

Living & Dying

A Publication of Brattleboro Area Hospice

INCLUDES 2013 ANNUAL REPORT



Cover
Story

Death Café

An international movement comes to Brattleboro.

YOU'RE INVITED
to Vermont's first
DEATH CAFÉ!



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TABLE OF CONTENTS

From the Board President and Executive Director.....	6
Death Café.....	7
When The Words Won't Come	15
Annual Service of Remembrance at the Hospice Memorial Garden	18
Dia De Los Muertos Community Altar	19
Living & Dying: Our Own TV Program	19
Volunteer Appreciation Party	20
2013 Program Overview and Volunteers.....	21
Experienced Goods Thrift Shop.....	24
Cherished Goods Auction	25
Community Education and Events	27
Staff and Board of Directors	28
2013 Donors	29
2013 Collaborations	34
2013 Financial Statement.....	35

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EXPERIENCED GOODS THRIFT SHOP

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Brattleboro Area Hospice is an independent, community-based, nonprofit volunteer hospice organization. We are funded by our thrift store sales, individual donations and memorials, United Way of Windham County, grants and local towns.

Financial contributions of any size to Brattleboro Area Hospice are appreciated and are tax deductible. By establishing memorial gifts in honor of a loved one, remembering us in your will, or making a stock donation, you can help further our work. Please contact us at 802-257-0775 or 1-800-579-7300 for more information on the many ways you can donate to Brattleboro Area Hospice.

BRATTLEBORO AREA HOSPICE

191 CANAL STREET, BRATTLEBORO, VT

Our mission is to provide non-medical assistance to the terminally ill and their loved ones; to provide bereavement services to Hospice families and the community; and to educate others about the issues of death and dying. *All our services are free of charge.*

❖ HOSPICE CARE PROGRAM

Trained volunteers and staff work with patients and their families to address the physical, emotional, social and spiritual needs that are associated with death and dying. Our Hospice Program serves patients who have a prognosis of one year or less; the Pathways Program is for home-care patients with a two years or less prognosis who may choose to receive curative therapies.

❖ BEREAVEMENT CARE PROGRAM

Adjusting to life without a loved one is difficult. Bereavement services are an important part of hospice care and help people understand grief as a normal process. Support groups, limited individual support and our bereavement newsletter *Seasons* are available to surviving Hospice family members as well as anyone in our community.

❖ COMMUNITY EDUCATION

We are a community resource on the issues of death, dying and grieving. Hospice and bereavement trainings are open to everyone whether or not they choose to volunteer. We are available to speak to local groups and businesses, and offer trainings and inservices to medical professionals. Our lending library is open to the public and includes books, CDs, audiotapes, DVDs and videos.



Dear Friends,

There are many paths at the end of life. When those we love or care for have died, we are given the opportunity and privilege to witness the unique ways they choose to live their final days.

These experiences are powerful teachers. If we are willing to consider what they have to offer, we can move closer to knowing what will be meaningful and useful when it is our time for this journey.

At Brattleboro Area Hospice we are dedicated to this exploration. It is not easy. We ask: what will I want when it is my time to die? The answers are deeply personal to each of us, and may bring feelings of fear and sadness. But they hold in them as well the possibility of acceptance and relief. We uncover what gives our lives meaning, revealing what we value most as we age. We share what we have learned with our family, deepening our connection and providing guidance for the best choices if we are unable to speak for ourselves.

In our living as well as our dying we leave indelible impressions on everyone we encounter. In the past year, community members have shared their most intimate moments with us, whether they were a hospice or bereavement client, a participant in a support group or workshop, or a visitor to our Memorial Garden. Each one has been our teacher. Through them, we are humbled by their courage to remain present in the face of death and loss. Through them, we are inspired by the love and resilience in the midst of difficult circumstances. Through them, we are reminded of the power and sacredness of human connection.

We offer our deepest thanks to the volunteers, donors and community sponsors listed in this report. We are filled with gratitude for the support of our community that allows us to do this work.

Ann Fielder
Board President

Susan Parris
Executive Director

DEATH CAFÉ

An International Movement Comes To Brattleboro

By Cheryl Richards, Hospice Education Coordinator

On the 13th of June, 2013 it was a dark and stormy night . . . until the lights came on when Brattleboro Area Hospice hosted Vermont's first Death Café at Amy's Bakery Arts Café in downtown Brattleboro. And what a time we had! There had been steady interest in the event from the posters we papered all over town, but after two newspaper articles and radio interviews, my phone was "ringing off the hook" with people calling to reserve seats. We were filled to capacity with 36 attendees, 5 hospice team members and a waiting list. People were standing in the rain in hopes that some of those with reservations wouldn't show up.

People came in choosing their places at small tables seating five. Tables were graced with flowers arranged by a hospice volunteer (taken home afterward by one of the members from each table) and a laminated card with a humorous death related cartoon on one side and possible discussion topics on the other. After a brief description of the history and purposes of the international Death Café movement, introduction of the hospice team, and outline of the evening, we got to it! If people came to the event feeling shy or tentative, they didn't stay that way. The noise level in the café grew to magnificent proportions (that was the only negative feedback we got). Of the 36 participants, one third were men. The majority were boomers and older, although ages ranged from mid-twenties to eighties.

Our hospice team was thrilled to see that, while there were a few hospice aficionados present, most of the people who came were simply community members intrigued by the idea of sharing life-enriching conversation about death. Feedback from participants further confirmed this notion:

"People spoke openly about their feelings and experiences of death, a conversation I've never been able to have before."

"I experienced what I didn't expect, though I really didn't know what to expect."

"I loved the range of ages in our group. I loved the new insights and perspectives."

"This was awesome! Please do it again! Great to have the opportunity to share with and be nourished by fellow "death heads"! So much joy!"

"After being here, I feel I can talk more freely about these topics."

"A chance to talk with interesting people about what is always on my mind."

"I want to be in more conversations about death!"

"I came feeling anxiety that I'd have nothing to say in the conversations, and am leaving wishing it was another 2 hours long."

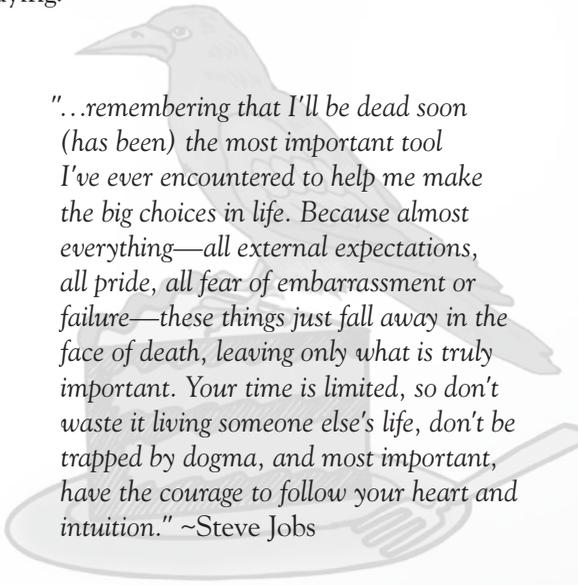
“I came with my daughter and I got to hear her thoughts and she got to hear mine. That was wonderful.”

In the last half hour each small group reported to the rest of the room on the topics they discussed - the range was unlimited and included: intelligent optimism, partnership with your own process of death, fear of dying, fear of the process of dying, being proactive about planning how you want to die, consciousness not being limited to this realm, how to encourage loved ones to be one's partners in the dying process, death as an opportunity for personal honesty, cremation, green burial and paranormal experiences taking place following the death of a loved one. People reported the Death Café experience as comfortable, supporting a full range of emotions – from tears to raucous laughter, easier than anticipated, energy charged, inspirational and fun.

And so it began! We have now held three Death Cafés with a fourth one coming soon. Each one has been a tremendous success. Across the globe – and here in the Brattleboro area - holding Death Cafés seem to have struck a reverberating emotional chord in people. A chance to drink deeply from a well of longing most of them weren't aware they were experiencing – the longing to share and engage in rich, meaningful conversation with others (strangers, family members, friends) about topics previously considered taboo. The magic of Death Cafés is that this opportunity is offered without agenda, objectives or themes. Participants are invited to bring their wonder, questions, curiosity and willingness to learn and share dialog. The only expectation is that the conversations center around any aspect of

death, loss and grief. For myself as facilitator of the last three Death Cafes, I've been amazed to witness at every single one the heightened energy in the room as the conversationalists delve into their chosen topics. Evaluations of the events consistently speak to people feeling more connected to and appreciative of their life after sharing in the discussions, “I found myself very focused on how I want to live my life.”

I grew up in a death phobic family and spent many years exploring my own fears relating to death. Gradually I moved from fearfulness to feeling passionately that the end of life period can be a time of profound authenticity and connection between everyone involved if one allows oneself to acknowledge the fear and forge ahead anyway. I think this is why the Death Cafés so intrigue me. At every one I've participated in I see others challenging themselves to step forth and open to new possibilities in how they want to value their living and dying.



"...remembering that I'll be dead soon (has been) the most important tool I've ever encountered to help me make the big choices in life. Because almost everything—all external expectations, all pride, all fear of embarrassment or failure—these things just fall away in the face of death, leaving only what is truly important. Your time is limited, so don't waste it living someone else's life, don't be trapped by dogma, and most important, have the courage to follow your heart and intuition." ~Steve Jobs

CONSIDERING THE CONVERSATION

by Andrea Livermore, Development Director

I am a baby boomer. I am one of the 78 million people who were born in the post war years of 1946 – 1964, a contributor to the huge demographic bulge that for many years flourished in America's post war prosperity. I am one of the multitudes that acquired more education than any previous generation and grew up projecting a rebellious, idealistic attitude that promised to reshape society. Since 2011, at the rate of about 8,000 per day we are reaching 65 or the "age of retirement" as it is known by some. Though as "boomers" we are defying the idea of retirement (many of us are not prepared fiscally or emotionally) and are quite comfortable with the notion of invincibility, I am one of the many who are now growing older, approaching old age or maturity, as I like to think of it.

I am also a relative newcomer to hospice. I joined the staff in April of 2013 and have enjoyed a steep, intriguing learning curve since that time. I've grown increasingly familiar with the hospice philosophy and have considered death, dying and grieving more in the past year than ever before in my lifetime. My father died in the Fall, and I had the privilege to be with him through that journey, opening my eyes to the importance of those final weeks, days and moments. I've now participated in *Death Cafés* on two occasions and more recently, a lovely *Death over Dinner* event. And with all this exposure one would think that my end of life plan would be in place; the i's dotted and the t's crossed. But

I'm just not there yet, nor am I alone.

Consider these facts compiled by the Institute for Healthcare Improvement for the Conversation Project:

More than 90% of people think it's important to talk about their loved one's and their own wishes for end of life. Fewer than 30% of people have discussed what they or their family wants when it comes to end-of-life care.

60% of people say that making sure that their family is not burdened by tough decisions is "extremely important". 56% of people have not communicated their end-of-life wishes.

70% of people say they prefer to die at home. 70% of people die in hospitals, nursing homes or long-term-care facilities.

80% of people say that if seriously ill, they would want to talk to their doctor about end-of-life-care. 7% report having had an end-of-life conversation with their doctor.

82% of people say it's important to put their wishes for end of life in writing. 23% have actually done this.

Talking about death and taking action is a difficult thing to do, though the success of our Death Cafés is evidence that people want to talk. Limited experience has shown me that when asked, people seem to have given thought to what they do and don't want.

Then what stops them, what stops us from taking the next steps, communicating this to the people who can benefit from knowing? Is it the intimacy of the subject? Is it the declaration that yes we will die at some point? Is it the pain of acknowledging that we will someday leave those we love? This is a mysterious phenomenon but one that

warrants attention. I ask that people join me in considering the conversation. Resources are available that can help. Hospice will continue to be offering opportunities to talk. I plan to begin my own conversations in 2014 and to complete an Advance Directive. I invite you to join me.

REGRETS

by *Patty Dunn, Hospice Program Coordinator*

Those of us engaged in hospice work are very focused on the notion of putting the topic of death “on the table”. Why?

Because we are aware that too many people are dying in places and in ways they don’t want—often because their “wants” aren’t known. We hope to change that. The personal, familial, and community costs of not talking about and preparing for our deaths are too high to fully calculate. How do you put a price on the suffering that comes from futile healthcare treatments, the toll of stress and family discordance, and the subsequent sense of helplessness and regret that can result?

This hit home for me personally when my Mom suddenly and unexpectedly lost her memory, her ability to communicate, and her mental capacity at age 69. She was found to have 2 golf ball size metastatic cancerous tumors in her brain for which there was no curative treatment. As our family agonized about how to advocate for her, in particular, whether to decide to subject her to brain surgery, we wondered what *she* would say and do if she could tell us.

She did not have a living will (advance directive) that could guide us, nor had we ever talked about these things. Curiously, the only document we could find that hinted at her wishes was the *Personal Death Awareness (PDA)* Survey she completed during the hospice volunteer training she took in Portsmouth, NH in the 90’s. The survey asked a lot of “what if . . .” questions about one’s thoughts and wishes if confronted with a terminal illness. Mom’s responses gave us clues as we debated the pros and cons of her treatment options.

Unfortunately, as is often the case when one’s wishes aren’t clearly known, our family was split about what to do and how to proceed. Those of us who didn’t want to put her through potentially debilitating brain surgery to extend her life a little and with questionable quality, were outnumbered by those who wanted her alive longer at all cost.

It was a heart wrenching experience which I continue to process 12 years later, and not without some unresolved guilt and regret. This haunting experience fuels my passion

for thinking and talking *ahead of time* about death, what's important to me, and what plans need to be made to reflect my wants when that time inevitably comes. Aside from driving my family and friends a little crazy, it's hard to describe the paradoxical peace of mind that comes with planning ahead, especially when you're aware of what's possible when you don't.

"Our society has been in such a fog, evading death and dying, that I really think we don't live as fully because of that evasion. Well, I've learned to live fully now. And it's my deepest wish that everyone else will also—and without having to go through this kind of illness." ~psychologist Jackie McEntee, speaking about her terminal diagnosis

THE BIRD ON MY SHOULDER

by Susan Parris, Executive Director

When I entered the hospice volunteer training in 1996, I expected the content to be challenging but underestimated how much energy I would need to open up to the fact of my own death. At the end of each session, I was both invigorated and exhausted. It was the first time, at age 35, that I had looked deeply at what being mortal meant to me.

I learned so many lessons in this training. It was a true turning point in my life. And it was at our closing ceremony that I discovered the biggest surprise of all: by consciously delving into my feelings about death, I felt more at ease about my own passing, and a stronger sense of gratitude for life.

You may wonder how is this possible? Isn't contemplating the end of one's life depressing? What about sadness, anger or fear? Yes, these difficult feelings are still present when I think of my own death. But also present is an abundance of nourishing feelings, such as:

~ Relief. In seriously considering what is important for me at the end of my life, the values I uncovered will help me make better choices as I age and face death. And in documenting these values in an Advance Directive, I may one day help my family know my wishes if they must decide about my care.

~ Vitality. In accepting that my time on earth is temporary, I feel increased energy to enjoy and be grateful for the many wonderful experiences and people in my life.

~ Kindness. In understanding that my time here is limited, I do my best to no longer engage in trivial or unkind acts.

~ Compassion. In remembering that each of us is mortal, I feel tenderness and seek to cultivate empathy toward others who are doing the best they can in their circumstances.

In the eighteen years since my training, keeping awareness of these gifts in the



Image by Soraya Nuliah. Used with permission. sorayamulliah.blogspot.com

forefront of my life is sometimes a challenge. When consumed by busyness, health issues or other distractions, I sometimes lose track of the big picture—that every moment is precious. Recently I came across this excerpt from *Tuesdays with Morrie*, and I knew I found the reminder I need:

“Every day, have a little bird on your shoulder that asks, ‘Is today the day? Am I ready? Am I doing all I need to do? Am I being the person I want to be? ... The truth is, Mitch, once you learn how to die, you learn how to live...”

~Morrie Schwartz

I invite you to consider this practice. Each morning when you awaken to birdsong, pause and consider these questions. Practicing this suggestion is a gentle reminder for me to stop being on autopilot—to wake up and remem-

ber my life is temporary, and focus on gratitude and mindfulness.

Regardless of how you spend your time on earth, remembering that you are mortal has the potential to bring a richness and vividness to your life.

“Death is a very powerful motivation. People seem aware that their life is limited. That can be one of the best gifts that we have in life, motivating us to embrace life and embrace goals that are important to us. When people think about death abstractly, they may be more likely to fear it, while thinking specifically about your own death enables people to integrate the idea of death into their lives more fully. Thinking about their mortality in a more personal and authentic manner may make them think more about what they value in life.” ~Dr. Laura E.R. Blackie

START THE CONVERSATION



It is never too early to start thinking about these issues. Have regular discussions about your views on end-of-life care, since they may change over time. You may find that you have questions for your parents about their end-of-life care. Or you may be struggling with these questions for your spouse or partner, or even yourself.

Helpful pointers for having this conversation:

1. Know your options

Before beginning the discussion, learn about end-of-life care services available in your community. Become familiar with what each option offers so you can decide which ones meet your loved one or your own, end-of-life care needs and wants.

2. Select an Appropriate Setting

Plan for the conversation. Find a quiet, comfortable place that is free from distractions to hold a one-on-one discussion or family meeting. Usually, a private setting is best.

3. Ask Permission

People cope with end-of-life care issues in many ways. Asking permission to discuss this topic assures your loved one that you will re-

spect and honor his or her wishes. Some ways of asking permission are:

I'd like to talk about the best way someone might care for you if you got really sick. Is that okay?

If you ever got sick, I would be afraid of not knowing the kind of care you would like. Could we talk about this now? I'd feel better if we did.

I want to share my wishes about how I'd like to be cared for in the event I was sick or injured; can we do that now?

Another method of starting the conversation is to share an article, magazine, or story about the topic with your loved one. Even watching a TV show or movie on the topic together can encourage the conversation. If you think your loved one would be more comfortable with someone else, you can suggest they talk to another family member, a friend or faith leader.

4. Start the Conversation

Keep in mind that you started this conversation because you care about your loved one's wellbeing — especially during difficult times. Allow your loved one to set the pace. Nodding your head in agreement, holding your loved one's hand, and reaching out to offer a hug or

comforting touch are ways that you can show your love and concern. Understand that it is normal for your loved ones to avoid this discussion. Don't be surprised or upset; instead, plan to try again at another time.

Questions to ask your loved one about his or her end-of-life care:

How would you like your choices honored at the end of life?

Would you like to spend your final days at home or in a home-like setting?

Do you think it's important to have medical attention and pain control to fit your needs?

Is it important for you — and your family — to have emotional and spiritual support?

5. Be a Good Listener

Keep in mind that this is a conversation, not a debate. Sometimes just having someone to talk to is a big help. Be sure to make an effort to hear and understand what the person is

saying. These moments, although difficult, are important and special to both of you.

Some important considerations:

Listen for the wants and needs your loved one expresses.

Make clear that what your loved one is sharing with you is important.

Show empathy and respect by addressing these wants and needs in a truthful and open way.

Acknowledge your loved one's right to make life choices — even if you do not agree with them.

This is an excerpt from starttheconversationvt.org, a great resource to help you start thinking and talking about what you and your family may want at the end of life. The site includes a number of resources, such as a [Start the Conversation Toolkit](#), that includes information, suggestions and worksheets.

For more information on exploring the topics of death and dying, visit our website at www.brattleborohospice.org. Under the Resources section of the site there are a variety of links on this subject. Under the Events section of our site, you can learn about our free upcoming trainings and workshops. Attending a Death Café or our Death & Dying class, open to anyone in the community, is a good place to start. If you would like to speak personally with a staff member about a specific concern or question, call our office at (802)257-0775 or email us at info@brattleborohospice.org.

WHEN THE WORDS WON'T COME

by Kathy Leo, Hollowell Founder and Coordinator

When I visit my mom, now in her 80's, and it's time to say good-bye after a short visit that felt too long, bags all packed, bedding washed and put away, we say our ritual good-byes. We hug and kiss and say our thank you for this and that and then suddenly, in our moment of leaving, it seems the entire time of our visit takes a whole shape. No matter what we did, said or didn't say, the time we spent becomes sacred because it's over. Saying goodbye fills itself with emotion and questions. When will we see each other again? And the unspoken question — the one we all think but don't say as her health continues to decline— will we see each other again. She walks to the door with us and stands watching and waving as we drive away. She has always done this—walking as far as she can, holding us with her eyes until we are out of sight. Who knows how long afterward she stands looking into the empty space where we just were.

I have done this with my own children when they come in and out of my life. Saying goodbye never fails to bring a lump to my throat that holds back the swell of tears that want to come so that what I might want to say remains unspoken. It does get said though, just not in words; when I follow them out to their car or walk to the end of the driveway waving watching the car

disappear down the dirt road. Standing in the silence and watching the dust settle. We say things in so many ways.

When a loved one is dying, and the final goodbye is hovering in the air, on the breath, poised in the heart, on the tongue, sometimes the words get caught. Sounds won't seem to shape themselves into words. Or the just right words, the ones to express the fullness of feeling, are simply not available. Sometimes something else wants to be said; a thought, a memory, an intention, the feeling of loss, of despair, of grief, of love. When the spoken word gets caught on the tongue and can't find its way to language, there are other ways to say these things. A hand held. Lips on skin. Touch on the top of the head. Gestures. A tender way of looking. Thoughts unspoken. A small vase of flowers. A moistening of dry lips. A song. A circle of strangers with kind hearts circled around the bed singing. The songs saying those things that are so hard to speak. The songs softening the air, clearing a space for a different kind of language to be spoken.

When Hollowell is invited to sing at



the bedside of a dying person, we do our very best to arrive with clear minds and hearts, in a state of readiness to be present and to listen deeply for what we might offer through our music as a way to say what could be so difficult to speak in words. We have been asked, upon arrival, to help the dying one “let go” through the songs we choose. We feel our way around the room with our eyes and our open senses. We wait for guidance to come. We “read” the space, the emotion, the relationships, the level of grief, the love. Most of all the love. Over and over we say “I love you,” “I will miss you,” “I want to help you.” We say it through the words of songs we choose; “How deeply I’m connected to your soul.” We say “I’m here” by singing, “I my loving vigil keeping.” We say, you are not alone, “friends carry me over, Love call me home.” We give hope in song when we sing “There’ll be no sorrow there.”

We can almost feel the way we are speaking for and to the family around the bedside. The way we did that time we sang for Evelyn — young wife of Dan, a circle of friends around her bed. Her clear eyes were open with wonder and curiosity and full of love as we sang and she looked openly into Dan’s eyes. It was almost as if she were the one singing the songs to him, though she was the one dying. She told him not to be afraid. Not to be sad. “There is a land, high on a hill, where I am going, there is a voice that calls to me.” And around them the circle of friends, through tears and heart, said, we have come here to support you when we sang, “life offers a chance for friends to carry us over.”

There are clear messages we can “speak” through the lyrics of songs we choose.

Sometimes, we choose songs in other languages or we simply hum around the bed. This is another way of speaking. Of softening the air and quieting the breath. It is another way to say what words can’t. A feeling. An emotion carried through sound. An offering of a place to rest for both the person on their journey and those who can only go as far as the door or the end of the driveway waving.

What a gift we have been given in Hallowell. The gift of sound and song and spirit. The gift of presence and witnessing. The gift of being able to translate or speak for others when language is so far from the mouth because there is a swell of emotion in the way of it. The songs flow around the bed, around the room, an offering of a different way to speak what wants to be spoken, without fear, without roadblocks or history in its way. We say it with honesty and intention. We sing to what we see, what we feel.

Sometimes we want to say, “You are not alone.” Like the time we sang for the man with no visitors, dying in a local nursing home in a small dark room. He was in a deep place by the time we visited him. Unresponsive. Breathing shallow rattling breaths, just hours away from his last one. We entered the room in silence and kneeled close around his bed. I told him he would hear some singing and that he should rest in the sounds, that he could stay where he was or



go even further away, deeper. We hummed our way gently into the song to ease him into our sounds. We entered the song in words about a boat floating across the sea, a watery sound in the Croatian language. He seemed to settle his dying body more deeply into the bed, and then to our surprise, he opened and lifted his arms and placed his hands behind his head, in a gesture you might do when you are entirely relaxed on your back lying on a beach in the warm sun. As if to say, yes I AM in a peaceful place. I am floating away on that boat. I am not alone here.

When the words won't come, maybe the songs will say what wants to be spoken. The sounds or the poetry of music can speak volumes. Can speak directly to the soul leaving or the ones staying. Can speak for the one leaving or the ones saying goodbye. And maybe after our visit, when our songs are still lingering in the ear and the heart, in the air in the room, maybe then, when the family looks into the space we had just filled, with their hearts a bit more broken open, maybe that's when the tongue will find the words to speak what is still left unsaid.

2013 HALLOWELL SINGERS

Mary Alice Amidon
 Peter Amidon
 Helen Anglos
 Susan Barduhn
 Margaret Dale Barrand
 Tony Barrand
 Susan Bell
 Mary Cay Brass
 Fred Breunig
 Ellen Crockett
 Larry Crockett
 Robin Davis
 Jamie Eckley
 Hans Estrin
 Linda Evans
 Calvin Farwell
 Leslie Goldman
 Tom Goldschmid
 Mark Grieco
 Annie Guion
 Amy Harlow
 Tom Jamison
 Valerie Kosednar

Bonnie Kraft
 Kathleen Leo
 Beth Lukin
 Cathy MacDonald
 Manny Mansbach
 Mike Mayer
 Kathy Michel
 Jonathon Morse

Patrice Murray
 Karolina Oleksiw
 Susan Owings
 Julie Peterson
 Bob Reuter
 Joan Shimer
 Walter Slowinski
 Beth Spicer

Terry Sylvester
 Harriet Tepfer
 Burt Tepfer
 Cindy Tolman
 Gill Truslow
 Connie Woodberry



ANNUAL SERVICE OF REMEMBRANCE AT THE HOSPICE MEMORIAL GARDEN

Our Memorial Garden, located in Brattleboro's Living Memorial Park, is a source of contemplation, remembrance and beauty, and is one of the few gardens open to the general public in our community.

You are welcome to plant flowers to honor your loved ones who have died, either during our annual Service of Remembrance in early June or with the assistance of our garden volunteers.



2013 DIA DE LOS MUERTOS COMMUNITY ALTAR

Each November we create a Day of the Dead Community Altar to remember those who have died, following in the tradition of the Mexican holiday Dia de los Muertos. In 2013 the altar was created at Experienced Goods Thrift Shop at 77 Flat Street. Community members and



hospice families joined us to leave offerings (a picture, a favorite food, a poem) to honor their family and friends who have passed on, and to listen to the Hospice singing group Hallowell, who gather each year and sing songs of love and remembrance at the altar.



LIVING & DYING: OUR OWN TV PROGRAM

Brattleboro Area Hospice offers a monthly television program filmed in the studio of the Brattleboro Community Television (BCTV). You can watch the program on cable via BCTV Channel 8, or watch the programs on online via our website. Each month Hospice staff, volunteers and community members join hospice volunteer and program host Rich Ewald to discuss topics such as end of life conversations and vigil volunteering at the bedside.



2013 VOLUNTEER APPRECIATION PARTY

Once again, Experienced Goods staff dreamt up a unique party to celebrate our wonderful volunteers, this time an ice cream social!

On September 18th we gathered at the Kiwanis shelter for a full ice cream sundae bar—with the many yummy toppings we remembered as kids.

And what goes better with an ice cream social than oldies music? DJ Tim Johnson spun favorites from the 50s and 60s so we could work off all that sugar.

Each day our volunteers give so much to our clients and to our organization; we were delighted to provide this fun gathering to show our appreciation for our amazing volunteers.



2013 PROGRAM & VOLUNTEER OVERVIEW

Our **Hospice Care Program** provided volunteer services to 65 terminally ill patients and their families in 2013. Hospice care volunteers spent 1242 hours providing companionship and assistance to patients and their families in a total of 785 visits for the year. Hallowell volunteers spent 468 hours providing musical support in a total of 59 sings in 2013.

In 2013, our **Bereavement Care Program** served 410 bereaved Hospice family members and bereaved individuals from the community. Bereavement care volunteers, who are trained in issues such as the grieving process, listening skills and family dynamics, spent 224 hours, a total of 204 visits, working with families after the patient's death.

The Bereavement Care Program provided the following bereavement support groups throughout the year for 324 participants:

- Loss & Transitions Group for Adults
- Good Grief Groups for children and teens
- Bereaved Parents Support Group & Traumatic Loss Support Group
- Spouse/Partner Loss Support Group
- Summer Grief Education Series: Everything You wanted to Know About Grief But Were Afraid to Ask

Many other volunteers donated their time to help Brattleboro Area Hospice in 2013:

- 9 Board volunteers spent 395 hours fundraising and 119 hours assisting with the administrative work of BAH.
- 26 volunteers spent 323 hours assisting with special projects such as training and education, in-services, outreach programs, newsletters, our Memorial Garden, and other hospice activities.
- 74 fundraising volunteers spent 6538 hours working at our thrift shop Experienced Goods as salespeople and behind the scenes as sorters, carpenters and truckers.

We are very grateful to have so many generous and hardworking volunteers involved with our work, thank you.



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2013

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EXPERIENCED GOODS THRIFT SHOP

By Ellen Graham

The world of clothing has always been fraught with meaning. The clothes we wear represent us, for better or worse, and they are a powerful tool to communicate who we are or who we aspire to be. At the same time we are delivering our message, others are reading our clothing and making decisions about who we are based on our appearance. Clothing can communicate much more than personal style, such as religion and social class. Consider the job interview, and how we are advised to “dress for the job we want”. For a person of low income, a current looking outfit of quality material can literally open the doorway to a better life. Or the idea that school uniforms can reduce bullying by not allowing children to judge each other based on what they are wearing.

At the same time that our clothing can advantage or disadvantage us, the choices we make in purchasing clothing can do the same for other people. Recent tragedies in India and Pakistan have many people questioning the ethics of many of our major retailers, and not just the usual suspects, like WalMart, but more respected companies as well. Choosing to purchase clothing manufactured in humane conditions by workers earning a livable wage improves the quality of life for these workers, and choosing to avoid companies who will not take responsibility for these factors sends a

message that a shift must be made. Choosing manufacturers based in America improves the economy of our own country. Of course, these can be complex issues. It can be confusing to parse out what companies are truly ethical, it may be economically unrealistic to purchase only locally made clothing and sometimes you just need a pair of black slacks. Additionally, the clothing economy is so entrenched in its current form that it is almost impossible to bypass entirely, even for the most socially conscious shopper.

Although these are serious issues, there is another side to fashion. For many, personal style is a way to celebrate our identities. It’s fun to play with different looks and styles. Dress up is not just for kids! Sometimes a small detail is all it takes to change a look and add a little flair to your day. A bright floral pattern right about now can remind us that spring is right around the corner, for instance. Most people have gone in for a little “retail therapy” from time to time. Personal style is all about personal empowerment. Who are you, and what do you want to show the world? I believe that the more barriers that are lifted between people and the ability to create their own identities, the better. And to that end, I would like to humbly suggest your local thrift shop, Experienced Goods. We are affordable, sustainable and FABULOUS.

CHERISHED GOODS AUCTION 2013

Once again our annual auction extravaganza was a big hit! On Saturday, November 2, 2013 we auctioned off high quality items such as furniture, jewelry, art and travel along with beautiful and unique one of a kind mirrors, each hand decorated by local artists. Auctioneer Kit Martin's fast talking skills had the audience engaged and bidding for a great cause. Delicious food, created by a team of volunteers led by Board Member Bobbe Ragouzeos, kept hungry guests satiated as they checked out the beautiful choices before the auction began. We are grateful for the support from many sponsors, artists and volunteers who made the auction such a success.

Mark your calendars—the next
Cherished Goods Auction will be
Saturday, October 25, 2014.

BRATTLEBORO AREA HOSPICE PRESENTS

CHERISHED GOODS

BENEFIT AUCTION

SATURDAY,
 NOVEMBER 2, 2013

5 PM COCKTAILS
 HORS D'OEUVRES
 SILENT AUCTION & PREVIEW

6 PM LIVE AUCTION
 WITH KIT MARTIN

FEATURING MANY UNIQUE
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 AS WELL AS SPECIALLY
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BRATTLEBORO AREA HOSPICE LENDING LIBRARY

Our library contains books, CDs, audiotapes, DVDs and videos on dying, death and grieving. We encourage you to stop by and borrow from this wonderful source of information and support. Donations of books or funds to our Lending Library are always welcome!



COMMUNITY EDUCATION AND EVENTS

- Act 39: Patient Choice Volunteer In-service
- Annual Dia de los Muertos Community Altar – 11th Annual Celebration
- Annual Memorial Planting Service at Hospice Memorial Garden
- BCTV Living & Dying Programs with staff, volunteers, clients & community members on the issues of dying and grieving
- Bereavement Volunteer Training
- Caregivers Support Group meeting twice per month at Brattleboro Memorial Hospital
- Death Cafés (2) at Amy's Bakery Café and The Works
- Hospice and Palliative Care Council of Vermont's Annual Conference in Fairlee, various workshops on death & dying attended by staff & volunteers
- Hospice Care Volunteer Training (2) 11 week sessions
- Hospice Foundation of America Teleconference: Improving Care for Veterans Facing Illness and Death at Marlboro College Graduate Center
- Making Remembrance Flags for Hospice Memorial Garden
- Poetry Writing Workshops (2) with visiting poet Catherine Wald
- Spirituality & Loss Discussion Group at Holton Home
- Volunteer Appreciation Party at Kiwanis Shelter at Living Memorial Park

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 Joyce Drew..... Office Manager
 Patty Dunn.....Hospice Program Coordinator
 Andrea Livermore Development Director
 Ryan Murphy.....Hospice Care Coordinator
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 Cheryl Richards Hospice Care Coordinator & Bereavement Care Counselor

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 Ellie Meyer

Glens Mitchell
 My husband John
 My parents
 Nicolette
 Frank & Irene Palmer
 Herbert F. Paulman
 Thomas F. Phelan
 Fred Picker
 Jane Pu
 Mary Elizabeth Ratti
 Franklin Reeve
 Burt Roberts
 Donna Roberts
 Mureal Roson
 Ernest Rueter
 Richard Henry Sabot
 Mabel Schumm
 Peter Sherman
 Paul E. Shield
 Deb Smith and her dad
 Ed Softkey
 David Storti
 Eric L. Swanson
 Betty & Guy Theriault
 Mary Olmstead Therieau
 Mackie & Dave
 Thompson
 Milagros Torres-Oliver
 Elmer H. Turner
 John Ward
 Mary Ward
 Eleanor Werner
 Martin Leon Wolf
 Debbie Wood
 Margaret Woods
 Hsi Sheng Yue Chen, MD

***We worked with the following organizations and
community groups in 2013***

Alzheimer's Association	Leland & Gray Union Middle & High School
Atamaniuk Funeral Home	The Manitou Project
Bayada Hospice & Home Health Care	Marlboro College Graduate Center
Brattleboro Community Television	Norris Cotton Cancer Center, Lebanon, NH
Brattleboro Master Gardeners	Phoenix House, Tapestry & RISE women's programs
Brattleboro Memorial Hospital	Pine Heights of Brattleboro
Town of Brattleboro Parks and Recreation	Putney Cares
Brattleboro Retreat	RSVP
Brattleboro Union High School	Samaritans, Inc. of Keene
Compassionate Friends	Senior Solutions
Fletcher Allen Healthcare	Sustainable Aging
Palliative Care – Diana Barnard, MD	Thompson House
The Gathering Place	Town Nurse, Wilmington
Guilford Cares	United Way of Windham County
Grace Cottage Hospital	VA Community Outpatient Clinic, Brattleboro
Guilford Community Church	Valley Cares
HCRS	Vermont Ethics Network
Hilltop House	Vermont Funeral Consumers Alliance
Holton Home	Vernon Green Nursing Home
Hospice & Palliative Care Council of Vermont	Vernon Hall
Hospice Care Services of Keene	Veterans Administration Medical Center, WRJ
Hospice of Franklin County	Visiting Nurse & Hospice of VT & NH
Hospice Volunteer Services of Addison County	VNA & Hospice of SVHC, Bennington, VT
Interfaith Initiative	West River Assisted Living
Ker Westerlund Funeral Home	
Kurn-Hattin	

2013 INCOME AND EXPENSES

INCOME

Donations & Fundraising	96,119
Planned Giving & Bequests	1000
United Way & Grants	21,080
Town Funding	5,043
Thrift Shops (after Expenses)	260,356
Miscellaneous	15,951
Total Income	399,549

EXPENSES

Wages & Benefits	268,821
Programs & Outreach	23,464
Fundraising & Development	16,566
Overhead & Occupancy	44,773
Depreciation	9160
Total Expenses	362,784

2013 ASSETS, LIABILITIES AND EQUITY

ASSETS

Cash	76,643
Investments	248,981
Property & House	140,654
Other Assets	26,014
Total Assets	492,292

LIABILITIES

Accounts Payable	3,682
Other Liabilities	26,298
Mortgage Loan Payable	95,313
Total Liabilities	125,293

EQUITY

Unrestricted Funds	315,227
Restricted Funds	15,007
Net Income (Loss)	36,765
Total Equity	366,999
Total Liabilities & Equity	492,292

Brattleboro Area Hospice
191 Canal Street
Brattleboro, Vermont 05301
A United Way Agency

Non-Profit Org.
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BRATTLEBORO, VT
05301
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