
position. Nevertheless, it recognizes that there are situations so devastating to the parent-adult child relationship that in the interest of protecting all parties' "image of God" and emotional health, some distance between parent and child may be necessary.

A few general principles emerge from our texts. Elderly parents need as much autonomy and personal control over their affairs as they can manage. They need encouragement and appropriate frameworks in which to exercise this control. It is not the appropriate role of children to become "parents" to their parents, unless no choice remains. The adult child's role is one of support for parental independence and involvement in life. □

Touching

Elaine Starkman

Then your Ma takes your hand
and you take hers back
because lately you talk
with friends and shrinks
on this mother/daughter business
you've read about for years
even though you still
hold your childhood grudge
go mad with her crying
and try too hard not to be like her.
You don't love her purely
even if she was there with lamb-
chop lunches, tightly tucked sheets,
and tried to raise you right.
But she's really getting
old now, and you are too.
So you hoist up her hand in yours
even though you're faking,
even though this morning
you swore under your breath

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you won't let her complaints repeat
themselves onto the next generation.

And there you are touching,
holding Ma's crooked fingers

to your puffy thumb,
your fat, look-alike noses almost

touching--the way you always
wanted in childhood.

Older adults: our only surviving natural resource

Harry Citron and Janet Kurland

The greeting, "May you live to be a hundred and twenty" has taken on new meaning in our time. For advances in medical science have added years to our lives and we are experiencing what some have referred to as an "age wave", "a senior boom". The demographers tell us that the older population--persons 65 years and beyond--represented 12.6% of the United States population in 1991. In the Jewish community, for whatever reasons, the number projected is as high as 18% with one third over the age of 75 and 10% over 85. There are twice as many "old old" (80+) in the Jewish community as in the American population as a whole!

The 1995 White House Conference on Aging struggled with the major issues facing older people in our country today: 1) the need for comprehensive health care, including long-term care, 2) economic security, 3) affordable housing and housing with support service options, and 4) maximizing options for a quality life.

Before discussing these difficult issues, we need to address some frequently asked questions beginning with *Who/What* is old? Ever since the United States Social Security Administration made retirement benefits available to 65 year olds in 1935 (later lowering the minimum age to 62), 65 has become our guiding light. Yet few people are aware of the origins of this figure. Retirement age as a concept did not exist before the 1880s. It was Otto von Bismark of Prussia who established pensions at

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age 65 with the hope of garnering votes and satisfying a disgruntled work force. Since life expectancy at that time was 47 years, it did not appear to present a drain on governmental coffers while workers viewed this "gift" as protection against poverty in old age.

Defying Definition

There have been numerous attempts in recent years to characterize, define and re-define aging. It is our collective experience that the key to any definition is the *diversity* one finds among the elderly. Indeed, we promote the tenet that "if you have met *one* older person, you have met *one* older person".

A second piercing question arises: Other than sheer numbers, are the Jewish elderly any different from the non-Jewish elderly? Allen Glicksman has concluded, and we strongly agree, that while they are not different in the problems faced, they *are* different in their responses to many of these problems. For example, the desire to maintain strong control over a situation, a tradition which provides the elderly with more status than they are accorded in general society, different attitudes towards the use of formal services.

An administrator of an acute Jewish hospital was asked by lay fundraisers what was Jewish about his hospital? His immediate response was that older Jewish patients behaved differently at his facility than they did at the Catholic or community hospital. In the Jewish hospital their behavior was more demanding, their expectations higher, a sense of ownership, a sense of pride, of communal connection seemed to drive their behavior.

Traditional Jewish values emphasize that we owe the elderly reverence, care, respect. With this as our framework, we return to the major issues faced by our Jewish elderly.

Comprehensive Health Care, Including Long-Term Care

In 1965, Medicare and Medicaid rose in brilliant display on the health care horizon. These combined programs cover 63% of all health care expenses of people aged 65 and over. Yet they fall short of protecting older Americans against the burden of health care bills or of assuring access to quality care. Persons over 80 devote 29% of their incomes to health care expenses. Cost and affordability, inadequate supply of services, transportation difficulties all create barriers to accessing services. Ageism--an attitudinal barrier--also rears its ugly head in the delivery of services.

(continued on p. 8)

❖ Introducing sh'ma mina ❖

Sh'ma mina, "learn from this", is an Aramaic phrase used throughout the Talmud to introduce some insight or conclusion that emerges from the preceding discussion. *Sh'ma mina* is also the name we chose for our new text-based feature.

A Roundtable In Print

Coordinated by CLAL scholar, Rabbi David Nelson, and scheduled to appear occasionally throughout our publishing year, *Sh'ma mina* is constructed like a page of the Talmud. It begins with a "*mishnah*"--a core text from the tradition situated in the center of the page, followed by a "*gemara*"--a central commentary expanding upon the core text. Surrounding the "*mishnah*" and "*gemara*" are the marginal notes, written by CLAL faculty and lay leaders, that offer an array of voices speaking to both the core text and its commentary.

The voices of CLAL are diverse, even contradictory. They do not so much explicate the text as respond to it. The voices are often personal, revealing the ways the tradition touches their souls as well as their minds.

The Shape Of The Page

The construct of the page was chosen with great deliberation. Its very design emphasizes the multi-layered, multi-vocal nature of Judaism. As readers of text, we are not only the recipients of our tradition but its creators as well. We shape the narratives of Judaism through our responses to them. Whenever we engage in the study of texts, we do so as part of the eternal echo of the ages that came before us. By engaging us thus, the text is never finished.

A Guide To The Reader

Begin reading at the top of the center column with the "*mishnah*" or core text. Then continue down the same column with the "*gemara*" or primary commentary. After that, dip into the commentaries around the page. Consider them, question them, craft your own responses.

The goal of the page is not to reach a neat conclusion, not to wrap the issue up in a tidy package of "what Judaism says about..." or "what Judaism believes about...". Rather, the goal is to invite you as a participant to join in the never-ending experience that is Judaism.

Medicaid--a program intended for the impoverished--has become the principal source of payment for long-term care. Less than 20% of the overall U.S. population can afford commercial long-term care insurance. *However, despite the shortcomings in these publicly funded programs, they are currently threatened with severe cutbacks or extinction and we must find ways of preserving, adding to, funding, and developing new systems to provide dignified, affordable, accessible health care to our parents, grandparents, and great-grandparents.*

Economic Security

Today's generation of elders are the most economically well off of any prior generation. However, more than 3/5 of persons aged 65 and over depend on Social Security to provide half or more of their incomes. The financial solvency of Social Security has been at the forefront of many older persons' concerns. They remember conditions before the program began and many recall the depression with fear of becoming impoverished. Social Security must be protected at all costs.

Affordable Housing And Housing With Support Service Options

The physical space in which we live is one of the most important elements in our daily lives. Older homeowners find security, continuity, memories in this, their most valuable asset. Many elderly renters spend too much of their income on housing; still others live in sub-standard dwellings. Older frail adults often exit their community precipitously because of a lack in their environs of physically supportive features and/or personal care services.

A disproportionate percentage of Jewish aged are apartment dwellers. Over 130 elderly and independent living facilities are currently operated under Jewish communal auspices with in excess of 25,000 units. Yet most Jewish communities suffer from a dearth of resources--waiting lists for subsidized housing to benefit the low-income elderly is often years long; housing with physical and human resources to assist the frail elderly is equally problematic.

We must look to the private as well as the public sector for more resources while at the same time linking services with housing more effectively. There must be a range of options available to an older person based upon his needs.

Maximizing Options For A Quality Of Life

Quality of life is a concept difficult to measure and equally difficult to define. Individual perceptions of quality of life are personal and arise from one's ethics, values and belief systems. While material concerns (economic, health, etc.) play an important role, creativity and spiritual fulfillment are at the heart of quality. While a high percentage of Jewish elderly serve as volunteers, we need to find additional social roles which maximize a sense of well being and address the need for self-fulfillment in aging.

The Challenge

We live in challenging and changing times. "The test of a people is how it behaves toward the old." Jewish communities have to see the needs of the elderly, realign priorities, develop new services. Social agencies, health care facilities, religious institutions need to form new partnership free of "turf". We have a long and strong history of caring for our own and our goal must be to make every Jewish elder a significant being.

"Just to be is a blessing. Just to live is holy" (Heschel). □

Book reviews

We Are Children Just The Same Krizova, Kotouc, Ornest, Trans. JPS. \$29.95.

"No," says the heart. Even Nazis would not hurt the darling teenage boys who wrote these excerpts from *vedem*, the magazine they published in Theresienstadt. Yes, they wrote like able young adolescents anywhere--only their promise was cut off. Blessing on all who have given them this well-deserved if odd immortality.

Auschwitz And After Charlotte Delbo. Yale. \$25.

Where much writing by non-writers about the Holocaust is burdened with efforts to "write off," this telling pastiche of poetry, anecdote and meditation commends itself for its masterful spareness. Delbo's sophisticated *zimtzum* has its own quiet, primal power.

