

It is about Love and Mercy



*As we respect the majesty of our Adirondack mountains, let us
extend love and mercy to our elders who, like the mountains,
are also aging in place in the Adirondacks.*



Mercy Care
for the Adirondacks

MERCY CARE FOR THE ADIRONDACKS – IT IS ABOUT LOVE AND MERCY

PAUL J. REISS, PhD

President Emeritus

Mercy Care for the Adirondacks completes its tenth year in 2017. For a full decade it has been extending love and mercy to elders living in the Adirondacks, primarily in the Tri Lakes communities of Lake Placid, Saranac Lake, Tupper Lake and surrounding areas. Mercy Care was founded because changes in society, in its culture and in family life, were bringing about, especially in the Adirondacks, a higher proportion of older couples, as well as older women and men living alone in their house or apartment and having problems trying to manage on their own.

Having noticed the problems being experienced by many elders in the area, and being guided by the teachings of Jesus on love and mercy, Mercy Care was founded and began to extend love and mercy to elders by (1) recruiting and training members of the community to extend love and mercy directly to elders with needs; then by (2) encouraging the communities themselves to become in various ways more "elder friendly;" by (3) joining with others to achieve justice for elders in several community and state policies, and procedures; and also by (4) presenting educational programs to increase knowledge in the Adirondacks about the needs of elders and how best to provide their care.

We will first explain the social and cultural changes that have brought about a challenging life for many elders and then explain how the teachings of Jesus about love of God and love of "neighbor" have prompted members of our communities to engage in a mission to extend mercy to elders. Next we will explore the ways Mercy Care is successfully fulfilling the several aspects of its mission. Our presentation will close with a brief account of the organization of Mercy Care for the Adirondacks, how it came into being and has extended love and mercy for ten years to many elders under the direction of its own board of directors and administration and with the beneficial sponsorship of the Sisters of Mercy.

I.

THE CHANGING PLACE OF ELDERS IN FAMILY, AND COMMUNITY

In earlier centuries, a family was part of a kinship system consisting not only of the immediate family but also of relatives, i.e., grandparents, uncles, aunts, nieces, nephews and cousins. After children were all grown, the parents would often continue to live in the same family home with some of their children and grandchildren, often including one of their married sons, who gradually took over the management of the home, and often the family farm or business. Elders could continue for the rest of their lives to live in "their" home or neighborhood together with some of their family who cared for them as needed when they got older.

Over the past century, social, demographic and cultural changes in developed societies like the United States have impacted family life and brought about situations that cause serious problems in the lives of elders. In 1900, parents, on the average, did not both live until their last child left the home. Today, however, the average married couple both live for 10-15 years after their last child leaves the home. This has brought about an additional period of family life known as the "empty nest" phase.



This phase has grown in length, beginning sooner, since the married couple now have fewer children on the average and it continues longer as the parents now live to older ages. For many elders, however, the empty-nest phase empties out their lives and isolates them.

Along with this development, there has been an increased emphasis upon the immediate family (father, mother and unmarried children), as compared to the broader kinship system. Relationships with "relatives" beyond the immediate family are not as close. A married couple, who once considered their respective parents as "family," now have their own family, the grandparents are "relatives." But the elder parents/grandparents, however, continue to consider their married children and grandchildren to be their "family." Of course, a family relationship is expected to be closer than a relationship with relatives.

In developed societies like the United States, it is typically the individual adult person, quite apart from family and relatives, who has his or her own job and career, is socially or economically successful or not, and makes plans and decisions about retirement on his or her own, or with spouse. These basic decisions, which determine where one lives, job and career may be made by a person or a couple independent of relationships with relatives. Many elders, as a result, find themselves living alone in their own homes, with their children having in effect "deserted" them to pursue their own lives. Many also experience loneliness by reason of their isolation from family and friends. They also may not be as involved as they could be in the life of their community.

The much greater movement of people around the country, and even the world, has a major impact on the family life of older people. There is now more geographic mobility with adult men and women moving in connection with their higher education, with their jobs throughout their careers, and then again in retirement. As a result, many adults end up living at a distance from parents, siblings and later also apart from their own

mobile children and grandchildren. They often end up at a distance from the communities in which they lived through most of their lives. Much less often than in prior decades, do elders live with one or more of their own children, or in the same family home or community where they raised their children. Much more common is an individual or couple spending their retirement years living in a community other than their "home town" and among people, none of whom are related to them.

Elders are an increasing proportion of our nation's population. After World II the country had higher birth rates with the resulting baby boomers now becoming elders. Ten thousand turn 65 every day! The proportion of elders is even higher in Europe and Japan and is also growing in China as a consequence of their one-child per family policy.

Elders are a higher proportion of the population in the Adirondacks than they are in most other areas of the country, not because many people move to the Adirondacks for retirement, but because the younger generations move away for higher education and for jobs and career, leaving the older generations behind. As a result, to a greater extent than even other counties in New York State, Essex and Franklin Counties, have a higher proportion of their populations in the older ages. Essex County, for example, has 21% over 65 and heading to 30%. As a result its economy is more dependent upon social security payments and retirement income.

MANAGING AT HOME

Despite the isolation and loneliness that is experienced by many, most elders still prefer to stay in their own home for as long as they can manage it. Many, however, no longer participate in the social life of their communities and become socially disengaged. If family members live nearby, they may to some degree be able to provide the companionship and assistance that elders need. Without family or close friends nearby, elders may need care and friendship from their community in order to manage their daily lives in their own homes and without loneliness. The need for the people of the community to care for their elders has emerged as a critical concern of the twenty-first century. In the Adirondacks various factors make it somewhat more difficult for older people to manage alone in their own homes. There is virtually no public transportation as there is in larger cities. Even taxi service is quite limited. Many, if not most, live where they cannot walk to a grocery store or pharmacy; and there is generally no home delivery. Being in the Adirondacks means that the main floors of houses are built higher so that they are above the snow. One must usually climb stairs up to a porch, just to get onto the main floor.



In addition the snow and cold weather of the winter makes it difficult for elders to get around. Roads, driveways, sidewalks and entrances have to be plowed and shoveled. These conditions contribute to the frequent experience of isolation and loneliness which, in a Mercy Care survey, was reported most frequently as an elder's major problem.

At some point, however, many elders develop needs which cannot be adequately met with them staying in their own homes, even with merciful care from a Mercy Care friendship volunteer. Their situations may suggest that they transfer to some form of institutional care. There is, however, a higher cost to the elder for care in residences for seniors, assisted living, or nursing homes, and a greater cost to society for elders to be cared for in institutions rather than in their own homes. The societal cost of institutional care for the growing population of elders is an increasing problem for the elders themselves and for counties, states and the federal government.

GOVERNMENT PROGRAMS

While government support and funding may be needed to meet some of the needs of elders, adequate merciful care in the home can usually not be met by government programs and support alone; government programs cannot substitute for loving, family-type, merciful care that elders often need. The issue has recently been explained as follows:

"the pure welfare state is, in the end, in danger of turning even mercy into an economic business. Today we see that happening... with geriatric care. Care that is only interested in keeping senior citizens clean and fed does not do justice to their human needs. An economized and commercialized welfare state produces coldness and insensitivity in society, which no longer has a place for hidden, lonely tears and deep-seated personal questions. The social welfare state can provide quite a few amenities, but cannot provide what people need the most, namely, human beings who listen to them, empathize, and show compassion. Without such empathy and sympathy understood in the original sense of the word, that is, compassion and shared joy, the world grows cold and life can become unbearable. We cannot engineer and federally regulate concern and mercy; we can't turn them into a universal ideology. Mercy and concern are something personal. We can only motivate and inspire others to be merciful and caring." "Mercy is the very essence of the Gospel and the key to Christian life"¹

1. Cardinal Walter Kasper, MERCY: The ESSENCE of the GOSPEL and the KEY TO CHRISTIAN LIFE, New York, Paulist Press, 2013, p. 197

II

LOVE and MERCY

It is the teachings of Jesus that should very clearly motivate and guide us in extending our love and mercy to elders in our Adirondack communities who are experiencing problems in meeting the challenges of daily life. Jesus Christ over two thousand years ago provided very direct guidance that is recorded at several places in the Gospels. The Gospel of Luke, ² for example, provides an account when "A lawyer stood up to test Jesus. Teacher, he said, "what must I do to inherit eternal life?" Jesus said to him. "What is written in the law?" The lawyer answered "you shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbor as yourself. (The Great Commandment from Jewish law, the Torah) "And Jesus said to him, you have given the right answer; "do this and you shall live." ²

"But wanting to justify himself, the lawyer asked Jesus, **"And who is my neighbor?"** Jesus replies with the parable of the Good Samaritan: "a man was going down from Jerusalem to Jericho and fell into the hands of robbers, who stripped him, beat him, and went away leaving him half dead. Now by chance a priest was going down that road; and when he saw him, he passed on the other side. So likewise a Levite, when he came to the place and saw him, passed by on the other side. But a Samaritan while traveling came near him, and when he saw him, he was moved with pity. He went to him and bandaged his wounds, having poured oil and wine on him. Then he put him on his own animal, brought him to an inn, and took care of him. The next day he took out two denarii, gave them to the innkeeper, and said, 'take care of him; and when I come back, I will repay you whatever more you spend.'" Jesus said, "which of these three, do you think, was a neighbor to the man who fell into the hands of the robbers? He said, **"The one who showed him mercy."** Jesus said to him, **"Go and do likewise."**

In this parable "neighbor" refers to the one in need who should be shown love and mercy and the one who should extend love and show mercy. Whether in Hebrew or Greek, the term for neighbor referred to "being near" and not only to someone living in our neighborhood as we use the term today. Before the time of Christ, the Jews, who for the most part lived together in their own settlement areas, the term "neighbor" in practice meant other Jews. By using in the parable a person from Samaria, who was traveling in another country, Judea, Jesus demonstrated that a person, whom one should love and show mercy, could be someone needing help whom you had never met before, was of a different ethnic and religious group than yours, even a group like the Jews who generally despised Samaritans like you. Jesus



Mercy Care Friendship Volunteer and elder friend enjoy the outdoors together.

was in effect defining a "neighbor" as anyone in need to whom you are in a position to extend mercy.

The love of God and the love of neighbor, as manifest in the parable of the Good Samaritan, was offered by Jesus two thousand years ago. We should follow the

advice of Jesus to "do likewise," that is, show mercy to those in need, as did the Good Samaritan. The two parts of the Great Commandment, are very closely related. In his account of our



Friendship enjoyed

last judgement in Matthew 25 Christ describes God saying, "Come you that are blessed for I was hungry and you gave me food, thirsty and you gave me drink, I was a stranger and you welcomed me, I was sick and you took care of me." The people responded: "When was it that we saw you?" Christ tells them: **"Truly I tell you, just as you did it to one of the least of mine, you did it to me."** ³

A good understanding of Sacred Scripture will reveal that MERCY IS THE ESSENCE OF THE GOSPEL, AND THAT IT IS THE KEY TO CHRISTIAN LIFE.⁴ With love and mercy, as explained by Jesus in the gospels, being the foundation for Christian living, the message is the same for all Christians, whether Catholic, Episcopal, Methodist, Lutheran, Baptist, Evangelical, or others who believe in Jesus Christ. Mercy Care is, therefore, a mission for all Christians.

Both Judaism and Islam also consider mercy to be one of God's most important attributes. For Judaism, "The pages of the Old Testament are steeped in mercy, because they narrate the works that the Lord performed

2. Luke 10: 25-37

3. Matthew 25, 31-40

4. Kasper, This is the title of his book referenced in (1)

in favor of his people at the most trying moments of their history. Also for Islam, among the privileged names attributed to the Creator, are "Merciful and Kind."⁵ "The mercy of God is his loving concern for each one of us. This is the path which the merciful love of Christians must also travel. As the Father loves, so do his children. Just as he is merciful, so we are called to be merciful to each other."⁶

Our discussion of Love and Mercy is timed just perfectly for it is the year that Pope Francis has proclaimed to be "A JUBILEE YEAR OF MERCY, a time when the witness of believers might grow stronger and more effective."⁷ "*Merciful like the Father*" is the "motto" of this Holy Year."⁸ Pope Francis points out that Jews and Muslims along with all Christian faiths, pray that God be merciful to us and all recognize that mercy should be the key in our relationships with others. All share a faith-based reason to join in Mercy Care.

It is in this spirit of love of God and love of neighbor, that Mercy Care for the Adirondacks today continues to be inspired to extend mercy to elders in need whom we are in a position to help. Following the model of the Good Samaritan, we must be neighbors to those in need. In those instances in which an elder has no family nor any relative or close friend able to provide merciful care and companionship, it is those in the elder's community who are usually in the best position to be that elder's merciful friends and "neighbors." Motivated members of the local community are in a position to extend the mercy care that elders need in order to be able to continue to live in their own homes. Mercy Care is, therefore, a community-based organization; it is an organization of those in a community who have been inspired by their Christian values of love of neighbor to offer merciful care to elders in need who live in their community.

III

THE MISSION

THE MISSION OF MERCY CARE FOR THE ADIRONDACKS IS TO EXTEND MERCY AND JUSTICE TO ELDERS IN NEED, RESPECTING EVERY ASPECT OF THEIR HUMAN DIGNITY AND ENABLING THEM TO CONTINUE TO ENJOY AS FULL A LIFE AS POSSIBLE, LIVING IN THEIR OWN HOMES AND COMMUNITY FOR AS LONG AS THEY ARE ABLE TO DO SO.

Let us remember that Mercy is not just feeling love of God and love of neighbor, mercy is love in action. Mercy Care is the loving care given to others in kindness and in a manner that is both compassionate and just.

Mercy Care is pastoral care that is concerned with the whole person, including respect for the person as one, valued and integrated human being, undiminished in value or dignity by age or infirmity. The Mercy mission commits us to address any need, whether social, intellectual, financial, health-related, emotional or spiritual. The needs may be addressed directly by the caregiver, or through advice, consultation and/or referral, so that someone with the appropriate knowledge or professional expertise is able to address the needs.

We would expect that those extending mercy care to elders will do so with the same spirit as they would extend care to a loved member of their own family. Spiritual care is offered to those of all faiths and only to the degree that each elder is willing to discuss aspects of their spiritual life. Mercy care is offered consistent with the elder's choice of faith community.

Elders, regardless of financial status, may experience problems or difficulties related to their advanced age. Mercy Care responds to the need, regardless of the financial resources of the elder in need, but it makes a special effort to respond to the needs of the poor. Mercy Care services are offered free of charge. It receives no government funding and is supported solely by charitable contributions and grants.

FRIENDSHIP VOLUNTEERS

Mercy Care for the Adirondacks directly serves elders living in their own homes through the merciful efforts of its Friendship Volunteers. At the present time 102 women and men in the Tri-Lakes and surrounding areas have volunteered to assist elders in meeting their needs and have completed a training program given several times a year over two mornings.

The merciful help may take various forms depending upon the needs of the elder. It may develop into a longer-term friendship. Friendship Volunteers, as their title signifies, are prepared to supplement family relationships which are not able to meet the needs of the elder or serve as a substitute for a non-existent family relationship.

When a person requests the services of Mercy Care, a family member asks about it, or a social or health organization recommends that someone receive assistance, the situation of the person is studied and a determination is made as to whether an available Friendship Volunteer could meet the needs of the person. If the answer is yes, and a Friendship Volunteer agrees to care for the person, the assignment is made

5. Francis, Bishop of Rome, THE NAME OF GOD IS MERCY, New York, Random House, 2016, pp.145-6 7. Francis p. 1068. Francis p. 126

6. Francis P. 119

7. Francis P. 106

8. Francis P. 126



Circle of Mercy Care Volunteers at Guggenheim Center on Lower Saranac Lake

in writing. Presently about 146 women or men are being served by Friendship Volunteers. The assignment may be that of providing transportation for a health or medical appointment, bringing an elder shopping or to a particular event, serving as a companion to an elder either in their home or in the community, and getting to know the elder as a friend, and then doing those things that these friends enjoy doing together. The service for some elders is an item of assistance which is over fairly soon. In other instances a long-term relationship develops. In every instance, short or long term, the ones being served are considered Mercy Care friends.

THE PARISH NURSE

In addition to its Friendship Volunteer program Mercy Care also has developed a Parish Nurse Program, (alternatively known as the Faith Community Nurse Program) either are volunteers serving elders in the Tri Lakes communities. The Parish Nurse offers assistance to elders in obtaining community services, helps with understanding diagnoses, medications and diagnostic tests, provides blood pressure screening, health education programs and much more. The Parish Nurse does not do hands-on nursing or duplicate what is available through the public health nurse, but does bring his or her nursing experience and his or her faith to the service of elders. Mercy Care under Sister Catherine's leadership



Bishop Terry R. LaValley commissioned Parish Nurses trained by Mercy Care for the Adirondacks

has trained more than 50 parish nurses throughout the North Country including 11 currently active in the Tri-Lakes area.

CAREGIVER ADVOCATE

Just last year Mercy Care trained its first seven Caregiver Advocates who are able to provide valuable support to family and other caregivers in finding needed services for the elder being cared for.

Caregiver Advocates serve as a love and mercy presence and listener to issues of concern to caregivers. They can provide information on community resources that may be available to the care receiver and assist in gaining access to those resources. The Advocates can contribute to the decision-making process about care and provide support and encouragement as well as guidance to the caregiver. They can assist on identifying what activities or experiences might be spiritually nourishing and also assist on communicating with the care receiver, as well as with family members/friends and to enlist their support in the caregiving process.



Mercy Care volunteers and their elder friends at annual Friendship Picnic.

The often very valuable services of a Caregiver Advocate are available free of charge whenever desired by a caregiver.

THE EXPERIENCE OF MERCY CARE

The experience of elders receiving Mercy Care has generally been very positive. This has been the case in the work of the Friendship Volunteers, Parish Nurses and Caregiver Advocates. Here is how some elders, a parish nurse and some friendship volunteers describe their Mercy Care experiences.

An elder says: "Being sick for a very long time and being diagnosed so late in life proves to me God loves me through you and cares that I feel I have a quality of life at all. Mercy Care has helped me stay better connected to my community. At least when I go out I have someone I can say hi to. If I didn't have Mercy Care help I don't think I could afford all the cost for transportation to doctors and I would have been

forced to just not go. By the friendship of Mercy Care workers and help for rides to doctors and shopping, I feel I can keep going, continuing my life."

"It's so nice to gain a good friend. The people I have met through Mercy Care are the best, loving, friendly people I have met in a very long time. I have the feeling that I have known them for a very long time. They don't seem like strangers picking you up. You guys are the best in my book and I thank you very much for your love and services."

Shirley asked for friendly visit: She had no family or friends, having just retired from a "camp" where she had lived and worked for years. Shortly thereafter she was diagnosed with cancer and a friendship volunteer and a parish nurse accompanied her to tests and appointments in the area as well as to the hospital in Plattsburg, visited her while in the hospital and prepared her home for her return. She was eventually admitted to a skilled nursing facility and passed away several months later. She asked her friendship volunteer to find her beloved dog "Sparky" a good home. Shirley's friendship volunteer was also the one who helped make arrangements for Shirley's funeral and burial.

A friendship volunteer visited her elder friend the other day, a 99 year old woman, who lives alone. The woman asked her friendship volunteer to be her special guest and accompany her to the golf tournament in which she was playing and the dinner that followed because her friendship volunteer was her best friend.

Bernie, a friendship volunteer became friends about five years ago with Jane who had requested assistance from Mercy Care to help her age in place more successfully. As she aged, she was becoming more visually impaired. Jane remarked that Bernie will do anything for me. I can't read the newspaper, except the headline, so I save the articles I want to read and Bernie reads them to me when she visits once a week. She also helps me with other things such as helping me remember all the questions I need to ask when communicating with my insurance company about health insurance. Jane continued, "Bernie comes every Wednesday and we go to the bank, do grocery shopping, go to the library and get books on CD, and run other errands. Sometimes, we just ride around the Lake and around town where Bernie points out anything that is new. Bernie brings me the church bulletin, which we read before we go out. I have gotten to know Bernie's family and Bernie has gotten to know my family." Bernie sees her role as helping Jane to "keep control of her life." And reports in addition that her very positive Mercy Care Volunteer experience and friendship with Jane helps her to learn to think about someone else.

Another Friendship Volunteer reports that he especially remembers Jim. He reports that the first time he visited Jim, he wondered how he had gotten stuck with such a cranky guy. After a couple visits, he realized that his crankiness was due to pain from a recent injury, and both were quickly disappearing. Now we each had someone with whom to watch NY Giants football games. We enjoyed going out to dinner once a week, alternating who paid the bill. He liked clams. Soon it was no longer an assignment; it was a friendship. Jim had no family. I became his family. He confided in me and turned to me for advice. I was there for support as he moved between his apartment, the hospital, and nursing homes. After a few years he was living in a nursing home. I was visiting there and talking with a staff person when someone came in to announce that Jim had just died. I was at the grave when my friend was buried. Jim and I were friends for almost 5 years.

A parish nurse visiting a 74 year-old lady who lives alone with her dog who is great company for her. She has many medical issues and describes her health as poor, but I feel her attitude is wonderful and that keeps her in the best health that is possible for her. I help her understand her medical issues and occasionally pick up her medications at the pharmacy if they cannot be delivered to her on time. She is not one to ask for help, but, when offered, she does accept it. She does not drive so she is dependent upon others for transportation. Her Friendship Volunteer is able to help her get out of the house to shop or go to medical appointments. She is a joy to visit, and I hope we will continue to have more time to get to know each other.

A friendship volunteer concludes: "Who would not want to be a Mercy Care volunteer? Beats me. People are so hungry to be loved –so thankful that someone cares, and people care for me in return by smiling and saying "I love you."

Some friendship volunteers, who are themselves elders, have thanked us for founding Mercy Care because it has given them something meaningful to do in their retirement. In many instances an assisted elder with his or her friendship volunteer become the "neighbors" that the gospel says that we "should love as yourself".

IV

AN ELDER FRIENDLY AND SUPPORTIVE COMMUNITY

Back in 2010 Mercy Care conducted an intensive survey of elders in Tri-Lakes communities for the purpose of determining their needs. The study revealed that four areas of needs were given the highest priority by elders in each of the three communities of Lake Placid, Saranac Lake and Tupper Lake.

Adequate housing, home maintenance, and housing alternatives

Safe and reliable transportation

Health and human services

Friendship and companionship

Since that time an Aging in Place Task Force has been developed for each of the three communities by Mercy Care. The Task Forces have identified problems in their communities in one or more of the four priority areas. They then assume the "task" of bringing about improvements designed to impact the lives of elders in ways that render the community more elder-friendly. In some instances the task chosen involves advocacy in the community or directed toward community leaders on behalf of a needed change or new development in community policies or practices.

Mercy Care Friendship Volunteers, and other interested members of the community are most welcome to join the Mercy Care Aging in Place Task Force serving their community. You can help make your community more elder friendly.

Some of the projects which have been worked on by the Aging in Place Task Forces:

In each of the three communities arrangements have been made for community school students to volunteer to help elders by shoveling their walkways in the winter. Elders are provided a phone number at the school to call for the needed help.

The Tupper Lake Aging in Place Task Force has been developing opportunities for high school students to participate with elders in intergenerational programs held annually at the Wild Center. There has developed a better understanding that friendship and companionship for elders should be intergenerational.

In Lake Placid the suggestion was made that the Village building at the beach be developed as an intergenerational community center, serving various groups in the community, including elders. The Mayor has accepted the suggestion, which is being implemented at this time.

In Saranac Lake the Mayor worked with the Task Force

to better understand the need for improved access to businesses and services on the part of elders. As a result the Village offered matching grants to businesses to improve access to their properties by people of all ages and abilities.

The Aging in Place Task Forces are always working on new ways to make their communities more "elder friendly" and welcome ideas from people in their community as to the needs of elders and ways to make their community more friendly for elders living there.

V

JUSTICE FOR ELDERS – ADVOCACY ON COUNTY, STATE and FEDERAL ISSUES

It is important of course that there be justice in the ways that county, state and federal policies and practices treat elders. Mercy Care cooperates with other organizations and agencies in promoting county, state and federal policies and practices that would better



Congressman Bill Owens speaks on the topic of caregiving at Mercy Care Educational Forum

meet the needs of elders in the Adirondacks. When it recently became clear, for example, that very few elders could obtain needed home health care service, Mercy Care took a leadership role with a working group of other organizations to advocate for actions which would address the problem. It was determined that there was a major shortage of health care workers in the Adirondacks because they received very low compensation. For a time they received no reimbursement for travel expenses, and as compared to home health care workers in the cities, those in the Adirondacks had to spend much more time at their own expense driving from one home to the next, which was frequently a half hour or more away. They received no compensation for their travel time or for their travel expenses. As a result of a strong advocacy effort, the situation has been somewhat improved, but advocacy for an adequate compensation for home health care workers in the area should continue.

Unlike those organizations that provide a particular service for elders for which they are paid, Mercy Care has only the good of elders at heart. It can in this sense freely advocate for the good of elders, seeking justice in

the establishment of policies serving elders and in the manner in which those policies are implemented and financed.

The role of Mercy Care in the advocacy of policies and practices in the support and care of elders is guided by the Mercy Care Board of Directors and its Task Forces. The implementation of the advocacy roles of Mercy Care on behalf of elders is by the Executive Director and in some instances with assistance of members of the Board.

VI

EDUCATION

The development of Mercy Care for the Adirondacks, over the past ten years, has had to be alert to the many changes which impact the lives of people in our communities, especially older people. Just consider, for example, the numerous changes in what, in various areas, are considered good health practices or



Mercy Care Educational Forum at Paul Smith's College

health care. There have also been numerous changes in federal and state health programs and in the ways they are administered, as well as major changes in local health programs. Most nursing homes, for example, no longer, as in the past, accept residents who do not need significant medical care, but could be adequately cared for at home or in an assisted-living residence.

Mercy Care has been serving as a source of information for people in the region on various developments in thinking and planning about developments, including those in health care, which may impact the lives of elders, developments in residence options and changes in current and anticipated government programs. This is carried out in Mercy Care newsletters, and articles in the community newspapers.

Annually in May Mercy Care conducts an Educational Forum at Paul Smith's College at which top authors and researchers in the field of elder care and related areas present the best thinking available for the leaders of the communities, providers of elder care and elders themselves, as well as other residents of the Adirondacks. Friendship Volunteers are encouraged to attend and participate in the discussion groups that follow the talks.

Mercy Care has sponsored the following EDUCATIONAL FORUMS with discussions at Paul Smith's College:

Creativity and Aging; Promoting Elder-Friendly Communities,
Gene D. Cohen, MD, Ph.D. George Washington Univ.

Communities for All Ages, Nancy Henkin, PhD. Exec. Director,
Intergenerational Learning

Transformative Aging, Sr. Ann Billard, Ph.D.

Aging in Place, Susan Hunter, Ph.D., Sr. Assoc, IDEA Center,
State University of New York, Buffalo

*From Isolation to Integration; Helping Elders Stay Connected
to Their Communities,* Msgr. Charles Fahey, New York
Fordham University NYC

Building Healthy Communities for Active Aging, Lenard W. Kaye,
DSW, Ph.D., Director University of Maine, Center on
Aging

Building your Personal Independence, Greg Isen, Deputy Director
for the Plan to Age in Place Successfully
New York State Office of the Aging

Aging in Place in Your Own Home
Jonathan White, Design Associate, Center for Inclusive
Design & Environmental Access, Univ. of Buffalo

Harnessing the Power of the Built Environment
Esther Greenhouse to Enable Older Adults to Age in Place
Successfully Environmental Gerontologist

Building a Stronger Voice for Crafting Livable Communities,
Richard Iannello, Dir. Albany Guardian Soc. &
Michael Burgess, NY Senior Action Council

Aging, Longevity, and the Law, Robert Abrams, Esq and Vera
Prosper, Ph.D. . Senior Policy Analysts, NYS Office of the
Aging

Elder Caregiving in Rural Communities, Linda Davis, RN, PhD,
Gardiner . Professor of Nursing at Duke University

Giving and Receiving Care in Rural Communities, Corinda
Crossdale, Acting Director NY State Office for the Aging

Family Caregiving: Health Effects, Richard Schulz, PhD.,
Distinguished Service and Intervention Strategies
Professor of Psychiatry, University of Pittsburg

Kinship Care, Gerald Wallace, Director NYS Kinship Navigator

*Strategies to Achieve a Sustainable System of Long-Term Care
services in Eastern Adirondacks,* Cheryl Udell, Analyst and
Linda Spokane, VP, Research, Leading Age, New York

VII

THE ORIGIN OF MERCY CARE FOR THE ADIRONDACKS AND ITS SPONSORSHIP BY THE SISTERS OF MERCY

About 200 years ago the love of God and the love of neighbor inspired Catherine McAuley in Dublin, Ireland, to extend mercy and seek justice for the poor, especially women and children, and then in 1831, with the women working with her, to found the Sisters of Mercy. The Sisters of Mercy came to the New World to pursue missions of mercy primarily in health and in education.

In 1895 the Sisters of Mercy established a sanitarium in the Adirondacks at Gabriel's to extend mercy and care to those afflicted with tuberculosis. At that time the only known treatment for TB was long-term rest in the fresh mountain air with any success taking place only over a period of several years. About fifty years later, drugs were developed which could kill the tuberculosis germ and long-term care in a sanitarium was no longer necessary. The sanitarium at Gabriel's closed.

The Sisters of Mercy, however, opened in 1968 a new Mercy Uihlein Nursing Center in Lake Placid to pursue a ministry in nursing care, otherwise unavailable in the area. A hospital which the Sisters had founded in Tupper Lake was also turned into a nursing home. Decades later a foundation was established to secure support for the ministry.

The two nursing homes became organized as one ministry, Mercy Uihlein Health. In the first years of the 21st century, however, it became increasingly difficult to support a quality nursing home with the Medicaid reimbursement rates that were available to the two nursing homes. As a result the nursing homes were offered to the Adirondack Medical Center and in 2007 it agreed to take them over. The Mercy Uihlein Health Foundation had no reason to continue since the health ministry of the Sisters of Mercy in the Adirondacks after 110 years had appeared to have come to an end.

The Directors of the Mercy Uihlein Health Foundation, however, noted that many elders in the Tri-Lakes area, living in their own homes, were experiencing problems for which they needed care and attention. The Foundation's Board members then designed a new ministry which it named Mercy Care for the Adirondacks to extend love and mercy for elders living in their own homes in the Tri Lakes area and committed itself to extending this ministry to any elder in need in this area of the Adirondacks, regardless of their religious faith. The Board then asked the New York Community of the Sisters of Mercy to serve as the sponsor of this new ministry. In 2006 the new Mid-Atlantic community of the Sisters of Mercy agreed to accept sponsorship. The Foundation's Board of Directors became the Board of Directors of Mercy Care for the Adirondacks with Paul J. Reiss, Ph.D. as founding President.

The Mid Atlantic Community with Sister Patricia Vetrano, RSM as President, has given its active support, annual grants and wise counsel to Mercy Care for the Adirondacks. The Sisters also have continued to grant Mercy Care at no cost the use of a portion of the St. Margaret's Convent for its office space. Sister Camillus O'Keefe, RSM, and Sister Denise Wilke, RSM, residents of the Convent, have each served as a Director on the Mercy Care Board and as Vice Chairperson. They have both also served as clear models of the dedication



Sisters of Mercy Mid-Atlantic Community Leadership Team – June 2017

to this ministry by the Sisters of Mercy. The Sisters of Mercy have also contributed Sister Catherine Cummings, RSM, Ed.D, to Mercy Care. She has provided very valuable service as Director of the Friendship Volunteer and Parish Nurse Programs. Donna Beal, who first served as the Executive Director of Mercy Uihlein Health Foundation, has continued her outstanding leadership as the Executive Director of Mercy Care.

**Mercy Care for the Adirondacks - Board of Directors
2016-2017**

Jeremiah M. Hayes, President
Sr. M. Camillus O'Keefe, RSM, Vice President
David K. Aldrich
Art Devlin
Frank Lescinsky
Jack McGill, DDS, MS
Judith A. Meagher
John W. Mills, Ph.D.
Paul O'Leary
Susan Y. Sweeney
Mary A. Welch
Jamie Whidden
Sr. M. Denise Wilke, RSM
Rev. John R. Yonkovig

Paul J. Reiss, Ph.D., President Emeritus
Sr. Patricia Vetrano, RSM, Director Emeritus

Staff

Donna Beal, Executive Director
Sr. Catherine Mary Cummings, RSM, Ed.D., R.N.,
Director of Friendship Volunteer
and Parish Nurse Programs
Jennifer Grisi, Office Coordinator

Aging in Place
More Successfully
in the Adirondacks.





185 Old Military Road
Lake Placid, NY 12946
518-523-5580
www.adkmercy.org