

# Photography, Essay & Poetry Awards



*NHPCO is proud to showcase the winning entries from the 2010 Photography and Writing Contest—  
a wonderful testament to the talent and creativity of so many members around the country.*

National Hospice and Palliative Care  
Organization



**Photography— 1st Place — Young People Category**



*Mia*

**Sarah Samuelian, Hinds Hospice, Fresno, CA**

**Photography — 1st Place — Adult Category**



*Graduation Day*

**Dr. Leslie Wilkes, Hospice Savannah, Inc., Savannah, GA**

**Photography — 1st Place — Nature/Abstract Category**



*A Place of Rest*

**Angela Lee**, Group Health Cooperative, Tacoma, WA

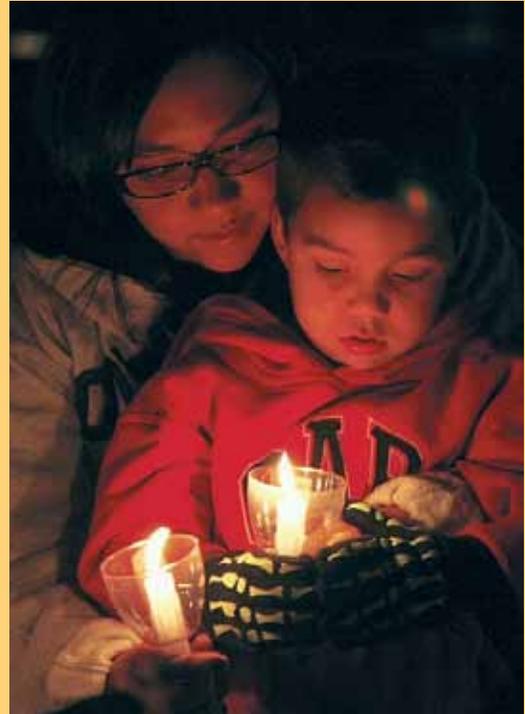
**Photography—Young People Category**



**2nd Place:**

*Father and Son*

**Cathy Lasky**, Suncoast Hospice, Clearwater, FL



**Honorable Mention:**

*Light Up a Life*

**Henry Barrios**, Hoffmann Hospice, Bakersfield, CA



**Honorable Mention:**

*Healing through Helping Others*

**Ben Fournier**, Delaware Hospice, Wilmington, DE



**Honorable Mention:**

*Kids Night*

**Diana Wayne**, Haven Hospice, Gainesville, FL

**Photography Contest —Adult Category**



**2nd Place:**

*Husband Cradling Wife*

**Abhijit K. Dam**

KOSISH Bokaro, Steel City, Jharkhand, India



**Honorable Mention:**

*Mood, Her Constant Companion*

**Terri Roberts**

Columbus Hospice of Alabama, Phenix City, AL



**Honorable Mention:**

*You Can Go, I Love You*

**Rhonda Cornish and Rita Lackey**

Amedisys Hospice of Kingsport, Kingsport, TN



**Honorable Mention:**

*Prayer Shawl*

**Sarah Grim**

Senior Independence Hospice, Columbus, OH

**Photography — Nature/Abstract Category**



**2nd Place:**

*Baxter*

**Julie Crocker**

Talbot Hospice Foundation  
Easton, MD



**Honorable Mention:**

*Hospice Garden*

**Donna M. Drake**

Gulfside Regional Hospice  
New Port Richey, FL



**Honorable Mention:**

*Pink Water Lily*

**Vicki De Boer**

Seasons Hospice  
Rochester, MN

## Essays

### 1st Place:



## *Death, Like Birth, Can Be a Beautiful Thing*

**Kristi Szendre**

Tri-Cities Chaplaincy Hospice  
Kennewick, WA

When you say you are a nurse, people might expect you to perform a variety of tasks – from assisting with child birth to assisting with a colonoscopy. My career has given me many different opportunities. It started in a nursing home where I learned I would want “some day” to become a hospice nurse. Five years ago I embarked on that voyage, to many a friend and families’ disbelief that someone would actually want to work with the dying. “How can you do it? Isn’t it terribly depressing?” I’ve always wanted a chance to respond to those statements with full disclosure.

When I worked at the nursing home I watched people who were forgotten or discarded debilitate and die with virtually no support. Many of the nurses wanted to be more attentive but were required to pass meds and perform treatments on a level that did not allow time for compassionate care of someone living their last days. The aides, who were also stressed with time constraints to dress, feed, transfer, bathe, and undress 20+ patients, did not have the training to understand the different needs of someone at that stage of life. Dainty little old ladies who were once courteous became angry, defiant, and combative. Jovial old men who laughed at the slightest joke, and were normally quick to praise and thank, would refuse and complain about being given care, then cry alone in their room sitting in their underwear.

And then there were those people who were just mean and unlikable all along. There was one man who was cantankerous, ornery, and sometimes downright cruel. At times, it was difficult even to approach him to give medicine because there would always be a cutting remark and an evil glare behind his eyes. It didn’t matter how much I smiled and cajoled, he just wouldn’t have any of it. Then his lung condition got worse, and the unimaginable happened. He got even meaner! The aides would frequently leave his room crying. A variety of medicines were prescribed, with little help, as he rarely took them without spitting them at someone. He had no family and no friends.

I watched him struggle for air, and battle everyone who tried to come near him. One evening I simply caved in to my own frustration. “Charlie!” I demanded. “Why do you fight everyone who is trying to help you? Why do you turn everyone into an enemy?” He simply stared at me. “You’re like a caged animal!” I threw up my arms and turned to leave, astounded that there weren’t pillows, shoes and expletives thrown at my direction. The silence sunk in as I neared my med cart. This wasn’t a non-reaction, this was the most profound reaction I’d ever seen Charlie give. A thought-filled response as opposed to the emotionally-charged responses he usually gave. I went back to his bedside and sat in a chair. He looked at the wall. “Are you afraid, Charlie?” Although he kept his head turned, his arm slipped from the edge of the bed to rest at my knee. I sat with him quietly for several minutes. Finally I said, “Charlie, if you let me, I will try to help you. I will tell you everything I know about what is happening to you. Would that help?” He gave a slight nod, and kept his head turned toward the wall. I explained his diagnosis, and how it had progressed. I didn’t have the knowledge then about all the different types of medications that could alleviate his symptoms. But I promised to try and keep him comfortable, if he would take his medications when I brought them. He gave me a nod and a slight nudge with his arm, turned his back to me, and closed his eyes.

At that moment my life changed forever. So did Charlie’s. I found out that being someone’s companion through the ending of their lives could be as (or more) rewarding than guiding them through medical treatments, medications, and survival mode. I deign to think that Charlie found out that sharing his vulnerability was more satisfying than chucking a stinking shoe at someone’s back. Over the next two weeks Charlie declined rapidly, becoming completely incontinent, and unable to swallow without coughing and gagging between gasping breaths. I spent as much time as possible sitting at his bedside; progressing from a quiet stiff presence at his side to a friend

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who was allowed to hold his hand, and rest my head beside his on the pillow. One night he grabbed my arms with a strength I had not felt in many days, pulling me toward him. I hugged him tightly, surprised and delighted at his sudden affection. I felt the tears leaking down his cheek. As I look back now I chastise myself a little bit for my self-absorption. But I also allow myself some Grace; I was learning. He had a frantic look in his eyes. I tried to sit in my usual chair, but he held me tight. His breathing was heavy, and his face was pale, almost gray. I asked him again, "Are you afraid?" He nodded empathically. "Do you want me to stay with you?" Again a nod, slower, full of sadness. He knew then what I did not. He was dying right then, what we call "actively." I held my arms around his shoulders, and leaned at the edge of his bed for the next two hours. There were many technical medication errors that night, as meds were given more than an hour off schedule because everyone else waited... as Charlie died in my arms. I felt him ease his breathing, relax his muscles and lean into my neck. It was a slow and beautiful process, like watching a rainbow bloom. Surprisingly not unlike the birth of a child. There was agony, and what seemed like insufferable waiting, ending with a sense of ultimate achievement and contentment.

Soon there would be another death that would impact my life as much as Charlie's. A 50-year-old woman with end-stage cancer would be admitted to the facility. Knowingly to die, with hospice care. There was a hospice nurse who guided the medications and medication requests from doctors, who spoke to the family and patient, and gave the patient the time at her bedside that I felt unable to give. There was support for nursing staff, and the patient and her family, in a way that I had previously not observed at that facility. Although the patient could not speak English AND had a tracheotomy, we managed

to communicate about her pain, anxiety, even her sadness about leaving her children, and unborn grandchildren at such a young age. At the time of her death a hospice nurse arrived to help console the multiple family members who were present grieving their terrible loss. And later, the hospice nurse also consoled me.

I wondered why the aged were expected to die without support, while the understanding was obvious that a younger person and family would need more. I found out that Charlie could have had more, and realized that someday I wanted to be a part of bringing that kind of care into more lives.

Hospice has evolved in the last twenty years, and now has a much greater presence in long term care facilities. There is more support for chaplains and social workers to assist in the spiritual and psychological care of a patient. Hospice-trained nursing aides are allowed the time to take extra care in personal needs like bathing, as well as training in social/spiritual skills helpful at the end of life. We all work as a team to assist each patient and family through this transition. We take extra care to remember the facilities' caregiving team as part of the "family." I am proud to say that my team is known on a first-name basis by many of the residents at the assisted living facility we cover, not just the patients assigned to us. There are residents who have watched our care-giving, and themselves called in referrals for hospice assistance for friends and family. One robust lady recently told me, "I'm not ready yet, but when I am, I want you to be there to take care of me!" I doubt that I will ever have a higher compliment.

When someone asks "how can you?" I tell them every morning my soul sings "HOW CAN YOU NOT?" Every day I am reminded that I might see a rainbow.

## Essays

### 2nd Place:

## *“Terri, You Were Never Forgotten!”*

**Nina Millar**

Heartland Hospice  
Riverside, CA

**T**erri was 44 and I was 38 during her hospice care. I saw Terri every Thursday for about a year.

Upon arriving to her house her bed was in the living room. It was a little house, and when I arrived Terri was quiet and seemed like she just needed a girlfriend. She was checking me out, wondering who I was and what a volunteer did. I explained to her that I came over to be with her, nothing medical at all. I am here for support in whatever way she needed it. I could go to the grocery store, do the dishes for her or we could just sit and chat. I am here to listen. Our relationship was friendship, we were girlfriends, and in hospice it's known that we are the givers, not expecting anything in return. Even though we discuss these boundaries with hospice staff, we always receive in ways we could never imagine.

Terri's journey was very different than what I had experienced with other patients. The household had four generations living in it. The family was unstable due to a rough past, and with Terri's imminent death approaching, the family was barely functioning. Even though Terri was surrounded by several family members, each had a difficult time dealing with Terri's terminal illness in their own ways. Except for her son Jaden, her rock. He was 16 when I started. His mom and he were born on the same day. He was an angel, his mother's death would change his life forever, but there was a wisdom about this boy and Terri knew that. She drew strength from it and her love for him kept her alive for that year.

Terri's husband was not around much – he visited a couple of times. He was dealing with his own troubled past. Her daughter Susie had two babies, one born during the time I was there. She was in a tumultuous relationship and using drugs. It was very hard to watch because the babies were not being cared for properly.

Terri's mother rarely came out of her room whenever I was there and always seemed disturbed and upset.

Terri and I never really had time alone. Terri had no private sanctuary to call her own, ever. Sometimes Suzy would storm in yelling and screaming, even at me. If the weather was nice, we would sit outside and Terri would smoke. I didn't care, it was all she had to call her own. We had talks, long talks about what happened in her past. I allowed my friend to unload the huge baggage of regret and resentments whenever she needed to. We talked of God and her fear of death.

One day, the most amazing conversation took place. It confirmed to me, back in 1998, that Angels are a constant—always helping. Terri and I were talking about the actual moment of death and what happens. I wanted to comfort her for sure. I explained to Terri about giving birth, knowing this was something we had both experienced.

I said to her, “you know when we are pregnant the baby in our tummy is growing and changing inside of us as it is preparing for its birth. When it's time to be born, there are signs for the mom that the baby is coming. At the time of birth many people will be there waiting for the new arrival of this child.”

I believe dying is very much like this. It will be peaceful, and before you know it, you will be looking into the faces of those you love. With open arms they will be welcoming you!

Much to my amazement, I went home and told my mom this story. Her eyes grew big, and she said she had a letter for me.

The letter was written by my Auntie Eleanor in 1967, when I was only 7 years old. She had become a nun and had been diagnosed with cancer at a very young age. My mom was so sad she was going to lose her sister. Auntie Eleanor wrote mom a letter about what was taking place and not to be sad.

It reads, “Supposing a child in his mother's womb at the ninth-month period would argue that he did not want to be born. It is so nice and warm and safe in the darkness of the mother's womb. He gets all the nourishment he needs, and after all,

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what does he know about the world out there? And supposing his mother could answer all his objections: Come on out and be born! It is beautiful on this side. You'll be safe because I love you. Come look into the face of the one who loves you!"

Auntie Eleanor was my angel, working through me to help Terri, and I knew it with all my heart.

There were times at Terri's that were hard – with the drug issues, the babies and mother – and many times it was probably not that safe for me. Terri needed me. She did not have any girlfriends and I knew how much she appreciated me. Hospice had said to me that if I needed to stop I could, and I told them I would never do that. Almost a year was a long time and I was committed.

It's important to know that in this particular family situation, one cannot have any judgment. This situation was what it was but I needed to be smart, and aware, and take care of myself so I could continue to see Terri. It was not my job to fix any of the other family members' problems, but it was my job to be supportive for Terri.

Terri barely had enough money to live on let alone take care of everyone else's needs, and she ended up having to move very close to her time of transition. Hospice and I helped her out the best we could. Again her bed was placed in the living room in a tiny two bedroom apartment, with the babies.

At Christmas time, which was close to the time Terri died, she gave me a plant. Terri was preparing in her way. Her giving me

a little life to take care of was very special to me and has stayed with me ever since.

The plant lasted until 2006! It was such a tiny plant to begin with, but grew bigger and bigger. When I moved to my house in 2003, the lighting was very different. I tried to put it outside but to no avail, it made me kind of sad. Maybe it was Terri's way of letting me know that she was good up in heaven. I looked up one day and told Terri that I think the plant has had it, and I blessed it and thanked it for years of reminding me of Terri.

Terri had a fear of never wanting to be forgotten, I smiled and told her she would not be forgotten, not by me, her mom, or her kids (she had 2 more who lived out of state). Terri made sure of that with the plant AND for Christmas she gave me a set of cups; they were decorated with white robed little girl angels, with crooked halos and bare feet. Six angels altogether on one cup and above them the words, "Peace Love and Joy to you," I LOVE IT! It is on my desk, I drink out of it every day. I gave one to my mom, as she was such a support to me during Terri's dying journey. Terri is never forgotten.

She taught me never to be judgmental; people die in all different ways and different places. Taking care of myself so that I was able to give to another was a valuable lesson as well. All caregivers know this is true. You can't drive your car if there is no gas in it! Same goes for your body. Thank you, Terri!

## Essays

### Honorable Mention:

*Nellie*

**Theresa Lynn**

Wings of Hope Hospice  
Allegan, MI

The first time I met Nellie, we both laughed at my inability to understand her English through her thick Dutch brogue. She was a small woman, petite and tidy in a comfortable way. Her body was more than 80 years old. She walked bent forward a little as though she had been of service her entire life.

The house smelled like cookies because she had a visitor coming. I told Nellie she didn't have to treat me like company. I was her hospice nurse, and I would be checking on her once a week or more often if she needed it. After the first few minutes, I asked Nellie how she was feeling. "Good," she said. I asked if she was having any pain. "No," she replied. I told her I noticed that every once in a while she would wince and put her hand on her stomach. Finally this stoic woman admitted to experiencing quite a bit of pain. She scored it an 8 on a scale of 0 to 10, with 10 being the worst pain imaginable.

Not surprisingly, Nellie didn't want to take medication. She didn't want to become addicted to anything nor did she want to be drowsy. Her family was important to her and she did not want to miss anything with them. I explained she didn't have to do anything she didn't want to because she was in charge. I asked her if she would consider trying pain medication because she might be able to find a balance of drowsiness versus pain where they would be simultaneously tolerable to her. She agreed to try a low dose of medication. Then she chuckled and said, "I suppose it doesn't matter if I become addicted now."

Independent as she was, she declined visits from a certified nursing assistant to help her with personal care. She did have some legal questions though, and I knew it was a perfect opportunity for our social worker to build a rapport with her. Nellie's minister visited her frequently so she didn't feel a need for our chaplain to come.

After three cookies, two cups of coffee, one physical assessment and a lot of laughter, it was time for me to go. Nellie promised

she would call our office if she had any questions or if she was not comfortable.

Over the next three months, I met all four of Nellie's daughters. They were just as warm as their mother, and I know there was a lot of love in this family.

Slowly, Nellie grew weaker. It took her longer and longer to walk from the kitchen to the living room. She agreed to use a walker to give her something to rest on. She started to eat less. Her daughters were very concerned, but I explained that a decreased appetite was a sign her body needed less food now. Already an expert on her own pain, Nellie had become quite knowledgeable about how to use the medication. She knew that if she took it regularly, her body would feel more consistently comfortable, that she would not be on rollercoaster peaks of pain and valleys of drowsiness.

Now, Nellie was sleeping more, sometimes almost all day and all night. The medical equipment company had managed to fit the hospital bed in her bedroom. Her bedside commode was there too so that her daughters could easily help her relieve herself. Eventually she couldn't get out of bed at all. Her daughters asked about a catheter, and Nellie agreed to it.

When Nellie stopped eating, her daughters knew her time was getting shorter. They gave her sips of water. They bathed her in bed and sang to her. Nellie seemed to always have a little smile on her face, even when she was sleeping. I remember thinking she looked beautiful in pink. Peaceful.

Perhaps her peace came from whatever she was seeing in an upper corner of the bedroom. Sometimes she would speak in Dutch to the corner. Her family was convinced her husband, their father, had come to her.

I was driving home from another patient's house when I got the message from my office that Nellie was actively dying and the

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daughters wanted me to be there if I could. When I arrived, I found them surrounding her bed, singing to her and praying. Nellie's breathing was slow and uneven. It was no longer congested-sounding because the night nurse had given her a patch with medication in it which had dried up her secretions. Nellie's daughters kept her mouth comfortably moist with mint-flavored swabs.

One of the daughters motioned to me to come and sit next to Nellie. I looked at her worn face and just knew her eyes were still twinkling under her closed lids. Her cologne – straight from Holland – was on the bedside stand. She had sniffed it whenever she felt nauseous. I loved that cologne.

The time between breaths became longer and longer. Her daughters surrounded her once more. Each had a hand on her. Each said "goodbye," "I love you" and "it's okay to go." One more breath. Minutes passed before we all looked at each other and knew Nellie had died. Everyone hugged each other and

cried and even laughed a little. The daughters said they knew their mother was in a better place, that now she was with their father. They'd been apart for so long, and now she finally got to be with him.

I called the funeral home and while we were waiting, one of the daughters gave me Nellie's cologne. She insisted, saying it didn't cost much and Nellie had wanted me to have it.

After the funeral home left, I said my good-byes. I got in my car and drove home, awed by what I had just witnessed. I had attended other deaths, some peaceful, some emotional, some that happened quickly and others that took longer than expected. But this death was beautiful. It had happened in a crowded bedroom in a tiny house in the middle of farm country with a humble, hard-working woman. And it was beautiful. What an incredible honor to make my living this way. I felt blessed.

## Essays

### Honorable Mention:

#### *Journeys*

**Tricia Harney**

Hospice of Michigan  
Grand Haven, MI

“How are the colors in Grand Haven?” Aunt Kay asked.

“Beautiful, Aunt Kay,” I said.

“I’d love to come and visit you. We’ll take a drive along the lakeshore,” she said.

My reply strangled in my throat. I started to cry and I hoped she wouldn’t notice. I knew she wouldn’t visit, and I knew we were saying goodbye. The person with whom I was closest in the world was dying: My Aunt Kay.

In order to understand how this brief essay is homage to hospice and to my aunt, it’s necessary to understand my aunt’s extraordinary *joie de vivre* and how hospice re-lighted the joy her terminal illness and treatment had extinguished.

Aunt Kay snubbed her nose at convention – divorcing her first husband in the 1940’s in rural Upstate New York, and then fleeing to Panama to escape her mother’s (my paternal grandmother’s) pressure to reconcile. My aunt worked in an American commissary adjacent to the Panama Canal, and returned stateside only after she felt the coast was clear. Not done throwing petrol on the familial fire, my Aunt fell for a dashing man, a boxer she’d met in a bar, and married him. Her second husband introduced an exotic quality to our patronage. Now, in addition to my mother being a descendant of American Revolutionary War Hero Jonathan Culver, we had bragging rights (by marriage) to a professional boxer and to his brother, New York State’s oldest stock car racer.

We were a diverse culture of gentility and lineage on my mother’s side, and rough-hewn and colorful characters on my father’s. And there was my aunt, a perfect family ambassador: beautifully coiffed and clothed, fun-loving and free-spirited. Growing up, I admired my aunt’s sense of style. She explained that she worked as a nanny for a very wealthy family who summered on the St. Lawrence Seaway, and learned fashion by observing her chic employers.

Aunt Kay was childless, and my siblings and I were the happy recipients of some maternal-like devotion we awakened in her. At age seven, I would take the bus (alone or with my best friend) from the suburbs into downtown Syracuse for tap dancing lessons at Dix Dance Studio, and then walk to the Jefferson Clinton Hotel where my aunt waitressed. How my aunt negotiated this arrangement with my strict and protective parents is still a mystery to me. When I was thirteen, my aunt’s Christmas gift to me was an ornate sapphire-blue and silver cocktail ring. Her gift said, “This girl is no longer a chrysalis.” My aunt’s gift was as impractical as it was cherished by me.

After she was widowed at the age of 72, Aunt Kay engaged in the great romance of her life—to a handsome man equally quick-witted and saucy. I delighted in my Aunt’s girlish happiness and felt that she had proved that any age was the right age to fall in love.

Aunt Kay’s indomitable spirit kept her youthful; equal to all of life’s challenges even as she aged, even into her eighties. I remember driving to Syracuse to be with her during her final PET scans. I practiced over the 10-hour drive across flat Canadian landscape how I would bring up hospice care, how I felt it would be a good fit for her, and how it would help preserve the quality of her life, if not her longevity. Our conversation didn’t go well...I didn’t know what to say after her decisive and immediate rejection of hospice, and her intention to proceed “full steam ahead” with chemo and radiation therapy. I never mentioned hospice, again.

Optimistic, willing and cheerful, my octogenarian aunt charmed her oncology team who in turn embraced and encouraged her. The chemotherapy and radiation therapy quickly exhausted her, transforming her from “Aunt Kay” into “oncology patient.”

Anxiety, fear and irritability lock-stepped with her lung cancer – as my aunt grew sicker she also grew more dispirited. Her

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natural effervescence was harnessed and in its place I saw a cautious energy conservation. I would love to say that I was infused with love and understanding, enough to buoy both of us; that I drew from a reserve of our life-long love and friendship. In truth, I was angry that my aunt had abandoned her life, her relationships, and especially me. I had girded myself for the loss of my aunt at the point of her death, not for the loss of everything that was her even while the shell of my aunt sat present in our lives.

Out of the blue my parents called to say that Aunt Kay was admitted to St. Francis House (an in-patient hospice facility) in Syracuse. They said that my aunt was too weak and nauseous from radiation and chemotherapy to make the walk from the bus stop to her senior apartment building one day. My heart constricts when I think of my 82 year-old aunt lying by the curb, broken and degraded. How long had she'd lain there? Did her epiphany about hospice come then?

St. Francis House was sacred ground, where faith and grace found sure footing. The nuns at St. Francis House wrapped my aunt and family in their loving care. My aunt's fear and pain fell away, and something like optimism took hold of her. She deserted her once-dogged commitment to cheat death.

Aunt Kay had two requests that were quintessentially her: One, that my mother and dad not donate her belongings to the senior apartment complex where she lived. She said that the practice of dumping expired residents' belongings in the apartment building's community room to be looted and eventually sold was morbid. And two, that we have a simple memorial in her honor.

Now, Aunt Kay and I were talking about West Michigan's autumn colors. She was saying that it would be such fun to visit. She sounded happy and...ready. I didn't know if she remembered my first trip to Upstate New York after her doctors' suspected that cancer lay hidden behind her esophageal ulcer. We'd driven to Lake Ontario, to our family's summer cottage. I gathered shale rocks and took pictures of my aunt standing by the Great Lake, an azure autumn sky framing her tall, frail figure.

The remarkable quality of this (last) conversation was my aunt's lightheartedness. Aunt Kay wasn't "holding up" or "hanging on" and I didn't hear regret in her voice. Instead, she seemed wholly restored to who (or rather, what) she'd always been: a lightning rod for life's big and little adventures.

"Yes, I would love that, Aunt Kay." I said.

"It will be lovely. We'll see you very soon," she said.

The memorial was nice, if a little reserved for what would have been Aunt Kay's taste. She would have preferred slipping on Castleberry Knit and serving martinis on the veranda; or serving up clams and beer ("salt sprinkled on beer helps keep its head") on the beach. Fun bon voyages. Still, Aunt Kay ended her illness not cheating death but cheating that bankruptcy of self that can precede a patient's death. It's a safe bet that Aunt Kay and I would have had a different last conversation if she hadn't received hospice care.

"I love you," I told her before hanging up the phone.  
"Goodbye."

## Poetry

### 1st Place:



## *Declaration to the Dying*

**Timothy Nickel**

Masonic Village Hospice  
Elizabethtown, PA

We know these are difficult times, challenging times,  
unwanted times, grievous times.

We believe those who are dying have much to teach us in these days  
and we need to listen.

We need to listen to the words, to the emotions, to the gestures,  
to what is not said.

We believe those who are dying have rights  
and we need to advocate for those rights.

We need to advocate for the opportunity to die well,  
for the authentic expression of emotions,  
for the full participation in decision making,  
for the management of pain.

We believe in the individual as well as the community  
and we need to understand how death changes both.

We need to understand that death does not conquer us unless we allow it,  
that death does not separate us; unless we allow it,  
that death does not control us; unless we allow it,  
that death does not have the last word; unless we allow it.

We believe in the sanctity of life, the sacredness of each breath,  
the blessedness of relationships, the holiness of love.

We celebrate life and express joy for the cry of the infant,  
for the dance of the butterfly, for the warmth for the warmth of the sun.

Mostly, we believe in you.  
And if you believe in us,  
we can believe together that there is a path through this dying  
that will allow for the completion of life to occur with grace  
and provide the opportunity for all of us to renew our faith and love.

**Poetry****2nd Place:***Time***Lisa Spezia**Mercy VNS Homecare & Hospice  
Muskegon, MI

When I was young,  
I could live a lifetime in an afternoon of scaling  
mountains and saving the world.  
I could get lost for hours watching a butterfly or reading a book.  
Later, I lost decades while I wasn't looking...  
while I was mesmerized by my own children's daydreams  
and the sweet music of laughter and conversation with loved ones...  
while I was carried on the current of work deadlines, phone bills and housework.  
Then, one day, time froze in my doctor's office,  
when I heard that my body had betrayed me.  
When I found the breath to speak, I asked,  
"How much time do I have to live?"  
"Every moment of the time you have left," came the reply.  
As I sat curled up on my special spot on the sofa,  
I pondered the preposterous notion that I still had power and choices.  
I reached out and picked up the phone.  
I slowly met the gaze of the nurse who had joined me next to my special spot on that couch, and said,  
"I asked my doctor how much time I had left to live, and I don't think I got an answer".  
"Every moment of the time you have left" was her reply.

**Poetry****Honorable Mention:***Hope Contributes Quality to Your Life***Rosemary MacKay**Cranberry Hospice and Palliative Care  
Plymouth, MA

Hope contributes quality to your life

Hope means taking a risk in uncharted territory.

Hope means asking for help when  
encountering something new or unknown.

Hope means reconciling relationships if needed.

Hope means letting go of burdens  
that get in the way of living.

Hope means enjoying your days  
even when they are limited.

Hope means letting love define your days.

Hope means coming to a place  
of peace when you die.

Hope means living well, even  
when you are dying.

Even at the end of life, there is hope.

**Poetry****Honorable Mention:***The Hospice Volunteer***Kerry Weinzimmer**VNHSC North Central Hospice  
Vernon, CT

When you volunteer, the gift that you give is yourself; the gift that you get is a better self.

When you give your time, you learn how valuable time is.

When you give your smile, your smile grows and comes out more often.

When you give your listening, you get better at a forgotten skill.

When you give caring and love, caring and love will increase in your world.

Volunteers give themselves wholeheartedly, and in doing so they improve the health of their own hearts (and minds).

Volunteers bring the outside world to those that they visit, and with this action they make the world a better place.

Hospice Volunteers... Your worth is immeasurable and your reward is beyond words.

Thank you for all that you do!