on average, and prices will almost certainly rise very considerably in that time. An annuity whose payments rise can be a godsend.

At present the tax treatment of annuities discourages holding them. While the investments in them compound tax free, the contingent gains from interest, dividends, and capital gains are taxed at ordinary income rates as withdrawn. This is in stark contrast to other investments in non-tax favored investments, which actually can have lower tax rates than annuities which are supposedly tax favored.

This creates the unfortunate situation we have today, in which the best vehicle for retirement, the annuity with guaranteed payments until death, is discouraged by the tax code.

The Congress has a proposal to allow a modest amount of the contingent payments from annuity income escape taxation. This is the Retirement Security for Life Act.

The Act would result in a tax savings of $5,000 per year for the typical American with a fixed annuity paying twenty thousand dollars a year who is in the 25 percent tax bracket. It does not mean a thing to millionaires, but to the ordinary citizen trying to cope with retirement, it could make a huge difference. Fairer tax treatment of annuities could encourage an extremely responsible form of retirement planning — annuitization — and the more people who take that path, the better off we will be as a society.

To be sure it is still better to have a lot of savings in many different forms—stocks, bonds, real estate, mutual funds, exchange-traded funds—but annuities with their unique guarantee of lifetime income are a vital part of any sensible portfolio for retirement, and it makes sense to encourage their use.

Annuities can play a powerful role in achieving freedom from fear, and freedom from want, and this is not a trivial or insignificant achievement.

*Ben Stein is speaker and writer on finance matters, actor and honorary spokesperson for the National Retirement Planning Coalition, a group of thirteen financial and health care industry organizations concerned about retirement readiness.*

# THE LAST WORD

BY LOUIS J. GANIM

# A Peace of Mind
## *But at What Cost?*

Recently, I had the opportunity to sit in on a "legal checkup seminar" directed at those approaching retirement, or already retired, that was heavily promoted as the "one seminar you should not miss."

The idea being, at least from the ads, is that there are a number of legal steps that one must take in order to make one's intentions clear about medical decision, should you no longer be capable of doing so on your own, and about your estate after you die.

The law firm's principal (the one they are named after) conducted the entire session, which started out fair enough talking about wills, powers of attorney and health care proxies as the "three documents you need."

After that, however, most of the two-hour seminar was spent on ways to keep "the government" from getting your life savings should you become ill and need long-term care. And on how "the government" is trying to make it harder for you to keep your assets out of their hands.

Essentially, the message was: You've worked hard to save all that money, and shouldn't you be allowed to keep it? We've got ways to help you do that.

Our lawyer friend launched into a lengthy, somewhat entertaining discourse, in which he used a combination of facts, half-truths and scary examples to explain how qualifying for Medicaid will mean that, ready..."the government" will take all your money.

He talked about one client, an 85-year-old woman "with $80,000 in the bank" who fell and spent several days in a hospital and then was going to need some extended home care. Before she could qualify for Medicaid, "the government" was going to make her spend that $80,000 on her care, he said.

He assailed long-term care insurance because of its cost, looking around the room and intimating that most of us couldn't really afford it, and that even with it, unless you've made sure that your policy has covered a slew of contingencies, you still could end up with not enough coverage for a major long-term care experience, AND you'd be out the cost of all the premiums you'd paid.

He was dead-set against putting your assets in someone else's name, such as your children. An extremely bad idea, he said, because you completely lose control and you are at the mercy of whatever problems might develop in your children's lives. "You'll never have a good night's sleep again," he said.

He said the rich don't care about these problem because they can afford to pay for all the care they need or want. Folks like the ones in the hotel meeting room we were in, every day people that is, really have to worry about this "estate planning" consideration. There must've been a 100 of us or more in this room and we were quickly getting the message, particularly the one about "the government."

By the time our lawyer friend was done, people were shaking their heads and filling out the forms to come to his firm's office to discuss what could be done to protect their assets from "the government."

After the seminar, the firm treated us to a little sit-down lunch. There were ten of us at the table, and unanimously my tablemates were down on "the government" and its policies.

"They make it hard for you to save," said one woman, "if they are going to take all your money in the end."

I wondered where the concept of personal responsibility had gone.

So I mentioned the example of the woman with $80,000 in the bank. I said that's not an insubstantial sum of money, and wouldn't it be reasonable expect her to spend a few thousand dollars of her own resources to pay for a couple of months of assistance at home after her hospital stay? Instead of worrying about the fact that she doesn't qualify for Medicaid to pay? I'm sure she wasn't going to need to spend anything more than a small fraction of her saving to pay for her current needs.

Well, yes, my tablemates said, a bit uncertainly. It seemed, though, that I'd not made a dent in their belief that "the government" (the same one that's trying to rob them of their life's savings, according to our lawyer friend) somehow ought to be responsible for paying for long-term care, at least for those of us around the table.

That's all well and good to think that way.

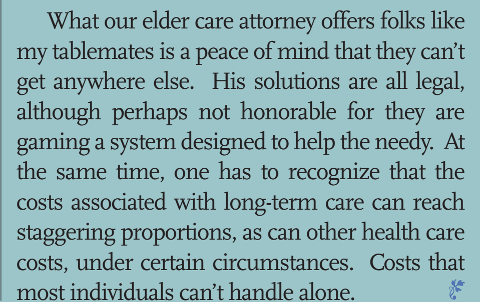
But that's not where public policy is today – nor has it ever been!

Medicaid, when it comes to the services we've been talking about here, is for the poor. That's why the government says you have to be impoverished before it will start paying your long-term care bills.

This country has struggled with the concept universal health coverage for decades, and has not been able to come up with a plan, any plan, that would make sure everyone has access to health care, let alone long-term care. Don't think that such a plan could be just around the corner. It's not.

There are things we can do on our own to ease that potential burden and not jeopardize our life savings: Buy long term care insurance, make some arrangements to use some of our own assets and resources to pay for care and see how family and friends can help us continue to live at home. Many people go into nursing homes not because they really need to, but because they aren't able to keep living at home without assistance.

What our elder care attorney offers folks like my tablemates is a peace of mind that they can't get anywhere else. His solutions are all legal, although perhaps not honorable for they are gaming a system designed to help the needy. At the same time, one has to recognize that the costs associated with long-term care can reach staggering proportions, as can other health care costs, under certain circumstances. Costs that most individuals can't handle alone.



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