



Conference Care Newsletter

Vol. 7 • No. 2 • July 2016

“And went to him, and bound up his wounds . . . and took care of him” Luke 10:34
“But that the members should have the same care one for another” 1 Corinthians 12:25

Editorial

Glasnost and Perestroika

During the latter 1980s, the terms *glasnost* and *perestroika* were commonly used to describe what was happening in the Soviet Union. *Glasnost* is openness, and *perestroika* is restructuring. The terms had definite political connotations. In a measure, the populace was reaching out for healing.

In 1987, a group of four men did a two-week tour of the Soviet Union. They experienced first-hand the absence of openness. Religious exercises were done in secret, there were downcast faces on the street, there was suspicion and difficulty communicating—and not because of language barriers. They encountered mind-sets captured in a system initiated many decades earlier.

Prior to going, the group was instructed by their trip organizer to remember that they were tourists. In a museum, a talented tour guide expounded on the accomplishments of the socialistic system of her mother land. After listening politely, a member of the group spoke to her about his beliefs, specifically, that he believed in God and that establishing world peace did not entail invading neighboring countries to stop the advance of capitalism. He told her peace was a personal heart matter. The testimony brought tears to her eyes. Glasnost was at work.

After some years had passed, an acquaintance who had lived through the years of persecution in the country was asked whether things had changed in the Soviet Union as it related to working in the country with relief projects and ease of dealing with authorities. He simply asked the question, “Have you ever heard that the president has be-

come a Christian?” However, some changes had taken effect.

Some years later when traveling in the country again, a difference in the peoples’ demeanor was noticeable. There was more openness. Visiting with people while walking the streets of a village was different. Old habits die hard, and often caution and reticence still shone through, but perestroika was in progress.

What are the people like today? On the first tour, the group slipped through darkened streets to take part in worship services in basements or upstairs apartments. They sat in the public entrance of a hotel visiting with young Christians while the authorities watched. However, glasnost was in motion, and surely through the decades, things have continued to change so perestroika can be achieved. One person encountered on the tour expressed himself something like this, “Ah, so you believe in perestroika, too, but your belief is in perestroika of the heart.”

Today the church community is experiencing a type of glasnost. The fact that people with special needs are crying out has been talked about previously and if not heard specifically, we now know it’s there. However, it is not a voice heard once—it continues to be heard. Didn’t the conditions exist thirty or forty years ago? If they did, what were the reasons for keeping them covered? Was it embarrassment? Was it discretion? Or was it a simple matter of being closed? Or is it possible that time has added challenges to peoples’ lives, and there are simply more problems? Is life today creating more social, spiritual, and emotional pressures?

Whatever the reasons were for being closed, it seems to be changing today. People are speaking up. Glasnost is making us aware of problems in our circles. It feels like

the curtain is rising, and the walls are breaking down. Initially, it causes some anxiety, but for the people held in the grips of these struggles, openness itself brings an element of relief. A medical doctor needs his patient to tell him at least some of his symptoms. And personal research opens doors for people with troubles. Help is available, even if cures do not always exist.

Today, for example, the lives of people dealing with dementia can be made more pleasant. Openness has unlocked the door to some realities of the ailment. Research and practical experiments have been made. More help is available, and when help is obtained, perestroika can begin. Restructuring care plans plays a big part in easing the difficulties care givers and families experience as they work at caring for these folks.

The medical profession and pastors encourage openness. Many people have experienced the healing that transpires when they admit they have a problem, whether it's emotional, spiritual, or physical. Let's let the walls come down.

When we open our minds and hearts, the Lord will bless us. Glasnost is one of the first steps to perestroika. Call it what you want, but healing is what the soul longs for.

The Things I Cannot Do Alone

Tim Penner

Lord, I would not ask a special blessing Ev'ry time some service should be done;
But I often need thy loving counsel In the things I cannot do alone.

When I'm racked with mortal pain and sorrow, May I spend a moment at Thy throne?
Pleading only for Thy tender mercy In the pain I cannot bear alone.

When my task seems greater than my courage, And the world would turn my heart to stone;
Be Thou near, O Lord, and gently lead me In the path I cannot walk alone.

I do not ask for strength to move a mountain, nor earthly fame or fortune of my own;
I only ask for added strength and courage In the things I cannot do alone.

Albert E. Brumley

Last fall at the Care Conference, a group of men sang, Albert Brumley's "The Things I Cannot Do Alone." Through the sessions, various challenges and blessings encountered in the operations of our care homes had been

addressed, and then that song. As I listened, I thought, How fitting!

"Lord, I would not ask a special blessing Ev'ry time some service should be done." We can get into the "we need special blessings" mode. Sometimes we crave some special return for what we have chosen to do or what has been our duty. In Jesus' parable, the servant came in from the field after a day's work. His master asked him to serve dinner. He could eat after that task was done. Do we have a problem with that? At first, yes. But Jesus said the servant was only doing what he had been asked to do. Sometimes the blessing is in the performed task, but the true blessing is experienced in performing tasks with the right attitude. The special blessing may come when we go the second mile, often unexpectedly. But asking for special blessings—does that seem prudent?

"But I often need Thy loving counsel In the things I cannot do alone." Is there actually anything we can do alone? Let's let that question run through our minds. We do lots of things alone. We get up in the morning, get to the table for meals, and visit our friends. Even getting to the job on time doesn't need counsel. We just do it. But the need for counsel can be triggered by a phone call or by a disappointment in the family and by a myriad of other circumstances. How fortunate to have a counselor only a thought or prayer away!

"When I'm wracked with mortal pain and sorrow, May I spend a moment at Thy throne?" We all go through some pain. Sorrow is not foreign to any of us. My first memory of sorrow is when an aged brother in our congregation passed away. He had befriended some of us young men during the time he was a widower. I remember him teaching Sunday school and performing the duties of Sunday school superintendent. I clearly remember the thought, "How will we get along without him?" Loved ones have passed away. Friends have forsaken the Lord. The Lord is a great comforter. Sorrow and pain can be overwhelming. And we pray, "Lord, be merciful and help me!"

Sometimes our courage wanes. The challenges seem so great. So we grit our teeth and harden ourselves. We dig to the bottom of our being for the last ounces of will power and move forward. And we succeed in overcoming our obstacles, but we fail to notice hardness pressing into our spirits. Suddenly the Lord is near, and in a quiet way, He asks us, "Where is your mercy? Where is your joy? Where is the tenderness?" In the heat of the battle when we needed Him most, we were guilty of doing it on our own. He leads so gently!

Who moves mountains? Who gets fame and fortune? Not many, and yet we often strive to be among those few. We pray, "Lord, give us strength and courage to face our responsibilities. It works so much better when You help us. And we will leave the blessing part in Your hands."

A Story

Luella Toews, Barron, Wisconsin

We have been privileged to listen to the Conference Care Committee's objectives and positives concerning starting up a Care Facility in our area. They did a splendid job of presenting the burden of their work, the care of our elders. And I may as well confess, they were talking about my age group and older. We are in the senior group. But I was inspired to tell you a story. It is a true story and took place when we children moved our mother into the Moundridge Manor.

A little introduction to my mother: She was a widow almost as long as she had been married (Dad died suddenly of a heart attack at fifty-seven years of age). Mom was a "can do" person. She was very independent in a sense, looking at obstacles as challenges to be overcome. Getting her Grasshopper lawnmower stuck in the ditch—she got her car and a rope and pulled it out; a heavy piece of furniture that she wanted down the basement—she tied a rope onto it and let it slowly down the stairs. She loved having company, making delicious meals. But she was getting old, not just older, but old. In her mind, she was still very able to care for herself, although there were times that she did become fearful when she was not feeling well. She wore a life-link that at the push of a button would make a call for help, a device that gave her some security.

It was in the month of September when my sisters living nearby noticed that there was something different about Mom. Nothing major, but more fatigue, less activity, and an overall change. Stroke? Medication? Pacemaker failure? All possibilities. Clinic check-ups didn't really reveal a whole lot. But we became concerned for Mom living alone.

In December, a room at the Moundridge Manor became available. (Mom's name had been put on the list some years earlier.) With Mom's decline in health, the possibility of her acquiring this room was looked into. She could have it; was she ready for it? Were we as children ready? The room was a single, which was number one on our list. So we decided to proceed with caution in preparing Mom to open her mind to this "wonderful" opportunity. She showed extremely little enthusiasm, yet it became more apparent that she should not live alone.

My husband was going to Western Kansas for revivals, so it was a good opportunity for me to stay with Mom. My sisters asked if I would help prepare Mom for the move. She was a quilt maker. We cut out quilt blocks, and I would package them up in plastic bags, ready for "travel." She and I were on different roads; I knew that. The two ladies in charge of making home visits prior to a new resident coming into the Manor came out and did a beautiful job of taking down Mom's medical history and leading

her into a somewhat mental acceptance of change—in the future, not necessarily now.

That evening Mom and I had a talk. And this is what I really want to bring us to. She spoke quite strongly about all that she was being asked to give up: her driver's license would run out in January; her car; her meds (which was a very big item to turn over to others). She asked me point blank what was it that bothered us girls about her not wanting to go to the Manor and, also, "How would you like to eat with the same eighty people every day, three times a day?" I told her, somewhat righteously, I suppose, that we were surprised at her resistance.

The next morning she met me in the kitchen. "Luella, I am not resistant. I am trying to work through all the changes I am making and will have to make. Giving up my car, leaving my house, never cooking and making a meal again, never having you children come home here." By this time, I was in tears. I put my arms around her and simply and sincerely said, "Mom, I'm so sorry. You are not resistant." I saw how we, and I, had not been feeling her heart's cry. But I knew from an experience that had happened one night when I was there that I could never be comfortable leaving, knowing she was there alone. Another thing, it was not uncommon to find that one of her necessary pills had fallen back into the glass when she was taking her meds, and she did not notice, which could have some negative effects on her health. But I do feel there would have been a way to have felt her cry and not have called it resistance.

One night after she went to sleep I sat at her word processor and went into some of her files, with her permission. I found poetry she had written. I could not read for tears. Oh, she had been so lonely. Her hours and days and years alone had held so many hurts and hard times when she was so lonesome for Dad and for her little three-year-old angel-girl and for her children who were so busy with life. God was her everything. I cried into my pillow that night in the bedroom close to her room where she slept secure, knowing that I was near.

Fast forward. We took a bookcase, her chair, her sewing machine, some wall mottoes, lamp, folding chairs for those who would come and sit in her little room and visit. A thimbleful of items compared to the houseful of possessions she left behind. She walked out the front door, looked back and, with a wave of her frail hand, said, "Goodbye, house." She was dry-eyed, brave, but we girls weren't.

Yes, she missed her home tremendously. But she adapted beautifully and like one of my sisters said, "Became a part of the woodwork." She appreciated the wonderful care and love she received at the Manor. Her health improved. She loved the coffee shop. She loved the nurses and special people who helped make it a "home" for her.

Now, after the Committee was here and gave us an overview of their job, Harry and I sat in our living room and looked at our home. We saw everything as so warm and beautiful. We understood our mothers a whole lot better than we ever did before. To walk their walk into a whole new way of life takes tenderness, a holding of their hands, a little gentle firmness, maybe—but never accusation for lack of acceptance. And we know that as God grants us time, this will come our way, too—maybe sooner than we think.

Reflections on Aging

Guest article by Lotti Klassen R.N., Steinbach, Manitoba

“Oh my, you look so young!”

“How to be young forever.”

“You haven’t aged a bit!”

Comments like these reflect our society’s value on youth and our negative value on aging. I’ve done some thinking about aging. Some cultures actually do value aging, and their traditions reflect this. I have a picture in my mind of an elderly person in an airport being greeted by a group of younger adults and children. Each of them respectfully knelt down in front of the elderly person, bowed their heads and waited to be touched on the forehead by the old woman. They hung onto every word she spoke. It was a picture of respect and honour for the aged woman, and I thought it was beautiful.

In contrast, I have seen the elderly being ignored and even disrespected in most of our western society. It seems our culture always wants to be younger, rather than older—in looks, in agility, in spirit. But I wonder if we are doing a disservice to our younger people by placing such a high value on youth. When we tell our young people that they are at “the prime of their life” and we all clamber to “be younger,” does that, in a subtle way, make our young people lose hope? Some of them are still confused about who they are and what they want in life. If this is supposed to be the “prime” and everybody wants to be young, what have the young got to look forward to? It will only go downhill from here! How much better if we put more value on experience, maturity, and, yes, also on aging. How much more encouraging to hear thoughts of “the best is still to come.”

The truth is, we are all aging from the day we are born. No one is getting younger. So let’s embrace the aging process. Let’s celebrate each milestone as much as we can. As we age, we can gain experience, knowledge, and wisdom. Yes, our bodies aren’t meant to last forever. Our bones deteriorate, skin sags, and wrinkles and muscles

waste away, and aches and pains can increase with advancing age. But our spirits and inner being and character can remain strong and be renewed day by day.

My interest in the elderly began at an early age. My grandmother lived with our family all my life until she passed away when I was nineteen. I also had the joy of being the main caregiver for my mom in her last decade of life. As a nurse, I have now spent nearly three decades working in geriatrics in various settings. I have to say I love old people. There is such a wealth of life experiences and wisdom to be observed; there is so much patience and character that can be developed. I can learn so much from my elders and be inspired by them. I’d like to share some of my observations and experiences.

I have observed the deep commitments of a lifetime in marriages and families, through good times and tough times. I see a picture in my mind of a husband faithfully visiting his wife every day and tending to her needs and then kissing and hugging her tenderly and passionately, like a teenager “madly in love.” Such is true lasting love.

I have had the privilege of seeing families come together, support their elderly parents at great sacrifice of their own time and livelihood. I’ve seen them visit, laugh with them, pray and sing with them, hold their hands, and recall memories of the early years. I have listened as they patiently explain where they are and who they are and answer the same questions over and over, to a parent who no longer remembers.

I have stood on “holy ground” at death beds and watched from the sidelines as people have passed from this life to the next. Each one is a precious experience. What an awesome privilege!

I have been moved to tears as I have seen an old crippled lady kneel at her bedside to pray. (I admit that my first reaction was alarm, as I thought that she had fallen and couldn’t get up by herself. It was only when I approached her that I heard her praying aloud softly.)

I have seen children faithfully come to visit their mother every day, even taking time off work, for many years and tending to her needs, even when she could no longer speak and did not appear to recognize them.

I have been inspired as I have seen lifetime habits come to fruition in old age: attitudes of gratitude, contentment, and grace. How humbling it is and what a joy it is to serve these people.

Oh, yes, I have also seen other lifetime habits play out in old age: complaining, demanding, grumbling, inflexibility, obsessive behaviors, and focusing on what other people think rather than on what God thinks. I have learned not to be surprised when I see a “sandbox fight” play out in retirement homes. Yes, it sometimes seems like a complete regression to the preschool and schoolyard

fighters when old people get annoyed with one another and their “social filters” aren’t working any more. Unresolved conflicts or old habits that were buried can somehow come to life in old age! Even tattling, whining, jealousy, rivalry, and complaining!

Conversations with the elderly can sometimes deteriorate to becoming an “organ recital”; you know, just reciting over and over about all the body functions that are failing. “My arthritis is so bad.” “I can hardly hear.” “My eyesight is failing.” “And the doctor said my heart is weak and my cholesterol is too high.” And on and on—you know the tune. And, of course, if they talk to each other, they can even play one-upmanship on each other’s ailments.

It is so much more interesting to talk to an elderly person who has maintained his sense of humor and focuses on gratitude and on others and their interests. It seems this, too, needs to be developed and maintained earlier in life.

I have learned that a “sweet old lady” doesn’t become “sweet” automatically just because she’s old! A “sweet old lady” is more likely to have been in the making for many years; she is someone who has learned to forgive, has practised being grateful, has learned the art of encouragement, and is ever being mindful of others; it’s not “all about me.”

Working in geriatrics has also given me the opportunity to see many different families in action. I have been inspired by the commitment of children and grandchildren to their parents and grandparents. I see daughters and sons faithfully remain in touch with their parents, through very tough situations. Maybe Dad doesn’t even recognize his children, but they don’t stop coming to see him. Even though Dad doesn’t know them by name or acknowledge their presence, his emotions and senses are likely still intact, and he senses their presence and love.

At this last fragile stage of life when elderly parents need feeding, changing, and are dependent on others for all the basic activities of living, I see parallels to a mother and her baby. Does a mother stop talking to her baby or coming to check on him regularly or feeding her baby and cuddling him and changing him because he doesn’t talk to her or remember when she was there last? Of course not! And so, families come faithfully to visit, hold hands, and reassure their elderly (sometimes demented) fragile parents in their sunset years. That inspires me.

I am inspired as I have the privilege of working at Maplewood Manor. I see how the district churches have placed a high value on the aged, not only in lip service and attitude but in putting money, time, and resources into this home. It is a beautiful, safe, home like environment where the elderly can live together with relatives and people of their own culture and faith background. They receive many visits from family, friends, and young people. I see

that our residents are well cared for. They are respected and are content.

I have been blessed by the prayers of so many of our elderly. At the manor, we begin each day with devotions, including a time of singing, Bible reading, and prayer. Each meal begins with a prayer. It is so good to hear our seniors talking to God and committing the day to Him. Some of them include us workers in their prayers. When one of these prayer warriors passes away, I sense the loss of their prayers but trust God to raise up more “pray-ers.” It is a huge blessing to hear someone say, “I’ve been praying for you.”

I am encouraged by the psalmist who says, “I have been young, and now am old; yet have I not seen the righteous forsaken. Let my mouth be filled with Thy praise and with Thy honour all the day long. Cast me not off in the time of old age; forsake me not when my strength faileth.”

Anxiety Disorders

Following is an e-mail picked up from the Resource Team. At the Care Committee’s meeting, in the beginning of June, it became an agenda point. The point received considerable attention and discussion. It was decided to publish it in the newsletter. The questions the team asked themselves and we asked ourselves at the meeting are the same questions we are asking those of you who read this. You are welcome to respond. You can contact the resource team or the care committee. Or you may e-mail your thoughts to the newsletter editor. A point lifted from the minutes of the meeting is as follows: How can we establish an effective lifeline for our people? “If I could talk about this and not be judged” is a real cry out there.

Subject: Anxiety Disorders / Obsessive Compulsive Disorder Resource Network (URGENT!!!!)

Hello, fellow team members,

I have a very urgent request for help in securing effective treatment for people suffering from these disorders. We have a number of people in our conference who are afflicted by some form of anxiety disorder. Some are being properly treated, while others are floundering around seeking relief and support. This disorder doesn’t discriminate as to age, sex, or station in life. Left untreated, it worsens and has potentially life-threatening possibilities.

My hope is to solicit information from our members who are dealing with this disorder or know of others who might be. We need more reliable information that might be put together, and we need to develop an information/support group network that can be offered our folks. Obses-

sive compulsive disorder is much more than washing hands and counting rituals. It can, and frequently does, manifest its self in sexual issues, potentially violent compulsions, fear of harming others, and loss of hope—all with possible self-destructive consequences.

The question to you all: What are your thoughts about this, and how can we get the issue out in a manner that will open doors for help for those suffering from this disorder? I am currently dealing with some very serious situations, both young, and older, so any and all thoughts would be appreciated. Hope to hear from you soon. More later.

Sincerely,

Marcus

A Note from the Care Committee

The committee would like to make some comments in connection with the above e-mail.

Until three or four years ago, the committee dealt mostly with the elder care facilities in the conference. Then the voice of the special-needs people became more acute, and the resource team evolved. The resource team has been introduced in a previous issue. There are eight members on the team. Each of them has been chosen to be on this team to help the care committee deal with special-needs situations.

All of the resource team members have approval from their home staff. The team has built up a list of contacts they can go to for information and help. This list consists of people with experience in many different facets of special needs. It is the intention of the committee that the individuals on this list are approved by their pastors. They are not picked up randomly.

The committee is impressed time and time again by the dedication and concern of the above people. Some of them field multiple calls on a daily basis from parents, teenagers, and other folks who are looking for help.

In a discussion developing from a case study in a recent meeting, we were impressed with the ideas and angles of opportunity that developed when the team got involved in discussion. Much is beyond those of us on the care committee. The committee feels privileged and blessed to have these folks on board.

It often seems like we are entering an unknown field of challenges. The committee needs your prayers. The resource people need your prayers. But, also, the handicapped, the parents of the handicapped, the troubled teenagers, the people from dysfunctional homes, the people with emotional needs, the children with attachment disorders, people with addictions and learning disabilities need your prayers. At times, it is rather overwhelming.

The committee sends out a plea for pastors and faithful, solid brothers and sisters to stand by and be there for the people around you who are hurting.

A Need for Nurses

Some time ago the committee was approached regarding the need for nurses in our care homes. One idea to help facilitate this was to find a location where our sisters could attend training in a safe environment. The thought was to find a residence near a college where students could live with houseparents, providing security for studies and off-hour activities.

The above has been discussed at several committee meetings. The committee has found it difficult to get direction. There are some simple questions that seem to need answers before a lot of study is put into a plan of this nature. Are sisters, with some life experience, who make the decision to take nurses training interested in living with houseparents? Are younger sisters in our circle, who might benefit more from a system like this, actually ready to commit themselves to several years of study? Should facilities look after their own needs? There are two different countries, Canada and United States. There are different provinces and states in these countries, possibly with different standards and programs.

What is the thinking in the conference about a plan like this? The care committee is interested in your comments. Send comments and questions to any of the committee members or to the editor of this newsletter.

The Care Committee

The Safest Place

Doeteke Jager, Resource Team, Glenn California

God's church is our refuge; it is a safe place. It is a shelter for our spiritual, emotional, and physical well-being. It is a place where the most vulnerable people can find rest, care, protection, comfort, healing, and love.

We as individuals are a part of God's church, and together we need to offer that rest and protection. Someday we might need that same love and special care, also!

Jesus has given us many examples of caring for others in need. He fed the hungry; healed the blind, lame, and sick; and comforted the sad ones. We need to do our part, caring for the people around us. Many people are facing difficult situations within our congregations. There are people with special needs, mental instabilities, terminal

illnesses, and the elderly. In addition, let us not forget the families who adopt/foster children. They often face unique challenges. Who would not claim to be willing to help? We all say we want to, but then we think we do not know how.

It has been said that it takes a village to raise a child. From this saying, we understand that together we have the responsibility to help. One Bible story tells us about four men carrying a paralyzed man on a stretcher to the Master for healing. When they got to the house where the Master was, their way was blocked. The friends did not give up, but they made a hole in the roof and let the stretcher down. This made it possible for the man to receive healing from Jesus. These men cared for their friend and went out of their way to help him. They fulfilled their responsibility with compassion.

It is important to be open with each other, so we know what we can do. Being open is being vulnerable without reservations or fears. Think about the times we share when it's revival time. It may be scary, but we love those evenings when we share our hearts. We all deal with fears about being accepted and worry about doing our jobs. We think what we have to offer is not good enough. Oh, if only we wouldn't be so self-conscious!

When we feel inadequate and don't know what we can do for others, maybe it is time to learn more about the situation. Can we as a congregation gain some knowledge about the specific handicap our sister deals with? On the other hand, what might be the problem with the adopted children in a family? What are the emotional struggles of this senior lady who lives alone and can't get around? When we are open with each other, we know what to pray for and can find ways to help. There is such power in prayer, and we will be amazed at the things God will bring to mind that can be helpful.

Can we as a group be committed to help and care for the individuals with needs even if it upsets our opinions and takes some of our precious time? Are we in for the long haul? Are we ready to change course if needed?

Is there a heart-felt compassion for the situation? When we work together, we can share our burdens and become accountable for the task given to us. It will help us stay focused.

There are more and more congregations willing and open to support special-needs situations. Support teams

are put together, respite care is organized, and information evenings held. These are beautiful examples for us to follow. It gives the families hope, and their burden becomes lighter, because they feel they are not facing their struggles alone.

Let us have a heart of compassion, work together, and let the Church be the safest place for the vulnerable people in our midst.

From **AlzheimersReadingRoom.com**

(Used with permission)

When you work in dementia care, people tend to ask you a lot of questions. Probably one of the most common questions that I hear is, Are you afraid you will get dementia when you're older?

Honestly, there are many things that scare me much more than dementia does. Don't get me wrong—dementia is a terrible group of diseases. I've been fortunate, however, to see many of the beautiful moments that people with dementia can experience.

Just in case I do get dementia, I've written a list of sixteen rules I'd like to live by.

If I get dementia, I'd like my family to hang this wish list up on the wall where I live.

Rules for a Good Life—Rachael Wonderlin

- If I get dementia, I want my friends and family to embrace my reality. If I think my spouse is still alive or if I think we're visiting my parents for dinner, let me believe those things. I'll be much happier for it.
- If I get dementia, I don't want to be treated like a child. Talk to me like the adult I am.
- If I get dementia, I want to enjoy the things I've always enjoyed. Help me find a way to exercise, read, and visit with friends.
- If I get dementia, ask me to tell you a story from my past.
- If I get dementia and I become agitated, take the time to figure out what is bothering me.
- If I get dementia, treat me the way you would want to be treated.
- If I get dementia, make sure that there are plenty of snacks for me in the house. Even now, if I don't eat, I get angry, and if I have dementia, I may have trouble explaining what I need.
- If I get dementia, don't talk about me as if I'm not in the room.
- If I get dementia, don't feel guilty if you cannot care for me twenty-four hours a day, seven days a week. It's

Conference Care Newsletter is published when possible by the Conference Care Committee to share concerns, inspirations, and ideas among the care facilities of the Church of God in Christ, Mennonite. Articles and suggestions should be sent to Tim Penner, editor, 64 First Street, Steinbach, MB R5G 2B6; Ph./Fax 204-346-9646; Cell 204-346-4048; e-mail: timbrenda@live.ca.

Send change of address or quantity to Lowell Koehn, Burns, KS; leeprinting@eaglecom.net; Fax 620-726-5222.

not your fault, and you've done your best. Find someone who can help you, or choose a great new place for me to live.

- If I get dementia and I live in a dementia care community, please visit me often.
 - If I get dementia, don't act frustrated if I mix up names, events, or places. Take a deep breath. It's not my fault.
 - If I get dementia, make sure I always have my favorite music playing within earshot.
 - If I get dementia and I like to pick up items and carry them around, help me return those items to their original places.
 - If I get dementia, don't exclude me from parties and family gatherings.
 - If I get dementia, know that I still like receiving hugs or handshakes.
 - If I get dementia, remember that I am still the person you know and love.
-

Meeting Notice

The Conference Care Committee is organizing a meeting at the Pinecrest Congregation, Louisville, Georgia, beginning August 11 in the evening at 7:30 P.M., and continuing August 12, 9:00 A.M., to 5:00 P.M. Topics on the agenda are:

1. How to seek and obtain proper diagnoses and help for children and others with special needs in our congregations.
2. Realistic acceptance of circumstances and understanding our limitations.
3. Dealing with behavior issues and anger management.
4. What's worked for others?
5. There will also be opportunity to share your experiences.

You are very welcome to attend. For more information, contact Steve Koehn, Conference Care chairman. For hospitality information contact Brendon Holdeman, Ph. 706-836-9876, Pinecrest Congregation.