



# The hotline

## NCCCR ANNUAL GENERAL MEETING

TUESDAY, OCTOBER 4, 2016

Christ United Methodist Church, 410 N. Holden Road, Greensboro, NC

Registration deadline: Saturday, September 24

### PRESIDENT’S COLUMN

*Brenda Tremoulet*

We are working hard to finalize the program for our NCCCR Annual General Meeting October 4, 2016 in Greensboro. Our speakers will include Mary Bethel of NC Coalition on Aging, Tom Akins from NC LeadingAge and NC DOI Special Entities Manager, Steve Johnson. Steve Johnson will introduce his colleagues, Wayne Goodwin and Jeff Trendel at the meeting. The NC legislative short session is over and soon will begin the alternate year long session. Thanks to Sindy Barker and the legislative committee, we can keep apprised of the activities that impact residents of the CCRCs. So mark your calendar, register and join us for an informative day.

As I continue to visit CCRCs throughout the state I see many creative resident-management initiated programs. One such example is the Carolina Meadows Legacy Checklist, just an email with attachment away! Let your representative know or ask me to send it to you. Email: [brenda.tremoulet@gmail.com](mailto:brenda.tremoulet@gmail.com). We have distributed it to Deerfield residents, some of whom have customized it to suit our situation.

#### Undergoing Construction

My travel wardrobe might well warrant a hard hat as I see many CCRCs undergoing expansion. New CCRCs are described in the 2016 CCRC Reference Guide. Prospective residents, in state and out of state, are fortunate to have access to this resource on the NC DOI web site. I am informed the document is unique to our state. The CCRC industry is responding to the demand for more of the products we residents benefit from every day.

#### Celebrate our diversity!

We are always seeking more neighbors who can educate us on their background and beliefs. To be truly educated we strive to welcome the worldwide citizens. In my visits I always ask to know how accessible the worship services are, so that we might welcome all who would benefit from the continuum we are ensured. When I ask about services I am told. “We live in the South, there’s a church on every

corner.” So, then I explore further because church and worship services are not synonyms.

Our CCRC lifestyle we describe to our former neighbors, family members, and to classmates in our alumni notes. Our career colleagues from pre-retirement days have brought many potential residents of varying backgrounds to visit and see the continuum of care we have selected. Spread the word to your contacts! A high school classmate of mine from Massachusetts will be looking at CCRCs this fall and will start in the Asheville area.

NaCCCR will hold fall meetings in Indianapolis, October 29-30. The LeadingAge Convention is October 30-November 2, 2016. Barbara Pray, Walt Boyer and I are registered and plan to attend.

#### The convention theme: “Be the Difference”

Registration information may be obtained at: <http://annualmeeting.leadingage.org/annualmeeting/registration/>

### CONTENTS

President’s column	1
Message from NaCCCR President	3
Map of Greensboro area	4
Directions to NCCCR AGM	5
AGM registration form	5
AGM featured speakers	6
Caveat emptor—read the small print	7
Is the care center in your CCRC viable?	8
NCCCR Legislative Report	9
We need your feedback	9
A lesson from the freak show	10
Piet’s place	11
Membership application	12

WHAT IS WORSE THAN DEATH?

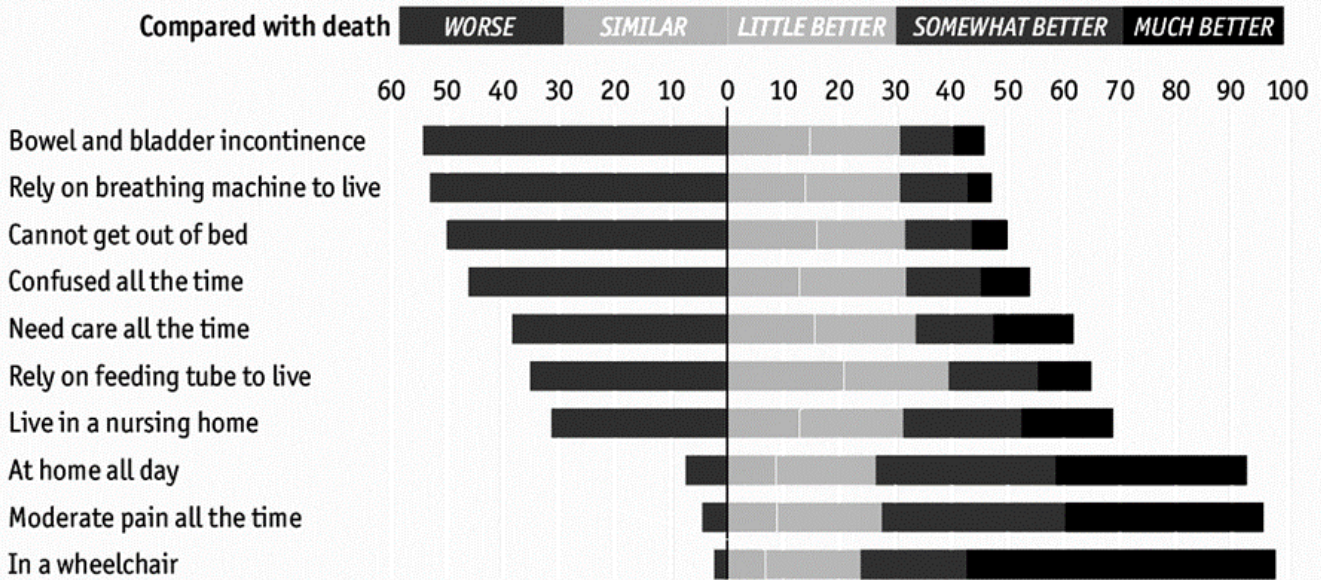
Bernard S. Coleman

Dr. Emily Rubin and her colleagues, at the University of Pennsylvania have published a paper in *JAMA Internal Medicine* entitled “States worse than death among hospitalized patients with serious illnesses.” The report is based on structured interviews with 180 patients admitted to an academic medical center in Philadelphia between July 2015 and March 2016. All the patients were 60 years or older and were suffering from advanced malignant disease, advanced heart failure or severe obstructive lung disease.

Patients were asked, among other things, to rate their cognitive or functional debility as equal or worse than death. Although this was a small sample it indicates that patient preferences need to be addressed by medical and nursing staff before patients are transferred to intensive care units for aggressive treatment. It also indicates that these patients might prefer hospice care or even more active interventions to relieve their suffering.

Where is thy sting?

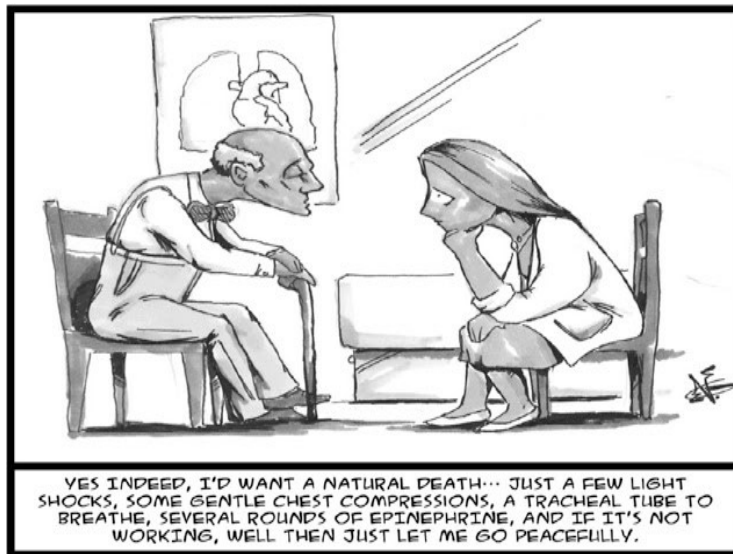
Ratings of states of functional debility relative to death by patients in hospital with serious illnesses\*, %



Source: *JAMA Internal Medicine*

\*Survey conducted July 1st 2015 to March 7th 2016, Philadelphia, United States

Economist.com



**NATIONAL CONTINUING CARE RESIDENTS ASSOCIATION (NACCRA) UPDATE***Walton Boyer, President-elect*

The NaCCRA-LeadingAge Joint Task Force has been communicating by email to develop an issue list of common interest. We expect to meet again face-to-face at some point during the LeadingAge Exposition in Indianapolis later this year. The issues proposed by NaCCRA include the following listed in some sense of priority:

- 1) Financial guarantees for entry fee investments,
- 2) Resident Bill of Rights Standards,
- 3) Priorities for American healthcare,
- 4) Update to Revenue Ruling 72-124,
- 5) Consumer Guide Standards,
- 6) Fair, principled accounting for CCRC entry fees,
- 7) Fifteen Model Laws,
- 8) Solutions for managing the costs of long-term care,
- 9) An evaluation tool to help consumers make eldercare choices,
- 10) Solutions to the need for trustworthy eldercare advisors,
- 11) The challenge of eldercare for financially challenged elderly Americans, and
- 12) Entrepreneurial disruption and technology to ease elderly transitions.

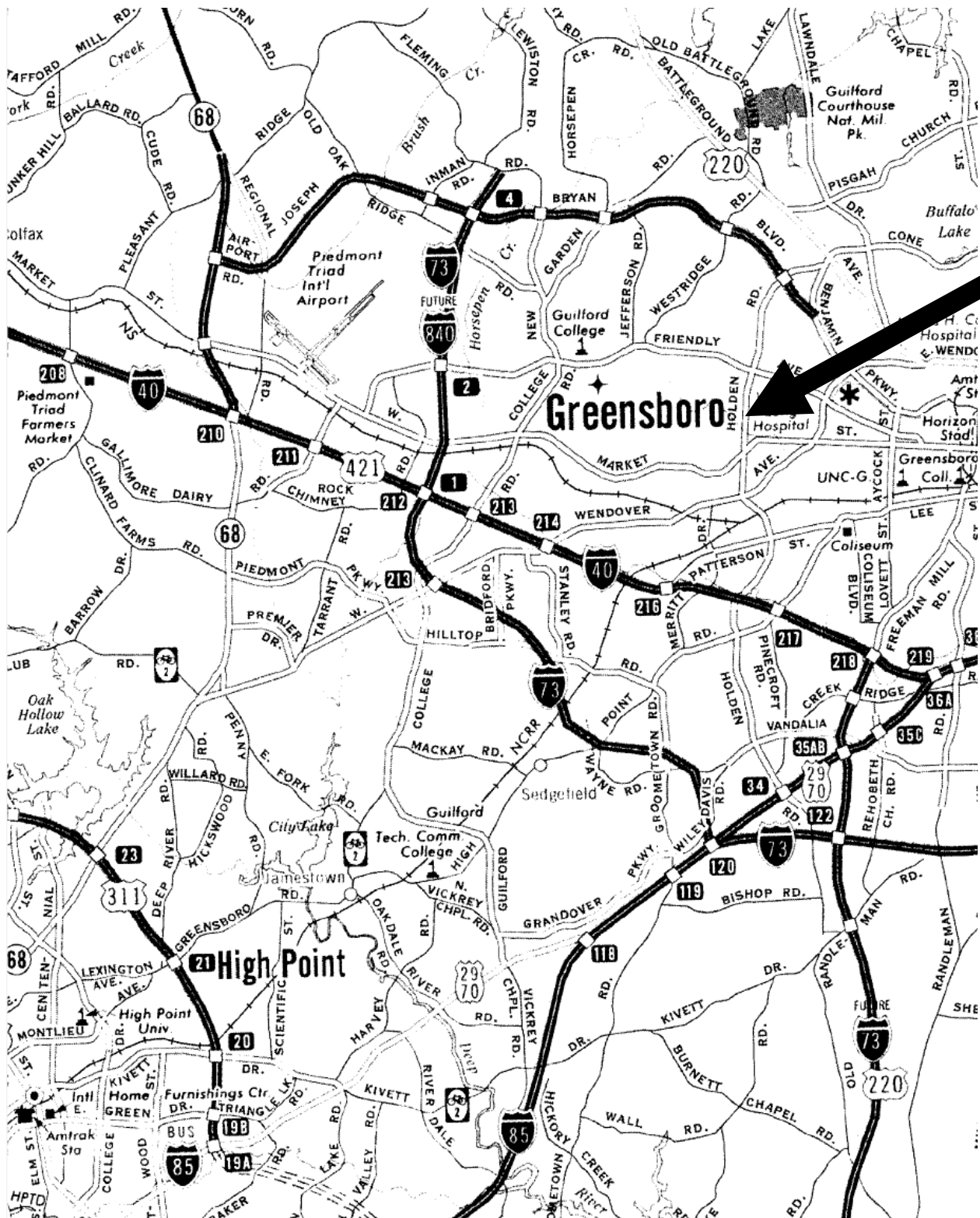
You will recognize that some of these issues are fought at the state level. An example is a Resident Bill of Rights which includes the right for residents on Boards of Directors. Where there is resistance, standards established at national levels can help in easing the path. Support from LeadingAge, and accounting and actuarial firms specializing in CCRCs is similarly helpful. But there is considerable resistance to change, and support from these organizations is difficult to attain.

Most of the issues listed above will require action by some national or federal organization. The fifteen Model Laws were submitted to the National Association of Insurance Commissioners (NAIC) about three years ago and have rested there since. This body drafts insurance laws for all the states so that they are similar across state lines. Other

organizations that must be convinced to make changes include the Federal Accounting Standards Board (FASB), the US Internal Revenue Service (IRS), the US Department of Health and Human Services (HHS), and the US Congress and its Committees. These organizations are inundated with change requests, and as a result, are very resistant to them. They often use advisory committees to do many of their assessments and analyses. Recently, NaCCRA wrote a congratulatory email to a new member of the Exempt Organizations subcommittee of the IRS Advisory Committee on Tax Exempt and Government Entities outlining our concerns about issues 1, 4, 6, 7, 8, and 11 in the hope of establishing a new friend in court.

We anticipate that LeadingAge will not want to support us in many of our objective issues, and for others, we anticipate they will be willing to support us in some provisions of each issue, but not necessarily all those we desire to pursue. LeadingAge support will be valuable in achieving several goals, and we want that. The others we will have to pursue on our own. On some of those latter issues, we expect LeadingAge to be neutral, on others, in opposition with us.

Sindy Barker and her team, supported by many of you, have accomplished miracles in North Carolina promoting our values with the State Legislature. Because of the enormous lobbying presence in the national capital area, the techniques we used here are not often successful there. Today NaCCRA is not large enough to be as effective as it desires. It needs substantial growth to become effective. Today we look for friends in court, as well as other organizations with which we can work together toward a common goal. A more successful approach is with a lobbyist. An effective lobbyist for any one of our issues would cost between \$50,000 and \$100,000 per year, resources that are not currently available to NaCCRA, and one of the reasons for the emphasis on membership growth. Some of the steps NaCCRA is taking, for example with the state organizations in Washington, Florida, and North Carolina, are directed toward this end, and, if successful, can lead to the opportunity to use lobbyists in the promotion of our issues. We encourage your membership and support to NaCCRA.



**DIRECTIONS TO THE AGM**

**To Reach the Church (410 N Holden Road)**

**From the West on I-40:** Take I-40 (not the new bypass) past Guilford College Road to Wendover Avenue. Go left (east) on Wendover to Holden Road. Go left (north) on Holden past Market Street. The church is a few blocks after Market, on the right, well back from the street but easily visible.

**From the East on I-85:** Take I-85 to Business I-85; Continue on Business I-85 past US 421 and US 220 to Holden Road. Go right (north) on Holden past Vandalia Road, High Point Road, Patterson Street, Wendover Avenue, and Market Street. The church is a few blocks after Market, on the right, well back from the street but easily visible.

**From the South on I-85:** Take I-85 to Business I-85. Continue in the same direction (east) on Business I-85 to the next exit at Holden Road. Turn left (north) on Holden past Vandalia Road, High Point Road, Patterson Street, Wendover Avenue, and Market Street. The church is a few blocks after Market, on the right, well back from the street but easily visible.

**From the South on US 220:** Take US 220 past new I-85 to Business I-85, turn left (south) on Business I-85 to the next exit, Holden Road. Turn right (north) on Holden past Vandalia Road, High Point Road, Patterson Street, Wendover Avenue, and Market Street. The church is a few blocks after Market, on the right, well back from the street but easily visible.

**NCCCRA ANNUAL MEETING  
Christ United Methodist Church, Greensboro, NC**

**Tuesday, October 4, 2016**

**9:30–10:15 AM Registration, refreshments , and fellowship**  
**10:15 AM-12:00 General program**  
**12:00–1:00 PM Lunch**  
**1:00 PM Business session**

**REGISTRATION FORM**

Please register me (us) for the NCCCRA Annual Meeting, October 4, 2016

Name(s) Please print \_\_\_\_\_

Address \_\_\_\_\_

Community \_\_\_\_\_ email or phone \_\_\_\_\_

I (we) have the following dietary restrictions:

\_\_\_\_\_

**Please check the appropriate registration blank:**

**Member NCCCRA Cost \$10.00 for registration and lunch**

**Non-member Cost \$12.00 for registration and lunch**

**Mail this form and your check made payable to NCCCRA to**

**Susan Rhyne, 3913 Muhlenberg Court, Burlington, NC 27215.**

**Reservations must be received by Saturday, September 24.**

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## FEATURED SPEAKERS AT THE AGM

**Tom Akins** serves as President and CEO of LeadingAge North Carolina. The Association, based in Chapel Hill, has 68 nonprofit member communities statewide that include continuing care retirement communities and affordable housing providers. Its members employ 14,000 mission-oriented staff serving more than 20,000 North Carolinians. The Association offers education, advocacy, networking, and shared services and is the state affiliate for LeadingAge in Washington, DC (an association of 6,000 nonprofit organizations dedicated to expanding the world of possibilities for aging).

Akins has 20 years experience in aging services. He served as the first national president of the LeadingAge Leadership Academy's 275-member Alumni Network and continues his service with them as chair of their nominating committee. He is a member of the executive committee and treasurer of Value First, a Minneapolis, Minnesota, based group purchasing organization that works with the aging services field. Akins also serves on the statewide steering committees for the Alliance for North Carolina Nonprofits, the North Carolina Institute of Medicine's Alzheimer's study group, and the North Carolina Partnership for Compassionate Care.

A Kansas native, Tom has been extensively involved in public policy, having worked for the Kansas Legislature and for United States Congressman Dan Glickman. He has an undergraduate degree from Emporia State University in Kansas and has done graduate work at the University of Kansas. He was a licensed nursing home administrator in Kansas. He is married and has two daughters.

**Mary Bethel** retired as Associate State Director for Advocacy with AARP North Carolina in April of 2015. At AARP, she worked to develop and implement AARP's advocacy activities and initiatives in North Carolina. This included efforts which were State focused as well as those pertaining to national initiatives and campaigns. Prior to coming to AARP in October of 2005, she worked for almost 30 years with the N.C. Division of Aging and Adult Services where she served in a variety of administrative, supervisory and program capacities.

Mary is the recipient of numerous awards for her advocacy work including the Order of the Long Leaf Pine, the 2015 Excellence in the Field of Aging Outstanding Service Award from the N.C. Association on Aging, and the 2012 National AARP Lyn Bodiford Award for Excellence in Advocacy.

**Wayne Goodwin** is Insurance Commissioner & State Fire Marshal. He was first elected as Insurance Commissioner by the citizens of North Carolina in 2008, and returned to office for a second term in 2012. As Insurance Commissioner, he has been a champion for consumers through fair rate-making, injury prevention efforts, and close regulation of insurance company solvency and industry practices. In addition to his responsibilities as Insurance Commissioner, he is also the State Fire Marshal where he plays a vital role in protecting lives and property in North Carolina.

A native of Hamlet, Commissioner Goodwin served as the Assistant Insurance Commissioner from 2004 to 2008. Prior to joining the Department of Insurance, Goodwin served for four consecutive terms in the North Carolina House of Representatives where he represented Richmond, Scotland, Montgomery and Stanly Counties.

Commissioner Goodwin is a Morehead Scholar and U.S. Senate/William Randolph Hearst Scholar. He graduated from the University of North Carolina at Chapel Hill with honors in political science, and received his juris doctorate from the University of North Carolina School of Law before practicing law in Richmond County for 13 years.

Commissioner Goodwin and his wife, Melanie Wade Goodwin, are the proud parents of daughter Madison and son Jackson.

**Jeff Trendel** is Deputy Commissioner of North Carolina Department of Insurance ("NCDOI") He is responsible for the Regulatory Actions Section and the Special Entities Section.

He was NCDOI Manager, Special Entities (1999–2005). He attended The Citadel and obtained a B.S. in Business Administration in 1988

**Steve Johnson**, Manager Special Entities, spent

24 Years in Corporate Accounting and is also a Business Owner. His experience includes 4.5 years as Senior Auditor at Coopers & Lybrand, Stamford, CT, 6 years as Mgr. of Financial Reporting Bangor Punta Corp., Greenwich, CT, 3 years as Assistant Controller at Horn & Hardart, NY, NY. For 10.5 years he owned 2 multi-point petroleum distribution companies in Hartford, CT area .

In his 18 Years at North Carolina Department of Insurance ("NCDOI") he spent 3 years as Supervising Insurance Company Examiner, 9 years as Assistant Chief Financial Examiner and 6.0 years as Manager, Special Entities.

He was born and raised in New York, attended St. John's University and attained a BS in Accounting.

He is a licensed Private Pilot and a Certified SCUBA Diver

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**CAVEAT EMPTOR—Read the small print.**

Bernard S. Coleman

Lee, a resident of a CCRC in eastern North Carolina, paid a deposit of \$1,000 for a cruise down the Mississippi for himself and his wife. Unfortunately, his wife suffered some mental problems and he had to cancel the reservation and the cruise line refunded only \$250 of his down payment. The company stated that its deposit refund practices were included in the sales agreement. Lee used great efforts to recover his lost deposit but to no avail.

You might think that “trip cancellation” insurance could have prevented this loss of \$750. You might be right but you might be wrong.

Most trip cancellation insurance policies are not comprehensive. Commonly, travel insurance plans will cover reasons such as:

- The unexpected illness or injury of you and/or a traveling companion that deems you unfit to travel, by order of a licensed physician.
- The hospitalization or death of a non-traveling family member.
- Weather or common carrier related issues (varies by policy).
- Unforeseen natural disasters at home or the destination.

A legal obligation, such as being called for jury duty or to appear as a witness in court.

However, it’s **not** “cancel for any reason” travel insurance, and that’s why it’s essential to read all the terms and conditions when you buy your plan. For instance, legal separation or divorce may be a covered reason for trip cancellation, but a breakup may not. The death of a family member may be a covered reason, but the death of a pet may not.

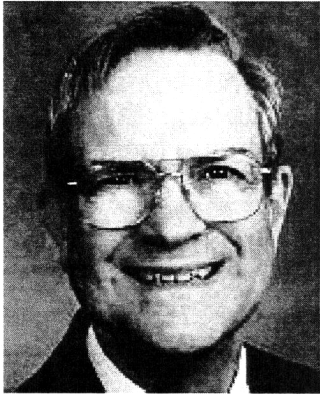
**What’s not covered?**

The trip cancellation coverage of any travel insurance policy covers the unforeseen events that are listed in the policy. This also means that if the plan doesn’t list the event, then cancellation for that reason won’t be covered.

Trip cancellation coverage will **never** cover a traveler for:

- Canceling a trip where the purpose of which is to obtain medical treatment.
- Canceling a trip for routine medical treatment for an existing medical condition.
- Canceling a trip because the traveler feels that taking the trip would be unsafe.
- Canceling a trip because the weather is not agreeable.
- Canceling a trip because the traveler decided they couldn’t afford the expense.
- Canceling a trip due to mental or psychological disorders, including anxiety, depression, and more.
- Canceling a trip because the traveler had a change of heart.
- Canceling a trip due to pregnancy, childbirth, or an elective abortion other than medical complications of pregnancy that threaten the life of mother or child.
- Canceling a trip due to a government regulation or prohibition.
- Canceling a student trip because the school board canceled the trip.
- Canceling a trip due to civil riots at your destination.
- Canceling a trip due to alcohol or substance abuse.
- Canceling a trip due to mental illness or panic attacks.
- Canceling a trip due to unlawful acts committed by the insured, their traveling companion, or a family member, whether insured or not.
- Canceling a trip due to an intentionally self-inflicted injury, suicide, or attempted suicide of the insured, their traveling companion, or a family member, whether insured or not

There are websites such as <https://www.squaremouth.com/travel-insurance-benefits/trip-cancellation> which allow you to review and compare travel cancellation policies but whichever you choose **READ THE SMALL PRINT.**



## Is the CARE CENTER in Your CCRC Viable?

**Jack Cumming**

The Centers for Medicare and Medicaid (CMS), a Federal government agency located in Baltimore MD, oversees reimbursement policies for American's healthcare system. CMS's influence is so great that most private insurers have no choice but to follow CMS guidance. They directly affect how Medicare reimburses practitioners and they guide state Medicaid programs in payments for the indigent. In short, CMS is the power that determines what is lucrative and what is not for America's healthcare providers.

*Reprinted from Life Line 4Q2016*

CMS calls the care that people need after a hospital stay "post-acute care." Progressive physical or cognitive failure calls for "long-term care." The latter affects many elderly people and has drawn CMS interest. This impacts particularly the skilled nursing facilities (SNFs) or Care Center in many CCRC's.

Within CMA, the Center for Medicare & Medicaid Innovation (CMS Innovation) supports the development and testing of innovative health care payment and service delivery models. CMS Innovation was created by the Affordable Care Act of 2010. The aim of the unit is to save money and improve the quality of care.

One project undertaken by CMS Innovation has resulted in the proliferation of Accountable Care Organizations (ACOs). ACOs are integrated panels of providers, usually led by a local hospital, which seek to contain cost by providing all needed care within a contracted network that includes physicians and post-acute care providers. If your CCRC and its SNF are not within the network, then it is problematic whether you will be able to return to your home CCRC after a hospitalization. Years ago NaCCRA succeeded in gaining such a right for you through Congress; but there is now a possibility that the Affordable Care Act revoked that right. This means that business on which your CCRC's SNF depended for revenue may no longer be viable. The Care Centers tend to be small since they were intended primarily to meet the needs of CCRC residents as they age.

Many CCRC based SNFs have depended on rehabilitation services to provide the margins they need to offset losses on care for indigent residents under Medicaid. A second initiative from CMS Innovation is now undermining that revenue

source. Effective April 1, 2016, CMA introduced bundled payments for hip and knee replacements - the bread and butter business for SNF rehabilitation programs. The bundled payment goes to the hospital providing the joint replacement, and it's up to the hospital whether to pay your CCRC's SNF for rehabilitation services or to try to save money by delivering an abbreviated rehabilitation therapy to joint replacement recipients in their own homes.

Thus, CCRC-based SNFs are facing a quadruple threat: (1) they are often small, which results in higher unit costs; (2) they are often outdated with A-B rooms lacking patient privacy; (3) they frequently rely on rehabilitation margins which are likely to disappear and (4) they may not be in your local hospital's ACO network resulting in the diversion elsewhere of needed business.

Some CCRC providers are responding by de-licensing their SNFs and converting the SNF space into assisted living and memory care. SNFs are highly regulated by state and national governments. All too often the regulations bring about the sterile conditions we associate with nursing homes. De-licensing can allow those CCRC residents who need long term care to spend their final days in the more homelike conditions of assisted living.

You may want to start a conversation with the decision executives at your CCRC to learn how these emerging trends and initiatives are being anticipated and what is likely to eventuate in your CCRC. If you get involved early as residents, then residents are more likely to have an opportunity to participate with management in determining the kind of conditions in which you will spend your final days.



NCCCRA LEGISLATIVE REPORT—AUGUST 2016

Sindy Barker

In July several members of the NCCCRA Legislative Committee met and reviewed Article 64, Continuing Care Retirement Communities, and the accompanying Administrative Code. There has been some discussion that the Department of Insurance might propose some revisions to the statute in the 2017 long session. We wanted to be identify the provisions in the statute which provide residents with the strongest protections and be certain those sections remain in any proposed revision. Two subcommittee members (Gordon Whitaker, Carol Woods, and Russell Jones, The Forest at Duke) have indicated a willingness to meet with the Department of Insurance as they begin their own review of the statute.

Sindy Barker, Chair of the NCCCRA Legislative Committee, and Tom Akins, Executive Director of LeadingAge North Carolina, had a telephone conference in late July to discuss other issues that might come up in the 2017 long legislative session. They agreed that it would be helpful if members of the NCCCRA Legislative Committee met with members of the LeadingAge Public Policy Committee to discuss issues of concern to both organizations. LeadingAge always develops a list of legislative priorities and is currently working on that for 2017.

Listed below are members of the NCCCRA Legislative Committee who were very active in the successful passage of reinstating the medical reimbursement in the 2015. If this committee is something you think you would like to be involved in for the 2017 legislative session, please contact Sindy Barker at [sindydevoebarker@gmail.com](mailto:sindydevoebarker@gmail.com).

**NCCCRA Legislative Committee**

- Chair: Sindy Barker, Carol Woods
- Ned Arnett, The Forest at Duke
- Catherine Barnes, Friends Home West
- Ron Cockman, Arbor Acres
- Ralph Collins, Tryon Estates
- Bill Delanty, Carolina Meadows
- Gay Eddy, Carol Woods
- Mary Eldridge, Carol Woods
- Marilyn Evans, Pennyburn at Maryfield
- Joseph Gruendler, Friends Home Guilford
- Dottie Heninger, Carol Woods
- Sue Hendricks, Salemtowne
- Russell Jones, The Forest at Duke
- John Korthauer, Pennyburn at Maryfield
- Bruce Ladd, Carolina Meadows
- Ben Leach, Pennyburn at Maryfield
- Woody Mason, Croasdaile
- Al Mendlovitz, Arbor Acres
- Owen Norment, Friends Home Guilford
- Sherman Poultney, Galloway Ridge
- Virgil Torbert, Croasdaile Village
- Clint Willis, Scotia Village
- Gordon Whitaker, Carol Woods
- Herb Wile, Plantation Village
- Doug Young, Deerfield

**WE NEED YOUR FEEDBACK**

Here is your opportunity to share your community's concerns and experiences and suggestions for improvements in the following and other areas:

1. What services are offered in your community to assist residents with their technical devices—computers, smartphones, etc?
2. Does your community provide someone to accompany a resident being transported to the hospital?
3. Does you community have a playground for children or childcare services?
4. Does your community regulate electronic smoking?
5. Does your community have its own staff MDs?
6. How does your residents council interact with management?

Please send your responses to these and other topics to the editor at the address on page 12. If you wish to remain anonymous, please note that in your response.

The NCCCRA Executive Committee is considering an updated survey of the membership and needs your input.

**A LESSON FROM THE FREAK SHOW***Dave Stewart, Deerfield*

It was a big deal when the circus came to our town—and not just any circus either. It was the top-of-the-line Ringling Brothers Barnum & Bailey Circus. My sister and I were beyond excited in the backseat as our parents drove up to the big tent city that had sprung up overnight in an open field.

As we approached the ticket booth our exhilaration grew as we heard the trumpeting of elephants and what sounded like the roar of a lion or tiger. It was a bit annoying when dad seem to linger at the ticket booth.

“So, they’re still doing that at circuses,” we heard dad say after discovering he had been short changed. “Now, give me the correct change!” he said assertively.

“Didn’t you ever make a mistake?” the ticket taker whined in response.

“Not if it was my job not to,” said my alert father just before he called out to people still in line, “Be sure to count your change!” A number of people expressed thanks for the warning. I was 14 years old and not at all wise in the ways of the world. Getting shortchanged was a new experience. It would have been unthinkable at Joe Green’s grocery store or Clark’s pharmacy in our neighborhood, or even at any store downtown.

If getting shortchanged was an eye-opener so was the sideshow that our family of four entered as we got past the ticket booth. There were a number of attractions merchandised in garish banners including one called “The Honeymoon Hotel” that the barker was giving special attention to. In an oily presentation punctuated by winks he promised sights that I gathered were not available anywhere else in our community.

Our parents hurried us past this apparent den of depravity toward what had been paid for which was that unique circus entertainment called the “Freak Show.” These were individuals who had been so unfortunate as to be abnormal in some very unusual way. Typical “freaks,” as they were labeled at that time, were the Bearded Lady, the Four-Legged Man, the Pinhead People, Siamese twins, Lion Man and so on. Oh yes, how could I have forgotten the Tattooed Lady? (Ponder that one for a moment.)

After entering the show we were paraded before individuals that in memory were Lizard Man, the lady who ate razor blades and, of course, the fat lady. My adolescent eyes were amazed, as well as appalled, by what I saw. Lizard Man wore shorts and was shirtless to show that he indeed had skin all over that resembled the scales of a lizard. His face was a nightmarish horror.

The lady who ate razor blades downed not one but three or four blades of the kind intended for use in a safety razor. Her countenance hardened as she crushed them in her mouth before swallowing. It didn’t look as if she liked them very much, but it appeared that such fare was a regular part of her diet.

The enormous fat lady, said to weigh more than 700 pounds, enveloped and spilled over a large, throne-like chair. As I think about her today, it’s a mountain of mashed potatoes enclosed in a tent-like red dress that comes to mind. Her head was not much more than a bump topping a massive body of indeterminate shape. She had no visible neck. Like the other performers, she delivered an over-rehearsed speech describing herself. I remember its final line: “Now if any of you LADIES wish to touch me you can do that now.”

Something was missing from this last presentation. It was dad. But there he was back with Lizard Man with whom he was in deep conversation. With my youthful mind, I was deeply embarrassed. Why would dad want to talk with any of these grotesque people? Would he never stop trying to connect with the immediate world when we were in public? “We’re up here, dad,” I called out. But my father was unperturbed and remained to speak with the other individuals also.

I heard him ask the fat lady how she had survived the recent terrible tragedy when the circus’s big tent caught fire during a performance in the city of Hartford, Connecticut. Some 167 people died with more than 700 injured. Other questions included: “How did you happen to join the circus?” “What do you like to do when you’re not performing?” And, “Are you married?” (Most were.)

I noted that everyone who spoke with dad seemed glad to be engaged in conversation. Only in recent years has it occurred to me that it was undoubtedly one of the few times in which they had been treated as human beings rather than as “freaks.”

Dad would later write some of their stories for the folksy monthly magazine he edited for customers of the paper mill where he was employed. But his interest in these people was not phony nor was it primarily professional. It was intensely personal.

My father was inherently curious and cared about individual human beings regardless of their physical condition. No one was a freak in his eyes. Glenn Stewart was that kind of man. It took me about 30 years to realize that he had just taught me, by example, a very important lesson about living a morally upright life. I wish he had lived long enough for me to be sufficiently mature to thank him.

PIET'S PLACE

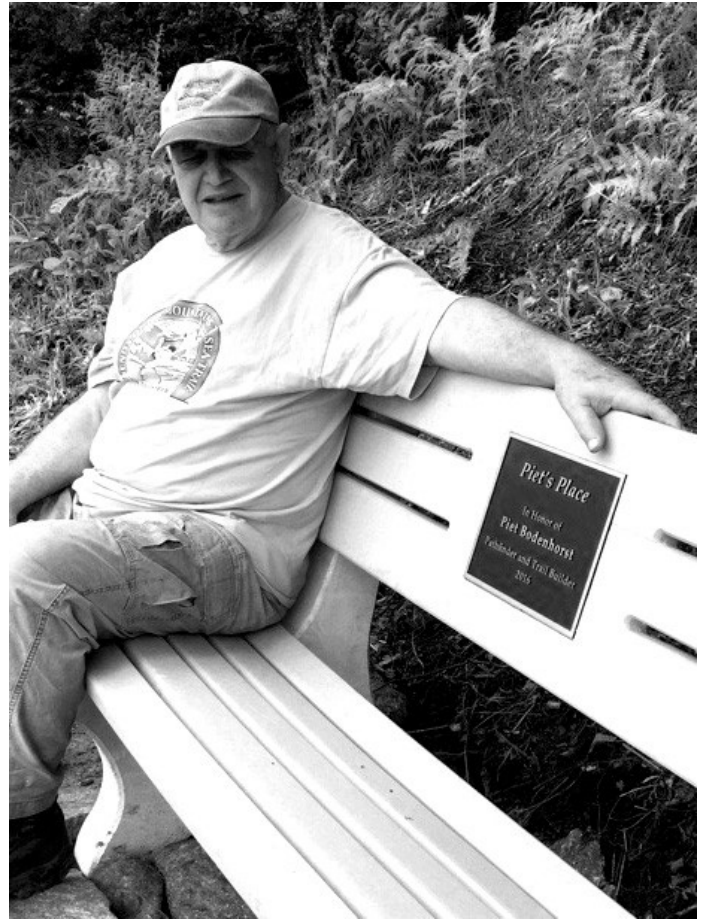
Jan Bodenhorst (Deerfield, Asheville)

Yes, there is such a place in the form of a hand crafted bench with plaque on the Mountains to Sea Trail (MST). It's a short climb from the Waterrock parking area at mile marker 451 on the Blue Ridge Parkway.

On June 3, 2016, this bench was dedicated to Piet by his weekly trail maintaining buddies. Piet had been involved with the vision, planning and execution of this connecting part of the trail. On June 4, dignitaries from Raleigh were present for the dedication as were Carolina Mountain Club (CMC) maintainers and president, other hiking clubs, Chief of the Cherokee Nation and Blue Ridge Parkway representatives. The CMC crew who built the trail along with Piet was honored for the skill and complete dedication. Guided hikes on the trail followed the dedication. This dedication occurred on the 100-year anniversary of the formation of the NC State Parks and Blue Ridge Parkway.

To quote a woman counselor of the CMC who is an avid hiker/maintainer and also strong as a bull, "Every time the Friday crew went past the chosen bench site view we all commented on how this was going to be the BEST section yet of the MST. Finally we got to work on this very difficult build of trail, some of the most technically complicated we have ever done. When Piet was so ill after a stroke in September we worked on with heavy hearts. This part of the trail would never have been accomplished to the standard it is without his guidance, coaching, advice and critical eye. A plan slowly hatched, that we wanted somehow to dedicate our favorite spot to Piet. One of our crew members is a master carpenter. Over the winter he built the sturdy bench in his Florida shop. We ordered a bronze plaque dedicating the bench (and view) to Piet. The mostly cement bench had to be hauled up the mountain and rebuilt on site. The bench will now be there for all to take in Piet's vision and view."

I have sat on that bench and guarantee it is one of the most scenic, peaceful experiences of these mountains. I



am presently walking with aid of a walker or more precisely a portable wheel chair and on the day of the dedication, I could not climb the steep approach to the bench and view. I was quite sad about it as I encouraged my children to enjoy it. Suddenly the sturdy crew leader and the woman counselor I had mentioned showed up with yellow belting around their waists and roped me into the wheelchair. With the help of my two sons and a grandson they easily got me up to the bench, where I sat with Piet soaking in the view. It was a very moving experience for me realizing the bonding brotherhood and camaraderie of Piet's trail friends.

***The Hotline is your voice.  
Share your community's  
concerns and experiences!***

The *Hotline* is published quarterly, March, June, September and December by Bernard S. Coleman, Deerfield Episcopal Retirement Community, Asheville, NC, for NCCCRA President Brenda Tremoulet, 16 Salisbury Drive, #7116, Asheville, NC 28803 (828-505-1719)-[brenda.tremoulet@gmail.com](mailto:brenda.tremoulet@gmail.com). Submissions to the *Hotline* and other *Hotline*-related communications should be addressed to the editor, Bernard S. Coleman ([gothic63@charter.net](mailto:gothic63@charter.net)).

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### Membership Application

One-year membership is \$12 for an individual, \$20 for a couple. Life membership is \$80 for an individual. **Checks should be made payable to NCCCRA and given to your community's NCCCRA representative**, so he or she can keep an accurate tally of members. Please indicate whether you are a renewing or new member. If you are not sure who your community's NCCCRA representative is, you may find out by contacting NCCCRA President, Brenda Tremoulet, 16 Salisbury Drive, #7116, Asheville, NC 28803; (828) 505-1719; [brenda.tremoulet@gmail.com](mailto:brenda.tremoulet@gmail.com).

If your community does not have a representative, mail checks to:  
 NCCCRA, c/o Susan Rhyne, 3913 Muhlenberg Court, Burlington, NC 27215.  
 The form below is provided for your convenience.

APPLICATION FORM (please print or type) *For membership year* **2017\*\***

\_\_\_\_\_  
 (Your name) (Spouse's name, if applicable)

Community \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Status (please check one):  Renewal  New member

Enclosed is payment for (please check one):

**One year:**  \$12 single  \$20 couple **Life:**  \$80 individual.  \$160 couple

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