

# Disabilities Awareness

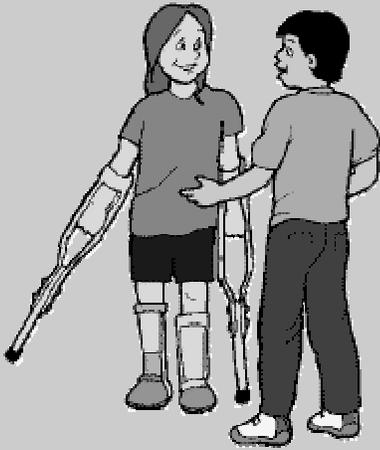
A special issue prepared by and for high school students

SUMMER 1998 EDITION

## A NEED FOR DISABILITIES AWARENESS

by Jessica Terwilliger, Burnt Hills High School

Helen Keller, the American author who was both deaf and blind, commented in her autobiography, "I... dislike people who try to talk down to my level of understanding. They are like people who when walking with you try to shorten their steps to suit yours; the hypocrisy in both cases is equally exasperating." Although almost a century has passed since these words were written, much of our society continues to "shorten their steps" when dealing with those who have disabilities. Rather than attempting to comprehend the various issues concerning disabilities, many people choose to view anyone who deviates from their definition of "normal" as an inferior.



As we approach the beginning of a new millennium, further emphasis must be placed on the need for disabilities education and awareness. The journey of understanding and respect needs to be revived; the logical point of embarkment is today's youth. Unfortunately, this newsletter and one other in California that deals with hearing impairments are the only major publications that are directed specifically at teenagers and written by them. Our goal is to inform young adults of disabilities issues relevant to their lives. I would wager that every teenager who picks up this newsletter has been touched by some form of a disability - whether it be their own, a family member's, or a classmate's - yet they are still uncomfortable discussing it. Hopefully this newsletter will help to dissipate the hesitation in talking openly about disabilities, as well as remove the stigma attached to such conditions as attention deficit disorder, anorexia nervosa, and dyslexia.

Anyone who is interested in working on the next edition of this publication should feel free to contact us. Call Catharine McHugh (collect, if necessary) at 518-388-2892 and she will put you in touch with the editor. As you can see, there is still a great deal of work to be done in dispelling the misinformation about disabilities; our small, but dedicated, group of student writers and editors can hardly complete the task by themselves. The newsletter staff is always glad to hear from different voices, different experiences. In the meantime, I hope that you will strive to become more aware of different disabilities. Life would be much better for everyone if people would put their stereotypes aside, forget about their biases, and learn to love and respect every human being.

## Black Hole

by Chelsea

Sometimes life is a deep,  
Black Hole  
and all you can do is give up.  
But, in giving up,  
what are you accomplishing?  
The Black Hole is then  
sucking you up.

Life is tough and life is hard,  
sometimes harder for others.  
You think that it will never end,  
and that in turn makes it harder.

If we take one day at a time,  
and refuse to let go,  
life will ease up  
...and I know you wanna say "no."

You wanna say  
"no, I can't handle it anymore."  
Then, it is time to reach out.  
Reach out and have someone help you.  
Don't be ashamed, it is not your fault.  
You should not be blamed.

People will help you make life  
less of a burden.  
But first, you must find  
your own happiness.  
It may take months  
and it may take years.  
It will also take bad days  
filled with tears.



But, if you tell yourself  
there is light at the end,  
and let yourself mend,  
The Black Hole will die,  
and...  
you will be happy  
you didn't.

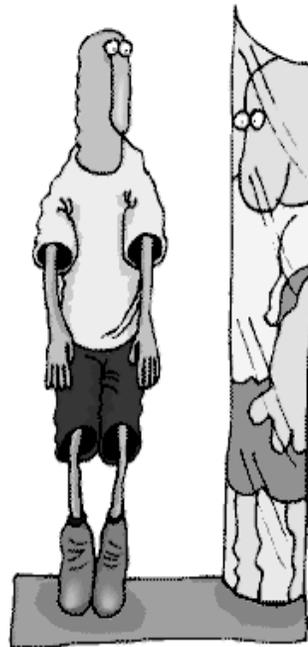
# DYING TO BE THIN

by Allison Sheedy, Shenendehowa HS

Seeing an empty box of over-the-counter diet pills in the bathroom at school a couple of weeks ago really got me thinking: what is the ideal body image that we throw at teenagers today? More and more we see people equate success and popularity with beauty and, especially, with being thin. The media, one of the biggest influences on young people, is crammed with images of "the perfect body," and American life seems to revolve around health clubs, diet pills, and fat-free foods. As contributing factors to eating disorders continue to rise in everyday life, so do the statistics. Fifteen percent of the teenagers diagnosed with Anorexia Nervosa will die

this year, and as many as 1 in 5 college students are engaging in some form of bulimic behavior. Anorexia is found chiefly in adolescents, especially young women, and female anorexics outnumber males 15 to 1. With numbers this high, someone you know, literally, may be dying to be thin.

In medicine, Anorexia Nervosa is a condition characterized by an intense fear of weight gain or becoming obese, as well as a distorted body image. An anorexic will claim to



nosed anorexics will recover completely within 2 to 5 years.

Bulimia, characterized by compulsive binge-eating and purging, is very closely related to Anorexia Nervosa. Victims of these two disorders may share many of the same behaviors and concerns, especially the intense fear of becoming fat. For

bulimics, food becomes an obsession and an addiction. Some visible signs include:

- strict dieting followed by eating binges;
- disappearing after a meal;
- excessive concerns about weight;
- expressing guilt or shame about eating.

Bulimia predominantly affects young women, although 5-10% of its victims are male, and is more widespread than Anorexia. Bulimia is treated in much the same way as Anorexia, but has a higher success rate for recovery.

With proper treatment, teenagers can be relieved of the symptoms of Anorexia and Bulimia and can be helped to control these disorders. Help from family members, early detection, and especially an acceptance of people of all shapes and sizes by society will help lower the statistics and lead to fewer teenagers with these terrible conditions.

"feel fat" even when emaciated, and will refuse to maintain a normal, minimal body weight. Visible signs of Anorexia include:

- fear of food and situations where food may be present;
- rigid exercise regimes;
- dressing in layers to hide weight loss;
- use of laxatives, enemas or diuretics to get rid of food.

Treatment techniques for Anorexia include family therapy, group therapy, support or self-help groups, and individual psychotherapy. Given the proper treatment, approximately 50% of diag-

## Just Because

by Rachel Lennon, Marlboro HS

Just because I'm different,  
 Just because to them I'm abnormal,  
 Doesn't mean I have to be treated like a stranger,  
 My social life only a lull.  
 I'm still a vibrant person,  
 I still have feelings  
 that can be hurt,  
 I can still feel the loneliness searing my heart,  
 Like the broiling sun in the desert.

Just because I'm bound to a chair,  
 Just because I can't walk,  
 Doesn't mean that I can't listen,  
 Or go with you someplace quiet to talk.  
 There's no reason to treat me  
 As if I'm some kind of china statue.  
 There's no reason a friendship can't bloom  
 Between myself and any of you.

# My Life

by Kara Keding, The Paul V. Moore School

I'm 17-years-old and I feel like I'm about twice my age. I have had a strange childhood and have gone through a lot. The reason is due to several medical conditions I have. I prefer calling them physical challenges rather than handicaps or anything like that.

I would have to say this all started when I was 11-years-old. My legs just started giving me trouble. I was having a lot of trouble doing my dancing and baton classes because my knees kept feeling like they were popping out. I ignored it for awhile, but eventually it came to be too much so I had to go see a doctor. After my exam, my doctor diagnosed me with sublexing patellas, which means my kneecaps pop out of place. This was just the beginning of my trouble.

About a year later, my muscles started to atrophy in my legs and I lost all muscle tone. I was devastated emotionally and physically. I could no longer walk, so I was put in a wheelchair. With this I lost not only my physical mobility but also my dreams of being a professional dancer. My mom stood strong and took me to see the best doctors she could find and this led me to the Shriners' Hospital in Montreal, Canada. Here is where I received my first ray of hope. By the time I left I was walking with a walker and then just a cane. They were like miracle workers. I slowly gained back my muscle tone, but it was a long process and sometimes I just felt like giving up. I had many supporters who helped me and gave me the strength and courage I needed.

I thought this would be an end to my medical problems, but then one summer I stopped breathing for no understandable reason. My mom revived me and then I was taken to the doctors to find out I had acquired costochondritis, which is the inflammation of the muscles near your sternum. My breathing troubles continued and they also decided to try some medications on me, but none worked, so we let things go.

Then just when I thought my life was floating back to normal for the average 13-year-old, I again encountered a new medical diagnosis. This time I was diagnosed with fibromyalgia, which affects all the muscles and bones in my body and explains some of my earlier trouble. I was very confused when I was told and the doctor said it's something I will have to deal with forever. While explaining, he compared it to how my father died when I was a child but had to continually cope with it. I was started on some more medications, none with much help.

One day I started having seizures for no apparent reason. We were all confused and the doctor put me on anti-seizure medication. By this time I was taking between 30 and 40 pills a day. I was rarely in school and had a small social life. Then one day my body went haywire; it had enough.

I was talking to my mom on the phone when all of a sudden I stopped talking. I had a seizure and was having a medication reaction. My grandparents were supposed to pick me up that day for a doctor's appointment, and upon their arrival I was like a limp rag doll. My older brother immediately got me dressed and rushed me to the doctors. They told my mom that I was having a medication reaction and to take me home to sleep it off. My mom did just that when all of a sudden she had a maternal instinct. She came over to check me out and realized I was barely breathing. I was slipping away and dying on her so she immediately started to try and get me to breathe and called an ambulance. When the paramedics arrived I had to be revived. They rushed me to the hospital and I was admitted for several days, with it all being called a medication miscalculation. That night changed my life forever.

When I was released, I was like a baby. I had lost my memory and all my control over my bodily functions. I needed constant care and attention. The doctor said when I slipped away it was long enough that I had a lack of oxygen to my brain and suffered a traumatic brain injury. My mother and family worked with me every day. I had to relearn everything. I slowly worked my way back but I still have some of the complications present with my memory loss. Everything was all new to me and my subjects were a struggle. My grades dropped from my traditional straight A's to C's and D's. I pulled as much strength as I could from inside of me and realized I was here for a purpose.

I figured out I was here to help others. Not in any special way, but just to help them in general. This helped me get so far. I am now about as normal outside as anyone else but I still have daily troubles and barriers to overcome living with my fibromyalgia. All my scars are inside but they have helped me become the person I am today.



# ASK US

by Frances Ford and Jessica Murphy, St. Thomas School

Dear F & J,

*Should you pet a seeing eye dog?*

*-From A Curious Canine Companion*

Dear Curious Canine Companion,

You should always ask the owner. You may have noticed that most working dogs wear a tag saying "I am at work. Please do not pet me." Some people are more strict with their dogs than others. In many cases it depends on the situation. A dog is more apt to be friendly during play time than while he is caring for his owner. The best way to insure the safety of the dog, the owner, and you is to ask before you pet!



Dear F & J,

*What is attention deficit disorder, and what can be done to help individuals who have it?*

*-From Zimu Mulberry*

Dear Zimu,

The formal term for this disorder is attention deficit/hyperactivity disorder. People who suffer from ADHD have a short attention span. They have trouble concentrating on one thing for very long. There is no cure for this disorder, but it can be controlled. A therapy known as behavior modification is used. This is where adults help children gain self-control by exercising close supervision and giving rewards for good behavior. Check out the article in this issue of the Disability Awareness newsletter called "Pay Attention to This."

Dear F & J,

*What are the Special Olympics and how long have they been in existence?*

*-From Wynnona Campbell*

Dear Wynnona,

The Special Olympics is a year-round program in which physically disabled and mentally challenged

children and adults train for and compete in supporting events which range from basketball to ice skating. The program began in 1968 due to the creative thinking of Eunice Kennedy Shriver. Today over 90 countries from around the world participate in this program. Click on the picture to your right to be taken to the Special Olympics website.

Dear F & J,

*I have cerebral palsy and I have a 6-year-old brother. He is afraid of me, because he doesn't understand my disability. Is there anywhere I can obtain information on C.P. specifically designed for his age level?*

*-From Penelope Kent*

Dear Penelope,

You can contact the United Cerebral Palsy Association. They can send you information about your disability that your brother will comprehend. Many times, information is presented in the form of coloring and story books. Write to them at: 1522 K St. N.W., Suite 1112, Washington, D.C. 20005-1202, or call toll-free 1-800-USA-5UCP. If you have a hearing-related disability, you can call 202-842-1266. The UCPA can also be reached by fax at 202-842-3519.

Dear F & J,

*What is the difference between Anorexia and Bulimia?*

*-From Umberto*

Dear Umberto,

Anorexia and bulimia are both eating disorders. People with these psychological disorders take drastic measures in order to lose weight. A person with anorexia refuses to eat. Someone with bulimia goes on binges, periods of uncontrolled overeating followed by purging. Purging is causing oneself to vomit or taking laxatives to empty the bowels. Both of these disorders are life-threatening. Those suffering from them should seek professional help. See Allison Sheedy's article "Dying to be Thin" in this edition of the Disabilities Awareness Newsletter.



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*Ask Us (continued from previous page)**Dear F & J,**What are some of the jobs that blind people can undertake?  
-From Jacquelyn Cary**Dear Jacquelyn,*

Little can prevent blind people from undertaking most jobs. Obviously, they are unable to chauffeur or drive a taxicab, yet there is a whole world full of other occupations. Braille has brought many people out of the darkness and allowed them to work as lawyers, teachers, secretaries, and so on. They can even work on computers, thanks to a new function in which the electronic device will "talk." Technology has helped the blind in many ways and will bring about even more job opportunities through the 21st century!

*Dear F & J,**If I were disabled and wanted to go horseback riding, where could I do so?  
-From Jessica L. Schubmehl**Dear Jessica,*

If you're in the Capital District area, there is a barn in Voorheesville called "Therapeutic Touch." Employees are specially trained to deal with disabled riders. Two people work with each horse and rider, one leading the horse, and the other walking beside, insuring the safety of the rider. Look in your Yellow Pages under "Riding" for similar places near you.

*Dear F & J,**Is it true that people who cannot see cannot hear either?  
-From T.J.**Dear T.J.*

This is not true! You may have gotten this false idea from seeing people talking very loudly to the blind. The fact is that very few blind people are also hard of hearing. Most blind people have an excellent sense of hearing. The energy that would be normally used to see is concentrated in other areas, such as in developing a keen sense of hearing. They rely on the other four senses to make up for the lost one. T.J., when talking with the blind, just be yourself and speak in a normal voice, as you would with anyone else.



# Therapeutic Touch

*by Colin Harte, Guilderland High School*

Derived from several ancient healing practices, therapeutic touch is based on the theory of human energy fields - every person has an energy field that surrounds the entire body. During therapeutic touch treatment, practitioners use their hands, without actually touching the person, to re-establish a healthy energy flow. Therapeutic touch seeks to restore balance within the body while also stimulating the patient's own healing response. The practice of therapeutic touch is used worldwide in thousands of hospitals, clinics, and private practices. It is an easily learned, successful complement to other healing programs.



Therapeutic touch can be learned by anyone. Those who wish to become practitioners take special courses. The practitioner is taught to center himself, physically and psychologically, where he can find within himself an inner reference of stability. The pupil must learn to assess the patient by feeling hot, cold, tingling, congestion or pressure sensations in his hands when gliding through another person's energy field. After these energy imbalances or obstructions are found, he must unruffle the field by brushing congested areas away from the body in order to allow the energy to move more freely. Once the congested areas have been cleared, he lets the hands rest on or near the body where the blockage was detected in order to direct energy to the area. After the blocked areas are in balance, he stops and allows a period of rest.

Clinical research has proven that this pleasant, painless treatment creates rapid relaxation, significant reduction in pain, acceleration of healing, and lessening of stress. Therapeutic touch works well with such common ailments as colds, headaches and muscle tension as well as with more complex conditions such as back injuries and arthritis. Therapeutic touch has also been used to treat patients with disabilities. The range of problems that can be treated with therapeutic touch is wide, from people with mental disabilities to those with physical disabilities. As nurse Carol Saplin, a practitioner of therapeutic touch at Ellis Hospital, said, "Any disability can be treated because therapeutic touch's goal is to soothe and relax. It has been very effective with all cases

*Continued on page 6*

# Marcus, A Special Brother

By Morgan Strand, Pomona JHS

Marcus is my eight-year-old brother. He is autistic. Autism is a developmental disability that interferes with the normal development of the brain in the areas of reasoning, social interaction, and communication skills. Because of autism, Marcus has severe delays in verbal and non-verbal communication, social interactions, and even in play activities. Marcus does not do what is normal for a child of eight and he acts much younger. Things that most children do automatically have to be taught to Marcus.

Marcus goes to school every day. He is in a special education program that has helped him greatly. The TEACC (Treatment and Education of Autistic and related Communication Handicapped Children) technique is used. It is a highly structured program with a great emphasis on functional and communication skills.

Despite Marcus' inability to speak, he has learned how to communicate his needs and wants to others by using a Mayer-Johnson communication ring, which is pinned to his shirt. These pictures are very simple and basic. While he may have additional pictures on his ring, he always has the pictures for "eat, drink, bathroom and help." He will point to these pictures to demonstrate his needs.

The special education class that Marcus attends is in a regular public school. He goes to lunch most days in the cafeteria with the regular school children, as well as to assemblies and on field trips with them. I think Marcus really enjoys that.

The other seven children in the class are autistic as well. With the help of one teacher and two teaching assistants, they have a great day that includes things like going to the YMCA for swimming lessons, going for walks, riding the public bus, and eating in restaurants. They also go grocery shopping every week. Such activities are both educational and enjoyable for the students.

Just because Marcus is autistic does not mean he cannot have a great social life. He is on a

special baseball team for disabled people. With the help of an aide, Marcus goes out into the community two hours every day. They go to parks, malls and movies. They swim, ride horseback and bowl.

An aide also comes to work with Marcus at home every evening. They work on skills like doing puzzles and working on the computer. They do chores like cleaning off the table and putting away the silverware and other daily routines. Marcus feels proud when he can do things himself.

Some of Marcus' personal interests are watching videos. His favorites are the "Thomas the Tank" and "Friends" series and several of the Disney videos. He loves playing with "Tickle Me Elmo" and doing puzzles. But most of all Marcus enjoys eating. Pasta and noodle soup are his favorites. He is able to get the ingredients together by himself so all Mom has to

do is turn on the stove and watch it cook.

Marcus is autistic but he is also a very smart, funny, and loving person. He is so special and I am so happy to have such a special brother like Marcus.



*Therapeutic Touch continued from previous page*

that I know of."

Therapeutic touch induces changes in the human energy system affecting physical, mental and spiritual health and well-being. Patients can be treated for many different ailments. For example, therapeutic touch can help people with depression while also helping to soothe body pain. It is an energy-based treatment that seeks to care for the whole person: body, emotions, mind, and spirit. One must keep in mind that therapeutic touch is a treatment that seeks to soothe ailments and improve overall well-being rather than cure the ailment itself. Therapeutic touch has been deemed a very versatile, helpful form of treatment. The focus of therapeutic touch is to re-establish a healthy energy flow. Thus, practitioners are able to comfort the needs of many patients who have dissimilar conditions. Therapeutic touch is being used more and more at treatment centers and may soon be an integral part of patient care. It is a universal form of treatment that can be used on myriad ailments.

# Buddies and Boys

by Justin Leader, Pearl River High School

Upon entrance, the room that holds class "6-i" doesn't seem that different from classes "a" through "h," but this class holds something special. It's not the fact that half the kids have autism or cerebral palsy, and the other half are volunteer "buddies" from throughout the school. The uniqueness of this class is the tenderness and love that the buddies have for this group of mentally disabled kids they lovingly call "the Boys." This love is enthusiastically and sometimes explosively reciprocated by the Boys.

The buddy program originated in June 1996, when the Pearl River Middle School Student Leadership Committee faced the imminent arrival during the next school year of these disabled children from the elementary school. The Committee decided to present an "educational and orientational" assembly where the ten Boys would be "showcased" and put in the spotlight. To avoid embarrassing the Boys, the Committee explained to each homeroom the facts of autism and cerebral palsy and gave students a list of "do's and don'ts."

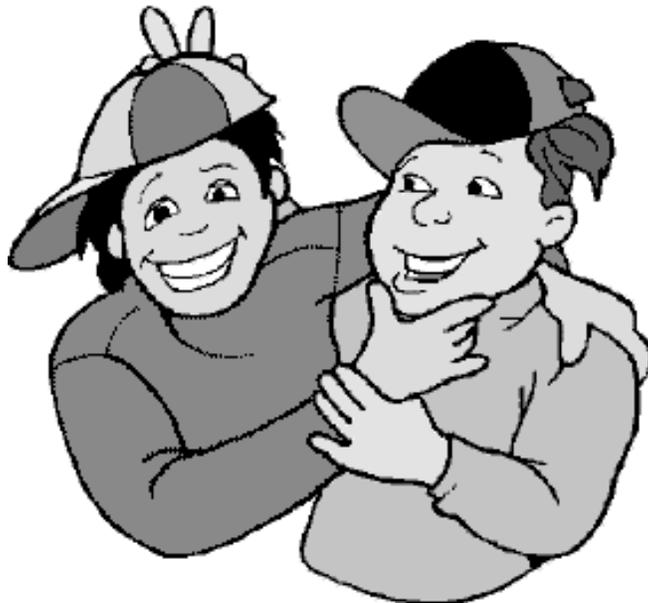
To further in-  
tee organized a buddy  
with ten volunteers,  
table during lunch with  
them. The connection  
and the Boys. The num-  
idly, and buddies began  
back to their own tables

The program  
the Boys and the bud-  
there. The buddies  
and helping them, and  
their new-found friends  
started to help out in the  
lunch. A chain reaction  
ballooned to over forty  
buddies, requiring com-  
time for each.

The buddies  
room lessons, at the library, in music class, and especially in gym. There are holiday parties, Easter egg hunts, and trips to the roller rink. Through these activities, the buddies learned to accept the Boys and respect their needs. None of the buddies are apprehensive about a six foot, fourteen-year-old boy running over to give them a hug. The Boys took full part in the skits and reading at the recent DARE graduation ceremony. One of the Boys got up in the middle of the auditorium and ran over to Mrs. Gelman, the student council advisor and his English teacher, for a hug.

Mrs. Gelman believes that one of the best parts of the buddy program is that a whole generation of children are being raised without any fears or stereotypes of mentally disabled people. She knows that in twenty years, if one of the buddies sees one of the Boys at the grocery store, the buddy will not be afraid of drooling or exaggerated actions. Mrs. Gelman also applauds the fact that the Boys are learning life skills from the buddy program. One of the important skills they will learn is how to interact with people who are not completely trained in being with mentally disabled children. The program is teaching them how to deal with a little more varied situation. The Boys are usually afraid of change, but they are having a great time while forty buddies are rotated every day.

But the Boys are getting older. Eventually, it will be impossible to keep them together in the middle school. They may be forced to move to the high school in as little as two school years. What will happen when the Boys need to be sent up to the high school? Mrs. Gelman hopes that there will be a large percentage of students in the high school who had at least a year with the Boys in the Middle School. The Student Leadership Committee has been discussing how to bring the buddy program to the High School and they hope to expand it and make sure that the Boys are comfortable in their new, larger surroundings.



volve the Boys, the Commit-  
system. Originally starting  
buddies sat at a separate  
the Boys and talked with  
grew between the buddies  
ber of volunteers grew rap-  
to bring a couple of the Boys  
during lunch.

was an amazing success, but  
dies wouldn't let it stop  
loved being with the Boys  
the Boys enjoyed immensely  
and attention. The buddies  
classroom before and after  
started and the program  
vivacious and affectionate  
plex calendars to schedule

help the Boys during class-

# Anyone Can Sail

by Rachel Melby, Shaker HS

A 24-foot Rainbow glides across the sparkling waters of Lake George. As it gradually passes another boat, smiles are exchanged. The crew of the passed boat doesn't notice anything out of the ordinary about the other's crew, but something is different. The sailors are disabled. How can disabled people sail? Just how actively do they participate? Aren't they scared?

The Y-Knot sailing program began as an informal group in 1996 and in 1997 grew into an organized program, running sailing clinics all summer long. Y-Knot, which has been run at Lake George's Camp Chingachgook, has given over 100 disabled individuals the chance to sail. The people who participate in the sailing clinics are for the most part physically disabled adults; however, those who do not fit this category are invited to participate, and friends and family are always welcome.

The program is organized and run by a board of participants, who work hard to ensure safety and to expand what they believe to be a truly wonderful opportunity for disabled people.

To begin with, the sailors are offered "Sailing 101," a course explaining how to operate the craft and the basic aerodynamic and hydrodynamic principles of the sport. Next, and most importantly, safety is ensured. Every sailor wears a life jacket, and adaptive pieces of equipment, such as seat straps and rudder extensions, provide the neces-

sary accommodations. If a person needs help boarding the boat, assistants are available to lift people out of their wheelchairs or simply lend a helping hand.



The boat the group is about to board has special safety features: a weighted keel so the boat won't tip, and an outboard motor with enough fuel to safely return to shore, should the unlikely need arise. In addition, ship-to-shore communication is expected to be added this year. These extra safety features help calm the frightened first-time sailor who had likely not expected to ever try the sport. Most importantly, the changes to the boat cannot be noticed by passers-by, so the Y-Knot sailors have fun and normal experiences.

Once the sailors are informed and secure aboard, they head out to sea with an experienced instructor. The instructor encourages the sailors to do as they please. Some sailors choose to sit back, relax, and enjoy the refreshing lake breeze blowing against their faces. Others who prefer to take an active role in the sailing are shown how to hold the ropes and how to maneuver the boat through the water. The two-hour sail can be any desired combination of learning and relaxing. The choice is up to the sailor.

This is a great way for a disabled person to have normal fun, because disabilities aren't barriers at Y-Knot. With some preparation and assistance, participants can enjoy sailing and leave their disabilities on shore!

The Y-Knot sailing program will have clinics in the Summer and Fall. If you are interested or know someone who would like to participate, please call (518) 656-9462 to make reservations. Membership is available for \$25 a person or \$50 a family and all clinics are \$15 for Y-Knot members and \$25 for nonmembers. For more information go to <http://www.yknotsailing.org>. Y-Knot is also currently looking for volunteers, preferably strong men and women, to help sailors board the boats. Please come and join the crew!

# Warriors on Wheels

by Colin Harte, Guilderland High School

The sound of barbells clanging discordantly can be heard just outside the doorway. Stepping through the Fitness Factory's entrance, I enter a world of aerobics, weight-lifting and the constant smell of body odor. Bodybuilders with basketball-sized biceps and tree-trunk frames walk past teenage boxers and sweatsuit-clad housewives. Yet amongst these aerobic instructors and forty-something weight-lifters are the members of the Warriors on Wheels fitness program.

Started two years ago by bodybuilder/fitness trainer Ed Norton, Warriors on Wheels is an accessible program that provides people with disabilities a place to lift weights. Weight training is a necessity for Norton's clients, who primarily have spinal cord injury, spinal muscle atrophy or spinal meningitis, so that they can take care of themselves without the help of others. Working with people as young as seven years old, Norton's strength and conditioning workout is similar for most clients in that it targets the upper body in order to increase mobility. As a client's upper body strength increases, the individual is able to do more things independently.

The fitness program not only serves as a place to work out but also as a place for social gathering. "Ed provides a place where you can get peer support and discuss any problems you might have. We teach one another how to take care of different problems. It's real nice to have that," said Tom Morin, who has worked with Norton for over eight years in order to cope with his spinal cord injury. Bob Dudley, a man who has to strap his wrists to the weight machine due to the adverse effects of spinal muscle atrophy, points out that the mixing of people with and without disabilities allows for a pleasant environment where he felt like "just another guy at the gym."

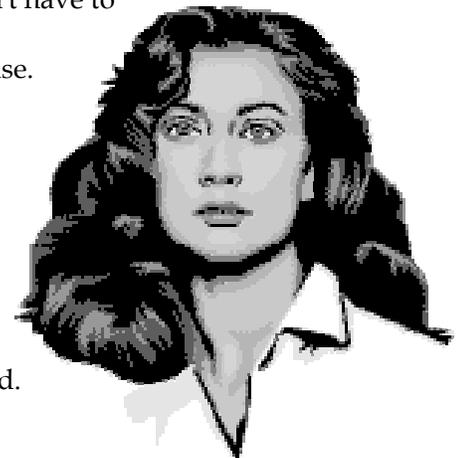
While Norton is credited with starting the only disabilities-oriented fitness program in the Capital Region - Hudson Valley Community College has accessible equipment but no trainer - it is his clients who have made it worthwhile. "They come here every week and work out with me and that's what I want to provide for them," said a grinning Norton. From biceps curls to bench pressing, Norton seeks to promote independence, improve upper body strength, and provide a program that allows people with disabilities to lift weights.



# My Vision Comes From My Dreams

by Satarra Alexander, Redemption Christian Academy

I wear a mask, a mask of darkness covering the world outside.  
 I never have to worry about what other people see, their mockery they don't have to hide.  
 I can't see the expressions on the faces of the children as they laugh and tease.  
 I'm glad I don't see their faces, because to my heart it would not please.  
 I miss the world, the sights, the colors and the views not covered in black.  
 My eyes permanently closed, the sense of seeing beauty I lack.  
 My other senses though, feel free and new, magnified in a brighter light.  
 I find my other four senses have grown, without that of my sight.  
 I can smell the scent of things that seem so far away.  
 I hear the sounds of flowers from the wind they start to sway.  
 I taste the tastes of tropical fruits thousands at one time.  
 I can feel things I never felt before, these feelings put an interest in my mind.  
 The world can be a beautiful place especially when it's not seen.  
 My imagination is my key, my vision comes from my dreams.



# Eamonn McGirr

by Sheila Hyer, Columbia High School



Born in Northern Ireland, Eamonn McGirr began his career not as the lively, captivating performer he is now known as, but as a mathematics professor. After interviewing Mr. McGirr it is easy to envision him amongst a classroom of young students. Not only is he articulate and engaging, but even more striking is the overwhelming sincerity and compassion he radiated throughout our conversation.

Mr. McGirr has been an active member of the disabled community for some time now. His main motivation to become an active participant has been his daughter Mareena. Mareena has cerebral palsy and Mr. McGirr has worked tirelessly to raise support for individuals living with C.P., as well as other disabilities. It comes with unfortunate irony that he, a bastion of strength for the disabled community, has recently suffered his own physical trauma. It was just over a year ago that Mr. McGirr suffered a spinal injury that has left him in a wheelchair, as well as severely limiting the movement in his hands.

During his six months in the hospital Mr. McGirr felt periods of great discouragement. He feared that his entire life would need reconstruction. There were even moments when the doctors had indicated that there was no hope that he would ever perform again. However, with the support of Mareena and his wife Mary, Mr. McGirr found hope when things seemed hopeless. After receiving a deluge of inspirational letters ranging from Governor Pataki to other individuals suffering their own personal disabilities, Mr. McGirr decided it was time to return home and begin his life again.

His stories were not sugar-coated. He stated that there were times he wanted to give up. Despite his exposure to the disabled community, Mr. McGirr stated that he did not understand the difficulties disabled people encounter until he experienced it first-hand. However, Mr. McGirr has done anything but give up. Just this past January he participated in the Center for the Disabled telethon and sang his emotionally potent song, "Scorn Not His Simplicity." Mr. McGirr also makes frequent visits to local schools where he discusses with students the art of "seeing beyond the disability."

Mr. McGirr believes that nearly all of us have our own handicap. After a moment of reflection, I realized just how true his statement was. Granted, not all disabilities are as apparent as cerebral palsy or as severe as schizophrenia, but many of us face our own personal challenges every day.

Realizing that our disabilities are more similar than different, it is necessary that we begin to see each other in a common light. This has been one of the greatest challenges in the Disabilities Awareness Movement. Just as Mr. McGirr said, "Too many of us can't see past the wheelchair." We as a society must overcome our fears and ignorance of people who have disabilities in order to make serious progress. For those of us who are ready to make a difference, Mr. McGirr suggested some ways to become involved and support those individuals living with disabilities.

Of course, the first step would be to spread the word. It is crucial to raise the level of consciousness in society that our similarities by far outweigh our differences. Second, become involved!! There is an abundance of ways to help, ranging from volunteer work at local hospitals to answering telephones at C.P. telethons. There are also many ways to help that are not so readily apparent. If you are interested in singing or playing music, you could donate a little time and perform at one of the many telethons or disability benefits. If you are not really a people person, that's alright too. There is plenty of organization and coordination necessary to put together these events, and every helping hand is appreciated.

Unfortunately, there is a larger obstacle facing individuals living with a disability than the need for community support, and that is the cost of proper rehabilitative equipment. A standard motorized wheelchair costs \$22,000, while certain orthopedic beds can reach up to \$47,000! Although no one individual can donate such large sums of money, every little bit helps. In spreading the word, we can get many small donations that together can make a real difference in the life of one individual.

Prior to our interview, I had only known Eamonn McGirr as the performer who sang tirelessly for 11 days and 20 minutes, breaking his fifth Guinness World Record - all in the name of the Center for the Disabled. However, after our interview, I had respect and admiration for a man who not only devoted himself to a cause, but has done so with a passion and fervor scarcely found. Eamonn McGirr has given himself fully to the disability movement and now, himself living with a disability, continues to work at full throttle. Mr. McGirr stands out as a pivotal and significant figure in the disability movement, and I believe he has set a precedent that will inspire and motivate generations to come.

# Pay Attention to This!

## Point/Counterpoint on Evaluating Kids With Attention Deficit Disorder

by Robert McHugh, Shaker High School and Alexis O'Brien, Bethlehem High School

**Alexis:** I know a lot of kids who have been told they have ADD - Attention Deficit Disorder. These are kids who don't pay attention, that's for sure. They're hyperactive and impulsive. You know the type. But don't you think that calling it a disability is just a cover-up?

**Robert:** I have a friend who has ADD. It's a neurological disorder. And he's not alone. They say between 3-5% of the school population have ADD. That's somewhere between 1.4 and 2.4 million kids. That's a big cover-up!

**Alexis:** But the symptoms describe just about everybody I know. There's no way to diagnose someone with ADD who has symptoms everyone else has. I think it's a way of covering up a problem that teachers and parents don't know how to deal with - kids out of control!

**Robert:** But what about all of the scientific proof? My friend says that ADD is a disorder of the brain that may be inherited or it may be due to an imbalance of something called neurotransmitters (those are chemicals used by the brain to control behavior). We had this stuff in science, remember? I don't think it could be made up. Besides my friend went through a long evaluation before he was diagnosed. If it was just a cover-up because his parents couldn't handle his behavior, don't you think the people who evaluated him would have figured that out?

**Alexis:** But there is no test that can be administered to say clearly that a student has ADD. It's just too subjective. And as for the explanation that neurotransmitters may be out of balance, some scientists think this is questionable. Take a look at the article "An Epidemic of ADD or a Matter of Overdiagnosis?" and you may change your mind.

**Robert:** What about the many tests that my friend had that ruled out other causes of behavior and pointed straight to ADD? He had intelligence, achievement and neuropsychological testing. Several experts were consulted prior to diagnosis. It wasn't just one person guessing! A team of professionals in education, medicine, and psychology pooled their findings and decided it was ADD.

**Alexis:** I still believe that many students are misdiagnosed with ADD. They may have some learning problems but they don't need a new fancy name for their disability. Maybe they just have trouble seeing, hearing, or processing information.

**Robert:** I think you are right about kids with ADD having learning disabilities. I think a lot of them do. But as for the ADD, I think too many people are involved making the diagnosis to mess up. Even their parents are included.

**Alexis:** So many kids are diagnosed with ADD and there isn't anything that can be done to prevent it. No medicines or treatments exist to cure it. So why bother giving it a special name and labeling these kids disabled?

**Robert:** I'll agree that there's no cure for it. But there are ways to deal with the symptoms. If kids are placed in a more structured setting, their behavior may improve. And sometimes medication does help. There are other things my friend says help him - like using specific commands and warnings and consequences when communicating with him. Also, his teacher planned a more active way of learning for him instead of always making him sit still in class. I'm glad he told me about these things because it helped me understand what he was going through.

**Alexis:** Maybe you should read Thomas Armstrong's *The Myth of the ADD Child*. He says that ADD is a diagnosis aimed at forcing children to conform to behave according to society's expectations. In fact, some studies have pointed out that teachers are usually very restrictive with students and force them to sit still. When they don't pay attention, they want those kids labeled ADD so they can get more help - like aides or extra teaching staff.

**Robert:** What's wrong with that? Maybe these kids and their teachers need more help. My point is that they can't do it alone. I'm not worried at all about over-diagnosis. It doesn't matter what we call these behaviors. It only matters that the kids get the help they need. Articles and books can help us learn more about ADD but knowing someone with the disability and seeing what works for him has taught me a lot.



# Play - the universal language of children

by Rebecca Lozman, Holy Names Academy

Sunday morning, the day had begun with a quick peek at the newspapers. A toy add caught my eye...a brightly colored catalog advertising Toys 'R' Us. This catalog looked just like previous ads by this toy store but the title was "Toy Guide for Differently Abled KIDS." The cover depicted two happy young girls in brightly colored shirts playing with Barbie. This Barbie, however, was seated in a hot pink and purple wheelchair. The possibility that the whole catalog might be toys designated for people with disabilities was very intriguing.

Browsing further through the catalog I realized that the toys presented were all very familiar to me -- Chutes and Ladders, Candyland, and Perfection -- but the descriptions were different. Using an icon system, each toy is identified by the skills required to enjoy the toy. The skills identified include auditory, language, visual, tactile, gross motor, fine motor, social skills, self-esteem, creativity, and thinking. Most toys in the catalog required at least three out of the ten skills. The toys represented a wide range of age groups and selection of toys. Games, construction toys, and large play centers are pictured.

Along with the icon identification system, Beth Boosalis Davis, Executive Director of the National Leko-tek Center, provides the following guidelines when looking for a toy for a child with a disability:

- ◆ Start at a basic level and build from there to help insure success and lessen frustration.
- ◆ Expand on your child's own interests while assessing his or likes and dislikes.
- ◆ Look at the size of the toy to see if it will work well with a child in a variety of positions such as a wheelchair, on the floor, while standing or lying on the side.
- ◆ Take into account siblings' and other playmates' interests and skill levels.
- ◆ Always focus on the child's abilities.

Michael Goldstein, the CEO and Vice Chairman of Toys 'R' Us, in the introduction to his advertising segment states:

"...Toys 'R' Us was one of the first retailers to realize the importance of using differently abled kids in our everyday advertising, benefiting our kids and parents while helping the general public develop a stronger disability awareness." Mary Hogarth, a representative from the Toys 'R' Us main office told me in a telephone interview that the response to this program has been "phenomenal." The toys have been marketed by use of advertising fliers and the use of the "mailing list from the National Parent Network for Disabilities." She said that "Since the start of the first guide in 1993, the toy industry has become more aware of the need for recognition of this area." She cited the development of Mattel's "Share a Smile with Becky in a Wheelchair" as an example. This toy creates a wonderful opportunity for children to ask questions and learn about people with disabilities. Each toy represented in the catalog is tested with a broad range of differently abled kids to provide both a safe toy and accurate skill building information on the packaging. The Toy Guide is available in all Toys 'R' Us stores nationwide. Toys 'R' Us plans to continue development of this program.

Albany Toys 'R' Us manager, Jim Davis, said the program has been very favorable locally. "The guide is very helpful to parents. They appreciate it very much."

## The Hole

by Lauren Nevins, Harmony Heights High School

Looking in the mirror at the fat that suffocates my soul; I feel nauseous.

Tears stream down my face and I can't stop the continuous flow.

Control is lost, my life revolves around food.

Living for the next meal; the next binge;

I stuff my tired body in an attempt to fill the perpetual emptiness that eats away at my being.

Panic sets in when I realize even after I'm full, that the hole is still inside of me.

I seek to find somewhere to purge the thousands of calories I've consumed.

My body shakes with sobs for I know that my problem has gone too far.

I know that if I give in to my weaknesses, this disease, this monster, will eventually take my life.

I know that with each passing day I fall further into the well of despair.

I know this is not about weight or image;

it is about pain that never seems to end.

Deep down I believe that there must be a better way to fill the void in my heart; to rid myself of the wasteland inside of me.

Every night I pray that I will break free of this and learn to love myself again.