GREETINGS FROM YOUR CLASS PRESIDENT

By Beth (Bitsey) Bates Johnson (revbethjohnsonphd@gmail.com)

Welcome . . . to Spring 2021! Hopefully, you’re emerging from your COVID sequester cocoon and are getting some outdoor time as well as time with family and friends? Is life returning to something resembling “normal” for you? So many of you focused on your gardens during 2020, that I’m wondering if it will be a challenge for you to have your gardens equally gorgeous now that you have other options to fill your time! Hopefully, also, you are all well and beginning to get more active. This year was the first time that I felt gratitude for being “75 or older” – because we got our vaccines first! To the right is a photo of a beautiful old ironwood tree in front of our home in Arizona. It is currently blooming. I know that many of you are seeing beautifully-blooming gardens, bushes and trees in your area too. Enjoy!

“TRUE GRIT” – is what I’m calling the “Cogitations” section of this Spring 2021 issue of our ’67 Class Newsletter. As I’ve talked with many of you about your experiences during the Pandemic, I’ve heard stories of courage, perseverance, passion, character and tenacity (all characteristics of a person with GRIT), whether that involved coming-down with COVID-19 or nursing a family member or friend through it, losing a close friend or family member, losing an income or a job, suffering from COVID-cued depression or anxiety, coping with illness or disability, downsizing from a large house to a significantly curtailed space, or dealing with Spring
avalanches, tornadoes and flooding. All of these experiences demanded “true grit.” And as hard as some situations may be, we Wellesley gals seem to have developed an ability to “keep on keeping on,” even in the face of very discouraging circumstances. We continually search for positive options within our tough situations and move toward those with unrelenting determination. Yes, it gets exhausting, but we don’t stay down for long. We catch a second wind and a third and a fourth and a fifth!

In this issue, two classmates – Karen Olstad Aydelott Robbins and Ann Hill -- share their stories of dealing with a leg amputation late in life! I encouraged them to write their stories because they are both incredibly inspiring role models. Their journeys were challenging and sometimes extremely discouraging and frightening, but ultimately – after unimaginable surgeries and physical therapy -- each came out in a positive place. If their stories touch you in a positive way, please take a few minutes to reach out, by email or phone, to tell them that.

As your class President, I am constantly “awed” that I had the privilege of going through four years at Wellesley with a group of classmates who are so intelligent, hard-working, caring, dedicated to excelling in their chosen professions, and determined to make our world a better place. All the while, most of us were married and raising children! Each of us had to send-in our SAT scores, our AP exam scores, our high school class schedule and GPA. Were we already unbelievably curious, competent, competitive and hard-working when we arrived at Wellesley? Or did we develop these traits while there? I suspect it was probably 75% “came to college with the skills” and 25% Wellesley’s impact. Do you agree? I’d love to have your reflections.

**MY EXPERIENCE WITH AMPUTATION**

By Karen Olstad Aydelott Robbins (kaydelott@aol.com)

In 2001, soon after we moved to Pasadena, I met a group of men who were expert cyclists and I began riding with them early mornings twice a week. It was wonderful. I have always tried to train with people who were faster and more experienced than I was. By 2000 I was an experienced elite triathlete with many races, mostly half and full Ironman distances, under my belt, along with double centuries and other endurance cycling events.

On a beautiful sunny day, June 22, 2006, to be exact, I was riding to meet my cycling friends when a distracted driver literally ran her car into the back of my bicycle. I can remember clearly looking at the bright blue tape on my handlebars and thinking that if I could hold on and keep upright, I would be okay. All I can remember after that is hitting my head hard. I was told I crawled out from under her car. Once I became aware of my surroundings again, it was apparent that I had been seriously injured. Of course, as all cyclists do, I asked about my bike first, discovering later that it was a lost cause. When I first hit the ground, I fell to the left and hit my head. As the car dragged me several car lengths, I was flipped over causing an explosive break to my lower right leg.

The paramedics arrived quickly and were wonderful. By then there were several people who knew me and could notify my husband who was also riding with friends on the other side of Pasadena. I was nauseous and fuzzy headed at first; eventually I realized how severely my lower leg and ankle were damaged – definitely a compound fracture. At that moment, I also realized that I would not be racing again that season. Of course, I had just purchased our tickets for the Lake Placid Ironman and the Ironman World Championship in Kona, HI – a big deal especially since I was 60 and entering a new age group. And as the Executive Director of the Pasadena YMCA, I had a very busy schedule and many time sensitive responsibilities.

Even more disheartening in many ways, is that after I was in the paramedics’ truck, I was able to make out that I was being accused of causing the accident by riding into the car. I knew that was a lie; as it turns out,
when a motorist hits a cyclist or a child, he or she will very often try to blame the victim. It became even worse when the police officer came to interview me while I was in the emergency room and adamantly accused me of causing the accident which I denied and tried to explain. She argued with me and the ER doctor threw her out. It was eventually all straightened out to some degree. She [the driver] was uninsured and basically disappeared. We had an excellent lawyer and were able to access what uninsured motorist insurance we had. Now I always recommend that everyone purchase the maximum uninsured motorist coverage available. For some reason, this entire episode continues to occasionally haunt me.

The ER doctor was excellent and tried to put the pieces together – I refused morphine and although I had never had it, I proved to be allergic to it! I was clearly still in shock and my memories are a little fuzzy of exactly what happened next. I do know I ended up in surgery soon after. This was the first of about 11 surgeries over a two-year span. The first two were at Huntington Hospital. After the orthopedic surgeon who was on call when I arrived at the hospital finally came to speak to me, explaining the nature of the break – lower part of my fibula was gone as were the sides of the lower part of my tibia and the bottom was smashed in. He then told me that none of the doctors in his practice had the expertise to repair my injury.

The plan was to send me to Arcadia Methodist Hospital (which became my home away from home) and to an ankle specialist, Dr. Morris Baumgarten, Dr. B, as everyone called him. Dr. B did not mince words and there was no sugar coating. He was very blunt (we did eventually become friends and I value that enormously). The first thing I remember saying was that I was a triathlete and he had to fix my leg so that I could train and race again. His response was that I would never run again. Then he proceeded to tell me that he would recommend fusing my ankle, telling us that 50% of people with such an injury will develop a bone infection and 25% will result in having an amputation if he does not fuse their bones. At that moment it felt quite overwhelming. Of course, we agreed to the fusion. Then, because of the length of time since the accident and the amount of damage, Dr B was concerned that too much skin had died to close the wound after surgery. Another worrisome pause waiting for a plastic surgeon to assess the situation. He was wonderful, and so comforting and concerned also about all my road rash. It was just what I needed at that moment and it was a “go” for surgery.

As it turned out I do not tolerate anesthesia or narcotic drugs well; simply put, even though obviously very necessary, they make me quite sick and I am groggy for a time. After the surgery Dr. B filled me in on what he and his team did. To reinforce the fusion, I had external fixators – titanium rods protruding 6 inches or so from my leg. That was weird enough; but what was very unnerving for me was his description of removing all the damaged tissue, ligaments, and tendons. As we were leaving the hospital, I garnered a handful of stares and I realized that I was going to have to become accustomed to being stared at! I learned to just smile back.

As I confronted what all this meant and in conversations with close friends, my mantra became this:

**If half the battle is attitude, then I can win that half of the battle.**

If someone tells me that I will not be able to do something I want to do, it just becomes added motivation to do it. In my mind I was conceding nothing; I was more of a shuffler running and I had walked a marathon – planned as I had had a knee injury – in an Ironman distance triathlon and finished and placed in that race. Consequently, I had hope, which I believe can be a strong force.

Fusing my ankle became a 2-year long process of failure and 6 more surgeries. The first one did not fuse; the next one included grafting bone. During all this it became apparent that the accident also injured my back. The pain became so severe that it was recommended that I have surgery to fuse four lumbar vertebrae. Again, an excellent surgeon and after much pain and demanding physical therapy which I loved, I was practically back pain free. The next big stumbling block was a bone infection. That was truly scary, partly because it made me feel awful. John was on a business trip and we had a new puppy. A friend took our puppy; another drove me to the doctor’s office, home to collect a few necessities and then to the hospital. It felt like everyone was treating this like a serious emergency. I remember as I was going to surgery asking the doctor if he was going
to amputate and he did say no, and I was relieved. External fixators and an I.V. port to administer two different antibiotics twice a day for 6 weeks as well as regular visits to an infectious disease doctor began. After months and repeated CT scans, my ankle was not fusing, and I began seriously considering amputation. The lack of adequate blood flow (ischemia) was slowing, if not preventing, healing.

During all this time I continued to work and only took off time when I was in the hospital. The Y provided me with a router and laptop that allowed me access to all the information required to run my YMCA branch when I was unable to go into the office. This was before Face Time and Zoom; but we managed with some phone meetings and the addition of staff and community meetings around our dining table. When I was weight bearing (in a boot or a cast) my husband would strap my foot to the pedal so I could sit on my bike on a trainer and pedal away. There were times when I could walk our dog. I trained her on the front porch while using a walker. If there were no open wounds, I was able to swim, even with a cast. There are amazing cast covers for swimming.

After nearly two years of surgeries, crutches, walkers and pain, I was frustrated and concerned about ever being able to ride a bike. I was at a point where enough was enough! I began to seriously consider amputation. I spoke to several prosthetists and an amputee athlete and I was aware of the Challenged Athletes Foundation (CAF) and the support they provide for physically challenged individuals to participate in sports. I told Dr. B that I wanted to consider amputation. He wanted to try one more procedure; to remove the talus and fuse the tibia to the calcaneus. He presented my case at a conference and then referred me to another specialist for a second opinion. I agreed to the surgery with the proviso that if I did not like the outcome, he would amputate.

From my point of view the outcome was a disaster. I think it might have been the first time I cried, when I saw the result. It was obvious that my activity would be severely curtailed; my leg was considerably shorter and my ankle and foot were sadly misshapen. It was overwhelming! I agreed to give it some time. To be honest, I began to feel very disheartened and depressed and I knew that I had to figure out an alternative that would give me hope.

By then, I had no interest in waiting to see if what was left of my ankle would fuse. I made an appointment to see Dr. B, armed myself with all the information I could, including that I needed to have hope and see possibilities in my future. I told him that I wanted my leg to be amputated and I actually said that “yesterday was too late”. It did take a few weeks to schedule and as odd as it seems, I could hardly wait because I would be able to move forward and find out what I could do and I would have many amazing successful para-athletes as role models.

My right leg was amputated July 10, 2008, and on September 10, I was standing and walking in my first of many prostheses! I was surprised at how I could feel or at least sense the floor. I was able to walk; it was so exciting to take those first few steps. Proprioceptors are mechano-sensory neurons located within muscles, tendons and joints that allowed me to have the sensation that I still had my lower leg and foot. It was as if the nerves remembered!

This was the beginning of quite an adventure. I had hope again and could imagine what might be possible. I still had dreams – some ridiculously audacious ones -- that propelled and motivated me. I definitely wanted to race again, and my biggest dream, which seemed initially extremely unlikely, was to race an Ironman, and even crazier, race at the Iron Man World Championship in Kona, HI!

The road to achieving any of my crazy goals, and even the more prosaic ones, was a rocky one. All amputees face endless adjustments, sores, infections and discomfort as the residual limb changes and as we relearn to walk, hike, cycle, run, etc. I was no different and perhaps even more so, given my tendency to push limits. I had the benefit of the wonderful support of my husband and family, my friends and many fellow triathletes. That support plays such an important role when it seems the hill you are climbing is only becoming steeper and steeper. Now it is my great pleasure to give that support to others.
One of my first forays back into the world of racing was deciding to “run” the Pasadena Half Marathon in my first and only prosthesis. My goal was to finish in less time than my best full marathon time. It was much more challenging than it sounds yet thrilling to accomplish. I raced several triathlons in my only prosthetic leg. My goal was to finish rather than win. I was thrilled to be back racing and I began to learn the basics of doing so as an amputee. Because these were wetsuit swims, I had the buoyancy to stay on top of the water with only one leg kicking; cycling went well, but running — that was another matter. A foot that does not flex and an immobile ankle make for a peculiar and slow gait. I also was beginning to ride double centuries again (200 miles in a day) which build endurance and are a challenging and exciting way to explore California.

I retired [as CEO of the Pasadena YMCA branch] in June of 2010, and we returned to San Luis Obispo. I was desperate to recover from an infection that was preventing me from wearing my socket. Hopping around on a walker and sliding on my bottom to unpack and settle into our new home were necessities in my quest to heal. I had been invited to attend the first training camp for amputee triathletes hosted by the Challenged Athletes Foundation and I was not going to miss that! CAF is an organization that has truly changed the lives of thousands of amputees across the entire world. The foundation hosts amazing events and raises millions of dollars to fund grants to provide the essential equipment for physically challenged (PC) individuals to have an active lifestyle. In almost all situations, insurance does not cover any of the cost of that equipment. John and I have raised thousands of dollars for CAF and I have been the beneficiary of several equipment grants, primarily for a carbon run foot.

I knew a lot about being a triathlete (by then I had qualified and raced at the IM Worlds 15 times and had won my age group in 1997) but nothing about being an amputee. It was truly a life changing experience for me! I met amazing and incredibly inspirational individuals, many of whom are still friends and inspire me. I told my husband that I felt like I had found my tribe. I have been given so much support over the years because of CAF and I have had the honor and delight of being able to also return some of that support to others.

Not only did I learn much, the prosthettist who was there for us realized the struggle I was having with running and for some inexplicable reason took me under his wing. Peter Harsch is a gifted prosthettist. He is also an experienced triathlete, and we share a love of the sport. Making a socket is an art, a craft and a skill. A well-fitting socket makes all the difference and a multitude of experience is required, which Peter has. When I met Peter, he was the head prosthettist at the Naval Hospital in San Diego. Because of Peter’s work with amazing returning war veterans, many involved with the CAF’s Operation Rebound, I had the very good fortune to meet many. These are men and women who have risen above so much more serious and devastating injuries and still get on with their lives.

I was already very aware of my good fortune; I was alive, my helmet did its job, and very importantly I have a knee. I have since had so many amazing experiences and have met the most incredible individuals. I feel as if I am a very blessed.

To bring this story of mine to a close; I was able to able to qualify for the IM 2012 World Championship in Kona, HI, the first woman to do so. At that time PC athletes only had the chance to race at World’s through a lottery system which seemed like an even longer shot. So I tried to qualify in my age group as an able-bodied triathlete. My first trip back after 7 years was wonderful and had that aura of reconnecting with a long-lost love. However, I was forced to drop out at mile 20 on the run because of a badly swollen stump. Disappointing certainly, but the experience did not dampen my enthusiasm.

Although, my primary goal in racing was to just finish under the time limit, I did manage to qualify the following year, 2013. The race was going well, although in hindsight one can always find places one could have done something to capture needed time for the finish. At about mile 10 on this run, my socket began to rattle; as it turned out the bolts that attach the C-foot (also known as a blade) to my socket had loosened. By mile 13 my coach had found someone with the correct wrench to tighten it; however, no one except medical can touch an athlete after the 13 mile mark. So, we had to find medical which took time; they agreed that this did
indeed qualify as medical. Bolts were tightened and I was on my way. Later I was told that I was probably the first person to have a “mechanical” on the run. Running on a wobbly leg for 3 or so miles played havoc on my fused vertebrae, so the last 13 miles were a struggle. However, I covered many of those miles with a woman who lives on the east coast yet has become a dear friend (one of the many blessings of this sport). I struggled to finish, running hobbled-over, to the roar of a cheering crowd which was quite overwhelming. I crossed the finish line 47 seconds over the midnight cut-off time so technically a DNF but no less thrilling or rewarding.

What have I learned from this journey?
Never fear big audacious Dreams. Hold on to hope; believe in possibilities. Be persistent, patient and positive. Look for the good; keep learning and expanding boundaries. Support others. And smile! It is good for you and for all those around you.

I was born with two feet, and now I have one. Most of my life I had two feet and I took full advantage of them to try to keep up with my hard charging mother, who walked faster than anyone I knew.

In the 1970’s I read James Fixx’s “Complete Book of Running”, and started running just about every day. Then I entered 10 k races in Northern California, including the notorious “Bay to Breakers” race of 7.62 miles from San Francisco Bay to the Pacific Ocean – three times. And more than 30 years ago I started the “Together With Love” 10k run for the Monterey County Rape Crisis Center, which has brought thousands of needed dollars to the agency. Running was an integral part of my life.

So was hiking. Over the years I hiked trails in Yosemite, national parks in Utah, Arizona (especially the Grand Canyon and Sedona), Kauai, Georgia, North Carolina, Virginia, Vermont, and in my own backyard, Toro County Park and Los Padres National Forest. Every spring I hiked up Harper Canyon to see the hills blanketed by wildflowers. Walking, hiking, running – these were my biggest pleasures.

Then in 2015, when I was 69 years old, my right foot and right leg below the knee were amputated at a hospital in Miami, Florida, on March 24. For 20 days I watched my right foot die before my eyes from an arterial clot that could not be resolved by medicine or surgical intervention. At the time I was living and traveling on a fifty foot boat, which required a lot of running around whenever we stopped at a marina, getting the bumpers down and the lines out to waiting marina staff. The boat also had three levels, with stairs leading up (and down) to them.

Boy, was I screwed! I was three thousand miles away from my home in California dealing with a medical system that was completely foreign to me. I had experienced a minor amount of pain in my lower right leg, and I assumed it was caused by the growth of red cells in my bone marrow. That was the pain I had felt all the years I was injected with Procrit to stimulate the growth of red blood cells. I was anemic because, as I found out in 2005 from Dr. Paquette, a very smart hematologist at UCLA, I had Large Granular Lymphocyte (LGL) leukemia. Even though I was no longer getting Procrit injections, I had no other explanation for the pain.
The year 2015 -- my 3rd year on \textit{Slow Motion}, our 50 foot boat -- had been unkind, to say the least. It started with a two week hospitalization in Tucson, Arizona, home of my sister, for MERSA pneumonia. Of course, I had received an anti-pneumonia vaccine several months before. We had left \textit{Slow Motion} to visit my sister for Christmas, 2014. Once I was out of the ICU, I pushed to be released, and finally around mid-January, I was released with a tank of oxygen. Art and I rented a car and drove across country with my oxygen tank in the back seat and the cannulas from the tubing irritating my nose. No sooner had we made it back to the boat at the Key Largo marina, I got the fiercest headache I have ever had. I searched for a neurologist in Miami (Key Largo is pretty much a medical wasteland) and found Dr. Wheeler. He told me bed rest was called for, so I stayed in bed through much of February.

Then my leg started to hurt, not enough to worry me. However, when I went to an appointment with a hematologist in late February, I mentioned the pain in my leg, and that quack told me to “put some Bengay on it”. That was a Friday. The following Tuesday, March 4, I went back to see Dr. Wheeler and I told him about the leg pain. He said: “Not to alarm you, but go directly to the nearest Emergency Room and ask them to triage you for a blood clot”. He wrote a note for me to take with me, and he said he would call the Emergency Room at the Baptist Hospital to tell them that they should treat my symptom seriously. I mentioned that a basketball star with the Miami Heat had just been diagnosed with blood clots in his legs, and Dr. Wheeler told me that blood clots are treatable, but they need immediate attention.

Okay, I was scared. I went to the Emergency Room, and after a few hours, I was tested for blood clots in my leg veins. None were found, and the doctors were about to discharge me. However, I pointed out that Dr. Wheeler said they should also check for arterial blood clots. For that, we had to wait a few more hours. The results were not so sanguine. Suddenly, I was admitted to the Hospital and a vascular surgeon came to check on me. I was scheduled the next day for a procedure to try to break up the arterial clot in my right leg below the knee. Judging by the worried looks on the faces of the doctors after the procedure, I realized that this clot had not been successfully dissolved. One of the vascular surgeons asked me how long I had felt pain in my leg. I told him it was about 1 week to 10 days. He shouted angrily at me: “Why didn’t you come when you first felt the pain? Then we could have done something.” I replied that the first doctor I saw, about 4 days after the pain started, had told me to “put some Bengay on it” and sent me away. I gave him the name of the doctor. He was still angry, but less so at me.

A strange thing started happening to my foot. It started to turn black. Every day I was in the hospital receiving blood thinners like heparin. There was talk of another procedure, but this arterial clot was blocking all three suppliers of blood to my foot, and the three suppliers, smaller arteries, were so blocked that the initial procedure had done nothing to break up any of the clotting. My hopes were pinned on the medicine to thin out the blood and allow it to flow to my foot. The medicine did not work. Nor did prayer, by a physician’s assistant for the vascular surgeon and by a hospital nurse, both urging God to let me keep my foot. The amputation surgery was performed on March 24. It is very odd to wake up in intense pain and to look down at a heavily bandaged right leg that ends a few inches below the knee. The hospital staff dealt with the intense pain by feeding me painkillers like OxyContin. Then I was released on March 27, to be driven by ambulance for about an hour to a rehab center south of Miami. That ride – I still recoil at the thought of it – caused unimaginable pain.

I arrived at the rehab facility in late afternoon and was placed in a group room, until they found an empty room full of unused equipment to stash me in. The pain persisted, and it was compounded by the fact that I knew no one at the rehab hospital and it was too late for visitors. As I tried to sleep, that goal became elusive. I had to go to the bathroom and I pushed all the buttons near me, picked up the phone and tried to call someone, then just started shouting for help. The door to this room was very thick, apparently. No one
responded to any of my SOS calls or shouts. I wet my bedsheets completely, and then there was no chance of getting any sleep. I lay in the wet bed feeling disgusted and abandoned.

In the morning an orderly came to check on me. He found the wet bed sheets and yelled at me for me “incontinence”. I cried (tears of anger) and told him how many ways I tried to get someone’s attention through the night. This was the lowest point, feeling completely helpless and dependent on a complete stranger for recognition of my humanity. The orderly roughly changed the sheets, causing me unnecessary pain with his ham-handed treatment. I registered a complaint with the first administrator to enter the room and “welcome” me. From that moment on, I was persona non grata to the rehab facility. Both a psychologist and a psychiatrist -- at different times -- were sent to “interview” me about “my” problems. Maybe it’s just me, but lying in a bed of urine appeared to be a failure on the part of the staff to check on me and/or to respond to my constant calls for help.

My partner Art Schiller, high school sweetheart in the early 60’s who reconnected with me in 2009, commuted daily from the boat in Key Largo to the rehab hospital, a total of 3 to 4 hours on the road each day in the worst Miami and Keys traffic. He had kept me going during the three week hospital stay, and when my mind became unclear because of all the painkillers administered to me, he carefully watched over every medical and nursing decision. Ideally, you the patient should be your own best advocate. But when the pain and the medication to treat it become overwhelming, you really need at least one constant advocate at your bedside. Art was the one before and after the amputation.

I also had cheerleaders, friends I had made during our three year boating adventure who came to the rehab facility and asked for my “wish list” of books, snacks, personal items. Jake and Judy showered me with books, popcorn, cookies, candy, and things like nail clippers (I still had one foot). The painkillers were extremely nauseating, and the hospital meals were unappetizing, so I lived on the snacks for the two weeks of rehab. I knew I had lost weight, not just the part of my body that was amputated, but muscle mass everywhere. One day I looked into the mirror and saw a cadaverous face. I was up and about every day, pushing my heavy, non-motorized wheel chair around the facility and using a walker to hop down corridors. Part of my regimen was also lifting weights with my arms and my leg.

It was during one of my physical therapy sessions that I suddenly started bawling. I could not stop. Yes, it was embarrassing, as much for my physical therapist and the other patients as for me. Nothing set me off. I was just finally realizing that I no longer had my right foot. The tears were at least partly out of self-pity, but generally I cry only when I am really angry. With me, anger can be a very motivating force for getting things done. After that outburst, I did not shed another tear while doing my rehab exercises.

However, I was a mess when I left the rehab facility on April 9. I had become addicted to opioids and I could not run or hike, let alone walk or help out on the boat. It took a grueling month to battle the opioid addiction – successfully. This was the hardest thing I have ever done, and I did it cold turkey. What this meant was that I threw up and had diarrhea and chills for a month. I could not eat. My face became even more cadaverous. I was down to 117 pounds on my five foot, eight inch frame. No food, not even snacks, appealed to me. I had not set up home physical therapy, so my days were filled with both my constant leg pain and the pain of withdrawal. Art had found a doctor in Key Largo, Susanna May, and I agreed to go see her. She looked at me and prescribed Marinol, synthetic THC, which was legal in Florida. She said it was known to stimulate your appetite. Wonder of wonders, that is what Marinol did for me. Yes, there was the side effect of hallucinations, but finally some food – toast and jelly – looked and tasted good. It took me weeks to add a pound, but I knew I was on my way back.

By mid-May, after my withdrawal from the opioids was completed, I was ready to be fitted for my first prosthesis, which was a bulky, temporary socket perched atop a metal ankle and foot. With this rudimentary prosthesis I went from wheel chair to walker, and I had my first glimmer of hope. The biggest surprise for me
after the amputation was that I had constant pain – real and phantom in my right leg. I asked a double amputee, on staff with the prosthetist, when the pain would go away. And he basically told me: “Never.” He was still taking gabapentin, a nerve pain killer, although his first amputation had been 8 years before and his second 4 years before. My surgeon prescribed gabapentin, knowing I had leukemia, but I quickly discovered that gabapentin kills white blood cells, not a desirable side effect for someone who had few white blood cells to start with.

I tried to walk in my first bulky prosthetic, but putting weight on my right side was extremely difficult, given the pain. The socket, the part of the prosthetic which encircles the remaining leg below the knee, had to be adjusted about once a month, as my leg shrank with muscle loss. I could do some of the adjustment with socks inside the socket, but once you reached 9 ply, usually 3 socks, you had to get another, narrower socket. It was frustrating, especially since each change in socket did nothing to abate the pain I felt, both wearing the socket and prosthetic and taking it off. I really wanted to walk, so I had to power through the pain. Finally, I made it back to the boat in late May, hesitantly climbing the ladders to get to the various levels.

Meanwhile, I saw amputees walking -- and running – with apparent ease. I wanted to get to that place. The question I had was whether a 69 year old woman would get the same attention from prosthetists as kids and young athletes born without a limb or with an amputation based on an accident. I had already learned from my prosthetist that every year a bill was introduced into Congress to limit amputees on Medicare to one prosthetic device for life. Yep, that’s right, for life. That bill has not ever been enacted, but Medicare regulations have never been generous to amputees. You are entitled to one foot for life, unless you can show that somehow your fake foot has been damaged beyond repair. What this means is that you have to choose your first prosthetist very carefully, one who will not give you the cheapest equipment in order to increase his/her profit margin. As with all medical devices, there are very good prosthetic feet, ankles, and sockets, and then there are shoddily made ones.

As I was not making any progress putting weight on my right side, Art and I started looking for other prosthetic options. We found a new prosthetic research team in Tampa, who had some other types of prostheses for me to try. I was still losing mass in my right leg below the knee, so Medicare was still willing to pay for new sockets, as my leg shrank. The woman on the team had been born without a leg, and she said she had been a “hopper” all through her school years, until college. She finally became interested in prosthetics and when I met her, she walked on her prosthesis without any hitch whatsoever. There was no “Trendelenburging”, the bending down of the shoulder on the amputation side, based on weakness in the hip and butt muscles on that side. I wanted to be just like her. She fit me for vacuum-style prosthesis, and I felt less pain when I walked in it. This style keeps the end of the partial leg from pounding into the end of the socket, so I did not have a sharp pain with every step I took. At this point, I had not considered the location of the nerves that had been cut during the amputation surgery. As it turned out, one of the nerves, the tibial nerve, was apparently being pounded with each step I took in my first prosthesis, less so with my second prosthesis.

I started to make progress in my new vacuum prosthesis. At the same time, Art and I decided to sell the boat and return to our home in Salinas, California. We had intended to live on the boat for two years, but we ended up being there for 4 years. We returned home in March 2016, but since we had rented our home, we led a nomadic existence for three months – living in Idyllwild in the mountains in southern California for a month, house-sitting for my sister in Vail, Arizona, for a month, and living in a beach house in Monterey for a month. Once we were back in Monterey County, I found a prosthetist – my third – who was an amputee who had won gold in cycling at the 1996 Paralympics in Atlanta. Dory had designed a socket that was adjustable, so that you did not have to get new sockets constantly, as your limb continued to shrink. This socket was also amazingly light compared with the sockets I had been given in Florida. I felt like I was “walking on air” the first time I tried it on.
But guess what? The pain continued to inhibit my walking. Dory’s socket was better, but this pain stubbornly persisted. I could walk for ten minutes, then had to stop and take off the prosthesis to relieve the pain, and then put the prosthesis back on and resume walking for another 10 minutes. For someone who hiked, jogged and walked freely in the county park next to my house prior to the amputation, this was incredibly discouraging. Fortunately, I had trees to lean against on my walks, so I could take the prosthesis off and put it on again without falling down.

I started physical therapy to work on my gait, without the use of a walker, cane or walking stick. I thought that maybe if I learned to walk “normally”, the pain would lessen. That did not happen. Through the rest of 2016 and into the first part of 2017, I worked assiduously on taking longer and longer walks, stopping every 10 minutes for pain relief. I also got rid of the walker and the cane and used only a walking stick, feeling almost like a real hiker again. Then something wonderful happened. In the spring of 2017 I got my Wellesley 50th reunion book and I tore through the pages immediately to see if any classmate was an amputee. There were no local amputee support groups. Up until this point, after I left Florida, I was on my own navigating the world of amputees.

I still remember the moment I found the name of our classmate, Karen Olstad Aydelott Robbins, in the reunion book. Eureka! I had found her. Karen was an amputee my age who had been dealing with amputation of her right leg below the knee for 8 years. Plus, and this was unbelievable to me, she was a triathlete! As if I didn’t already feel as though I had won the lottery, I noted that Karen lived about 3 hours from me in San Luis Obispo. Thank you, Wellesley, for providing me Karen’s phone number and email address. I called her the same day I found her. It was that day that I had my first real hope of returning to “normal”. Karen has changed my life and continues to provide support, advice, information and encouragement every step of the way.

Karen is a triathlete – yes, as an amputee she not only walks, but swims and bikes and runs. If ever there were a role model for me (who still had difficulty walking short distances), it was Karen. I cannot even imagine the pain she endured with two full years of surgeries to try to save her right leg, after a driver had crashed into her from behind, as she waited on her bicycle for a light to change. The crash destroyed her ankle. Once every effort was made to try to save it, Karen had to make the decision to amputate, so that she had a chance at walking, biking and running normally again. Her decision paid off, and as she recovered, she embarked on a new career as a challenged athlete and excelled in that new career.

A few weeks after I first spoke with her, Karen came to my house after a triathlon near San Francisco, and she shared her wealth of knowledge about prosthetics. She arranged for me to see her prosthetist in San Diego, and after more than two years, I realized that prosthetics is an art as much as a science. I also realized that I needed Karen in my life to show me how to get back to doing the things I love. The mantra became: “If Karen can do triathlons, I can hike for 2 miles in the park.” Meeting Karen gave me a huge boost just when I needed it. Her prosthetist made a perfectly fitting socket for me. It was expensive, as Medicare was not about to pay for another new socket a year after I got the flexible socket from Dory. But what a difference it made in my determination to walk long distances normally without a cane or walking stick! I could finally feel what other amputees had said about their prostheses being an organic extension of their partial limbs.

Even as my attitude improved, my partial limb was still causing me a lot of pain. Yes, there was phantom pain, but there was also real pain at the bottom of my cut-off leg, and I felt it whenever I walked. I still had to stop every ten minutes or so and rest, then get up and walk another ten minutes until the pain got too intense. Art and I put our research skills to the test finding out the cause of the pain and whether there was any solution. In 2018 we found that a University of Michigan doctor had developed a new surgical procedure, RPNI (Regenerative Peripheral Nerve Interface), for below the knee amputees with nerve pain. We found out that no doctor on the West Coast had done this procedure, but a neurosurgeon at Stanford, TJ Wilson offered an alternative form of surgery that sounded like it might alleviate the pain. Now that we had identified the
problem – my tibial nerve had kept growing and I had a neuroma right at the base of my partial limb – Dr. Wilson was confident that we could eliminate the pain with surgery.

Karen was a great cheerleader for this surgery. She had been through many, many surgeries to try to keep her foot and leg, until she finally made the decision for amputation. Fortunately, after the amputation, she did not have intense, recurrent nerve pain every time she walked. I knew I was not going to become a triathlete in my 70’s, but I sure as heck wanted to be able to walk a few miles without pain. It finally dawned on me that not all amputation results are alike. Karen’s surgeon apparently knew more about how to place the cut off nerves away from the end of her leg, so that she would not feel pain every time she took a step. I was not so lucky.

But, as luck would have it, the Michigan doctor who developed RPNI gave training on the procedure at Stanford just a week before I was scheduled for surgery with Dr. Wilson, the Stanford neurosurgeon. Dr. Wilson called me a day or two before the surgery and told me that, if I wanted RPNI surgery, he was ready to do it. I would be the first on the West Coast! We did the surgery in March 2018. There was a lot of pain in the period of recovery, but then – and now—I can walk several miles without pain! Hooray! Another really good thing came out of this surgery. Dr. Wilson said that he would work with the vascular surgeons at Stanford – the ones who did the amputations – to try to prevent post-amputation nerve pain by doing the RPNI procedure during the amputation, embedding the nerves in muscle tissue so that they would not develop painful neuromas that hindered walking. This was a big win for all future amputees, who should be getting the benefit of vascular and neurosurgeons working together to get it right the first time.

Since the March 2018, RPNI surgery and my recovery, I have been able to walk with a normal gait without pain. The longest walk I have taken is probably about 4 miles. I walk every day, and every day it is a joy and a wonder that I can do this without constant pain. I am not running 10 K’s, and I have not yet hiked on a Utah trail. My prosthetist introduced me to Hokas, the running/walking shoe with the widest cushion, which has minimized episodes of Achilles tendonitis. I travel with a shower stool, a rollator and a bedside commode. I will take blood thinners every day for the rest of my life as prevention against another arterial clot. I still rely on Karen to help me adapt to life as an amputee. So, Wellesley, thank you for bringing Karen into my life. She continues to inspire me to be active physically. I could not be making this journey without her friendship and support.

Post Note: Rev. Beth (Bates Johnson) asked me to share my amputation experience with you, because she and many of our classmates have had to endure unbearable pain from a variety of bone, muscle, tendon, spine and joint injuries and conditions. She believes, and I hope, that if you are dealing with chronic pain, you can relate to my story and take away something positive from it. Do not try to bear your pain alone. Stoicism has its place, but it is not with chronic pain. Get support and keep up on the research. Help may be on the way. Based on my horrible time with opioids, I had to look for help in physical therapy, a better prosthetist and an inspirational amputee. Other good friends use meditation, yoga and stress-relieving exercises. If you need medication, and it is not addictive, by all means use it. Just never give up on yourself and your ability to enjoy life. Ann.
In 1971 a woman could NOT:

1. **Get a Credit Card in her own name.** It wasn’t until 1974 that a law forced credit card companies to issue cards to women without their husband’s (or father’s) signature.

2. **Be guaranteed that they wouldn’t be unceremoniously fired for the offense of getting pregnant** – that changed with the **Pregnancy Discrimination Act of 1978.**

3. **Serve on a jury.** It varied by state – Utah deemed women fit for jury duty way back in 1879 – but the main reason women were kept out of the jury duty pools was that they were considered the center of the home, which was their primary responsibility as caregivers. They were also thought to be too fragile to hear the grisly details of crimes and too sympathetic by nature to be able to remain objective about those accused of offenses. In 1961, the Supreme Court unanimously upheld a Florida law that exempted women from serving on juries. It wasn’t until 1973 that women could serve on juries in all 50 states.

4. **Fight on the front lines.** Admitted into military academies in 1976, it wasn’t until 2013 that the military ban on women in combat was lifted. Prior to 1973 women were only allowed in the military as nurses or support staff.

5. **Get an Ivy League education.** Yale and Princeton didn’t accept female students until 1969. Harvard didn’t admit women until 1977 (when it merged with the all-female Radcliffe College). Brown (which merged with the women’s college Pembroke), Dartmouth and Columbia did not offer admission to women until 1971, 1972 and 1981 respectively. Other case-specific instances allowed some women to take certain classes at Ivy League institutions (such as Barnard women taking classes at Columbia) but, by and large, women in the ‘60’s who harbored Ivy League dreams had to put them on hold.

6. **Take legal action against workplace sexual harassment.** Indeed the first time a court recognized office sexual harassment as grounds for any legal action was 1977.

7. **Decide not to have sex even if their husband wanted to** – spousal rape wasn’t criminalized in all 50 states until 1993.

8. **Obtain health insurance at the same monetary rate as a man.** Sex discrimination wasn’t outlawed in health insurance until 2010 and today many, including sitting elected officials at the Federal level, feel women don’t mind paying a little more.

9. **Get birth control pills.** Issues like reproductive freedom and a woman’s right to decide when and whether to have children were only just beginning to be openly discussed in the 1960’s. In 1957, the FDA approved of the “birth control pill” [for unmarried women] only for “severe menstrual distress.” In 1960, the pill was approved for use as a contraceptive. Even so, the pill was illegal in some states and could be prescribed only for married women for purposes of family planning, and not all pharmacies stocked it. Some of those opposed said that oral contraceptives “were immoral, promoted prostitution and were tantamount to abortion.” It wasn’t until several years later that birth control was approved for use by all women, regardless of marital status. In short, birth control meant a woman could complete her education, enter the work force, and plan her own life.

Oh, and one more thing, **prior to 1880 . . . the age of consent for sex was set at 10 or 12 in many states, with the exception of Delaware – where it was 7 YEARS OLD !**

*Turn the page to read “Connections” . . .*
Sixty-seven of us were on hand to launch the **Sunshine Conversation Series on August 11, 2020** (with Cynthia, Elaine, Polly, and all singing Happy Birthday). Since then, our ranks have doubled with 135 classmates joining for at least one of these great events. (Point of comparison: 131 classmates attended our 45th, 212 our 50th.) Thanks, Leigh, for tracking our numbers.

**MAY 4, 2021 — “BURROS, BARBECUE AND BADDIES”**

What could be better than two old friends exploring the mystery of mysteries together? Seventy-six Sunshine classmates moseyed on down to the Texas Hill Country for a conversation with **Helen Currie Foster ’67 and Betsy Gesmer Gitter ’67**, in which the creative process behind Helen’s “can’t-put-down” Ghost mystery series was revealed. Through Betsy’s able questioning and the magic of Power Point, we were introduced to the denizens of Helen’s place, local settings, the breadth of her research (delving into geology, rock art, gunslinger competitions, chili cook offs and more), and heard about Helen’s “Eureka! Moment” when the series’ protagonist, **Alice MacDonald Greer**, popped into Helen’s consciousness to introduce herself.
We speculated on the appeal of mysteries (what do our mystery passions say about us?) and were rewarded with a real treat (control/click to hear it) - Helen’s mean, toe-tapping Texas-two-step boogie-woogie piano. Irresistible! Thanks, Helen and Betsy! Extra credit: Click here for a list of Helen’s favorite mystery writers!

APRIL 6, 2021
WRITING FOR LEGACY
Ann Bennett Spence ’67 Interviewed by Elizabeth Konokoff Deane ’67

Seventy-four classmates were present to witness Ann’s remarkable narrative of discovery of her mother’s life story, as revealed through a diary and mementoes hidden away until long after her mother’s death. In this compelling legacy project, which culminated in March 2021, with the publication of Ann’s biographical novel Nancy/Nianci, Ann takes us from Nancy’s days as a young intellectual activist, through her scholarship to Wellesley, marriage and naturalization, her return to Nanking as a young mother, then ultimately, her expulsion from China as a US citizen in 1949. As Ann illustrated the presentation with the unpublished private family photographs, the unfolding narrative was enriched by Elizabeth’s background inquiries into the historical context: the Japanese invasion and Chinese civil war.

Initially conceived as a tribute to her mother and legacy project for her children and descendants, Ann’s book was received with enormous enthusiasm by both family and a wider audience, with appreciation for the years Ann dedicated to researching the book.

Congratulations, Ann! Mission accomplished!

FEBRUARY 2, 2021
Becky Burckmyer ’67 Interviewed by Susan Harmon ’67

Written in Becky’s inimitable style, Teardown: A Love Story recounts Becky’s years beginning with her husband Larry’s decline and death, when she was shocked to realize she was broke and faced with the prospect of liquidating her most beloved asset - the gracious old Victorian house on Marblehead harbor where she had raised her kids. How Becky reinvents herself to become the ultimate B&B hostess is an inspiring story of resourcefulness, tapping into her gracious Southern hospitality upbringing, with a lot of moxie, elbow grease, a little help from her friends, and a genuine appreciation of her guests. Spoiler Alert: the happy ending! Becky succeeds in becoming financially solvent while saving her wonderful home. Thank goodness Susan was on hand to bring out the stories behind the story, and to overrule Becky’s conviction that “no one would want to hear about me”. We all do, and we are so proud of you, Becky!
JANUARY 17, 2021
Women’s Reproductive Rights on the 48th Anniversary of Roe v. Wade

Classmates Ann Hill, Margaret McClave Snowden, Sue Austin Ricketts and Deb DeWitt gave a half-century overview of women’s reproductive rights: existing law and proposed bills challenging women’s reproductive rights; access to care; grant-subsidized access to long-acting reversible contraception (LARC) in Colorado. We heard a moving first-hand account of the personal risks assumed by a dedicated, trailblazing Ob/Gyn as she decided to provide full reproductive services in the first state to legalize abortion in the 1970s. The presentations were inspiring and closed with an encouraging reminder that we old ladies can still make our voices heard through organizations like Grandmothers for Reproductive Rights (GRR!).

DECEMBER 8, 2020
COVID and Faith: Catalysts, Controversies and Challenges

How do we, collectively, meet the challenges of the world’s ills, exacerbated by COVID? Can state, national and international agencies afford not to include religious actors as partners to face crises of violence, poverty, hunger and health?

Dr. Katherine Marshall ’67, Executive Director of the World Faiths Development Dialogue, addressed this conundrum: while religious traditions, beliefs and institutions play important roles in everyday life globally, common biases, arising from pervasive religious illiteracy, exist which frame religion in opposition to science. During pandemics, community-based religious leaders may make significant contributions through endorsing and adopting public health measures. Secondary consequences of the COVID-19 pandemic -- rising domestic violence during lockdowns, lack of access to food, xenophobia and hate crimes, inequalities in health care – have overwhelmed existing resources and serve to underscore the potential power of faith actors and interfaith partnerships in solving these challenges. In Katherine’s words: “What you believe or hold as your religious tradition is not what matters here. It’s the beliefs of those we work with that we need to respect and appreciate.”

Viewer’s comments: “fascinating...thought-provoking...terrific...awesome...interesting, timely, relevant...we learned so much!” Thanks to Katherine for sharing her challenging work with us!

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DECEMBER 13, 2020
A (VIRTUAL) TOUR OF THE AUDUBON MURAL PROJECT

Led by Leigh Hallingby (our Class Secretary) and attended remotely by M.J. Mittenthal Levine and Lynn Dusinberre. No one wears out running shoes in Manhattan faster than our intrepid (and certified) Harlem Tour Guide. Her gorgeous photographic love letters to the Big Apple can be found on her FB page and occasionally on our W’67 FB page.

APRIL 22, 2020 – A JAZZ EXTRAVAGANZA

Elaine Woo – jazz composer, pianist and vocalist, performed at Boston’s Tavern Club and in recital as a student of Jay Clayton, Vermont Jazz Festival. In the virtual audience were 10 classmates – Bev Barron, Kathy Chaikin Bernstein, Rory Bled, Alice Boelter, Bonnie Grad Levy, Leigh Hallingby, Erry Johnson, Janet Reagon, Trudi Fuller Reinhardt and Judy Topping.

DC AREA MINI-REUNIONS

Back before COVID, classmates Cyndi Aaron Glassman and Joan Stiefel Greenbaum started planning a September 2020 LIVE, IN PERSON, mini-reunion cocktail party, then deftly pivoted to “virtual”. Here they welcome Bonnie Kime Scott to the East Coast on a December 8th Zoom.

THE POM GANG

Judy Kohn Cohen writes: We in the Pom Gang continue to “meet” every other Saturday for a couple of hours (10am PT, 1pm ET). Together we have weathered the pandemic storm, the demonstrations, the election, the insurrection. Together we have mourned losses and joyfully welcomed new grandchildren. We’ve traded mask and vaccine stories, of course, and Cynthia White Hecker made each of us a custom mask – with our own measurements and choices from her beautiful array of quilting scraps. Prue Richardson Beidler sent us each a necklace that her niece, Liz Iglehart, designed and made. With great hope and optimism, we’re planning the in-person gathering we had to scrap last September – once again in September, once again in Lake Geneva, Wisconsin, where Prue and her husband, Frank, have a family home.

And speaking of Prue and Frank: when I learned they were motoring in April from their Lake Forest, IL, home to visit their children – in Washington, DC, and then in Knoxville – I wisely pointed out that my home in the Shenandoah Valley in Virginia was precisely on the way. They agreed, and we had a wonderful lunchtime visit – complete with actual hugs!
“NOT-ONLY-WEST-COAST” WEEKLY ZOOM
By Kathy Chaikin Bernstein  (kbernst@aol.com)

It’s hard to believe but we have been Zooming almost every week for a year. We have a loyal group of classmates, both from the Bay Area and farther afield. The regulars include Rory Norton Bled, Janet Reagon, Bev Barron, Worth (Wissy) Ludwig, Julie King Stamm (joining from VA), Elaine Woo, and Leigh Hallingby, Judi Lempert Green (Ann Arbor MI), Judy Topping (Soquel CA), and me. We are often joined by Grace Allison from NM. Others who come occasionally include Aviva Koenigsberg Bobb (Los Angeles), Jenny White (Berkeley) and Linda Riebel (East Bay). We don’t have a theme but our conversations are far ranging and include our experiences at Wellesley, cultural interests, politics (less now than before the last election), books, music, and dog training. A number of us are singers and have shared our experiences of choral/group singing during the pandemic. Bev is the tech expert who keeps us informed on the latest ways to actually sing together via computer. We have shared performances via You Tube and were delighted to attend Elaine’s latest performances with the Tavern Club and Vermont Jazz Center. Now that we are all vaccinated, we hope to see at least our local classmates for a in-person event. Stay tuned.

Please Note: Our weekly Zooms are open to ALL classmates, whether in the Bay Area or beyond. Would love to add anyone to the list who is interested.  (Contact Kathy Chaikin to be added to the email invitation list.)

WAYS TO GET IN TOUCH WITH W'67 CLASSMATES?
By Elaine Woo  (Elainewoo67@gmail.com)

Meanwhile there are so many other ways to connect with the class. A class Zoom on Tuesday, May 4, was another interview with a fascinating classmate on both sides of the Q&A: Helen Currie Foster, legal eagle and mystery writer will be interviewed by Betsy Gesmer Gitter, the inimitable Una Parfait . . . If you have somehow fallen off the class mailing list - reply to me and I will get you on and in the know.

And reunion plans for June 2022 are brewing! We will be based in Claflin - I have never been inside that place!? We have chairs (Erica Johnson and Anne Conley Weaver) and folks for the Record book, Passions and Projects and activism group discussions. We’re planning another WCW update on the day before Reunion starts and a pre-reunion cocktail party because can you really have too many parties? And here is one unanticipated legacy of Zoom: you too can participate in Reunion planning or brainstorming even though you live more than a car ride away from the College! Some hot ideas: live streaming or Zooming class events so even those who are stuck at home can participate in the proceedings, how about asking the College to organize a choral participation event run by the College Choir director - as one of the faculty lectures, Saturday night jam session for those would like to sing with a professional jazz trio, or do a short monologue if that’s your fancy…. What else? You tell us!! Love to hear from you!

UPCOMING “SUNSHINE" CONVERSATIONS” – TBA !
Many ideas ! Fascinating stories ! Stay tuned !

LIVE ! BOSTON AREA SOCIAL – JUNE 2, 2021

5 p.m. at Elaine Woo’s Home – 18 Paul Street, Newton Centre, MA.
Please RSVP to elainewoo67@gmail.com.  And bring your ideas about our 55th Reunion !
REUNION – JUNE 2022 !!!

At our last virtual gathering, Una Parfait wrote an urgent Chat reminding classmates that reunion is only a year away and that--lacking her unchanging radiance--they should take any necessary steps to look their best for the occasion.... Your Reunion co-chairs, Anne Conley Weaver and Erry Johnson, welcome your ideas for a meaningful and fun event.

FROM OUR “SEARCHING SECRETARY”

By Leigh Hallingby ( lhallingby@gmail.com )

I would love to write my next column about classmates’ answers to these questions:

1. What are your priorities when we are truly released from the restrictions of the pandemic?
2. How do you think your life has been changed permanently by the pandemic?

Of course, I am always eager to share with our classmates any news you wish to send. If you are a classmate whom I have not yet included in my class notes, I would especially love to hear from you.

Thanks so much! Leigh

Turn the page to read “Celebrations” . . .
Celebrations . . .
In which we are introduced to all sorts of joyful events -- our own, our children’s and grandchildren’s, ++

A JOY-FILLED MARRIAGE
By Ann Hill (oreally75@yahoo.com)

I got married May 26, 2020, to Arthur Schiller, whom I met when I was just seventeen on October 21, 1962. We reconnected in 2009, and traveled on our boat Slow Motion from 2012-2016. USAA and its good rates convinced us to marry. The love was always there. That’s our dog, Zorro, who witnessed. Very sadly, he died October 5, 2020, and we really miss him. So, love, marriage and death in the time of the pandemic.

LAUNCHING NEXT BOOK
By Cynthia Levinson (cylevinson@me.com)

The People’s Painter: How Ben Shahn Fought for Justice with Art, launched on April 28th at 5 p.m. ET/ 4 p.m. CT/ 2 p.m. PT. The illustrator, Evan Turk, and I read from the book, interviewed each other, and answered questions. If you have grandchildren ages 5 – 10, or if you’re interested in art -- particularly Jewish art or protest art -- this book might be worth a look-see. It has gotten four-starred reviews.

NEWS FROM THE COLLEGE
By Kathy Stone Kaufmann (kskaufmann@comcast.net)

Wellesley did a remarkable job keeping everyone safe from COVID-19 this semester. As of May 8, only 7 student cases of the virus and 13 faculty/staff cases had been identified. Shots are now being offered on campus, and all students will need to be vaccinated before returning in the fall for fully in-person learning. Enrollment was down only 85 students this year, far fewer than at many colleges.

You may have seen the special announcement from President Johnson about the College’s comprehensive plan to achieve carbon neutrality by 2040. Going forward, endowment policy will prohibit new investments in fossil fuels funds, and a set of carbon-reducing community actions has been approved by students, faculty and staff. High-pressure steam heating systems will be replaced with low-temperature hot water systems over the next decade, and Wellesley will increase procurement of electricity from renewable sources. This was a multi-
year effort that included every constituency on campus and will require an investment of more than $500 million. The College takes seriously the threat of climate change, an issue about which students are passionate.

Wellesley received a record number of applicants this year, almost 8,000, leading to the most selective admittance rate ever, 16%. The greater number of applicants was, most likely, the result of eliminating standardized testing requirements. Almost 60% of the new students will receive financial aid, with an average grant of $55,000. Since in-person visits for applicants were not possible, every admitted student received a short personalized video of acceptance!

Economics continues to be the top major, with computer science close behind. Interestingly, philosophy is thriving, which appears to reflect students’ eagerness to explore life’s meaning in these challenging times. Wouldn’t we all like to sit in on those classes!

Stay tuned for a new strategic plan for the College, which will be voted on by the Board of Trustees at its May meeting.

**WCW Update**

By Kathy Stone Kaufmann (kskaufmann@comcast.net)

With racial issues continuing to dominate the news, WCW scholar Peggy McIntosh’s seminal papers on white privilege are, according to Google Scholar, the ones most cited on the subject around the world. Her 1989 essay was groundbreaking, published at a time when few were thinking about the experience of race. You can read her seminal paper here: [https://nationalseedproject.org/Key-SEED-Texts/white-privilege-unpacking-the-invisible-knapsack](https://nationalseedproject.org/Key-SEED-Texts/white-privilege-unpacking-the-invisible-knapsack).

Demand for professionals in STEM fields (science, technology, engineering and math) is on the rise, but Black women and girls have largely been left out of these opportunities. Research scientist LaShawnda Lindsay, PhD. is tackling this problem with her research on ways to engage girls of color using culturally responsive projects and mentorship from young role models.

The pandemic has focused increased attention on the critical importance of childcare. The Department of Health and Human Services has provided a grant to WCW researchers to examine how nonstandard and unpredictable work schedules make it difficult for low-income parents to access quality care for their young children. The results of this research will help inform state and federal policies and practices.

A new WCW study looks at social media use and self-consciousness about bodies among early adolescents. Middle schoolers who felt more negatively about their body images based on social media had higher rates of depressive symptoms, reported online social anxiety, found it harder to make friends, and were more socially isolated.

The Class of ’67 Internship Program at WCW drew an astonishing 99 applications for the five internships available for FY ’22. Students are increasingly recognizing the enormous learning opportunities at WCW for those interested in social science research. We should all feel very proud!

Subscribe to WCW’s e-mail list here: [https://www.wcwonline.org/About-us-Extra-Information/contact-us](https://www.wcwonline.org/About-us-Extra-Information/contact-us).
**W'67 Class Treasurer’s Report**

By Alice Van Aiken Boelter, Class Treasurer (boelteralice@gmail.com)

Your Treasurer is happy to report the following:

The Wellesley College Alumnae Association recently sent the Class of 1967 a check in the amount of $3,448.89 representing income from our Class Life Membership pool. This is an annual allocation with the amount derived by multiplying the number of shares held by the class, as of June 30, 2020, by the dividend rate of $33.21. We received about $70 more this year than last! We have a healthy balance on hand for use, thanks to classmates’ willingness to commit to life membership.

That extra infusion will provide enough for some Hershey’s Kisses at our next reunion event, right? Let’s hope we can celebrate that and much more at a fully open and gorgeous College campus in June 2022.

COVID-era restrictions at the College have truly reminded me of the bounty I’ve enjoyed for years, living as close to the campus as I do, and able to partake of events there, be they lectures, concerts, plays, and art exhibits, or the pleasure of strolls around Lake Waban. Eagerly anticipating renewing such visits soon and I hope to see classmates there, as well.

With best regards to a Class Unsurpassed! Alice Van Aiken Boelter, Treasurer

P.S. Our actual numbers are:

- **Savings Account:** $29,380.91
- **Checking Account:** $3,863.62
- **Funds temporarily held by our D.C. classmates for the “tabled” Spring 2020 mini-reunion:** $3,000.00

$36,244.53

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**Wellesley Fund Update**

By Elaine Woo (Elainewoo67@gmail.com)

In the last 3 weeks 24 of you have taken a moment to send something in to the College. Today there are 43 giving days to go before midnight June 30.

It is so gratifying to get such a good response. Now we just need 31 more who haven’t yet gotten around to it to find a moment to make a donation and bring us to class participation of 67% for the year. If you aren’t sure where you stand, email or call me and I will check for you!

Here are some different and good ways of giving discovered by your classmates:

- **The installment plan:** some have elected to send in a small amount such as $10 per month, a number of dollars perhaps they wouldn’t even miss, but at the end of a year amounts to a $120 gift. This is an amount to appreciate since 75% of gifts are less than $100.

- **Tax savings:** some have chosen to donate a piece of pension income such as the required minimal distribution (RMD) that has been accruing in pensions for decades and for which the IRS is lurking and waiting hungrily to tax but you can realize the whole value of the portion you select by donating it to...Wellesley!
Bequests: Although I expect to live forever, it doesn’t hurt to plan and it turns out that if you designate at least a $10,000 gift to Wellesley in your will, that counts as a gift for the year you do it and the amount gets added to our class totals leading up to the 55th reunion. Not to mention that you get membership in the Tower Society which entitles you to fascinating talks from distinguished faculty and alums from time to time.

A little goes a long way. Thank you even for gifts of a small size which count for participation just as much as larger gifts: $67, $19.67, one time or monthly - go for it!

Direct your largesse: Wellesley Centers for Women (don’t forget the WCW Internship program which bears the name of the Class of 1967), the Athletics program, the Davis Art museum, Music activities, Horticultural programs, career services, Friends of the Wellesley Library, Friends of the Arboretum, funds honoring faculty and academic programs and many many other ways -- exist to support your unique interests while you support the College and our Class.

By the way, anybody want to help me next year as we head into our last year before our 55th Reunion? I’d love to have your thoughts and help connecting with classmates who are or will become your friends!

Elaine Woo, Your Grateful Wellesley Fund Chair

Here’s how to give:

ONLINE  wellesley.edu/give -- for one time or monthly gift by credit card, use the secure online gift form.

BY CHECK - payable to Wellesley College. Be sure to put your full name, ’67 and if you are earmarking your gift.

Wellesley College Development Office
106 Central Street Wellesley, MA 02481

BY PHONE - Call in your credit card gift to 800.358.3543.

For information about charitable gift annuities or other legacy gifts, contact the Office of Gift Planning at giftplanning@wellesley.edu or 800.358.3543. They are expert at making money while giving money.

As Planned Giving Chair I work with the Development Office at the College. They put together a list of 40 classmates who have been consistent givers to Wellesley. The Development Office sent letters to each of these classmates asking them to consider legacy gift to the College. I followed up with 40 personalized, handwritten letters as well as a few phone calls. Thanks to Erry for the 50th Reunion Book. It is a gift that keeps on giving 😊. I have gotten six responses. No one was ready to commit at this time but we are laying the groundwork for future class gifts. In addition to the above, I contacted three classmates who the College believed had agreed to provide bequests to Wellesley. These classmates had indicated an interest many years ago but had not created a bequest intention. One of these classmates has responded with a charitable gift annuity! Another one, Eleanor Lockwood Kelly, is in a home with Lewy body dementia. I have had several lovely conversations with her daughter who has power of attorney. Wellesley is not in Eleanor’s will and we will not pursue this further. I have not heard from the third person. This information has been shared with Alleather Toure in the Development Office.

Turn the page to read “Compassions” . . .
“The Most Alive Moment” – by Jalal ad-Din Rumi

The most alive moment comes when
Those who love each other meet
each other’s eyes and in what flows
between them then. To see your face
in a crowd of others, or alone on a
frightening street. I weep for that.
Our tears improved the earth. The time
you scolded me, your gratitude,
your laughing, and always your qualities
increased my soul.
We sat inside the cypress shadow
where amazement . . . twined its
slow growth into us.

CONDOLENCES TO THE FAMILY OF . . . Elaine Pogostin Brown

Elaine Harriet Pogostin Brown, 75, passed away on February 22, 2021, after a hard-fought battle with kidney cancer. The daughter of the late Abraham (“Jack”) and Anna (Schwartz) Pogostin, she was born Elaine Harriett Pogostin in The Bronx, New York, and spent her childhood in Yonkers and Mt. Vernon, New York. She attended AB Davis High School.

Elaine graduated Wellesley in 1967 with a bachelor’s degree in economics. From there, she moved to the Washington D.C. area at age 22 to start her 40-year career as an analyst with the Central Intelligence Agency, focusing on economics in China, Japan, Korea and Indonesia. She worked on the Tokyo Round of the GATT negotiations during the Carter Administration. She was referred to amongst her peers as the “econometric angel” for her ability to reduce complicated economic processes and reams of statistics to their essential elements in mathematical terms. She obtained a master’s degree in economics from the University of Maryland in 1971.

In 1969, Elaine married Marvin Brown and they were together for 43 years until his death in 2014. Elaine is survived by her daughter Leslie (Aaron Parness) Brown, her grandson Bailey Parness, her brother Joseph (Judy Cohn) Pogostin, her sister Alice (Michael) Adams, plus nieces, nephews and many dear friends.

A more detailed obituary can be found at: www.cunninghamfuneralhome.net/elaine-harriet-brown. Condolences may be expressed to Elaine’s family by writing to: Family of Elaine H. P. Brown, Unit 1 1235 North Nash Street, Arlington, VA 22209-3670. Donations may be made in Elaine’s memory to the following organizations: Capital Caring Hospice, Temple Micah, American Cancer Society, and The Kennedy Center.
**CONDOLENCES TO GAIL SOMERBY BARRINGTON . . .**

Gail’s husband, Tony Barrington, passed away on January 11, 2021, at age 77, from ALS. Tony was born in Dublin, Ireland, and was raised in Enniskerry. With an undergraduate degree in economics, he came to Columbia University in 1967 for a Masters in Urban Planning. There he met Gail Somerby, a fellow student in Architecture and Urban Planning. They married in 1969 and had two children – Brendan and Clare. Tony used his urban planning training during his career and, upon retirement to Maine, he dove deeply into his loves of sustainable farming and sailboat racing. Condolences may be expressed to Gail and family at: 627 Haley Road, Kittery Point, Maine 03905. (An obituary can be found at: [www.legacy.com/obituaries/seacoastonline/obituary.aspx?n=tony-barrington&pid](http://www.legacy.com/obituaries/seacoastonline/obituary.aspx?n=tony-barrington&pid).)

**CONDOLENCES TO NANCY GILMORE ANGNEY . . .**

Our classmate Nancy Gilmore Angney lost her husband of 53 years, Mark Angney, to complications from childhood polio plus COVID-19 and pneumonia, in Boston at age 77, on January 20, 2021. Surrounded in his last moments by his wife plus daughter Heather and his two grand daughters (from D.C.), Mark had spent the past year in a supportive care facility while Nancy stayed in their Roslindale condominium, visiting him as much as allowed. A longtime English teacher at Concord-Carlisle High School, Mark shared his love for the written word with his students and found joy in his many hobbies: baking bread, reading aloud, writing haiku, digging for clams, playing cribbage, refereeing high school soccer games, chatting with complete strangers, and sharing witty observations with new and old acquaintances. Mark, or "Mr. A" as he was known to his students, was a 35-year resident of Jamaica Plain who spent many happy summers in Chatham. He grew up in Wellesley, the middle son of Edna Rydberg and D. Harry Angney, and attended Noble and Greenough School in Dedham. He graduated from Harvard College and Northwestern University and then immediately started his teaching career. He is survived by Nancy Gilmore Angney, his wife of 53 years, of Roslindale; daughter Heather Angney Edelman, husband Josh and their daughters Ellika and Zoe of Washington, DC; two brothers plus nieces and nephews. In lieu of flowers, donations in his memory may be made to a charity of your choice. A full obituary can be found at: [www.legacy.com/obituaries/Angney-Mark-A](http://www.legacy.com/obituaries/Angney-Mark-A). A celebration of Mark’s life was held via Zoom recording on Saturday, March 27, 2021. Close friends and family were invited. Condolences can be expressed to Nancy at: n_angney@comcast.net or writing to 17 Florence Street, Apt. 9, Roslindale, MA. 02131.