The saddest and most dramatic scenes were the auctioning off of the material goods (furniture, dishes, art work, etc.) and the removal of the remains of the Sisters buried in the convent crypt to a local cemetery. At this point tears flowed among a group of Sisters who viewed the video with this reviewer. Questions erupted — How will we do what needs to be done? Did these women resist change and fail to move on? Was this an example of lack of vision for the future or a tremendous example of trust? What was the purpose of the added interviews of religious women and men and lay women interspersed throughout the video? What does the title of the video mean? The video left many questions to answer and, for this reason, it could be used with a variety of viewing audiences.

A discussion guide accompanying the video contains sets of questions to be used with students of gerontology, sociology, women's studies, religious studies, and anthropology. A brief introduction, historical background, and postscript (where are the Sisters now?) are also included.

Breaking Silence would be best viewed and discussed with someone present who knows and understands the concept of religious life in the Roman Catholic church. It is not just a video about aging, but one about a way of life and the profound changes that can occur when such a way of life is no longer viable in a particular setting.

Sister Mary Thill, osf, MA, Specialist in Aging
Chairperson, Gerontology Department
Lourdes College
6832 Convent Blvd.
Sylvania, OH 43560


This video realistically portrays several retired homemakers as they struggle to live independently in an urban area. Their poverty-line precursors include divorce, widowhood, low-paying jobs with no pensions, multiple chronic illnesses, and the double jeopardy of sex and ethnic minority status.

The viewer is sensitively introduced to the severe financial hardships faced by older women whose survival depends on government spending. Supportive services shown are subsidized housing, Supplemental Security Income, in-home care, neighborhood nutrition/socialization services, and care managers. Without reform of Social Security programs, the future looks bleak for these generations of women.

When She Gets Old is timely and of high production quality. It would be an excellent introduction to programs on financial planning for women. It is also well-suited for sensitization training of “services to the aging” providers, and will complement “Sociology of Aging” college courses. Useful discussion questions, following a showing of this video, would be: (1) What is the stated purpose of the Social Security Act of 1935? (2) Why has the United States been slower to implement policies affecting the aging population than European countries with similar levels of socioeconomic development? (3) Do you agree/disagree that age-based programs are an efficient way to set a minimum floor of protection for beneficiaries, and are they less stigmatizing than means-tested services? (4) Give an example of a needs-based government program described in the video and critique, and (5) Name several options available to help you prepare for your own old age.

Mary A. Berdan, MSW, ACSW
Adjunct Faculty
St. Clair County Community College
Port Huron, MI 48061-5015


Legacy: America’s Indian Elders is enormously valuable in one respect: It brings up a subject that has not even been considered by most professionals in aging services, let alone those in the general population who are simply concerned in some way about care of the elderly.

The subject is the disparity in funding of, and services provided by, Older Americans Act programs designed to serve aging Native Americans, as compared to those that serve the rest of the country’s elderly. Legacy — produced by the National Indian Coalition on Aging — does a service in bringing this shameful inequality to the attention of both lay and professional audiences.

As a consciousness-raising tool, the video effectively demonstrates that Native American elders are among the most vulnerable and most underserved older adults in America.

A note of irony is struck to make the point: scenes of computer and aerobics classes at well-heeled senior centers in white communities are intercut with interior shots of ill-equipped reservation facilities in which volunteers struggle to stretch funds even to serve a weekly common meal of soup and bread. Juxtaposed with visual images of Indian elders living in isolation and poverty are readings from treaties, letters, and other historical documents pledging government care and support for Native people in return for the surrender of land, freedom, and livelihood.

Elders from several tribes, including Navajo, Sioux, and Tohono O’odham, discuss the difficulties they face. Poor nutrition, tumbledown dwellings, and inadequate sanitary facilities are the lot of many. Especially effective is the visual evocation of isolation on these particular reservations, where elders may live miles from any neighbors.

Prominent tribal leaders including Wilma Mankiller, Principal Chief of the Cherokee Nation; Peterson Zah, President of the Navajo Nation; and Bill Anoatubby, Governor of the Chickasaw Nation, as well as Dr. Philip Lee, Director of the U.S. Public Health Service, and Fernando Torres-Gil, Assistant Secretary for the Administration on Aging, present a united front in this video. They state the need not only for adequate funding of existing Title VI programs — geared to provide nutrition support and “chore maintenance” — but for more diverse programs that address unmet needs, notably transportation, housing, legal services, and social and health programming.

Several existing programs are shown in which staff, often unpaid, attempt to stretch the Title VI dollar to provide some of these services. Particularly affecting is a scene in which a van driver travels a circuit covering more than a hundred miles of rough road just to round up a
small group of isolated elders for conversation and a sim-
ple congregate meal.

Less effective is the presentation of elders as reposi-
tories of the emotional and spiritual “wealth” of the com-
unity — the holders of wisdom and guardians of values and
culture. While the appropriate words are said, the video
could have used more dynamic illustrations of the value of
older people in these — or any — societies, to balance the
presentation of them as objects of need.

For all its pointed message, Legacy remains somewhat
passive in tone, presenting a problem but stopping short
of suggesting any specific avenues for action. “What do we
do about this?” is the obvious question to be asked when
the video ends, and those who are serious about the
video’s purpose will want to be prepared to provide or
solicit suggestions.

Also, the video touches only lightly on important issues
that exhibitors will want to buttress with additional infor-
mation for a complete discussion. For example, the point
is briefly made that Title III monies, intended to supply a
wide range of services to the general elderly population,
are frequently supplemented by additional funds from state,
county, and local governments. The implication is
that this does not often occur with Title VI monies in-
tended for tribal programs. It is noted that a few tribes,
such as the Tohono O’odham, are able to supplement
federal dollars for aging services from their own resources,
but funding is still not sufficient to meet the need.

Non-Native audiences, especially, may need to be
walked through the relationships that obtain in their par-
ticular region between government entitlements at all lev-
els and tribal programs, particularly in light of changing
sovereignty/responsibility issues.

Also useful would be information on any existing “su-
ccess stories” — programs in which tribes have successfully
leveraged federal monies with funds from other sources to
provide a wider range of services.

Legacy is appropriate for all audiences concerned with
the quality of elders’ lives in our collective society. Older
adults — and program staff — in better circumstances than
those shown in this video may well be moved to count
their blessings. Native and non-Native audiences, lay and
professional, policy-makers and seniors in affected com-
unities should be moved to share resources and informa-
tion, make connections, and turn up the pressure to make
this particular injustice history.

Jill Crabtree, BA, Program Coordinator,
and James Leafle (New York Seneca),
former Program Associate
National Institute on Human Resources and Aging
Brookdale Center on Aging of Hunter College
New York, NY 10010

Home Care for People with Alzheimer’s Disease, 1/2”
videocassette/three 13-18-min programs/color/1995. Pro-
ducer, Vince Clewes and Associates, Inc., Media Produc-
tions; Distributor, Aspen Publishers, Inc., P.O. Box 990,
Frederick, MD 21705-9727. 800/638-8437. Sale $199, no
rental.

Home Care for People with Alzheimer’s Disease contains
two separate video programs, each with a companion
booklet, which are designed to provide the nonprofes-
sional home caregiver with both an overview and the
specifics about three aspects of caring for someone with
Alzheimer’s disease — communication, activities of daily
living, and home safety. The booklets state that they are
designed for the caregiver who is a spouse, close relative,
or friend of the person with Alzheimer’s disease.

The “Communications” video and booklet discuss gen-
eral guidelines for the caregiver, including useful informa-
tion about how memory loss affects communication, how
persons hide memory loss, how to approach a person with
memory loss, how to give instructions and how to react to
repeated requests for the same thing or the patient’s re-
petition of a story. The caregiver is advised to go to work,
or to pursue an activity that is inappropriate. The “Activities of Daily Liv-
ing” video and booklet cover structuring activities: setting
the table, selecting different types of foods, and maintain-
ing existing eating habits; guiding various activities such as
washing, brushing teeth, and getting dressed; planning
and going on an outing; and handling various difficult
behaviors caused by Alzheimer’s disease such as anger,
arguing, and agitation. The “Home Safety” video and
booklet present suggestions on general safety issues: how
to avoid stumbles and falls, safety in the bathroom, safety
in the kitchen, dealing with wandering and coping with
restlessness, agitation and wandering that may occur in
the evening hours. Although the range of topics covered is
fairly comprehensive, the solutions proposed for various
situations are ones that most caregivers would find self-
evident. Assistance with the more difficult behavior man-
agement issues in later stages of the disease is not pro-
vided, and the overall impression presented is that caring
for an Alzheimer’s patient is not particularly difficult.

The three video programs use the same presentation
style. A narrator describes various techniques which are
demonstrated using actors and actresses to portray a care-
giver and patient. A different caregiving scenario is used
in each video: a child caring for a parent, a husband caring
for a wife, and a friend caregiver. Unfortunately, the
staged portrayals detract from the usefulness of the videos
because the patients appear stiff and unrealistic. In addi-
tion, the situations presented are resolved somewhat
simplistically.

For this reason, the techniques demonstrated would not
be helpful to caregivers of those in advanced stages of
Alzheimer’s disease who present much more difficult be-
avior management problems in the home. The videos are
really only appropriate for use with caregivers of newly
diagnosed patients who need very basic techniques. Lead-
ners of caregiver support groups might recommend the
videos and booklets to new members who are just becom-
ing familiar with the disease or who may still be denying
existence of the disease after a recent diagnosis. The videos
and materials might also be suggested or loaned to family
members by physicians who are evaluating a patient for
Alzheimer’s disease or other kinds of dementia to intro-
duce them to helpful techniques, or by home care agency
staff when working with informal caregivers of newly diag-
nosed patients. Caregivers of patients in later stages of the
disease, or who have been caring for a patient over a long
period of time, on the other hand, might well resent the
videos’ oversimplification of their caregiving burdens.

Ellen P. Rosenzweig, JD
Co-Director of the Institute on Law
and Rights of Older Adults
Brookdale Center on Aging of Hunter College
New York, NY 10010