Retirement Matters

Voluntary Life Rights Association
(halfmens@telkomsa.net / 072-514 0913)

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The story of the grateful starfish

One morning, an elderly man was walking along the beach when he noticed a young boy picking something off the sand and throwing it into the sea. As he got closer, the man realized the child was throwing stranded starfishes that had washed up on the shore back into the breaking waves.
Approaching the boy, the man asked what he was doing. "*The starfish will die if they're still on the shore when the sun rises,"* he replied. Perplexed, the old man said, "*But that's pointless! There are countless miles of beach and thousands of starfish. It doesn't matter how many you return to the water, you can't make a difference."*

Unfazed, the boy bent down, picked up another starfish, and tossed it into the sea.
"*It matters to this one,"* he said.

Moral of the story:

No matter the odds of success or the scale of the challenge, your actions can make a difference. It's better to light a candle than curse the dark. Every little bit counts. Doing something to make a positive change is always better than nothing!

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Identify and protect – creating 'companion' awareness
The benefit of special ID cards for dementia patients

While I am reluctant to use the word *'excuse'* in respect of Alzheimer's behaviour - it is occasionally necessary to at least explain to by-standers/members of the public why AD patients, accompanying carers on outings, sometimes behave differently. In some circumstances it could even be necessary for the AD person themselves, to possess a diplomatic means of identifying themselves; of explaining their dilemma or, in some situations, of even seeking assistance.

The method that I prefer is for both the carer and the patient themselves to carry on their person an ID card, which both explains the circumstances and identifies appropriate sources of verification and assistance. Some situations which I have experienced and which led to my valuing an explanatory ID card are as follows:

<u>An apology is sometimes needed</u>

Whilst working in the UK, I managed a Care Home for adults with profound learning disabilities. We used to take our 'residents' out on excursions. On one such occasion I was shopping at TESCO's near Bristol. I was accompanied by Allan - a young man with *Tourette's Syndrome.* (Symptoms of Tourettes Syndrome may for a small minority also include *Coprolalia,* which is the spontaneous utterance of socially objectionable or taboo words or phrases - or even making obscene or forbidden gestures, or inappropriate *'touching').*

Apologies are sometimes needed

We had finished our shopping and were walking towards the til, when we passed an elderly lady who smiled at Allan. He smiled back and then said sweetly to her... *"F...k off!"*

Shocked, her mouth gaped and her eyes grew as large as saucers. As I ushered him on apologising, I was able to hand her a card (conveniently kept in my shirt pocket), which explained the nature of his disability, and contact details via which the validity of my explanation could be confirmed.

The type of ID cards recommended fo AD or dementia victims themselves to carry were as follows:

My name is Joseph Wellbeloved
Please read this card

I am a diagnosed dementia sufferer. If I behaved strangely or even offensively I apologise... being part of my disease it was unintended and is merely symptomatic of the disease. You may verify my condition with my family member or healthcare representative whose contact details are listed hereunder.
Contact person: Mildred Carealot
Relationship: Social Worker
Phone: 027 356 4708 Fax: 027 556 3412
Email: pleasehelp@phewithankyou.com
Dementia Society, Devon: Tel: 051 677 6789

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Identify and protect – creating 'companion' awareness

(Continued from previous page)

The back of the card could read as follows:

If I appear lost, or in need of assistance, please contact Richard Brookes, on phone number 079-5643 525.... or, Margaret (my GP) on number 097-345 6731.

I live in *The Windbound,* 45 The Lanes, South Glos., post code 365BH781.
Phone number 876-5643 763.

In the meantime, prior to assistance arriving, please try to keep me calm and anxiety free.
If I should wander off please try to keep track of my likely where-abouts, in order that my friends can locate me when they arrive.

These cards worked very well for both '*learning disability*' adults and people living with dementia.

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In some 3rd World Countries unidentified dementia victims are even more at risk, as the following incident explains:

"Last night 09/06/2009 '3rd Degree' – a TV programme, showed how an elderly white man (Mr. James Brown) was arrested at Shoprite Kriel for taking a chocolate bar without paying for it. The sad side of this case was that the old man had Alzheimer's and he was man-handled, beaten and sprayed with pepper spray with the police who arrested him without any probable cause for their behaviour towards him. He did not resist arrest and they were not in danger at any stage. And if he was resisting, or if he wasviolent towards them, or to the personnel at Shoprite, why was he not in handcuffs?
This was clearly racist behaviour. This old man did not even realise what he was doing, and his doctore confirmed that he was healthy... except for the Alzheimer's. His rights were violated because he had no-body to assist him. He was not allowed his right to a phone call, so he had neither a family member, nor and attorney to assist him.

James Brown died after been held at Kriel Police Station for 4 hours! WHY!
Would an ID care have saved his life?

Why was there a huge gaping wound on the back of his head? If you examine the TV footage on the CCT, there were no visible wounds on his body at all while still at Shoprite? What happened in that police sta-tion? Brutal and unacceptable... And now they play the ignorance game - someone has to address these acts of violence."

It becomes elf evident that the carrying of ID type awareness cards by dementia victims and people suffer-ing from mental health issues, my assist in both avoiding offense, and preventing harm.

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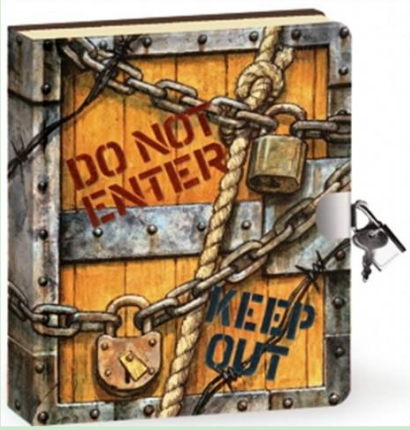
Henry Spencer



The fiasco of maintaining inaccessible abuse registers!

In South Africa, according to the Older Persons Act (Act 13 of 2006), the Minister must in the prescribed manner keep a register of persons convicted of the abuse of an older person or of any crime or offence contemplated in section 30(4).

Regulation 24 provides that only the following persons shall have access to the register: the Minister; officials in the Department designated by the Minister; a Member of the Executive Council of a province responsible for social development; and officials in the provincial department of social development designated by the Member of the Executive Council responsible for social development in that province.

The register is not open to members of the public and remains confidential at this stage. It is also a criminal offence to have any unauthorised disclosure or publication of contents in the register.

… So, if no one can access the register - what purpose does it serve? …

How does maintaining an 'inaccessible register,' prevent 'abusers' from being re-employed?

Are there actually registers … or is this just another State myth, designed to hide the fact that they are incapable of; or unwilling to , maintain accurate abuse registers (and the same would apply to sexual abuse offenders as well!)

My personal experience in the UK

Whilst working in the UK in 2003, I experienced the following: I was seeking employment, and soon discovered that similar to the South African Police Clearance Certificate, all applicants had to obtain such a document. (It may have been due to my being a *'foreig*ner' on an Ancestral Visa). Similarly even when successful in a job application, one then had to obtain the approval of an organisation known as CSCI, prior to actually commencing work. (CSCI are a State Org, tasked with vetting applicants and inspecting care homes in the UK).

On one occasion I had in error issued the wrong medication to a dementia patient. She was in no manner harmed, but my wrong-doing resulted in a disciplinary hearing and warning. After a successful application for the position of Care Home Manager, for a facility for adults with profound learning disabilities, I was then directed by my new employer to make an appointment for an interview with CSCI … which I duly did. (I could not commence my new job until this had been done!) On entering their interview room, after taking my seat… The first thing that I did was to inform them of the medication error that I had made. Their response was amazing! They said ... "*We are glad that you have told us that, as the incident is recorded here on your file."*

Had I not informed them, I doubt that I would have been allowed to assume the role of Home Manager, at the *Windbound.*

When will the South African Government learn the importance of professionalism? When will they overcome their inadequacies and learnt to govern competently?

What is the point of having abuse registers which are hidden away, and are inaccessible to care facility employers! Redesign the 'abuse register' system in order that it can serve the purpose for which it is intended… to protect the frail and vulnerable!

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Henry Spencer

Don't Jump to Conclusions

Mrs. S. Is 82 and lives in a block of sheltered flats. One morning she was observed by a neighbour walking to the shops at 7.30 a.m., one-and-a-half hours before they opened. The neighbour took her by the arm and led her back to her flat.

Ten minutes later the same neighbour saw her walking to the shops once more, and took her back to her flat a second time. This time Mrs. S. Became disturbed; the GP was called. He prescribed a tranquillizer and she slept all day.

At 5.30 p.m. She walked to the community room in her block of flats to play Bingo, which did not start until 7.30 p.m. She was taken back to her flat by a different resident, whilst another came in to make her a cup of tea, a third called the supervisor, who rang the GP again, and phoned her son. At this point the woman became very disturbed, claiming that people were trying to kill her, and the GP sought a second opinion from a consultant psychiatrist.

It was then discovered that her son had turned her clock *back* an hour, instead of turning it f*orward* the previous evening, which had been the spring equinox!

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(Gray and Willcock 1981: 30-1)

What's Important When Retired?

Jackie, an elderly lady was standing at the rail of the cruise ship holding her hat so that it wouldn't blow away in the wind. Edward, a gentleman approaches her and says, *'Pardon me, madam, I do not intend to be forward but did you know that your dress is blowing up in this wind?' 'Yes, I know,'* replies Jackie firmly, *'But I need my hands to hold onto my hat.' 'But madam,'* remarks Edward, *'you must know that your derriere is exposed.'* Jackie looks directly at Edward, after a quick glance down and retorts, *'Sir, anything you see down there is 85 years old, but I just bought this hat yesterday.'*

Value your CEO and management team

A mistake many people make, is in thinking that running a retirement organisation - be it a care centre, or independent living unit, is simple and straightforward, whereas in truth, it is far from that.

Some people migrate from the business sector either because they are looking for an easier life; or sometimes even because they are not coping in the '*for profit*' sector. Then, in the mistaken belief that running a retirement facility is far easier, some seek appointments in our *'industry*.' But once ensconced in managerial positions, they suddenly discover that they were wrong. Managing retirement facilities is in fact far more difficult than most business people have ever imagined. And it is comparatively speaking vastly underpaid!

Why is it that the task is so difficult?

The commercial sector share one important common goal... making money! And sharing that single goal makes their management task much simpler; even to the extent that organisations will co-operate fully with each other in their pursuance of a common purpose - making a profit! But CEO's of Retirement facilities, and especially non-profits, need to deal with multiple and far more complex tasks. For example:

- How to ensure that their organisation is financially sustainable, yet at the same time is able to provide facilities and services, which ensure that those entrusted to their care enjoy meaningful lives.
- Then there is the added burden that some elderly are often accompanied by travelling companions named... *prejudicial views*, and *out-dated ideas* (especially of what things cost in the modern world).
- Whereas commercial ventures have a large management team comprising of a variety of skills and disciplines, CEOs of NPOs often have to make do with dedicated staff, devoid of degrees and business experience. And the lower echelons of staff are often themselves in need of care; due to the poverty and dire circumstances under which they live.
- And then there is the topic of abuse. We constantly focus on abuse *<u>of</u>* our elderly residents, yet the abuse *<u>by</u>* elderly residents themselves (and their families), is seldom mentioned. For example during the COVID Lockdown CEOs and staff have been subjected to incredible abuse by residents who sometimes place their own needs, desires, above the safety of the community within which they reside.

So, if you are contemplating taking up a leadership position in a retirement organisation, and think that the task will be easy - think twice before stepping into the deep end. And if you are a Board member, trustee or resident of a retirement facility - value your CEO and staff team, and treat them accordingly. They are not there only for the money - theirs is a true commitment.

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Henry Spencer

Old shoes and new friends

New friends are like shoes… with some it takes a while to feel comfortable - while with others the fit is immediate. But no matter how good they may initially feel, isn't it strange how on long journeys we still pack our old shoes or slippers; we still prefer our old friends… just in case things get uncomfortable?

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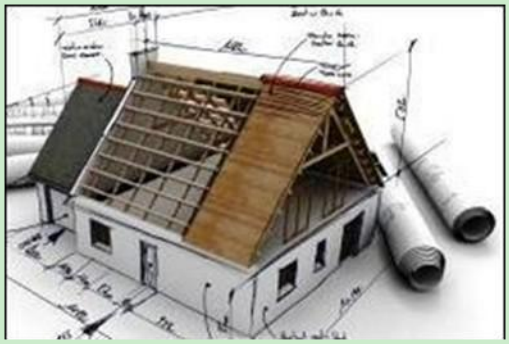
Henry Spencer

Avoid the - *'I can do that later,'* mind-set

(Useful design features for your retirement accommodation)



If your unit is yet to be built, and you are fortunate enough to have influence in respect of the design, it is worth considering the following, in order to accommodate your needs when you become frailer:

- Minimise steps in favour of ramps.

Install grab-rails in the bathroom, shower and toilet areas.

Doorways should be wide enough to allow wheelchairs easier access.

Construct your toilet so that the seat is 10cms to 15cms higher than would normally be the case. This makes seating oneself, and standing up afterwards, far easier - reducing the risk of falling.

- Place plug-points half way up the wall (i.e. at a height suitable to use if you are in a wheelchair.
- The height of *'hanging-rails'* in built-in cupboards should be 5cms, less than the height at which they are normally positioned - this to accommodate the fact that by the time they are 70 men shrink by 3cms, while women can be up to 5cms shorter.
- Install lighting that is brighter. By the time we are 60, we generally need three times as much light as was the case when we were 20 years of age.
- Install *'night-lights.'* This could serve two purposes: firstly, if activated by movement ,they could light your way to the *loo* at night or, if battery powered, they could automatically provide lighting during power outages.
- Dispense with traditional cubicle, or raised showers in favour of '*wet-rooms*'
- In the event that your intended cottage comprises of a double story, ensure that there is a bedroom, and loo, on the ground floor as well; as there may well come a time in future years, when climbing stairs could become difficult. (Even if only temporarily - for example whilst recovering from hip or knee surgery). It could also provide comfortably positioned accommodation for over-night guests.

And whilst you may consider such measures excessive, remember ... you may have elderly relatives, or friends, who may find such design features helpful.

Do I hear you say... "But we can do that later - in the future." In which case my advice would be - Perhaps the future is now! Later could be more costly and perhaps too late?

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Full Circle?

Two elderly gentlemen, Tony and George, from the retirement day centre in Waterlooville, Hampshire, are sitting on a bench under a tree when Tony turns to George and says, 'Hey, George, I'm 83 years old now and I'm just full of aches and pains. I know you're about my age. How do you feel these days?' Tony replies with a glint in his eye, 'I feel just like a newborn baby.' 'Really?' George sounds surprised. 'Like a newborn baby?' 'Yeah,' laughs Tony, 'No hair, no teeth, and I think I just wet my pants.'

The scenic route - or, an Alzheimer's journey

Perhaps the most effective manner in which to convince an at-risk driver that they should stop driving, is to relate a few true examples of the result of failing to move across to the passenger seat in time. (Ideally, such conversations should take place in the earlier stages of Alzheimer's, i.e. when the victim retains a degree of comprehension).

One example is as follows:

The scenic route - Westville or Harrismith, a difference of 292 kilometres and 3 hours!

In one of the retirement villages that I managed, an elderly man who, despite having Alzheimer's, continued to drive. The village was in Pinetown, and a few afternoons each week, he used to collect his wife in Westville - some five kilometres distant.

On one such occasion Mr. Smith drove out of the village to collect his wife at 14h30. He never arrived at their normal collection point. She waited for over an hour past the due time, before phoning the village in order to find out where he was. But nobody knew! Eventually the wife, distraught, and succumbing to impatience, travelled home by taxi, where she and the Village management team, waited anxiously for any news of her missing husband. Finally, that evening, at about 18h00, a phone call was received from Harrismith, a small rural town some three hours driving time away - in the opposite direction to where she worked!

The caller was a shopkeeper, who related how the missing man had apparently wandered into the store that evening, but seemed uncertain as to why he was in Harrismith, and even less in respect of what he was supposed to be doing? It transpired that en-route to collect his wife, he had taken the scenic route; he had
apparently turned right instead of left! Fortunately, he always carried a contact phone number in his pocket. I think that many of us have, when our travel route is being queried by our spouse, answered... *"I am taking the scenic route!"* but Mr. Smith certainly appears to have literally
done that – albeit unintentionally.

He gave up driving because of this escapade, but it was fortunate that the story had a happy ending, as the result could have been extremely serious.

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Henry Spencer

Retirement village waiting list variations

The '*go to the bottom*' waiting list

This was, until fairly recently, the most common form of waiting list, whereby if you were not yet ready to move in, you were moved all the way down to the bottom of the list.

The '*two tier*' waiting list

And in yet others, you may be transferred to a supplementary list, which contains those people who would definitely like to move into that particular village – but not just yet. Such villages maintain two lists - a general list, and a priority list of people chomping at the bit!... waiting none too patiently, to move in now!

The '*take a step back*' waiting list

In some more enlightened retirement villages, when contacted, if you are not quite ready to move in; your name may be relegated to ten positions further back. This assumes that you are serious about your particular choice of village, and merely need a little more time to either get your affairs in order; or to get your mind around the idea of this last final move.

The '*open-ended*' waiting list

This form of waiting list is by far the most generous. Should you be offered a cottage or apartment, you are under no obligation to accept it. You merely maintain your position at the top of the list and wait until the next vacancy, when you will again be contacted. A disadvantage to this form of list is that it provides the Village with a false impression of how many people are actually ready to move in... and how many people have listed on a 'just-in-case' basis.

The '*three strikes and you're out*' rule

This works on the basis that if you decline your offers three times, you are then relegated to the bottom of the list – or even removed from the list altogether. And other retirement villages stipulate that where you decline an offer on your preferred apartment, you will automatically drop to last place.

The '*internal*' waiting list

Other villages allow you to move into the village, even though you are purchasing a cottage which was not your stated choice, on the basis that a separate waiting list will be maintained internally for specific highly desirable cottages. Take for example the situation where one cottage in the village has a double garage plus a carport. While you may, on an interim basis, accept another cottage with garages for only one or two vehicles, you would never-the-less still like to move into your preferred cottage. The internal list could provide you with an opportunity to change cottages later. (This normally applies to life-rights only, as statutory legal requirements and fees, could make such arrangements in respect of sectional title purchases, prohibitively costly!)

Conclusion

If you are serious about moving into a Retirement Village, the first step is to ascertain what type of waiting list applies. The second is to place your name on an appropriate waiting list. Immediately this has been done – proceed to step three... sit down with your partner and work out exactly what action you will take when you receive a phone call informing you that your cottage is available... Don't get caught flat footed!

"If we wait until we're ready, we'll be waiting for the rest of our lives."

Lemony Snicket

Henry Spencer

Vision is vulnerable with age: Here's what to look for

Vision Is Vulnerable With Age: Here's What to Look For
Routine eye checks can help ensure seniors know if they're developing any age-related vision issues. *"Don't blame vision issues on just aging eyes. Get your eyes checked out because it can be a more serious issue that can be treated,"* said Dr. Sumitra Khandelwal, associate professor of ophthalmology at Baylor. *"If you wait too long, there may not be ability to treat it."*

Among the issues is dry eye. As the skin gets drier with age, so do eyes. Artificial tears can help. *"If your skin is dry and you wait until it's very papery to put lotion on it, it won't help as much as if you put lotion on the skin daily to prevent dryness -- the same goes for your eyes. As you get older, you notice dryness and irritation. This is when you should start using artificial tears,"* Khandelwal said in a college news release. Artificial tears are available as over-the-counter drops, ointments and prescription eye drops. It's also possible to get a prescription medication to reduce eye inflammation and increase tear production, Khandelwal said. Catching problems early is important. Otherwise, the dry eye can become so advanced it may not be treatable.

Cataracts are one of the most common age-related eyesight issues. With these, the clear lens becomes cloudy, which affects focusing. Vision can be blurry even with glasses and driving at night can be difficult. Outpatient surgery can fix cataracts. The surgeon will remove the clouded lens and implant a clear artificial one, curing vision issues. "*Everyone develops a cataract in time. Some people develop them earlier in life, while most develop age-related cataracts,"* Khandelwal said. "*You start to see signs of cataracts in your late 50s and 60s and they continue to grow throughout the decades."*

Presbyopia is loss of near vision that also cannot be prevented. As people age, around 45 or so, they may need more lighting or reading glasses to see up close. Treatments include prescription glasses, special contact lenses and laser surgery. Prescription eye drops can make the pupil smaller to help someone see up close for six to eight hours.

Macular degeneration is less common. The retina develops areas of thinning. There are both dry and wet forms. The dry form is most common and affects central vision slowly. About 20% of dry patients will develop wet macular degeneration, which can require eye injections. Taking eye vitamins that assist with vision loss and making lifestyle changes can help prevent worsening. Eating leafy greens and avoiding smoking are especially important. A person experiencing macular degeneration should see an eye doctor annually. "*You can develop early signs of macular degeneration and not know i*t," Khandelwal said. "*If you have a family history of it, that may be a reason to see your eye provider earlier in life."*

In glaucoma, the nerve in the eye is damaged because of high pressure in the eye. This nerve is crucial because it sends messages from the eye to the brain. "*One of the most important parts of our ability to see is the optic nerve because it allows what we see to actually register to the brain,"* Khandelwal said. Most types of glaucoma do not cause pain, so there is no indicator it is developing until a visit to the eye doctor. He or she will perform a painless eye pressure check and catch signs of early glaucoma before it begins to impair vision. Though glaucoma cannot be prevented, prescription eye drops can help control the pressure that help prevent the worsening of vision.

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HealthDay

Severed Connection Syndrome

The biggest problem facing Seniors in South Africa

A new, life-threatening disease, unconnected to Covid or other virus' has recently been discovered , in KwaZulu-Natal (South Africa). Medical and psychiatric experts, are convinced that it poses large risks to elderly people, and have named it '*Severed Connection Syndrome (SDS),*' They have issued a warning requesting seniors to take whatever precautions are necessary to stop it spreading. However, strangely the precautions recommended are opposite to those which proved to be effective against the Covid *'bugs*.' i.e...in the case of SCS -

Lockdown actually increases the risk of infection - of spreading! Whereas close communal living reduces it, so... Hug, kiss and be happy!

So what causes SDS?

Severed Connection Syndrome is a disease from which nearly all seniors, as they age, increasingly suffer ; with its aetiology often being mainly attributable to diminishing financial, physiological and cognitive, reserves... which in turn results in their losing touch with loved-ones, friends, relatives, and even places which they previously frequented, and past-times in which they had previously engaged**!** If I take my own experiences of SCS living in Pietermaritzburg, RSA:

Many seniors suffer from diminishing vision and driving skills... as a result they are reluctant to drive, or venture out after dark - Consequently they no longer attend after-hours church-do's, or service club meeting s such as *Women's Auxiliary, Rotary, Lions* etc. In South Africa after- hours attendance of scheduled meetings is also negatively impacted by security risks I.e. seniors cannot afford to break-down on the way to, or from, such gatherings.

In some areas, such as the *Blackridge* and *Boughton* areas of PMB, their movement is limited by inclement weather - The author lives in PMB, South Africa, and on numerous occasions his property and vehicles have been severely damaged by hail-storms. As summer storms normally occur in the afternoons, many seniors do not venture out after say 14h00. (Excessive urban homeward-bound traffic PM, also contributes to stay-at-home tendencies).

Dangerous and unrepaired roads - RSA is renowned as the pot-hole capitol of the world. And while it is bad enough trying to avoid pot-holes during daylight hours, after dark, and especially during rainy periods, when it becomes almost impossible to distinguish between dangerous '*holes*' and mere water puddles - driving can result in severe vehicle damage.

Sadly women live in a patriarch society, which often results in insufficient practice IRO maintaining their driving skills - In 1st World Countries the average age of death of men is 76.1, whereas that of women is 81.1 ... I.e. on average they outlive their male partners by 5 years. But what effect does this have on mobility? Take the following example: A couple move into a retirement village, and after a short while, in order to reduce living costs, they decide to get rid of one vehicle. So, which vehicle do they keep? He has a large 4 X 4, while his wife has a small automatic. They keep the 4 X 4 of course! After all, although they are both in their mid-eighties, who knows... they may wish to go off-road camping in Botswana again (... even though they haven't been for over 12 years!) For a while they may considerately share the driving, but eventually only one spouse drives. Guess who? The husband of course! Five years later he dies. (It has something to do with God loving men more and consequently taking them home sooner). And his legacy is that he leaves behind him a wife who can no longer drive. Driving is not an instinctive ability... it takes practice! Giving up driving is truly traumatic... it heralds an era in which the loss of your vehicle, is tantamount to losing one's independence! In my view it is second only to the loss of a loved one as a source of trauma and stress!

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Severed Connection Syndrome (Continued from previous page)

Our cars - some being almost as old as us, start rusting and breaking down - Both repairs and replacement are often unaffordable - especially for people who have perhaps retired over a decade previously. The value of pensions very often stays the same, whilst the increasing costs of vehicles are often prohibitively expensive. The adage '*one outlives ones funds'* indeed becomes a *truey*! But without a vehicle we are indeed often *severed* from important connections in life.

Friends and relatives unexpectedly die - As we age, we increasingly learn of friends and relatives that have suddenly died. Sadly these are often people who we have for years been intending to visit, then unexpectedly we learn of their deaths. But should it be so unexpected? The life expectancy in the World is 73 years; with that in *Developed* countries such as the UK being 81.65 years. Sadly however we suffer from *immortality syndrome*, believing that these statistics apply to others – not to us! We mistakenly believe that there will be plenty of time to re-connect with neglected, yet important people in our lives... that we will live forever! Then suddenly you receive bad news - and it's too late!

Friends and relatives migrate - You just have to consider your church congregation! Many people who played an important role in your church social life are no longer there? Why? Some have relocated to a retirement village, which may be in a different area. For example, they may have moved closer to their children, or the draw card may have been the sales pitch that retiring to the coast is great! But abandoning friends and support systems at a late stage in life can prove fairly traumatic.

Children and close family members migrate to pastures green - While the World has indeed become a global village, with vastly increasing migratory practices, RSA has been particularly hard hit due to the high rate of crime, and lack of opportunities for white children (It has even been referred to as *Reverse Apartheid*). The following statistics provide an indication of the degree of migration which has / is occurring in South Africa: In 1911 the percentage of whites in RSA was 22.7%; in 1961 this had fallen to 17%, and this year, in 2022, it stands at 7.6%, Not only are connections being severed—but connections themselves are disappearing, as families seek pastures greener (mostly to the UK and Australia).

Long distances and diminishing transport resources add to our reduced connectivity - We live in a 3rd world country which has managed to destroy its rail, bus, and airline transport resources.

Long trips and driving after dark can prove dangerous - We can no longer afford to break-down whilst driving (especially after dark!)... and even inter-provincial travelling by the few remaining long distance bus services could prove extremely hazardous. For example even during the last few months there have been numerous armed attacks of public transport travelling down to the Western Cape... a situation totally unheard of in a civilized country.

Are your friends coughing or sneezing? – And then there is this less obvious deterrent related to the Covid pandemic itself. After its ravages, even small, previously ignored signs of ill-health, can now persuade us to both literally and figuratively sometimes avoid even friends and relatives like the plague.

And so it is that the sharp blades severing our connections to friends and family... relate to transport, security and geographical proximity - whilst our '*connections*' (family and friends) sadly themselves often diminish at an unexpected rate.

Severed Connection Syndrome reduces the ability of seniors to maintain connections with people and activities which are vital to successful retirement years

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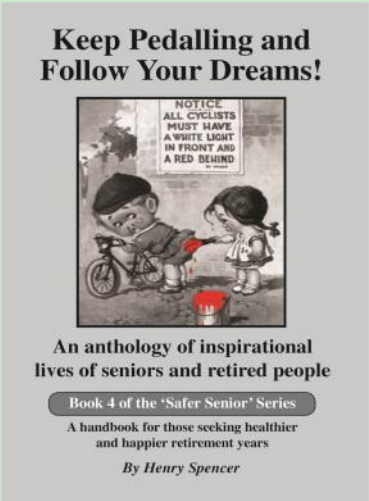
Henry Spencer

MUST READ BOOKS



I have noticed that for many people, the second half of their lives, can indeed be an exciting and enjoyable time – a time when they appeared to blossom; that some – after a lifetime of perhaps working for people whom they did not respect, or even like (often in meaningless jobs), were eventually free to do what they chose; to follow their passions! They appeared immune to the '*Waiting for God Syndrome*' and indeed seemed to be enjoying their lives so much, that they sought to delay the inevitable. (For example, on one occasion, I experienced chest pains whilst lying in bed at 2 AM. Concluding that this was it; that the scythe-bearing chauffeur had arrived, I immediately said to 'God' – "*Come on God! Don't let's mess around! I have too much to do. Too many books to complete! Can we perhaps do this some other time?*" And thankfully, for the time being at any rate, he has granted my request) This book is about inspiration and hope for the second half of our lives.

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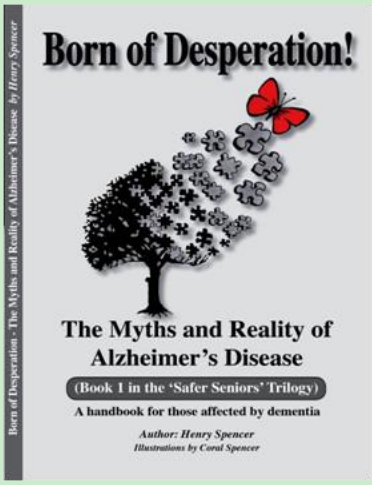

This is a book of two halves! The first half arose from my growing unease regarding the plethora of unproven myths and miracle cures which abound in respect of Alzheimer's disease and dementia generally; claims and cures, which invariably merely offer false hope, and sadly, disillusionment to people desperate for help. And the second half? Whilst the book commences with the myths, I felt it would be remiss of me to ignore possible coal-face strategies which have proven personally effective in assisting in both the management of the disease, as well representing best care practices for people with dementia themselves. And here I must stress that as we are all individuals – carers and patients alike, what works in one situation, may not prove effective for all. In some instances it could be a case of 'suck it and see!

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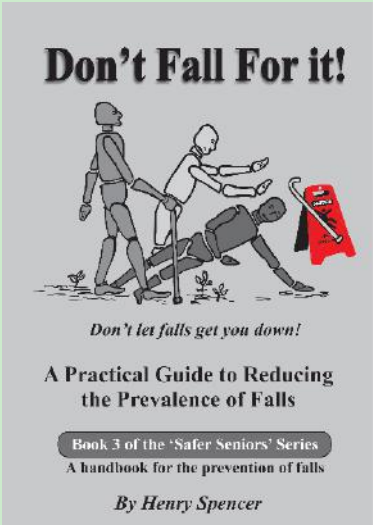
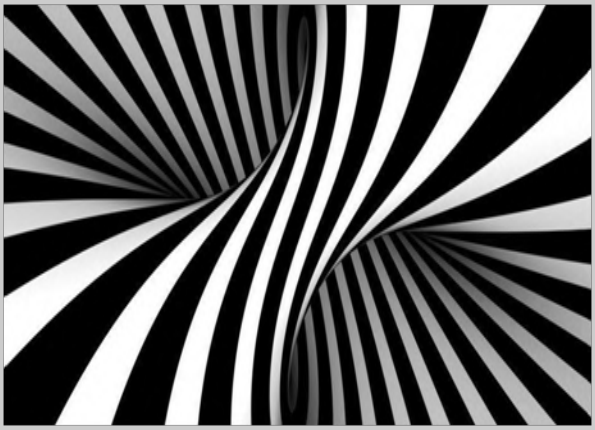


This book is especially written for the elderly themselves and is intended to convey to elderly readers the message that they both can, and should, take steps to control their own safety. Don't take it lying down! You don't have to fall! You may not be capable of entirely eliminating the risk of falling, but it behoves you to try...and by such efforts the likelihood of your experiencing harmful and life-changing falls will be greatly reduced. It is hoped that the book will additionally debunk two myths which hinder efforts to reduce the prevalence of falls amongst older people; the first being that they are an inevitable part of the ageing process, and secondly that falls always happen to someone else - the person next door! Thus was both the title and motivation for this book born

Author: Henry Spencer - www.henryspencerauthor.com
Email: halfmens@telkomsa.net / Mobile: 072-514 0913

Age is the great leveller

...or, mostly we see grey!



We see colours distinctly and clearly
White is white, and black is black, or mostly - very nearly!
Is he green, or is he brown? - p'raps he's just a red-lipped clown?
With hands withdrawn, and on our guard, we slowly start to frown

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Middle-aged makes us judgemental - some actions do appal
"My way is the only way!" - our cruel critical call
Christians dislike Jews and Muslims - and so do Catholic Saints
And sights of beards and burkas - our comfort zone fast taints

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Then as we start to age, our beliefs become less certain
Questioning long-held views - before they draw the curtain
Pagans, priests and atheists - may all now have their say
Whether it be heresy, or bending knees to pray

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But when we reach the summit - and start our downward slide
As years begin to age us, and turn the bloody tide
We become less fussy - *"They're okay!"* a strange voice cried
We greet each other joyously - we'd rather not be fried!

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So, when we crest the final peak – and vision starts to fade
Then black is white and white is black - but mostly we see grey!

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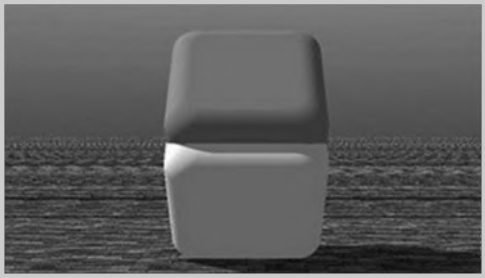
Henry Spencer

For some of us, as we age, prejudice fades and then in terms of skin colour - mostly we see grey!



The colours in the pictures are deceptive ... They are all one shade of grey but similar to prejudice colour changes our perception of their differences.

STORY ABOUT HAPPY MARRIED LIFE

Two families lived nearby. One family had constant quarrels and the other one lived quietly and friendly. One day, feeling jealous about nice atmosphere flourished in the neighbouring family, wife told her husband: "Go to the neighbours and look what they are doing for such well-being." The husband came, hid and started watching. He saw a woman who was wiping the floor in the room. Suddenly something distracted her, and she ran to the kitchen. At that time her husband rushed into the room. He did not notice the bucket of water, occasionally kicked it, so the water overflowed.

Then his wife came back from the kitchen and said him:

– I'm sorry, honey, it's my fault because I did not remove the bucket from the passage.

– No, I 'm sorry, honey, it's my fault, because I did not notice it.

The man returned home, where the wife asked him:

– Did you understand the reason of their well-being? I guess that I did.

You see, we always seek to be right, while each of them takes the blame on himself.