Vaccinated but not quite ready to step out? Here are some things to know.
Mike Rechen grew up seeing his grandmother, Shirley Donaldson, at least once a week and definitely at every family birthday and holiday. As her first grandchild, they had a special bond, she said.

But then the pandemic hit, and they both agreed that staying apart rather than taking the chance of giving each other COVID-19 was the way to go. Donaldson, who is 90 years old, spent much of the past year quarantining. He called it “very hard” to be away from his grandmother all this time.

Rechen stayed away but continued working as a Montgomery County career firefighter and paramedic. As part of his responsibilities, he began administering the COVID-19 vaccine at Montgomery County sites. When he first heard that his grandmother had an appointment, he knew exactly what to do. He requested to be assigned to the same facility, while keeping that information secret.

He anxiously awaited the time for her appointment and even walked out to the lobby at the proper time to greet her. He gave her a big hug as she entered the building. It was “one of the few times you could tell how big somebody was smiling right under their mask,” he said, adding that he is anxious to spend regular time with her and other family members, once others are also vaccinated.

While very few people will get to vaccinate their own grandparents, Rechen and his grandmother’s story is all too common. The social isolation has exacted a toll on people of all ages. The good news is, we are finally beginning to see the light at the end of the tunnel. Even if masks and social distancing continue to be required in certain settings, the simple thought that it is okay to hug your grandchild, or move outside the four walls of your house or other residential living facility has brought smiles to so many people, young and old.

When Eli Fatow of Pennsylvania first entered one of Sunrise’s assisted living facilities last summer, he was told he would have to quarantine for two weeks. While he wasn’t looking forward to that, he thought he could handle a quiet 14 days, especially after spending a few days at a nearby rehabilitation center following a fall in the basement of his now-former home, the place he had lived in, raised a family and formed lots of memories, for almost 70 years.

But those 14 days became weeks, then months. Some residents got the virus as did some staff, and though he was permitted to leave his room and walk around the two-floor facility, he ate all his meals alone in his room. During his walks, he saw where meals normally were served, the library and even a barber shop, but all had doors closed to him and the other residents. Worse still, visits with his three adult children were banned, and the then-95 year old didn’t think much of FaceTime at first.
Formerly isolated senior adults now sound cheerier on the phone and actually have things to talk about besides the same old television show they have been watching or what they ate for dinner.

The normally jovial man, who drove to the nearby senior center to play pinochle every afternoon, now faced a life where he had no errands to run and nothing to look forward to. He turned on the television, and then he turned off the television. He played solitaire on his computer, but after all, how long could he keep clicking on cards?

Although his children called often, and his grand-grandchildren drew pictures that their parents sent in the mail, it was clear to everyone involved; his quality of life was deteriorating. While he tried to reassure his children that he was fine, it was not at all reassuring for them to hear their father say that if this was his end, he was okay with it, and they need not worry.

Finally, the library and barbershop opened. One meal a day was served communally, but with only one resident at each four-person table. Soon, art activities and games of Jeopardy started up.

Next, his facility allowed porch visits. Although hugs and kisses were banned, two family members at a time could spend 30 minutes with him. His face would light up as he sat in his designated chair and waited for his loved ones to have their temperatures taken and contact information inputted into a tablet. As they chatted, everyone smiled both inside and out, right through their masks. It didn’t even matter what the topic was, it had been so long since they actually were together. Every now and then, those porch visits were halted due to a new case of COVID-19 in the facility, but not for too long.

His facility still remembers the day he sent an email, out saying that someone was coming to give the residents their vaccine. All those dreamed-about visits without a specific time allotment, and yes, the actual hugs, seemed more and more real to the family. Soon, he had received both vaccines, and eventually, so had his children.

Things definitely looked up when he mailed them each a copy of the facility’s April 2021 calendar. Each day had an activity, from discussions to cooking to Eye Spy Walking, Tai Chi Warms Ups, today in history, games like Name that Tune and Jeopardy and a wine and cheese social. Granted, anyone who knew him realized he wouldn’t be attending quite a few of those events. But, just the fact that they were there, and he could participate, seemed like a major life breakthrough.

He now officially has entered what many are calling “the new normal,” where family members visit, and even enter the rooms of loved ones, and where residents may leave the facility for a few hours or overnight. They can visit family, eat in a favorite restaurant or visit museums, when they reopen.

Thirteen months may not seem that long to some, but it is almost as if the world has changed. Formerly isolated senior adults now sound cheerier on the phone and actually have things to talk about besides the same old television show they have been watching or what they ate for dinner.

That is becoming more and more common, said Murvell Delpino, coordinator of activities at Wilson Health Care Center at Astbury Methodist Village in Gaithersburg. “At the beginning of the pandemic, it was like having the rug pulled out from under you. We didn’t know what we were up against,” she said.

Through training, information and lots of “learning everything day by day,” the staff was able to stay on top of the latest news while also letting residents and their families know what was going on. They kept track of Montgomery County and the State of Maryland guidelines, and read whatever the Centers for Disease Control and Prevention had to offer.

The goal was always to ensure that staff and residents were protected as best as possible. They quickly learned that masks and shields were vital but that they had to...
be the right kind. In the beginning, staff even wore jump suits that normally can be found in contamination rooms. They tried to keep every nonessential person out of the building, but still needed to allow entry to staff and delivery persons.

“We had to juggle both sides, the prevention and the care,” Delpino said.

It has been a long year. As of April 14, 92 percent of the residents and 80 percent of staff have been vaccinated. There are no active COVID-19 cases, although 11 residents had a potential exposure, symptoms or were awaiting test results, according to information on the facility’s website. Asbury residents who have recovered from their bout with the virus number 104. Unfortunately, 34 did not make it.

Through it all, Asbury Methodist Village strove to keep close ties between residents and their loved ones. “We went viral,” she said proudly. Almost from the start, residents and families were able to use technology to not just talk with— but also to see— each other. While many took to FaceTime and similar programs instantly, it took longer for some, and still others preferred to stick with their good old room telephones. Most communicated with loved ones twice weekly at this facility, which has four floors and about 160 residents at any given time.

“We kept families connected,” she said, noting it improved the spirits of both residents and family members.

“They want to see their loved ones. They want to know their loved ones are okay. The welfare of the loved ones, that’s most important.”

Families, unfortunately, could not come in, “understandably knowing what we were up against. They eventually began to understand that it was for their safety.” Some of the residents didn’t understand; others remembered having lived through the days of polio, she said.

At first, residents were pretty much confined to their rooms, but staff continued to come and go. Residents ate in their rooms. Occasionally, they shared hallway activities, meaning residents sat in the hallway, social distancing from each other, and participated in some communal activities. They continued to celebrate birthdays and holidays as best they could.

“Any holiday, we always celebrated. It was about making sure everyone realized we celebrate life,” said Delpino. On birthdays, residents were gifted balloons and cupcakes.

The staff stopped decorating the halls as it was more important to sanitize them regularly. It made the hallways less cheerful, but the staff made sure the exterior didn’t suffer. “We decorated the outsides, and tried to take residents outside to see how pretty they were,” Delpino said.

Slowly, more activities opened. Resident-associates meetings, bingo, trivia games and Zoom activities staged on big televisions were conducted in the hallways. The biggest and best addition to the decreasing COVID-19 restrictions came when the facility finally began to welcome loved ones back through socially distanced porch visits. Those outdoor visits began March 25.

“It’s been fantastic,” she declared. Seeing the smiles and warmth reminded Delpino of the mental health aspects of isolation. “It was obvious, missing someone has pretty much had an effect on residents,” she said. There now is a big, marked difference, a lot more smiling and laughing.”

“Hopefully soon we will be able to have indoor visits” and allow hugs and kisses, she said.

The beauty of the porch visits shine through even after the loved ones leave, she said. “The idea that they have seen that person is really nice. I haven’t noticed they have gone back to any mood swings,” she said. Visiting with loved ones coupled with the warmer weather and blossoming spring flowers outside has been great for everyone.

“I feel like things are on the rise. The fact that we are able to move into activities, that’s better than the light at the end of the tunnel,” she said. All the training and precautions have paid off.

“I am really proud of where I work. Good training made sure we are doing the best we can to take care of our most vulnerable residents.”

But stepping outside one’s bubble after more than a year of isolation can also be very scary. Hugging grandchildren and reading to them while they sit in your lap is one thing. Going to a restaurant, a movie or back to the senior center
for activities may be a whole other experience. For some, who have been chomping at the bit to get out and socialize, the vaccine has been a godsend. But for those who just aren’t ready to go out on the town quite yet, remember, it is okay. You are not alone.

**Take It Slow**

Take it slow, advised Dr. Donna Denton, director of Family Caregiver Support Center at the University of Southern California. “We really have been feeling the strain, all of us, with being in isolation.” Nobody wants to get sick or cause someone else to get sick, and so it is important to understand your own mindset and take your time.

Denton has come up with a slogan for taking it slow that she calls, obviously, SLOW. The S stands for self-care. Know what causes you stress and what are your signs of stress, both emotional and physical, she advised during an AARP webinar entitled, “Coronavirus. Vaccines and Caring for Grandkids and Loved Ones.”

Think back to when you were upset. What helped you calm down? How did you convince yourself it was going to be okay? Maybe meditation or mindfulness exercises and deep breathing worked well. Perhaps picking up the phone and talking to a loved one helped. Maybe exercising, reading a book or listening to music were helpful. Whatever worked then will most likely work again, Denton pointed out.

If your muscles start to ache from being tense, try dancing around the room, she said. If you have trouble thinking about anything that makes you happy, find something that will make you start laughing. Pick up paper and pen, or get on the computer, and journal about a good experience or thought. The L in SLOW stands for look back and take inventory.

“Look back at yourself. What helped you be resilient? It will most likely also help you going forward,” Denton said. “Use those things as we move out of the pandemic.”

Her O stands for organize your day. She suggested everyone take at least 10 minutes “of just taking a deep breath. You close your eyes. You clear your thoughts, take these deep breaths.”

Finally, the W in Denton’s SLOW refers to the belief that worrying never really changes anything or helps. “Try and figure how we can look at things a little differently,” and particularly by looking at the positive.

According to AARP Vice President Bill Walsh, 73 percent of people 65 years and older have had at least one dose of the vaccine. “Those who have been vaccinated are experiencing more freedom” but also wondering how to stay safe, he said.

For far too many senior adults, just getting an appointment to be vaccinated has been a frustrating experience. It requires technical skills and a familiarity with computers, and some senior adults are not yet
comfortable in that world. It also requires transportation. If you have stopped driving, you need to find a ride. If you are strictly quarantining, you probably won’t want to call an Uber or even ask a neighbor.

There are so-called vaccine hunters who are eager to help, and many senior centers and villages are providing rides. As more doses become available, things should become easier. More local facilities, like drug stores and even your own doctor, may be offering to vaccinate you in locations you already frequent. Some churches and other religious institutions are holding clinics. Don't give up hope!

Once you are vaccinated and have your own vaccine identification get-out-of-jail-free card, your days of taking a coronavirus test or quarantining are pretty much over. We may be stuck living in a masked society a bit longer. The AARP panel advised, if you happen to be exposed to someone who has tested positive, you won’t necessarily have to quarantine or go for a COVID-19 test. Still, be alert for any possible health symptoms you may have and avoid being around particularly vulnerable people.

Remember, you may be vaccinated, but those under the age of 16 are not, nor are those who haven’t received their injection yet or who have opted not to be vaccinated. This brings up the question, are you free to go visit your children and grandchildren, if only some, or none of them have been vaccinated?

Unfortunately, there is much the medical community still is learning, especially when it comes to variants and length of time that a vaccine will keep a person safe.
Once you have been vaccinated, spread the word. Tell your friends, neighbors and others you come into contact. “Talk to them about why you chose to get vaccinated, and what it’s enabled you to do…”

DR. CAMERON WEBB
SENIOR POLICY ADVISOR ON COVID-19 EQUITY ON THE WHITE HOUSE COVID-19 RESPONSE TEAM
To Mask or Not to Mask, That is the Question

According to Dr. David M. Amoroff, director of infectious diseases in the department of medicine at Vanderbilt University Medical Center, grandparents who have been vaccinated can visit their unvaccinated family. However, it is important for family members to be careful, especially if the grandchildren are attending school, playing on a sports team and just generally visiting friends.

The more people the child comes into contact with, the more likely he or she will spread the virus.

Amoroff’s advice is to visit, but ask your family to limit carpool, sleepovers and the like, especially if the senior adult has one or more serious health risk factors.

Denton’s advice? “Use masks, but you are allowed hugs now. Take it slow at this point. I know everyone wants to just get together,” but get together in one home for a nice family meal rather than heading out to a crowded restaurant, she suggested. Now is not the time for big bash, she said.

The panel offered one other important piece of advice. Once you have been vaccinated, spread the word. Tell your friends, neighbors and others you come into contact with. “Talk to them about why you chose to get vaccinated, and what it’s enabled you to do. See your family. Just give you peace of mind,” said Dr. Cameron Webb, senior policy advisor on COVID-19 equity on the White House COVID-19 Response Team.

Making time FOR YOU AND YOUR LOVED ONE

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That way, he said, those who are reluctant to be vaccinated just might change their mind. “Be one of those ambassadors,” he urged. The more people who are fully vaccinated, the better the chance that the disease won’t be nearly as pernicious.

The Centers for Disease Control and Prevention recommended that adults 65 years and older be part of the first group to receive the COVID-19 vaccine. That has happened through much of the United States. Now, the CDC is saying it is okay to socialize; and in some cases, it is okay to hug close family members without having to wear a mask.

According to the CDC, two weeks after becoming fully vaccinated, which is two weeks after receiving the injections, you can now spend time indoors without wearing a mask or staying six feet apart with unvaccinated people from a single household who are at low risk for severe COVID-19.

However, the CDC stressed that it is a good idea to wear a mask and social distance when visiting people who are at increased risk for severe COVID-19 or who have unvaccinated people at high risk. It is also a good idea to observe precautions when visiting non-vaccinated households. This is because after you are fully vaccinated and unfortunately test positive, you can still be an asymptomatic carrier and infect unvaccinated people.

Other pieces of advice include staying away from medium to large crowds and knowing the infection rates of any place you consider visiting. Those areas are listed on various internet sites and should be avoided if possible.

According to AARP, getting vaccinated means you have chances of having a severe case or even dying of COVID-19 are practically nil. Chances are, if you still test positive after being vaccinated, you probably will feel like you have a cold and not much more, according to Dr. Monica Gandhi, a professor and infectious disease expert at the University of California in San Francisco, who is quoted in an AARP article. “These vaccines are amazing,” she said.

However, new and more transmissible variants may change that, and researchers are looking into this. Unfortunately, the number of new cases and deaths from the virus continues to rise. As of mid-April, 567,000 people in the United States have died, and 31.7 million have tested positive.

The good news is that if you and a companion are both vaccinated, it is safe to visit together, share activities you haven’t done since quarantine and slowly return to your old lifestyle.

If you are planning to travel, AARP noted it is possible you will need proof that you were vaccinated. Some countries still have quarantine bans while others are slowly allowing tourism to return. Check the airlines and hotels you are considering for their COVID-19-related rules before booking anything. Some places may require proof of a very recent negative COVID test.

Several groups, including the International Air Transport Association and CLEAR, are developing apps that register your vaccination status.

Airlines are developing their own policies, as are some countries. While rules on testing and proof of vaccinations vary, down the road it is possible that there will be a general policy. We are not there yet, so make sure you know before you go.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and a White House advisor to both Presidents Donald Trump and Joe Biden on coronavirus, earlier this year said it was possible the United States will issue some kind of vaccine passport. Don’t despair; the vaccine will help you stay healthy and even get you a free donut or coffee at a few area chain stores.

The return of a cruise vacation is still at least a few months away, and with the public’s memory of cruise ships filled with coronavirus patients remaining at sea, they may take longer to fill their cabins. Carnival is advertising trips beginning in June. When clicking on earlier dates, the message, “Oh Snap. There aren’t any cruises with the details you searched for” pops up. Many of the cruise lines are expected to mandate that all guests and crew members be vaccinated and may still even require a negative virus test.

So just what will the world be like post-COVID or at least post pandemic? What can seniors expect their new normal to look like when a majority of people have been vaccinated and new case rates are barely chartable? According to Kaiser Health News, that future may occur in a year or two, but life for senior adults “will likely never be the same.” That is the conclusion of experts who believe changes are imminent concerning health care, travel, shopping, relationships and work – which is, quite frankly, just about everything.

“In the past few months, the entire world has had a near-death experience,” Ken Dychtwald, CEO of Age Wave, is quoted as
senior resources

saying in the article. “We’ve been forced to stop and think: I could die or someone I love could die. When those events happen, people think about what matters and what they will do differently.”

So many people know close friends and family who have tested positive, ended up in the intensive care unit of a hospital on oxygen or a respirator or, sadly, even lost their lives due to COVID-19. That is not easily forgotten, nor should it be. Combine those emotions with all the evidence that older adults are more vulnerable to the virus as their immune systems deteriorate with age, and returning to post-quarantining and masking understandably may be difficult for many.

Before COVID-19, baby boomers born between the years 1945 and 1965 “felt reassured that with all the benefits of modern medicine, they could live for years and years,” said Dr. Mehrdad Ayati, who teaches geriatric medicine at Stanford University School of Medicine and advises the U.S. Senate Special Committee on Aging. “What we never calculated was that a pandemic could totally change the dialogue,” he said in the Kaiser Health News article.

Many of these seniors lived through the polio scare and other frightening medical events. Now, knowing that the coronavirus may be here to stay that vaccines may be required annually and that variants could set us right back to the days of quarantining could justify even the bravest person being nervous about returning to a movie theater, sports event, orchestra or even a restaurant.

Kaiser Health News took a look at what it views as the new normal, especially for senior adults. When it comes to medical care, think telemed. Seniors, many of whom don’t use the internet or don’t feel comfortable with it, may have to learn, and learn quickly. One in three doctor visits probably will be conducted via telemed, with the patient talking to a doctor by way of an electronic device. Dr. Ronan Factora, a geriatrician at Cleveland Clinic, had a total of zero patients older than 60 use telemedicine before the pandemic. Now, it is becoming a significant part of his practice, he told Kaiser Health News.

But don’t panic. Many senior facilities, libraries, colleges and community groups are offering basic tech classes, often free of charge. And a virtual doctor visit means there is no need to find transportation or even leave home. More good news includes no sitting in waiting rooms, reading old magazines and listening to other people coughing. Also, Factora expects that telemedicine will result in more frequent doctor visits, thereby enabling medical professionals to catch problems earlier.

As medicine through telehealth improves, more and more older adults will be able to have special devices at home to check blood pressure and analyze their urine and fecal samples, thereby eliminating another reason to go out to the doctor’s office.

Medicine isn’t the only field that will need to change.

So will travel. Kaiser Health News predicts that more people will choose to stay away from airplanes and drive themselves instead. While it may take longer to get to your chosen destination, there will be no need to get to the airport an hour or two early just to sit and wait. You obviously will avoid long security lines, and best of all, you will get to see a lot more of the area as you drive and even stop at attractions you would have merely flown over before. Of course, this doesn’t apply to those going overseas, but Kaiser Health News estimates that trips less than 800 miles will more often be on the road and not so much in the air.

More people are expected to remain somewhat local in their vacations, fearing the hassles of flying and learning the COVID-19 rules of other countries. This may be the perfect time to check out a less-visited national park or city, thereby avoiding large crowds while still getting to see the country. Of course, a popular trip for seniors is visiting their children, grandchildren and great-grandchildren. Even if those visits are spent mostly inside the family home, they are treasured.

To fly or not to fly, that is the question.

Still, if you have your heart set on flying, it certainly is not unsafe and could actually be safer than driving. According to the CDC, when you drive, you have to stop for gas, food,
bathroom breaks and, of course, tourist spots. Every time you stop, you come in contact with people you don’t know, who may not have been vaccinated and who may choose not to wear a mask, thereby increasing your exposure to the virus.

Air travel also forces you to locate close to strangers, when going through security or sitting in the terminal. While airports do sanitize, it is difficult to keep germs off surfaces where when one person gets up, and another immediately sits down.

According to the CDC, most viruses and other germs do not spread easily on flights because of how air circulates and is filtered. Still, you may find yourself on a crowded flight with all or most seats taken, forcing you to sit close to someone, who even if wearing a mask, removes it to eat or drink.

Therefore, the CDC calls short road trips with members of your own household or fully vaccinated people with only a few stops the safest way to travel. If flying, the best plan is to choose a destination with the fewest layovers. The federal agency does not recommend long-distance train or bus trips or travel by cruise ship or riverboat.

Kaiser Health News expects the demand for flying in business class to grow as those who can afford it will prefer not to sit that close to other passengers. Others may pay for an extra seat so no one will sit next to them.

The CDC also recommends travel preferences concerning places to stay and eat. Staying in a house or cabin with members of your household or with fully vaccinated people is the best. Less safe, according to the CDC, are hotels or lodgings with common areas or visiting unvaccinated family members and friends. Try to avoid sharing rooms and/or bathrooms with many people who are not vaccinated or not in your household.

When camping, enjoy your time with fully vaccinated people or loved ones in your household. It is best to share everything with only the people you came with, but if you must share facilities, social distance as much as possible. The CDC does not recommend sharing space with unvaccinated people or camping in large dormitory-style settings. While spending your days outdoors is preferable to being inside, it is still recommended that you stay at least six feet away from people who are not wearing masks.

Whether you are flying or driving, when you are not at home, you will be much more likely to eat out. It is best to bring your own food and drinks, but that is not always practical or even allowed. Takeout is better than dining in a restaurant, according to the CDC. Use drive-thru, order from a place that delivers or offers curbside pick-up and always wear a mask when interacting with restaurant employees, suggests the CDC. If you do opt to eat at a restaurant, consider eating outside and social distancing.

When in a new area, it may be hard to determine what restaurants are the safest. Ideally, choose one that is well ventilated, where social distancing is practiced, servers and other restaurant staff wear masks and fellow diners wear masks when not eating or drinking. It is best to avoid self-service options like buffets, where people share utensils and often touch the serving areas.

When researching where to stay, notice if the facility boasts about whether it constantly disinfects areas and offers hand sanitizer throughout. Some might even advertise about having a doctor on-site or at least on call. Seek out restaurants and stores that post safety signage, have hand sanitizer for customers and where employees often clean high-touch points.

No matter how you travel, where you travel and what you do during your travel, you will probably find yourself needing a restroom. Even in the best of times, these are far from germ free. In the not-too-distant future, public rooms likely will be enhanced. No touch toilets, automatic sinks and separate entrances and exits could very well become commonplace.

Even if you are not ready to take your first vacation in more than a year, you still might find yourself going to places where you may not be entirely comfortable. If you have been living in an assisted living facility or nursing home and all of a sudden been given a green light to roam about, don’t fret if you are not ready or willing.

Remember, take it slowly. Make your first visit to a nearby family member’s house, someone who has been seeing you through all those porch and Facebook visits. Stay as long as you are comfortable. You might want to return to your room to eat, that’s only natural since you have been eating three meals a day there for so long, but remember, you’ve also shared many a meal in the dining rooms of your children and other loved ones.

Soon your facility may even offer day trips, to nearby shopping or places of interest. Don’t feel obligated, but remember the people running these outings have seen you through the pandemic and have your best interest at heart. Once again, take it slow and only join when you feel you are ready or when a close friend you are comfortable with also attends.

If you have been at home all this time, taking quarantining seriously, don’t feel obligated to return to the grocery store or mall. Home delivery of just about anything and everything is available. Continue to take advantage of it. And if you have successfully been working at home all this time, keep it up, unless of course your boss says otherwise. A good compromise for those who used to work in the office.
five days a week is to work at home two or three days a week and in the office the other days. That obviously depends on how good a self-motivator you are and what your job is, but try and see what works best for you and the company for which you work.

During the pandemic, weight gain, drinking and insomnia spiked, according to AARP. The stress of quarantining, fear of becoming ill or learning of loved ones who tested positive and limited distractions and social activities often led to an increase in bad habits.

An extra glass of wine, one more donut and yet another evening with greasy takeout may have made you feel better that evening, but it isn’t helpful in the long run. A Harris Poll conducted in February found many adults, including parents of children under 18, essential workers and people of color, gained weight, drank more and didn’t get enough sleep. According to the survey, 61 percent of adults had undesired weight changes, 67 percent found themselves sleeping more or less than they needed and 23 percent drank more alcohol than they did before. All this could lead to additional stress and serious mental and physical health consequences.

To get back on track, the AARP article suggested keeping to a schedule in which you go to bed and wake up at pretty much the same times. If you are working from home, think of your space as your office that you go to in the morning and leave when your shift is complete rather than something that is around 24/7. Eat three meals a day and then stop. Don’t snack. Don’t check out what else there is to eat in the house. Also get dressed each day, even if you know you won’t be stepping foot outside. Of course, physical activity is important. You don’t have to go to the gym. Try online workouts and videos. Go out for walks or jogs. If you need motivation, challenge a coworker to a friendly competition of losing the most body fat or walking the longest, the article suggested.

But for some, the isolation was just too much. According to an article in Time magazine, “loneliness and social isolation are growing public health concerns” that have been connected to numerous health issues, including higher risks of heart attacks, strokes, depression, anxiety and early death.

Kaela Rosenfeld-Azachi of Potomac knows that all too well. Her mother lived at the Hebrew Home of Greater Washington, a part of the Charles E. Smith Life Communities in Rockville. She, her two sisters and her twin daughters took turns visiting, making sure it was a rare day when Irene Rosenfeld didn’t have company. Then, like senior facilities throughout the country, the place closed its doors to anyone who was not essential, and family members, unfortunately, were not considered essential. Within two months, Rosenfeld-Azachi received a phone call saying her mother may be having a stroke and that they were sending her by ambulance to the hospital.

Rosenfeld-Azachi raced over and briefly saw her mother as she was being transported. “I was a mess at this point anyway. It was very difficult, and it was very hard to see her like that.” Fortunately, her mother didn’t have a stroke and soon returned to her room on the fourth floor.

“I was trying everything to see her,” but to help stop the spread of COVID-19, the staff wouldn’t budge, she said. Rosenfeld-Azachi could feel her mother slipping away, noting without the company of her loved ones, “She completely changed.”

In desperation, Rosenfeld-Azachi even contacted the local fire company, asking if they would boost her up in their bucket so she could see into her mother’s fourth-floor room. That didn’t work. The fire company said it was too much of a liability. She called the nurses, even cried on the phone, and contacted the Maryland secretary of health to ask how she could arrange a compassionate visit, she said.

Nothing worked, and her mother continued to deteriorate and eventually passed away. “Absolutely, there is no question in my mind. I say she died of COVID, but never tested positive.”

Rosenfeld-Azachi strongly believes, “This is all the seniors have to live for, to see their children and grandchildren. I think the whole country made a big mistake isolating these seniors as they did... I just really believe they shouldn’t have isolated that generation from their family and friends.”

“Family is everything to them. That’s all they have. Our lives can be busy, but they just want for us.” Unfortunately, Rosenfeld-Azachi is not alone in mourning the loss of a loved one due to the pandemic. For many of them, returning to normal is not really an option. In a Kaiser Health News article, 72-year-old Harry Hus ton of Baltimore notes, “We’re at the cup of a new world.”

This father of five grown children believes “an enormous change in lifestyle” will have to take place. “We’re all more careful, but we’re also more connected,” he said in the article. “Older friends are coming out of the woodwork. Everyone is Zooming, and making calls.”

However, he said, “We’re all having a traumatic experience – an experience of collective trauma.”

Wilma Jenkins, 82, of Georgia told Kaiser Health News that she expects, “I’m going to be afraid for a while.”

When dealing with cautious senior adults, Visiting Angels, which has a network of home care franchised agencies, suggested being honest, but not scary. Those living with dementia or memory impairment probably will need to be reminded to wear masks and told repeatedly why they can’t stop by and visit family or why they have to wash their hands yet again. Visiting Angels said the best thing to do is be calm while explaining possible health risks. Try to lessen their anxiety.

All these changes are wearing on everybody, from senior living facilities residents and staff to loved ones, noted Maureen Cadwell, chief executive officer of Westman Court Manor, a nursing home in Wyoming, in an AARP article.

As more people are getting vaccinated, take time to appreciate the little things you have been missing. It is so much better to be with a loved one on his or her birthday than to sing “Happy Birthday” into a partially opened window or on a Zoom call. Merely stroking the hair or hand of a loved one is an improvement. Enjoy the freedom of stepping out at your own pace.

One daughter described in an AARP article about her first in-person reunion with her mother. She called it, “Better than ice cream, better than pizza, better than chocolate.”

It is not just loved ones. Some seniors in residential facilities are equally thrilled to see their former dinner or bingo partners. But be prepared. The more scientists learn about coronavirus, the more changes we will see from the CDC and state and local governments. Meanwhile, enjoy those antibodies while they last. WIN

This guide was written by Suzanne Polak, senior editor, writer at the Jewish Council for the Aging of Greater Washington. Learn more about ICA at www.accessica.org or call us at 301-255-4200 or 703-425-0999. Follow us on Facebook at https://www.facebook.com/AccessICA or Twitter at https://twitter.com/AccessICA.
Benjamin Mintz, the humble, loyal, learned, liberal and laughing pioneer

By Nathan Levin
Special to WJ

Rabbi Benjamin Mintz, of Washington, died on April 15 at the age of 95. Born in Wisconsin and raised in New York City, he was a graduate of the Columbia Law School. He served as a U.S. government attorney for more than 20 years, including as chief attorney of the Occupational Safety and Health Division of the U.S. Department of Labor.

In addition, he received his rabbinical ordination from Yeshiva University. He lectured and taught on Jewish scholarly subjects. In 1997, he received the Master Teacher Award from the Foundation for Jewish Studies of Washington.

Here, attorney Nathan Levin offers an appreciation of Mintz and the liberal Orthodox community he helped lead:

Sixty years ago, the Hebrew Academy of Greater Washington was on 15th Street above Military Road. Enough Orthodox families lived nearby to have Shabbat services in the building. Many were intellectuals, distinguished in their chosen fields, who had settled in Washington in important government positions. As a newly married lawyer working in Robert Kennedy’s Justice Department, I joined them.

No one other than Ben Mintz had the dual credentials of rabbinic ordination (smichut) and a law degree. Ben accepted the task of making congregational announcements after davening and they invariably educated and amused us. And then the Mintzes became landowners and moved northward to Shepherd Park. My wife, Rikki, and I followed their example.

Other young Orthodox couples also moved into the racially integrated neighborhood rather than settling in the more popular Silver Spring suburbs of Hyattsville and Kemp Mill. Ohev Sholom was the shul we attended, and Ben was loyal to that shul and to Shepherd Park through their ups and downs over the next six decades. He never strayed to any other neighborhood synagogue or considered abandoning Shepherd Park, as many of us did.

Loyalty was only one of many old-fashioned virtues by which Ben Mintz lived his professional and personal lives. As neighbors, we were frequently invited to the Mintz home on Friday evenings. The Hemlock Street house was a bibliophile’s dream. I marveled at the eclectic range of volumes on the Mintz shelves. Discussion at the Shabbat table was profound and exuberant. The subjects were religion, politics, the arts and the latest worthwhile reads and movies. Harriet’s views were expressed intensely, and her husband would calmly temper the conversation with a pacifying bon mot.

When Ohev Sholom encountered difficult times and leadership in teaching was needed, Ben stepped forward. Both before Rabbi Shmuel Herzfeld came on the scene and afterward, Ben shared his learning in regular classes with synagogue members and a broader audience. I could not attend his face-to-face sessions, but I delighted in the summaries of each week’s Torah portion that he composed for inclusion in the shul’s weekly bulletin. They contained many incidental scholarly tidbits and demonstrated Ben’s devotion to authenticity. He related the deeds of “Avraham,” “Yitzchak,” “Moshe” and “Aharon,” not Abraham, Isaac, Moses and Aaron.

Ben maintained a lifestyle guided by old-fashioned values while professionally furthering the most modern societal advances. He began as a lawyer with the National Labor Relations Board, defending the right to unionize. He then became the chief counsel to protect worker safety with the newly formed Occupational Safety and Health Administration (OSHA) in the Department of Labor. He performed these important governmental duties quietly but outstandingly. He joined the faculty of Catholic University’s Law School, teaching both workplace safety law and Jewish law. While remaining fully observant and conservative in religious ritual, he was a pioneering liberal in secular society.

Never did Ben seek fame or public recognition. Many admired and learned from him, but he took no titled position with Jewish institutions. He proudly and modestly quipped, “I spent half my life as the son of Rabbi Mintz and the other half as the father of Rabbi Mintz.” His father was Rabbi Max J. Mintz, an important rabbinic figure in New York; and a son is Rabbi Adam Mintz, well-known to the modern American Orthodox Jewish community.

This typified another endearing quality of the man – the charm of laughter, a delightful sense of humor.

Solomon twice observed in Proverbs (Mishlei) 15:35 and 18:12, “A word of life that must have guided Ben. I have highlighted his loyalty, learning, liberality and laughter. The verse also begins in Hebrew with an “L” – “Lifnei kavod anava”:

“Before honor goes humility.”

Nathan Levin, a Washington attorney, has engaged in trial and appellate litigation in federal and state courts for more than 35 years.

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