

The Hilltop Herald

Issue: X

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Spring is around the corner.

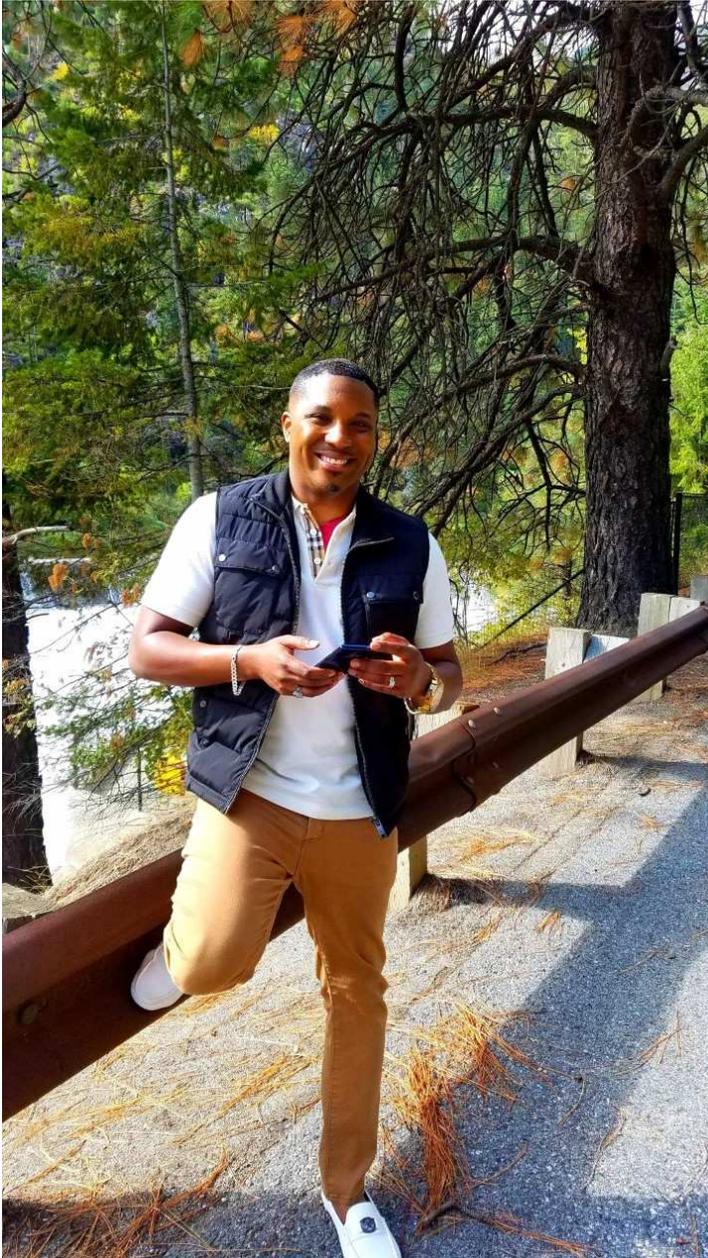


"Rainbows" By Wendy-Susan Lovejoy

"An array of rainbows dance on my wall, sunshine beams through the crystal
swaying in my window. Intentionally hung to dispel the pall
of dark days of continuous drizzle and winter's gloomy shadow.
Fresh growth beckoned by spring's call dresses trees with new green bristle
as bitter cold begins to mellow. In the garden daffodils stand tall
their cup and collar blossoms dazzle in glorious yellow.
Embolden by the brazen daffodil gall
new blossoms in an exploding razzle
quickly follow."

WELCOME TO HILLTOP HOUSE

KENT GRAHAM: DIRECTOR OF FINANCE & OPERATIONS



Kenny Ken Kent.

Ohhhh, he's a mighty fine lad. Born in London, U.K., He had tea and crumpets in his hand.

Reared within the South, he spent half his life in sunny So Cali. We don't fault him for that – Fore' our checks he does tally.

20 years in Property Management and Housing, caring for people is his passion, Hadn't we known any better, we'd have thought it was fashion!

Laurie's successor of course, they even resemble slightly in the nose! Can he walk a mile in her shoes? Hmm....The world may never know!

A "Southern bloke" some might call him. He's just so posh, dapper and chill. From the looks of his smile, he'll certainly fit the bill!

An enthusiast of jazz, he's duly an aficionado of wine.

Keep on keepin' on, Sir Kent,and you'll do jussst fine.

FINANCE & OPERATIONS SPECIALIST: STEPHANIE FUNG



Hello!

My name is Stephanie Fung and I am Hilltop's new Finance and Operations Specialist—I oversee leasing, annual recertifications and the Hilltop waitlist. My job is to make sure that everyone has a place to stay. I am sure that I have met some of you during our recertification appointments and I can't wait to meet all of you in person.

Here is a little background to all my friends at Hilltop. I was born in Hong Kong and I moved to Seattle with my family back in 2003. I can speak multiple languages, e.g.: Cantonese and Mandarin. I worked for property management for a few years and I am very familiar with leasing.

Outside of work, I am a huge Disney fan. I love to go to Disneyland and Disney World with my friends during my vacation time. I am also a Disney pins collector. Please let me know if any of you are also pins collector because I would LOVE to meet with you.

As time goes on, I would love to meet with every single one of you and knowing each other more as we are all family here!

“Ouch! My Knee.”

By: Wendy Susan Lovejoy

In the wee dark hours of the morning, the day after Christmas 2020, as is common with every morning, I needed to use the bathroom. When I stood up, my always painful right knee made a loud crackling, crunching noise and gave out from under me. The only reason I did not end up on the floor was because I was next to a chair and was able to fall into it.

The first time I dislocated my kneecap, I was playing ball in my backyard with my brothers and dog. At one point the dog and I were chasing after the ball. As was inevitable, we ended up in the exact same place at the exact same time. The dog walked away from the collision. I did not. I was thirteen.

In the ensuing 54 years I dislocated both my kneecaps individually on numerous occasions. Sometimes I received medical attention, but more often than not I massaged and manipulated my knee back into some semblance of functionality by myself and hobbled on my way. Of course, this repeated abuse took its toll. Knee pain became my constant and ever increasingly demanding companion.

At first, on that fateful Boxing Day morning I assumed my knee problem was just another in a very long series of annoying, albeit extremely painful, knee episodes which I would resolve with a little massage, manipulation and rest of my knee. On the third or fourth attempt to stand, with same resulting crackling, crunching collapse of my knee, sobbing in pain, fear and frustration, I came to the conclusion that I needed professional medical attention so I called 911.

The timing of this incident was particularly unfortunate. By the time I put in the call to 911 it was 3:30 Saturday morning, the day after Christmas in the year of our, oh Lordy, COVID pandemic 2020. So, not only was it a traditionally demanding time for emergency medical needs across the city, but it was also a time when many medical staff had vacation time. Due to the pandemic, medical facilities all over were cutting back on all but the most dire emergencies.

The 911 operator did his best to talk me out of calling for EMT help. We eventually settled on ambulance transport.

Upon their arrival, the ambulance crew did their best to assist me to the toilet. Remember that was my reason for requesting the use of my knee some hours earlier. My need in that realm was getting particularly urgent. The ambulance crew consisted of a young woman about a quarter of my size and a young bean pole of a man about the circumference of one of my legs. Strong though they may have been, they were no match for my girth and incapacitation. There was no way they could assist me to my toilet so they reluctantly agreed to transport me, via gurney and ambulance, to the

hospital.

Initially I told them I wanted to go to the University of Washington Medical Center, but they talked me into going to Harborview Medical Center as it was so much closer.

What with admission procedures and a high volume of activity, it was another hour before I finally got assistance with a bed pan. Remember, my initial attempt to respond to the call of nature was at 1AM. It was nearly 6AM when I was finally given access to a bed pan. At that point, my knee was no longer my primary concern. As my grandmother used to say, “a bean is a bean, but a pee is a relief.”

Once relieved I lay on the bed shivering under a thin sheet, when a man whose name tag read “DOCTOR” brought me a hot blanket. When I asked if that was part of his job description he replied, “As a human being, yes.” Thank you, human doctor.

Another several hours passed before a very wonderful nurse came with a walker to determine the exact condition of my knee. I slid off the side of the emergency room bed into the waiting circle of a walker, but the instant I put weight on my right knee the crackling, crunching, excruciating painful collapse returned.

Except for a “Goodbye visit” from the very wonderful nurse, I lay in bed waiting for another couple of hours before another young lady came to wheel me, bed and all, into the X-ray Department. After the x-rays were taken she wheeled me back to my cubicle in the emergency room where, again I lay waiting for another several hours.

Except on the occasions when I screamed for help, for water or a bed pan, I lay alone and pretty much ignored for thirteen hours in the curtained off Emergency Room cubicle. I did get to eat at about 10AM because a breakfast was delivered to a patient who had already left the ER. Rather than throw the food away, a nurse gave it to me.

Finally, at 5:30 Saturday afternoon, thirteen hours after the first ambulance crew convinced me to go to Harborview Medical Center, another ambulance crew came to transport me to the University of Washington Medical Center because, oops, Harborview Medical Center had no vacant beds.

The next two days I spent lying in a bed at UWMC. I asked every person who came to see me, for whatever reason, when I was going to see an orthopedic doctor. Universally the response was “I don’t know.” I was poked and prodded. My vital signs faithfully monitored. Doctors and nurses came regularly and generally took very good care of me, but only one person ever even mentioned my knee.

A very dynamic physical therapist came. She manipulated my knee, helped me transfer from my bed to a portable commode and back to bed, and told me she didn’t know when I was going to see an orthopedic doctor, and left. I never saw her again. No one else ever looked at or touched my knee during my entire stay at UWMC.

Monday afternoon a young, unsuspecting woman from Social Services came to tell me I was to be transferred to Burien Nursing and Rehabilitation for inpatient physical therapy. I blew up. At no time had anyone from Orthopedics come to look at my knee, to ask me questions or let me ask questions. Indeed, I had no communication with anyone in Orthopedics what so ever. The unilateral decision to send me to rehab for physical therapy had been made by the Orthopedics Department, based solely on the partial set of emergency x-rays taken at Harborview Medical Center. The poor young lady from Social Services caught my tearful, screaming anger and extreme frustration with both barrels.

It just so happened, at that moment my friend Michelle called. I gave her a very tearful, nearly hysterical (no, not funny, haha, but nearly over-the-top crazy) rendition of my situation. My dear friend then proceeded to call the head nurse on my floor and tell her of my hysteria. The head nurse, a most marvelous woman by the name of Morgan, came immediately to see me and talk me down from the ceiling.

She tried to assure me that no one was going to make me do anything that I didn't want to do. I didn't believe her, but she was very sweet and patient. She pulled my chart up on the computer screen in my room to find out exactly what was happening. There was a note in my chart from Orthopedics. A note that was neither relayed nor in anyway shape or form made available to me prior to that moment. It said simply, there were no broken bones (not a surprise to me) and extensive arthritis (again, not a surprise to me) and there was nothing they could do for me.

End of message.

It's really too late for me to make this long story short, but the upshot was, I was transferred to Burien Nursing and Rehabilitation for inpatient physical therapy. So much for no one making me do anything I didn't want to do. Well, in all honesty, they didn't make me do anything, but they also didn't provide me with any additional options.

Rehabilitation started off with a bang. First, I was undressed and redressed in a hospital gown and something they called a brief, but by any other name, it was a diaper. My first morning in rehab began at 4AM when someone announced, as she turned on my light and pulled the bed covers off of me, it was time for a diaper change. While that may have been standard operating procedure for her, it most certainly was not for me.

My diaper changing experiences got much worse from there, but I shall spare you the gruesome details. Along about noon, once again an unsuspecting young woman from Social Services showed up just to complete some routine paperwork. I gave her a screaming, tearful earful.

Unfortunately, in absence of any clear information of what exactly was wrong with my knee, the physical therapy treatment that I received was ineffective at best, but mostly painful and disabling. I was eventually enabled to get an appointment with an orthopedic doctor, but not until I had been laying around in rehab for two weeks, generally garbed in a hospital gown and a “pull up”; a step better than a diaper, which enabled me to use what I called a “porta potty” next to my bed.

Something I had been unaware of before this whole adventure is that, “.....independence is largely determined by ones ability to use the toilet.”

Someone else can cook for you, someone else can clean for you and you can still be reasonably independent, but when you can not take care of your own bodily functions, you simply can not be independent. My inability to walk, initially rendered me dependent on others to take care of my bodily functions which I quickly realized was most definitely not to my liking, and motivated me to figure out whatever I needed to reestablish my ability to take care of myself. My minimum requirement for myself, in order to be released from rehab, was the ability to walk from my bed to the bathroom.

It was a desperate, late night online search which lead me to the orthopedic doctor I eventually went to see. Upon arriving at the orthopedic doctor’s office I was sent for a full battery of knee x-rays, a painful and challenging event which resulted in a much more complete picture of what was going on with my knee. Still no broken bones, still not a surprise. Still significant arthritis, still not a surprise. But at least I felt better with a 360% view of my knees and a much clearer view of all the bones involved.

The doctor recommended steroid injections. I expected her to set up another appointment some weeks down the road, but, no. Right then and there she began preparing a set of enormous syringes. Using ultrasound on my knees, instead of my nonexistent unborn baby, which helped her see exactly where to insert the giant needles, she first injected anesthetic into my knee, painful, but bearable, and then with another, even more gigantic needles she injected steroids into my knee, almost unbearable even with the anesthetic. After this visit to the orthopedic doctor I returned to rehab. The doctor said it could take up to a week for the shots to take effect.

The doctor warned me that the steroid injections might affect my blood sugar. As a diabetic, I thought I was prepared for a little spike in my blood sugar. I was not. This spike more than doubled my previous peak blood sugar reading, and I was sick in a way I had never experienced. I was disoriented with a pounding headache and I could not get enough to drink. Had I not been under nursing supervision and care I would not have known what was happening or how to take care of it. As it was, it took three days of constant monitoring and five additional daily injections of insulin, over and above my normal bedtime insulin injection, to bring my blood sugar back down close to my normal. Residual effects continued for more than a week.

.Continued on page 12.

**From: Thornton Bowman
Hilltop House - Executive Director**



Welcome to Spring!

Here are some things to know:

- **Sadly, we recently bid Farewell to Max Rutley and a former resident, Helene Young. They will both be missed.**
- **I am happy to report that The Hilltop House Foundation along with Seattle First Baptist Church have agreed to loan Hilltop funds to be used with our reserve account funds to upgrade our elevators. HUD is within the process of doing a legal review of our bids and funding requests now. I believe this will be approved. This is very important work but it will be an inconvenience for quite some time while the work is being completed.**
- **We plan to complete a required (required pre-COVID) annual inspection in April. Most of you are aware we did not complete it in 2020.**
- **I am hoping (as are some Public Health officials) that we may be turning a corner with COVID. Staff are excited about this and hoping to offer more opportunities soon. I appreciate the efforts of all of you and of our fabulous house-keeping staff for helping keep Hilltop safe.**
- **Thanks as well to Karen for work overseeing the vaccinations.**

Here's your newest "Hilltopic"!

Saint Urho Welcomes You!

The legend of St. Urho originated in Northern Minnesota in the 1950s. However, there are differing opinions as to whether it began with the fables created by Sulo Havumaki of Bemidji, or the tongue-in-cheek tales told by Richard Mattson of Virginia. Either way, the legend has grown among North Americans of Finnish descent to the point where St. Urho is known and celebrated across the United States and Canada, and even in Finland.

St. Urho's Day is celebrated on March 16th, the day prior to the better known feast of some minor saint from Ireland, who was alleged to have driven the snakes from that island.



The legend of St. Urho states that he chased the grasshoppers out of ancient Finland, thus saving the grape crop and the jobs of Finnish vineyard workers. He did this by uttering the phrase: "Heinäsiirkka, heinäsiirkka, mene täältä hiiteen" (roughly translated: "Grasshopper, grasshopper, go to Heck!"). His feast is celebrated by wearing the colors Royal Purple and Nile Green. St. Urho is nearly always represented with grapes and grasshoppers as part of the picture.

Saint Urho has been recognized with proclamations in all 50 states. Minnesota Governor Wendell Anderson issued a proclamation in his state, the unofficial home of Saint Urho, in 1975. In 1978, Gov. Dixie Lee Ray ordered the 3rd state proclamation.

So, true believers lift your glass of buttermilk, cup of coffee or goblet of famed Finnish wine in a toast on Thursday to that famous Finn, St. Urho!

70's Songs Word Search

S Y E P W K R E D I R W O L A B E
N A M E R I C A N P I E C G R R B
G G Y P R E T I W F A L O L E O O
I S E A V M M H E U M U D L V W N
S N T O W A A E O W Z Y R R E N Y
N L L R G A L G O U G V E P F S E
A Y R I U I T O I D T L A M T U Y
M D N I N H D F E C B Y M X H G E
O E R G G S E T I M M J O Y G A S
N J S E T D I V A R Q A N U I R Z
A T R O A N A G O H D E N I N X A
I A C Y U M E B D L S U N D O W N
P K H E R H S R A T S R E P U S H
N A R N T B B L A S T D A N C E A

AMERICAN PIE
BAD GIRLS
BROWN SUGAR
DREAM ON
DREAMS
DRIFT AWAY
EBONY EYES
FEELINGS

IMAGINE
LAST DANCE
LOLA
LOVE HURTS
LOW RIDER
MAGIC MAN
MY LOVE
NIGHT FEVER

PIANO MAN
REUNITED
SIGNS
SUNDOWN
SUPERSTAR
THE GAMBLER
WITHOUT YOU
WOODSTOCK



Recipe by Sharif Ball

These make for a delicious topping for most meats, sides, and salads!

Pickled Red Onions

- **1 cups champagne vinegar**
- **1 cups water**
- **1 Tablespoons iodized salt**
- **2 Tablespoons brown sugar**
- **1.5 pounds red onion sliced (mandolin on a thin setting)**
- **¼ teaspoon crushed red pepper or chili flake**

Bring everything to a boil except for the onions & vinegar.

Remove mixture from heat then add onions & vinegar.

Stir and refrigerate.





“Ouch! My Knee” (Continued) By Wendy Susan

On the plus side, before the anesthesia wore off, I was actually able to walk a few steps. After the anesthesia wore off it was another three days before I could walk again.

A big plus to rehab I neglected to mention. It was a happy accident that on my first day in rehab, Walgreens was administering COVID vaccines. Although my goal was to get out of rehab as soon

as possible, as luck would have it, I was still there when the second vaccine shots were given. Then I was encouraged to remain an additional 24 hours in case of reactions, which I had none.

On the day I left rehab I was able to walk 35 steps with significant effort and assistance from a walker. Before I left rehab I had order a walker of my own and a booster seat for my toilet. Unfortunately, although Amazon said the booster seat had been delivered, upon my return to home, the booster seat was nowhere to be found. As it happened it did turn up a day later, but, by then I had already wrenched my knee trying to get up from the toilet without the booster seat.

Again unable to walk I returned to the orthopedic doctor. This time she gave me injections of hyaluronic acid, which again, would take up to a week to become effective. These injections did not mess with my blood sugar. While the injections helped with the pain, they did nothing to stable the collapsing of my knee.

In the ensuing weeks, as the effect of the injections wore off, my right knee returned to same condition it was in on December 26th. Because I had put great strain on my left knee to accommodate for the malfunction of my right knee, it was in considerably worse condition than it was on December 26th. So, eleven and a half weeks of physical therapy later, I still couldn't walk, and I still didn't know what, exactly, was wrong with my knee.

I am at a lose as to my next step. I have requested a referral from my primary care physician for an MRI, and I am hopeful such an exam will show something that is at least partially treatable. I have learned how to move myself around my apartment with the use of office chairs on wheels and outside my apartment I have the assistance of my most wonderful friend, Seabron, and my pedal wheelchair, but transferring from one seat to another continues to be increasingly challenging and painful.

For my final three days in rehab I shared a room with a woman who, after of a severe fall, had a reconstructed spine. She was paralyzed from the waist down. She had already been several months in rehab with no obvious end insight.

I know there are many people dealing with far greater disabilities than mine, and my heart goes out to them, but my compassion for them does not preclude my fear and anxiety for myself.

