

***Difficult Decisions***  
**“My nursing home experiences  
in my own words.”**

“An Aged Christian with the snow of time on his head may remind us  
that those points of earth are whitest which are nearest Heaven.”

Chapin

## **INTRODUCTION**

The reason for writing these memoirs is both personal and professional. I want my children to have a greater insight into Long Term Elderly Care, which I hope will assist them as they continue with this type of work. In addition I would like to provide the wider community with information about the day to day activities and duties involved in providing care to the elderly.

In 1952 Grace Fullerton Barker, a public health nurse in Warren, RI asked if I would be interested in doing nurse aide work at a local nursing home. Mrs. Barker was loved and respected by the community. I consider her my mentor, because she introduced and encouraged me to pursue a nursing career.

**Linda Moniz Machado**

## **Dedication**

For my husband, John and our children John and Mary Beth and, of course, our two grandsons, Benjamin and Ethan whom we adore.

I would also like to acknowledge and thank the following physicians:

Dr. Victor deMedeiros, the home's first Medical Director  
for so many years  
Dr. Manuel DaSilva  
Dr. Paul Botelho  
Dr. Hubert Holdsworth  
Dr. Robert Drew  
Dr. Charles Millard  
Dr. Patricia Chace  
Dr. Pamela Harrop, who has taken on the responsibility of  
Medical Director currently at the home.

I would also like to dedicate this book to my brothers Joe and Manny, both of whom are now deceased. Joe shared my vision for a successful nursing home and played an integral role in establishing the business contacts and relationships necessary for a successful venture. Manny shared my love of humor and was truly a "people person", illustrating the very philosophy that I feel has made Grace Barker Nursing Home such a special place to live and work.



**PART ONE**  
**THE BEGINNINGS**

I was born in 1929 in the midst of the Great Depression. My parents were immigrants from the island of St. Michael, Azores. Their parents had emigrated in 1905 and in 1911 seeking a better life for their children and grandchildren. While battling a language barrier and feelings of inferiority due to lack of education, my parents endured many hardships. In spite of adversity they worked very hard and became some of the youngest property owners in the town of Warren, RI. (They were both 22 years old.) My father had a fierce work ethic and one that was held as an example to others. My father once told me that people in this small town would watch to see if he was working or not. If he wasn't, there need not be any attempt by others to seek work because if he could not find work no one could! He often said, "Work never killed anyone". He viewed it as a challenge to excellence. Whatever he did, he did well. Even his gardens showed evidence of his hard work ethic; they were without weeds and very productive. My mother also worked very hard as a homemaker. Having given birth to eight children, (the youngest, my brother, born in 1931), she kept things running smoothly at home. I attribute many of my own accomplishments to my parents and grandparents' love and life decisions particularly their work ethic.

After the end of World War II my brother, Frank and Joe, were discharged from the service. Shortly thereafter my mother suffered a stroke and died a week later. She had often spoken to me about the constant worry she had while her sons were away, (Frank in the Battle of the Bulge and Joe with the Army band). She felt this was taking its toll on her and would someday kill her. I was 16 when my mother died and I was consumed with grief. These feeling were manifested by anger and thinking that life owed me a living. I had no idea what life had in store for me and frankly I cared less! I graduated from high school in 1947 and still had no clear professional goals.

My father re-married in 1947; my stepmother was a wonderful woman. Both she and my dad encouraged me to pursue a career in nursing. In 1952 their ideas and Grace Barker's suggestion that I apply for a position as nurse's aide in a local Nursing Home launched me on my career. Mrs. Barker, a public health nurse for 25 years in Warren, RI, was my neighbor and highly respected and loved by the community. I accepted the position in the nursing home and thus began my first experiences with the elderly community. The home, one of the very few homes in the area, had 18 residents, most of who were bedridden. There were many factors about this home which

disturbed me. The wood structure of the home, its narrow corridors and stairway were a definite fire hazard. In addition, the most debilitated bedridden patients were housed on the upper floor which represented a real danger should they have to be evacuated. The placement of the home's laundry room (next to the kitchen) seemed a very unhealthy arrangement. I was puzzled that the Health Department allowed these practices to continue. The place was clean,



the food palatable and the care adequate. An R.N. and her husband operated the facility. I was taught the basic procedures and nursing care. After, this exposure I decided on nursing as my chosen profession.

In 1953 I was accepted into the Truesdale Hospital School of Nursing in Fall River, Massachusetts, which was Grace Barker's alma mater. In order to prepare for nursing school I returned to Warren High School for Biology and Chemistry classes. My years of nurses training were three of the best years of my life. The friendships made there have endured over the years. In 1954 I was saddened by the death of Grace Barker; I later learned that she had bequeathed \$1000 to me in her will to assist with my education. Her generosity and belief in me made me even more determined to complete my studies and to



continue her work. Even though training was difficult, the care given by all of the nurses was superb. Our instructors were fair always emphasizing that our first priority was patient care. I owe a great deal to the devoted and concerned nursing instructors, Ruth Hurley, Dorothy Burke Winters, Norma Sasseville, Emily Bellman, Edna Roberts, Dolores Crispo, Louise Darling (Vancy), Dolores Crispo, Dorothy Winters, Vivian Potvin, and Evette Lafond, just to name a few. In addition, the wonderful private nurses were always available to help me out of some difficult

situations.

Soon after graduation I was offered a position as an Assistant Head Nurse on a busy medical-surgical unit. This was a whirlwind

experience! Within months I was offered and accepted the Head Nurse position on that same unit. Although this promotion represented a challenge, I was young and loved my work and that made all the difference. The many experiences I encountered during these years were among the most valuable to me professionally.

After my hospital work I was offered a nursing position with the Taunton Visiting Nurse Association in Taunton, Massachusetts. Ruth Hurley, a former nursing supervisor who was in an administrative capacity at the agency, gave this opportunity to me. She has remained a dear family friend over the years. Public health nursing was an important experience which I strongly advocate. During this time I felt happy to be continuing Mrs. Barker's work which also gave me the opportunity to see first hand what the long term care needs of the elderly were. It also solidified my determination to one day own my own nursing home. After one year with the agency I reluctantly resigned to accept a position as Director of Nursing at the same small nursing home I worked at prior to entering nursing school.



My experience at the nursing home was quite different from what I had anticipated. I had been told that the home was under new management and working conditions were good. Much to my surprise this information was erroneous. The management seemed to have little regard for the elderly and their needs. I began to wonder if I had made a mistake in leaving my VNA position. I persisted and rose to



the challenge. I became an elderly advocate and was quite vocal in my complaints about inadequate amounts of food and nursing supplies and the appalling health issues such as rodents inside and outside the home! In addition to all of these problems there were considerable financial concerns with creditors frequently demanding payment and the lack of funds to cover our paychecks. You can just imagine my surprise when the bank refused to cash

our checks due to lack of funds! In spite of all the abhorrent conditions, the owners seemed to be able to continue keeping the nursing home open. I often felt happy when the state inspectors would come; hoping their findings would result in considerable change. That did not seem to happen in spite of the number of deficiencies. Even though all this existed there were some wonderful things going on at the home. The staff, particularly Jackie Medeiros and Peggy Vargas provided excellent care.

One day the management informed me that all 18 patients were being transferred to a larger facility, which they also owned and managed. I was quite surprised that the state would permit this to happen. I continued to hope that matters would improve, but financial, staffing and supply problems persisted. Even after confronting the owner, he never attempted to correct problems but left me with the responsibility of managing the facility. In spite of all the stress this arrangement presented, I became more confident in my own ability and held on to my dream to become a nursing home owner.

In 1960 I met a man, John Machado, who had immigrated to Canada in search of the similar opportunities my grandparents sought when they came to the U.S. He was employed by the Heinz Company, Canada, and then accepted a job maintaining Yachts at a yacht club. During one of his visits to the U.S. we were introduced and I immediately knew he was good husband material because he reminded me of my own father. In St. Michael, The Azores he was a mason by day and in the evening he was a folk singer or what the Portuguese call "Contigas ao desafio". Some time later I discovered he was somewhat of a celebrity in the islands where people still recognize him and call him "Machadinho" which I thought was pretty cool! On September 5, 1960 we were married and soon after he accepted a job with Hasbro Toys.

I continued to work at the nursing home and soon learned that I was pregnant with my first child. The management requested that I leave in February even though my due date was not until May. I assumed that my extremely vocal opinions were the reason the owners requested my resignation and not my pregnancy. To my sorrow I suffered a miscarriage shortly after leaving the nursing home. To say the least this was a very difficult time for my husband and I.

After recuperating from the miscarriage, a friend called to ask if I was ready to return to work. She told me that there was a new nursing home nearby which needed a charge nurse. After being

interviewed I was hired and began work very soon after. I worked at the home full time for a year and then part time after having our two children, John in 1963 and Mary Beth in 1965. The facility was managed by a board of directors, the physician owner and his wife, a dietician. I learned a great deal while working there and was delighted when my friends Jackie and Peggy were hired. They were conscientious, reliable, loyal and loving individuals, which made the working conditions enjoyable. Nancy Cageggi, our Director of Nurses was a wonderful person who worked right along with us as part of the team.

During this time the thoughts about owning my own nursing home recurred and I began to feel that it was the time to fulfill my dream. In the past I had mentioned plans for nursing home ownership to my brother, Joe, who seemed interested. He was a salesman for a large bedding firm and he felt certain he would be able to purchase these items for us at a reasonable cost. After discussing the matter with his wife and son, we all agreed to become partners.

The actual planning of our nursing home was not an easy task. My husband was apprehensive but I assured him this was the right thing to do. I told him that with my nursing home experience and his ability to handle plant property and equipment concerns we would do



well. In addition, my parents had offered to baby sit which made the arrangement perfect. The home was to be built directly

across from our own residence, which was a Godsend because it afforded us easy access and allowed us to police the facility when necessary. Because John was still working at Hasbro Toys and receiving a good salary, he was very reluctant to leave. When my parents offered to sell us the land at an affordable price we agreed to give it a try. Coincidentally, Grace Barker had once owned this



property and after her death, Ella Barker, her only living relative, sold it to my parents. One of the biggest obstacles was obtaining a bank loan. It is usually very difficult to get a bank loan for nursing home construction but because we already owned the property we were able



to obtain the money from a private firm at a very heavy interest rate.

Once the plans were approved, we had to “sign our lives away”. At this meeting we were introduced to the attorney representing the lending firm. At first we felt intimidated by his stern, business like demeanor, but

that quickly changed. He was introduced as Norman Jay Bolotow, Esquire, a stickler for details. He began to work on resolving the many problems which existed before we could officially sign the agreements. One problem I vividly recall was when Mr. Bolotow (that’s what we called him then, now its Norm) called to tell us that even though construction had already begun we would have to find another track of land on which to build the home. The reason for this was that a “paper street” was going right through the center of the



building. He informed us that construction would have to stop for three weeks while we advertised in the local newspaper for the abandonment of the street. In spite of this, the contractor proceeded with the work. Perhaps his decision to continue was based upon the fact that he knew and trusted my brother or that he felt sorry for us. Once the three weeks passed and no complaints were received we prepared to affix our signatures to a ton of forms. My dad and stepmother

had agreed to risk all of their assets as collateral in order to finalize the loan. Without them none of the plans would have been possible.

On December 12, 1966 we had a ribbon cutting ceremony with town dignitaries and some state representatives who helped us to

celebrate this long awaited dream. The first two members of our staff were Peggy and Jackie, the wonderful nurse's aides who I had worked with at previous nursing homes. With one goal in mind, the



administration of good patient care, we worked together. The next day we began admitting patients and I began adding to the staff. Most of these positions were filled with family members. My mother worked in

the kitchen along with my sister-in-law's mother Mary, a wonderful woman, they also took on the responsibility of baby sitting. I had a cousin who was a nurse's aide and a niece who worked in housekeeping, Rose Rosario, who has been in our employ for 26 years and counting. The business office staff included a manager and my brother and his wife. Their son Ronald did private care under licensed nurse's supervision and did a superb job. I assumed the Director of Nurses' position along with numerous other duties. John remained at Hasbro until 1968 but still managed to finish the reception room in the basement and build protective walls around the furnace, a Rhode Island state requirement. In 1968, John joined the staff and was responsible for the purchasing as well as the building and landscape maintenance. During the same year, my brother and his family built two other nursing homes, one in Swansea and one in Bristol. In 1970 my brother sold his share to another family member and in 1973 John and I were able to become the sole owners, thanks to Norm, our lawyer.

For the first year I worked almost day and night because we could not afford to hire licensed nurses. Looking back, it was a wonderful way to work side by side with the staff







and to provide supervision at the same time. Unfortunately in 1970, our 7-year-old son was injured in an accident, which required long term physical therapy. These were difficult times for me because my children were very young and I desperately wanted to be

with them as much as possible. We were fortunate, however, that both my parents were retired and willing to assume the responsibility for their care. Our home and theirs were within 100 feet of each other making the adjustment easier. My mother took over most of the baby-sitting duties and my dad was responsible for transporting our son to and from nursery school as well as for all out errands. Nothing could have been accomplished without these two exceptional parents.

During these early years I did most of the nurses aide teaching because there were no training programs available. In the early '70's Warren did establish a nurses aide course in its adult evening classes and I became certified to teach the course at my home. I was also responsible for the administrative duties as well as the nursing ones. At that time nursing home administrators at the Hattie Ide Nursing Home were not required to be licensed. In 1972, I was accepted into



the first class and passed the exam with many colleagues from other nursing homes. Later they became a great source of help as well as good friends. Two Rhode Island nursing home administrators and good friends were Minerva King

and Adeline Frederick. Another friend, Evelyn Harris, an LPN nursing home administrator and owner of the Harris Home was on the board of directors for nursing home administrators. I shall never forget Evelyn who was one of the greatest humanitarians I've ever met. It was always a personal goal of mine to be in the same category as these fine ladies. Both Mrs. King and Evelyn Harris are now deceased.

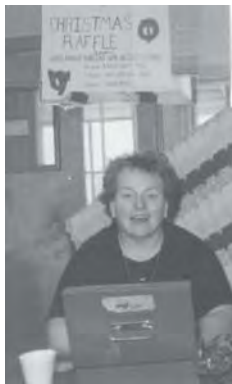
In 1969 my father died of heart disease at 72 years of age. My

stepmother, 66 at the time was quite capable of caring for herself in her own home just a few feet away from our home. At one time she had a kitchen fire which she was afraid to tell us about because she feared she could not remain in her own home. By 1986 it was apparent that she needed to come to live with us. Both my husband and I felt certain we could provide “Gram’s” care. A day-bed and whatever she needed was set up in the family room. At first she missed her own home, but soon became accustomed to her new



routines. One morning she inadvertently turned on the gas under the stove grille and I discovered flames leaping from the sides of the grille cover. After smothering the flames with a rug, I gently explained that the kitchen was “off limits” to her. This was a difficult decision since she

had done all our cooking. Later she would sit in the kitchen watching me try to cook and would give me instruction. She never gave us a bad time about these changes and seemed to understand the need for them. Our relationship was very good. Initially, she used a cane to get



around, but soon a walker and then a wheelchair was needed. We realized this was “payback time” and we took her with us wherever we thought she’d find it enjoyable. Consequently, she became very close to my husband and I. We sometimes had to use psychology to help her to understand that it was not possible for her to be with us at all times. My sister Laura stayed with her when we went

on vacation. After explaining that we were driving to Florida which would be too tiring for her, she would respond by saying, “I could fly”. She always accepted our explanations and would tell us what a wonderful time she had with Laura upon our return.



Even at 91 she offered sound advice and continued to be a driving force behind our accomplishments.

Over the years I had relinquished many responsibilities as the number of duties became greater. One of the positions, Director of Nurses, was filled by fellow Truesdale Hospital alumna, Marilyn



Serbst. She remained in the position for 22 years and served the patients and the facility very well. She could have even managed the arts and crafts department very well because she is extremely talented artistically. My mother used to say, "her hands are made of gold". Because of her love and dedication, Marilyn will always be part of our nursing center. Currently the Rhode Island nurses aide certification program is being taught at our

facility by our daughter, MaryBeth who has a nursing degree from Georgetown University and a Masters in Long Term Care from the University of Connecticut.

I remained as Administrative Consultant of the facility until 1994 when our son-in-law, Mark Lescault assumed the position. He and MaryBeth were married on October 10, 1992 and together they have total management of the facility. Mark has a degree in accounting from Bryant College and a Masters in Business from Providence College. Mark's mother, Betty (Kaiser) Lescault and I graduated in the same nursing class at Truesdale. Her father Anton Kaiser designed the Country Gardens Nursing Home, which my brother built in 1969. Her father-in-law Oscar Lescault, was the architect for the Grace Barker Nursing Center. I have always marveled at the history behind my dream nursing home and how, with God's help, circumstances have favored us so much. An assisted living project was begun in 1997 which Mary Beth and Mark own and manage. To add more joy and excitement to our lives they presented us with our first grandchild, Benjamin Elias born on January 29, 1996. Coincidentally, his birthday is the same as Grace Barker's. On September 15, 1999 our second grandchild, Ethan Christopher was born. He shares the same birthday as my stepmother. Another coincidence??? I don't think so. He too is a love and joy for us, now the official baby-sitters.

**PART TWO**  
**NURSING HOME RECOMMENDATIONS**  
**AND REFLECTIONS**

Admitting a loved one to a nursing home can be very difficult for families who often experience guilt about placement. It can also be difficult for the person who is admitted. Today, state agencies list all care facilities and the results of the most recent surveys. The following information may assist a family when it becomes necessary to place a member in a long term care facility. During this process it is advisable to visit the prospective home and to consider the following:

1. What is the external appearance of the facility: its grounds, location, etc.?
2. Inside, are there noticeable odors?
3. What is the staff's appearance; are they pleasant and friendly? Is there a dress code?
4. Does there appear to be a home-like atmosphere as opposed to a medical institution?
5. Does the facility appear clean?
6. It is recommended that a tour of kitchen facilities be done. Ask for menu samples. Visit during mealtimes to observe food portions and presentation.
7. If possible, meet with the Nursing Director and/or Supervisor and ask about usual staffing.
8. Ask who is directly responsible for the nursing home, i.e. administrator, owner, etc.
9. Speak with office personnel about payments, policies and family responsibilities.
10. Ask about patient activities, indoor and outdoor.
11. Observe patient appearance; do they appear well groomed?

Even though families experience guilt about placing their loved



one in a nursing home, the staff can be understanding and supportive in their approach, which can ease some anxieties. When the elderly person requires more and more attention at home it can create undue stress upon family energy and resources. Even though the family relinquishes the care to nursing home staff it is

important to maintain interest and to bring concerns to the charge nurse. In my opinion the family's love and attention are the nucleus of every patient's care. Because of today's technology people are living longer and sometimes this results in poor quality of life. One of the

most difficult issues families' face is the decision about what measures should be taken in the event of a life threatening illness. Most patients admitted to nursing homes do not have a living



will and have not designated a person who has power of attorney. I am not a euthanasia advocate, but I do believe careful consideration should be given to all patients regarding what measures should be provided in the event of a life threatening event. Many families are unaware of the meaning of "heroic measures". I believe doctors should discuss these issues with families. Clarification about specific treatments and their effects should be provided. Factors such as



comfort vs. prolongation of life without quality should be explained in detail so that appropriate decisions will be made. Sometimes the result of heroic measures becomes an undue burden for the patient and the family. Careful consideration for the patient's and family's religious beliefs should always be provided. The Catholic Church proposes that when an individual is dying, conservative measures may be used to keep the patient comfortable. This includes keeping the patient

free from pain, offering food and water and all other comfort measures. Centered around these decisions are communication issues among family members. Without a Living Will or Power of Attorney no one has or wants the responsibility for decision making. Unfortunately, when someone does assume these roles they are often open to criticism from other family





members regarding the care of their loved one. Sometimes these poor communications result in unusual and unacceptable requests of the staff such as checking visiting times of other family members to avoid meeting one another. Needless to say this creates undue pressure on the staff and must be settled between both parties.



As a family we have had to face the life sustaining vs. comfort measures issue also. On March 18, 1995, soon after we had returned from Florida vacation, my mother suffered severe chest pain requiring a 911 call. After a “touch and go” ride to Rhode Island Hospital she was seen in the emergency room. I advised the staff of her living will and that I had the power of attorney. We were advised that her chance for recovery was slim. At this point I told them that she did not want any heroic measures performed. She had been on many medications, had only 1/3 of a kidney functioning (a problem for 14 years); her blood sugar had been difficult to control and was also on antihypertensive medications. Coupled with all these treatments, she was being given large doses of diuretics to increase her output. She was alert and talking to us; she asked for forgiveness for anything she had done to hurt us. I assured her that no forgiveness was necessary and that I really needed her forgiveness because I knew I had been impatient at times. The following day, two young interns asked me if they could insert a catheter into her carotid artery (neck) and pass it down into her heart to obtain information, which might assist them with the treatment. The risk of the procedure was a possible stroke and because of this, I refused to allow the procedure to be done. After ten days in the hospital she was admitted to our facility for rehabilitative service. Her condition steadily declined due to the heart damage. She required constant oxygen and any activity was difficult for her. During this time she was afraid to be left alone and died on April 21, 1995 with MaryBeth present. I have wondered just how much advanced technology should be employed solely for educational purposes vs. quality of life. Once all legal issues have been satisfied and if the patient does not want any heroic measures, I believe only

comfort measures should be carried out.

At our facility there have been several times when decisions regarding a person's resuscitative status have been made with great difficulty or no living will or power of attorney existed at all. As an example of the difficulties families' face, I recall a resident who had been with us for fifteen years. For ten years she had been in a fetal position with a gastrostomy tube in place for hydration and nourishment. The family had been unable to assume the responsibility for the tube's removal. Today it is necessary to obtain a court order to have a feeding tube removed since physicians will not remove it because of the legal ramifications involved. In this particular case, if a living will had been in place and the patient had opted for comfort measures only, this situation could have been avoided.

The second such incident which occurred was with a patient who had a serious circulatory problem resulting in a gangrenous foot. The only treatment

option suggested by the physician was surgical amputation. Since there was no living will or power of attorney designated, there was no one to assume the responsibility for making such a decision, no surgery was done. Caring for the resident required adequate pain management and attention to the affected foot. Nurses were always concerned that during the dressing change the gangrenous foot would be found detached. The patient was kept pain free and expired without losing the foot.

In another incident a resident's family was fighting over a small amount of their mother's money. Each one felt they should be the recipient of the funds. The responsible party, the resident's son, decided he would settle the matter by throwing \$500 in small bills





around the patient's room. Following this he left the room and the resident was tearful because she did not understand the family dynamics occurring. This entire matter could have easily been prevented had there been adequate discussion and delegation done by the patient.



Staffing a nursing home is a difficult duty for the nursing home administrator. Prior to the establishment of Rhode Island nurses aide certification programs, nurses aide applications were accepted, reviewed and the applicant interviewed.



(Sometimes no background checks were done!) Once hired the nurse's aide would be assigned to work with a licensed nurse for approximately two weeks. After this the aide was given an assignment with supervision. This training was certainly insufficient and did not provide opportunities to develop good nursing skills sufficient to provide rehabilitative care. This lack of adequate training often resulted in staff turnover due to the emotional and physical demands of caring for geriatric patients with multiple problems. The present nurse's aide program is taught at our facility by our daughter Mary Beth. It has been a blessing and provides an opportunity to hire caregivers familiar with the facility and its standards. The result has been a reduction in turnover and the retention of loyal and dedicated personnel who are respected and are aware of their responsibilities.



The Director of Nursing Services is an important member of the nursing home staff. Her responsibilities include the safety and care of all patients in addition to the hiring and supervision of all those who provide that care. She is the eyes and ears of the facility with direct access to the

Administrator. Her supervisory skills and patient rapport are the lifeline to a well-run nursing home facility. Within these duties lies and exceptional ability to interview, hire and retain those who can provide the best care to patients. Nursing home work is difficult both



physically and emotionally and often compensation does not adequately reimburse the staff for services rendered. The facility is expected to provide the same type of care which hospitals provide with one-third the reimbursement rate. The Director of Nurses must make certain that every patient is receiving the care needed, not



an easy task. As mentioned in Part I, Marilyn Serbst was our Director of Nurses for 22 years and was replaced by our present director, Patty Estrella. Patty has been in our employ since she was a high school junior at 16 years of age. She was hired as a nurses' aide and was taught the fundamentals of nursing by other staff members and me. She learned quickly and became a competent nurse's aide. After acceptance into a three-year nursing program she continued to work for us on weekends. She graduated and became an R.N. and then assumed charge nurse duties. She is a remarkable woman who married during her training and managed to raise three



lovely children while still employed. Even though she has held the Director of Nurses position for a short time she has demonstrated outstanding leadership, compassion and understanding towards residents and staff. We have employed all three of her children as well. Recently, Joan Alfano, R.N. has joined Patty Estrella, R.N. to assist her with the mounds of paperwork needed for billing Medicare and Medicaid.

The dietary department in a nursing home is another important component in the management of the facility. In the past it was not necessary to have dietitians or a kitchen supervisor on staff, but now there are specific requirements and guidelines which must be followed. Many of the residents are on strict diets, which must be reviewed, and monitored by a nutrition specialist, thus the need for trained professionals. In the early days, I planned most of the menus. In order to do this I reviewed my nutrition notes from my training days and did what I could with what I had. (In training I could never remember whether a tomato was a fruit or a vegetable.) As students we often laughed about this. At the home we employed a part-time dietitian. Nancy Kenny, who grew up in Warren. She was a pleasure to have on the staff. After she moved to another part of the state we hired a wonderful dietitian, Patricia Simard. Her professional knowledge and expertise introduced us to a whole New World of food delivery. She remained with us for many years. Our present dietitian is Mary Lou Chase who is a very knowledgeable professional. She works closely with our kitchen supervisor, Kathy Floor who has been with us for more than ten years. Kathy is a Rhode Island School of Design graduate who handles cooking responsibilities with great efficiency and enthusiasm. All foods provided for functions are Kathy's responsibly. The tables are always picture perfect as are the baked goods, her specialty. The kitchen staff is a jovial group and has great respect for Kathy. Our daughter-in-law Nancy a special needs adult who is on the kitchen staff is supervised, by helpful



and loving piers. We are grateful to all the kitchen staff along with MaryJane, Fatima, Gail, Jamie, Liz, and especially Kathy, for the time and effort extended to teach Nancy how to perform her duties. Many thanks to Gail, Mary Jean and Jamie Fatima. Because the housekeeping department is responsible for maintaining the cleanliness of a facility, it is a very important component of a nursing home's staff. It is not an easy task to keep patient areas clean and odor free and at the same time preserve as much of a home-like atmosphere as possible. The head of the housekeeping department for some time was Michael Plamondon. He recently went to work as a mechanic for his brother-in-law, which was always his first love. We wish him well with his new job. His family is still represented at the home by his mother Irene who has been a nurse's assistant with us for many years. Irene's daughter-in-law Rosemary also worked for us as a certified and medication aide. She recently graduated from CCRI's nursing program and now is employed by the Veterans Home. Our niece Marjorie Moniz, my late brother Manny's daughter and our Godchild, has been appointed Head of the Maintenance department. Our son John is a special needs adult who works in the department under Margie's supervision along with Nuno and Rick. We now have both of our children and their spouses employed at the facility. How lucky can you get?

The nursing home laundry is responsible for all patients' personal laundry. At our facility, laundry staffing was a problem for many years, but today after the installation of computerized machinery and the hiring of Mary Jo Ribeiro and Dalila Toste the process runs smoothly. Keeping the patients personal laundry loss down was accomplished by the addition of part-time help.

In a nursing home the business office is an important department since it is responsible for keeping track of all in-coming funds and out-going expenditures all of which require managerial and secretarial skills. Medicare billing was a rather new concept to the nursing home industry when we began our business venture so the process became a learning situation. In 1968 we were fortunate to find







Madeline Ernest who had the skills we sought. She remained with us until she received her administrator's license and went on to manage a nursing home. She was an instrument in establishing an excellent bookkeeping system, at our facility. Over the years we were able to add personnel to the

business office. We hired Linda Moniz, a niece by marriage and my high school friend Mary Rene. Karen Borges, Noella Hayward, Jane Redfern and Lisa Serio are our present employees. Their expertise has made life easier for us. Because Medicare and Medicaid billing regulation have become more complex over the years, documentation must be precise in order to prevent payment delays. Once a patient is admitted to a nursing home, Social Security checks are mailed directly to the nursing home with family approval. These funds are used as partial payment for services if the recipient is on the Medicaid Program. In Rhode Island fifty dollars is given to the Medicaid recipient for personal items. The regulations specify which supplies the nursing home is required to supply for the patient; anything in excess can be purchased with the program monies. If a responsible person does not want to handle funds the facility must record how the funds are spent for each resident. All these requirements are time consuming and burdensome for the business office staff.



The Activity Department plays an important role in each resident's daily routine. There are various activities planned each day to provide entertainment and social experiences. The staff, headed by Jenna Bauer and my namesake, Linda Pelletier,

my Neice and Godchild, keeps the residents busy playing bingo (a great favorite), exercising, attending religious services and making crafts for those whom are able. Monthly birthday parties are celebrated for those who became a year older during that month. There are cookouts, pet days bus rides and baseball games to the Pawtucket Red Sox and occasionally to the Boston Red Sox at Fenway Park. All of these events require additional



help, which is provided by local volunteers like Bill Beauchaine, Lena Dassuncio, Sadie Guida, Elsie Manchester and Laura Brown. For years Bill played Santa Claus for the Head Start children we had taken under our wings. During the Christmas season the children visit the home and Santa gives each one a toy bought and wrapped by a staff member. They are served pizza, cupcakes and beverages. The staff and residents participate in singing and having fun along with the children. Mr. Vallee, the husband of a resident, was a part of our activity family. He was there to help nearly every day. He also shared with us his talent for making birdhouses. Bill, Lena and Sadie retired





but their contributions to the activity department are remembered with gratitude. Bill has since passed on. The most popular event of the year is the 4th of July Celebration. The parade begins at the facility and continues up and down Barker Avenue. A Miss Grace Barker and Mr. & Mrs. America are selected by their peers and staff members. Many patient's and staff members are part of this celebration. Christmas parties are also enjoyed by all including many family members.

Daily rehabilitative services are supplied by the nursing home for those who need them. This department includes occupational, physical and speech therapy. Our physical therapist, Florence Filippo had been with our facility since its establishment. She recently retired and is sorely missed. Our association goes back to when I saw first hand what positive rehabilitative physical therapy results she could accomplish. After our seven-year-old son was in an auto accident, Florence was instrumental in teaching him to walk again. I shall always be

grateful for her skills and for all she has done for our family.

The nursing department is responsible for the overall care provided by the facility.



The licensed nurses oversee the bedside care given by the certified

nurse's assistants. Nurses rely on nurse's assistants to report any problems or changes and this communication is invaluable in maintaining the home's excellence standards. Nurses must evaluate assignment schedules so that those residents requiring specialized skilled care are tended to by those trained to do so. Change of shift report is an excellent time to communicate vital information about patients. Employee morale is contingent upon this open invitation to share important data about patients. Like all facilities we had our share of problems such as tardiness, pilferage and lack of responsibility. Most of these issues were resolved because of the trust and interest demonstrated by the owners for the staff. Working as a team has always been a priority at Grace Barker.



At times some licensed nurses feel that if they are giving



medications they should not be assigned to do bedside care. Nursing means providing whatever the patient needs for comfort and well being. Unfortunately, a great deal of emphasis is placed on documentation and not enough on good old fashioned "bedside nursing". Patient contact is mandatory in both hospital and nursing home

settings in order to properly assess the patient's status and needs. It was years before I actually saw a surveyor turn down the bedclothes to check for skin hydration, bruises or bedsores. The only reliable way to assess a patient is to get to the bedside and look.

Our professional nursing staff is comprised of outstanding nurses who have been with us for many years. Our night nurse, Mary Alice Martineau, a Truesdale classmate of mine, has been with us for more than 20 years. She is efficient and reliable and because of her we have had few sleepless nights just knowing she was in charge. Rita Pizzulo has also been licensed a vital employee who has been extremely loyal in covering all shifts. Our evening nurses Debbie,



Donna and Diane are young, responsible and dedicated women who demonstrate strong professional ethics. The day licensed nurses Ethel and Karen and our charge nurse Pat Blouin provide outstanding care and a strong sense of professional responsibility. In addition to our regular nursing staff we have occasionally used nursing pools. I have never been an advocate of the pools for several reasons. First and foremost the nurses are unfamiliar with the residents and their particular medical problems and they are not acquainted with the physical layout of the facility. Usually our need for the pool nurses occurred on the evening or night shifts and I was always happy when I knew that Jane Creel, a nursing assistant who had been with us for many years, was working the night shift. She was able to assist the pool nurse with patient identification and location of supplies etc. Jane was employed for twenty-seven years and is someone very special. Because of health reasons Jane is now retired. Thank you Jane for your dedication to the patients and to our family. Jane's daughter has completed the nurse's aide certification program at our facility and hopes one-day to become a registered nurse.



Over the years I have had the opportunity to work along side some wonderful employees at Grace Barker. Their histories are part of my life too. One such person, Dolores Soares, came to work for us after a friend of mine asked a special favor of me. She said she had a friend who desperately wanted to work with the elderly. I asked her why she didn't apply in person and was told that she thought she would not even be interviewed because she was African-American. Needless to say I interviewed and hired her and she went on to become one of our outstanding nursing assistants and one of our first medication technicians. She pursued her desire to become an RN and was accepted into a school of nursing. Unfortunately, days prior to her entrance into nursing school she was diagnosed with cancer. The very day she was to enter school she had surgery and, after battling the cancer courageously, she died in October 1986. Her children felt



because her desire to become a professional nurse was so great they laid her to rest with a name pin which read "Dolores Soares, R.N." in commemoration of her love of the elderly. Annually a \$500 award is given to deserving staff members in her memory.

We are proud of our staff because we know that only with a total team effort can outstanding nursing care be provided. Employees in this industry must know that ownership and leadership are sincere in their quest to minister to the sick and needy and especially to the elderly. It is my belief that the only way people in command can earn respect is to respect others. I do feel strongly that the owner's interest and participation in everyday business is an important reason why most family owned homes are able to recognize problems before they escalate. My nursing background and my husband's ability to be a



jack of all trades and his heart of a lion were a plus for the business and for my family. It is difficult and often a thankless job to staff a nursing facility. All

too often compensation for the workers is not commensurate with the important job they do. A sincere desire to care for the elderly must be a motivating factor when considering someone for employment. Nursing is a profession where you learn to “let your conscience be your guide” and this also applies to nursing home management. Demonstrating interest and kindness to the staff, resident and families is a vital part of the philosophy of every facility. Because patients are

totally dependent on caregivers it is important for administrators and directors of nursing to scrutinize employees work performance.



Unfortunately the nursing home industry is viewed in an unfavorable light at times and it seems to be run by those who only care for making a profit. Realistically, no businessman or woman will invest in anything, which will not make a profit. There are those who try to beat the current system through the use of loopholes. Lawmakers enact regulations and rules, which permit this type of activity.

Over the years nursing homes have been the centers of controversy. Some time ago there was a television news report about abuses which occurred at two nursing homes in the mid west. A hidden camera was used to record an attendant rummaging through a resident's purse obviously taking money. Another incident showed an attendant punching and hitting a male resident then throwing him into bed. There were other incidents shown which cited staff with criminal records and money, which had been stolen from residents. I question why families leave money with their loved one, but as a daughter said “My father always had to have some money with him at all times, so I wanted to honor his request.” It is difficult not to follow the requests of a parent and I probably would have done the same thing. Nursing

home policies should state that only a certain amount of money is left with a resident and that it be kept in a safe place.

During the early years of our nursing home we had a serious problem with a staff member who was stealing money from staff as well as residents. This went on for some time and it seemed that even when employees hid their purses, someone seemed to be able to find it. One afternoon I received a phone call from a private duty nurse who had left the facility an hour before. She told me she had gone to grocery shop and discovered that money had been taken from her wallet. I checked the staff schedule and found the culprit, the only staff person on duty when all the other complaints had occurred. The following day I confronted the thief at her home and she confessed. She returned the money to everyone (including me) but could not understand why she was asked to leave.

Nursing homes are required to operate according to state and federal standards of operation. The state inspects each facility to determine if there are any deficiencies and to impose disciplinary measures if warranted. Follow up inspections are done periodically to ensure continued quality of care. Owners have the responsibility to police their own facility. An incident, which occurred at our home, involved a

nurse's aide who had completed her studies with my daughter and I had passed the certification exam but was still on probation at the home. She was accused of physical and



verbal abuse, which had been witnessed by others. She was immediately dismissed but denied allegations. Shortly thereafter we received a letter from her attorney giving us three options. The first was to give her the job back, the second was to give her some money to hold her over and the third was to give her a letter of recommendation. Needless to say our attorney and we felt that there were no options. We were bothered that the reputation of the abuser seemed to take precedence over the abused. Unfortunately she was





seen working at another facility. I truly commend any staff member who will come forward with information concerning abuse. This episode is a reminder that careful background checks are done on all future employees and to require a probationary period to determine if the person is qualified to provide elderly care.

Managing a long-term care facility can be difficult at best, but there are always unusual incidents, which offer special challenges. The following are just a few which stand out in my memory. There was one incident, which I shall refer to as the Peyton Place Episode, which involved an employee on the night shift. For some time the night Nurse would call us at home to tell us there appeared to be a peeping Tom looking in the windows. My Husband and I searched to no avail.

The police were called and they too could find no one. This went on for at least two nights a week for four to five months. One night we decided to play "Columbo" and we hid in my brother's nursery school directly across the street from the home and still found nothing.

Another night we brought our German shepherd to sniff around.

Somehow the dog got away and ran across the main street and was killed. We were devastated but continued on in our detective work many nights. We began to think the nurses were seeing things.

Finally, one night after receiving another call we dashed out to find that the police were already there. They were running around the back of the building and after all the excitement died down, one of the officers informed us that he tackled someone but he had gotten away before he could make an identification. This information was hard to believe and we questioned why the officer did not call for help and how the officer who was at least six feet tall and weighed at least three hundred pounds could have missed the tackle. Still filled with disbelief, a few weeks later we received a phone call from a man who said, "Don't you know who the peeping Tom is? He's my wife's boyfriend." It seems this man's wife was a nurse's aide on the night shift and the reason we could not catch the culprit was that she gave

warning signals to him before anyone could get there. As if this wasn't bizarre enough, it seems this married woman was also working with her mother-in-law who nearly had a nervous breakdown when she finally found out about the infidelity. We also discovered later that the "boyfriend" was also a policeman and that cleared up the mystery for us. She ran off to another state with the policeman-peeping Tom and sometime later was at my office door asking for her job back!! She sure had a lot of moxie. I told her to go back to where she came from and she was unable to understand why I would not rehire her and said, "After all, my work was good."

Another incident is one my husband and I will never forget. It



involved a young nursing assistant who had been working with us for a short time and loved her work. It was brought to our attention that this

young lady was experiencing a terrible personal problem. Her husband was sexually abusing her two young daughters and she knew she had to get away fast. We confronted the young woman and offered to help her in any way we could. She prepared a plan and we helped her to carry it out. She told us that her two daughters would leave the house in the morning after her husband left for work. She asked us to take her to the bus terminal where they would travel by bus to meet family members in another state. At six o'clock sharp we brought her a suitcase which she quickly packed and then jumped into the van with her two daughters. We drove her to the terminal without incident, bought tickets and gave them some extra cash to help them along. After reviewing the episode we realized the danger in which we placed ourselves. We knew little about her husband except the despicable things he had done to the children. We had no idea that he could have been stalking her. The good Lord must have been watching over us because the plan was carried out with no altercations. Sometime later

we learned that they were all doing well and that was reward enough for us. Although sexual abuse is now discussed more openly, this problem occurred over twelve years ago and it had apparently been happening for some time before it was revealed to us. It certainly attests to the good rapport we had with our staff that the young lady felt safe telling us this dreadful secret. It required courage and conviction on our part to reach out and support a family in need.

There was a time when we had a problem with a nursing assistant who began acting strangely when caring for her assigned patients. One of her peers told the supervisor about some bizarre behavior she had witnessed. She would sit on the floor with her legs crossed and talk loudly and incoherently while rocking back and forth. Several of us witnessed this behavior and soon realized why this was happening. She had apparently been using drugs. We quickly found her some help and then terminated her services. Because of the good teamwork by the staff we probably saved the young lady's life and prevented injury to our patients. This type of occurrence emphasizes the importance of owners and administrative personnel's close observation of the day to day happenings at the facility.



Nearly fifteen years ago we employed an R.N. who was a pleasure to have on the staff. She and her husband lived nearby in an apartment owed by my brother. This was located just above my brother's business. One day my brother spoke to us about an incident, which had happened the previous night. Some one had broken into his store and stolen his heart medication, which he kept on hand in case he forgot to bring it from home. We were aware that this nurse was married to a known drug addict but she had no drug history. We knew that she was cognizant of her nursing responsibilities regarding narcotics and prescription medications so we felt confident that the problem rested with her husband. What we did not know at the time was that he was

physically abusing her and he had threatened to kill her and her family if she ever left him. We were apprised of these facts by her fellow employees who had seen evidence of the physical abuse. I spoke with



her privately in order to try to get her help but she was frightened and unable to find the courage to begin to change her life. Then one morning my husband was called to the nursing home because the head nurse thought she heard noises in the cellar. Upon investigation my husband found the nurse's husband poking around the cellar. When asked why he was there, he said he came to pick up his wife (she worked nights) and found himself in the cellar. He was asked to leave the facility, which he did, but we

suspected that he had ulterior motives for his appearance in the cellar. Even though we informed the police of the incident they were unable to charge him with any crime since nothing appeared to have been taken. This incident created a problem for his wife and for the management of the home. Shortly thereafter police were summoned to his home and found him dead of an apparent drug overdose. Whether he was responsible for his own death or if there were others who had injected him with the lethal dose of drugs, we were never able to ascertain. Naturally the young woman was visibly shaken when informed of her husband's death. She arranged for a proper burial complete with a head stone. A few months later we were told that the site of his burial had been vandalized and his tombstone stolen. The young woman remained with us for a few months after this incident then moved away. This incident also identified the need for good communication between the staff and administration.



One of the most troublesome occurrences for a nursing home owner is to receive notice that a resident is missing. Because our facility is located close to the Kickemuit River shore we are even more concerned when a resident wanders away. This happened to us some



years ago when we received a two AM phone call telling us that a resident was missing. After agonizing over the problem we were relieved to hear that he had been found. The patient had managed to make his way out the side door with a blanket over his head. He wandered into the wooded area near the shore and fell in the mud. It probably was lucky that he could not lift himself out of the mud and never reached the water's edge. There is no doubt in my mind that if the tide had been high instead of low that night we would have had a disaster on our hands. Immediately after this we had buzzers installed on all the wing doors and today any residents who wanders wears a wrist band which alerts the staff of an attempt to get out.

At one time we had an employee who we thought was accident



prone, but we learned later that she was not.

After reviewing the accidents we realized that she had a history of questionable injuries. One of her complaints was that a resident had kicked her in the knee with her

foot. We immediately became skeptical since this resident was sitting at the edge of her bed in her stocking feet. There were no witnesses and so she proceeded to see her physician. She complained that she had been kicked in the knee on which surgery had been done some time ago and now it was painful to walk on. Meanwhile, we received word from a reliable source that she was doing house cleaning for a friend and receiving worker's compensation at the same time. After notifying the insurance company several times, we were told that they would try to observe her on film walking without difficulty. They were able to do this and she sheepishly returned to work.

Nursing homes must use every possible means to avoid accidents and injuries. Worker's compensation premiums are paid according to the number of accidents that occur in any given period. The nursing home industry is considered a risk for injuries and should

be on the alert for anything, which might cause injury to patients, staff or visitors. We are continually repairing, replacing and refurbishing whenever we can. There are many legitimate injuries, but somehow there always seemed to be someone who tries to cheat the system. This problem is prevalent in nursing homes due to the nature of the work. However, most people who are employed in nursing homes are law-abiding citizens who are dedicated to their chosen work and to the resident they care for every day. Many elderly patients are grateful for whatever is done for them and this makes the work worthwhile. Whenever I walk into my home and see one or two employees hugging or being exceptionally nice to a resident, without realizing that I am observing them, I know that these employees are dedicated and love their work. We must all remember that these residents are totally dependent on the care and supervision given to them by the staff.

At the time our home opened in 1966 there were three levels of care; intermediate care I and II and skilled care. Periodically state surveyors came to facilities to do a screening, an evaluation of all Medicaid patients. Because of this assessment many residents were “downgraded” to a lesser category of care which resulted in many being transferred to another facility. These transfers were devastating to most of the residents because they were moved from familiar surroundings and in some cases, from family and friends. The patients often experienced symptoms of depression, which certainly affected the quality of life. The public, unfamiliar with the state regulations, was often outraged that these transfers took place. Quite often nursing home owners and staff did not agree with the state mandates but were powerless to alter the decisions. Sometimes I sensed that even the surveyors were unhappy carrying out the orders. It always amazed me that state and federal regulations showed little regard for the patient’s rights and welfare.

The Medicare program for long term care coverage is generally not understood by the public. Only the first 20 days are paid in full,



providing the patient qualifies. The requirements are as follows: a 3 day hospital stay and if medically necessary then a transfer to a licensed skilled facility within 30 days. The first 20 days are paid in full and on the twenty-first day the patient's co-insurance begins to pay for the next 80 days. In 1967 the cost was approximately \$7/day. Today that cost is \$97/day for the next approved 80 days. There are specific medical conditions which meet approval standards e.g., monitoring of unstable conditions, gastrostomy tube feedings etc. Many families mistakenly believe that Medicare pays 100 days in full. This belief could represent serious financial burdens for families and patients. Routine daily living care is NOT considered skilled care and therefore is not covered. Elderly are eligible to receive many services provided by home care agencies, adult day care, assisted living and Hospice programs. Quite often medications costs concern the elderly and they also forget to take the medicines. My mother used to hide some of her medications behind the drapes and often forgot to take them. I had to remain with her until she had taken all of her medications. As an example of the exorbitant cost of medications, my mother had 6 vials of an antibiotic prescribed for her. These were to be given intramuscularly for 6 days at a cost of \$256. In addition a home care nurse was sent to administer the medication. Home health care givers services are essential and are reimbursed well for this type of short visit. Most nursing homes provide 24-hour care with all the amenities for almost the same reimbursement. In addition the facilities are subject to considerable regulations and rules which also impose more financial demands upon the facility. We nursing home owners must be aware of all aspects of the management of the facility. We are in a business where we must let our heart and our mind influence our decision regarding the care provided for our elderly residents. A family member once told me years ago that I could never be financially successful in business because I had the tendency to rule with my heart and not with my mind. I told him I thought I could succeed doing both.

**PART THREE**  
**MEMORABLE PEOPLE AND EVENTS**

Over the years my staff and I have cared for a considerable number of elderly people who resided in our small community. Many of these people were successful in their own right. Knowing that I was responsible for providing their care gave me a great deal of satisfaction. I knew I had given something back to my community of Warren, Rhode Island. I felt the townspeople had given me the opportunity to realize my dreams. To be able to minister to the sick and needy in a conscientious, patient and loving manner is inherent in many caregivers. The rewards are simply the “thank you” and the knowledge that you have provided comfort.

In spite of the many problems which occur in nursing homes, there are far more inspiring and memorable events and people worth mentioning. One story which comes to mind is that of an elderly gentleman who called the facility asking to have himself admitted. The 90-year-old gentleman, Charles Parmalee, felt it was time to relieve his daughter Elizabeth of the responsibility of caring for him at home. He told me that his daughter was retiring from the school system and he felt it was time for her to have a life of her own. He had not consulted her about his decision, but he felt sure she would understand and respect his wishes. His only physical disability was blindness, but he assured me that this would pose no problem for him or the staff. He and his daughter had worked out a successful routine for daily living, which he agreed to share with those involved with his care. I told him that I did have appropriate accommodations for him and looked forward to seeing him the following day. As I ended our phone conversation I could not help but admire the unselfishness of this father who was willing to give up the comforts of his home so that his daughter could have the chance to plan her own retirement years. The following day I met him and his wonderful daughter. Elizabeth told us that she was not surprised at her father’s decision, as he had always been a generous and caring father. After the admission routines were completed, I asked if she would teach the staff and me some of the daily routines she had devised. I shall never forget how she directed us to move his bed to a spot beside a large window near the bathroom. She then placed his rocking chair at the foot of his bed and next to the bathroom door. The bureau was moved against the wall in front of him yet out of the way. She then told her father where his socks, pajamas and shirts were placed in the two drawers. She provided the same explanation for the bottom drawer. He now knows exactly where most of his belongings were located. His telephone,

clock and portable radio were then placed on top of the bureau within his reach. I asked Elizabeth if a staff member should be assigned to help feed him but she assured me that as long as a server told him



whether the meat was at 12 o'clock and the vegetable at 3 o'clock, etc. he would have no difficulty with his meals. She showed us a small hoe shaped eating utensil, which he used to push his food onto a spoon and thus prevent spills. Mr. Parmalee's exercise regime consisted of his holding on to the railing in the hallway and walking

the distance with some staff assistance. By counting his steps he knew exactly how far he had walked. He exuded happiness in whatever he did. It was a most uplifting experience to pass by his room and see him rocking away in his chair with his portable radio up close to his ear enjoying his beloved music. He was a very special person who was loved and respected by the entire staff. Charles died in 1969 and his daughter gave me his eating utensil, which I still keep in my glass china closet. Elizabeth and I exchange Christmas cards each year. A plaque in his memory has been placed on the door, which were once his room and also my dad's. It remains there to this day reminding us of the two dads. Ironically, they both died the same year, Dad in March and Mr. Parmalee in September. His daughter and I have remained friends and have talked about how much these two men had in common. We both know how fortunate we were to have such loving and unselfish fathers.

Another memorable guest was a wonderful lady, Mary Ann Robinow, who had immigrated to the United States from Germany



many years ago. She was one of our first admissions and one I shall never forget. Over the course of her three-year stay we became close friends and she related some of her terrible World War II experiences to me. She spoke about having a German soldier break into her home, steal all the valuables and terrify the whole family. Her own son, a German soldier, had been killed in one of the war battles. She said she



never accepted this tragedy and found it difficult to continue on with her life. She resented the fact that her son had been killed battling the Allies instead of fighting with them. She and her family had decided it would be best to immigrate to the United States to be with relatives where she remained until her placement at our facility in 1966. After her admission we became close and I realized that we had formed an emotional attachment. I knew it was necessary for me to put some distance between us. I felt it was not wise to let my feelings interfere



with the enormous responsibility I had to all my patients.

Nevertheless, as her condition deteriorated she frequently called my name and I made every effort to console her. Because of the events, which she had experienced in her beloved Germany, she had frequent nightmares, which left her exhausted. Whenever I worked late

hours (and there were many) she would wait for me to come to her room so we could share a little sherry. Needless to say, her room was my last stop and sleep was no problem for me after leaving Mary Ann's room. She was an avid reader and extremely intelligent. She was easy to talk to about anything. She taught me an awful lot but I will remember her most for her courage and understanding. She died peacefully in her sleep and I realize she touched my life and that of my family in more ways than one. As a memento she wanted me to have a lovely colorful dish which is kept on top of my bureau. Each day I am rewarded with happy memories of her.

Mabel Lehane was another resident I admired a great deal. She was a graduate of my alma mater, Truesdale Hospital School of Nursing. She had spent many years in the U.S. service until her retirement. She suffered a stroke, which left her with some residual paralysis and speech difficulty. I remember most her ability to communicate with the nurses and with her friend. In spite of her handicap Mabel's friend always seemed to know what Mabel's needs and desires were. She gave me many of her beautiful Hummels, which I gaze at each day. They are housed in my glass cabinet and remind me of this lovely, courageous lady. Mabel was loved by everyone.

The memorable events, which occurred at our facility, would

not be complete without mentioning some of the humorous happenings. One, which comes to mind, is that of a cute old woman who would get completely dressed from head to toe each morning. Then, carrying her suitcase, she walked to the foyer and “waited for the bus to pick her up”. Whenever she was asked where she was going, her answer was always the same; “I’m going home to see my mother”. (She was 90 years old!) I tried to think of ways to put an end to this ritual and still satisfy her wishes. One morning I went to her room, sat by her side and told her that she would not be able to wait for the bus today because the Bus Company was on strike. Fortunately, she seemed satisfied with the answer and never asked to take the bus again.

Another incident involved a resident, a former lawyer, who insisted on waiting outside his bedroom door for the train because he had to get to his office to meet his clients who were waiting for him. My sister Laura, who is the comedian to the family and one of our finest nurse aides, came up with an answer. She cut out a piece of drawing paper and penciled in some information and told him it was a train ticket. She had him sit on a deacon’s bench outside of his room and wait. He did this for a few days and realized no trains were coming and forgot about leaving.

I recall another incident, which involved a patient, a physician and a priest. This particular patient was very ill, near death and his physician was called to see if there was anything, more, which could be done for him. The physician came and examined the man and told us that it appeared the man’s time for passing on had come. He



advised us to make him as comfortable as possible. As he was leaving the room a priest was entering to bring the patient the last rites of the Catholic Church. As the two met at the door, the physician turned to the priest and said, "I've done the best I could do, now you see what you can do." Because of the unexpected nature of the comment it seemed quite funny. Yet, in retrospect, it was certainly a true statement.

In the early years at our home some licensed nurses looked



down on the nursing assistants and felt they were not very knowledgeable about nursing care. As a result sometimes the information given to the nurses by the aides was not taken seriously. One morning my sister Laura (of course!) was assigned to feed a patient at the far end of the hall. Shortly after bringing the tray to the room she returned and told the charge nurse the patient was unresponsive. The nurse told her to return to the patient and feed him. She thought that he was "playing possum". The nurse did not verify the information. My sister told us later that she had realized the patient had expired and assumed the nurse would understand her information. Nonetheless, Laura returned to the room for the second time with the tray of food and she whispered in his ear, "Please eat your breakfast". The licensed nurse eventually went to the room to discover that the patient had indeed expired. This type of occurrence would probably not happen today since nurses have come to realize the importance of information reported to them by nurse aides.



Sometimes events occurred that were not especially humorous and could even be seen as unethical. I recall a charge nurse who one summer day called me to say she had a problem. It seemed that a patient was unresponsive and the physician supposedly on call was unavailable. I then tried to reach the attending physician without success and then tried the physician on call

and received the following answer, "Don't call me again because I never said I would cover for that doctor!" He then hung up and I could not believe what I had heard. Next I called my old stand-by, Dr.



Robert Drew, one of the finest doctor's I have ever known. Fortunately he was at home and came to the facility in record time. As he entered, he put

his arm around my shoulder and said, "Let's go see the patient." It seems the patient was in an insulin coma. Dr. Drew asked for a large syringe of glucose, which he injected intravenously with dramatic improvement. It was nothing short of a miraculous result to see the patient alert and responsive. I could not thank him enough for coming and all he said was to call him whenever we needed him! He has since passed away but I shall never forget him. This same problem happened again when another nurse was on duty. The patient's physician was again away but the nurse knew he was on his boat



so she called the Coast Guard who located him and he came to care for



his patient.  
Needless to  
say we never  
had that  
problem  
again! Nice  
job Lolly  
Callenda!

There  
were times  
when we all  
felt  
extremely  
helpless.  
We had a

patient in his late seventies who had cancer of the lungs. Most of the time the chair was his bed, as he could not lie down due to severe breathing impairment. One morning as I was making rounds I stopped to see how he was feeling. A strange look came over his face and then his mouth opened and a stream of blood poured out. It seemed like the bleeding lasted forever. We felt so helpless because there was nothing, which could be done. A few of my staff and I just stood there feeling so helpless. We have never had another patient die in this manner and I pray we never will.

In May 1980 Greg Mellanson was admitted to our facility. Four years prior to his admission he had been in an automobile accident, which left him, paralyzed from the neck down. His nursing care was a monumental challenge which my staff provided with love and understanding. It has been 20 years since Greg was admitted to our facility and the staff has been able to keep him free from bedsores. He has had the support of his family, especially his young wife, throughout all these years. Greg has had every rehabilitative service available but with little change in his condition. He had been fed pureed foods because of choking possibilities but now requires gastrostomy tube feedings because he can no longer swallow. There have been many hospitalizations, which he has survived. This young man has touched the lives of all members of the staff. There is not much any of us can do for him except to keep him comfortable. We do go on hoping that by some miracle of God he will be restored to





health.

In all my years of geriatric nursing the saddest and most heart wrenching patient in my opinion is the one with Alzheimer's disease. I have seen a mother who did not recognize her own daughter but knew her son-in-law. She would talk with the son-in-law and would exclude the daughter who could not understand the situation. She became distraught almost to the point of having a nervous breakdown. She eventually realized that it was the disease, which caused her mother's profound memory loss. It is heartbreaking to see active people I have known for years from the community admitted to our facility. They just sit and stare into space and remember very little of the past and present. Providing care for the Alzheimer's patient is difficult but thanks to our wonderful nurses and out activity staff who keep them busy and up and running. Of course, some of these residents do the "up and running" on their own which presents a real problem unless they are wearing alarm bracelets which alert the staff if



they try to exit the building. Currently there are medications, which can slow down the progress of the disease in some people. This disease is emotionally draining when members of the immediate family are affected. My sister, Mary, has the disease and is now a resident of Grace Barker Nursing Center. It has been very difficult for all of my family to observe her deterioration.

I would be remiss if I did not relate the story of a very wealthy woman who resided at our home for seventeen years. She was a very well educated woman who trusted no one because she had been duped by her “friends” who convinced her to give them considerable amounts of money. Prior to her admission to our facility she had been living with a nurse whose husband became quite ill and as a result could no longer care for the woman. She was admitted to a private room and promptly requested the services of private duty nurses during the day. After advertising, I soon hired a Licensed Practical Nurse (or so I thought!). She had showed me what I thought was a valid nursing license. She began work immediately and it appeared things were fine until the patient informed me that her nurse had tampered with one of her checks. She had been paid three hundred dollars for services rendered but had changed the amount to three thousand dollars. I informed the state-licensing department about the crime and was reprimanded for not checking with them about her license, which was a forgery. They, of course, were right. Ironically the patient refused to prosecute which surprised me. This was one of the first unusual events, which occurred with this patient. A few months later she informed us that some friends were driving down from New York to visit with her. That weekend the friends signed her out of the facility with patient’s permission saying that she would be staying with them at a local hotel until Sunday. Because she was of sound mind and appeared happy to be with her friends, her decision was all that was necessary for her to be away for the weekend. Apparently, they told her that they were in desperate need of cash and she gave them a check for five thousand dollars. She finally became aware that people were not interested in her friendship but rather in her money. Since she had no immediate family and she adamantly refused to hire a lawyer to assume responsibility for her finances; I was left in a precarious position. The next event involved one of our nurse’s aides who was working the night shift. A local bank manager notified me that this nurse’s aide was depositing the patient’s checks but that some of these checks were being deposited in the employee’s account.

After informing the patient about the situation I was again surprised to learn that she had again refused to prosecute. There was one more incident which occurred which prompted me to approach her with a “deal” she was unable to refuse. This last incident involved a visitor who agreed to deliver liquor to the patient without anyone’s knowledge. The culprit would walk around to the back of the building and the patient would open her window and collect her liquor. Because the woman had an existing order for an alcoholic drink at a



specific time it was difficult to determine just how much she was actually getting each day with the daily “window delivery”. Another visitor reported the matter to us and we approached the person who denied the allegation. Our attorney took care of the matter and it was learned that the patient had paid for these services. I felt it was time for me to intervene. I brought a telephone book with me as I entered her room. I told her that if she did not select an attorney to assume her financial affairs she would have to be transferred to another facility. I told her I would help her find one, which

she told me was illegal. I told her I would read the names of all the lawyers in the yellow pages and she was to hire one. She finally agreed and I began reading right through to the bottom of the list. She realized that I meant business and the name of the last lawyer was the son of one of our patients. She immediately selected him and his services were excellent. She continued with her private duty nurses and although she was still eccentric, her relationship with them and us was good. Initially our relationship was not good but towards the end

of her stay we became good friends thanks to a kitten. A staff member brought in a cute little kitten, which had been hanging around the window. The patient hugged and petted it regularly until one day she asked if she could keep it with her all the time. In other words, there was going to be another border in our facility. After thinking about this for a while I agreed to let it stay. It meant closing off an adjoining bath for the kitten's litter receptacle which did not inconvenience anyone. This turned out to be one of the best decisions I ever made. Whenever I entered her room she would give me a smile from ear to ear because I had made her so happy by letting her keep the kitten. It also meant she had someone to love and be loved by with no compensation expected. I think she realized that whatever we did for her was done because we cared. She died in 1987 leaving a considerable amount of money for the cat's care. She also remembered some of her favorite charities.

Sometime in the late seventies we admitted a man, Louis Budenz, from Newport Hospital. I did not know it at the time, but he was the editor of the Communist Daily Worker in Russia. The Politburo, an all-union party congress of delegates from lower party organizations throughout Russia, elects a central committee to handle its work between congresses. The central committee elects a Politburo (political bureau) and a secretariat to direct its work between meetings. Actually, there are no elections because the Politburo and the Secretariat select their own members and those of the central



committee. The central committee and the All-Union Party Congress simply approve these elections. One day as I was listening to a tape recording of Bishop Fulton Sheen speaking at St. Agnes Church on Good Friday, 1979, I realized the man he was speaking about was the same man we had cared for at our facility. I was a great admirer of the Bishop, a great philosopher. I felt he was a man sent by God. It was incredible to think that we had cared for Louis who was so close to the Russian leadership. Apparently the Politburo has asked the Bishop to meet with Mr. Budenz to talk about Communism. As the Bishop told it, he met Mr. Budenz who wanted to talk about Communism. He felt the Bishop did not believe Russia was a democracy. The Bishop told him he did not want to talk about Communism because he knew all about article 125 of his constitution. Instead he said he wanted to talk about Mr. Budenz's soul which immediately infuriated him. The Bishop went on to say that years later he had an occasion to meet the man's wife who told him how angry he was that night. He was angry because the Bishop was more interested in his soul than in Communism. She said from then on whenever the Bishop's voice was heard on the radio he would tell her to turn it off. At that time the Bishop had a popular weekly program which was listened to by many people (myself included). She told the Bishop they were not Catholics but Communists. They were not married; just living together, but every night before going to sleep Louis would make the sign of the Cross on her forehead. She said she did not know what it meant. He had practiced Catholicism in his early life and performed the practice religiously every night. Seven years later Budenz telephoned Bishop Sheen asking him to speak about his soul. He later converted to Catholicism and died in 1976. I had to relate this story because of its lasting impression on me and because he had been our patient. I realized that he also had a lasting effect on the Bishop. I can also see how some of the seeds planted by the Bishop may have had some global implications particularly with the Berlin Wall in Germany. Another reason for mentioning this account is because in 1981 my husband and I were able to attend a seminar for Nursing Home owners and administrators in Moscow and nearby regions. It was an experience we shall never forget and to this day we both ask ourselves what ever gave us the courage to travel inside this Communist country. However, it did fortify our belief that we do indeed live in the greatest land of all. We saw nothing to compare with what we have in this wonderful country of ours. We were supposed to visit nursing homes,



but what we got was a tour of their version of a hospital, unbelievable! I kept a diary of our travel experiences which I felt could be useful to the nursing home industry as an educational tool or as a comparison. A copy of that material is included as an addendum to this text. I am certain it will provide a suitable comparison of elderly care in the United States and in Russia. The United States has everything needed to provide care for the elderly regardless of sex, religion or color. I do not believe the welfare of the Russian people is a number one priority for the Communist government, not in 1981 or now. It was a complete shock to see the terrible unsanitary conditions allowed in what they call hospitals. They most certainly would have been condemned in this country. We Americans should thank God every day for all the freedom given to us by our forefathers and for all the other privileges which some people take for granted. As our young Soviet guide told us many times, "You spoiled Americans."

## **PART FOUR**

## **CONCLUSION**

Although I have designated this section of my memoirs as “The Conclusion”, I really feel I cannot end because a new beginning is in the process of construction. An assisted living facility is being built across the street from the nursing facility. It will have twenty living units and our adult day care center. We are also giving the nursing home a complete face lift; new floor, painting, heating, wallpaper, drapes, freezer, kitchen serving ware etc. This is Mark and Mary Beth’s venture and they have appointed Paula Moniz to manage the new business. Linda has a degree in biology and a Masters Degree in Business Administration.

Our children have always been the focal point in our lives and rightfully so. It is known that every parent’s wish is to see that life is made a little easier for his or her children and we are no different. We worked hard, had faith in God, tried to save whenever we could and cared less about keeping up with the Jones’s’. Our main concern was the love, care and education of our children. We’ve traveled extensively and brought our children and mother along whenever we could. As the beautiful sisters at St. Philomena’s once said, “Traveling is a wonderful education but be sure to bring us back some slides”, and we always did.

In my opinion, the secret of success is to work hard together with respect for one another, a great deal of faith in oneself and a determination to succeed. You must be able to face all problems without panicking and find a possible solution that will benefit those closest to you. In many businesses greed has been instrumental in bringing them down. Just how much does one need to live a comfortable life? It probably depends on how one defines comfortable. Try to help those less fortunate and God will take care of the rest.

As I have mentioned before, our industry is truly about providing the best care to our residents. It should not be necessary to wait for deficiencies to be pointed out by the Department of Health before changes and upgrading of all facets of care are implemented. Because each of us has a personal and professional code of honor, we need to be constantly alert to patient needs in particular those which directly affect the care. Such areas as staffing and personal care should be monitored by the Nursing Director. Unfortunately we hear of patients who are lying in their own excrement for long periods of time when there are so many supplies available to assure that this does not happen. Some years ago I made it my business to see that diapers

truly met our requirements. I chose a resident who was a heavy wetter and I checked to see if there were any areas of redness after she had been wet for some time. To my satisfaction I learned the product actually did what it was supposed to do. Even though this sort of monitoring is important in prevention of bedsores it is just as important to assure that patients are turned frequently and take in adequate caloric requirements. All of these factors, in other words, good old-fashioned nursing care must be considered regularly. Patient welfare should always be the number one priority for those of us who provide care to the sick and needy.

I hope after reading my story, the public is able to understand the many problems confronting nursing homes and realize that many of us are doing our utmost to care for our residents with kindness and compassion. I also hope that anyone who has a dream would pursue it with all the energy and confidence he or she can muster.

### “The Threads in My Hand”

By

Howard Thurman

One thread is a strange thread-it is my steadying thread;  
When I am lost, I pull it hard and find my way  
When I am saddened, I tighten my grip and gladness glides  
Along it's quivering path;  
When the waste places of my spirit appear in arid confusion,  
The thread becomes a channel of newness in life.  
One thread is a strange thread-it is my steadying thread.  
God's hand holds the other end.....

Editor's note:

If I were to define the thread which held on to Linda's life it would certainly be the thread of faith in God; the assurance of His presence lit the path to a life of dedication to His dear elderly. It has been my pleasure to travel through the paths of memories with Linda.

Thank You,  
Jean Quigley

**ADDENDUM**  
**OUR SOVIET AMERICAN NURSING HOME**  
**ADMINISTRATORS STUDY TOUR,**  
**CENTRAL ASIA, MOSCOW, TASHKENT,**  
**SANDMARKAND, BUKARA, DUSHAMBE**



The story I am about to tell is true. It was an experience, which merely strengthened our conviction that we live in the greatest country in the world.

Our expedition began early Saturday morning September 26, 1981. We had decided that because the tour involved a great deal of air travel, a train ride to Washington, D.C. would begin and end our trip. Our son drove us to Providence, RI where we then boarded the train at 7:35 A.M. to Washington, D.C. The ride was delightful even though we rode for 8 hours before arriving at the Marriott Hotel which was directly across from Dulles International Airport in Virginia. Little did we know that the accommodations we were about to enjoy were unheard of in the USSR?

On Sunday morning we heard Mass at a cute little Catholic Church in Virginia and returned to our hotel to prepare for our flight to Moscow. There were more than 100 passengers arriving from all over the U.S. all anxious to begin a learning experience concerning the care of the elderly in the USSR. We were immediately divided into two groups. The blue group and red group. Ironically we were placed in the "Red" group. We all boarded the fairly large plane, (Aeroflot), and three and one half-hours later touched down in Newfoundland to refuel. It was a one-hour stay that gave us (especially the women) a chance to check out the gift shop and at the same time stretch our legs. Some six hours later we landed at the Moscow Airport. We had now lost almost a half-day because of the time difference. Customs were extremely thorough, especially with reading material. The official flipped through every page of my McCall's and Good Housekeeping magazines leaving me wondering what he expected to find. A bus ride then brought us to the Cosmos Hotel where we stayed for the next three days. The hotel was large and looked well built. However, the interior finish was of poor workmanship and there seemed to be a film of dust and dirt throughout the hotel. The rooms were fairly comfortable with clean bed linen and decent bathroom facilities. (Thank God!) Here I must explain how the sheets and blankets were placed on the bed. The spreads were made of a dark drab heavy almost burlap-like material. After folding it back you discovered a sheet folded in a square. After opening it, a large open area was directly in the center. We finally realized that the blanket was to be tucked inside the opening and assumed this was done to eliminate laundering the blanket each time new tourists arrived. The beds were fairly comfortable but low and made on the idea of a sturdy cot. My

first night was extremely frightening, as I suddenly realized that I was in a Communist country where the word “freedom” was unheard of. We both stood by the window for about 15 minutes viewing the Moscow skyline and wondering what surprises we would encounter during our two weeks stay.

Breakfast was served at 8:30 A.M. We had two sunnyside eggs, syrian bread, diluted juice, coffee, tea, and tomatoes, thinly sliced onion and cheese. This was the first of all our surprises. Our first bus tour was to the Kremlin. We visited St. Basil’s Cathedral (once a Catholic Church), but were told we could not go inside as it was being renovated (?). There were many other onion-topped cathedrals beautifully built with much history associated with them. We then returned to the hotel for lunch. This consisted of sliced ham, caviar, (we didn’t like it) soup with? Sausage, onions and greens, meat and mashed potato (not very appetizing) coffee, tea, beer (lousy). The afternoon took us on another bus tour of Moscow and Red Square. We witnessed the changing of the guards at Lenin’s Mausoleum. Very interesting day. We were then given a marvelous cocktail party and buffet that evening. There were three large tables with all kinds of sliced meat (no turkey), cheeses, fruits, pastries, nuts, caviar and plenty of champagne, wine and vodka. We got to meet most of the tourists in our group who were administrators, nurses, physicians, social workers, etc. It was a very full and exciting day. I’m sure most of us had no problem falling asleep that night.

09/30/81

After breakfast, (basically the same) we visited a nursing home (supposedly). The bed capacity of this facility was 610 beds. Our feeling was that this institution housed people of all ages who could not function in the community-elderly with no family and the mentally retarded. The building was located on the outskirts of Moscow and constructed of cement. The dining room area was large and fairly clean. The kitchen, which was visible from the dining room, contained an enamel sink with very little enamel left on it and looked very unclean. The walls were of plaster and peeling badly. However, the retarded patients were kept busy folding boxes, which were later sent to a manufacturing plant. I found this kind of therapy very satisfying for this type of patient, as they were able to release a great deal of anxiety doing this type of work. We were told the patients had a selected menu and were allowed to do sewing, knitting and could worship in their rooms. The cost of maintaining this building was

800,000 rubles (approximately 1 million American dollars). They employed 120 licensed nurses (ratio 1:5) 50 maids and nurse aides (ratio of 1:20) and 10 physicians (ratio of 1:62). If this is true, licensed nurses are plentiful but aides are difficult to find. I must say at this point that we were shown only about 50 patients who all resided on the street floor. We then traveled to the hotel for lunch. The afternoon found most of the women shopping at the Berioska shop while most of the men visited the Moscow Exhibition. We met and became quite friendly with two wonderful people from Wisconsin, Norm and Peg Miller. Norm and John enjoyed the exhibition while Peg and I had a ball shopping. Dinner found us eating (or trying to) dried fish, casserole of creamed egg with carrots and peas, deep fried ham, coffee, tea, champagne, mineral water and cake. Not too bad. The evening at the Ballet was very enjoyable. No coats were allowed while watching the program and the system used for picking up your coat was disastrous. I guess most Russians are tired of waiting in lines so as soon as the show was over they all made a mad dash to the coat counter not caring who they shoved or knocked down. It was evident to us that these people have no feeling for one another and most of the time it is the "survival of the fittest". Nevertheless, the evening was terrific. The flight we were supposed to take to Tashkent that evening was canceled because of heavy fog. We returned to the hotel for the night and after breakfast were bused to the airport.

10/01/81

Our flight was excellent. It was a three and a half-hour flight and we are now 11 hours ahead of the eastern states. John and I would now say that upon rising in the morning, our kids were probably going to bed back home. We felt like we were playing catch-up. The hotel accommodations were horrendous. Bathroom facilities were a disaster. We had half a bathtub, but were fortunate to be one of the few who had hot running water. Dinner consisted of meat and onions on a skewer. John wouldn't eat the meat as it was mutton and very tough. As it turned out, I shouldn't have eaten it either. By doing so I became one of the first tourists to be introduced to what was diagnosed as "Lenin's curse" (diarrhea). It was to plague me for the next week. The entertainment consisted of a three-piece band that played what sounded like American music. Some of us took advantage of and did some dancing. I was able to participate, as the Lenin's curse hadn't taken hold of me at this time.

10/01/81

After breakfast of tomatoes, sliced cheese, sliced meat, onions, syrian bread, coffee, tea we were bused to a professional visit to a hospital. We were all shocked, although you would never have known it by the expressions on our faces. After all, we were here as good will ambassadors from the U. S. and that's the way we intended to keep it. Again, the physical layout and the sanitary conditions were despicable. If you were lucky enough to survive any surgery here you most certainly would succumb to a staph infection. The place was crawling with germs. The linoleum corridors were warped and large areas were gouged out. They were about 4 feet wide, terribly uneven and dirty. The dress code for nurses looked like something from Al Capp's comic strip. Any kind of dress, high heel shoes, no hose and a high cook's hat. We knew they were waiting for us as the routine hustle and bustle of a hospital was missing. They took us into a conference room where we had the opportunity to speak to the chief of chest surgery. According to him, heart disease and cancer are the two major causes of death in the Soviet Union (same as the U.S.). The primary area for cancer is the gastro-intestinal tract. (This was not hard to understand!) I asked if they had a dialysis unit in this hospital and the answer was yes. I couldn't imagine how the machine could survive let alone the patient. The ladies room (or public bath) in the hospital had to be one of the filthiest I had ever seen. An open receptacle filled with soiled gauze and toilet tissue hit your eye as soon as you opened the door. The toilet tank had no cover and the sink had no water. I must have been desperate to even let myself past opening the door. Unbelievable. The beds were made of wood or metal and were very low. I saw no method of raising the head or the foot of the bed. Nor was there any such thing as bed rails. We could not understand why they had us wear lab coats before going in a couple of the rooms, as sanitary conditions were so bad I don't see how it would have made any difference. They served us leads of tea; I drank as much as I could. I was still having terrible stomach pains, and I certainly wasn't going to chance becoming dehydrated and ending up in this hospital. I was much safer in the hotel room with my husband as my nurse. We left thanking God that this experience was over. After dinner we left for the circus. Actually, the circus began on the 9th floor of the hotel, our floor. John and I were in our room going over the events of the day when suddenly we looked down near the door and saw water gushing from underneath. Within seconds it covered the room. I took my shoes off

and John threw the carry-on bags on the bed and off we went. The corridor had about 4 inches of water clear up to the small foyer area. Everyone was dumbfounded including the personnel who evidently had no idea what was going on let alone what to do. The flood was caused by a broken hose or pipe leading to the toilet tank; the rubber tubing split and no one knew where the shut-off valve was. Some poor guy in the group went to flush the toilet and all hell broke loose. John found out there were no individual shut-offs and they had to wait until the maintenance man turned it off. The whole scenario reminded us of an old-fashioned comedy show. We finally left for the circus-most of us with wet shoes and stockings. The show was really terrific. Some of the acts were different and breathtaking. Needless to say, we had a very exciting day.

10/03/81

Breakfast at 9. More of the same except today we had eggs. I guess the chickens were told to get to work or else. They sure tasted good. We visited some beautiful mosques, which contained ceramics, icons, potteries and tapestries. It was very interesting viewing. Lunch was at 1 P.M. The entr  e looked like a large chicken croquet with no sauce, syrian bread, tomato, onions and cookies (lousy), beer (lousy) and mineral water. We were then bused to an Arts and Crafts shop, which was just beautiful. We bought a large glass framed picture of a Russian cathedral made out of straw. Just beautiful. Back to the hotel for dinner. Same tomatoes (I never eat them), 3 small pieces of ham (spam), champagne, beer, mineral water. Our flight to Bukara was canceled so back we went to the hotel. Surprises were a dime a dozen and here we met with another one. Evidently our luggage had already been sent to the airport so all we had was what we were wearing. Sure glad there were no emergencies during the night as we would have been in trouble. New in every group there's always someone who is never satisfied with anything and ours was no exception. This guy found fault with anything and everything; but unlike the rest of us, he had to make it known to everyone. Most of us felt that the answer to his guy was in Lenin's Tomb. However, our cute little Russian guide (Violet) handled him beautifully.

10/04/81

Breakfast at 8. Same as before. On our way to the airport, I had one of the most frightening experiences of the trip. About 2 minutes after the bus left the hotel I suddenly realized I had left my



purse in the hotel lobby. We both shouted to the guide and she had the bus driver turn back. We had our passports and Visas in that purse and I was in a state of panic. When I saw John run back to the bus with my purse, I cried. A cleaning lady had found it and had given it to the hotel manager. God Bless her. The flight to Bukara was approximately one hour and it was good. By the way, the weather was strictly Indian Summer. Just great. The tour of the city had us viewing many mausoleums and some very poor home. Our hotel rooms were terrible. Very unsanitary, no hot water. The food was greasy and spicy. By now the Lenin Curse had really taken hold of me, but John has been spared.

10/05/81

Breakfast at 8 A.M. Same as before. Good old tomatoes still dominate the first meal of the day. We toured the old city of Bukara again. There were many beautiful mausoleums but very poor housing and living conditions. We both can't understand why they spend so much money and time renovating all these empty mausoleums when their major problem is insufficient housing. I guess this is the only one reason why we are justified in saying what little value the Russians place on a human life. This is the only country we know of where automobiles have the right of way. We found out how true this was every time we had to cross a street. This city is really ancient; People look as if they just stepped out of the Bible. Extremely primitive. Roads and sidewalks are in terrible need of repair. Large holes in the sidewalks, which are very uneven. We're sure that many people have been injured, some probably fatally, because of these hazards. Here we caught up with a large open market. We've never seen so many different kinds of watermelons, apples, grapes, parmigranits and many other fruits. There were loads of onions, parsley, tomatoes, potatoes and last but not least, large pieces of lamb, goat and camel hanging in full view with flies and bees swarming around them I was convinced after seeing this that the Lenin Curse was here to stay. People would buy a piece of meat and simply have them wrap it in newspaper or not wrap it at all and then put it in an open type tote bag. Unbelievable. It was warm and we did need fluids badly, but we never chanced drinking anything but mineral water. (Awful) After about one hour of touring the market place, we went back to the bus. From here on in, this day would surely have to be recorded as one in which every American on this trip was taken on a "Sucker's Paradise". First we took a flight from Bukara to

Samarkand. Then, two buses to the hotel where we immediately were herded into the dining room for dinner, which included tongue (whose I don't know). Knowing where we had been earlier in the day, we felt a trip to the rest room was in order. We were both in for another surprise of our lives. No toilets. There was merely a hole in the floor with all toilet tissue being disposed of in an open container next to the hole. I felt like a contortionist trying to cuff enough of my slacks to keep them from touching the filth on the floor, hanging on to my purse, and then trying to complete what I went in there for in the first place. John experienced the same and, in spite of everything, we had a good laugh. This indeed was part of our study tour. To get on with this expedition we were shown our hotel rooms. The hour was 9 P.M. and we had been on the move since 7:30 A.M. Exhaustion, frustration and disillusionment had now taken hold of us. The tour guide rounded us up and told us that we would be taking a 3-hour bus ride to some small town in the mountains called Shakhrisabz. They were concerned about us viewing the scenery during the early morning. We couldn't believe it and we really didn't know whether some of us could physically hack this long drive at this time of night. Lenin's curse had stuck with some of us and we knew that the Russians placed little importance on rest rooms in hotels let alone in buses (none). We figured that "no toilets in buses" was in their constitution so that took care of that, or did it? This had to be the longest ride of our lives. We never discussed it in the bus, but there were times when I thought we were being taken to some camp and kept there as hostages. We must have been either crazy or punch drunk to go along on this mystery ride as this could have been our last. This road was probably one used by camels during the biblical days and some smart Russian who saw us coming decided to throw a few truck loads of asphalt and stones on it giving us a better than average chance of making it to the top. Every so often a military truck would pass us and we were sure they were leading us to the camp! We finally arrived at our destination with no casualties and I am happy to say that our rooms were clean and comfortable. Amen

10/06/81

Breakfast at 9. Some kind of fried cornmeal, tea, horrible strong coffee (no milk, all given to schoolchildren). Terrible. We had cold cereal from home and the Millers had powdered milk and grapenuts. We mixed it with mineral water and had a real treat. We started back to Samarkand by bus for the 3-hour scenic ride. What we

saw were fields of cotton and many mud and straw houses. Cotton machinery supplied by the government could be seen in the fields but repairs to these machines are long in coming so some of them were stranded in the open fields. Lunch was served in the hotel at 2 P.M. We were given soup (looked like 3 meatballs and broth), syrian bread, mutton, cold small french fries, watermelon, wine and beer. We took the elevator back to our room (only 4 in the elevator) and would you believe I left my purse in the elevator! I immediately tried to get the elevator back, but the Brentley's from Ohio beat me to it and they saved the day for me. John was completely disgusted with my carelessness and I didn't blame him by now I was sure the Russians wanted me to stay but from then on everyone saw to it that my purse was always with me. We attended the opera at 5 P.M. Most of us had no idea what was going on as it was all in Russian. The theater was poorly maintained and cheaply built. Nothing seems to have a finishing touch on it. Private enterprise in unheard of in Russia and this in turn encourages a no incentive attitude leaving these people no reason to take pride in their work. The hotel room was comfortable but the bathroom was a mess. We had dinner at 7:30. It was awful. Some kind of dough wrapped around meat. Very greasy. Later in the evening a group of us visited the cocktail room (bar) where some of our colleagues were living it up with visiting Austrians. Enjoyed socializing with the Millers and the rest of the group.

10/07/81

Breakfast at 9. It was terrific. Two eggs sunnyside eggs (we couldn't believe it), syrian bread, apple juice, coffee and tea. We then had a tour of several mausoleums and a history of the city. Sandmarkand was once the capital of the Republic of Russia and by the tone of the guide's voice they may fight for its return. Next, we were back at another open market. Much like the previous one. Very dirty, all food exposed. No wonder many of us are ill. These germs are having a ball at our expense. Lunch at 1 P.M. Syrian bread, soup with some cabbage, rice with a piece of meat (not bad) tea, coffee, mineral water, beet and sherbet. (more like crushed ice) We had a professional meeting with our group. We discussed what we had observed at this point and most agreed that they have no nursing homes to show us and what hospitals we did see, were probably their best. Some of us felt the room was bugged. John didn't think so; he felt what we were looking at were smoke detectors. I had my doubts. In the evening we all went to an outdoor "Sounds and Lights"

program. Several lights were flashed across three large Mosaic Mausoleums with repeated Russian music. It was colorful and ten minutes of this would have been enough. However, we sat on cold benches for 45 minutes. Perhaps this was the cure for the Lenin's Curse. Dinner at 8:30. Same tomatoes, syrian bread, cheese, tea, coffee. Professional activity conference at a dental clinic. The elderly are cared for at home by family members. This is law and in their constitution. If there are no living family members to care for an elderly patient then an admission form is sent to a nursing home. A group of professionals then decide whether this is a qualified admission. We were never shown the home whose capacity was 250 beds. The cost of caring for a patient in this home is 135 rubles per month, (101.25 dollars). Skilled patients are cared for in the home. We feel they are about thirty years behind in the care of the elderly. As for hospitals, I wouldn't even begin to compare. There are more women physicians than men. There are two million people in Sandmarkan with 27 doctors per 1,000 people. Only TV or libraries are available for any religious teaching. Intestinal disease is high. (Surprise!) It is against the law for people working in a medical institution to smoke. Moscow is the only city with an alcoholic problem, so they say. Forced treatment is given with good results. (I suppose it is either no alcohol or Siberia!) They admit to no problem with drugs because of the severe punishment. (8 years in prison). Therapeutic abortions are performed. Births are encouraged because families are given more money and of course it increases their labor force. (Also increases military forces) If, possible, terminal patients at home may be admitted to the hospital if families are unable to care for them. Major cause of deaths are cardiovascular and cancer. (Primary region is stomach and intestine) Lunch at 1 P.M. It was good-soup, meat and potatoes, wine mineral water, beer, ice cream and grapes. Went on another sightseeing tour of mausoleums and at this point we are a little tired of looking at them. We saw a Russian funeral pass us. The body was in a box, in an open back truck going about 80 miles an hour. A colored blanket covered the body with the family members kneeling around the box. Flowers circled the body. It was a very cold inhuman sight. A museum visit in the afternoon was very interesting. A 6 P.M. flight to Dushambe was an hour and Ok. Dinner was tasty. Sardines, meat, onions, rye bread, wine, tea, coffee, and ice cream. The hotel room was clean and comfortable. We are now eleven hours ahead of the Atlantic States.

10/09/81

Breakfast would you believe pancakes, juice, toast (hard but good), jelly, coffee, and tea. Attended a professional seminar at a hospital today. Two physicians present (one a pulmonary surgeon). Inpatient and outpatient services available here. Fifteen buildings all numbered for both children and adults. Difficult cases are sent to Moscow or Kiev. (Don't know where as we were never shown a hospital in Moscow). The average salary for a physician is between 175 and 300 rubles per month (approximately \$500.00); A physician in the U.S. would probably spend that in one afternoon at the golf course. Salaries are increased every five years after a written examination. (Our physicians would have to go on welfare if that were the case in the U.S.) Nurse's salaries range between 150 to 180 rubles per month. (The AMA would probably not allow that close a range). Small percentage of hospital staff belong to a Trade Union. The leader is directly responsible to an organization headed by the Republic. The employee pays into this union. If a legitimate reason is not given for absenteeism, money is then taken from their pay as compensation. Jobs may be obtained through local newspaper advertising or a special commission. This city was established in 1921 and seems more advanced than the previous cities we visited (excluding Moscow). We were shown a dental and an EENT clinic, which contained some sophisticated equipment. I guess there big on conditions from the neck up. Good seminar. Bused back to the hotel. Lunch consisted of chicken soup, caviar, bread, chicken and rice, potato, watermelon (not to bad). We toured up and around the mountains. Very picturesque. Small villages in between the mountains! Dinner was good, rolled meat in butter, sliced roast beef, tea, coffee, champagne, beer, bread and cookies. We learned today that the President of Egypt (Anwar Sadat) was assassinated. It was by chance that this bit of new was given to us. A gentleman in our group who spoke and understood the Russian language had taken along a transistor radio. He called us over to tell us the news. The guide finally came over to confirm it. However, she told us that President Sadat had been killed accidentally with a cannon. (Why would President Sadat stand in front of a cannon)? No one questioned it and believe it or not, we never heard another word about it. When we arrived in D.C. and bought a newspaper, then we got the story and realized he was assassinated on October 6th by rifle fire. We had received the news by accident 3 days later. Most Russians are oblivious of world happenings because the

media are seldom told the truth. It was mentioned to us that many of the people in Russia are of the opinion that they were invited into Afghanistan. This nearly floored all of us.

10/10/81

Bus ride to the plane. Off to Moscow. Hurray! We had breakfast on the plane. Juice, coffee, tea, cold chicken, cheese, bread and cookies. (Oh what we wouldn't do for a breakfast of bacon and eggs or our nice chourico and eggs)! Excellent flight. Herded again into two buses and back to the Cosmos Hotel. We were given real nice rooms. Delicious fish and chips for lunch, peas, carrots, beer, wine, bread, butter and custard pudding (unbelievable). Quite a number of us went shopping at a Berioska shop. The procedure for shopping is unreal. You find the article you want and are then given a slip. Next, you take the slip to the cashier and then back to where your purchased article is located. The problem with all this is getting in line. Each time you move, you lose your place and you're back at the end of the line. It's a time consuming chore and you can't help but feel sorry for these people. From here, we were taken to the much-acclaimed Russian subway. It is just beautiful. The escalator leading down to the subway was fast and straight. Once underneath, the beauty is breathtaking. The walls and pillars are made of marble and the ceilings have mosaic paintings with beautiful chandeliers in between. Our guide kept us in small groups and had us get in and out of the subway for short distances. Quite an experience. Dinner was good. Some sort of stew, champagne, beer, nice ice cold water, wine, bread, liver turnovers (which I loved), danish pastry (similar). Good evening.

10/11/81

Up at 5 A.M. We are now preparing for our trip back home. Now the fun starts. Breakfast at the airport and it was excellent. We waited in line for about thirty minutes just to exchange rubles to dollars. (We should have spent them). We had to show all slips showing the conversion of money. We were checked three different times before boarding the plane, and I was asked if I had bought caviar. I said no, but what I would have liked to say was that he could have his caviar and everything else that went with it! At this point, all we wanted to see was Washington, D.C. During the confusion one lady in our group realized she didn't have her passport. She was nearly in tears when John spotted it under the baggage conveyor. Needless to say, he became the hero of the day. We finally boarded the plane at 10 A.M. After about three hours into the flight and a few



drinks of 100% vodka, everyone began to loosen up including myself. Our Southern belle with a thick Southern accent from Alabama sure did show her true colors. I overheard her say to the gentleman with whom she had been such a lady, "Why don't you buy some more Russian vodka so we can drink. You can always buy some cheap vodka at home and refill the bottles and give them to your friends. Now, that's what I call real Southern hospitality. We landed in Newfoundland at 5:40 P.M. I had a hot dog and coffee. What a treat!! The flight back to D.C. was excellent, but everyone was exhausted. The time difference had played more havoc with all of us. We decided to cancel our train reservations for a couple of plane tickets to Providence, RI The guy at the ticket counter must have taken one look at us and said. "Here are two characters who will never refuse the price of the ride back home." So he really socked it to us...\$118.00 per person, one way for a one hour ride to RI We both agreed that had he charged us more we would have simply paid it as we knew an eight hour train ride back home would have been disastrous to both of us. We arrived in Providence at 9:45 P.M. and we both thanked God a million times for bringing us back safely and in fairly good health. It was a great experience and one we'll never forget. We should all try to remember these people in our prayers and at the same time thank God for all the ethnic groups who immigrated to this country to make it the greatest in the world.

Sincerely,

TWO THANKFUL AMERICANS

John and Linda

P.S. I don't know how the rest of our group made out, but it took us more than two weeks to fully recuperate. However, we're glad we were part of this experience.