



"Reaching From The Heart"



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MATTERS OF THE Heart

Georgia's Family Caregiving Magazine

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The Importance of Clinical Trials



Doc Wilson, J.D., Ph.D.

National Caregivers Network, LLC

The Ultimate Resources For Family Caregivers

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Welcome to Matters of The Heart 2023!

A Message from the Editor-In-Chief, Publisher, Shirley Morman

Striving for Perfect Words: Caring Communication for the Aging



Public speaking and public writing, at the highest level, require that we must always seek to know our audience and understand, among other things, any inter-generational language differences that exist among people of different age groups. We must seek common ground. We must seek to achieve balance. No matter how we think of ourselves and each other as age delivers its uninvited "gifts," none of us is expected by society to continue to be as reliable as we were when we were teens and young adults. Thus, we must be as empathetic, as compassionate, and as comforting as possible in both, our words and deeds, to those who are young and those who have grown and evolved to that final chapter in life, the beautiful Garden of Life! In other words, we must choose our words as if we were composing poetry: revealing concepts that eloquently and soothingly reflect **The Universal Desire that we all live peacefully and without strife and stress – in The Name of Spirituality, especially among The Aging and Elderly.** In speaking publicly, especially, **Post-Pandemic and in a Hybrid Setting**, we should seek to use an inter-generational public speaking approach; this is because audiences listening to various speakers, including organizational and group leaders, ministries, politicians, etc., audiences will likely listen more attentively when those speakers act and speak like they know who the audience is that is, including inter-generational settings, friends and neighbors, as well as others in their region or hybrid living. Furthermore, when we are engaged in formal public speaking, we should aim to prepare our words using flowery poetic language! We should seek to uphold! To be Uplifting! To be Purposeful. To be Thoughtful. No matter the purpose or setting, we should seek to be soothing, comforting and to make others feel good, especially The Aging and Elderly who are in their most flowerful seasons in the Garden of Life, their Golden Years, which begin at sixty-five and as Older Americans live longer.

Also, in view of the fact that the Aging and Elderly population increase daily, by 10,000 persons turning sixty-five years each day, when we are doing formal public speaking, to and for an older audience, we should be mindful of them, especially during the holiday season and use words of comfort, compassion, and empathy, as well, be reminded that these are seasons of grief. Another consideration is that the Baby Boomer population strongly utilizes social media for leisure and spiritual engagement.

As of 2022, Baby Boomers (born between 1943 and 1964) were between the ages of 57 and 76. This population, a generation that pushed for a lot of change and advancement in the world around them, had lived through the Korean and Viet-Nam Wars, the Civil Rights Movement, space aviation, and many forms of technological advancement. All of the characteristics of Baby Boomers lead to the conclusion that their core values are optimism, team orientation, personal gratification, health and wellness, personal growth, assisting the growth and advancement of youth, and work and community involvement (<http://www.ncbi.nlm.nih.gov/pmc>).

Baby Boomers tend to be independent, confident, competitive, goal-centric, and self-reliant. They also tend to have a strong work ethic (<https://www.bi.wygroup.net>). In addition, they value relationships, and tend to be outspoken and opinionated. Many Baby Boomers are now at the age at which they have become family caregivers for their aging parents. Thus, they are now experiencing the advantages and disadvantages of growing older and possibly having to rely on long-term care services.

Baby Boomers are a "no nonsense" generation that uses strong communication skills to analyze their options and make appropriate decisions. They want the facts – but without the fluff.

Let us embrace Baby Boomers with the Grace that they deserve in the virtual world in which we live!

Shirley A. Morman

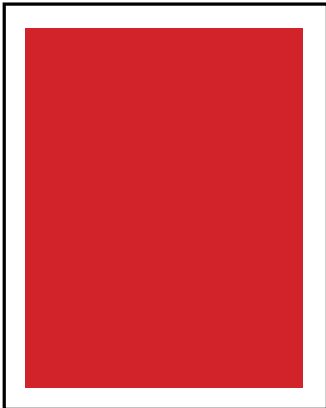
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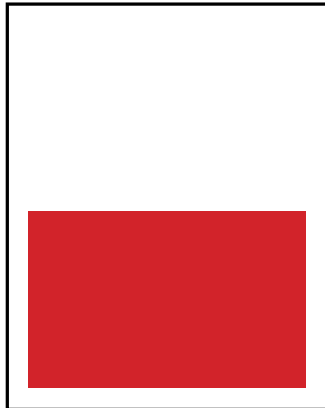


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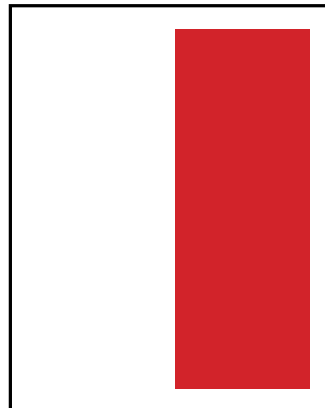
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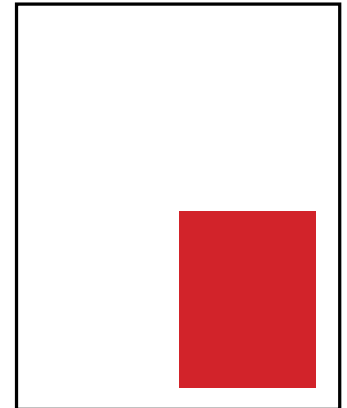
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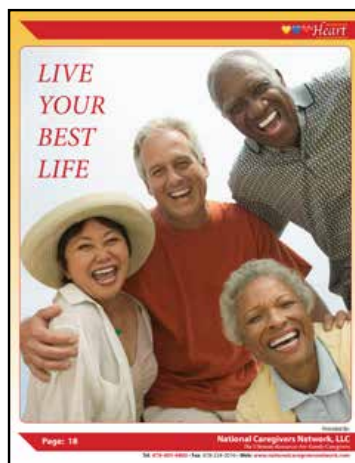
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The Importance of Clinical Trials

Doc Wilson, J.D., Ph.D.

When a new drug is made, in theory we have the Food and Drug Administration (the FDA) to make sure that appropriate and relevant studies have been conducted to prove the efficacy of the new drug. Usually, these efficacy studies are performed by large pharmaceutical firms (sometimes called “Big Pharma”), as well as many universities. In the first sentence above, note the “in theory” phrase, which are used because there are known instances in which the FDA has bent its standards to placate pharmaceutical firms.

The efficacy research studies to support the applicant’s petition for approval by the FDA require just two studies that each show that the drug does what the firm claims, and that it is also safe for adult humans.



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Most commonly, these studies are conducted on white adults – though recent years fortunately are seeing greater diversity. Furthermore, these studies must require that a portion of the subjects take a placebo “drug,” and that there is a double-blind analysis of all the resulting data. The final general requirement is that there is a sufficiently large group of subjects so that the data is statistically clear and irrefutable; in other words, five or ten test subjects would be woefully insufficient! If there were 10,000 subjects, that would be a very robust study from a statistical vantagepoint. Usually, the range of the study group size ranges from 100 to 200, and sometimes closer to a thousand.

Another possible parameter is randomized selection of the study group members. For example, the study could randomly select their study subjects from all of the adult black females, age 30 to 60, in a particular city. Many other randomized selection criteria can be imagined.

Other Possible Experimental Protocol Considerations

Children. Not only must the best dosage be determined for the new drug, but also, if the child is taking other medications, then possible interactions between those drugs must be considered – usually known indirectly because it would be unethical to subject children to drugs that they did not need.

The Elderly. Because a high percentage of the elderly are taking prescription medications, there is an obvious need to study possible adverse drug interactions.

Different Ethnicities. When ethnicities differ from the “historical norm” (often adult white males), various realities appear. For example, many American Indian tribes have high incidences of obesity, diabetes, and alcoholism.

Effect of Lifestyle Selections on Bodily Reactions to Medications. This is an area of possible research that has experienced little study. However, a good example of food-drug interaction is the food grapefruit (but not other citrus fruits). Your physician will know if any of your medications should not be taken when you are about to eat, or have just eaten, a grapefruit.

Much research has shown the efficacy of COVID-19 vaccinations for rates of hospitalization and death; and Clinical Trials have identified the rate of strong negative reactions, and whether the vaccinations delivered the desired results!



CANCER:

CAUSES, PREVENTIONS, CURE

By Doc Wilson

Doc Wilson's ground-breaking book, **CANCER. CAUSES. PREVENTIONS. CURES, (subtitle: What the Food and Beverage Does NOT Want You to Know!)** addresses critically needed information that is not readily available from most members of the medical community.



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2022 Viral Infections: Influenza, COVID-19 and Respiratory Syncytial Virus (RSV)

With the increase of viral infections occurring earlier in 2022, parents of children, as well as adults in general, had to be aware of the symptoms to ensure timely medical attention, and proper testing so that treatment could occur to reduce long term complications, hospitalizations and death. The chart below is an overview of the most common viruses occurring in the later months of 2022. The influenza, respiratory syncytial virus and SARS-CoV2 combined hospitalizations peaked in the week ending December 3rd per data from the CDC. Medical experts were concerned that these viruses would collide at one time causing our hospital emergency departments to be overwhelmed causing a coined term of the "tripledeemic". This has not occurred. Although the COVID-19 admissions appear to be declining nationwide even with the over 60% prevalence of the subvariant XBB.1.5 gains, experts continue to caution us that the COVID-19 virus continues to linger causing on average 300 up to 600 daily deaths range primarily in the unboosted older adults.

Viruses are usually not treated with antibiotics, but with antivirals. Sometimes if they go untreated, bacterial infections can occur and cause a longer than usual recovery period. To protect against respiratory infection (as well as bacterial infections), following the below tips can definitely decrease the chances of getting a respiratory infection as well as seeking medical attention when symptoms appear and/or worsen:

- Get vaccinated and stay up to date on COVID-19 vaccines and boosters (remain FREE to everyone) and flu vaccines. While getting vaccinated may not cause you not to get the virus, it will decrease your chances of severe illness, hospitalization and death.
- Wash your hands often with soap and water and/or use hand sanitizer with 60% alcohol.
- Stay home when you are sick. If you have a fever of 101 degrees or higher, wait until at least 24 hours without a fever and taking fever lowering meds (like acetaminophen or ibuprofen) before contact with others. Fever, cough with sputum, vomiting, diarrhea, and fatigue may also be symptoms of being contagious.

- Masking remains a great option to prevent not only yourself, but also others from getting sick, especially in crowded areas. N95, KN95 or KN94 masks provide the highest protection.
- Get tested. Home test kits for COVID-19 can be obtained from your local pharmacy. Most insurance companies will reimburse for this home test. The usual cost is \$15-30 per kit. The government is now offering FREE COVID-19 test kits again. You may obtain four by going to www.covid.gov/tests. There are plans to end the public health emergency for COVID-19 in May of 2023, therefore reimbursements for COVID-19 testing, vaccination and treatments will no longer be free to everyone.
- Flu tests are also offered with or without the COVID-19 test at your doctor's office and pharmacy. Insurance will usually cover but you may be required to pay for an office visit. Pharmacies may ask for a fee of \$30 - \$150 for a influenza or COVID-19 test.
- The FDA has authorized COVID-19, influenza and RSV home test kit for ages 2 years and older, and that can be ordered online with Lab Corp or www.ondemand.labcorp.com. Most insurance companies will reimburse for this home test. The usual cost is \$169.

While RSV hospitalization peaked in mid-November, 2022, and flu hospitalization peaked early December, 2022 per the CDC, the trend indicators for COVID-19 and flu surges this winter 2023 suggests they may not be over.

If you have not received your flu vaccine for the year, COVID-19 first and second dose vaccine or COVID-19 booster since September, 2022, it is not too late.



Donna D. Bellamy,
PharmD, BCGP

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	Influenza	COVID-19 ((SARS- CoV-2)	RSV (respiratory syncytial virus)
Onset of Symptoms	1-4 days of exposure Sudden	2-14 days of exposure Gradual	4-6 days of exposure Gradual
Contagious	1 day before symptoms and lasting 3-4 days after symptoms**	2-3 days before symptoms, lasting 8 days after symptoms**	1-2 days before symptoms and lasting 3-8 days after symptoms**
Vaccines	Yes; 6 months and older (full protection after 2 weeks)	Yes; 6 months and older (full protection after 2 weeks)	No; but in research
Outpatient Treatment	Yes; oral oseltamivir or baloxavir, inhaled zanamivir and injection peramivir antiviral for uncomplicated confirmed or suspected outpatient treatment (best results within 2 days of symptoms)	Yes; oral nirmatrelvir with ritonavir and antiviral remdesivir injection are preferred for confirmed, uncomplicated outpatient treatment; Alternative oral molnupiravir when preferred not available or appropriate (best results 3-5 days of symptoms)	Yes, ribavirin aerosol in children (FDA approved) and palivizumab intravenous monoclonal antibody
Cough	Common	Common	Common
Diarrhea	Sometimes*	Sometimes	Rare
Fatigue or Tiredness	Common	Common	Sometimes
Fever	Common	Common	Common
Headache	Common	Sometimes	Common
Loss of taste & smell	Rare	Common	Rare
Muscle or body aches	Common	Sometimes	Rare
Runny or congested nose	Common	Common	Common
Shortness of breath or difficulty breathing	Rare	Common	Sometimes
Sneezing	Common	Common	Common
Sore throat	Common	Common	Common
Vomiting	Sometimes*	Sometimes	Rare
Wheezing	Rare	Rare	Sometimes*
Home Test Kits	www.ondemand.labcorp.com paid by insurance or \$169	Over the counter pharmacy; paid by insurance or \$15-30; FREE from government at www.covid.gov/tests	www.ondemand.labcorp.com ; paid by insurance or \$169

*Most common in children ** Can occur longer in weaker immune systems

Chart Compiled from ABC News Photo Illustration, CDC, Mayo Clinic; <https://abcnews.go.com/Health/suffering-flu-rsv-covid-19-difference/>

www.cdc.gov

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Generational Wealth Transfer

How to Talk Money with Your Family

Learn how to get comfortable with money talk...or pay the price of silence.

Start the discussion

Once you start thinking about the future and how you want your wealth to live on, it's tempting to dive right in and start putting money strategies into place immediately. However, without a comprehensive family discussion about this wealth transfer, problems can arise when it comes time to put these strategies into action. Talking about money with your family can be uncomfortable, but it is a necessary step to achieving your financial goals. It can also help create a more open and trusting relationship within your family, allowing you to pass down more than just monetary wealth.

Involving your future heirs in setting a multigenerational wealth plan can greatly improve your chances of following through with that plan. By establishing open communication from the beginning, children and grandchildren are given the opportunity to express their opinions and money values, which helps to develop mutual respect between you and your heirs. It also provides a way to teach financial management skills to children and grandchildren by involving them in processes such as family philanthropy and investment. If all family members are involved in the decision-making process, it can help avoid later arguments over who is given what. If the reasons behind financial decisions are made clear before your death, heirs are more likely to stick to the plan after your death.



If all family members are involved in the decision-making process, it can help avoid later arguments over who is given what.

Setting common goals

Before you talk to your financial professional, it's good to get an idea of where family members stand on money values. Even something as simple as an interview process with future generations can help to highlight common and differing areas of money management. More than just dollars and cents, however, it is important to get an idea of what the wealth will mean to the members of your family. Even with the most carefully thought out plans, without a sense of family cohesiveness and shared values, money can be lost due to arguments among beneficiaries or careless spending by descendants. Making sure your financial principles are in line with those of your future heirs, beneficiaries and trustees can help to establish the direction of your wealth transfer and prevent future conflicts.

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Instead of thinking of your money as your own, wealth transfer forces you to think of it in terms of “us,” and how to make that wealth live on in through future generations.

Change your thinking

One of the hardest parts of transferring wealth can be forcing yourself to think of your money in a different way. Instead of thinking of your money as your own, you are now forced to think of it in terms of “us,” and how to make that wealth live on through future generations. This can be especially frustrating since you don’t know and can’t control how future generations will take care of this wealth. “The denominator problem,” or the fact that your wealth will be split into smaller and smaller portions as new branches of your family tree appear, is an important factor to consider when thinking about the future. The next generation will almost certainly look to you for financial guidance, whether consciously or subconsciously. However, when talking to and setting an example for the next generation in terms of spending, you must remember that their amount of family wealth may be considerably less than yours if they rely solely on inheritance. This realization allows you to be more realistic when helping the future generation plan and can encourage the next generation to look to education or skills training to get the tools to build their own wealth.

A successful wealth transfer should focus on money as part of a larger transition, and consider what else predecessors pass down besides financial wealth. This can include family stories, values or principles.

Non-financial wealth

When you hear the term “wealth transfer,” it’s easy to focus solely on financial assets—money, investments, businesses, real estate, etc. However, a successful wealth transfer should focus on money as part of a larger transition and consider what else predecessors pass down besides financial wealth. This can include family stories, values or principles. How does this relate to keeping your money secure? If you focus on what you hope your heirs can achieve and talk with them about these hopes, it can help establish cohesiveness, which in turn can help them focus on these goals rather than squabble over money.

Planning is never truly “done”

After talking to an advisor and putting money transfer strategies into place, many people consider themselves “done” with multigenerational planning. However, changes in financial standing, health issues and gaining new family members are all natural parts of life. Each of these adjustments will affect how you want to plan for the future, so checking in with your financial advisor after a change to adjust your wealth transfer plan is important. It’s equally important to do evaluations of your plan every few years, as factors like family member personal growth or attitude development aren’t always obvious enough to do on an “as needed” basis.



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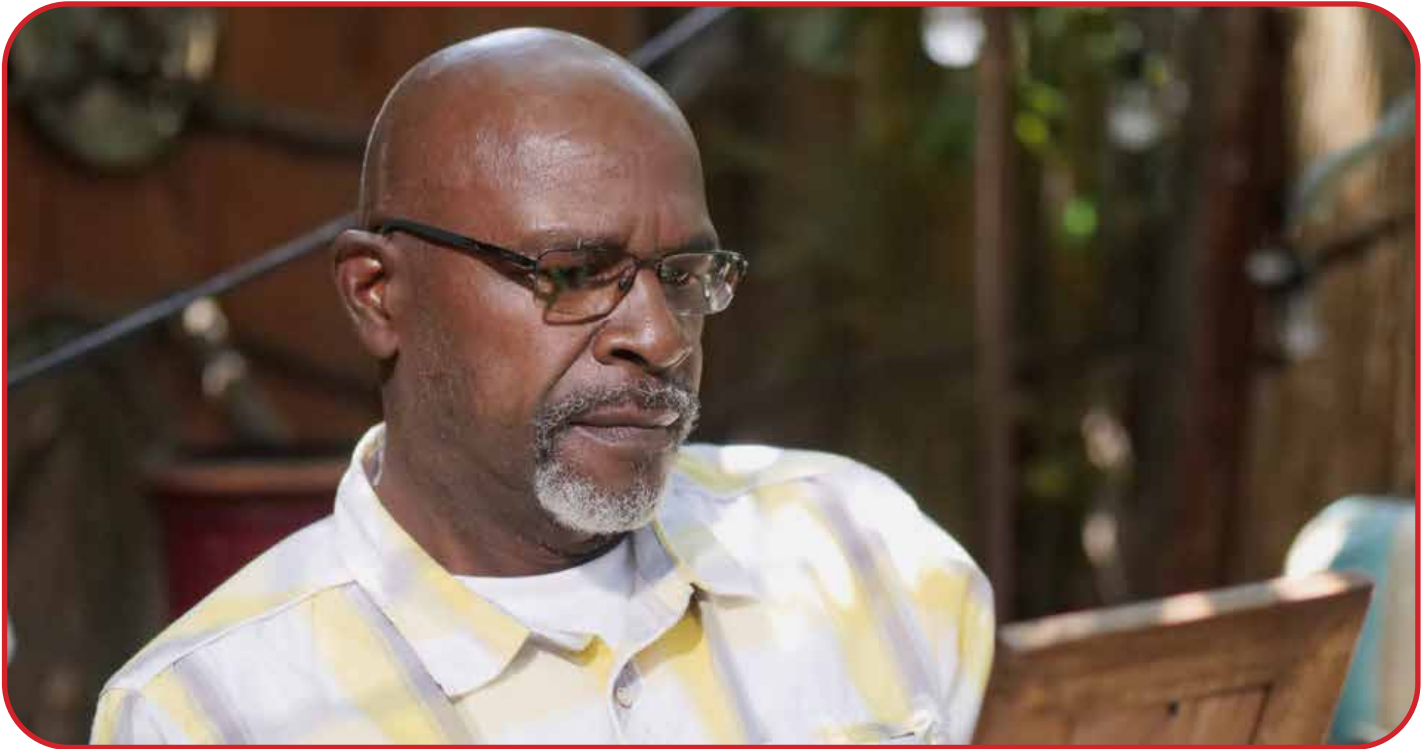
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I'm Confused. Dementia or Delirium, What's the Difference?

As our loved one's age, we often hear the terms, Dementia and Delirium when an individual suffers from memory loss. Let's look at each of these terms and gain a better understanding of what each is and the facts you should know about each. How do you know what your loved one has, and is memory loss a normal part of aging?

Dementia is an umbrella term under which many different types of Dementia are grouped. The most common form of Dementia is Alzheimer's Disease, followed by Vascular Dementia and then Lewy Bodies dementia. Although these three types of Dementia are the most common, over 100 different types of Dementia are known today.

Delirium is a temporary mental state characterized by confusion, anxiety, incoherent speech, hallucinations, and a lack of awareness of someone's surroundings. Often delirium is connected to a change in medication, surgery, an infection such as a urinary tract infection (UTI), pneumonia, the flu, alcohol or drug use or withdrawal, or low sodium. Delirium usually comes on fast, within hours or days, whereas Dementia has a progressive decline over a more extended period.

With delirium, symptoms can come and go during the day and often worsen at night. This is because a person's surroundings are less familiar when it's dark. Because their surroundings are new, you may also find that delirium happens when a senior is in a hospital or just after admission into a long-term care community. They have not adjusted to their new environment.

Delirium or Dementia?

So how do you know if your loved one has Dementia or delirium? These can be hard to tell apart, and a person could be experiencing both. An example is an individual with Alzheimer's who recently got a urinary tract infection (UTI). The individual is more confused than usual and may be experiencing some symptoms (hallucinations or incoherent speech) that they usually don't experience; this could result from having delirium while experiencing the UTI. Once the UTI is corrected, you will see the symptoms caused by the delirium go away.

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Some of the main differences between Delirium and Dementia are:

- Onset: Delirium will be a quick onset within a day or two. Dementia is a slower progression.
- Attention: Someone with delirium will experience problems with being able to stay focused. A person with early-stage Dementia will typically remain generally alert.
- Rapid changes in symptoms: A person with delirium can experience symptoms on and off throughout the day. A person with Dementia can have good or bad days and may experience some decline during different times of the day (sundowners), but for the most part, their memory and thinking will stay constant.

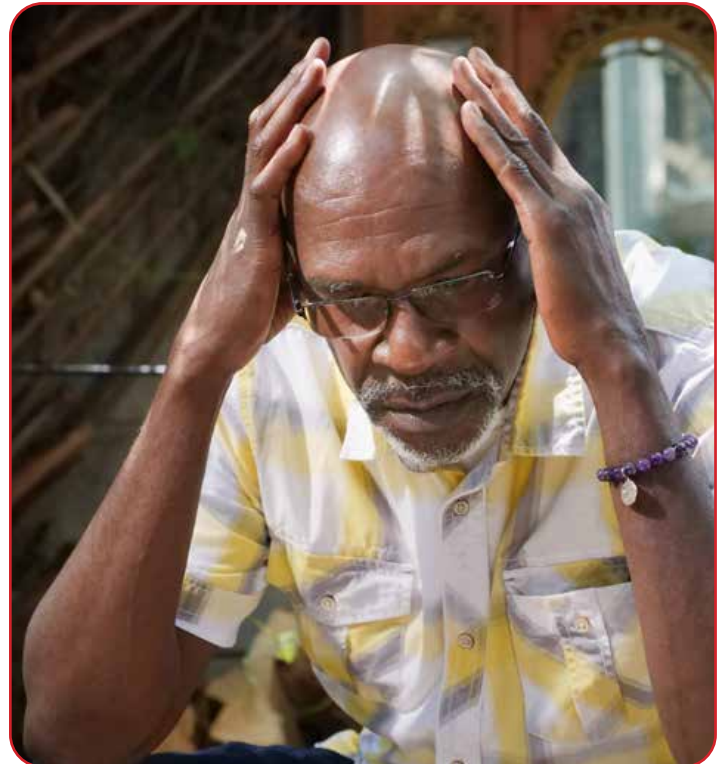
Note: Testing for Dementia shouldn't be done if you suspect the individual may be experiencing delirium. Rule the delirium out before completing tests for Dementia so your results will be accurate.

Is Dementia a Normal Part of Aging? No, it is not! As individuals age, it is normal to have periods of forgetfulness, which is much different from Dementia. How does someone know if they are experiencing normal age-related forgetfulness, or could it be Dementia?

- Normal aging
 - Making a bad decision once in a while
 - Missing a monthly payment
 - Forgetting which day it is and remembering later
 - Sometimes forgetting which word to use
 - Losing things from time to time
- Alzheimer's disease
 - Making poor judgments and decisions a lot of the time
 - Problems taking care of monthly bills
 - Losing track of the date or time of the year

- Trouble having a conversation
- Misplacing things often and being unable to find them

(This information was from the National Institute On Aging - [Forgetfulness: Normal or Not? | National Institute on Aging](#))



If you are concerned about a loved one's memory and are unsure if you see normal forgetfulness or possibly dementia, have your loved one tested. Testing is essential because if they do have dementia finding it early gives you options for possible treatments that may slow down the progression. It is also very beneficial to know what type of Dementia a person has; remember there are over 100 different types of Dementia, so don't assume your loved one has Alzheimer's Disease. Different Dementia's have different symptoms and treatments. If you know which Dementia your loved one has, you will be better prepared to educate yourself on how to work with them to ensure their highest quality of life.



Cheryl J. Wilson, M.S.
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Does Your Doctor Have a Comprehensive View of Your Health? Do You? Critical Information That May Save Your Life!

Dr. Sonja Shavers, LCSW, Ed.D., Personal Wellness Strategist & Certified Health Coach

As mentioned in previous writings, Americans are more likely to resist plant-based diets, and, instead, embrace the SAD (Standard American Diet) diet, which includes highly processed foods that are low in health promoting phyto-chemicals, and high in fat (that is burgers, fries, animal fats, dairy). In spite of valiant, well-intended efforts, those who do their best to eat healthy, plant based meals tend to face obstacles from the environment that they cannot control. So, what should the average health enthusiast do? Are you concerned about the quality of life that you live now and will live in the future? Do you merely accept that life will be full of limitations as you age? Do you believe that it is possible to live a life of vitality now and in the future, free of pain and prescription medication?

Given the benefits of fruits, vegetables and omega fatty acids, are you consuming the necessary nutrition to optimize your gut bacteria, that, in turn, will help bring out the most vibrant, beautiful **YOU!** Perhaps we all can empower ourselves in a way that allows this possibility but we have to make some concrete decisions first. The focus of this article is to specifically address the need to advocate for our own personal health. In order to do so, we must begin by truly recognizing that our doctors are often unaware of our potential health profile because of our nutrition. For most doctors, this lack of consciousness regarding each patient's health status is not intentional but rather the lifestyle of the patient. The sheer numbers of patients, time constraints that often prevent them from thoroughly discussing patient diet and nutrition, reviewing the patients' family history, cross examining lab results and other health markers before the appointment, all contribute to the prevention of optimal care for patients. They may not discuss key markers like vitamin D levels to the point where it becomes critical. Although Vitamin D insufficiency is easily remedied, continued low levels over time can eventually have serious implications including a link to chronic conditions like cancer and insulin resistance that can lead to diabetes.



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My passion for educating and empowering myself, my family and my community about health matters continue to grow based on the following statistics from the United States Department of Health and Human Services, Office of Minority Health,

- ◇ African Americans are twice as likely to die from diabetes than whites
- ◇ 1 in 3 African Americans have high blood pressure
- ◇ Black men have the highest rate of prostate cancer in the WORLD and are twice as likely to die from it
- ◇ 1 in 4 Black women over the age of 55 has diabetes
- ◇ 1 in 4 Black men has diabetes by age 65
- ◇ Compared to Whites, African Americans are 35% more likely to die from high blood pressure and as stated earlier, twice as likely to die from diabetes

My primary goal is to raise our levels of consciousness about our need to be active collaborators with our health care providers and pay attention to key markers. We must ask pertinent questions about lifestyle options to prevent and treat diagnosed conditions and diseases in order to improve our health. Soul food traditions are prevalent in the south and cause many to cling to poor eating habits. Some will not let go of the greens cooked in fat, fried animal products, processed, fast foods and dairy. Although having a traditional meal on occasion may not do significant harm, the consistent intake of poor nutrition can. Again, health professionals now generally agree that nutrition is directly linked to mental and physical health. I will begin by sharing a bit of my journey to put this conversation in context.

I believe that we are all charged with discovering our purpose for living, the reason each individual exists on the planet. When I looked in the rear-view mirror, I discovered that my own health and wellness was also connected to my purpose. Born out of a new realization beginning almost 30 years ago, my passion to empower my own health has taken me on an amazing journey of personal discovery. I now have a deep desire to not just empower the health of me and my family but I have a burning desire to share the wealth of knowledge that I continue to acquire from my experiences and ongoing pursuit of whole health.



Over the years, I have worked professionally as a school social worker, hospital social work case manager, a university behavioral and social science academician, a licensed clinical social worker (LCSW), and psychotherapist in a brick-and-mortar private practice. I currently serve as a telehealth psychotherapist contractor and health and wellness Lifestyle Strategist. My undergraduate degree is in Rehabilitative Services. My master's degree is in social work (MSW) and doctoral preparation focused on Multicultural Education and Communication. My clinical license is the credential that allows for diagnosis and treatment for those struggling to cope with mental, social and emotional life stressors. My professional preparation also includes a certification in Food Over Medicine and Women's Health via Wellness Forum Health led by a naturopath doctor and expert in nutrition, medicine and health.

More recently, I completed a one-year credential with American College of Lifestyle Medicine (ACLM). The course focused on "Reversing Type 2 Diabetes". Lifestyle Medicine is a medical specialty that uses therapeutic lifestyle interventions as a primary modality to treat chronic conditions including cardiovascular disease, type 2 diabetes and obesity. Lifestyle medicine clinicians apply evidenced based whole person, prescriptive lifestyle changes to treat. When used intensively, chronic conditions are often reversed. There are six pillars of focus in Lifestyle Medicine. They include: 1) whole food plant predominant eating patterns 2) physical activity 3) restorative sleep 4) stress management 5) avoidance of risky substances 6) positive social connections. With the applications of these six pillars, one can also anticipate effective prevention of many chronic conditions.

Therefore, I think we can all agree that I value whole health. I am also clear that the journey to whole health and wellness is not always easy but it is something that we all should embrace because it certainly is much easier than living with diabetes, cancer and cardiovascular and other chronic conditions. I am embracing the path to whole health and I understand that my journey is not perfect but it is progressive. I continue learning and growing in my lifestyle practices. As for nutrition, I have certainly improved my nutritional habits. My desire for fast food is almost nonexistent. Yet, on occasion I will partake in fast food eating especially during travel. One thing that helps me is that I have done my own review of fast-food restaurants to decide in advance what I would accept as a food option for my body. For example, the one item I will still order from a fast-food restaurant is their breakfast oatmeal but I generally only eat it during highway travel. I will order the baked potato (a whole food) and I used to pair it with a small side salad. I will order a kale salad and eat it with waffle fries. I have been known to indulge in other menu items but I did say that I am on a journey.

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There is no disputing that much of what is served in fast food is not truly food. In fact, many of the identified food items today in restaurants and grocery stores did not even exist years ago. We have to begin to educate ourselves if we are going to make better choices. Although, I work toward using organic chicken and wild caught fish (especially salmon) as a condiment (meaning just a small amount), I fully embrace the wholefood plant-based practice of eating and water consumption. Many of my days are successful with only plant eating but there is still room for growth.

I am happy to share that I grow many of my own vegetables on three vertical, aeroponic, self-watering, no dirt gardens inside and outside my home. My personal gardens ensure the control of toxins from pesticides, and prevent my vegetables from being picked weeks before they are ripe in order to prevent rot during the often-long transport. I get the benefit of all the nutrients that develop from ripening while still attached to the vine! I eat very little dairy because I never really liked whole milk or cheese even during childhood. Now that I am completely aware that dairy causes inflammation and generally compromises health, I now choose to limit and monitor dairy when ordering at restaurants. I have learned that it is okay to question how the food is prepared when dining out.

As for physical activity, I enjoy walking when feasible but more recently I have participated in a variety motion class through the Houston County, Georgia Health Pavilion at no cost! I have met so many people there who are also in pursuit of a healthier lifestyle. I find this class challenging and rewarding but I recognize the need to consistently add to the one-hour class that meets twice weekly.

Understanding that quality sleep improves attention span, mood, insulin resistance, and can reduce hunger and sluggishness, this is an area that I have decided to focus more on. This will call for me managing the responsibilities that I accept and being in control of my schedule so that I can have consistent bed times after my routine preparations beforehand.



Concerning stress, I actively work to manage it by staying aware of stressful experiences in my life. I attempt to counter them with music, exercise, mindfulness meditation, prayer and church attendance, even virtual. My goal is to improve my schedule so that I protect my times for personal and spiritual development with the same vigor applied to work.

My social connections are beyond what is necessary for the enhancement of physical, mental and emotional health. I am very involved with my immediate and extended family. I also enjoy friendships since childhood and those that span several decades since my early professional life began. I am an affiliate in the Juice Plus community where I enjoy connections with a large group of likeminded health professional and advocates on a daily basis. We collaborate on one-to-one events and group events weekly.

Having outlined my lifestyle practices, you may surmise correctly that I am aware of where I stand as related to each of the pillars of health. Because of my awareness, I play an active role in my health in collaboration with my doctors. I am vocal about the fact that I prefer that pharmaceuticals be the last option for any area of my health in need of attention. I pursue major efforts to be a collaborative partner who advocates with my doctor for my own health. I constantly concern myself with my Vitamin D levels and discussing my lab reports in all areas! We celebrate the normal range of my health markers including blood pressure. My A1C score has been monitored and seems to puzzle my doctors, given my lifestyle. I credit **Juice Plus!** I also take vitamin D3 daily to treat a deficiency diagnosed by my doctor.

Even though vitamin D deficiency is easy to treat, it may not be consistently monitored and discussed and lab tested during each doctor visit. I questioned could this and my need for improved sleep quality be related? Could my A1C score become higher because of my vitamin D deficiency? What are the long-term effects of vitamin D deficiency? Are there others impacted by the effects of low vitamin D levels? Does race dictate the type of vitamin D needed? Over the next several articles, I plan to address some of these questions and more to help empower us all towards our journey to better health! This may be the best New Year insight that one can acquire to help self and family. Please spend some time researching Blacks and Vitamin D!

For more information regarding your health and wellness journey, contact Dr. Shavers via the following:

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Text to 912-657-9225, Sonja Shavers



Sonja Shavers, Ed.D.

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HOUSTON COUNTY, GEORGIA (September 16, 2022) Georgia's 2021 Google RATED #1 and BEST Family Caregiving Magazine, rated #1 and BEST, has set up location for its graphics and design technologies in Georgia!!! Houston County, Macon, Georgia!!!

Founded, first published in December 2020, with collegiate, research, scholarly, spiritual, legal contributing writers on broad contemporary and relevant family life, health, lifestyle, relationship and spiritual topics, The Matters of The Heart Magazine Publication (DBA), a subsidiary of The National Caregivers Network LLC, an E-Commerce Corporation based in Kathleen, Houston County, Georgia is rapidly positioning itself and becoming a national model for partnering its content with interested entities. The Matters of The Heart Magazine is a "FREE Online Magazine" and can be read at ncngeorgia.com.

(Copies can be purchased at a 50 or more volume discount).

Our resources, services and products, Email, mailing address and ALL contact information remain unchanged and available on a 24 hour basis, 365 Days. Our business office hours remain 9-5 weekdays and closed holidays.

Thanks to Christopher Jenkins, Founder, Graphics Artist and Illustrator, Clear Designer LLC, Virginia for enabling this smooth transition and who is the Original and Lead Designer, for Matters of The Heart and The National Caregivers Network LLC. As publisher, I view our Georgia presence as positioning us for greater excellence and in enhancing data backup and recovery, information systems management and delivery. Too, we look forward to embarking on website developments and expansions to meet the needs of our growth and growing interest. Together, our three visions share 114 years of professional and business knowledge and experience.

We are joyful and thankful for this significant Georgia Acquisition and most especially by the "Last Words-Parting Words of our meeting and transition discussion and invaluable Statement by The Distinguished National Graphic Designer and Illustrator Johnny Barlow, Macon, Georgia, as follows, upon my interest to receive His final thoughts, moving forward:

"The Matters of The Heart Magazine is a community source for things that people can hold on to-to show what they want to pick up and read. The Magazine provides broad information for people who are seeking valuable information . Matters of The Heart is a valuable Magazine for people to consult on particular topics."

Released By: Shirley Morman, Founder, Owner, Publisher

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A Matter of The Heart

Empathy: To Care for Another Human, Understand and Share the Feelings of Another

Myldred P. Hill, Ed.D.



Any Season is a very touching and stimulating time of year, especially the more one advances towards the end of year melancholy can be precipitated by loss or lack of the opposite emotions: optimism and happiness. Many persons are busy planning to make several others happy and cheerful by implementing activities, cooking meals, shopping for gifts, traveling, and so many other opportunities for sharing. **The uppermost thoughts are centered around relationships:** What can I purchase, or what can I render, to make someone else happy?

The Oxford Dictionary lists the definition of **Empathy** as **“the ability to understand and share the feelings of another.”** Personally, this definition sums it up for me because I have participated in the caregiving for my father, who passed at age 78, and my mother, who passed at age 107; in addition, I am the caregiver for my spouse of 59 years, who is a World War II Veteran with vision challenges attributed to macular degeneration, which was exacerbated by the extreme cold and snowy weather of Fairbank, Alaska – with its white snow and ice impinging for long periods of time on his unprotected eyes. Furthermore, because of his mobility impairment and Type 2 Diabetes; it is imperative that the two of us have a relationship defined by advanced emotional maturity, in which our mutual empathies allow us to sense each other’s emotions, coupled with our ability to imagine what the other is thinking and feeling. Since it is the responsibility of a caregiver to ensure that there are no unmet needs, the above constellation of capabilities permit a near-Utopian (and very rare) kind of relationship!

Daniel Goldman and Paul Ekman identify three kinds of, or components of, **empathy: cognitive, emotional, and compassionate.** I will not elaborate on these components, but, rather, focus on Daniel Goldman’s **five key elements of empathy**, which are the following, **all of which are critical criteria when serving, and aiding during a typical 24-hour period of caregiving.** The following supporting paragraphs are strictly from my heart.

1. Understanding Others. This takes **time, ability, and capability.** All three are relative – depending upon the space and set-up. If one is dealing with a family member, a certain amount of mutual history is available, which potentially provides a platform on which to develop a strong relationship. **Factors to Consider:** What is the tolerance level of both Giver and Receiver? Are both even-tempered and cooperative? Are both Giver and Receiver taking moderate or high dosages of certain medications, and for what conditions? In some instances, sick people might be caring for other sick people. I am not sure if the Agencies that supply the field with Aids and Assistants, inquire about the physical, emotional, and mental state of the Caregiver. Likewise, is the Caregiver fully cognizant of the drugs the Clients or Receivers are taking? How long is the time required to develop a trusted relationship? Is the Caregiver, (especially physically, emotionally, and socially) willing and able to interact cooperatively? Are both able to tolerate and work **with** each other? And, finally, is each equipped to fully make the relationship a reality?

If special training is needed or required, are there programs and funds available – especially in rural and remote areas – to ensure that the needs (especially of the elderly) are met? In many instances, family members become emerging caregivers – with no clue as to expectations and certain financial capabilities that might need to coalesce to make it happen.

A lot of love, patience, and human relations skills are required to effectively draw from one’s bank of life experiences to successfully perform the tasks **TO CARE FOR ANOTHER HUMAN.** In addition, an identified support system is incredibly helpful.

2. Developing Others. A certain degree of confidence is required to “make things happen!” Thus, **make it a practice to talk with each other.** If the client is unable to speak, **learn their body language.**

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Body language can sometimes speak louder than words, and the communications will grow stronger and stronger over time. There is a saying that it is an accomplishment to be able to “feel another’s pain or concerns.” Tone of voice, and shifts in body movements and energy are examples of helpful clues to achieving further levels of understanding of human behavior. Individuals who are vulnerable and dependent or highly co-dependent, present opportunities for the caregiver to learn higher levels of awareness of the client’s attitudes and preferences.

My spouse had a “career history” of being in charge; therefore, as the Caregiver, it was necessary for me to get him to a place where, although he needed my regular guidance and assistance, he also needed special care to assist him in following my lead because he had significant vision impairment. I discovered that he was only able to surrender a certain amount of power, and not being in command mode was no easy transformation for him! I often wonder if this is a factor in more family members’ decisions that someone else is better at providing care for a loved one. What I have discovered is that the quality of the care receiver’s life, at the time when a caregiver is needed, should be the very first consideration!

To have the various essential resources in place is the key! For the care-receiver, having the attribute of a personality that is filled with much joy will promote greater longevity. Developing others to the degree of making this type of relationship work, is an indescribable experience. Empathic understanding on the part of both individuals makes the difference!

3. Having a Service Orientation. In Laymen’s terms, you need to **“Want to Serve, or to do this!”** Being a caregiver was never envisioned to be easy. However, **a strong sense of self and self-worth are both absolutely essential!** Every action is a true Labor of Love.

The Caregiver’s Role Must Work and Continue to Evolve with masterful precision and professional development! Although a larger number of family caregivers will emerge with an identifiable role, a **customer service orientation**, with training to project a positive attitude and displaying an eagerness to help whatever the task, will be required. Listening skills on the social side, as well as practicing respectful engagement while assisting a care receiver with personal hygiene, toilet requirements, and bedding-down activities are requirements. Likewise, **precision in dealing with medications, and medical professionals who provide health and wellness services, are essential considerations for top-flight facilities!**

Also, caregivers must be tuned-in at all times! Therefore, advocacy and negotiating skills are highly desirable, and, over time, will become more and more in demand. Relationships are super important while working for and with the infirm and aged populations. **A “How May I Help You?” posture is highly recommended** as this profession and its services escalate – reflecting contributions by not-as-yet imagined advances!

4. Leveraging Diversity. Individual differences, including racial diversity, will continue to become more and more important, and at many levels! Maximizing the talents of each specialty of infirmed and impaired to achieve the vision and mission of Federal and Social Services for specific populations will require caregivers to prepare themselves for greater visibility, and higher wages. Family caregivers conceivably will command competitive remuneration above that of a general Aide, especially those who are closely related to one who needs care. It is also time to lobby for Special Needs Individuals! To date, a high proportion of people who need care are in Corporate and Business-run facilities – ranging across the spectrum of socio-economic status ratings. As a result, the content and the tenor of Vision and Mission Statements are changing rapidly! Warehousing individuals is not the answer! Rather, **EMPATHY will lead the way!**

Again, on a personal note, I am reminded that each year as I celebrate a birthday, I might be wiser, but certainly weaker to a degree physically and mentally. As with my parents, and now my spouse, **I respond to their needs according to how I wish to be responded to. By adopting this approach, it becomes easier and easier to modify my behavior!**

5. Political Awareness. The question is, **“Why is Political Awareness Important?”** <https://www.apsc.gov.au.political>

Political awareness is often defined as “the extent to which an individual pays attention to politics and understands what he or she has encountered” (Zeller 1992, 21). Thus, **awareness** is the key. For example, some individuals may be eligible to receive a tax-free stipend as a family or kinship caregiver; however, the family member must be eligible for Medicaid!

A variety of services are available and include:

- Bathing and personal hygiene
- Toileting
- Dressing
- Transferring
- Ambulation
- Eating

Family Caregivers are “relatives, friends, or neighbors who provide assistance related to an underlying physical or mental disability for at-home care delivery and assist in the activities of daily living and who are unpaid and have no formal training to provide those services.”

[Wikipedia](#)

May the Triune God of Love, Provide, Protect and Cover You throughout the Seasons of The Year. Most of All, that **All of You Become a “Matter of The Heart!”**



Myldred P. Hill, Ed.D.

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A FAMILY STORY ABOUT THANKSLIVING FOR FAMILY REUNIONS

The Alexander Reese, Sr. and Annie G. Bundridge Reese Family
of Sparta, Georgia and Beyond

Breaking Bread Purposely Throughout the COVID-19 Pandemic

In 1985, the Alexander Reese, Sr. and the Annie G. Bundridge Reese Families, by way of Devereux, Georgia, Hancock County, held a Reese Family Reunion in Sparta, Georgia. From that family reunion, Anne Reese Carswell, along with her mother, Mrs. Annie G. Bundridge Reese (coordinators at 80 Reese Street, Sparta, Georgia Chapter), passed the torch to the Reese Family of the Macon, Georgia Chapter which hosted the 1987 Reese Family Reunion. The Macon, Georgia Reese Family Reunion Chapter passed the torch to the Washington, D.C. Chapter, which, in turn, passed the torch to the Atlanta, Georgia Reese Family Reunion Chapter; finally, the torch was passed to the Cincinnati, Ohio Reese Family Reunion Chapter. The Alexander Reese, Sr. Family brothers, sisters and first cousins are Alfred Reese Sr., Nettie Reese Columbus, Charles Reese and cousins, Butler Reese and Alice Reese Simmons.

Our ancestors are EDWARD REESE and LUCY REESE. Lucy Reese was born around 1825. It is not known if Lucy was born in the United States or in Africa; however, it is believed, by many of us, that she was born in Georgia or South Carolina. Lucy was a very intelligent woman and, although a slave, she understood the system of slavery and sought to get and have the best for her children. Not much is known about her husband Edward, other than he was younger than Lucy, and that he enjoyed somewhat of an advantage over slaves who did not have a European bloodline like he had. **The fact that Edward had a will indicates that he had a special status – even though he was a slave.** The fact that Edward and Lucy were allowed to marry and raise their children, with limited enslavement conditions, indicate their special status as slaves. Edward had a will which also denotes his special status as a slave and the degrees of freedom he received after slavery. It is in this spirit that we continue to honor our elders who are the rocks of our families and our communities through gatherings all across America; these gatherings have nourished us on every level – including during the COVID-19 Pandemic. From our family roots, we automatically started our reunions with Praising God as our first priority; things like education, food, and fellowship were given a secondary priority.



The Head Quarters of the Reese Family Reunion, Sparta, Georgia Chapter. The Home of the Late Alexander Reese, Sr. and Annie G. Bundridge Reese. 80 Reese Drive, Sparta, Georgia 31087

During the Pandemic, the Reese Family Sparta, Georgia Chapter learned that eating delicious food took on new meaning as we sat together and bonded in fellowship, always beginning fellowship with prayer and thanksgiving. From start to finish, we shared in fellowship by reviewing and learning about various subjects – for example, through book reviews and current events. Our reunions became “learning institutes.” These family events helped create new and deep spiritual connections between each of our inter-generational families – including not only youth, but also the aging and the elderly who brought so much wisdom to life experiences; these family events provided wisdom, insight, perspective, and inspiration during the happy times and times of dire need – based on the passionate life experiences of generations of family members who had witnessed “more than enough” of life’s challenging ups and downs. We were fortunate like some other families to have endured because our family had the knowledge, the shared experiences, the grit and determination to band together and succeed magnificently. Even today in the midst of the COVID-19 Pandemic, we have overcome and accomplished much because we always function as a caring and spiritual family unit; this allowed the Pandemic to become a venue for showcasing the strong ties that we have developed as a result of connecting our families throughout the years and all over the United States of America and the District of Columbia! Our reunions have become centers for learning and spiritual expansion. In many metaphors and supportive ways, we always honor our ancestors and their families’ wisest family members; thus no one lives in loneliness in the Reese Family! We come together for our Grand Reese Family Reunion every other year in person; during the off years, various families host nearby family gatherings. Our last “Grand Reese Family Reunion” was in 2019, and was hosted by The Reese Family Reunion of Sparta, Georgia and held in Savannah, Georgia. Highlights of this reunion included the living quarters of the gorgeous Savannah Hyatt Regency, the fantastic cruise on the Savannah Riverboat “Georgia Queen,” and the scrumptious dinner as we traveled down the Savannah River on the “Georgia Queen.”

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In 2021, the Pandemic Crisis put a temporary pause on all reunions. When COVID-19 was upon us, some Reese Family grandchildren, including (Michelle Carswell, along with her mother, and four cousins (Reese' Moore Domingue, Jamesa Moore Hunter, Jamia Reese, and Regina Reese) introduced The Virtual Reese Family Zoom Tele-Conference Meetings to sustain and navigate us through the Pandemic and helped us stay connected, and informed us on health matters. These technological advancements (social media and zoom), allowed our families to see and talk with each other every Sunday from 7 to 8 pm. In our Zoom Family Meetings, we worshiped our God, each family reported on its status and shared concerns about family health and other Pandemic matters; in addition, updates were shared about who was sheltering in or not, who was an essential employee, and technology questions were answered.

Over the Pandemic years, our families mentored each other about how to keep healthy. The most significant conversations among immediate family members (children, grandchildren, great grandchildren, nieces, nephews, etc.) were who was vaccinated-at what level, who was still on the job, who was long-term sheltered-in, who was challenged by technology, who had social media skills, and who needed homework help. Generations of family members coordinated these efforts and stressed the need for email addresses, texting skills, health tips, and staying hydrated. All who could not ZOOM called-in; it was great to see and hear each other.

In 2022, The Sparta, Georgia Chapter of the Reese Family Reunion hosted The INAGURAL VIRTUAL Reese Family Reunion at the Nyumburu Cultural Center, University of Maryland, College Park. Our youngest family generations (Michelle Carswell and cousins), promoted a hybrid structure and transitioned us to virtual workshop formats that focused on specific health, family estate, and family relationship topics. The virtual workshops were presented by Contributing Writers and Executive Associates of the Matters of The Heart magazine. We experienced colorful decoration themes and delicious feasting for brunch and dinner. We also presented The Alexander Reese, Sr. and Annie Bundridge Reese Annual Scholarship, in the amount of \$4,000.00 to David Riles Domingue, a family member and Junior at Bowie State University, Bowie, Maryland. Other celebrated and featured events included a Memorial Service in honor of military family members, and high school and college graduates. We also played "Family Kahoot Games!" The Alexander Reese, Sr. and Annie Bundridge Reese Family Reunion is a reoccurring event throughout the year: The New Year Dinner, Martin Luther King Jr. Birthday, Black History Month, Easter, Mother's Day, Father's Day, Juneteenth, Fourth of July, Labor Day, Thanksgiving, Christmas, and now Kwanzaa – always enjoying catered meals and potluck dish recipes reminiscent of our ancestors' home-cooked meals-meals that we ate as children growing up. The 2023 Grand Reese Family Reunion will be hosted by the Washington, D.C. Chapter, July 21-23, Holiday Inn, College Park, Maryland. Ms. Betty J. Reese will serve as chairperson. We are expecting a magnificent experience and we are encouraging everyone to plan now to attend!!! Also, we Pray that we will honor family member, Lucy Simmons Pennington, who will turn 100 years of age August 1, 2023!!!

The COVID-19 Pandemic Crisis had a negative impact on the world and our family lives, vacations, weddings, graduations and birthdays, and many other events were postponed or cancelled. It was a sad and mournful time when many of our loved ones, relatives, friends, comrades, and co-workers transitioned to the Heavenly Home. The Pandemic Crisis prevented countless family members, and those for whom we had mutual affections, from attending their home-goings, and Memorial Services. Nonetheless, we remained connected as a big, loving, caring, and spiritual family through our personal connections and our access to modern technological advances, which included Breaking Bread Together at the Alexander Reese, Sr. and the Annie G. Bundridge Reese Family Home in Sparta, Georgia. We proudly take this opportunity to acknowledge our Reese siblings for their support over the years and our immediate Reese Sparta, Georgia family for their contributions to our bi-yearly gathering: Lena Reese Johnson (Deceased), Magnolia Reese Clayton (Deceased), Alexander Reese, Jr., Mattie Reese Williams, Leonard David Reese (Deceased), Johnnie Reese, Evangelist Reverend Lonnie Reese, and James Lester Reese. In addition, we give spiritual thanks to Sherrell Carswell Purnell (Deceased), for the Reese Family Cook Book, Photo Book, as well as, the special gifts and contributions she donated to loved ones. We offer special acknowledgment to family members who have helped with the Grand Reese Family research and history: Anne Reese Carswell, and the late Reverend Matthew Reese-with special support from Linton Reese, Walter Collins, and Carlos Reese (Deceased).

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Matters of The Heart magazine wishes to thank the above Contributing Writers. NOTE: Matters of The Heart magazine welcomes families across the globe to contribute brief notes about their families' reunions important components to the fabric of our national spiritual consciousness.

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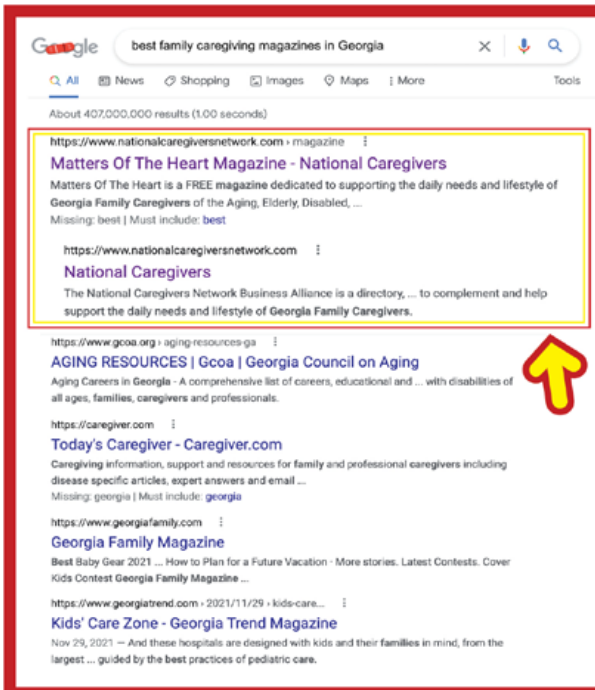
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