

THE OLIVE PRESS

BY RHODA GOLDMAN PLAZA

APRIL 2022

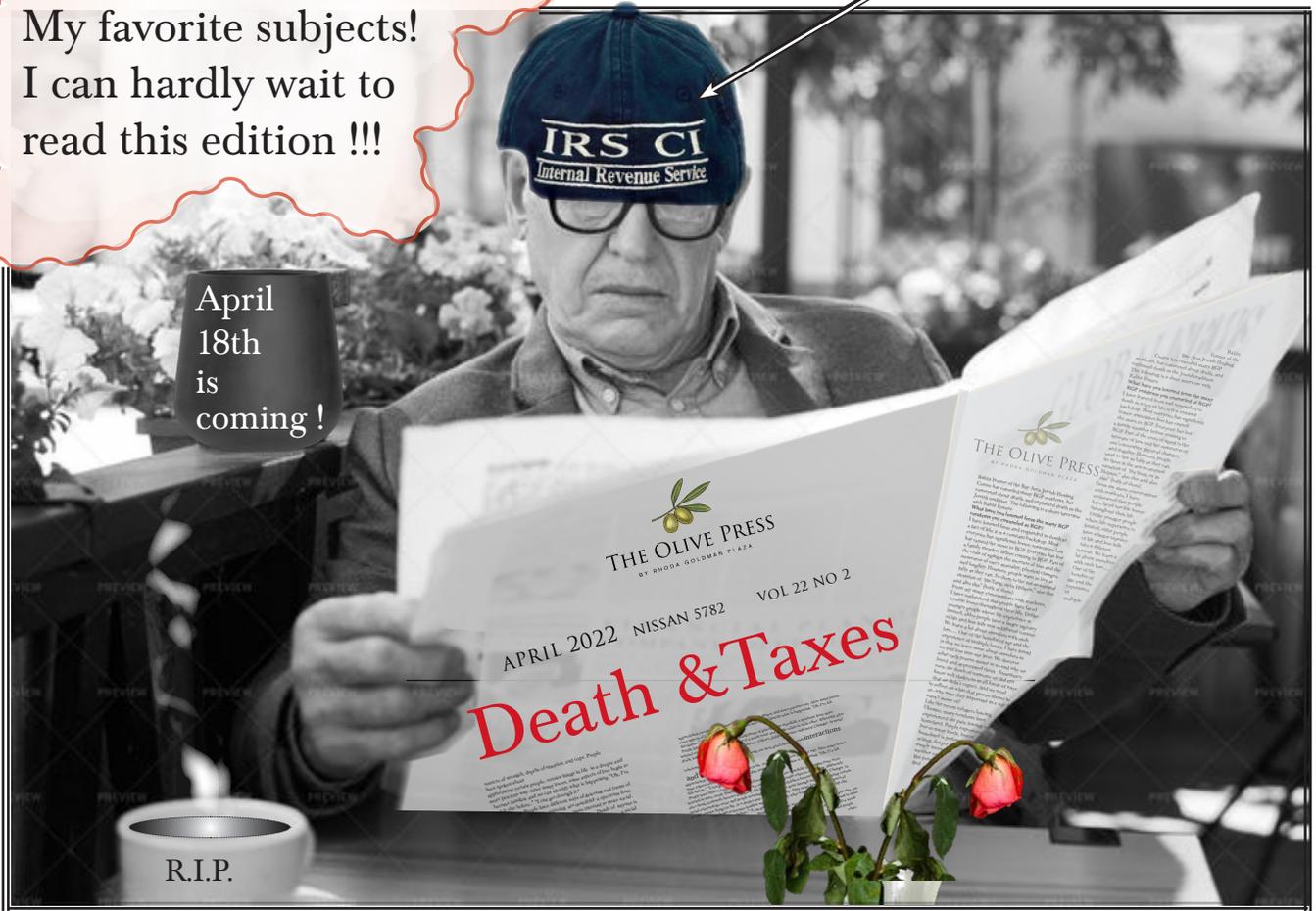
ADAR II-NISSAN 5782

VOL 22 NO 1

Death & Taxes

My favorite subjects!
I can hardly wait to
read this edition !!!

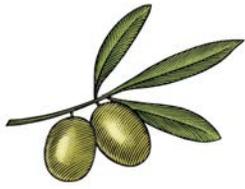
Internal Revenue
Service Criminal
Investigation



April
18th
is
coming !

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Death is taxing

Stephen Covey’s Habit #2: Plan with the end in mind.*

He wasn’t thinking about what people do before they die when he formulated a manifesto for organizational effectiveness. But his idea applies when we ask ourselves what we might want to accomplish while we live. It is much more than just a bucket list.

However, we live in a death phobic culture. Which means people living in this culture are taught to fear death, and deny it, pretend that it will not happen, to avoid the topic. When we identify our culture as being death-phobic, then our social organizations and processes become understandable. The funeral home, the hospitals, the Right to Die organizations obfuscate the natural processes involved in death. Death is not honored. In Western death-phobic cultures, death is equated with Nature, which must be controlled or overcome, however, death is an entirely natural and unstoppable process.

It is unrealistic to think that people will change their worldview. After fearing death for a lifetime, people may find it difficult to change their minds and habits. We have not been taught to plan for the gifts of a life-lived-with-an-appreciation-of-death. But there are people—death doualas, hospice nurses, rabbis, therapists—who can make end-of-life easier. People who help to reframe death, to help the dying to prepare, to make life at the end more tranquil, or reduce the anguish. We can invite them in and ask their help.

We cannot rethink Death or think it away. But we can consider our relationship toward it and what we want to do while we are alive.

* Seven Habits of Highly Effective People

“If you live each day as it was your last, someday you’ll most definitely be right”

Phyllis Diller

Interview with Rabbi Natan Fenner

Rabbi Natan Fenner of the Bay Area Jewish Healing Center has consoled many RGP residents. The following is a short interview with him.

What have you learned from the many RGP residents you counseled here?

I have learned from and responded to death as a fact of life; it is a constant backdrop. Everyone has lost family members before coming to RGP. Part of the cost of aging is the increase of loss and the awareness of one's mortality, physical changes, and fragility. However, people also want to live as fully as they can. So there is the Yin and Yang; or the Hebrew phrase, "gam ze i gam ze" (both of these).

In conversations at RGP, I recognize how residents have faced significant losses throughout their lives. Unlike younger people whose life experience is more limited, older adults have a larger tapestry of life; their losses fall into a different context. I have found that we learn more about ourselves as we fold loss into our lives again and again, over time.... We discover, perhaps more deeply, what each person meant to us and why we loved and appreciated them. Sometimes even the death of someone we did not know well shakes us in ways we didn't expect. And we reflect on how their lives touched ours.

People experience multiple layers and degrees of loss. Loss of homeland for example—like the recent refugees leaving Ukraine—is perhaps more achingly deep than simply moving to another city. But people often find sources of strength, depths of emotion, and ways of coping. Mourners have told me about appreciating certain people, certain things in life in a deeper and more precious way. After experiencing several deaths, some aspects of loss begin to become familiar and we can identify what is happening. "Oh, I've felt this before... I can get through it."

People have so many different ways of grieving—a spectrum from more internal to more outwardly expressive. Changes in social relationships occur; husbands become widowers, wives become widows, children become orphaned. Grief is not only an inner emotional experience; people sometimes work out their grief through social interactions and conversations.

What do you see as a positive outcome of grief counseling?

There are many possibilities; feeling less alone; feeling reassured that your experiences are normal and you're not going crazy; or feeling less scared ("I know what to do when this happens...")



Grief counseling can help people reframe grief, for instance seeing their tears and sorrows not necessarily as signs of weakness or despair, but expressions of how much they cared for the other person.

Connecting with other people around grief can help us feel empowered and able to move forward in life, even with our loss. The pain may be still there but there is a sense of motion—that our situation is not eternally dire.

Are people afraid of dying?

Yes. Of course it can be a frightening prospect. I know people who want to die, they are ready to go, they have done everything medically possible and have poor or declining quality of life, and they still fear the process itself. Nobody knows what the experience will be.

You know Woody Allen's joke: "I'm not scared of dying. I just don't want to be there when it happens."

I know a lot of people who were not afraid of life ending, but who feared suffering. And there are others who don't want to let go of life. People have also expressed that they don't want to be a burden or cause suffering to family members.

It's a rich and complicated subject.

Employee of the Month—Gustavo Marin

“Accepting that the life of one’s family member is coming to an end is very difficult for everyone. Acceptance and sorrow, mixed,” Gustavo explained, “—these are difficult emotions for people to hold and also to be present in the moment.

“We have a lot of people on hospice,” Gustavo said. “I have seen that near the end of a resident’s life, people become overwhelmed and tension can arise among family, caregivers, and hospice. With family members emotionally overwhelmed, facing the death of a parent or spouse, it is important that we try to maintain good communication.

“We try to show family members we are doing the right thing, that the resident is as comfortable as possible, that the medications prescribed by hospice have been given. We understand what the family is going through and we try to support them too. (Hospice also offers a social worker who provides emotional support to the family.)

“Health Services and hospice try to make the resident as comfortable as possible. And we know that it is very difficult for a family member to accept the fact that their loved one is going to die—that *this* is their time to die. There are no shortcuts. The best is to let them go.

We often do not know how long a resident will live; we can see their condition changing—transitioning is the term to describe the process of a person approaching death. When we see a resident transitioning, we call the family immediately. If a family member wants to remain with the loved one, we can put a cot in the room; the family member is welcome to sleep there. It is very comforting for family members to know that they can be with their loved one to the end.



“Of course, my role as a coordinator at the time of death is not easy and can be overwhelming at times. It is also heartbreaking for us to see residents nearing the end. Nevertheless, I love what I am able to do for our residents, to carry out compassionate acts at the end of someone’s life. Families are very appreciative and thank us.

“Seeing death makes me appreciate life. I try to enjoy every moment since I do not know the end. Complaining does not help. I live day by day and try to help everyone. The next day is a new day. The best survival advice I have is not to hold onto feelings, let them go.....

“If I would offer a suggestion—don’t forget to smile, even if you don’t feel like it. A smile and warmth help everyone feel better. Be nice to each other. Not just at the end, but everyday.”

Gustavo was born in Mexico and immigrated to the USA after his first year in college. Wanting to help others, he originally planned to be a teacher, but found that working in assisted living and memory care afforded opportunities to support and assist many people.

Gustavo has been the Lead Terrace Coordinator for two years; before then he was the Lead Med Tech on the Terrace for five years. He has worked at RGP since April 2011 and worked in both Memory Care and Assisted Living as a med tech. He started as a CNA many years ago, but quickly took on the medtech position. In his role as Lead Coordinator, Gustavo works with residents, their families and coordinates hospice care.

Mark Twain

“If the world comes to an end, I want to be in Cincinnati. Everything comes there ten years later.”



Health Notes

Adrienne Fair, MSN, RN,
Assistant Executive Director

Palliative Superstar Gwen Harris

We couldn't have a "Death and Taxes" edition of the *Olive Press* without an article on the incomparable Gwen Harris. We are pleased to let you know that she will be hosting a session at RGP on April 8th at 10:30 regarding end-of-life planning. I would highly recommend attending. Gwen is a dynamic, empathetic presenter who really makes the difficult subject of death approachable and personal to each person in attendance.

We were lucky to have Gwen host an educational session with RGP care staff this winter on palliative care. Everyone was impressed by her ability to impart lots of useful information, while also taking the time to share experiences and points of view. Gwen says that she was an only child and both parents taught her not to be afraid of death and aging, but to find "honor and wisdom in both."

Gwen has been with JFCS for fifteen years. She also teaches a course called Death and Dying at San Francisco State University for the Nursing and Gerontology Departments. Her top piece of advice to everyone is to plan for the end of life. She says, "Please make sure all your family members know how you feel and how you want to be treated while you are going through this time of life. It will save the people you love from more grief and loss—knowing your wishes. Advanced Directives are the greatest gift you can give to those you love."

Hospice services are covered by Medicare and provide palliative support at the end of life in the comfort of your home. Most residents transition to hospice in their own apartments here at RGP, rather than going to a hospital. Hospice agencies provide home visits from

nurses, social workers, aides, and chaplains to support each resident's preferences, comfort needs, and quality of life.

You may not know that hospice benefits also cover a lot of medical supplies, equipment, nursing care, and medications. And yes, you can "graduate" from hospice if your health improves. Indeed, studies show that people live longer, on average, with hospice support than without it. (*American Family Physician*, 2018 "Life Expectancy with Hospice Care" <https://www.aafp.org/afp/2018/0301/od2.html>)

I hope to see you on April 8th in the Olive Room for Gwen's presentation on end-of-life planning. We are sure to have a LIVE-ly discussion on the subject of death.

"Gwen has an MA in Gerontology and a FT in Thanatology, the study of death and dying. As a member of Seniors At Home's Palliative Care Team, Gwen specializes in



helping individuals who are suffering from a long-term illness and their families. In addition to working with clients, she co-teaches "Caring for Those You Care About" classes to adult children and spouses of older adults, and trains Palliative Care Program volunteers. Gwen recently co-authored a chapter on "Death and Dying" in the book *Care Managers: Working with the Aging Family*, and served as a guest editor for the *Journal of Geriatric Care Management: End of Life Care.*" From the JFCS Website: <https://seniorsathome.jfcs.org/care-managers/>



Candiece Milford,
Managing Director of Marketing

A Reality Check

When a person decides to move to a community such as Rhoda Goldman Plaza (RGP), this decision is life-changing in so many ways. You're leaving a home you've loved, a neighborhood you know, and many items you've collected over a lifetime. However, it also forces a person to look at realities they may or may not have addressed, such as an estate plan. In essence, when you move to a community, you are doing at least a partial plan by the time the financial review is completed and certain documents collected (Powers of Attorney for finance and health, Advanced Healthcare Directives, etc.) This can be painful for the non-planners who don't want to face these decisions, yet it can be a welcome refresh for others who have done it, but not reviewed it for years.

For those who have trusts, it's a good time to review who you've appointed as your trustees and update them to include someone local and relatively young. About 10% of our community comes from outside San

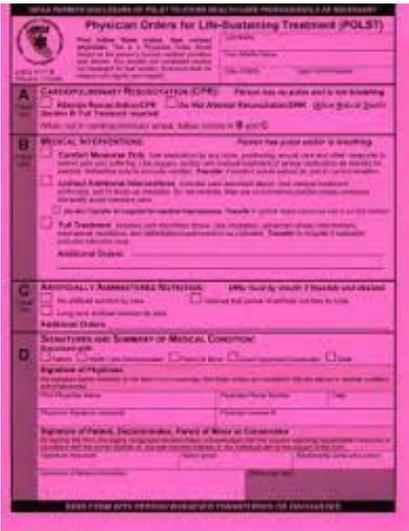
Francisco and from all over the United States. While you may have documents like a POLST (Physician Ordered Life Sustaining Treatment*) from another state, you need to have a California POLST in order for it to be honored.

We also ask about your end-of-life plans so we can follow your wishes. However, if you haven't made these kinds of decisions, now is the time to learn about and make them.

Thought I'd never get to taxes, didn't you?! It is important to know that the monthly cost of Assisted Living can be a tax-deductible medical expense. This deduction could come from services provided as part of care prescribed by a physician including severe cognitive impairment requiring supervision. Dementia care, provided by Assisted Living communities, is fully tax deductible as a medical expense. All this said, you need to consult with the IRS, your tax attorney or accountant to make the final determination. IRS Publication 502 provides general information about deductible medical and dental expenses.

Finally, RGP's accounting office can provide a letter to give to your tax professional upon request. Once this letter is requested, it will be sent automatically every year.

I have worked in residential housing for the aging for over sixteen years now, so I want you to know that I have completed all of the above-mentioned documents, my recently reviewed trust, and feel confident that my loved ones will not have to struggle with decisions. Now, to write my obituary!





Elizabeth Wyma-Hughes
Director of Resident Services

End of Life is Still Part of Life

In 2017 my mom was diagnosed with Amyotrophic Lateral Sclerosis (ALS). She was able to work with an incredible care team for a year and a half, but we knew that hospice would be an essential support as the disease took its course. Had it not been for my professional experience with hospice and end of life, I know it would have taken me far longer to accept the benefit of hospice care and even longer to help my dad understand the necessity of their involvement. Soon after my mom's diagnosis, I recall telling her, "I know this sounds morbid, but you are going love hospice!" My mom's goals following her diagnosis were to prioritize quality of time over quantity, to stay comfortable, and to be at home with those she loved—hospice helped her achieve those goals and more. Frank and frequent conversations with my parents and the hospice team allowed our family to be fully present and engaged with my mom on the day she died, surrounded by those she loved.

I recognize how lucky I am to have been able to experience hospice and its many benefits as an observer long before I would work with them as a family member. Over the years, it has been a privilege to see hospice nurses and social workers guiding residents and their loved ones through the many decisions and nuances of end of life. Midway through a week-long hospitalization, my mom made clear that this was going to be her last trip to the hospital. Though we had all agreed as a family that hospice would be needed eventually, the decision to enroll was particularly hard for my dad as he still struggled to reconcile this decision with feelings of giving up.

What happened instead was a beautiful combination of relief and the feeling of control for my mom. Rather than saving all of our questions and concerns for doctor's appointments every three months,

we knew that the hospice nurse would visit weekly and that the 24-hour nurse was always available to call or visit if need be. The specter of the emergency room no longer loomed large whenever issues arose. The hospice team adjusted their weekly visiting schedule so that it would fall on one of my days off so I could always be there with my parents to participate in the conversations. The nurses and social workers armed us with information we needed, provided the appropriate medications to manage symptoms, and spent the time with us to make sure questions were answered in detail.

For those who are unfamiliar with hospice service: "Hospice care is for people who are nearing the end of life. The services are provided by a team of health care professionals who maximize comfort for a person who is terminally ill by reducing pain and addressing physical, psychological, social, and spiritual needs. To help families, hospice care also provides counseling, respite care and practical support. Unlike other medical care, the focus of hospice care isn't to cure the underlying disease. The goal is to support the highest quality of life possible for whatever time remains."*

I was grateful that my mom was willing and able to start hospice services sooner rather than later, as we had five months of high-quality care before her death. This allowed our family to feel comfortable with the various professionals that were coming in and out and also gave their team a chance to understand my mom, her priorities, and our family dynamics. During her last hospitalization, my mom's care (though delivered by kind, competent individuals) was completely out of sync with her goals, and she felt thoroughly disempowered. Hospice was a breath of fresh air, managing symptoms while focusing on how she wished to spend her remaining time.

After my mom's ALS diagnosis, we started having meaningful conversations about what she wanted the end of her life to look like and made clear what she did not want. In many ways, this was a real privilege as we were not

continued on the next page

End of Life is Still Part of Life, cont.

left guessing. I could ask nuanced questions, so I felt comfortable in her wishes. We were preparing for the likelihood that she might not be able to speak at the very end of life. I felt comfortable in my knowledge that she did not want hospitalizations, that artificial means of breathing and feeding were off the table, and that she wanted to be as comfortable as possible without feeling sedated.

These conversations evolved in the two years that my mom lived with ALS. Early on she was open to trying therapies and different medications. She agreed to participate in a clinical trial not with the expectation that it would change her outcome, but with the hope that it might provide another person more options in the years to come. As she became more physically limited, her priorities shifted to making sure her daily routine was manageable for her and for those of us who cared for her. Our beloved decadent lunches out quietly shifted to take out options so she wouldn't need to expend limited energy. Our walks on local trails shifted to enjoying sunshine in the garden she'd spent twenty years cultivating. As her breathing declined to the point that speaking was a tremendous burden, I learned the value of sitting quietly and massaging her hands and feet. She prioritized the quality of the time she was spending with those she loved. When it was no longer an option to do it all, she focused on doing it well.

Sharing of priorities (and fears) is a gift to your loved ones, and it is a conversation that bears repeating. This conversation and these decisions gives a person agency and removes an enormous burden from the friends and family who want to make sure their wishes are honored. The first conversation may be awkward and uncomfortable, broaching a topic that we usually avoid, but that can be the starting point to more meaningful expressions. When my mom died, we were holding her hands telling her that we loved her. We were not questioning if we had followed her wishes or if there was more that could have been done. I think that is about as good of an end as anyone could ask for.

* <https://www.mayoclinic.org/healthy-lifestyle/end-of-life/in-depth/hospice-care/art-20048050>

Happy Passover!

PASSOVER IS COMING!

Residents will be able to enjoy the first not-quite-done-yet-Covid Seder! However, unlike past years, DPH regulations prevent us from being allowed to invite friends or family to the Seders.

The First Seder will be held at 5:00pm on Friday, April 15th; the Second Seder will be on Saturday, April 16th. Both Seders will be led by Rabbi Me'irah Iliinsky in the Activity Room.

Residents must make reservations ahead of time to join one or both Seders. To submit a reservation request please fill out the form which can be found at the Front Desk.

Happy Passover!

April Birthdays

Carol John	4
Priscilla Schlesinger	8
Mo Steinbruner	16
Bernice Rabin	19
Sarah Shilgi	20
Jack Herman	21
Toni Buckley	22
Evelyn Adler	30

April 19th
2nd Covid booster at RGP
Activity Room

Death's an old joke, but each individual encounters it anew.

Ivan Turgenev

In Other Words

What I learned as my mother died

She couldn't communicate so I had to rely on what I remember she had said, what I trusted my memory about, what I thought was best, what I thought she wanted. She didn't care about certain things, but she still cared deeply about what had always been important to her. Here's the story:

In mid-November of last year, while reading selected bits from the *New York Times* to my mother, I discovered an article about two men being exonerated from the accusation of murdering Malcolm X and freed from internment.

In other words: They didn't do it.

While reading the article out loud, I glanced up at my mother. She was smiling. I said "You knew this all along! I remember you saying they were innocent!!" To which she inclined her head in a rather regal nod of assent.

This meant that she understood the article, the results of an investigation, the release of the innocents, and a delayed justice achieved.

After months of assuming she didn't know who I was, not knowing what made sense to her, what she felt about daily life in the confines of Covid, who she missed seeing (if anyone), or anything else at all about her inner workings... I saw the glimmer of life. The consciousness beneath. The person who fought for justice and quietly assisted others to find the path forward.

I still haven't gotten over this amazing moment.

In other words:

Don't expect the unexpected, but be prepared to accept it and take joy.

In other words:

We are who we are when we are given that permission to be whoever we are at that moment.

In other words:

Who we are doesn't change, just whether or not we can show it.

In the end, my beautiful, talented, educated, generous, fair-minded, tough-as-nails mother suffered pain and confusion for nearly two days and nights. No amount of massages or visualization of the rolling fields of Marin County or softly playing baroque music could make it right.

In other words:

Nobody is in control of the Exit Plan. All we can do is try to be kind and patient and loving.

Daughter of a Resident

Thoughts on dying from Darya Folsom, *daughter of departed RGP resident Sylvia Malnikow* and KRON4 Morning News Anchor who like all of us, could go any day...

As Deepok Chopra says, "Life is a sexually transmitted, terminal disease." They also say, "laughter is the best medicine." My mom had the last laugh on January 7th, 2020. This was her favorite story:

A Minnesota couple who hadn't vacationed in years decided to go to Florida to take a break from the bitter cold. They were going to stay at the same hotel where they honeymooned twenty years earlier. Because of hectic schedules, the husband flew down on Thursday. His wife was going to join him the next day. When the husband checked in, he saw there was a computer in the room, so he decided to write his wife an email. Without realizing he left out one of the letters of her address; he hit send.

Meanwhile, somewhere in Houston, a widow returned from her husband's funeral. He was a beloved minister called home to glory following a heart attack. Knowing there would be many condolence messages, she sat down to read her email. She let out a scream and dropped dead on the floor. Her son rushed into the room and saw this on the screen:

To: My Loving Wife

Subject: I've Arrived

Date: November 18, 2004

I know you're surprised to hear from me. They have computers here now and you're allowed to send e-mails to your loved ones! I've just arrived and have been checked in. I see that everything has been prepared for your arrival tomorrow. Looking forward to seeing you then. I hope your journey is as uneventful as mine was.

PS. It sure is hot down here!

For me, if I can't laugh anymore, take me off life support. *Darya*

AFTER I DIE

by Jeanne Halpern, Resident



After reading aloud Chapter 3 of *The Beauty of What Remains* by Rabbi Steve Leder, our visiting reader, Darya Folsom, looked around the Activities Room and asked us to think about the chapter. Then she asked us to raise a hand if we had a plan, as the chapter recommended, for what we wanted to happen to us after we die. “Do you have a real plan—about the big, practical things like burial or cremation, and also, maybe, a funeral, a memorial?” Though I hadn’t touched all these bases, I had attended to the big one—about what would become of my body. I quickly raised my hand and looked around the room. Mine was the only hand I saw. Later, when I asked a few others why they hadn’t raised their hands, they said, each in her own words, “My children, they’ll take care of things.”

Though the book we’ve been reading together is clearly about death—our own, that of those we love, those we know well—I wondered if others in the room were silent because of fear or worry or something inherent in the notion of dying, particularly our own. We’re certainly surrounded by it at RGP. In the two-plus years I’ve lived here, three of the residents who’d become dear to me—Steffi, Dick, and Bill—have died. I guess I was hoping that in this room, with this book, we’d grow more willing to discuss this apparently taboo topic together. Instead, I’ll use this column to consider it, in writing, with you.

Personally, I found the message in Chapter 3, “In Life as in Death,” challenging and helpful. What a boon to be able to make the choice before we die that’s most in sync with the way we’ve lived our lives so that after we die our bodies take a compatible direction. Though totally unaware I was searching for just the right road for myself after death, I did eventually figure out the way I wanted my body to disappear from this world, and it

does turn out to be the way I’ve lived my life until now, yes, and especially since I moved into RGP.

I didn’t know it then, but my search began in the early 1990’s when both of my parents died. I was standing in the rain in the small, lovely Sons of Israel Cemetery in upstate New York. Because my father’s family was buried there, I stood beside the stone of my grandmother Jennie, after whom I was named, but whom I had never met. Chestnuts lay on the grass, the stream at the south edge of the burial ground ran fast in the rain, and I decided this was one of the prettiest cemeteries in the world. I’d come here quite a bit when I was growing up, but had rarely returned after moving to the Midwest and then San Francisco. This time, though, I felt so attached to the quiet beauty of the place that I decided I wanted to be buried there, too, with my family. I put a deposit on a site near where my mother had recently been interred and even picked out a coffin.

Before I continue, you should know that I’ve always been curious, but never worried about death. From a very young age I’ve been fascinated by cemeteries, which may possibly have given me an appreciation of death as peaceful and somehow beautiful. Growing up less than two blocks from the city cemetery in Amsterdam, New York, I played there often, usually alone, sometimes with friends. Over the years, I’ve become quite a cemetery collector. Wherever I went in the world, (except Antarctica), I sought out cemeteries. And in the San Francisco Bay Area, my most popular Sierra Club hike was “The Sixteen Cemeteries of Colma.” The hike, created twenty-five years ago led people to the many cemeteries located in Colma often referred to as The City of Souls.

Even after visiting so many cemeteries, I remained pretty sure about being buried near my family in upstate New York. Then two things happened. First, I sketched the way I wanted my granite tombstone to be engraved and was told it “didn’t conform to our traditional guidelines.” I could have my name and my dates but not the illustration I’d drawn or the words I’d written. (FYI, a bowl of steaming matzo-ball soup with the line below, “She made good chicken soup.”)

I sent my next request after I’d gone to two memorials for Sierra Club friends whose ashes we had tossed from Mount Tamalpias and San Bruno Mountain. I asked the Jewish cemetery if, instead of my body, I could have my cremains put into my new coffin. I was told Conservative Jewish cemeteries did not allow cremated remains, even in a coffin. That was it. I asked for and got back my deposit. Later, I figured out what it might have cost to send my corpse from San Francisco to a cemetery near Albany, New York. I deposited that amount, roughly \$10,000, in the saving account earmarked for my grandchildren.

Finally free of a final resting place, I discussed the matter with my partner Louis. He had, much earlier, filled in, signed, and mailed the papers needed to donate his remains for research and teaching to the UCSF Willed Body Program (WBP). I, too, had picked up these forms but never completed them.

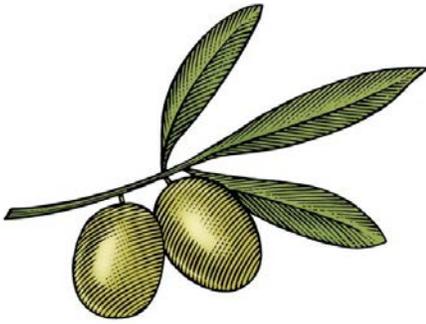
Several years later, when my dear Louis died, the WBP proved to be effective. Since he was a patient at UCSF when his heart stopped and since, by an odd coincidence, I had his WBP ID card in my purse, I was present when the record of his death was being filled out. As the doctor was finishing, she asked if I had any objection to his being embalmed. I said, as I pulled his card from my purse, “Don’t do that! Look at this card. He’s in the Willed Body Program at UCSF.” She stopped, thanked me, and praised him for having made that fine decision.

You may wonder now where this leaves me in my quest for an ending that reflects the way I’ve lived my life. It’s because of reading and thinking about the chapter called “In Death as in Life” that I understand how donating my body to research and teaching would connect beautifully with the way I’ve lived. I’ve been devoted to many hundreds of students while teaching at two universities and, after that, to volunteering for twenty years at Jewish Children’s and Family Services.

Since I’ve moved into RGP, I’ve surprised myself by how much I enjoy helping others in small ways—making and giving greeting cards nobody expects; taking a friend out to the movies; turning on a light switch somebody can’t reach; editing a friend’s writing; passing along my New Yorker magazines. It’s strange that living around so many others has turned me into a helper—not at all like living with my kids when they were growing up. I thought then that by not helping a lot, I was encouraging them to become independent.

The Beauty of What Remains made me ask myself how I’ve been living my life so I could decide how I wanted to finish the last chapter. From the point of view of giving to others, donating my body to medical research and students makes perfect sense. So that’s my plan. I’ll make use of my WBP card when the time comes.





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*Founded by Jewish Family and Children's
Services and Mount Zion Health Fund*

RHODA GOLDMAN PLAZA

The appeal of Rhoda Goldman Plaza is undeniable. Older adults and their families prefer our unsurpassed assisted living and memory care community enriched by culture and tradition.

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Founded by Jewish Family and Children's Services and Mt. Zion Health Fund in 2000, Rhoda Goldman Plaza (RGP) was established as a non-profit assisted living facility to provide a better and more secure life for older adults.