

Giving Him Wings

By Debbie Breslow

"Mommy, look at that little boy's nose!" "Ooh, that must've been quite a fall, is he o.k.?" "What's the story with the rubber nose?" "Is that elephantitis?" "Honk, Honk, are you a clown?" "Oh, my sister's kid had that. It went away by the time he was five." "Talk to your doctor, they are doing wonders with laser-in fact, my neighbor said..." I wasn't interested in what her neighbor said.

"What's wrong with his face?" said a little boy to me at the park yesterday. "Oh, it's a birthmark". I responded. "Does it hurt?" he continues. "No", I replied. "Maybe you should give him a bath tonight. And tell him to use soap!" he recommended confidently. "Thanks for the advice", I thought to myself. Then I looked down at Kenny to check his reaction to what the little boy had said. He was already planted in the sandbox, building a sandcastle with his favorite stuffed dog, Duke.

Kenny is three years old. To date, the aforementioned questions and comments really haven't seemed to faze Kenny. To

date, I try (vigorantly) not to let them faze me either. But some days are better than others. I'd like to believe that with age comes wisdom and that I'm wise enough not to let this stuff get to me. After all, isn't it human nature to notice and perhaps question someone who looks different? But it's my kid.

Kenny was born with an arteriovenous malformation (AVM) of the nasal and malar



Kenny Breslow playing the guitar

region. His lip and left cheek are red and engorged due to an over-activity of blood supply to the area and he has frequent nose bleeds. We were told at birth that it was a "bruise" resulting from birth trauma. By the time Kenny and I were discharged from the OB unit, we were told that the "bruise" was a port wine stain and that it could be removed successfully with laser surgery.

Sixteen unsuccessful laser surgeries later, we discovered that Kenny's birthmark was an AVM. We are fortunate to have established relationship with a world-renowned endovascular surgeon and remain hopeful that Kenny's condition, though incurable, will be kept under control.

The details of our clinical research, diagnostic trials and tribulations, and exhausting hospital experiences are no more difficult, unique or draining than for anyone who has a child with a medical condition that requires ongoing intervention. What remains most difficult for me, however, is my ability to remain strong, optimistic and hopeful that Kenny will have the backbone he needs to face and deal with the ignorant remarks, questions and potentially harmful teasing that are typically associated with kids who look different.

When I get bogged down with worry about Kenny's lifelong coping abilities, I am reminded of quote once read by Eleanor Roosevelt:

"No one can make you feel inferior without your consent"

I must recognize and accept that this is his life to lead. As his mother, I can do all I can to foster his self-esteem, provide him with love, support and encouragement, and teach him the importance of tolerance. Kenny is the one who will have to experience life with a facial difference firsthand. I know he will get through it in the best way he knows how. But he's still my kid.

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Vascular Anomalies Conference 2000 NYU Medical Center on April 7th and 8th 2000

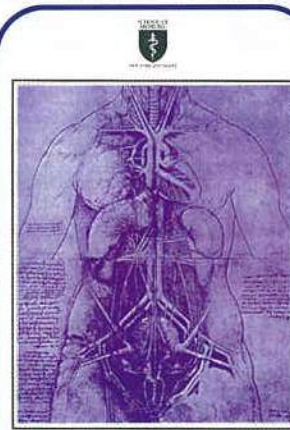
On April 7th and 8th, an international conference, entitled Vascular Anomalies 2000, was held at NYU Medical School with Dr. Judah Folkman, a noted researcher in the field of blood vessel growth, as the keynote speaker. The event featured guest lecturers from the Institute of Reconstructive Plastic Surgery, the NYU School of Medicine faculty and other medical centers around the country including Mayo Clinic, Boston Children's Hospital, Beth Israel Medical Center (NYC), Duke University, Colorado Neurological Institute, Children's Hospital of Los Angeles, Arkansas Children's Hospital and Lenox Hill Hospital among others.

The first day focused on an historical perspective and classification of the various anomalies, genetic advances, and imaging issues and closed with a discussion of the deleterious effects of misdiagnoses and late referrals. On Saturday morning, the conference delved into multidisciplinary management of vascular conditions beginning with a lecture on the

psychological aspects of these conditions. The lectures highlighted the multidisciplinary approach, then examined the differing opinions on surgical and non-surgical intervention.

In the afternoon, talks were given on the special surgical considerations given to limbs, lips and the nose, and the effectiveness of superficial and deep laser therapy. The Conference ended with lectures on venous and lymphatic vascular malformations; a description of various therapeutic situations, the advantages of multidisciplinary vascular anomaly centers and support groups. Graphic slides were used throughout the presentations to illustrate the patients discussed, both before and after their procedures. The Institute was represented by Drs.. Phillip Casson, Joseph G. McCarthy, Francine Blei, Barry Zide, Alice Pope, PhD., Seth Orlow, Robert Rosen,

Alejandro Berenstein and Nolan Karp. The conference was such a success of sharing and discussing information that another conference is scheduled for next Spring.



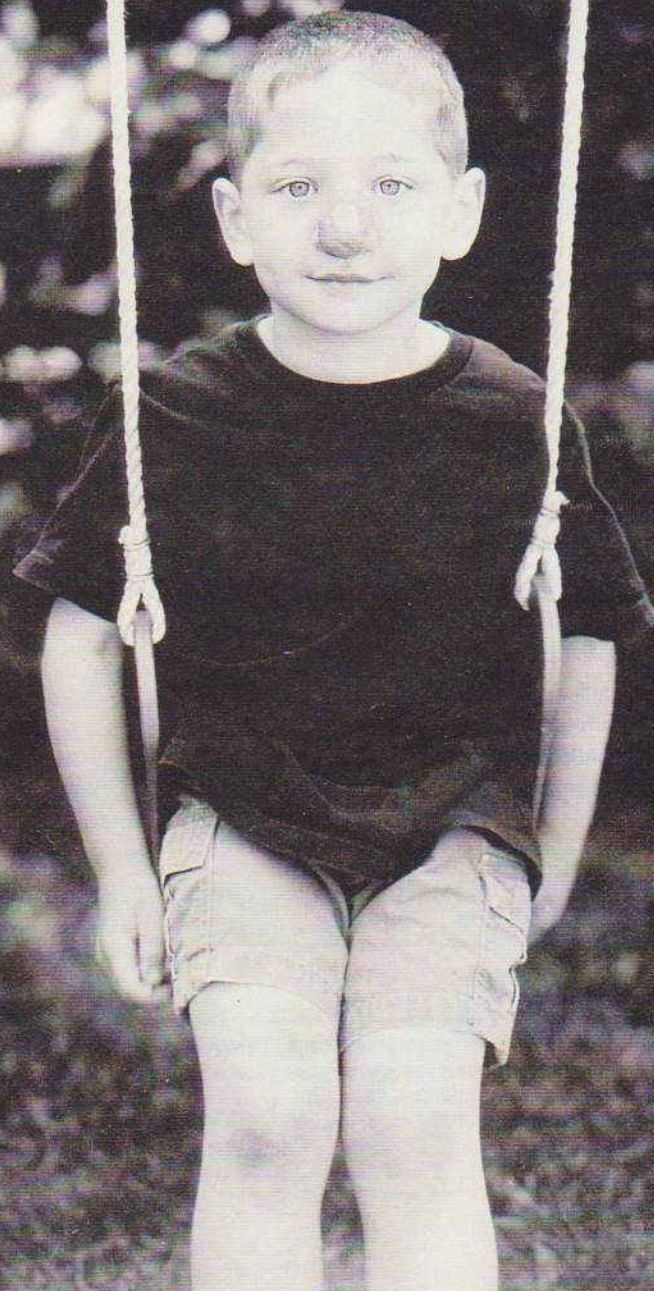
Vascular Anomalies 2000
Current Approaches and Controversies
Evaluation and Management
Friday and Saturday, April 7 and 8, 2000

Funny Face

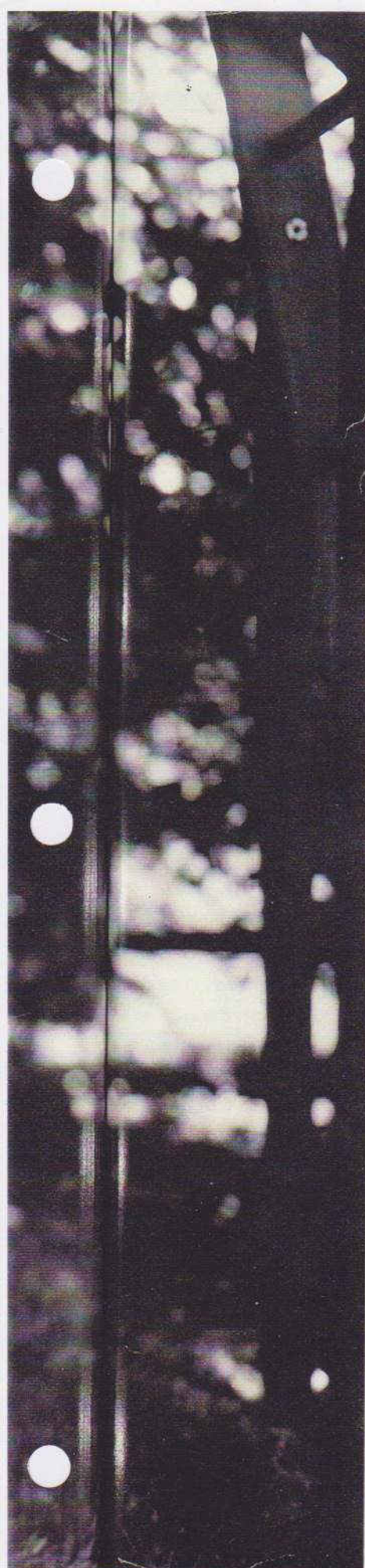


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please click on the **FUNNY FACE** button
under My Work.

My Big Red Nose, Parents, 2002



Photographs by
David Barry



My Big Red Nose

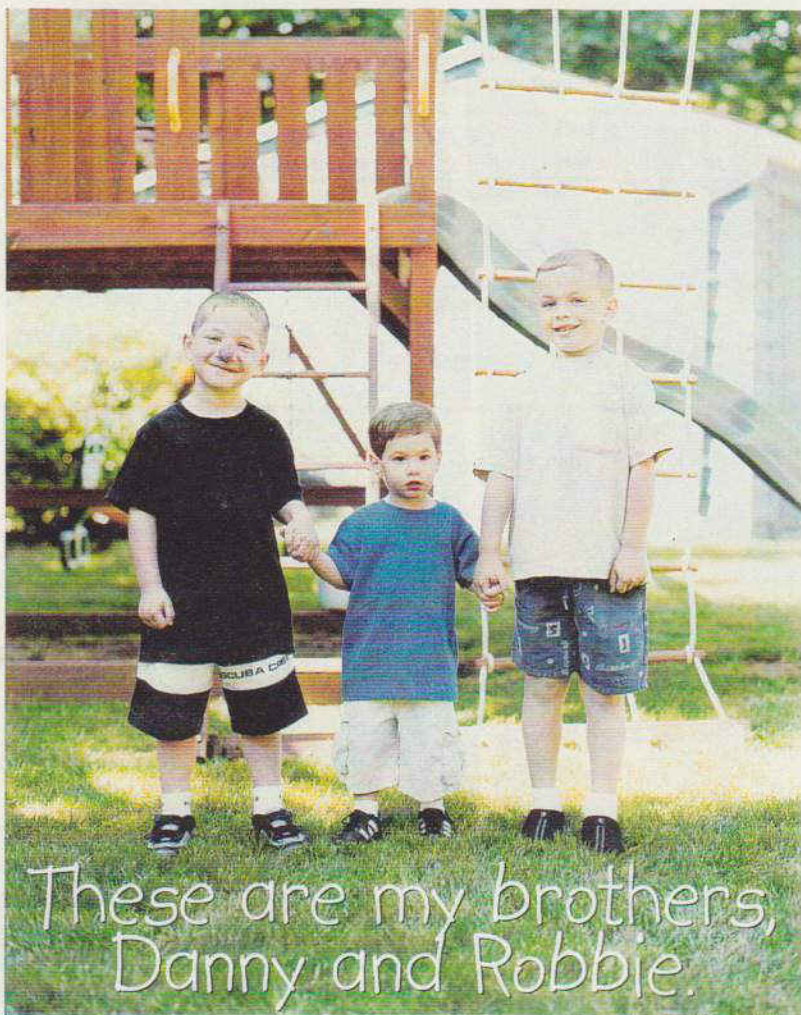
By Kenny Breslow, age 5

As told to his mom, Debbie

Ever since Kenny Breslow was a baby, strangers have pointed and stared at him. Here, in his own words, is what it's like to have a rare condition that makes his nose strikingly red and swollen.

My name is Kenny. I have a big red nose. It's not my fault; I was born with it. For a long time, I didn't even know my nose looked different: I was too small to look in the mirror, and I couldn't understand the questions that strangers asked Mommy and Daddy. Now that I'm 5, I'm old enough to notice people staring at me. I know when kids are laughing or whispering things about my nose that aren't nice.

At first, the doctors didn't know what was wrong with my nose. One said it was a type of birthmark called a port-wine stain. Others said it was something a laser could fix. I got more than ten laser treatments when I was a baby, but they didn't work. We live in Wyckoff, New Jersey, but Mommy



and Daddy were willing to go anywhere to get help for me.

Finally, we found Dr. B, a special doctor in New York City. People come to see him from all over the world—some even by helicopter! Whenever I see Dr. B, there are always other doctors in the room. They take pictures or place a special microphone on my nose to listen to the blood flowing through it.

Mommy says to call my red nose a birthmark because it's easier for other kids to understand. But Dr. B says I have something deep under my skin called an AVM (see "More From Kenny's Mom . . .," page 154). My nose is red and swollen because of all the blood that collects inside. I get lots of nosebleeds, but I'm used

to them. Mommy taught me how to hold the gauze all by myself.

Dr. B told us that AVMs usually don't grow—but mine does. He says, "Kenny, your nose continues to puzzle me." When I'm a teenager and my nose is all grown, my doctors might make me a new one. But for now, the only way to treat my nose is to "embolize" it. I don't know exactly what that means, but I know it means going to the hospital. Seems like I've been there a hundred times! Mommy always tells me two days before we



have to go, so I can start packing my favorite things. I still get sad, though.

I don't like the silver table in the scary room with the big machines. I don't like that mask they put on my face to put me to sleep, even with the grape Chap Stick they rub on the edges to make it smell good. I don't like the needle they stick in my hand and arm. I don't like the cuff on my arm that gets really tight every ten minutes and wakes me up at night. Most of all, I don't like that scratchy blue ID bracelet they make me wear. One time, a nurse put a bracelet on my stuffed dog, Duke, and pretended it was his new collar. I cried really hard and made her take it off.

After surgery, I stay in intensive care for a few days so the nurses can watch me real close. Then I get to move to "the floor," where the other kids stay. When I'm well enough to go to the playroom, I'm almost ready to go home. Some kids there are in wheelchairs. Most have lots of bandages. A few don't have any hair, and you can see scars on their heads from operations on their brains. No one looks at my nose funny in the playroom. There, I'm just Kenny.

My big brother, Robbie, and I usually do everything together. He's 6. I know he feels left out when I go to the hospital. It's funny—he thinks he's missing out on whatever I'm doing in New York, and I think I'm missing out on whatever he's doing back at home.

Robbie always protects me from kids who tease me. My little brother, Danny, who's 2, doesn't know there's anything wrong with my nose. Robbie sometimes jokes around and calls me "Funny Face." My preschool teacher told Mommy that maybe Robbie calls me that so other kids

won't have a chance to call me something meaner.

Mommy always tells us that it's not nice to stare. She says people don't mean to—they're just curious about why my nose is so big and red. She says it's okay to tell kids it hurts my feelings when they make fun of me.

Dr. B says I'm special. But I don't see anything so special about having a nose that's bigger and redder than every other kid's. I think I'm pretty much the same as any kid my age. I play with trucks and trains. I dress up in my firefighter uniform and pretend to put out fires. I like when Daddy pushes me high on the swings at the park.



Another thing I really love is the circus. Once, some girls behind us put on clown noses they'd bought. I turned around and told them proudly, "I don't have to buy a clown nose because my nose is already red!"

When Mommy lies in bed with me before I fall asleep, we do the same things every night:

We scrunch up under the covers.

We read a book.

We talk about my day.

We say that everything is going to be okay with my nose. □



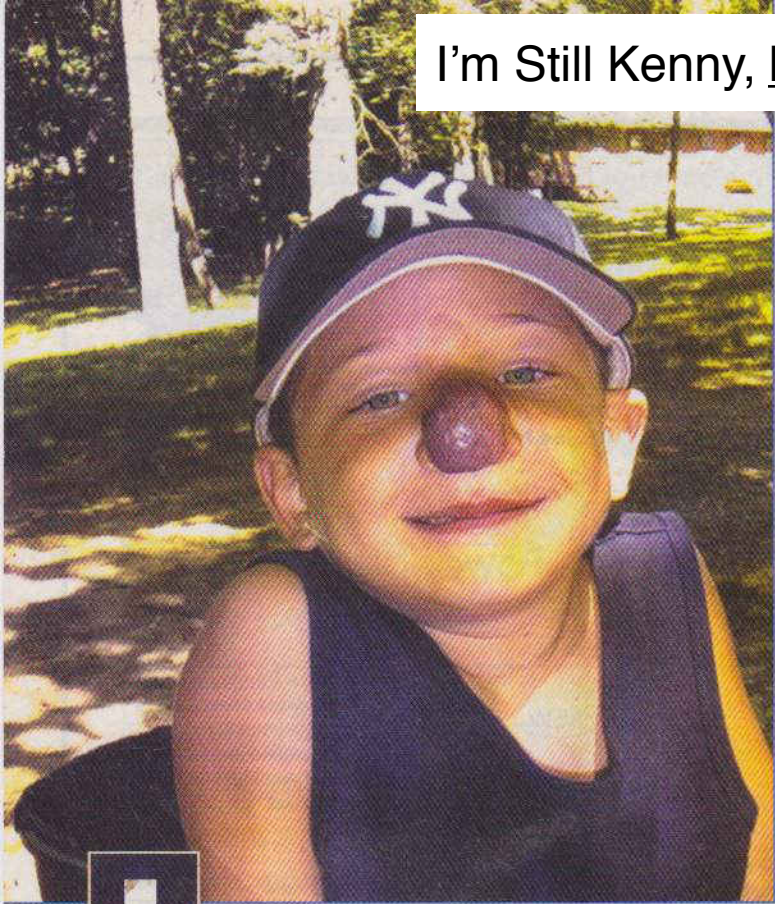
More From Kenny's Mom ...

Our son Kenny was 15 months old when we finally found out that he had a rare vascular condition called an arteriovenous malformation. An AVM is a tangle of abnormally connected arteries and veins. Arteries (which carry blood away from the heart) and veins (which carry blood back to the heart) are usually connected by tiny capillaries, which slow down the blood flow. In an AVM, however, no capillaries link these two types of blood vessels. As a result, the vessels become dilated with blood—and that makes Kenny's nose look red and bulbous. AVMs are most commonly found in the spine and brain, where they can cause strokes, but a small number of children are born with facial AVMs.

AVMs are unpredictable and difficult to treat. To control bleeding and prevent permanent damage to the underlying tissue and bone, it's critical to limit blood flow to the AVM. Every four to six months, we take Kenny to have a surgical procedure called embolization. Dr. Alejandro Berenstein (Kenny calls him Dr. B), director of endovascular surgery at the Institute for Neurology and Neurosurgery at Beth Israel Medical Center, in New York City, threads a thin catheter into an artery in Kenny's groin and advances it to the arteries that supply the AVM. Then he injects glue or alcohol into the vessels to seal them off, temporarily diverting blood from the AVM. Dr. B says that Kenny's case has been particularly challenging to treat: After an embolization, other arteries from nearby areas in his nose often start to feed the AVM, causing the vessels to refill.

Although removing most of Kenny's nose and building an artificial one would dramatically improve his appearance, he probably won't be able to have this procedure until he is between 15 and 17, when his face is fully developed. If reconstruction is performed too early, the new skin may not stretch as he grows. In the meantime, we try to help Kenny deal with his AVM as best we can—and we enjoy every day with our delightful and brave little boy. —Debbie Breslow

For more information about AVMs, log on to <http://members.aol.com/djbreslow/funnyface/index.html>.



I'm Still Kenny

By Deborah Breslow

I thought starting camp last summer with my big, red nose would be tough. I learned that starting camp without my big, red nose was even tougher!

I'll start at the beginning: In kindergarten or on vacation or even shopping with my mom, just about everyone stared at my nose. Grown-ups asked questions and kids always teased me. Even strangers came up to my mom and asked, "what's wrong with his nose?" I guess no one had ever seen a nose like mine.

But I was used to my nose; it was the one I was born with. To tell you the truth, I didn't even notice that it kept getting larger and redder. I was just a little kid.

I knew that I went to the doctor a lot. Mom had to use both her fingers and toes to count how many operations I had. Sometimes my nosebleeds were so bad I had to take an ambulance to the hospital. But still, I didn't mind my nose. That big, red nose was a part of me.

I was born with a rare disease called an AVM. That stands for arteriovenous malformation. The doctors told us AVMs are usually in the brain but mine is in my nose. An AVM is a tangle of abnormally connected arteries and veins. The real explanation for what is wrong with my nose is so hard to understand. I just say it's a birthmark.

Anyway, back to camp. Last summer was my first time so I was a little nervous. I was lucky because I was going on the bus with my big brother, Robbie.

My mom and dad took us to the camp before it started. Mom gave the nurse some emergency supplies.

She gave my counselors a copy of *FUNNY FACE*, the book she wrote about my nose, and told them if the kids had questions to tell them it was a birthmark.

During the camp visit, I made sure to wear my Yankees hat. All I had to do was pull the brim down low. It pretty much covered my nose.

The first few days of camp, I had to answer ten thousand questions. That's all I heard for two straight days! I was really tired of it. Mom said to tell people that my nose made me who I was—Kenny. I told everyone that I had a million operations and someday my doctor would fix my nose.

After a while, everyone got to know me. They got used to my big, red nose. Some counselors told me my nose was cool. The kids seemed okay that my nose was different from theirs.

Six weeks of camp went by way too fast. I didn't want it to end. But I couldn't wait to go on vacation with our best friends. Mom showed us the colorful brochures. The water slides and banana boats looked like fun.

My brothers are used to hearing strangers ask a lot of questions about my nose. Every new place we go is pretty much the same. Everyone stares; everyone asks questions; some people feel sorry for me; some people are mean to me. But that's never stopped my good time—especially when summer vacation comes only once a year!

Our friends have known me all my life. I'm just Kenny to them. But on vacation, they got a good dose of what it's like to be around a boy with a big, red nose. They couldn't believe how many questions people asked us. "Some of these people are really rude!" they said. Mom told them this is what we deal with all the time.

Starting kindergarten in the fall was also just fine by me. I was excited about going to public school. Mom and Dad met with the principal, my teacher, the guidance counselor and the school nurse three times before school started. Mom gave them a bunch of medical articles about AVMs and some stories that she had written in magazines.

The principal really liked the one called "My Big Red Nose." She asked if she could give it to all the kindergarten parents to help them understand why my nose was different. The first two days, everyone was curious about my nose. Some kids stared at me when they thought I wasn't looking and some kids whispered about me.

Just about everyone read the magazine story. The kids thought I was famous! They were more interested in how my picture got in the magazine than about my big, red nose.

I told Mom kindergarten wasn't going to be so bad. There were a lot of kids I wanted to make friends with.

Everything was going fine for the whole month. Then one day, everything changed. I had a really bad nosebleed that came from a sore. Blood squirted all over my face and hands, my clothes and all over the den. I screamed for Mom. She held gauze on my nose with one hand and called my doctor with the other hand. It didn't stop for twelve whole minutes.

Daddy came home and we went to New York City to see my doctor. He said I needed to have an operation right away. Otherwise, the bleeding would get out of control. I was really scared. I didn't know what was going to happen.

We checked into the hospital. Mom and Dad must have made a hundred phone calls. My brothers were still in school. They didn't even know what had happened to me! Dad went

home to pack clothes, my favorite stuffed dogs and videotapes.

I had three operations: one to seal off the blood vessels that fed my AVM, one to take off the big, red part of my nose and one to put a skin graft over the middle part of my nose. My doctor took a lot of skin from my leg to make that skin graft. I was covered up with bandages for a long time.

I was really sad after the operations, especially after I came home. I was afraid to see what I would look like. I was afraid of what my brothers and my friends might say. Mom kept saying that I was still Kenny, even though my nose was different than it was before. She told me "different" wasn't "bad" but I didn't believe her.

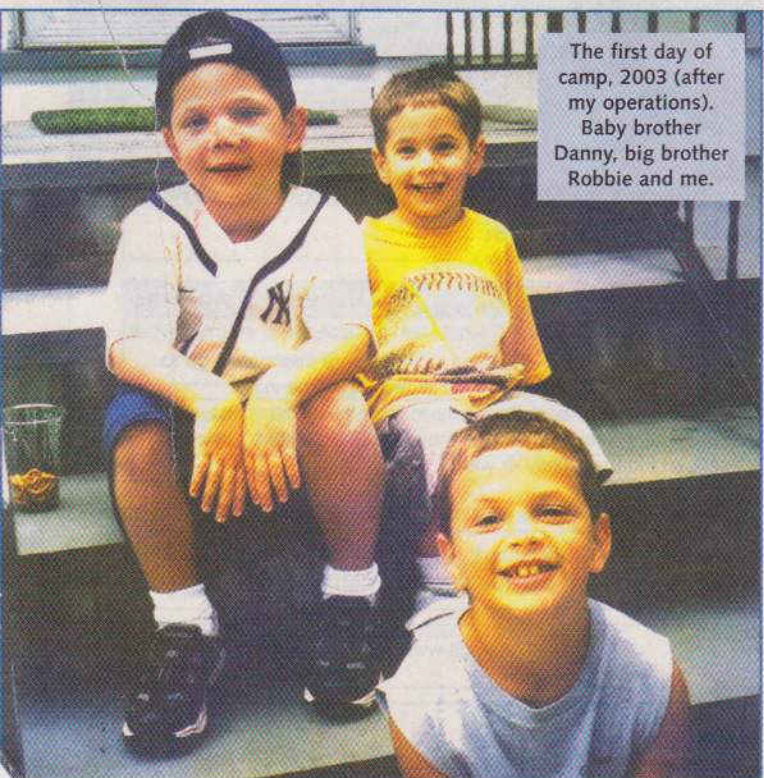
My nose may have been big and red, but it was still mine. I had that nose for six years and I was used to it.

Now the big, red part was gone. I had to learn to like my new nose.

That was back in September of 2002. Every month that goes by, my nose heals more and more. Everyone that sees me keeps saying, "Kenny, you look so great!" I'm tired of



Me and mom on the first day of kindergarten at Sicomac School (two weeks before my nose operations).



The first day of camp, 2003 (after my operations). Baby brother Danny, big brother Robbie and me.

people saying that. I know I don't look the same.

I go to the doctor a lot less now. I hardly ever get nosebleeds. The scars on my nose are almost gone. I haven't had to have an IV in my hand or get blood drawn or have any tests where the doctors have to put me to sleep. Best of all, I haven't had to be in the hospital for over nine months.

But that didn't make starting camp *this* summer any easier. No one there had seen my new nose or even knew what happened to me this year. I worried what my friends would say. I thought they might not like me with my new nose. They've only known me with my big, red nose.

Mom said this was another challenge for me. She always says there aren't enough numbers in the world to count

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how many challenges I've faced in my life. Mom says I'm the bravest boy she has ever known.

Before starting camp she gave me a plan. As soon as I saw the camp bus pull onto my street, I should say to myself "even though I look different, I'm still Kenny." She said to keep saying it as many times as I have to until I believed it.

I still wore my Yankees hat to camp, just in case. Who knew when I'd have to take cover? But it turned out okay. After all, there's more to me than just my nose.

Some Thoughts From My Mom:

Life is never dull. We began another summer at camp with conflicting feelings about a new nose. Even after such a positive change in physical appearance, we are struck by Kenny's fears and anxieties about his face.

From a strictly aesthetic point of view, Kenny looks remarkably good. Other than a few remaining suture scars and some minimal discoloration around the periphery of the skin graft, Kenny has what appears to be a pretty "normal" nose.

The irony is that what might be normal for most is not 'normal' for him. The nose that Kenny was born with is nor-

mal to him. What gets in the way is his perception of "normal" and his perception of what others will think of him.

I try to explain to Kenny that looking different is not something that's good or bad. Looking different is just something that is. He works on this in therapy; he worked through this during the summer and will grow to understand and respect his difference throughout the rest of his life.

Since Kenny's condition is external, he may always wrestle with this concept.

I believe that his life experience will serve him well. The challenges we face do make us stronger. I know in supporting Kenny, I have developed coping skills I never would have believed I had.

With each encounter, Kenny's level of self-acceptance will continue to evolve. It is this process that makes him so very unique and truly successful at facing life on life's terms. **EP**

Deborah Breslow is a freelance writer and author of FUNNY FACE, a story about Kenny's experience living with a facial anomaly. Ms. Breslow lives in Wyckoff, NJ with her husband, Jay, and three sons: Robbie (7), Kenny (6) and Danny (3). You can visit Breslow's website at: <http://members.aol.com/djbreslow/funnyface/index.html>

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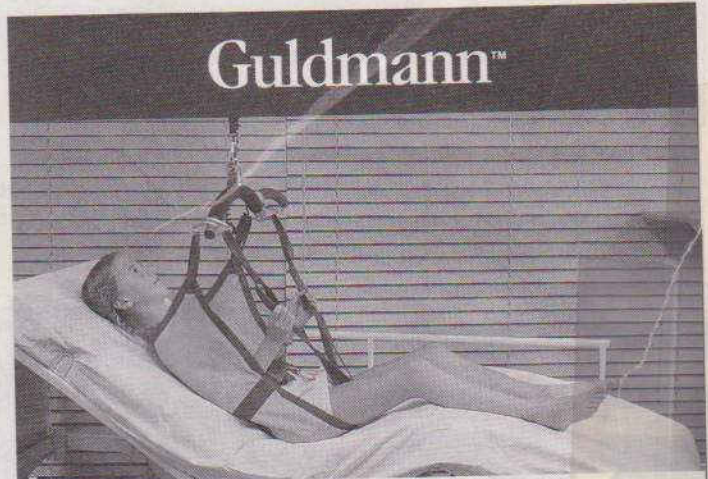
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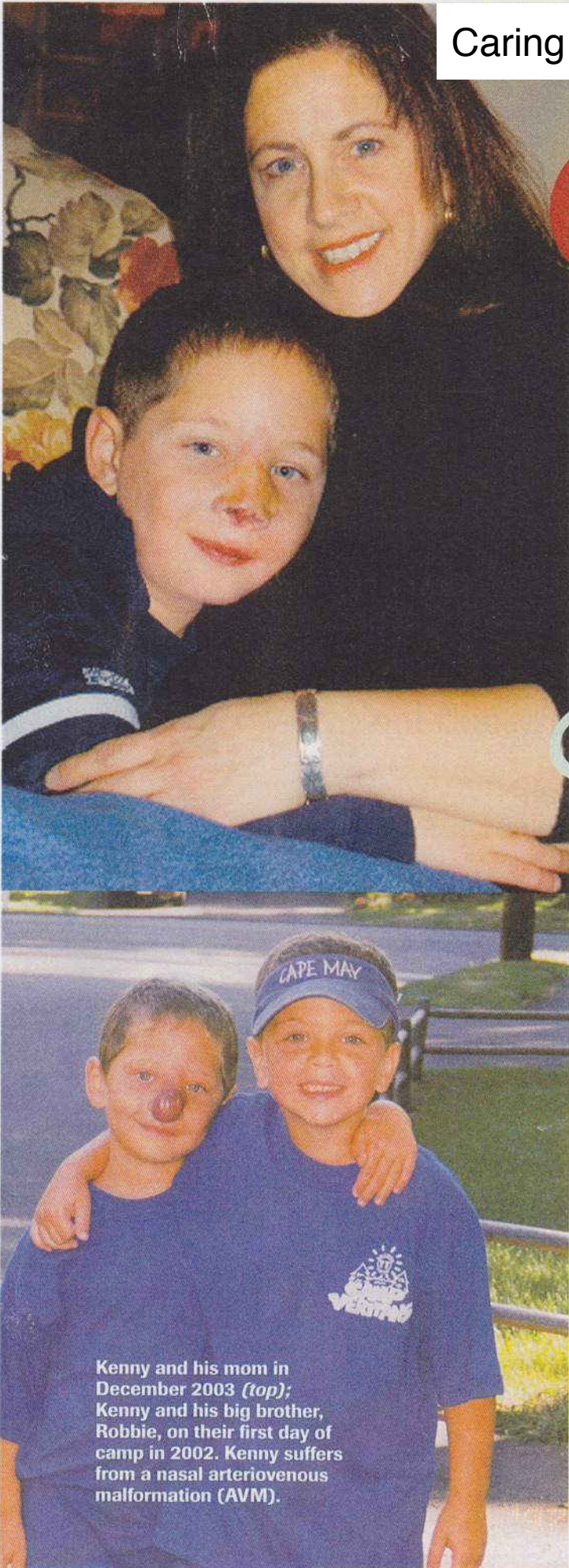
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Kenny and his mom in December 2003 (top); Kenny and his big brother, Robbie, on their first day of camp in 2002. Kenny suffers from a nasal arteriovenous malformation (AVM).

Caring for Kenny

Round the Clock in the Children's Unit

By Deborah Breslow

Ding! The elevator stopped on 10. Bright holiday decorations painted by children hung from the ceiling. Vases of wilting flowers adorned the nurses' station. Bouquets of get-well balloons were now deflated. Photos and thank-you notes dotted the walls.

A friendly clown greeted us as we stepped out of the elevator. Yet the floor always looked the same, never revealing our true experience here.

Arriving at the almost empty parents' lounge, I carried my Walkman and a water bottle. Jay clutched the beeper, our connection to our son.

"Hello," said a woman, apparently on break from bed duty. I smiled. Jay nodded politely and opened the morning paper. "Coffee?" I asked him.

"Not yet." We'd been up since dawn, but I hadn't made breakfast. It didn't seem fair to eat when Kenny couldn't have food before surgery.

"First time here?" the woman persisted.

"No. Our son is in surgery now." *Don't ask more questions*, I prayed. She didn't.

Be polite. Just because you don't like to talk when your kid is in surgery doesn't mean others feel the same. You may meet this woman one night when you can't sleep and want conversation.

Deborah Breslow is a freelance writer who lives in Wyckoff, New Jersey, with her husband, Jay, and their sons, Robbie, age 7; Kenny, age 6; and Danny, age 3.

“Your eyes well up. You want to let go of your emotions, but you hold back, displaying inner strength.”

▶ **From the Heart** Continued from page 96

“He won’t eat, he won’t drink,” another parent complained to no one in particular. “Pretty soon they’ll have to give him nutritional supplementation. He’s withering away to nothing!” I nodded in empathy—what else could I do?

A perky hospital volunteer entered followed by a young couple who studied the lounge pensively, preparing for a future stay with their child.

The room—new to them—was all too familiar to me. A sticky checkered tablecloth covered the table. The centerpiece, a wicker basket filled with packages of salt, Sweet & Low and duck sauce, once held a fresh flower arrangement. On the windowsill was a dead plant that no one had the nerve to toss.

The usual announcements about parent support groups, infection control and other hospital policies were tacked on the bulletin board. For me, the scene never changed—only the month on the calendar, the day of the week and my child’s situation. Feeling the need to move on, I decided to check Kenny’s room in the pediatric intensive care unit. “Be right back.” Jay was already dozing.

Familiar staff faces smiled at me. “Where will Kenny be recovering?” I asked a nurse, who pointed to bed B. Fresh linen was on the bed, recovery tubes and monitors were in place; the room was peaceful. I looked out the window at the blue sky. “Please take care of Kenny,” I said aloud, hoping I was heard.

“Mrs. Breslow?” a nurse interrupted. “They’re calling from the angio suite. Kenny is waking up if you want to see him.” I flew to get Jay. His beeper already was buzzing.

We rushed to the third floor. “We were just paged.” The receptionist nodded and said, “Go right in.”

I heard Kenny’s hoarse, scratchy cry: “Apple juice! I want apple juice!”

“Mommy’s here,” I tried to console him.

The anesthesiologist assured me he was fine. “Meet us on the tenth floor.”

Jay and I threw our arms around each other. We had made it through another one. The eighth? Ninth? It didn’t matter. Kenny was asking for apple juice.

I checked my watch—3:30. My stomach growled. *Should I go to the bathroom? Was there time to run out for coffee? No, this is not the time to be thinking of yourself. Stop being a martyr. Go to the bathroom! Get some fresh coffee, and some lunch while you’re at it. You’ve got time! He’s still sleepy from anesthesia. You need strength to be there for him.*

Awakening

“You can come in now,” a nurse waved from the doorway. “He’s waking up.” We hurried in. One nurse was applying pressure to his groin. Another was adjusting his IV. “I want my breakfast,” Kenny wailed. “Mommy, get me my breakfast!”

“Pretty soon, sweetheart.”

“How about the *Three Stooges*?” Jay suggested. Kenny nodded in agreement. Leaning over the bars on the side of the bed, we applied cold compresses to his forehead and fed him ice chips.

Kenny drifted in and out of sleep. Jay and I took turns sitting. We didn’t dare close our eyes for fear we’d fall asleep. “I’ll give our parents a call,” Jay said. “They’re probably anxious.”

“Right. Of course.” Why hadn’t I thought of that?

Don’t add guilt to your list of worries. In the hospital, it’s easy to forget there is life outside. You know that your child’s illness affects the extended family, but you are fixated on what’s going on here. Is he comfortable? Does he hurt? Will he heal? Will he need further surgery? Racing thoughts replace rational thinking. This hospital stay will end, I tell myself. But it never feels that way. It feels like forever.

Men in scrubs interrupt my thoughts. “How’s my Kenny?” asked his surgeon, followed by seven men in white.

As they examine him, Kenny whines. “Does anything hurt?” the surgeon asks.

“My nose hurts and my throat hurts and I want my breakfast!”

“We’ll give him something for pain; he can eat something light in one hour,” the doctor said, his stethoscope never leaving my son’s tummy.

“How do you feel it went?” I asked.

“We were very aggressive this time. I think we made a lot of progress.” The doctor sounded confident.

Your eyes well up. You hope you are taking it all in—everything they are saying. You want to let go of your emotions, but you hold back—preferring to display inner strength



Kenny in the Sicomac School Halloween parade, 2003.

“ I tried to calm Kenny. The medication was wearing off. ‘No more ouchies,’ the nurse promised. ”

From the Heart Continued from page 99

and gratitude for their efforts. But you can't. You're exhausted. You're scared. You're human.

“Don't look so worried! He did great.”

“I'm glad, I'm really glad.” But my words belied my feelings.

Nighttime

“Stop it! Stop it!” Kenny wailed. “Take it off!” My eyes flew open.

“It's O.K.,” I soothed. “The nurse is just giving you some medicine through your IV line. She'll be done in a minute.” My watch registered 4:10 A.M.

“Are you done?” Kenny begged through sobs.

“Almost.”

Why do they have to do this at four in the morning? Don't they know this is precious sleep time? Of course they know. They also know the IV bag containing important fluids is close to being empty. They want to be sure he's getting the correct dosage of his pain medication. No nurse likes to wake a sleeping child.

I tried to calm Kenny. The medication was wearing off; puncture sites were oozing. He was not happy. The nurse finished what she needed to do. “No more ouchies,” she promised, waving good-bye.

Were we up for the day? I hoped not. How was Jay faring on a chair in the parents' lounge? I let him sleep. No reason for both of us to be up.

I read Kenny two stories while he sipped apple juice. We lifted the head of the bed, lowered the foot, played with the television remote, brightened and dimmed the lights. “How about trying to sleep a little longer?” I urged. He closed his eyes.

We both fell into a deep slumber. “Time for vitals!” An aide wheeled the squeaky blood pressure cart to Kenny's bedside.

“He just fell back asleep,” I said almost rudely. “Do we have to do this now?”

“Are you refusing?”

“No, do what you have to do,” I sighed.

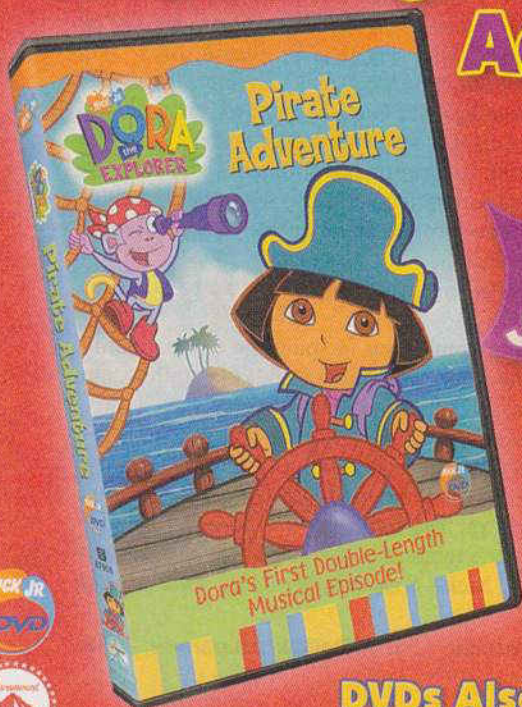
You think this is the Hilton? Your kid just had major surgery. He's in the ICU for a reason. Don't take it out on the staff. They're just doing their job.

“How'd he sleep?” Jay asked, tiptoeing into the room. “Hi, Kenny.” Jay smiled broadly as he kissed him. “How are you, buddy?”

“Good,” said the little trouper.

The morning routine fell into place. Jay went for coffee and bagels, a chocolate doughnut for Kenny and a newspaper I would never open.

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in the spring of 2003.

you for not the night that you had the 24-hour
 "Thank you for watching him. You have no idea how
 much I needed that sleep," I teased. "Oh would that
 yes, you do."

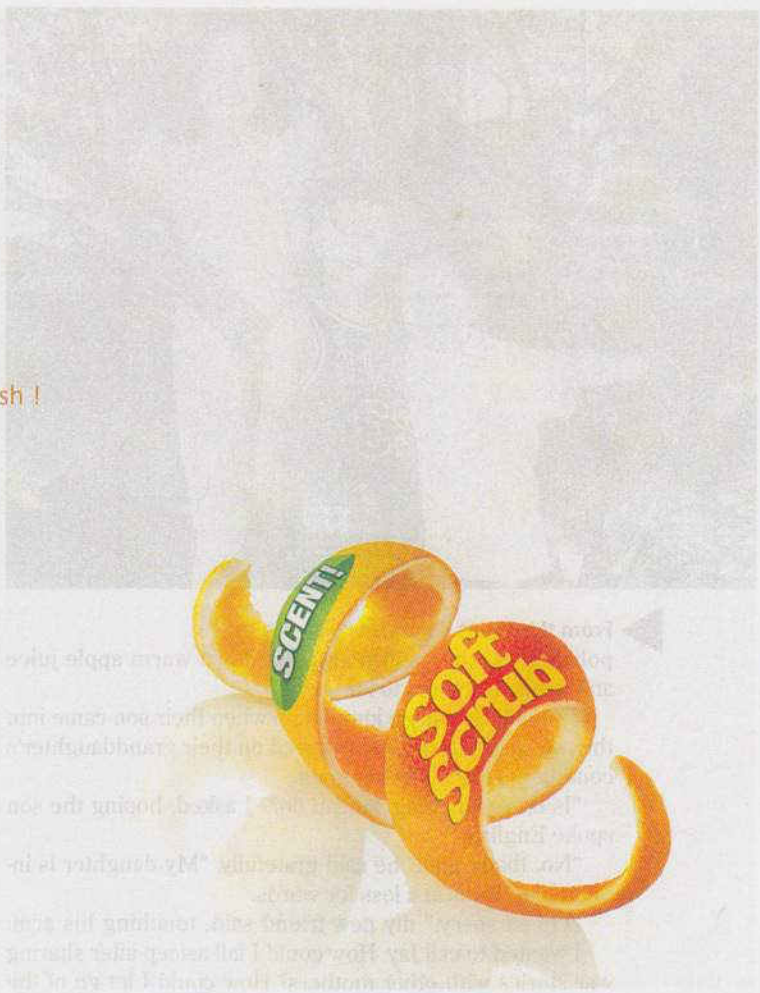
The day wore on. We took summertime stroller rides
 watched games (first four times) enjoyed a visit with my
 friends and dipped into a basket of goodies sent by the
 home at school.

Jay arrived. "Did I miss anything?"
 "Not yet, but the nurse reported as very positive."
 "You think we'll be home this weekend," he asked.
 "Maybe if the bleeding subsides."

We ordered dinner from the dining room. Jay was a
 amount of fresh air. I felt as if I hadn't seen him in weeks.
 That's what happens when you're in here. Jay had seen
 the fact that you're in here. Jay had seen Jay's
 your child's room. Jay had seen Jay's
 for when you don't try to the word that is your
 words of a day. Jay had seen Jay's
 in the next room. Jay had seen Jay's
 that protect you. Jay had seen Jay's
 from you from Jay's
 "Where's my Kenny? Jay had seen Jay's
 came into the room. Jay had seen Jay's
 what do you think. Jay had seen Jay's
 tomorrow."

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Fresh!



The physician heading morning rounds said that Kenny would be leaving the ICU that afternoon. "We're moving to the floor," I told him excitedly, hoping to lighten his spirits.

Room 1015

"Ready to go?" Kenny's nurse asked me. "He's in room 1015." Jay gingerly lifted Kenny into the old stroller. We had made it to the next phase.

Turning into room 1015, we saw Kenny's roommate. Layers of gauze wrapped the boy's head. Kenny didn't notice. The boy's mother sat in a rocker, dozing. "Shh," I whispered. "I'll set everything up; take Kenny to the playroom."

"That should do it," Kenny's nurse said aloud, pushing his bed into place. "I'd like to stay, but I've got to get back to my patients."

"Of course," I said, carefully masking my trepidation. How ironic! When it's critical that your child is monitored closely, you want them to leave him alone. When it's time for him to be less restricted, you wish they'd come back.

This is hospital life. As quickly as you leave the ICU, another patient comes to take your child's place; different circumstances—same degree of import.

"I've got to head into work for a couple of hours," Jay said, looking for his jacket and keys.

"Sure, we'll be fine," I said, trying to convince myself.

Later that night Kenny's snoring must have awakened me. What time was it? I hurled my legs over the bed rail,

hoping the rest of my body would follow. It was critical not to wake Kenny. Our roommate must have had a tough night. Barney had played repeatedly for hours. 1:30 A.M. Would anyone else be awake? I shuffled to the parents' lounge looking for company.

Surprise. Six people: a dad checking his e-mail on a computer; an elderly couple whispering in Russian, the woman crying; another woman reading the lounge copy of the *Daily Word*. The mother we'd met our first day was curled up, flipping TV channels. Another was munching stale pastry.

I chose to join her. "Mind if I sit down?"

"Please." Her accent was Southern.

"How stale is this pastry?"

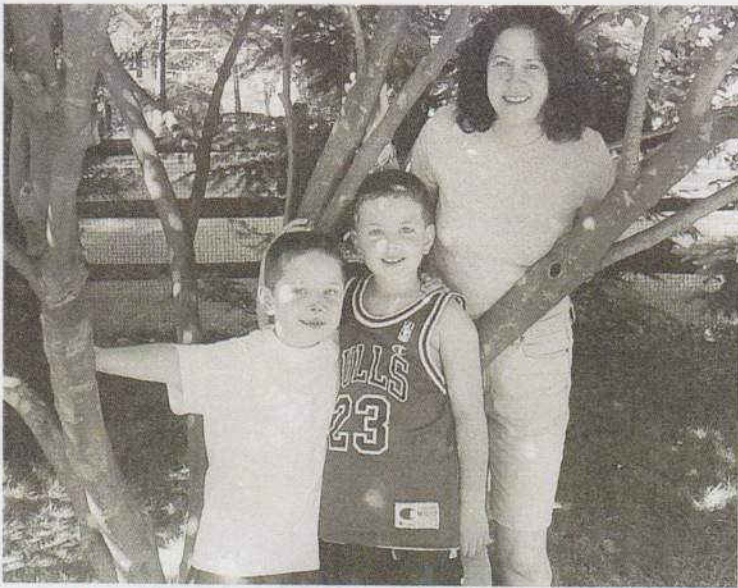
"On a scale of one to ten, ten. Want some?"

"Why not?"

We talked. She and her son had been there for more than a month. Her husband and two other children were home in South Carolina. Her son had undergone brain surgery and was completing an aggressive radiation treatment schedule.

I stopped to count my blessings. We'd been here only two days. Chances were we'd be discharged the upcoming weekend. What must it be like to stay a month?

The commiserating began as it always does in the wee hours when you open your eyes and realize your child is finally asleep. We talked until after 3, our stories different, our feelings identical. No one got through unscathed. We



Kenny, Robbie and Mom
in the spring of 2003.

From the Heart Continued from page 101

polished off the pastry, slugged down warm apple juice and made overtures to leave.

The elderly couple jumped up when their son came into the room. In Russian he reported on their granddaughter's condition—obviously not good.

"Is there anything we can do?" I asked, hoping the son spoke English.

"No, thank you," he said gratefully. "My daughter is inoperable." I was at a loss for words.

"I'm so sorry," my new friend said, touching his arm.

I wanted to call Jay. How could I fall asleep after sharing war stories with other mothers? How could I let go of the Russian family's sadness? My emotional intensity was immeasurable. I would tell Jay; he'd understand.

Don't call. It's almost 3:30. He has to get up in three hours to go to the office. Let him get some rest. He needs it. Take deep breaths. The 24-hour days here, surrounded by so much pain, are difficult. But take comfort—you're not alone. And you certainly aren't unique.

All was quiet in room 1015. Too exhausted to undress, I drew the curtain, kissed Kenny and collapsed.

Going Home

The morning was bright with sunlight and sounds of giggling. "Do that again!" Kenny squealed. Whom was he talking to? What time was it? 9 A.M.! Did I sleep through early morning vitals? Miss rounds? I couldn't believe Kenny had gotten up without waking me.

A visit from Adam the clown had evoked giggles in the room. Our roommate's mom was smiling, too, basking in their enjoyment.

"I see I've missed a lot of activity this morning," I said.

"We hated to wake you. I told Kenny to join us until you woke up. He's already had two big cups of juice. Hope that was O.K."

What a lovely woman. She's been here for three weeks now. Her son has had eight surgeries to replace an infected brain shunt. She sits upright in a rocking chair but never closes her

eyes for fear she might sleep and not hear him. She baby-sat Kenny so you could sleep. So much kindness here.

"Thank you for watching him. You have no idea how much I needed that sleep." I paused. "On second thought, yes, you do!"

The day wore on. We took innumerable stroller rides, watched *Sesame Street* four times, enjoyed a visit with my parents and dipped into a basket of goodies sent by the moms at school.

Jay arrived. "Did I miss rounds?"

"Not yet, but the morning report was very positive."

"You think we'll go home this weekend?" he asked.

"Maybe, if the bleeding subsides."

We ordered dinner from the diner. Seeing Jay was a breath of fresh air. I felt as if I hadn't seen him in weeks.

That's what happens when you're in here. Normal home life feels miles away. You decorate the hospital room as if it's your child's bedroom. You call the nurses by their nicknames. You return your dinner tray to the meal cart to save your nurse's aide a trip. You stop to bid goodnight to the parents in the next room. This becomes home, an insulated haven that protects you, allows you to maintain your guard, distracts you from life as you know it.

"Where's my Kenny? Let me take a look." His surgeon came into the room. The exam was brief but thorough. "So what do you think?" he asked. "Would you like to go home tomorrow?"

"Yes," I almost shouted. He reviewed what to do at home and cited reasons we might need to come back, assuring us this was unlikely.

"Otherwise," he said, "if all is quiet, we'll see you in two weeks."

We thanked him. Jay shook his hand. I kissed him. Kenny gave him a high five. We were going home!

Jay went down to the lobby to retrieve our dinner from the deliveryman. "Why don't we wait for Daddy by the elevator?" I suggested.

Pushing the stroller, I reviewed the signs taped to patient rooms: NPO AFTER MIDNIGHT. ISOLATION: WEAR GOWNS AND GLOVES. NO CHILDREN: INFECTION CONTROL. DO NOT ENTER UNLESS ACCOMPANIED BY A PHYSICIAN.

On closer look at the holiday decorations, I saw the hand-cut red valentines bearing the name of every patient on the floor, the basket of Hershey's Kisses at the nurses' station.

I marveled at the work it took to create a festive atmosphere. So many caregivers making an ongoing effort to comfort our children—ease their pain—lift their spirits.

Unless you'd been here yourself, you could not understand the essence of what truly goes on. If only these halls could talk.

FC

Kenny receives ongoing treatment with Alejandro Berenstein, M.D., an endovascular surgeon at Beth Israel Medical Center, Singer Division, and Barry Zide, M.D., a plastic surgeon affiliated with NYU Medical Center, both in New York.

“This becomes home, a haven that protects you.”

A mother's story: Being fair to both

BY DEBORAH BRESLOW

We saw the note taped to the front door as we pulled into the driveway. "Who's it from?" the boys asked in unison. "Federal Express." I guessed the package was from Gruner and Jahr, publishers of Family Circle magazine. I'd been expecting it.

The note was really a tracking label. "What does it say?" I explained that Fed Ex attempted to deliver some magazines. "Looks like we missed the delivery."

"So we won't get the magazine today?" Kenny cried. "We will. I'll ask Daddy to stop and pick it up on his way home."

"Hurray!" Kenny exclaimed. Danny, my youngest, danced about, unclear as to the source of the excitement. My eldest, Robbie, walked upstairs, into his room, and closed the door behind him.

"Another article about Kenny is almost as bad as Kenny being in the hospital!" Robbie thought to himself, flopping onto his bed. "Now that the magazine's out, Kenny will get tons of attention, the phone will be ringing off the hook and he'll get daily 'fan mail'. I can't believe people who don't even know us look up our telephone number and our address and write to Mom and Kenny! The rules are different for Kenny. I'm healthy so I get gypped."

Robbie bounced a ball against the ceiling, feeling a bit guilty for the undercurrent of thoughts.

"Kenny," I suggested, "I think the reason Robbie isn't as excited as we are is that sometimes our stories make him feel left out."

"Left out? The only reason you write stories about me is because of my nose. He doesn't have a big, red nose that bleeds all the time and he hasn't had two million operations. How would he like that?"

I shrugged and started dinner.

One son's chronic illness leads older brother to want 'a book about me'



Deborah Breslow is understanding when son Robbie feels left out.

Later that evening, my husband Jay arrived with the magazines. We located "From the Heart: Caring for Kenny" on Page 96. We turned the pages slowly and glanced at the photos. "Am I in it?" Robbie asked, walking right past us. "Yes, you're right here with Kenny. Come and see." "No thanks." Robbie said, flipping on the TV.

"Robbie doesn't even care! I wanted us to read it together," Kenny complained. "Maybe after this show," Robbie replied, "and I said *maybe*."

Jay and I looked at one another in silent recognition. "Why don't we have dinner, do our homework, and I'll read

everyone the article before bed," Dad suggested. "I guess so," Kenny conceded.

I was grateful for the diversion tactic. The article could wait.

Writing about his medical condition throughout the past seven years has been a tremendous catharsis for me. By sharing information about Kenny's experience, we also have become a resource and support to parents, children, health-care professionals, and others who seek information about vascular disorders and craniofacial anomalies. It gives them hope that they too can endure life's challenges.

They relate to people who "walk in their shoes."

But the reaction of the general public doesn't always coincide with the reaction in our immediate family. To Kenny's older brother, the article served as a conversation piece for a conversation he'd rather not have.

As promised, after dinner Dad sat on the couch with Kenny on his lap. Kenny held the magazine open, ready to listen. Three-year-old Danny was in his little rocker "reading" his own copy.

I started the dishwasher and boiled water for tea. "Need me to review your homework Robs?" "No thanks," he responded solemnly. "Do you want to talk?" Robbie walked around the kitchen, considering this. "How come you never wrote a book about me?" This simple question was one I'd expected but was not prepared to answer. "Maybe I will some day," came to mind, but it didn't seem fair to end it there. He deserved more.

Eight years old and mature beyond his years, Robbie had learned to "protect and to serve" in a manner that most kids could never comprehend. Instinctively, he knew it was his role to support, be sensitive to and, at times, take a back seat to his brother.

He knew that during an emergency, the primary focus was on Kenny. Mommy and Daddy would be away—either at the doctor's office, the emergency room or for days in the hospital. While Kenny's in the hospital, the schedule dictates that he stays overnight at Grandma and Papa's or that he be shuffled to friends' houses. Regular activities are typically postponed.

In general, Robbie recognized that his life, could be disrupted, without notice, without preparation, and without his permission.

He understood that after a major

CONTINUED ON PG. 23

CONTINUED FROM PG. 22

surgical procedure, Kenny would require extra care. That meant that Kenny got the best spot on the couch, the first choice of TV show and meals on tray tables. He'd grown accustomed to special packages in the mail, get-well cards, and treats sent to Kenny.

We always try to do special things for Robbie when Kenny is having an operation. However, it doesn't take away from his very real sense of just how much parental involvement Kenny actually receives.

When Robbie comes to visit his younger brother at the hospital, it's obvious that Kenny is in pain, receiving medicine through an IV line, and that he is bandaged, lethargic and mostly bed-ridden. Yet, I always get the sense that Robbie thinks he's missing out on something, that there is something dramatic and exciting about being in the hospital.

Kenny despises his messy nose-bleeds, countless trips to doctors, painful operations and lengthy hospital stays. He wishes he had a normal life. Robbie sees Kenny's "time away in New York" as quality time with Mommy and Daddy, a perfect excuse for gifts and balloons, a vacation from school, homework and household chores, unlimited TV, and take-out food. Kenny wants Robbie's health.

Although we will continue to converse on the subject, it's difficult to assess the impact that Kenny's situation has had on Robbie.

Robbie wants Kenny's attention.

How to balance the two? There's no guidebook. No matter how many children you have, you are challenged to divide your time among them. Danny is too young to recognize that Kenny's medical condition might get in the way of Mommy's attentiveness.

Robbie is different. He knows what it means to have a brother with a different looking face, who needs a lot of operations, whose clinical situation demands his parents' time and focus.

What needed to be said to answer Robbie's question could not wait. "Sit down", I said, patting the chair next to me. "Talk to me."

"When Kenny's in the hospital, I feel lonely, I have no one at home to play with and sometimes, even though I know it's not true, I feel like you and

Daddy love Kenny more than me.

"I know it's hard for Kenny to have to go to the doctor and the hospital all the time. I wouldn't want to have to and I'm definitely glad I don't have a big, red nose. But even so, I'm always sticking up for him. I let him win at games. And when we fight, even if I know he's wrong and I know I'm right, I take the heat.

"And, I stand by him; not just at school - strangers are always asking questions. I must've answered at least ten thousand about his nose. 'It's just a birthmark,' I tell them, 'he was born with it' and 'it's not his fault.'"

"Dad and I are aware of how you protect Kenny. When I'm not around to run interference, it's a comfort to know that you are. You are absolutely the best big brother Rob."

I thanked him for being the person he was: kind, sensitive, perceptive, funny, reliable, and bright. "I should tell you more often how much you mean to us." I described him as a strong role model, a loyal comrade, a defensive buffer, and safe anchor.

"You have supported Kenny and shown him that you love him no matter what. There are ways you have helped Daddy and me that cannot be measured. We love you more than words can say."

We looked at one another. I wasn't certain he got it all. I didn't know if it mattered. But I felt a connection. I was glad he shared his thoughts. It was an important moment between us.

Although we will continue to converse on the subject, it's difficult to assess the impact that Kenny's situation has had on Robbie.

"Can I go watch TV now?" Robbie asked, more than ready to change the subject. "Yes, go," I motioned.

I've published many articles about Kenny. I can speak volumes about his big brother, Robbie.

Deborah Breslow is a freelance writer who lives in Wyckoff with her husband, Jay and three sons: Robbie, 8, Kenny, 7 and Danny 4. Visit Breslow's Web site at <http://members.aol.com/djbreslow/funnyface/index.html>

The Color of Cancer

Independent support groups embrace patients and all those affected



BY DEB BRESLOW

Photos by Eugene Parciasepe Jr.

Family and friends are deeply affected when cancer touches a loved one. There are unexpected life disruptions, financial worries, and changing roles within relationships.

Many nonprofit groups exist to support family members by encouraging participation alongside the cancer patient, providing a venue for sharing and offering bereavement counseling.

At one time, support services were essentially hospital-based. Today, people living with cancer prefer a different environment.

Organizations that are independent of large treatment

facilities are smaller in scope and budget. However, their value lies in what they offer. The support groups featured are designed to educate, nurture, motivate and empower.

As one beneficiary of these groups relates, "Cancer is an emotional roller coaster that's only understood if you've taken the ride." This observation by Bergen resident Diane Meenan, currently in remission from lung cancer, crystallizes exactly why the nonmedical aspect of treatment – by professionals seasoned in dealing with the emotional onslaught patients face – is so essential. This story celebrates the people who foster the success of Bergen's two most established such programs, and the survivors and families who are part of them.

GILDA'S CLUB

Open the red door of this nondescript brick building in Hackensack, and immediately enter the tranquility of a very special place. The atmosphere is peaceful; comfortable couches and soft blankets adorn each room. Colorful toys and plush animals fill the children's area. Murals – painted and donated by local artists – decorate the hallways. Bulletin boards post information, events and heartfelt testimonials by members ranging in age from the youngest elementary schooler to advanced seniors.

Inspired by *Saturday Night Live* icon Gilda Radner, who died of ovarian cancer in 1989, Gilda's Club was born in its first location, on West Houston Street in Manhattan, just four years after her death. It was Radner's wish that a place be established where people of all ages could convene and support one another through the cancer journey.

EACH AN INDIVIDUAL

The northern New Jersey center, established in 1999, is one of 26 affiliates, each funded individually. Gilda's Club relies on the support of local businesses, fundraising events and donations from private citizens.

Donor recognition is subtle. Nothing about the clubhouse resembles a clinical setting. In fact, Noogieland, the children's program fondly named for the endearing "noogies" that the Bill Murray character Todd gave to his girlfriend, Lisa (Radner), is offered by all the clubs. Remarks in Noogieland vary from "I had fun in school" to "I hate cancer."

Mary Connolly, executive director of Gilda's Club Northern New Jersey, is knowledgeable and sensitive to members and their families. While selling ad space for a news publication, she befriended a co-worker with breast cancer. The friendship inspired her to change professions to try to help people suffering with cancer. After years at Bergen County's United Way, Mary was appointed to Gilda's Club in 2004.

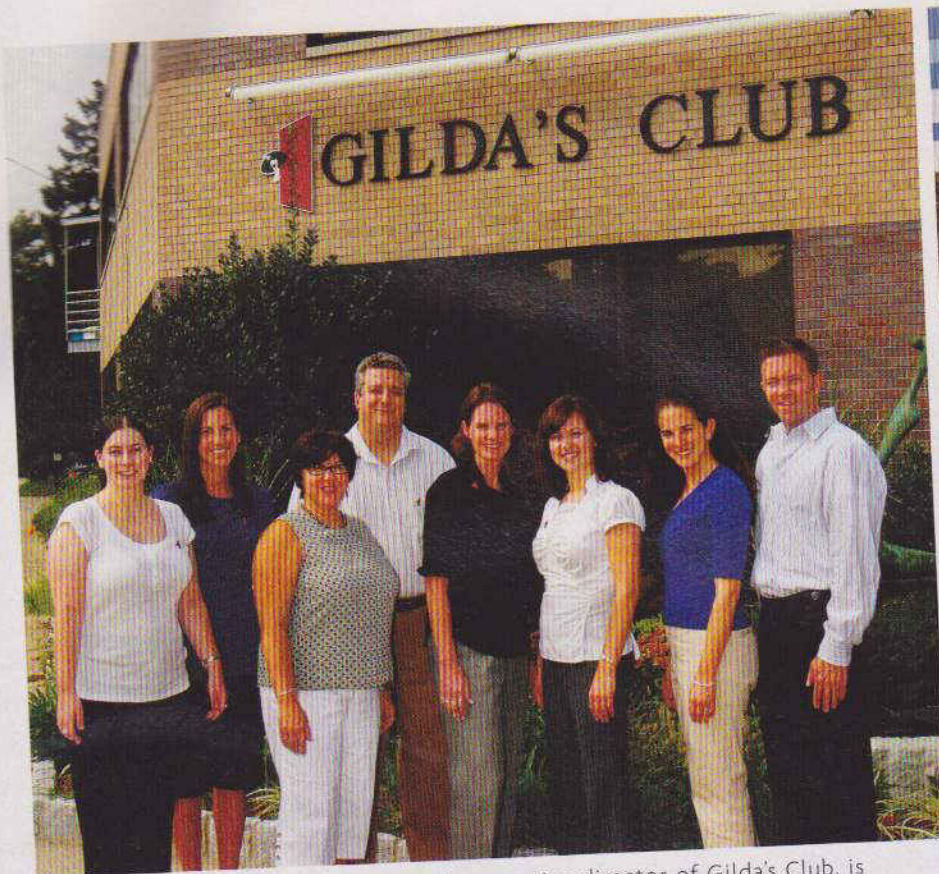
"The club is unique in its structure, message and language," Connolly explains. "People go to hospitals for treatment and surgery; they'd prefer a separate locale for a support group."

Gilda's Club does not make referrals, provide therapy, or endorse a medical treatment. "Phrases such as cancer

CONTINUING COMPASSION Pazia Belmonte's mother passed away in 2005. She spends time at Gilda's Club on a regular basis.



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TEAM EFFORT Mary Connolly (center), executive director of Gilda's Club, is grateful to the support of staff and volunteers.



FAMILY THERAPY Julie Hoyne, with her daughters Brielle and Aubrey, thanks Gilda's Club for helping her children cope with her illness.

victim or sufferer can be threatening," Connolly observes. "Our members are 'people living with cancer.'" And, while the club's programs are led by professionals, those professionals are quick to emphasize that it is members who are the experts. "Asking for help is hard," she continues. "The best consolation is talking with each other."

PLACE OF COMFORT

Most members return again and again to Gilda's Club. "From talks on financial planning to yoga instruction and room design, volunteers come through our red door regularly," Connolly notes.

In one evening, a mom with cancer attends a wellness group; her husband, a family/friends group; their teenage daughter, what is called Team Convene; and their young son, Noogieland. The family is split up purposely, Connolly explains, so members don't feel selfish addressing their own needs. "Caregivers go through their own trials," she says. "They fear potential loss, while stoically trying to keep the family together."

Diane Meenan of Lyndhurst learned of her lung cancer in January 2007. "I never miss my Gilda's Club meeting unless I simply can't get out of bed," she says, overcome with emotion. "I'm overwhelmed with worry: 'Why can't I stop

crying?' 'How do I accept the fact that I might die?' And, if I don't, 'How will I rebuild my life?' I get all the answers from members at Gilda's Club."

"I know I'll feel better when I leave," she adds. "I know there's hope there. Hope keeps me going."

Facilitated by Rachel Gottlieb, a licensed clinical social worker and the youth program manager, kids participate in age-appropriate discussions. "It's easier for a kid to relate to what a peer says than to ask his mom about her own cancer ordeal," says Gottlieb. "What isn't 'normal' at school is common here." Kids openly address their fears about death and gain control. "Mommy," one child reported, "I met a kid whose father died, and he's really OK." As with adults, art, creative writing and yoga are used to help kids navigate through a range of emotions.

WARM WELCOME

Julie Hoyne, an East Rutherford native and single parent, was diagnosed with brain cancer in 2003. After removal of 95 percent of her left frontal lobe, Hoyne was in active treatment until 2005.

Initially reluctant to go, Hoyne finally relented, visiting Gilda's Club a year after her diagnosis. "I don't know

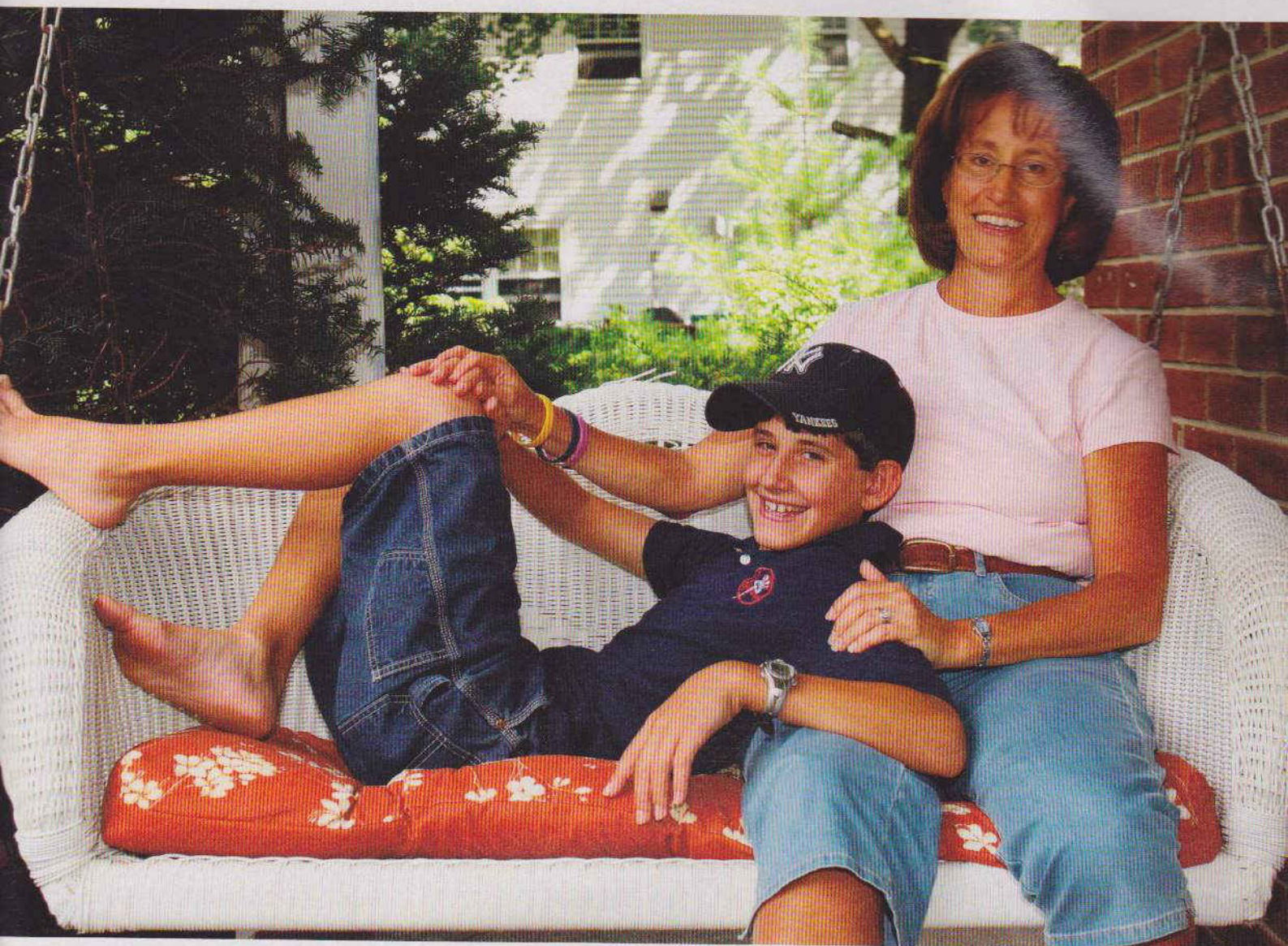
where my family would be without the support of Gilda's Club," admits Hoyne, who has two daughters, ages 5 and 13. "The girls' worries have ranged from missing my long hair to fears about losing me forever."

The younger girl, Brielle, has frequent night terrors, but finds some solace in an apparatus known as the "feelings clock." "Rachel [the social worker] hands you the clock, and you point the arrow on a feeling: like sad or happy, grumpy or mad," Brielle explains. Older daughter Aubrey shares that early on, the girls sketched a doll and then painted her, using different colors to portray their feelings. "I used blue paint for 'sad,'" she remembers.

Somewhat shy, Aubrey has warmed to Noogieland. "It's a place to express my feelings. Sometimes, we sit in a circle and pass around a cuddly bear. When it comes to you, you say your name, and why you hate cancer. You don't have to talk if you don't want to."

Two years off chemotherapy, Julie's still most comfortable in the Wellness Group. "Even though they're still in treatment, I connect with them because I've been there."

A former receptionist, Julie can no longer work. She is grateful that Gilda's Club is free.



KICKING BACK Jack Szigety, relaxing at home with his mother, Karen, is currently in remission with Hodgkin's disease.

CANCERCARE OF NEW JERSEY

Right in the heart of Ridgewood, help, hope and comfort are available to those affected by cancer. Across from a lovely park and up the stairs, the patient – or a sympathetic visitor – opens the door to a quiet waiting area. Clearly marked pamphlets, with information and resources, guide in her journey.

Since 1944, CancerCare, a national nonprofit, community-based organization, has been providing free services to promote emotional healing and help alleviate concerns associated with cancer; CancerCare of New Jersey was founded in 1982, and between the Ridgewood headquarters and its satellite offices across the state, now provides individual help to more than 11,000 patients each year.

Nearly all of those have had some

hospital inpatient care at some point during their cancer journey. But, aside from the all-important medical treatment at these facilities, CancerCare administrators believe their own work fulfills an essential role in patients' experience battling cancer. "Hospital-based programs tend to focus on discharge planning," says Kathy Nugent, LCSW, director of social services for CancerCare of New Jersey, and one of the Ridgewood office's 10 staffers. "A cancer diagnosis changes everything for a family. We provide help to patients, family members who care for them, and bereavement counseling for those who have lost a loved one."

POWER TO HELP

Among CancerCare's high-profile partners Susan G. Komen Breast Cancer Foundation, Bergen County's United Way, the Avon Foundation and Horizon Blue Cross Blue Shield. Financial grants

are provided for outreach, transportation, home care, medications, bilingual counseling and caregiver support. Funds are also raised through charitable contributions and aid from the pharmaceutical industry. The Lance Armstrong Foundation, the source of those ubiquitous yellow "livestrong" bracelets, provides funds to CancerCare of New Jersey to service their call center.

While young cancer patients do visit Hackensack University Medical Center (HUMC) for treatment and support, the Ridgewood office's CancerCare for Kids program offers counseling to children whose parents, siblings or grandparents are affected by the illness. Susan Barrett, a licensed social worker and CancerCare's Children's Outreach Project coordinator, provides additional support to parents of children with cancer.

Ridgewood resident Karen Szigety >



THE CANCERCARE TEAM (Sitting) Stephanie Karlo, Kathy Trethaway and Judy Mosca. (Standing) Susan Barrett, M.S.W.; Glen Meuche; and Sonia Pacheco, M.S.W.

remembers just how vital that support was in 2004, when her son Jack was diagnosed with Hodgkin's disease in 2004. "He'd just turned 10," Szigety says. "My life was all about research." Prior to Jack's stem cell transplant in 2006, she explains, she kept a journal to catalog his cancer experience. "When he went into remission, all my emotions came to the surface."

Based on her experience, Szigety believes that parents and family members need perhaps even more compassion and counseling during the aftermath of a long-term treatment than immediately following diagnosis. "People want a happy ending to cancer. But, there are long-term side effects that can

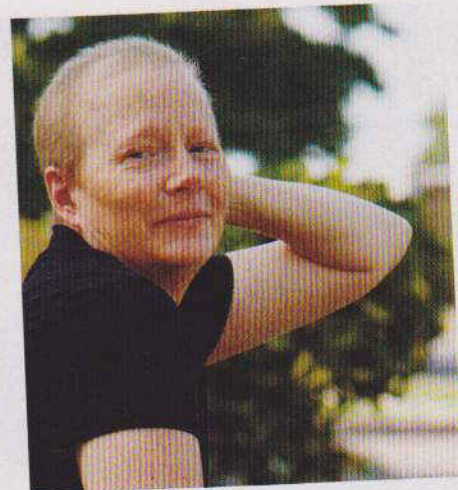
be frightening to think about," she adds. "With Susan, I process the unknowns."

"The unknowns" can be particularly frightening when the tables are turned — when youngsters watch a parent go through the treatment process. "Kids hide emotions because it's scary for them," notes Barrett explains. "It can take as long as two years to say 'I'm angry my mom got cancer.'"

THE COLOR OF GRIEF

The Color of Grief, a teen-bereavement workshop organized by CancerCare, highlighted artists who used painting as a medium to work through loss.

Twelve-year-old Ben Currey lost his



HOPE FLOATS Diana Meenan is fortified by her support system at Gilda's Club

older brother, Nick, in 2005. "Siblings deal with grief much differently than parents do," notes Ben's mother, Nancy Barrett "helps Ben convey his feelings without feeling threatened." Nancy Currey adds that HUMC has a program that would be appropriate, but, she says, "we can't go back there; the associations are too painful."

More positive associations, even when the subject is a dreaded illness, are the group's goal. Stephanie Karlo, regional director for CancerCare, emphasizes that "word of mouth" referrals are critical to the organization's success. This draws patients and family members through the door to avail themselves of one-on-one therapy, as well as financial support for a patient's treatment and medications. The group also offers Internet support, a resource library and access to free, gently used wigs. "We assist the underinsured, uninsured and undocumented members of our community," Karlo states clearly; all told, in 2006, CancerCare provided \$270,000 in assistance for families and individuals in need.

There's more. CancerCare's telephone education workshops reach patients who are unable to leave home. If a phone lecture is missed, it can be heard at a later date. Nationally, more than 600 people affected by cancer can listen simultaneously. Now, that's outreach — for a population that truly needs it. ■

Gilda's Club of Northern New Jersey,
575 Main St., Hackensack,
(201) 457-1670; www.gildasclubnnj.org

CancerCare of New Jersey,
141 Dayton St., Ridgewood,
(201) 444-6630; www.cancercarenj.org

OTHER VIEWS

Another sad chapter

By DEB BRESLOW

BITTERSWEET. The moving truck, parked alongside Bennett Books in Wyckoff, had a job to do. Bookcases and fixtures were loaded into the truck while owners Betty and John Bennett looked on. After a 19-year run, they were closing.

Used books: two for \$1; remaining soft covers: filed haphazardly; specialty titles: stacked in boxes. I was compelled to take one last look. Amid stark surroundings, I recalled my many questions. I always got my answer — without being sent to a central information desk.

Searching for uncertainty on the owners' faces, I didn't find it. When you make a decision as important as this, you have to be sure. Respecting their need for privacy, I bid them well.

Can small bookstores survive? Conglomerates are taking over the book-selling market. The American public, accustomed to immediacy, would rather download travel tips, recipes and medical information than look in a book.

We also appreciate personal service and attention and welcome the opportunity to have our horizons broadened. Independent booksellers can make an impact by offering a verbal exchange of ideas.

Attracting clientele

Robert Kutik, owner of Womrath's of Tenafly (formerly Womrath's of Hackensack), has been in a bookselling family since 1949.

"You need more than a desirable location to bring in business," Kutik, who

The latest closing of a much-loved and respected independent bookstore is representative of change on a larger scale.

bought his Tenafly shop in 2002, said. "We assess programs to attract clientele every six months to remain competitive."

The Bergen County blue laws, banning commerce on Sundays and on holidays, do not restrict selling books. Womrath's provides cross-merchandising: a wine-and-cheese event brings townspeople to the local cheese shop for tasting and a review of books on wine.

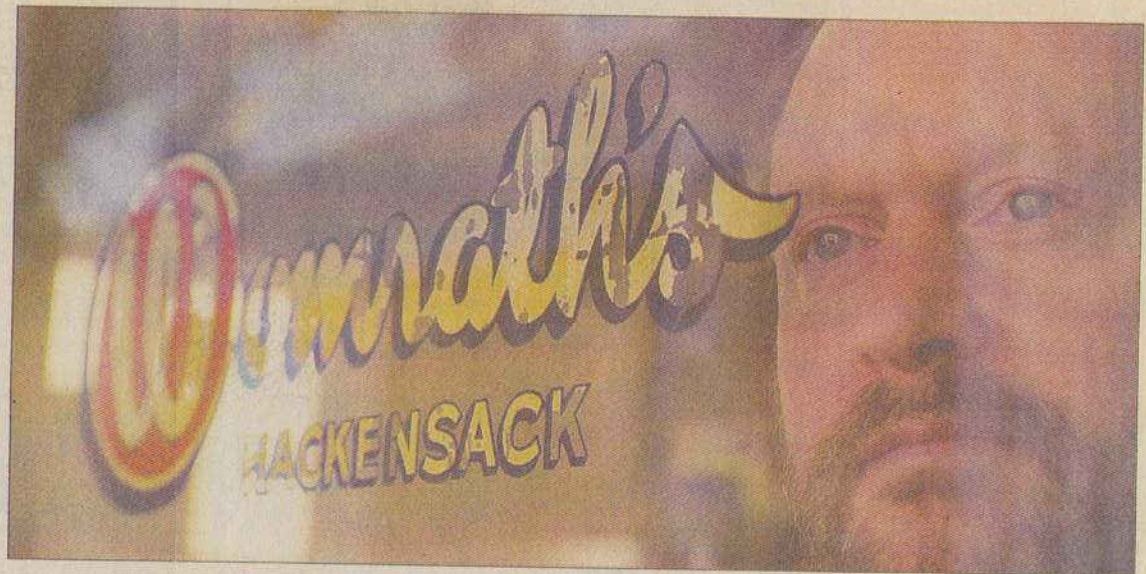
Personal service such as home delivery of books is offered to the elderly. Womrath's sponsors charitable luncheons for schools and religious organizations highlighting popular authors.

Nine years ago, Laura Heumer became owner of Goldfinch Books in Maplewood. "We are very fortunate," Heumer notes. "Our success is due to the conscience of the townspeople."

Heumer must be on top of strategies to compete with the big box stores. Her staffers, all residents of Maplewood, are underpaid. They remain because they love books and want to support customers in making the right choices.

Unlike the larger chain stores, Goldfinch Books has character.

"We stock books and gift items that people in town are interested in, such as art and music," Heumer said. "We're



Bob Kutik, owner of Womrath's, at his Hackensack storefront in 2001 just before he closed it and moved to Tenafly. Last week, Bennett Books of Wyckoff, New Jersey's largest independent bookstore, shut its doors after nearly two decades.

DANIELLE P. RICHARDS / THE RECORD

also aware of what the women are reading." Fifty book clubs order from the shop annually.

To a large store, staying in the black is easy. Without a new Harry Potter in 2007, Heumer worries about remaining solvent.

A personal touch

Bookends in Ridgewood was purchased by Pat and Walter Boyer in 2002. There are four chain bookstores within 10 minutes of Ridgewood, including the tri-state's largest, Barnes and Noble. With fierce competition, Bookends thrives by promoting authors, a handsome selection of autographed books, Web-based communications and educational toys and games.

To ensure the best customer service, Boyer remains in the store while his wife, Pat, oversees event planning.

The purchase of an autographed book allows customers to meet celebri-

ties, athletes and favorite authors at no charge. "We do over 80 signings a year," Boyer said.

On the pulse of what people want to read, the staff has read the books themselves. They can engage in conversation about a book. Volume stores can't do that since many of their employees are hired seasonally.

Discounted books are sold in supermarkets and stores like Costco. How sad that many select a book title for its low cost rather than its content.

The latest closing of a much-loved and respected independent bookstore is representative of change on a larger scale. We are encouraged to buy locally, but the local pharmacy, hardware store and toy shop have become obsolete, replaced by banks and nail salons. As these small businesses close, we take to the highway.

By supporting the independent bookseller, we get more for our money: per-

sonal service, knowledgeable, responsive and motivated staff, convenient location, charming atmosphere, vibrant dialogue, and, perhaps most important to this avid reader, a recommendation for a good book.

It was Dad's birthday. The Barnes and Noble gift card was in my purse. Braving Route 17 traffic, I entered the parking lot. Circling three times, I found a spot. Once inside, I eyed the 15,000-square-foot expanse: a true "superstore."

Too many inquirers at the information desk; I located NON-FICTION. Book in hand, I waited on the winding line. Checking out, I dared to ask: "Have you read this? It's by Susan Cheever, daughter of John Cheever."

The twenty-something boy responded indifferently, "Who's John Cheever?" Bennett Books, I miss you already.

Deb Breslow is a freelance writer. She lives in Wyckoff with her husband and three sons.

ccanetwork

newsletter of the children's craniofacial association

Cher — honorary chairperson

summer 2007

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Facing Forward, Children's Craniofacial Association, 2007



message from the program director

The 17th Annual Cher's Family Retreat is now history. After months of anticipation, it all seems to go by so quickly. I truly enjoyed seeing old friends as well as making so many new ones.

Watching new families interact and get to know one another is truly amazing. Upon her arrival, new-comer Tamara Mantlo located me, anxious to be introduced to the Sanborn family with whom she'd talked numerous times through e-mail.

facing forward

By Deborah Breslow

Chart in hand, Kenny's doctor was ready for his next patient. Approaching the doctor with resolve, Jay asked, "Kenny wondered, actually, we wondered, what happens from here? Can Kenny play baseball without his cage? Can he play goalie in soccer? Is there a chance he could ever play football?"

The doctor folded the chart he was reviewing. "Let me be more clear, Mr. Breslow. Kenny has no restrictions. He can do whatever he wants. He should go out there and be a normal kid."

Did "living normally" fit into the realm of our existence? "Doctor!" I called. "I need you to do something for me." Handing him pen and pad, I began to dictate: "As per our discussion today, January 16, 2007, the chances of a life threatening bleed from the nose are close to zero.

see **kenny**, page 12



We wish to thank Bally's, a corporate sponsor, for helping to fund the CCANetwork.

Please consider a corporate sponsorship. Contact Jill Gorecki, JGorecki@CCAKids.com

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Kenny, before his surgery

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The progression of disease has ceased. The worst is over."

His face softened. "You don't need it in writing, Debbie. What you need is to start believing it. It's time to greet the world facing forward."

I stood still, taking in what he'd said. "C'mon Kenny," Jay called, "let's get you back to school." Following them out to the parking garage, I sensed Kenny's quiet. Did he hear everything we heard? Did he comprehend the good news?

"Everything okay, Ken?" I asked, mussing up his hair. "Not really," he said. "It hurt when he was pinching my nose."

We drove home from New York, each in our own thoughts. The ride was uneventful: lighter traffic, lighter hearts.

Greet the world facing forward. Admittedly, this concept was foreign to me. And, on a deeper and

more personal level, how much was this about Kenny's need to move ahead as it was about mine?

Looking Back

There are strings attached to giving birth to a child with a rare medical condition. At first you blame yourself. The

guilt consumes you. You want to retreat but you can't. Your better sense prevails; "I must find out what's wrong with my son and how best to treat him. I am determined to find the right doctor, the best hospital ..."

Twinges of remorse are replaced by anger and self-pity: "Why me?" Then, miraculously, your inner voice takes over. You begin to reach a higher awareness.

Then you take action. You become the researcher, communicator, facilitator, educator and advocate.

You may refer to your child as 'sick.' Though this is unfair (as most labels are), it is a way to let others know that your life is different from theirs. You want to convey that you have been tested in a way that perhaps they have not.

When people tell you "I don't know how you do it" or think you're a saint, you remind them that, if they were dealt the same hand

of cards, they would act accordingly.

When the child is a baby, you feel as though you are experiencing what {he is} they are. His cries of pain are felt in your body. You rationalize by hoping that because he is so young, he won't 'remember' fear, pain, blood, sutures or scars.

Soon you become more thick-skinned. When speaking about a part of your child's body, you become "detached." Medical discussions take place as though you are speaking about an inanimate object, not your child.

On days that you feel you can no longer put one foot in front of the other, you reach out for help. Your child's illness has a ripple effect, and family, friends, caregivers and clergy come to your aid.

Being in crisis, living in crisis becomes the norm. Plans are made to be broken. You thrive on adrenalin. All the time, tasks, energy and effort associated with taking care of that child are yours. You forget where you end and he begins.

Moving Onward

After nine years of continuous medical intervention, I am certain that Kenny has moved on faster than I. Ongoing medical treatment has

resulted in countless life interruptions. Bearing a facial difference has evoked unkind behavior from others: teasing, staring, hurtful whispers and remarks.

Yet, his level of acceptance and resilience is unsurpassed. His experience has offered him a greater understanding of life. He rolls with the ups and downs and continues to land on both feet. He excels in academics, athletics and art; he is sensitive, funny and surrounded by friends.

Psychosocial intervention during the early years of diagnosis and medical treatment helped to foster healthier reactions to his personal trials and the insensitivity of others,

Taking a moment to reflect, I consider the concept of letting my guard down. If Kenny is no longer sick, and the situation is no longer acute, this mindset of fear and worry can no longer be.

I decided to speak to another mother who has dedicated her adult life to the support and advocacy of children with rare craniofacial conditions. She reminds me about "cautious optimism," a middle ground.

When sharing Kenny's news, she shares the experience of her adult

continued next page ⇒

son. Having undergone 17 years of medical intervention, he is now married and living a normal life. Reflecting on her role in his life then, she admits that it overtook her; it was her identity.

Expressing her role in his life now, she believes she has moved on. She so much as told me, "That was another country and I'm outta there!" This does not mean she no longer cares for her son. She would do anything to support him. But she has made peace with the fact that the responsibility for coping with his birth defect and subsequent residuals are his.

Following our conversation, I am struck by the notion that though

younger in years, Kenny has also faced life with grace. He sees his life and personal circumstances as being just what they are. He has learned to accommodate. I may have contributed some to this framework, but it is Kenny who has prevailed. He has taken the adversity and turned it into something great. He is a better person for it and, undoubtedly, I am too.

Deborah Breslow is a freelance writer and the mother of three boys: Robbie (11), Kenny (10) and Danny (7). She lives in Wyckoff, NJ with her husband, Jay. Visit Ms. Breslow's website at <http://members.aol.com/djbreslow/funnyface/index.html>.



Kenny and his mom

you can make a difference

Congressman Mike Ross has once again introduced legislation to the US Congress that will guarantee insurance coverage for craniofacial patients. This legislation (HR 2820) was proposed because insurance companies often label reconstructive care as "cosmetic" and deny coverage for this or other reasons. The Reconstructive Surgery Act seeks to guarantee that insurance companies meet their obligations to cover medically necessary care.

If this legislation is ever to become law we need the help of ALL of our readers. By doing something as simple as signing a petition, making a phone call or writing a letter, you can make a huge difference for families who struggle with insurance issues. In fact, you don't even have to compose the letter; it has been done for you. Please visit www.aica-advocates.blogspot.com, copy the letter on the left-hand column, omitting paragraphs that might not pertain to your situation and/or adding pertinent personal experiences. Then, if you don't know who your legislators are, enter your zip code in the box in the right hand column and you will get all the information you need. It's that easy. Now fax or mail the letters to your elected officials and you will make a difference.

In addition to the letter campaign, on September 26th during Craniofacial Acceptance Month, we will have a national call day. We ask that each of you call your US Representatives, mention that you previously wrote them (if applicable) and ask them to support HR 2820. Please visit our website www.ccakids.org or call us at 800-535-3643 for information and instructions.

One more thing you can do is sign the on-line petition in support of HR 2820 that will be sent to each member of congress. After you have signed the petition send this link to everyone you know. Numbers speak volumes, so let's show congress how we feel.

www.thepetitionsite.com/1/craniofacial

Distraction

Or, where is my organized life?

BY DEBORAH BRESLOW

Crash!

"Mommy, Danny threw the remote at the TV!"

Meow!

"Mommy, Kenny stepped on Calie's tail!"

Ouch!

"Mom, Robbie punched me!"

The realities of life can be trying. Valiant attempts to accept the nuances of raising three active boys result in conflicting emotions. On any given day, I vacillate between surrender and despair.

Possessing top-notch organizational skills at the executive level, I remind myself that I am equally capable as a mother. Though unprepared for the demands of child rearing, I am doing my best.

Yet, the inner discord remains. I want to do it all and I can't. I've noticed that my time management skills have taken a beating; my ability to set priorities has faltered. Sometime between carrying a briefcase, moaning with labor pains and driving to baseball practice, I lost momentum.

The tabloids preach: "How to be good to YOU" "How to find time for ME" "How to balance your inner self, your kids and your marriage."

What I'd like to know is how to read 10 books in a month, write a prize-winning novel and rescue homeless dogs while meeting my required responsibilities. Can we live our passions even when life gets in the way?

It's 6 a.m. I stumble into the kitchen. Reaching in the cupboard, I grab hold. That red canister makes me happy. While the coffee perks, I turn the stereo on low. The "family" cat, coincidentally my responsibility, waits for the window to open. As I hum along to the music, the cat gives me a discriminating look.

I imagine I'm back in college, holding a beer while listening to a local band. I

close my eyes. I begin to sway. I spill my coffee. I need paper towels. Then it happens: the stampede down the stairs. My moment is over; a record 52 seconds.

"Hi, Mom, did you buy Pop-Tarts; the kind I like this time?"

"Hi, Mommy, I'm wet."

"Mom, the tooth fairy forgot to take my tooth AND she left only one dollar!"

"Good morning guys!"

Breakfast is served but there's not enough milk. Clothing is distributed but my choices are wrong. Lunches are packed but, unbeknownst to me; no one likes grape juice anymore.

During the few seconds I allow myself to shower, it is quiet again.

"Mom, Robbie knocked down my Lego tower!"

Shower over—I dress in seconds. How did I ever have time for pantyhose?

Attempting to decipher the ranting of my screaming boys, I feign calm. I'm certainly able to have a fair and healthy reaction to the accusations and defenses of three boys under the age of 10.

But I don't. I fall into the act with the rest of them. "Mom, shut the windows! The neighbors can hear you!"

We manage to depart for school. "Wait up," I call to my oldest as he storms ahead. His scathing look says it all: "Don't you know not to scream louder than we do?"

Stomping, my middle son attempts to get his sneakers on without untying them. My 5-year-old, sensing my tension, grabs onto my hand: "I love you Mommy."

We arrive at school. Each joins his class line. No one says goodbye. Feelings of guilt seep in concerning my morning lunacy.

I stand in the empty parking lot; reflecting on the morning. I contemplate how best to connect life as I know it with life as I want it to be. My sons have for-



Deborah Breslow with sons Robbie, 10, Kenny, 9 and Danny, 6.

gotten about the various calamities that provoked Mommy to an uproar. I am a bubbling cauldron but the boys have moved on. They are not concerned with my threats and warnings. To them, it was a daily testosterone test.

Sauntering home, I think about the state of my house. No doubt I'll be anchored in a state of crouch. "Try the newest Pilates pose: The Crouch! Exercise while picking up dirty underwear, library books, and tangled video game wires!"

There's so much to be done! How do mothers with full-time jobs do it? As it is, I vote for an extra 10 hours to the day. Picking up the pace, I do accomplish—not always to standards of perfection; not even close.

Chores completed, I make the last of the beds. What is this under the pillow? A note addressed to me:

Mommy! You do a lot of stuff. You buy us stuff. You yell but you should take a rest one day. xxxooo

On the nightstand, a family photo: "Family is forever; Families stay together even when times are bad; Love is the foundation of a family." Next to it: a self-portrait drawn in preschool. On the wall, the black and white photo of the three boys looking out at the lake at Ramapo Reservation. I can remember watching them skip stones. My eyes begin to tear. I

love my boys.

Simon and Garfunkel come to mind: "Time it was and what a time it was, it was—a time of innocence, a time of confidences. Long ago it must be—I saw a photograph: preserve your memories, they're all that's left you."

Controversy abounds as to whether "we moms" can balance personal goals, children, marriage and household.

My current occupation means placing passions on the back burner. Doing so requires a certain amount of acceptance. It has to! Otherwise, I'd be in a sun-room making lanyards in a place called 'Shady Something.'

The daunting task of making dinner overwhelms me. "You can do this!" I tell myself. My mother put a well balanced meal on the table every night of our formative years.

Struggle may be part of who we are but motherhood is tough. It is the truest test of personal growth. If we acknowledge everyday life for what it is, we owe it to ourselves to hold onto our dreams for the future. For me, I know that one day I will realize inner calm, peace of mind, and, if possible, my first novel.

Deborah Breslow is a freelance writer and the mother of three boys: Robbie, 10, Kenny, 9 and Danny, 6. She lives in Wyckoff with her husband, Jay.

Individual Voices is a section that allows mothers and fathers throughout our area to express their views about various aspects of parenting. Readers are encouraged to submit essays of 500-750 words on a subject related to family life that will enlighten, amuse, or educate other parents. Readers whose essays are printed will receive a package of children's books and tapes. Submit manuscripts by mail to: *The Parent Paper*, 1 Garret Mountain Plaza, PO Box 471, West Paterson, NJ 07424-0471; by fax: 973-569-7725; or by e-mail: parentpaper@northjersey.com.

Cups in the kitchen

BY DEBORAH BRESLOW

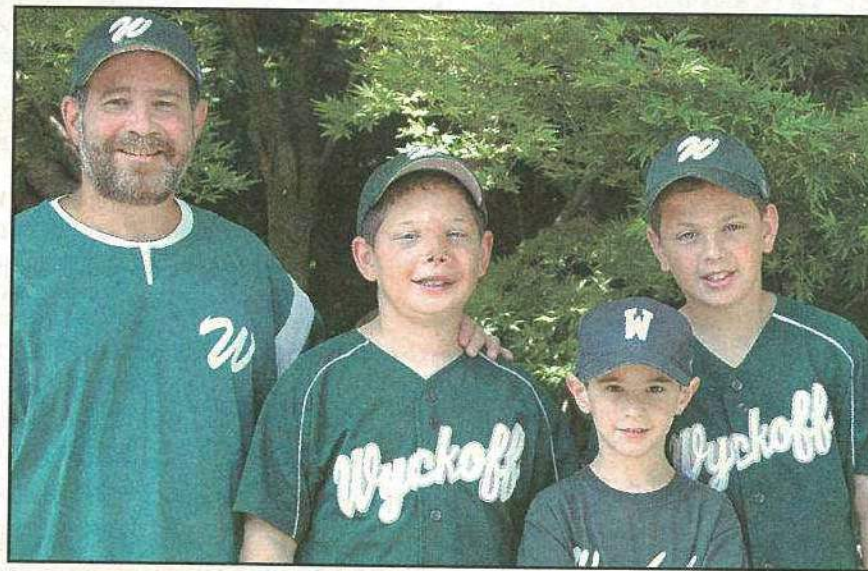
Atta' boy!" "Good eye!" "Nice rip!" "Get down!" "Watch the steal!" "Be a hitter!" "Run it out!" If these calls are not familiar, don't despair. Welcome to the world of baseball.

Meet my family: an 11-year-old first-baseman, a 10-year-old pitcher, a 7-year-old rookie and a 50-year-old coach. Dinner on a good night during baseball season: eggs, toast, juice and pudding. Dinner on a bad night: Big Mac, Coke, fries and a Blizzard. Dinner in a pinch: the remains of a Happy Meal, warm juice, crumbled pretzels and what's left on the Good Humor truck. Health food fanatics beware: you cannot survive the season without the basic four: pizza, Gatorade, cheese-doodles and M&Ms.

My husband played baseball in utero. Though I don't have sonographic proof of this, I'm certain it's true. On our third date, I was asked to meet him at a field. Parking in the adjacent parking lot, I checked my makeup and sauntered toward the dugout. Eager to impress, I flashed my best smile. No one on the bench returned the gesture.

Jay was on the pitcher's mound. "Hi!" I called. He turned his head and shot me a scowl. It was clear there were three things that would always come between us: a leather glove, a red-stitched hard ball and a metal bat.

I was destined to give birth to boys. But three? It was a secret pact between my husband and God. I did not know that when cleats get wet, you have to stuff them with newspaper; that it's not the catcher's mound, it is home plate; that I would bond with an industrial-sized drum of



The author's husband, Jay, with sons Kenny, Danny and Robbie.

Triple Action Shout; and that every counter would house a plastic, foam-rimmed, triangular cup.

We're given a mandatory directive to purchase these for our boys. My husband defers to me. The salesman at the store is of no help. Our son is busy trying on batting helmets. "What size did you need ma'am?" How do I know?

Ask me about a coffee cup, a measuring cup, or a cup of sugar - this is just not my domain!

I am not a sports fan. I do not know the difference between foul and fair territory, the location of the strike zone, the top of the 1st or the bottom of the 6th.

But I gave in. We purchased the minivan and the folding chair with mesh cup holder. I judiciously check my e-mail for weather cancellations. My cooler holds provisions for any fan that may become hungry, thirsty, or bored. Uniforms are washed, schedules are posted, and everyone gets to practice on time.

Attempting to keep order, the dia-

logue prevails: "Did you wash my shirt?" "Which one?" "The green one!" "Is it green with a white stripe?" "No, that's the AWAY one." Sixteen green shirts; no one knows where they are.

Even Jay, who juggles a full-time job, coaches travel baseball, T-Ball, and in between, attends my other son's games, plays softball twice a week. "I need something to do in my down time," he explains.

Year to year, I ask myself: "Are we having fun yet?" The frenetic pace and commitment of time is incomprehensible. No one cares about eating dinner at 10, a double header in the hot sun, or an interminable drive to an out-of-town playing field.

Night after night, the boys toss hats, drop bat bags and peel off sticky, clay-stained uniforms. They shower with their eyes closed.

From the sidelines, I cheer "GO GREEN." But it's natural to pay close attention to your own son. You watch his wind up. "Throw strikes." You watch his batting stance. "Hit the

ball." You watch the play. "Get on base." You know he'll steal. "Run hard." At first base, a ball comes his way. "Watch your footwork." In the outfield, the ball sails high and deep over his head. "Turn and go." You hope he'll always be a good sport.

The season ends. Involved in their next summer activity, the allure of baseball is over. But not for me - I still hear cleats hit together to loosen the dirt; the thud of a hard ball caught in a glove; the skidding of heels sliding into third; the spirited chant of players converging before a game.

What resonates in my mind when the skies are grey, the air is cold and the fields are empty is the distance they keep and the focus they have throughout the season:

He hits a bomb and rounds the bases, he makes an impossible catch in the outfield; he pitches a one, two, three inning; he scores the winning run: a glorious triumph; he makes the final out: the team suffers a loss.

No matter the circumstance, it's what he gives back - the modest smile he throws your direction, a tear down his cheek from under the brim of his cap, a demonstrative high-five, or an evasive walk from the field without acknowledgement of your existence.

But when that car door slams, he waits; for you.

Words aren't necessary. It's the expression of body language or eye contact that transpires from him on the field to you in the stands that says it all. He knows you're there, he knows you care and he's happy. It's all that matters.

Deborah Breslow is a freelance writer from Wyckoff. Visit her Web site at <http://members.aol.com/djbreslow/funnyface/index.html>

INDIVIDUAL VOICES is a forum for readers. Tell us something about your family, the issues that affect you, or your viewpoints on parenting. Make us laugh, learn or cry. We are looking for submissions of up to 1,000 words, along with snapshots of you or your family, to appear in our magazine. Send manuscripts to: The Parent Paper, 1 Garret Mountain Plaza, PO Box 471, West Paterson, NJ 07424-0471. Or e-mail: parentpaper@northjersey.com. (Please put "Individual Voices" in the subject line.) Readers whose essays are printed will receive a package of children's books or tapes.

Because I said so

BY DEBORAH BRESLOW

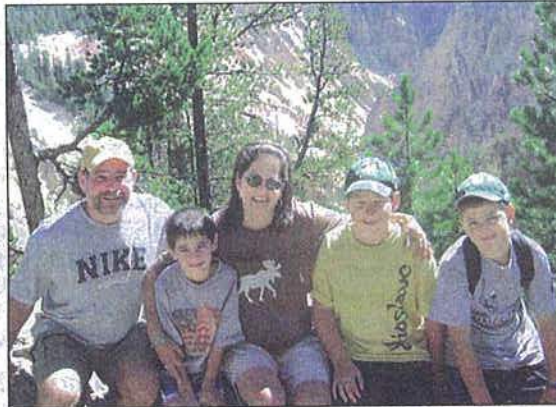
The summer before entering 7th grade, my parents gave me the choice of attending junior high school in my district or being bussed to school on the other side of town. The advantage to the former: the security and familiarity of my best girlfriends. The advantage to the latter: my father was not the principal of the school. I chose the path that felt right at the time and settled for middle school alongside my peers. How bad could Dad be?

Webster's defines adolescence as a transitional period between youth and maturity; a time of conflict. Experts write about that cycle; likening it to an emotional roller coaster. Having attended middle school under the tutelage of my father, I'd have to agree. Awkward physical changes and psychological highs and lows were tough enough. But standing on the sidelines while Dad reprimanded kids daily for running in the halls, passing notes in class and starting food fights in the cafeteria was nothing short of traumatic. I wanted to evaporate when I heard his voice on the PA system. When I saw him in the hallway, I looked away; hoping to fade into a locker. In the car, I took it as a personal affront when he glanced in the rear-view mirror. "Why is he looking at me? What did I do?"

Amidst the inner turbulence, I was loyal to my favorite TV show: *Father Knows Best*. Often regarded as an example of the conservative nature of American family life in the 1950s, critics saw it as an overly rosy portrayal. Each evening, I got lost in the predictable, 30-minute segments. While the situations in the Anderson family changed from day to day, the rules of the household remained the same. Children spoke courteously, elders were respected, conflicts were resolved, and for the most part, the members of the cast were inspired by faith, love and the Golden Rule.

I rarely argued with my parents. While I may not have agreed with everything they told me to do, I knew not to question them. I behaved in my home as my girlfriends did in theirs. Parents were parents and we were their kids. Instinct told us that they knew more than we did.

"Be a good girl," my mother warned. But she



Deborah and Jay Breslow with their three sons.

didn't have to say it. My Dad had a loud voice and a volatile temper. Spanking was not out of the question. My brother and I expected to be punished for bad behavior. We may not have worried about suspensions at school but we worried about actions and reactions at home. We did not cross him; or any grown-up for that matter.

Like it or not, we knew our place in the lineage. Children and adults were not equals. As such, we didn't have the same rights and privileges.

I am now a mother of three; two of whom are in middle school. I wonder now how my father endured 35 years of middle school administration. They couldn't have paid ME enough.

My husband and I try to follow an organized system to raising our children. But the only thing for which I'm certain is that we utilize the tools that were successful in our own upbringing; distilling the techniques that now feel old fashioned. We support our sons' efforts in all aspects of their lives. But how much of the responsibility is ours and how much do they need to experience first-hand?

Our first brush on the other end of "NO" was when I told my toddler (now 13) not to eat the cat's dry food from her bowl. "NO," he told me; continuing to scoop out handfuls of tuna-flavored kibble. When my middle son (now 12) took his older brother's teddy from his crib, I told him: "Put that back, it's not yours". "NO," he cried, running quickly with Teddy in hand.

Lately, "NO" has evolved into "WHY?" When I respond NO, the immediate counter is WHY? They honestly expect an explanation for a parental deci-

sion. It shocked me at first; particularly because it was so opposite to my own experience. But, throughout the past few years, I've learned to brace myself for the argument. I explain regularly that I do not make requests. Rather, I make statements. This concept is foreign to them. They have become master negotiators.

Recently, after telling my son that staying up until midnight on a school night was not OK, he pointed to his Dad watching the news and reminded us that all men are created equal.

It's no longer 1970. While the conservatism of the 50s feels outdated, I yearn for some semblance of balance. Mother isn't always right. Father isn't perfect. But our life experience and maturity have to account for something.

We DO know more than they do. And, we understand the consequences for improper behavior. We survived without immediate gratification and know that they can too. We were not entertained every afternoon and weekend and still managed to have fun. Our futures were not plotted out for us and we all found our way.

Our kids have more leeway and a sense of entitlement that we didn't know existed. The current media portrays parents in a way that is demeaning to us. Kids model their TV heroes and sadly, those heroes do not respect their elders. Ultimately, the fault lies with us.

I've gained a healthy respect for the turmoil of adolescence. What adds to the confusion is the missing happy medium. We need a balance between the fear factor that I grew up with, the wholesomeness of the Anderson family, and the more complex challenges of parenting in today's environment. There is wisdom to be gained from tossing your dirty clothes in the hamper, taking out the garbage, feeding the dog and making your bed.

I was raised with consistency and conviction. While I see myself as more open-minded, flexible and tolerant than my parents were, I remain convinced that our kids need to accept that until they are adults themselves, Mom and Dad really do know best.

Deborah Breslow is a freelance writer. She lives in Wyckoff with her husband, Jay, and three sons. Visit Breslow's Web site at www.djbreslow.com

INDIVIDUAL VOICES is a section that allows mothers and fathers throughout our area to express their views about various aspects of parenting. Readers are encouraged to submit essays of 500-750 words on a subject related to family life that will enlighten, amuse or educate other parents. Readers whose essays are printed will receive a package of children's books and tapes. Submit manuscripts by mail to: *The Parent Paper*, 1 Garret Mountain Plaza, PO Box 471, Woodland Park, NJ 07424-0471; or by e-mail: parentpaper@northjersey.com.

Loyal Fans, The Parent Paper, 2011 devoted grandparents are loyal fans



BY DEB BRESLOW

Who are the most enthusiastic folks on the sidelines? There's no contest. Grandmas and grandpas!

David Miller, 81, and Paul Breslow, 85, fondly known as The Sunshine Boys, have not missed a baseball game. For their grandchildren, that is. Miller, a former secondary school principal in Fair Lawn, claims he looks forward to baseball season all year. "Other than having to be reminded whether the field is off Wyckoff, Monroe or Franklin avenues, we've got the games covered," Miller shares. "At first we drove my daughter crazy; asking her the names of the kids on the team. After six years, we not only know all the players and their respective numbers, but we enjoy the sideline chatter with the other parents and grandparents."

Paul Breslow, a retired president of a printing company, is also from Fair Lawn. His younger son, Jay (my husband), started in organized baseball at age 8, played in Farm League at 9 and was eligible for Little League try-outs at 10. "Kids didn't play against other towns until they reached junior high school," he says.

With six grandsons between them, Miller and Breslow receive the boy's weekly schedule on the Internet, including directions to the out-of-town fields. "We've been everywhere; you name the field – we've seen a game there." After one game on the bleach-

ers, they got smart. "We got the chairs with cup holders and sunshades."

Kids today own specialized bats ranging in price from \$200-\$400. "In four decades, my sons never bought a bat. Bats were provided by the team," notes Breslow. Watching their grandchildren participate has added years to their lives. "When you get older, your calendar's not as full as it used to be. We are so lucky to live so close to our kids so we can watch the boys play baseball. The feeling is indescribable."

Shelly Scopinsky, 75, a retired dentist, and his wife, Ileana, 70, his former office manager have been watching 14-year-old grandson, Jake, play baseball since first grade. "We've seen him grow and improve as a player and member of a close-knit team. We marvel at the rapport he's developed with the other players and the discipline he's gained from his terrific coaches." Parents of two daughters, their early parenthood revolved around ballet lessons and Girl Scout meetings.

"Now, our grandson's games are a priority." Residents of Pomona, N.Y., they don't mind the 35-minute drive to Wyckoff. "If there's a game on the schedule, we make it our business to be there."

The Scopinskys are cognizant of how their grandson reacts when his team doesn't win or when he doesn't pitch well. "We can shrug it off but we hate to see him get down on himself," they admit. While devoted to watching the game, they also entertain their 8-year-old grandson, Sam. "Sometimes he's bored. We try to keep him occupied – even if it means leaving for ice cream or Subway!"

Traveling with their daughter to Cooperstown in August 2008 was a highlight. "Seeing Jake hit a grand slam at the Dreamspark was the epitome of proud grandparenthood,"

Scopinsky boasts.

Joe and Frances Yandoli, both 69, are employed in Leonia. Residents of Wyckoff, they are regulars at their 13-year-old grandson Justin's baseball games.

"With seven grandchildren, we've attended up to three ballgames in just one morning!" Concerned about their grandson's aggressive schedule, Yandoli worries that kids keep everything in perspective and stay clear of injury. "I want to see them be fit to play in high school and college," he shares. "I see what my children do to accommodate their kids. I don't know how they keep track of it all. My job is easy – I'm a spectator!"

A football player in high school, Yandoli recalls the experience: "If you didn't win, it was devastating." He feels parents and grandparents should make sure their kids have the right motivation to play:

"They need to have a good time." Yandoli is impressed with the quality of equipment and the maintenance of the ball fields that his grandchildren play on. "It's not a sandlot ball game anymore," he admits.

The telephone rings and Grandpa Miller is on the line. "Paul and I are leaving at 5:15. We'll see you at the game. Bring pretzels."

May the phone never stop ringing! ❖

Deborah Breslow is a freelance writer. She lives in Wyckoff with her husband, Jay, and sons, Robbie, Kenny and Danny.



Ileana Scopinsky with grandson, Jake, above. Paul Breslow and David Miller with grandson, Kenny, below. At left, Joe and Frances Yandoli with grandson, Justin.



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remembering dad

Dealing with loss

WRITTEN BY DEBORAH BRESLOW

For the third day in a row, I've eaten Cheese Nips for lunch. I've found it next to impossible to make it through ShopRite without collapsing in tears. And while no one's noticed, I've worn the same clothes for four days.

"Mom! You forgot to put money in my lunch account."

"Mom! There's no clean boxers!"

"Mom, do we have to order pizza again?"

My father died peacefully on Nov. 7, 2012. As I write this, it's been eight months since I watched him take his last breath. He hadn't asked me to, but I was determined to stand vigil by his bedside. There was no doubt as to my place in that scenario. I owed it to him to be present.

His death, though expected, was both shocking and unnatural. I was unprepared for the cascade of emotions that would follow me everywhere: the mental confusion, the loss of physical coordination, the inability to eat normally or with any regularity, and the unrelenting sadness resulting from the hole that was forming in my heart.

"Mom! Sign my math test!"

"Mom, I know it's late, but can you drive me to Guitar Center?"

"Mom! Maggie needs to pee and I'm in the middle of a game."

"Does anyone know where Mom is?"

Mom is in her bedroom under the covers. It's the third time she's found herself there: seconds away from falling into a deep slumber resulting from sheer mental exhaustion.

She's upstairs in the walk-in closet, leaning against bins of clothes that should have been tossed or donated years ago. She's searching for a photo. What photo? A photo of father and daughter that depicts a happier, healthier, hopeful time.

The footsteps I hear are clumsy, intermittent. It's Maggie, the dog. She's come to confirm I'm in the vicinity. The poor dog was desperate for a walk. How many days had it been since she'd gotten out in the fresh air?

"Mom?" my oldest son calls. He's in a rush, skipping steps. Maggie barks, giving away my secret space.

"What are you doing in the closet? Practice is at 6. You need to drive me." There's frustration in his tone. And who can blame him?

"I need to use the bathroom," I tell him.

Fearing the mirror, I pull my hair back with a twist-tie found under the sink and douse myself with the boys' "Dark Temptation" body spray.

"MOM! We need to leave now!"

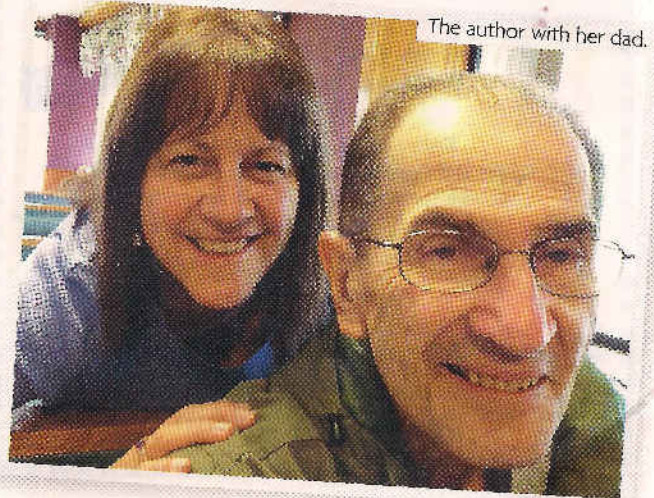
Grief has no bounds. It's fragile and pervasive. There's no time frame or rules to follow as you navigate through the process.

In the car, I turn toward my son. "Sorry I've been so absent lately. I can't seem to put one foot in front of the other. I'm very sad."

"Sad about what?" he asks.

I'm incredulous. Doesn't he know how much I miss my father? Doesn't he know how devastated I am? But then I relax. He's not so caught up in me that my despair is his despair. His sense of self is intact. He knows he can be sad when the feeling comes over him, but he doesn't need to live morosely. His world is moving forward. Life goes on.

When we arrive at the field, he



The author with her dad.

unbuckles quickly, eager to make a run for it. But he hesitates.

"Mom?"

I brace myself for what's to come—something meaningful, something relevant.

"You know that shampoo you bought—the one in the shower? Well, it says on the bottle that it's specially formulated for women with color-treated hair. Did you mean to buy that?"

Sensitive to the unpredictability of my moods, and uncertain of just who might emerge, he covers:

"It's OK, Mom, really. I used it this morning. It actually smells pretty good."

Driving away, I can't help but smile. Grace happens. My children will be my salvation. ♦

Deborah Breslow is a freelance writer. She lives in Wyckoff with her husband, Jay, and three sons. Her work appears in publications focusing on home, family and medical advocacy. Visit her website, djbreslow.wix.com/deborahbreslow.

COURTESY OF DEBORAH BRESLOW

Have a story to share? Email us at 201family@bergen.com

Pursuing the Writing Prompt for Compelling College Essays

DEBORAH BRESLOW

Parents of college-bound students are learning quickly that applying to college is much different than it was 50 years ago. My parents handled the process like this: “These are the schools we can afford. Brochures will arrive in two to four weeks.” Of the five schools to which I applied, I visited two. My guidance counselor coached the basketball team, so we trusted him. I have no recollection of writing an essay. If I did, I was probably instructed to “tell us a little about yourself.”

Here’s what you might be hearing today: “I hate writing. You write it.” “There’s no way I’m writing 650 words about a problem I’ve solved.” “Can I write about when Buddy died?” “I’m only applying to schools that accept the Common Application.” “How am I supposed to write 300 words on ‘Why BU?’ I’ve never even been there!” “Not only are you forcing me to apply to Cornell, but their two supplements are impossible!” “Why can’t I just use what Rob wrote last year?” “If I have to write one more essay, I am not applying to college!”

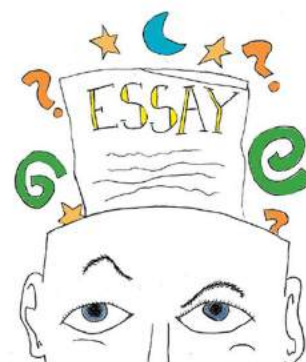
Like it or not, the majority of colleges, both nationally and internationally, will require anywhere from one to four essays. These essays range from college-specific: What distinguishes Lehigh to make it the right fit for you? 150-250 words to program-specific: Describe the unique qualities that attract you to the specific undergraduate college or school (including preferred admission and dual degree programs) to which you are applying at the University of Michigan. How would that curriculum support your interests? 500 words to campus environment-specific: Rutgers University is a vibrant community of people with a wide variety of backgrounds and experiences. How would you benefit from and contribute to such an environment? Consider variables such as your talents, travels, leadership activities, volunteer services, and cultural experiences to personal: What is the hardest part of being a teenager now? What’s the best part? What advice would you give a younger sibling or friend (assuming they would listen to you)?—University of Maryland.

More than 600 colleges and universities accept The Common Application, which lets you apply to multiple schools using one centralized application. The Common Application provides students with five prompts from which to respond. Once a prompt is chosen, students use their creative and critical thinking skills to write a personal statement of up to 650 words. Designed to elicit information that will strengthen the other components of the application, these essay prompts should yield information that an admissions officer might not otherwise know about applicants. And, if that’s not enough writing, many colleges require one to three additional supplements ranging in word or character count from 30 to 500. From Tufts: There is a Quaker saying: “Let your life speak.” Describe the environment in which you were raised—your family, home, neighborhood, or community—and how it influenced the person you are today (200–250 words).

Non-Common Application member colleges have their own applications with varying essay prompts and word counts. An example: Many commencement addresses exhort students to “do what you love and love what you do.” For many, their passion is their profession, while others separate their careers from their passions altogether. How will your life’s path reflect your passions?—Penn State Schreyer Honors College.

According to a recent article in Time.com, [August, 2016]: “The essay should aim to reveal something about your true passions, interests, and goals while giving a taste of your personality. Reading your essay should give admissions officers insight into what it would be like to have a conversation with you. What makes you tick? What makes you, you.”

High school students have experience responding to prompts used in English composition and literature classes where their writing, reasoning, and analytical skills are assessed. By the time these students are ready to write college essays, they are unprepared to talk about something they are passionate about and why. Sound daunting?



It is. Experts agree that a compelling essay includes the following:

- “Real” stories about what you actually do in your spare time because you like to or need to, not just to seem like a more well-rounded college applicant
- Some well-placed humor, self-deprecation or vulnerability
- A descriptive presentation of how you’ve developed based on your life experiences
- What moves you and has some influence on your moving forward
- An expression of your true voice
- Showing versus telling
- Passion, honesty, and integrity
- Examples of success with challenges, and a drive for pursuing knowledge, wisdom, and ideas in order to put those ideas into practice
- Self-analysis and critical thinking skills

Admissions officers spend an average of 10 to 30 minutes reviewing an application. Students wonder if their writing skills cut the muster. There are books, websites, writing classes and YouTube tutorials on how to write an essay that makes a difference. Students should be encouraged to seek whatever support they may need, now.

Ultimately, it comes down to this: crafting a winning personal statement requires time, introspection, planning, creativity, grit, and most importantly, a willingness to talk about yourself.

Deborah Breslow is a Wyckoff-based freelance writer who has been offering college essay coaching to students for the last six years.

Tales of a Bergen Mother from the Launching Pad

DEB BRESLOW

I assumed I stood in good stead because I'd already been through it twice. With just one month to shop, organize, and pack for college, I was feeling the burn in my stomach every time I passed Bed, Bath & Beyond. My two older sons, without ever looking up from their phones, shared their collective wisdom: "Don't let her buy the jumbo pack of highlighters. You'll be lucky if you use one." "Oh, and wait till she slides in the two-pack of stool softener! That was a big hit among my suitemates." "Yeah, I ended up leaving half the stuff she bought me in my apartment for the next victim. How many push pins does one kid need?" Ignoring their jeers, I went to work with lists. I'd memorized the room layout from the online virtual tour, knew the move-in protocols, and was more than familiar with what was a must-have dorm room item and what could wait until Parents' Weekend. But to no avail. Since I hadn't attended college in 40-plus years, knew nothing about the needs, styles and wants of an iGeneration 18 year old, was not conversant with all things electronic, and was, after all, Mom, my opinion was, in a word, irrelevant.

It began with the first packet of correspondence that came to the house from Georgetown. "Danny, did you register for a GoCard?" "Did you sign up for convocation?" "What about the survey for finding a roommate?" His response, in a tone that I'd never dare speak to my mother in, was: "How about this? Starting now, and going forward, please assume that any correspondence addressed to you from college has already been sent to me via email. Not only do you not have to tell me about it, there is no action that you need to take." Taking the hit in stride, I softened. "Sure," I agreed, picturing the first month of kindergarten when he wouldn't let go of my pant leg at drop-off, "I just thought..." "How 'bout this? he proposed. "Just don't think."

There I had it. I was not to think, or speak, or act, or react, for that matter. "Give him space; he's probably nervous," one friend suggested. "You'll get it done; boys don't bring half as much to college as girls do." I was determined to keep my mouth shut, but found it impossible to stand still. Quietly and unobtrusively, I began to collect the things I knew he was bringing: the Georgetown sweatshirt my brother had gotten him, a tower fan, the four risers to lift the bed, an extra um-



Deb Breslow

brella. Soon, small piles collected in the Florida room, along with empty bins and a large duffel that the family cat claimed as its residence.

Two weeks passed. "Fine," he said one morning, "We can go shopping. But I get to choose where we go." I didn't dare admit that I'd had the Route 4/Route 17 course plotted out in my mind for weeks. "And, if we don't find what we're looking for, you are not to ask a salesperson where to find it." A short pause, then more: "You cannot make suggestions for posters or family pictures or decide what kind of bedding I need."

Admittedly, I'd planned to show him the five practically brand new comforters I'd had cleaned that were wrapped in plastic in the basement, but didn't. "Anything else?" "Yeah," he added, "I don't care that YOU think I need boots and a raincoat. I've never worn a raincoat in my life and it snowed one inch in D.C. last winter." Before he could change his mind, I grabbed my purse, and keys, and collected my reheated coffee from the microwave. "And one more thing," he barked. "Don't bring your stupid Hello Kitty coffee mug in the car. It doesn't even fit in the cup holder."

Since when was I such a complete and utter embarrassment to my children? Was I this intolerant with my parents? Contemplating this, I flashed back to middle school. As undeniably awkward as these years were for me, what made it worse was that my father was my principal. Walking through the halls on the first day, I prayed I wouldn't see him, or have to acknowledge him. My friends, of course, knew, but they understood how self-conscious I was about it. "Miller is a common name," they'd assured me. "No one will put two and two together." I believed I'd made it through the first day unscathed until seventh period. Mr. Papoula, 6-foot 4-inches with lanky arms

and a booming voice, was delivering our homework assignment when he was interrupted by the bell signifying the afternoon announcements. I tried to listen nonchalantly to the man's voice speaking on the school's PA system as though that man had no personal connection to me. But it was no use. With a wide grin on his face, Mr. Papoula towered over me. "How does it feel to have your father address the whole school over that contraption?" he asked, pointing to the plastic box on the wall. He'd blown my cover. Everyone was staring at me. Everyone knew. Was that how my son felt? Did he want to fade into the woodwork every time I reminded him of this brand new, scary, but exciting, completely uncertain next phase of his young life? I suppose we were one and the same, desperate to assert our independent selves in an effort to break free from the safe, but stifling hold of our parents.

Somehow we made it from store to store without incident. By day's end, the trunk was filled with bags from a half dozen stores in Paramus. Checking the packing list off in my head, I knew we'd made some headway. For a day's worth of shopping, it was more than a success. Whatever we were unable to find, he assured me he could order online. Many times throughout the day, if it seemed as though I was about to ask a question, he stifled me. A mother and son on a mission, we barely spoke. Delicate emotions were palpable. Any attempts at levity on my part were met with:

"Please don't sing. Please don't hum. Please don't laugh." By the time we arrived at Boston Market we were starving, sweaty and exhausted, I tried to muster a smile as we waited our turn in line. "Please don't sigh. Please don't roll your eyes. Please don't stare. Please don't cry."

It was the end of new student orientation. We had unpacked, set up his room, met the roommate, enjoyed some local restaurants, and purchased our requisite Georgetown swag. The tension was high. I did not speak unless spoken to. I could feel things shifting, my role and his. My husband made small talk prepared for the torrent of emotion that he'd come to expect from me. But I was unusually calm. I'd become accustomed to keeping my mouth shut and surprisingly, there was very little to say.

Looking up at the clear blue sky, the Washington Monument in the distance, I was overwhelmed by the possibilities. There was no question he was going to soar. I cleared my throat. He braced himself. "Sorry I made the past month so difficult for you," I whispered. "I just wanted...I just needed...I just hoped..." Stopping me with the tightest bear hug, he leaned into me and said assuredly, "I know, and it's OK, just please stop."

Deborah Breslow is a freelance writer and college-essay coach from Wyckoff. Her work appears in publications focusing on home, family, and medical advocacy. Visit her website at www.djbreslow.com.



Moving Back in With Mom And Dad, The Transition of the Century



Five days after **graduation**, my oldest son pulled into our driveway. “Robbie’s home,” my youngest reported from the bottom of the stairwell. “*Could you sound any less enthusiastic?*” I shouted. But he’d vanished, most likely claiming his space on the couch before his brother reclaimed it. Kicking aside the shoes that were blocking the entrance to the front door, I walked tentatively to the window and opened the curtain.

Normally I’d have run out to greet him, offering to grab his backpack and dirty laundry bag while simultaneously standing on my tiptoes to give him a kiss. But this homecoming was different. I watched as he reclined in the driver’s seat, running his fingers through his hair.

The car idled as he sat for a while, looking pensive. Turning off the ignition, he remained in the seat. Perhaps he was finishing a call, listening to the end of a song, checking something on his phone. But I knew better. He was gearing up for the transition of the century—**moving back home with Mom and Dad**.

I combed the refrigerator, nervously surveying all I’d purchased. “Hello, Hello!” he called, as he always did upon entry. “Hey Rob! How was the drive?” I asked, unsure what to do with myself. “I wasn’t expecting you. Hadn’t you planned to stick around for a while to say your proper goodbyes?” “Nope, everyone was pretty much wiped out from celebrating. I was ready to get out of there.”

Finishing the water bottle that I’d just opened for myself, he continued: “I couldn’t fit everything in the car, so I may go back later in the week to pick up things I left in the apartment.” An awkward silence fell between us; the first of many as we waded through the adjustment period.

I stood up tall and gave him a hug. “Dad and I are so looking forward to having you home.” “Thanks,” he said, cutting me off. “Is Danny using the upstairs TV, because I really, really want the couch. And, I’ll bring all my stuff in later. And just a warning, I have a ridiculous amount of laundry.” Peering into the TV room, Rob yielded to his brother, who’d be heading to college himself in the Fall. “Couch is taken. Going down the basement. ***Can I have somethin’ to eat?***”

As I slapped the 5th (10th?) piece of turkey onto the Kaiser rolls he liked, I reflected on my **own path after college**. Following a summer internship at Planned Parenthood, I’d convinced my parents that I’d gained enough work experience in two months to take it on the road. Without considering the ramifications of being 3000 miles away from everyone I knew and loved, I packed my favorite Hello Kitty suitcase, withdrew \$1000 from my savings account, boxed up my stereo components and some prized LPs, and relocated to California. I didn’t

move back to NJ for nine years.

“Sandwich is ready,” I called from the kitchen. The TV was blaring. A comedian I’d not heard of was telling indescribably foul jokes. Was this what I’d signed up for? Grimacing, I called again a little louder: “Your sandwich is ready!” Did he think I was going to serve him? Well, probably, yes. I relented. I would serve him on the couch and we’d deal with house rules later. By the time I poured his iced tea and threw some chips on his plate, he was sound asleep.

The next morning, a.k.a afternoon, we unloaded his car and decided what pieces of broken furniture and appliances were worth salvaging, and I began the first of multiple loads of wash. Upstairs, amidst the clutter of things packed hastily, I tried to project a smooth homecoming. “We can do anything you want to this room,” I told him. “I want you to feel comfortable.” Rob shot me a look; the smirk I knew so well. “What?” I asked. “You know *what* .” There it was. I bit my tongue. “I’d be comfortable if I weren’t living here.” Unwilling to engage in an argument when he’d not yet been home 24 hours, I commented favorably about the music he’d chosen.

Shaking his head, he continued: “You moved away, remember? What did Grandma and Papa think about that?” “They never forgave me,” I admitted. “**And it took me decades to pay off my student loans.**”

We set about making piles and making lists. Always a good team at organizing, we kept tabs on our mutual need to accomplish with immediacy. We folded, we hung, we sorted. We tossed Hefty bags of no longer needed clothing and no longer meaningful keepsakes. We rarely took breaks.

In between runs to and from the basement, when it had become clear I was close to collapse, he made declarations. “1. I need a new bed. There’s no way I can continue to turn my body into a pretzel trying to sleep in this stupid twin bed. 2. Just because you want to give my room a fresh coat of paint, I don’t. 3. Please don’t assume just because I’m home, I’m your personal tech service associate. Whatever your questions, try to figure them out yourself first, and 4. I want to get some new things for my room...”

Before he could finish, I excitedly interrupted. “Oh I figured that! Just put what you want on the list and I’ll pick it up for you. I’ve been saving a million Bed, Bath & Beyond coupons...” “No, Mom,” he said firmly. “**I want to make my old room my new room.**” I could feel my muscles tighten.

Then, to be certain I understood, he proclaimed: “I will buy the things I want because for as long as I have to live here, it’s my room.” Holding a wet bath towel, two beer-stained dress shirts, his crumpled up graduation gown, and MY Penn State sweatshirt which he’d worn on loan for the past four years, I reminded him that working the night shift would require blackout curtains. “You can buy those.”

Just a week prior, after a whirlwind graduation weekend, I’d driven east on Route 80 contemplating the following: What would it be like for Rob to reside at home after living independently for four years? He’d studied abroad for a semester, traveled in Europe with friends over winter and spring breaks, and basically done as he’d pleased for a long time. What would it be like for us, the “almost empty-nesters,” who’d indulged ourselves in imagining what it might be like to have the house to ourselves for the first time in 22 years? How might he

acclimate? How would we? But each time I mulled over what I knew were uncertain predictions, I heard Rob's sigh as he said: "Stop stressing, Mom. We'll figure it out."

And we have. After a few rocky weeks (ok, months), we've found our stride. He knows to communicate with us if he's not coming home. He always sends a text (preferably before midnight) if he doesn't have a key. He appreciates the value of Uber. He respects a closed door. He's witnessed firsthand the fallout from a parental argument and intuitively knows when some well-placed humor might just fit the bill.

He understands that Mom and Dad are faced with real stressors: college tuitions and other financial woes, aging parents and elder care, the upkeep of owning a home, and the need to recalculate route when unexpected health issues arise.

I have reaped the benefits of living with the son I call the great equalizer. He generally goes with the flow and has the ability not just to read me, but to redirect me. In just six short months, I've learned to send money using Venmo, take a screenshot, find a program using the wand on Netflix, troubleshoot when my laptop freezes, pair my music to the new car's Bluetooth, and acknowledge that there are some truly brilliant artists who've composed music after 1970. If you are anywhere close to my age, you will undoubtedly appreciate the mastery of these skills. Robbie's just returned from working the night shift. After standing on his feet and walking a one million square foot warehouse, he's exhausted. Though he's eaten his lunch and dinner during the wee hours of the night when most twenty-somethings his age are fast asleep, he returns home famished.

"So, Mom," he begins, "listen...I've saved a ton of money since May, and paid off all my IOUs..." I know what's coming and fall silent. "Nothing's set in stone yet, but my friends and I have been researching apartments in Hoboken." I'd expected this, but I'm not prepared to engage. He senses my apprehension. In an effort to counter, he begins fiddling with his keys, petting the dog, and searching for the remote.

When I still don't react, he plays the card he knows will always bring us back to center: "Damn, I'm hungry—can I have somethin' to eat?"

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Saying Goodbye in a Jewish, Loving Ritualistic Way

DEBORAH BRESLOW

In a small bedroom, now made even smaller by the steel gray hospital bed, my husband and I, my sons, my brother-in-law, and my mother-in-law gathered around my dying father-in-law to take part in Viddui* or confession. Fondly known as Papa, my 94-year-old father-in-law had stopped eating, drinking, and speaking within a period of two weeks. It had become clear to all who loved him that he was, for all intents and purposes, ready to go. With just enough light for the rabbi to see the words in her prayer book, she warmly greeted us explaining that Jews were not offered the prayers and ministrations of last rites. Like that ritual, we might consider using this opportunity to tell Papa how we felt about him, to share a special memory, or to say something that otherwise might be left unsaid. The confession was not an admission of guilt but rather a profession of love.

As the rabbi prayed, I considered the intensity and enormity of this experience from the perspective of all involved. Is anyone ever really ready to say goodbye to a loved one? Was my mother-in-law, Papa's bride of 68 years, cognizant of what was happening? Were my husband or his older brother, who'd never suffered a significant personal loss, prepared? Would my children feel comfortable responding so vulnerably? Would they be open and willing to expose their feelings? Would I have been at that age? In a word, no.

I grew up with a generation of parents and grandparents who did not speak openly about death. Terminal illness was discussed among the grown-ups in whispers or spoken about in code. We typically learned about the death of an elder after it happened and if we were old enough to say goodbye beforehand, we were rushed in and out of hospital rooms as though death were contagious. Lingering, reflecting, or excessive emotionality was not an option. The unspoken message to the youngsters was that the end of life is



not something to talk about.

Though my grandparents lived in Massachusetts, we were fortunate to see them for all of the Jewish holidays and visited during school and summer vacations. My mother's father predeceased my birth, but despite the distance, I had exceptionally close relationships with the other three grandparents. Looking back, if I'd had the opportunity to participate in a similar ritual for my grandparents like that which was being offered to Papa, I'm certain I'd have felt awkward and embarrassed. I'd have been much more concerned with my mother or father's emotion or grief than to consider being in touch with my own. I grew up at a time when kids were protected from things that were upsetting. I can't imagine being invited into a setting that was only meant for grown-ups.

But our kids had a different experience. From the time they were born, they were surrounded by two sets of grandparents. Good friends and residents of Fair Lawn, Florence, David, Gloria and Paul were permanent fixtures in the lives of their three grandsons. There was not a stage of life that each of the four grandparents did not

fully take part in. And as the lives of my children became fuller, their relationships with their grandparents were enhanced by thoughtful discussions and an abundance of laughter. Through every up and down, from preschool through high school, the boys knew that their grandparents were available and present for support, advice, affirmation, and love. There's been a give and take and sense of equality that I didn't have with the elders in my family. For me, the age gap felt wider than what my kids would describe was the case with their grandparents. My grandparents just seemed old.

What's remained consistent throughout the years is an unflinching commitment to honor our mothers and fathers. As the Ten Commandments teach us, there's value in honoring our parents both in life and in death. My children have followed in my footsteps by watching the way my husband and I have connected with our parents. It has paved the way to right action. The individual and collective efforts my sons have made to interact with their grandparents has been a blessing.

When my parents died in 2012 and 2013, my boys were in their late

teens. Prepared for my father's death and unprepared for my mother's, they each said goodbye privately and timidly. Too much to bear in such a short period of time, they met this end of life experience with both heartache and grace. Six years later, this Viddui, this opportunity for confession with Papa, was received in a way that will never leave me. Perhaps it was because they were older, more mature, more sure of themselves or more understanding of what happens at end of life that they embraced the tradition with such ease. Without trepidation, each grandson offered Papa cherished memories, poignant insights, and modest expressions of love, devotion, and respect. Though glaringly exposed to the others around the bedside, none was afraid to cry, to share his immeasurable sadness of the impending loss, or to ensure Papa knew how much he'd be missed. With reverence for the solemnity of the experience, each remained composed while his father and uncle said goodbye to their father, and waited while their grandmother gave a final kiss to her husband and partner for life.

Within days of that ritual, Papa died peacefully in his bedroom. We were grateful to have honored his request, made just a year prior, to die at home. In a world where at one time children were to speak only when spoken to and meant to be seen but not heard, I know Papa heard his grandsons that day and was comforted by their promise to remain devoted to their grandmother.

*The prayer is recited when death seems imminent; it may be said by the dying person, by family members, or by a rabbi. It can be read in Hebrew or English or in both languages. A formal Viddui can be read in sections, with pauses to let people speak from their hearts, to voice regrets or guilt, to ask forgiveness of one another, and to say "I love you."

Deborah Breslow is a freelance writer and college essay coach from Wyckoff. Her work appears in publications focusing on home, parenting, and medical advocacy. Visit Breslow's website at www.djbreslow.com.



Danny is proud to become a bar mitzvah.



Kenny designed his own bar mitzvah invitations. Pictured is Major League pitching ace Randy Johnson.



Rob stands with his father, Jay.

My three sons

Memories of bar mitzvahs in triplicate

DEBORAH BRESLOW

On a cold Friday evening in February 1973, a skinny girl in a simple plaid maxi-dress stood terrified behind a podium on perhaps the largest bimah in the history of temple sanctuaries. She was unadorned: no make-up or lipstick, hair set in curlers courtesy of her mother, tiny pearls around her neck borrowed from her grandmother. Her ears would not be pierced for another year. “Not until the eighth grade.” Her mother stood firm. Prepared to recite her

haftarah, committed to memory using her father’s Maxell cassette tapes in her father’s treasured tape recorder, she sang with a timid sweetness that made her front row-seated parents and grandparents kvell. The oneg following, courtesy of the Fair Lawn Jewish Center’s Sisterhood, offered the typical fare of the time: honey cake and assorted pastries, challah, tiny cups of grape juice and wine, coffee, tea, non-dairy creamer, and packets of sugar and saccharin. Color film family portraits were taken by the guests with 35mm cameras. Her older brother’s Polaroid served as the designated apparatus for instant black and white candid.

Deborah Breslow is a freelance writer and college essay coach from Wyckoff. Her three sons, Rob, 23, Kenny, 22, and Danny, 19, are successful young adults. Ms. Breslow’s published work appears in local, regional, and national publications focusing on home, family, essay writing, and medical advocacy. Visit Breslow’s website at www.djbreslow.com

The kid’s party on Saturday evening was held at Hawthorne Fire Co. #1, a shared event between the bat mitzvah girl and her best friend from a synagogue in Glen Rock where bat mitzvahs were held on Saturday mornings. Keeping the price down by splitting the cost of the hall rental, the parents pretended not to stare while awkward young teens danced to tunes by Paul Simon, the Beatles, Loggins & Messina, and Led Zeppelin. The musicians were a local junior high school band that had made their mark on the seventh grade bar/bat mitzvah circuit. The kids enjoyed pizza and cans of Coke delivered by Ness Pizza. The cake, of course, was made by Carvel. Late in the evening, the bat mitzvah girl opened her gifts in the privacy of her bright yellow room with bright yellow shag carpet.

She’d been told she could keep jewelry, artwork and other keepsakes, but checks and savings bonds were to be saved for college. The following morning, out-of-town guests were invited to lunch at the house for sloppy joes and sides catered by the Kosher Nosh. After getting lost in the hubbub of the previous two evenings, it was at home that she was forced to make small talk with relatives she hardly knew. The smile pasted on her face remained until the last guest was hugged, kissed, thanked and driven to the airport or the Trailways bus station. Thirty-five years later the self-conscious teen that was afraid of her shadow had grown up, married, and had children of her own. Tasked with the event of the century, it was her turn to plan the first of three bar mitzvahs.



Jay and Deborah Breslow walking toward the candle-lighting table.



The author, Deborah Breslow, center, at her bat mitzvah in 1973.

“You’ll need a bar mitzvah planner,” my best friend told me. “You mean like a calendar?” I asked. “No,” my friend said, rolling her eyes. “A planner. An actual person to help you plan the affair.”

“How hard can it be?” I asked. “Well, besides managing your son’s expectations, the choices are endless,” she said. Feeling overwhelmed, I decided to start by talking to my son. “What kind of bar mitzvah do you want?” I asked. “Is one of the options not to have one at all?” “No,” I replied, silently proud

With three boys so close in age, people often asked me how I insured things were different for each of my three sons. “That’s easy,” I tell them. “They’re three different people!”

that he’d at least tried to wiggle out of it. Not the kind of kid to seek attention, he would inevitably require some prodding. “Do you have any idea where you’d like to have your party?” “Yup. Dave & Buster’s. Palisades Mall.” That was easy. “Do you care what kind of affair I plan for our adult guests?” “Nope.” That was even easier. “So whatever we decide, that will be OK with you?” “I said I didn’t care.” I’d spoken with friends who were mothers of girls. Their party planning experiences had been much more complicated. Perhaps it was because girls were more invested in the details. The best part of having boys was that their requests were minimal. Other than shopping for suits, shirts, ties, and dress shoes, sport jackets and slacks for Friday night and something casual for the party, scheduling haircuts, and confirming and tightening their guest lists, a bar mitzvah boy’s desire was simply to show up.

Once the date was confirmed and we attended the



Danny with Grandma Gloria, Papa Paul and Grandma Florence.

requisite bar mitzvah planning meeting at Barnert Memorial Temple in Franklin Lakes that reviewed month by month what was expected of the student and his family, reality set in. Never having considered a party more elaborate than Chuck E. Cheese’s, The Strike Zone or Brunswick Lanes, it occurred to me that I had no idea where to begin. “Call my friend in Franklin Lakes,” my friend suggested, handing me a business card. “She does flowers and she plans special occasions.” Hoping I was capable of taking this on myself, I considered the daily and weekly schedules for our family of five. Just looking at the calendar on any given day was overwhelming. Before I knew it, I dialed her number. Whatever the cost, it had to be worth it. I needed to learn the ropes and consider my options. Unlike my own bat mitzvah and my brother’s bar mitzvah, times had changed. There were way more choices to make. And in just over a year, I’d be planning the next one. Enlisting her support was one

of the best decisions I’ve ever made.

With three boys so close in age, people often asked me how I insured things were different for each of my three sons. “That’s easy,” I tell them. “They’re three different people!” I think that’s what made each of their bar mitzvah celebrations so special. Their individual interests and identities drove the tempo for each celebration. While we kept many things the same, each bar mitzvah taught us what worked and what didn’t. Our oldest son, Rob, had his luncheon in the social hall of our temple. Our party planner introduced us to and helped us negotiate contracts with caterers, musicians, custom stationers, photographers, and decorators. Her floral expertise was without parallel and we still get compliments years later on her table arrangements. Just 16 months later, we followed suit for Kenny’s bar mitzvah, using almost all of the same vendors. It’s possible with

each event, our guests experienced some déjà vu, but the change of seasons from January to May, and the differences in Rob and Kenny’s personalities gave each occasion a personal touch. Rob’s invitations were designed and printed by a lovely shop in Englewood. Kenny’s were printed by the same shop, but we used his original artwork: a portrait of a major league baseball player on the cover. My dear friend from high school, an expert baker, created the sheet cakes for all three boys. Different themes, different decorations, same scrumptious recipe.

By the third bar mitzvah for our youngest son, Danny, we were ready to find a new venue. We looked around and settled on lunch following services at the Brickhouse Tavern in Wyckoff. Same musicians, similar guest list, different photographer. Without the need for a caterer, decorations or flowers, the restaurant event had a different flavor. While the candle-lighting recipients were relatively the same

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* Prices for 15 guests plus 10 Emunah Children. Additional guests are \$15 per person.

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as at Robbie and Kenny's luncheons, what was significant was that my father had passed away just six months prior. Wearing his grandfather's tallit, Danny would be tasked with reciting a poem for a grandparent who was no longer here and lighting a memorial candle on the candelabra. Extremely shy, Danny surprised us all by memorizing every word of Hebrew that was taught to him.

It depends who you ask as to what was most special about each of our son's bar mitzvahs. The grandfathers would tell you it was taking each grandson to Cedar Lane in Teaneck to shop for tallit and the intimate moment of taking the Torah from the Ark and passing it down from generation to generation. The grandmothers would say it was being called up to the bimah to chant their aliyot and walking proudly to stand next to their grandsons to light a candle following a tender candle-lighting poem. My husband appreciated taking the boys to Syms to buy their first suits, watching as the tailor measured their growing bodies for alterations. My brother would insist it was when my oldest son, who nearly hyperventilated while completing his Torah portion, chanted his final "amen." "Attaboy, Rob," my brother cried followed by a roaring applause from the entire congregation. Our rabbi, getting to know each of our son's intimately during his bar mitzvah training, had the pleasure of watching as each older brother joined the younger on the bimah for an aliyot. Our guests appreciated the chance to celebrate

each of the boys' special qualities. I'll forever cherish my seat at the end of the pew, snuggled shoulder to shoulder with each of them until the rabbi instructed all to rise, and then be seated as he was called to read from the Torah. At each event, our family was surrounded by incalculable warmth.

In contrast to the simplicity of my bat mitzvah, my son's extravaganzas may have seemed opulent. Conscious of the close proximity of each of the boy's celebrations, we wanted their bar mitzvahs to be tasteful and meaningful while keeping to a reasonable budget. Neither my husband nor I, nor our boys would have been comfortable with anything grandiose. What we as parents are offered now, that my parents weren't offered then, is just a staggering amount of options.

Flipping through dusty photo albums, I wonder how we got through the whirlwind. I'm reminded of the arduous and meticulous planning and preparation for three long-awaited celebratory weekends that in retrospect seemed to fly by. Thinking back on ten years past, I'm reminded of the time and love put into writing each son's meaningful candle-lighting poems, the search for photos for memorable video montages that took my breath away, the endless shopping trips for the perfect dress, the lengthy menu discussions and appetizer tastings, the consideration of songs and musical artists that had to be represented by our trio of talented musicians, the table compositions (how did we ever decide

DEAR FAMILY AND FRIENDS:

Part of the process of becoming a Bar Mitzvah includes doing good deeds and helping others. The *Jade Bar Shalom Books for Israel Project* is an international effort to bring gently used, good quality English reading books to school libraries in Israel. I love to read and want to share this joy with kids who don't have access to the books that I can obtain so freely in our local libraries and bookstores. Thank you for bringing a soft-cover book (no hard covers, textbooks, encyclopedias, or coffee table books) to my Temple service to donate to this cause. Please place them in the collection box in the Temple lobby.

I am looking forward to seeing all of you.

ROBBIE

An invitation insert describing Rob's bar mitzvah tzedakah project.

who would sit with whom?), the crazy bus rides (times three!) chaperoning kids from Franklin Lakes to Nyack's Palisades Mall where the deafening noise of pinball machines and video-games pushed 50 middle-schoolers into overdrive, the endless harping on the boys to write their thank-you notes, and so on ad infinitum.

According to Jewish law, we're told that once a young boy turns 13 they become bar mitzvah. They are no longer boys, but adults responsible for their actions and they must begin fulfilling the mitzvot (commandments of the Torah). This is a rite of passage from child to adult, with all the duties and responsibilities that come with it. While religion tells us so, I'm not certain my three sons felt the impact of that manhood in 2009, 2010, and 2013 anymore than I felt I'd entered the novitiate of womanhood in 1973 when the Temple Men's Club president handed me my silver kiddush cup and gold-plated menorah.

What I do know is that since coming of age, three intelligent, engaging, sensitive, inquisitive boys have emerged. Humble and kind, they show up for



Left, Papa Paul and Papa David, make the blessing over the challah. Above, a proud Papa Paul following his first grandson's bar mitzvah.

life and for the people in it. While each may not be able to recall his respective Torah portion, recite his haftorah, sing along with the newest melody from the siddur, or even remember how to read Hebrew without transliteration, the bar mitzvah ritual yielded a deep respect for Jewish values, traditions, and culture. Each has either traveled to Israel on Birthright, studied abroad in Tel Aviv, or visited Poland,

Russia or Jerusalem to better understand his roots. They've held steadfast to participating in holiday and memorial customs and appreciate the value of community. I'm certain the experience of having a bar mitzvah and becoming a bar mitzvah will resurface on the day he has the pleasure of embracing his own child while passing down the Torah to the next generation.

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New Studies on BABIES & SCREEN TIME

BY DEBORAH BRESLOW

In a digital world, how do we take advantage of the educational opportunities that tablets, laptops, and smartphones offer young children while staying on top of potential risks? As handheld technology has advanced, screens are seen regularly in the smallest of hands. According to a recent study in the journal *Pediatrics*, many children begin interacting with screens as early as infancy. The American Academy of Pediatrics (AAP) advises that children under 18 months of age should not be exposed to screens at all. At 18 to 24 months, screen time can be introduced gradually and limited to an hour a day for children ages 2 to 5. Is this realistic? And could there be any measurable harm?

The New York Times recently shared research performed by Dr. John S. Hutton, Director of the Reading and Literacy Discovery Center at the Cincinnati Children's Hospital, using sophisticated brain scans to determine an association between screen use and the development of young children's brains. With a focus on language development, the study looked at myelin, a fatty substance that insulates nerve cells and improves their ability to transmit information along a brain pathway (in this instance, for speech). Myelin gives the white matter of the brain its color and protects nerve fibers from injury. As Dr. Hutton explained, the more myelin surrounding nerve fibers indicates how often they are stimulated and used. A language "explosion" at around 18 months, for example, indicates when that tract of the brain is myelinated. Practicing language, Dr. Hutton said, reinforces these connections in the brain.

For this study, a ScreenQ score of zero meant perfect adherence to AAP guidelines (no screens in the bedroom, child didn't start watching TV or using apps until over 18 months, no violent programming, total screen time for preschoolers an hour a day of high-quality programming, co-viewing with parents, and so on) and a ScreenQ of 26 meant complete non-adherence to the AAP guidelines.

Results? The average ScreenQ score in the study was about 9. About 41 percent of the children had a screen in the bedroom; about 60 percent had their own portable devices. After controlling



A recent study suggests a link between higher exposure to screen use and slower development of language skills among young children. For guidelines and to create a family media plan, visit [healthychildren.org](https://www.healthychildren.org).

for age, gender and income, preschool children who had higher ScreenQ scores had lower scores on measures of white matter development along tracts involved in language and emergent literacy skills. The researchers also tested the children cognitively; the children with higher screen exposure had poorer

Dr. David Anderson, clinical psychologist and Senior Director at the Child Mind Institute in an ABC News segment. The AAP seeks to educate parents about brain development in the early years and the importance of hands-on, unstructured social play to build language, cognitive, and social-emotional skills.

children learn rote and passive skills like facts and figures, important skills like social interaction, language expansion and self-regulation are not learned."

Dr. Nalven appreciates the current challenges parents face that did not exist when electronic options were not available. Her practice offers a positive parenting program to help parents develop skills to support positive behavior and parent-child interactions. Offering a child an iPad or cell phone to avoid a temper tantrum does not help the child develop frustration tolerance or problem solving skills. "When your baby is crying, she needs attention. She wants you, not the screen," she said.

"You have to embrace the world as it is," added Dr. Tova Yellin, a pediatrician at Maple Avenue Pediatrics in Fair Lawn. "But we have to be cognizant of what we're modeling." Parents need to consider their own screen use. If a parent is pushing a baby carriage, and is fixated on his Apple watch, he's missing opportunities to engage his child with words. Birds are chirping, dogs are yipping, leaves or snow may be falling. The sights and sounds on a walk provide countless

"While the electronic device may help children learn rote and passive skills like facts and figures, important skills like social interaction, language expansion and self-regulation are not learned." Dr. Lisa Nalven

expressive language and did worse on tests of language processing speed, like rapidly naming objects.

"It's important to be very cautious when using screens with young kids as this study highlights. Young kids are in a critical developmental period and require face-to-face interaction," reported

"Because maturation of neural connections is based on exposure to and use of the area of the brain where language evolves, talking with others is essential," shared Dr. Lisa Nalven, Director Developmental Pediatrics, Kireker Center for Child Development at Valley Hospital. "While the electronic device may help

opportunities for language exchange.

“Long car rides are also opportunities for learning,” said Dr. Yellin. “Instead of turning on a film, make the experience interactive.” She suggests games like counting different state license plates, I Spy, spelling games, or even singing. “Choose one day of the week when screens aren’t used to let the mind rest,” she said.

While her practice’s waiting room is filled with books and games for patients, Dr. Yellin acknowledges that sometimes it’s hard to avoid the use of electronics. The AAP Council on Communications and Media suggests that adult interaction with the child during media use is crucial and consistent parental support is key. If your child is watching a program or playing a game, sit with her and talk about it. Respond and explain if necessary, and if the child gets frustrated, soothe. Enhance the learning by continuing the discussion once the screen is turned off, perhaps at the dinner table or before bed. Screen time that’s embedded in a conversation becomes more productive for the child, particularly if it’s being used for sharing ideas.

“Media is a springboard for more in-depth interactions,” explained Dr. Nalven.

“Young children won’t inherently know how to use the information learned from a game or video. They need a parent to make the experience meaningful.” Dr. Yellin agreed. “Too much time on electronics contributes to poor attention span, lack of patience in completing tasks and does not support active listening and reading comprehension.” The onus is on the parent to moderate.

Educational children’s television can evoke conversation: “Why was Daniel Tiger angry? Did you feel sad when Baby Margaret was mad?” Human discourse is key to the development of compromise and empathy.

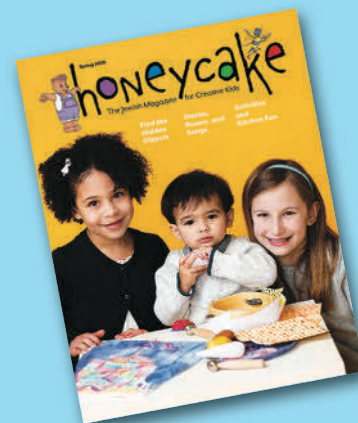
An AAP parenting website, healthychildren.org, cites that media in all forms can affect how children feel, learn, think, and behave. Their most important message: Parents are still the most important influence when it comes to their children’s use of screens.

Deborah Breslow is a writer, editor and college-essay coach from Wyckoff. Visit her website at djbreslow.com.

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The Passover issue of Honeycake, a new Jewish magazine for two- to six-year-olds, is now available! It includes stories, poems, comics, and “find it” puzzles, in addition to Passover activities. Anna Caplan, the magazine’s founder and editor-in-chief, says that “working on Honeycake is incredibly exciting for me as a parent, because I get to see how much the magazine means to my children. Jewish children need a magazine that is child-centered, inclusive of diverse Jewish families, and fun to read out loud.”

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As Time Goes By



BY DEBORAH BRESLOW

There are still four cans of Great Value Beef Barley soup in my cupboard. No one in my family cares for beef barley soup, but when making impulsive purchases at a frenetic pace, beggars can't be choosers. On that Friday, the 13th of March, after learning the news of lockdowns, our family of five made the decision to convene at home. Though it had been years since we'd resided under one roof, we agreed to make it work. Setting out to shop, we'd heard the news reports of toilet paper and hand sanitizer shortages. With a master list that no one followed, we decided to split up. I picked the Farmers Market in Waldwick because I knew the aisles with my eyes closed. My oldest chose The Fresh Grocer because it was close. My husband tackled Costco (an understatement,) and my middle and youngest sons chose teamwork at Wal-Mart on Route 23 in Butler.

As each family member emerged from his car, holding proudly the items known to be difficult to find, I began barking orders. Put in my place by all three sons with the reminder that somehow they'd learned how to hold a heavy bag, I retreated to the kitchen. Like the days preceding a storm, I used a folding table to lay out the non-perishables. I separated the duplicates and bagged the excess for the elders. The frozen meat and chicken would not cook itself, and while I'd missed having everyone around the table, I worried about meal planning. Who'd have predicted the challenges to come with shopping for groceries or the mania accompanying finding a slot for home food deliveries? Admittedly, one online order was so outrageous, it could have covered my son's college meal plan.

While our shopping woes matched anyone else's in town, what was mine to cherish was the unexpected pleasure of having my husband and three sons working, studying, eating, laughing, arguing, and sharing space under one roof. My three sons were no longer boys, they were men. Living for years without the advice and counsel of their mother, they'd developed their own eating and sleeping habits, their own styles of living, their own work and study schedules, and their individual needs for privacy. While I tried to respect a closed door and often erred by starting a conversation without realizing that just because they were speaking didn't mean they were speaking to me, I learned the signs and signals that told me to get lost. Without words, they'd say: "I'm on a call" or "I'm in class" or "Five more minutes" or "Close the door." I'd missed the memo on the virtues of wearing noise canceling headphones.

From March through July, we lived relatively harmoniously. The basement and garage were cleared out quickly. No one cared about saving Legos, Playmobil or Thomas the Tank Engine trains. Clothing I'd insisted on keeping was shoved in Hefty bags faster than I could hand it off to them. Lunch requests were communicated from room to room by text and each member of the family took responsibility one night a week for dinner. Laundry was washed and folded, beds were made, and the refrigerator remained stocked courtesy of Mom. The initial tension, fueled by fear and uncertainty, was replaced by copacetic daily living. Each tried his best to appreciate that taking care of a house and meeting the daily expectations of four grown men was a tall order.

And as fast as they'd arrived, they departed. With my husband returning to his office, my two oldest back to their respective NYC apartments, and my college junior secluded in his room learning remotely, I find myself once again relying on my dog, Jessie, who doesn't talk much, but is an excellent listener. I could never have anticipated that all five Breslows would have had the opportunity to live together again, but the improbable became probable [reality].

On a recent walk with my newly purchased headphones, I listened as Joni Mitchell's sweet voice sang "... don't it always seem to go, that you don't know what you've got till it's gone..." She knew it then. I know it now.

Deborah Breslow is a writer, editor and college essay coach from Wyckoff, NJ. Her work is featured in publications focusing on home, family, and medical advocacy. Visit Breslow's website at www.djbreslow.com



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AS TIME GOES BY

Embracing Holiday Changes

DEBORAH BRESLOW

Everyone's talking about plans for Thanksgiving. "Are you hosting? Are the kids coming home?" I'm at a loss. How could I not be? With so much uncertainty in the world, I wonder if it's even safe to sit together around my dining room table. Can we embrace the new normal without the ability to embrace one another?

As I thumb through the ShopRite circular, noting the sales on pie crust and cranberries, I feel dissociated from the upcoming holiday. If I don't cook a turkey with all of the fixings, will that make Thanksgiving any less meaningful? If the kids decide it's best to keep some distance between us, does that make my life less abundant?

For starters, I can appreciate all that I have. There are so many little things I hadn't taken time to notice before the pandemic that I see so clearly now. Reeling myself in, I consider all I have to be grateful for.

LIFE IN LOCKDOWN

On Friday, the 13th of March, after learning the news of lockdowns, our family of five made the decision to convene at home. Though it had been years since we'd resided under one roof, we agreed to make it work. Setting out to shop, we'd heard the news reports of toilet paper and hand sanitizer shortages. With a master list that no one followed, we

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they'd developed their own eating and sleeping habits, their own styles of living, their own work and study schedules, and their individual needs for privacy. While I tried to respect a closed door and often erred by starting a conversation without realizing that just because they were speaking didn't mean they were speaking to me, I learned the signs and signals that told me to get lost. Without words, they'd say: "I'm on a call" or "I'm in class" or "Five more minutes" or "Close the door." I'd missed the memo on the virtues of wearing noise canceling headphones.

From March through July, we lived relatively harmoniously. While at one time the three may have argued over television channels or the last Oreo, I began to see some behavioral changes, most notably a willingness to be flexible. Other moms I knew were boasting of spring cleaning efforts, so we got on board. Delegating long forgotten tasks, each of my boys took charge of his room and its contents, eager to finish before he got started. Like Power Rangers, the three tackled the basement and garage, clearing both out quickly. No one cared about saving Legos, Playmobil or Thomas the Tank Engine trains. As I oversaw closet cleanout, clothing I'd insisted for years on keeping was shoved in Hefty bags faster than I could hand it off. Lunch requests were communicated from room to room by text and each member of the family took responsibility one night

a week for dinner. Laundry was washed and folded, beds were made, and the refrigerator remained stocked courtesy of Mom. The initial tension, fueled by fear and uncertainty, was replaced by copacetic daily living. Each tried his best to appreciate that taking care of a house and meeting the daily expectations of four grown men was a tall order.

And as fast as they'd arrived, they departed. With my husband returning to his office, my two oldest back to their respective NYC apartments, and my college junior secluded in his room learning remotely, I find myself once again relying on my dog, Jessie, who doesn't talk much, but is an excellent listener. I could never have anticipated that all five Breslows would have had the opportunity to live together again, but the improbable became reality. Pulling out my mother's careworn recipe file, I review the grease-stained handwritten instructions for her famous stuffing. While it's possible my three sons won't be joining us to enjoy our Thanksgiving meal, my blessings for all we have and all we had will be no less plentiful.

On a recent walk with my newly purchased headphones, I listened as Joni Mitchell's sweet voice sang, "Don't it always seem to go, that you don't know what you've got till it's gone..." She knew it then. I know it now.

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"Dancing with Granddad"

An Alzheimer's Story for Children

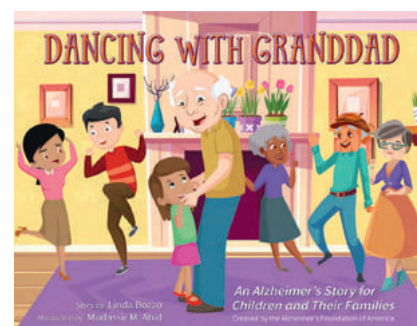
November is Alzheimer's Awareness Month.

It can be challenging to explain to a young child how Alzheimer's is affecting a family member. The Alzheimer's Foundation of America (AFA) has published a new picture book to help: "Dancing with Granddad: An Alzheimer's Story for Children and Their Families" (ages 5 to 8), by Linda Bozzo and illustrated by Mudassar M. Abid.

"Dancing with Granddad" takes young readers on an age-appropriate learning journey with Nia, a 7-year-old girl, whose grandfather has Alzheimer's and will need to move to a new home where he will be safer. The book gently introduces Granddad's behavior changes (such as

retelling stories, wandering, and confusion) while sharing the constant of the wonderful relationship between Nia and Granddad and her loving parents who are caring for him.

"With more than 5.8 million people in the U.S. living with Alzheimer's today nearly every American family is affected by this disease or knows someone who is," says Charles J. Fuschillo, Jr., AFA President and CEO. "When a family member is diagnosed, everyone is impacted, including our children—and we believe it's never too early to start talking about it when someone you love is concerned." The Centers for Disease Control and Prevention estimates that the number of people living with Alzheimer's



could grow to 14 million by 2060.

"Young children, in particular, may sense that something is amiss when a family member has Alzheimer's, but not be able to understand the subtle changes that are occurring early on in the progression of the disease," says Jennifer Reed-

er, LCSW, AFA's Director of Educational & Social Services. "The best time to talk to children about Alzheimer's or any dementia-related illness is as soon as you can. This conversation is about nurturing and maintaining the bonds between the family members while also helping to eliminate the fear of the unknown for the child, educating them in an age-appropriate way, teaching them how to be compassionate, and learning new ways to communicate."

The book, which includes a message from AFA about how to introduce a conversation with children about Alzheimer's disease, is available for \$12.95 at the AFA e-store at shop.alzfdn.org. All book proceeds go toward AFA programs, services, and research for treatment and a cure.

* Coronavirus Resources for Parents *

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What's in a Face?

Personal stories about children with craniofacial disorders.

By [Deb Breslow](#)

What does a face tell the world? Do our faces reveal who we are?

Approximately one in 650 babies is born each year with a craniofacial disorder, an abnormality of the face and/or head resulting from atypical growth patterns of the face or skull. These conditions include disfigurement brought about by birth defects, disease or trauma, and the soft tissue and bones are generally affected.

Medical and technological advances help to treat many craniofacial anomalies. But, the correct treatment requires the correct diagnosis, which can be difficult to pinpoint. In fact, doctors may use different terms to describe the same lesion. Three types of birthmarks commonly confused with one another are port wine stains, hemangiomas and vascular malformations.

Years ago, there was little knowledge of safe and effective treatments for children with facial anomalies. Children were sent away, ostracized by their communities. Even today, there are people who cannot cope with another person's facial difference.

Children with craniofacial anomalies deserve the right to medical treatment and an emotionally supportive environment. When parents serve as advocates for their children, children are better equipped to cope with life's challenges. I know from experience in raising my son Kenny.

Maritsa's Story

"We all want the perfect child," admits Effie Radoslovic, mother of Maritsa. "When Maritsa was born, the slight redness on her nose looked like a scratch." The nursery thought nothing of it. The pediatrician said it would go away. "But day after day, the redness got worse," remembers Effie. After researching, Effie took her daughter to a dermatology specialist in New York. Maritsa had a hemangioma.

Hemangiomas are benign (non-cancerous) tumors that may or may not be apparent at birth. However, they always become visible within one to four weeks after birth. While hemangiomas usually occur on the head or neck, they can occur anywhere, including the internal organs. Some hemangiomas will grow and change for the first 12 months of life and then regress. Others continue to grow.

Treated unsuccessfully for eight months with laser treatments and steroids, Maritsa was taken to Boston. She underwent her first surgical procedure at age 1. As surgery proved unsuccessful, the hemangioma continued to grow.

The Radoslovics trusted their surgeon and persevered. In 2005, at the age of 2, Maritsa's second surgery to remove the hemangioma was a success. "There is still a bump above the skin and remaining scarring," explains Effie. "When she's ready, we can control the discoloration with laser."

Effie says at first she was weary of people's reactions to Maritsa, because she was unaware how to respond to questions. "But Maritsa accepts it; she sees nothing different about herself."

For parents in a similar situation, Effie recommends joining an online craniofacial support group. "I read postings from families and write back to them to share my experience."

Kenny's Story

At 36 weeks gestation, my son Kenny was born. My husband and I hardly noticed the red "bruise" on his nose. The nursery said it was trauma from the birth canal; the pediatrician called it a port wine stain that would go away with a few laser treatments. But it was more complicated. An endovascular surgeon in New York explained that Kenny was born with an AVM.

An AVM is a tangle of abnormally connecting arteries and veins that exist without capillaries between them. The accelerated pressure of the blood supply feeding the malformation forms a sponge-like reservoir, causing the nose to be red and bulbous. AVMs are typically found in the brain. Only a small percentage of AVMs occur in the face, and nasal AVMs are rare.

Kenny's AVM could not be cured. And it was critical to control the saturation of blood to prevent harm to the underlying tissue or growth of the nasal bone. I thought Kenny's condition was my fault, but was assured it was a genetic fluke. Willing to go to any lengths to educate myself, I digested highly clinical information.

Kenny has forgotten the years of laser treatments, nasal cauterizations and multiple angiogram/embolization surgeries to the seal blood flow in the vessels. The teasing, staring and ignorant remarks took place early in life for Kenny. While Kenny was so young, my older son and I did whatever we could to intercept the tormenting.

Before Kenny started kindergarten, I educated the school's staff about Kenny's facial difference and cited the emergency protocols. "The kids were completely accepting of Kenny even though his nose was larger and redder than any they'd ever seen," reflects Kenny's kindergarten teacher, Jayne Mazie. "To them, he was just Kenny."

For our family, the fear surrounding Kenny's nasal resection in 2002 was indescribable. Uncertain what the next step would be once his AVM (and nose) were removed, we prayed for the safest outcome. The options were a nasal prosthesis or a skin graft using skin from Kenny's groin. His surgeon did what was best for Kenny. The graft has survived and stretched with the growth of Kenny's face.

When his face and body are developed, Kenny will have a fully reconstructed nose. "Kids ask me all the time what's wrong with my nose," says Kenny. "I tell them it's a birthmark and I was born with it. That's pretty much all they want to know."

Jordan's Story

Up until age 10, everything in Jordan Fellman's life was fine. "We went to the dentist because my teeth were loose and my left cheek was swelling," recalls Jordan. "He sent us to an oral surgeon for a biopsy."

But, the biopsy could not be completed. "Bleeding from the jaw was excessive," says Jordan's mother, Bonnie Schiller. "We were sent immediately for an MRI." An interventional radiologist in Washington explained that Jordan had an arteriovenous malformation (AVM), a rare vascular condition, that could be controlled with one or more embolization surgeries. "From that moment on, life as we'd known it turned upsidedown," Schiller admits.

Jordan's face continued to swell. After seven embolizations, the AVM is under control, but there is residual infection. Jordan awaits surgery to remove both the AVM and material used during embolization.

"My friends are accepting of my face," says Jordan. "But some kids aren't. I try to ignore nasty comments and stand up for myself. If everyone understood how serious AVMs were, then maybe they wouldn't make fun of it."

Brittany's Story

Brittany's Sullivan's hemangioma was not present at birth. Within a week, however, a small red rash developed on her upper lip. "It continued to get darker and the skin was raised," says Brittany's mother, Marisa. The Sullivans met with four specialists. "There were conflicting opinions on what to do and when to do it. I felt very alone and didn't know where to turn."

When Brittany was 1, she underwent surgery in Los Angeles to have her hemangioma removed. In the process, her upper lip and nostril were affected. Three years later, the flat part of the remaining hemangioma was discolored. Brittany underwent four to five laser treatments. "No one understood why we'd travel so far for her care," says Marisa, "but her doctor had an excellent reputation."

Now age 12, Brittany faces challenges. "Adolescence is tough, especially for a kid with a facial difference," says Marisa. She reminds Brittany that kids are curious. "I encourage her to answer questions and move on." In 2007, Brittany began a series of three surgeries in New York to reconstruct her upper lip and straighten out her nostril. "Our surgeon's primary concern at all times is for Brittany."

Marisa wishes that adults were more educated about facial differences to be better role models for their children, who may know someone with the condition. "Teasing can be devastating."

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About the author Deb Breslow

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Deb Breslow is a freelance writer. She lives in Wyckoff, New Jersey, with her husband, Jay, and sons, Robbie, 12, Kenny, 11, and Danny, 8. Her work appears in publications focusing on home, family and medical advocacy. She contributes articles to craniofacial support newsletters in the United States and overseas. Breslow's book *Funny Face* (National Foundation for Facial Reconstruction) is available online at www.djbreslow.com. The site also lists links to support groups for children and adults with facial differences.

Becoming a Mother for the First Time

By **DEBORAH BRESLOW**

April 28, 2021, 8:59 pm



New mom Deborah Breslow holds baby Robert.

When I missed a period at 33, I assumed my erratic travel schedule and weight fluctuation were to blame. It didn't occur to me that I might be pregnant. Eager to sell our condo in Hackensack, I planned a day of house tours. After just two walk-throughs, I was exhausted. It was early for ice cream, but a trip to Bischoff's on Cedar Lane couldn't be avoided.

Considering I was never home, I questioned whether a pregnancy was even possible, but I had to be sure. With bubble gum, red licorice, lip gloss, and an in-home pregnancy test in hand, I approached the young CVS cashier, certain he knew my secret.

The test was positive. Unwilling to trust its efficacy, I drove to the local pharmacy on Essex Street. I bought two more pregnancy tests. Positive. Known to second- (or third-) guess, I called a friend. "Min, I may be pregnant. "What! Really?" "Well, I'm not sure, but I took two tests." "Did you see the plus sign?" "Yes." "Then it's positive!" "No, I need you to look at it." She agreed to come after work, but in the interim, I went back to the pharmacy with my stick and showed it to the learned man behind the counter. "Positive," he confirmed.

My heart raced as a range of emotions cascaded through my heart and mind. Within a few hours, Mindy arrived. "Deb, you're pregnant."

From that moment on, my life changed rapidly. Major decisions were being made at warp speed. I resigned from my job as a program director for a medical education company. Traveling nationally multiple times per week was not conducive to pregnancy health. We sold the condo and bought a home in Wyckoff. Our two-door Honda with the

sunroof was replaced with a safer four-door Toyota Camry. We interviewed a pediatrician, toured the local elementary school, and discussed the fine points of child-rearing.

When we did share our good news, I was reserved. Perhaps I was superstitious.

My pregnancy was uneventful. Preoccupied with the renovations to update our new home, we readied ourselves for our family of three. Enduring one of the worst winters on record, by mid-December and at 28 weeks gestation, our roof began leaking. Not just leaking but gushing from the heavy snow on the flat roof. I called our roofer, insisting the sky was falling.



The author and her son, Robert, now.

With Donny on the roof, I went back to Vicki Iovine's *The Girlfriend's Guide to Pregnancy*, but when I began to have what felt like menstrual cramps, I called my OB. He instructed me to time what I learned were contractions. Confused and worried, I reported my findings. "You're in preterm labor," he told me.

After injectable medicine was prescribed to slow the contractions and a stay-at-home bedrest directive was instituted, I spent my days watching *Seinfeld*, drinking vats of water, and shouting orders to the various contractors who promised to be done before the baby was born. Each night, I recorded my contractions with a portable machine and sent them through to a remote nursing service. Trips to Pea in the Pod, Crib City, or the local Ivy Shop whose precious layettes had always caught my attention were off the table. Prepaid Lamaze classes, breast-feeding lectures, even plans for my birthday that required airplane travel, needed to be cancelled. While my belly was expanding, and my baby was growing, I was not exuding the "pregnancy glow" or joyful outlook that "What to Expect When You're Expecting" had promised.

When the contractions could no longer be controlled by injectable medication, I moved from my comfy couch to a private room at Englewood Hospital where IV medication was ordered for the duration of my pregnancy. With compassion and understanding, the nurses listened round the clock while I recanted all of the things I "must've done wrong," including but not limited to eating spicy chili, not drinking red wine when my mother-in-law told me it would help me relax, and choosing Bunny Jo, a sweet Laura Ashley pattern for the baby's room when I was sure Jews weren't supposed to prepare materially for a baby's birth.

Day after day, the medical staff assured me I was not at fault, noting my "irritable uterus." I blamed myself for that too. Then it happened. On January 14, 1996, my blood pressure had elevated to dangerous levels and my doctor was called in. "Best to call Jay," he said, "we're going to have the baby today." "TODAY?" I screamed. "What about March 8th?" Firmly, he repeated, "for the health of you and your baby, we need to deliver TODAY." I relented, praying that everything would be okay. And it was.

So, immersed in standing vigil at the tiny isolette that held my tiny son, born at 32 weeks, hours turned into days. I couldn't imagine dressing without the covering of a yellow paper robe with yellow booties. I didn't know that my parents, in-laws, and other loved ones had chosen the furniture that would make up our baby's room or that all of the

accountment necessary for his safe arrival was lined up carefully for my approval or that pediatrician appointments were scheduled, baby announcements had been ordered, and even a mohel was on call for a bris.

Making lemonade from lemons is what we do when life doesn't happen as we plan. After weeks in the NICU, endless support and guidance from the most experienced and knowledgeable nurses, expert direction from a developmental pediatrician who'd charted my son's 24/7 progress, and the camaraderie of women in an American Red Cross sponsored Parenting Premies group, our five-pound son, Robert, named for my husband's grandmother Rose, came home. Miracle of miracles.

My next two pregnancies were identical, but I was prepared. My irritable uterus may have resulted in three premature births, but my three amazing sons, now 25, 23, and 20, surpass me in height, weight, technological prowess, courage, resilience and positivity.

Just for today, I'm glowing.

Deborah Breslow is a writer, editor and college-essay coach from Wyckoff, NJ. Her work appears in publications focusing on home, family, and medical advocacy. www.djbreslow.com.

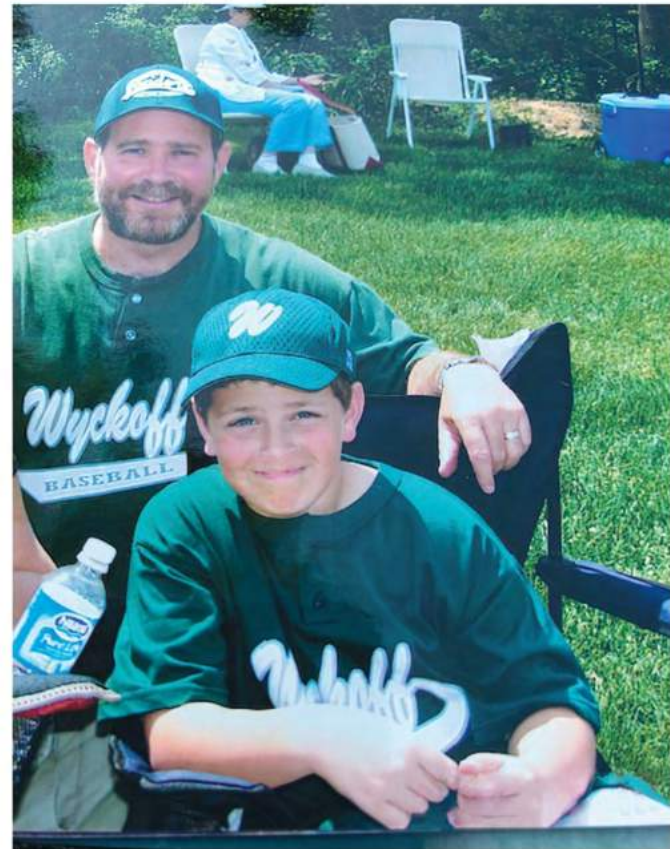
With Dad on the Ball Field: A Retrospective

DEBORAH BRESLOW

“Atta’ boy!” “Good eye!” “Nice rip!” “Get down!” “Watch the teal!” “Be a hitter!” “Run it out!” If these calls are not familiar, don’t despair. Welcome to the world of baseball. Meet my family: an 11-year-old first-baseman, a 10-year-old pitcher, a 7-year-old rookie and their coach. Dinner on a good night during baseball season: eggs, toast, juice, and pudding. Dinner on a bad night: Big Mac, Coke, fries, and a Blizzard. Dinner in a pinch: the remains of a Happy Meal, warm juice, crumbled pretzels and what’s left on the Good Humor truck. Health food fanatics beware you cannot survive the season without the basic four: pizza, Gatorade, cheese-doodles, and M&Ms. My husband played baseball in utero. Though I don’t have sonographic proof of this, I’m certain it’s true. On our third date, I was asked to meet him at a field. Parking in the adjacent parking lot, I checked my makeup and sauntered to-

ward the dugout. Eager to impress, I flashed my best smile. No one on the bench returned the gesture. Jay was on the pitcher’s mound. “Hi!” I called. He turned his head and shot me a scowl. It was clear there were three things that would always come between us: a leather glove, a red-stitched hard ball, and a metal bat.

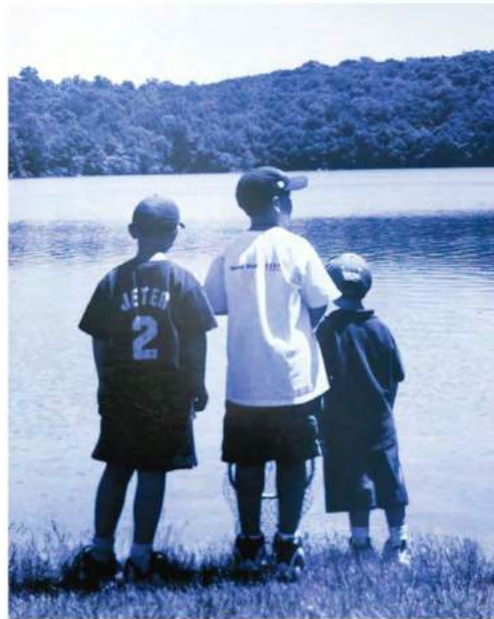
I was destined to give birth to boys. But three? It was a secret pact between my husband and God. I did not know that when cleats get wet, you must stuff them with newspaper; that it’s not the catcher’s mound, it is home plate; that I would bond with an industrial-sized drum of Triple Action Shout; and that every counter would house a plastic, foam-rimmed, triangular cup. We’re given a mandatory directive to purchase these for our boys. My husband defers to me. The salesman at the store is of no help. Our son is busy trying on batting helmets. “What size did you need ma’am?” How do I know? Ask me about a coffee cup, a measuring cup, or a cup of sugar



The author’s husband, Jay and son, Rob.

this is just not my domain! I am not a sports fan. I do not know the difference between foul and fair territory, the location of the strike zone, the top of the 1st or the bottom of the 6th. But I gave in. We purchased a minivan and a folding chair with a mesh cup holder. I judiciously check my email for weather cancellations. My cooler holds provisions for any fan that may become hungry, thirsty, or bored. Uniforms are washed, schedules are posted, and everyone gets to practice on time. Attempting to keep order, the dialogue prevails: “Did you wash my shirt?” “Which one?” “The green one!” “Is it green with a white stripe?” “No, that’s the away one.” Sixteen green shirts; no one knows where they are. Even Jay, who juggles a full-time job, coaches travel baseball, T-Ball, and in between, attends my other son’s games, plays softball twice a week. “I need something to do in my down time,” he explains. Year to year, I ask myself: “Are we having fun yet?” The frenetic pace and commitment of time is incomprehensible. No one cares about eating dinner at 10, a doubleheader in the hot sun, or an interminable drive to an out-of-town playing field. Night after night, the boys toss hats, drop bat bags and peel off sticky, clay-stained uniforms. They shower with their eyes closed.

From the sidelines, I cheer “Go Green!” But it’s natural to pay close attention to your own son. You watch his wind up. “Throw strikes.” You watch his batting stance. “Hit the ball.” You watch the play. “Get on base.” You know he’ll steal. “Run hard.” At first base, a ball comes his way. “Watch your footwork.” In the outfield, the ball sails high and deep over his head.



From left, the author’s sons, Kenny, Rob, and Danny.

“Turn and go.” You hope he’ll always be a good sport. The season ends. Involved in their next summer activity, the allure of baseball is over. But not for me. I still hear cleats hit together to loosen the dirt; the thud of a hard ball caught in a glove; the skidding of heels sliding into third; the spirited chant of players converging before a game. What resonates in my mind when the skies

are grey, the air is cold and the fields are empty is the distance they keep and the focus they have throughout the season: He hits a bomb and rounds the bases, he makes an impossible catch in the outfield; he pitches a one, two, three innings; he scores the winning run: a glorious triumph; he makes the final out: the team suffers a loss. No matter the circumstance, it’s what he gives back - the modest smile he throws your direction, a tear down his cheek from under the brim of his cap, a demonstrative high-five, or an evasive walk from the field without acknowledgement of your existence. But when that car door slams, he waits; for you. Words aren’t necessary. It’s the expression of body language or eye contact that transpires from him on the field to you in the stands that says it all. He knows you’re there; he knows you care and he’s happy. It’s all that matters.

It is now 13 years later, and my three sons navigate life off the field with the support of their father who continues to serve as a steady and unassuming coach. In matters concerning student loans, apartment leases, financial investments, and car purchases, he is their go-to-guy. They never doubt his availability, concern, and interest in their welfare. They count on his photographic memories of every play they made on the baseball field. Even now, and perhaps especially now, their dad scores a homerun.

Deborah Breslow is a writer, editor, and college-essay coach from Wyckoff. Her work is featured in publications focused on home, parenting, and medical advocacy. Visit Breslow’s website at www.djbreslow.com

A loving tribute to my mother-in-law

DEB BRESLOW

She doesn't look 94, but for the slowed gait and intermittent labored breathing. Though her eyesight is failing, she's not dissuaded from reading the Bergen Record from cover to cover, regaling us with facts about real estate values, higher education costs, department store closings, and of course, another sad death. A lighted magnifying glass, purchased by yours truly, is clipped to her tray table, serving as a searchlight to news and information taking place beyond the confines of her Fair Lawn home. She faithfully watches CNN leading to thoughtful conversation with family, friends, and neighbors. While many of her living contemporaries have moved to warmer climates or assisted living communities, when given the choice, she and her late husband opted to stay at home, agreeing to live-in support to keep them safe.

Insisting on keeping her landline, she takes in stride the spam calls from the crooks who have nothing better to do, often joking about sums of money to be wired to unknown Western Union locations. Raised in Paterson and educated at NYU, she had a successful administrative career at Yavneh Academy, enjoying the children and families, managing the ad journal, keeping the office running smoothly alongside her beloved colleagues. Her job never interfered with dinner on the table when her husband got off the train in Radburn. She is a tremendous listener and conversationalist and appreciates the company of those who engage her. A devoted wife, mother, and grandmother, she's probably best known for her signature lipstick, Cherries in the Snow, manufactured by Revlon and worn proudly to date with or without a face mask. While it took her time to acclimate to life without her husband of more than 60 years, my mother-in-law eventually relented to day-to-day oversight. While for a time, I doubted her sincerity, I am warmed by her regular use of "whatever you say, Debbie."

Though she grew up with a younger brother and raised two sons, my mother-in-law has always been surrounded by a cadre of female friends. She enjoys the gift of gab and keeps close to the gals she's known since grade school. I can still see the look on my father-in-law's face when I'd drive to the house out of frustration from the constant busy signal. "You know Glo," he'd say. "She loves to talk."

I knew when I married her son in 1993 there would be a learning curve – both for her and for me. It would take time to make a mother-in-law, daughter-in-law connection that felt natural. Having established a friendship with my parents before my husband and I met, she knew intuitively to step back, recognizing the closeness my mother and I shared. Her expectations



Author Deb Breslow and her mother-in-law Gloria Breslow.

were realistic.

Keeping a healthy distance that I may have perceived early on as disinterest, it seemed my mother-in-law quietly observed my interactions with my mother, making mental note of the smooth give and take to our communication. With a knack for finishing each other's sentences, my mother and I had a secret language unknown to the outside world. Whether singing harmony to Gershwin tunes, writing song parodies for special occasions, or playing guessing games using the initials of famous actors and actresses, my mother and I could pass the time while washing and drying dishes, waiting for an elevator or pretending to focus on a sporting event. Regularly in sync, we had a rhythm all our own.

My mother-in-law took a respectful back seat to all that, waiting patiently for our relationship to evolve as it was meant to. I knew she was happy to have a woman in her life who communicated openly, shared honestly, sought her advice and opinion, included her in decision making, and appreciated her life experience. As the years went on, and her role as mother-in-law grew to grandmother of three loving "ketzels," I watched her settle in and soften. She became more

flexible and willing to go with the flow. When plans were changed, she understood. She often helped me, the perfectionist, recognize that the things I thought were really important weren't that important after all. "As long as everyone's healthy," she would remind me. She had a way of putting things into perspective that I didn't always acknowledge immediately but valued later. Without really knowing it had happened, my mother-in-law became my friend.

It is mid-April and store shelves are stacked with hundreds of flowery cards with matching pink envelopes for Mother's Day. The #1 Hallmark holiday is a day of celebration – for me, a mother of three, for the mother I cherished, and for the mother I lovingly care for as though she were my own. While my mother-in-law and I don't express our feelings as openly as my mother and I did or engage regularly in physical displays of affection, I know how much my mother-in-law loves me.

She trusts the health care decisions I make on her behalf. She appreciates the little things I do to ensure her needs are met. She recognizes my willingness to act before she asks. She admires the way I've cared for members of our family. She's genuinely concerned about my physical and emotional wellbeing. She insists I don't lose myself or my marriage in the process of caring for her. She's passionate about her grandsons and soaks up the details of their personal, social and professional experiences. She has a heartfelt desire for me to be happy. I sense it all without her having to say it.

"If you get your fourth Covid vaccine, I promise you lunch out, just the two of us." She signed on immediately, eager for a car ride, some fresh air and a change of scenery. Her caregiver, ever devoted, passed on the invitation. Refusing her walker, she insisted she'd be fine holding my arm. As we sauntered down Rock Road in Glen Rock, I stopped in front of a shop bearing a framed print: "Call Your Mother." Pointing to it, we each reflected – she on her own sons, me on mine. I paused, turning to look right at her. "We've had a pretty good run, you, and me; haven't we?" Without skipping a beat, she replied. "You bet we have." Then as if to make a stronger point, she said it again. "You bet we have." Holding hands more tightly, as if to never let go, we continued walking.

Happy Mother's Day, Gloria. I love you.

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