

# Disabilities Awareness

A newsletter prepared by and for students

www.cqcapd.state.ny.us/awareness

2005, Volume 9

## The Forgotten Bloc

By Bridget Ford

Bethlehem Central School, Delmar

We are the children of the age of advertisement. We are merely a demographic to be bought and churned out for a profit. It is with this spirit that I turn my attention to voting. Politics, as it stands now, is a grand advertisement. Politicians divide the public into different voting blocs based on race, creed, and age in an attempt to maximize their support. Politicians focus and tailor their platforms to particular groups. It would appear as if no stone has been left unturned and every niche exploited in order to broaden a politician's appeal. However, there is one group of thirty-three million voters conspicuously left out of this process.

Individuals with disabilities have an enormous stake in politics as they are considerably affected by public policies. Strangely though, one would not draw such a conclusion if one were to examine

voting data. Not only are individuals with disabilities less likely to register to vote compared to others, but even less likely to actually vote. This begs the question: Why



don't individuals with disabilities vote in more significant numbers? The answer becomes clear after studying polling conditions. Accessibility is the issue.

Despite extensive legislation created to protect and ensure equal rights for individuals with disabilities, voting remains difficult. For individuals with physical disabilities, the location of the polling place and its dimensions may not accommodate them. For those with mental disabilities, their ability to vote may be questioned and they may be unfairly discouraged from the process. These problems often stem from the lack of preparedness or enforcement of legislation by those in control of arranging polling places and voting conditions. The "Help America Vote Act" (HAVA) was passed in 2002 to alleviate these and other problems involved with the voting process. A main component of this act was to make voting more accessible for individuals with disabilities. Included in [this piece](#)

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Many people don't know about a disability called "Asperger Syndrome" and its more severe form:

Autism. There are many characteristics and/or challenges that show the existence of Asperger Syndrome in a person. These frustrating signs are literal thinking, non-flexibility, poor socialization skills, talking too much or too little, and hypersensitivity. I myself have dealt with these

## You Want Some Fries With That Asperger

By Mitchell Goliber

Oneida Middle School, Schenectady

extremely frustrating symptoms, but I have learned some ways to overcome them.

Literal thinking is frequently a difficulty for people with Asperger's. There are idioms, jokes, metaphors, similes and sarcastic remarks that

people with Asperger's may misunderstand. First, I think about the words not spoken. Next, I

try to understand the speaker's body language. Finally, a language therapist can teach me the meanings of idioms. Literal thinking can be overcome with a little knowledge and perseverance.

Non-flexibility is another major

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# Beyond Our Boundaries

BY SAMANTHA PACK, *Byram Hills High School, Armonk*



**From the  
Editor's  
Desk**

"Wait, what? Where are we going this weekend?" That was my startled reaction to my current co-editor's declaration three years ago that she would be taking me to New York City to be a part of the Disabilities Awareness Newsletter. Intrigued by the prospect of exploring something I knew very little about, disabilities, I agreed to go with her.

I was anxious about joining the editorial board because I had minimal experience with anyone who had a disability. There was just one student in my school that fit under my broad, vague definition of "disabled," and that was because he used a wheelchair. Entering a conference room in the Marriot Marquis Hotel in Times Square to prepare an article on a subject I knew nothing about in a room full of people I had never met, some of whom had a disability, was a frightening prospect for my sophomore-year self.

Well, let's just say a lot's changed since then. That first meeting I attended and all of the subsequent ones taught me so much – most of which I might never have learned in a classroom. From talking to a board member named Ashley, who had dyslexia, I soon learned that the realm of disabilities extends far beyond those we can see. From working with a hearing-impaired board member who was writing an article on Usher syndrome, I saw that some people process things differently, but that a disability doesn't have to get in the way of accomplishing anything. I stopped using the word "disabled," learning that the emphasis should always be placed on the strengths of an individual, rather than the limits that a disability might present. But, perhaps most important of all, I learned just what it means to stretch yourself beyond what's comfortable and familiar, and to try something different and new that might even be a little bit scary. I had no idea what I was doing when I first started to write and edit articles for the newsletter, but I soon found out that there was so much for me to learn, so many people to talk to and so much experience to gain – and that I didn't want to miss it!

As editor this year, I helped lead the 3-day editorial meeting that I had first been introduced to in New York City three years ago. Held in February in Schenectady at The Parker Inn, the meeting was an intensive, three day workshop during which the 17 members of the board wrote their articles – from scratch. The article topics, which included dysgraphia, Prader-Willi syndrome and narcolepsy, were assigned beforehand, and binders of research were given to each member once they arrived. Everyone got a taste of the boardroom experience as they worked on their articles, and everyone made fast friends.

As the drafts of the articles came to completion, we displayed each one on a projector screen and handed out copies for every member to edit, giving the author feedback at the end in an open discussion and allowing time for revisions. At the end of the three days, I held in my hands the disk that contained every attending member's completed article, and I was extremely impressed. Few people knew everyone at the meeting, and many had never met each other, and still everyone produced a final copy, collaboratively edited, ready for final review and publishing.

That's part of what I enjoyed so much about being a part of the Disabilities Awareness newsletter – it doesn't matter if you don't know the person you're sitting next to while you type furiously on your laptop. Everyone involved shares something in common: a desire to increase advocacy and awareness about disabilities and to have fun doing it. Had I known all this when I started, perhaps I wouldn't have been so nervous.

This year has been especially rewarding for me as editor because I was able to help the younger board members as they made a similar transition to the one I made when I first started. They learned, just as I had, what it meant to extend beyond what they knew and explore something they didn't, and in so doing, learned a lot about others and themselves. Thanks to the Disabilities Awareness newsletter, everyone learned how to do those once "scary" things, like talking to someone with a disability or getting involved with something they didn't know much about. That growth is a large part of what makes the Disabilities Awareness newsletter so important and its continuation so crucial.

It is the hope that disabilities advocacy will continue to grow and thrive because of this and other developing programs. It is the job of young writers and learners like those on the editorial board of the Disabilities Awareness Newsletter to become weathered advocates, promoting awareness and tolerance and encouraging others to do the same.

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## WE NEED YOUR HELP!

We are looking for creative dedicated students in grades 8-12 who are interested in writing articles, creating artwork, taking pictures, doing layout or designing websites. To find out more information please contact us at:

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Attn: Disabilities Awareness Newsletter  
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## Connecting the Dots of Dysgraphia

BY FABIO BOTARELLI,

THE CHURCHILL SCHOOL, NEW YORK CITY

Many human beings have trouble expressing their thoughts on paper and even the great writers of our time will sometimes come face to face with that imposing wall known as "writer's block." For those who are born with the disability called dysgraphia, that wall is twice as imposing, twice as thick and may seem too tall to climb over, even with ladders of support. However, the same applies to every disability and although dysgraphia is not as common as dyslexia or autism it is, nevertheless, a challenge that can be addressed with determination, appropriate educational programming and assistive technology.

Often related to Attention Deficit Hyperactivity Disorder (ADHD), with some similar difficulties, dysgraphia is a learning disability that results in difficulty expressing thoughts in writing or drawing. Signs of dysgraphia include writing words backward, writing letters out of order or in irregular sizes. They may include unfinished letters and letter inconsistencies. A processing problem as well, dysgraphia also contributes to poor orientation to the line or page. What's made the disability incessantly challenging though is its tendency to cause writing fatigue, thus giving students a limited attention span when writing. They might not survive writing a full essay on an exam, for example. As opposed to other learning disabilities, dysgraphia is a term seldom used within public schools because of the lack of any generally recognized or measurable criteria. Students with this learning disability, according to some educational sources, may not need special education accommodations.

Of course since every state has its own criteria and guidelines that determine what a disability is, no one can really be so sure. Take for instance the story of Carol, a first grade student who struggled with dysgraphia. Overall she was a successful student except for her poor first-grade report on written language and spelling. Facing the chance of either switching Carol to a special class or school, her mother instead embarked on the Audiblox program, a system of exercises aimed at developing pre-writing skills. Once these foundational skills are in place, a student can begin to use strategies for learning how to write more clearly. After fourteen months using the Audiblox, Carol was as focused as a laser, she had the capacity to read fluently and her scores improved dramatically in spelling. By the time she received her second-grade report card her highest mark was in writing and her teacher stated that she not only wrote twice as many words a minute than last year, but she had also become a prolific writer. Not to mention that she evolved from her taciturn stage and began to interact more with her peers.

However, some students with dysgraphia aren't so fortunate and the older these students become, the harder the challenge, for in high school and college the teacher usually speaks at a much faster rate and may stop writing notes on the board. At first educators believed that these students should slow their pace in order to be more accurate, yet according to recent studies that rationale failed because by spending too much time on punctuation and

mechanics there is a danger of forgetting the thoughts and ideas necessary for a well written paper.

Depending on the severity of the disability, programs such as the National Institute of Neurological Disorders & Stroke (NINDS) continually research neurological disorders such as dysgraphia, for the sake of preventing and treating them. But the critics of science should not be so fast as to prescribe medications to all people with dysgraphia. Every learning disability has extremes and each medication has a side effect and, no matter how advanced, may destroy a person's creativity. It is advisable to seek out other methods of treating the symptoms of dysgraphia.

There are many strategies that can be implemented by both teachers and parents alike in dealing with dysgraphia. For one, there is the method known as "Power" which pieces together the perplexing puzzle of writing for those with dysgraphia. The method calls for the student to plan a paper and organize thoughts and ideas in an outline. Once the ideas are visible, the student must write a draft, edit it, revise it and finally produce a final draft. If the student is becoming fatigued in the process, the student should be encouraged to shake the hands at a fast and steady pace or rub the hands together so that the friction could create warmth. Sometimes the student can rub the hands on a carpet or other parts of the body.

Federal and State education and rehabilitation laws mandate support for students identified with learning disabilities like dysgraphia. Like any other disability, there are three ways of helping students deal with the symptoms to enhance their ability to learn. Accommodations, modifications and remediation are available. Accommodations and modifications include changing the rate, volume or complexity of the learning activity. Different tools (like pencil grips or word processors) or varying formats (an oral report instead of a written one) can also be employed. Remediation may involve occupational therapy services or basic handwriting instruction. Each school year, parents, students and school personnel must work together to design an individualized plan to meet the unique needs of each student with dysgraphia.

George S. Patton and Albert Einstein were two famous people who struggled with dysgraphia. Like most people with learning disabilities they spent their childhoods feeling different and inferior, for in their generation no one knew about disabilities. Being disabled was equivalent to being stupid. Today there are still ignorant people who stigmatize those with dysgraphia and other learning disabilities and if you happen to run into one of these people you should explain that the symptoms of dysgraphia do not include a weak will, laziness or apathy. It also has nothing to do with sloppy and careless writing. How we write is important in school and in life because it is one of our primary ways of communicating with one another. While it is worthwhile to employ methods of improving penmanship in order to communicate more effectively, people with dysgraphia can also rely on computers, word processors and other assistive technology devices to do their writing for them.

# Catching Your Breath

BY ROBBIE MCNARY, BETHLEHEM CENTRAL SCHOOL

**A**round twelve million people in America have asthma. About five thousand die from it every year. Asthma is the number one reason why children miss school and the number one reason why they are sent to the hospital. In the year 2001-2002 asthma accounted for forty-one thousand hospital visits, with fifty percent of those people being under the age of fourteen. Children are more likely to have asthma than adults, mainly because children are able to outgrow their attacks, as they get older. Around fifty percent of the children who develop asthma between the ages of two and ten will outgrow the attacks, but will not be totally rid of the disease. Sometimes it can reoccur in their late thirties or forties, which may require serious treatment.



## Inclusion

BY SARAH NETTLETON,

MONROE BOCES # 1 CREEKSIDE

Inclusion is more than access.  
Access gives us ramps, accessible bathrooms,  
parking places near the door, Braille signs,  
TTY phones, and elevators.  
These accommodations are welcome and essential.

When do we gain access to your hearts?  
Inclusion is more than access.

Access gets us in the cafeteria,  
but doesn't give us friends to eat lunch with.  
Access gets us an accessible bathroom,  
but it doesn't give us friends to fix our hair with.  
Access gets us into the building and up to the second floor,  
but it doesn't give us friends to walk down the hall with.  
Access gets special education students a classroom in the  
public school,  
but it doesn't give us a feeling of community.

We are all students.  
Some of us communicate in different ways.  
Some of us see differently.  
Some of us behave in ways we can't control.  
Some of us learn at different speeds.  
Some of us need wheelchairs.  
Some of us walk differently.  
Some of us hear less.  
Some of us are just left out.

Inclusion occurs when we are valued members of the school  
community.

Token inclusion is access.  
Real inclusion involves accepting and valuing each student.  
Simply wearing a school T-shirt is not inclusion.  
Inclusion is having friends who like you for who you are.

Access gets us in the building.  
Inclusion builds a community.

Asthma affects our lungs and the passageways to our lungs. It occurs as a response to a trigger like dust, mold, pets, exercise, or sometimes cold weather. Triggers cause the lungs to inflame and swell up. They also cause airway blocks and obstructions because the muscles tighten or have spasms. An attack can occur at any random time for no apparent reason. I used to have asthma myself, and I found it very hard to breath during an attack. I have only had minor attacks, so I wasn't rushed to the hospital, but I was in desperate need of my inhaler. Attacks can occur at anytime, but they mainly surface at night. There are a few main symptoms of asthma, which include a scratchy throat, tightening of the chest followed by excessive coughing, wheezing, and sometimes shortness of breath. (<http://www.fbhc.org/patients/betterhealth/asthma/home.html>)

The first thing you should do about asthma is talk to your doctor and find out the best way to keep your asthma under control. Then you should create a plan for preventing future attacks. An important thing to do is asthma-proof your home.

From personal experience I know that inhalers, and other devices used to help get you breathing normally save lives. I once had an asthma attack while I was sleeping. I woke up and I couldn't breathe but I managed to get to my dad's room. He rushed around trying to find my emergency inhaler. It seemed he was more scared than I was, and he could breathe. Once he found my inhaler, I took deep breaths of it and my airways began to go back to normal size. I could breathe much easier. It was still tough, but I could breathe well enough that I didn't need to go to the hospital. I never found out what triggered the attack, but it did give my dad and me a good scare. It taught me to always keep my inhaler easily accessible. Exercise also triggers my asthma so during soccer games I always needed to stop at half-time to use my inhaler.

Asthma could cause fatal damage, if it is not given the proper treatment and care. It can affect exercise, daily life, school life and even employment. But it is also a condition you can learn to live with and control. Nancy Hogshead, a winner of three Gold Medals in the Olympics, had asthma. She said she had asthma when she was in the Olympics and so did hundreds of other people in the Olympics. This shows that asthma can't stop you from achieving some challenging goals in life.

# Standing Room Only

BY CATHRYN SPERAW AND MARIA RAGUCCI,  
SCHENECTADY HIGH SCHOOL

“Get low...jump higher...move your feet...quicker guys.” Running around a court, diving for the balls, and sliding on the ground. That’s what volleyball is all about, or at least we thought it was, until one day we got a reality check. Do all people stand when they play volleyball?

Sitting Volleyball (SV) has been around since World War II. After the war there was a lot of discussion about having disabilities and still wanting to participate in physical activities. This problem arose when war veterans needed a rehabilitation process to stimulate recovery. Sports were found to speed the recovery process. After the war, SV became a popular sport.

The first sitting volleyball match was in the Netherlands in 1957. These games led to the founding of Disabled Sports/USA (DS/USA) in 1976. This was an organization that provided access to year round sports participation for children and adults with disabilities. Soon volleyball was being played throughout the world. Volleyball was featured in the Paralympics in the 2000 Sydney Games. The US men’s sitting team in those games finished in 12th place, with an amazing international playing experience. The US women’s sitting team was included in the Athens 2004 Summer Paralympics.

Volleyball is a team sport which can be played

by sitting and standing athletes. Unlike many other sports, volleyball can be played at all levels from youth to senior and in educational to pro-team atmospheres. This makes volleyball a very integrated and fun sport.

There are a few differences between SV and regular volleyball court and net measurements. A regular volleyball court is 9m x 18m, compared to a SV court which is 6m x 10m. The SV courts are smaller because in SV players don’t move their entire bodies. In regular volleyball players are always in pursuit of the ball. The nets for both types of playing are the same size, but their heights are different. The regular height of a volleyball net is approximately 4 feet taller than a SV net.

Sitting rules and regular rules vary in a few ways. To be considered a sitting volleyball team, you have to have at least three people on your roster with a disability. Two of these three people must be playing on the court at all times. The players’ positions are determined by where the buttocks are located on the court.

Volleyball has been a DS/USA program for over 20 years, making for a more integrated learning experience

for the game and players. So to answer our question, “Do all people stand when they play volleyball?” No, volleyball can be played in many different ways with many different people all over the world.



**“If I Can Do This,  
I Can Do Anything”**

A sport for everyone,  
All can play.  
Doesn’t matter who you are,  
Anyway.  
You’re equal,  
to me.  
We’re created,  
the same.

Bump, set, spike,  
get that ball.  
Play as a team,  
no matter who  
you are.

Everyone’s different  
In how they play.  
But  
Who cares?  
Because you are  
out there,  
Playing the game.

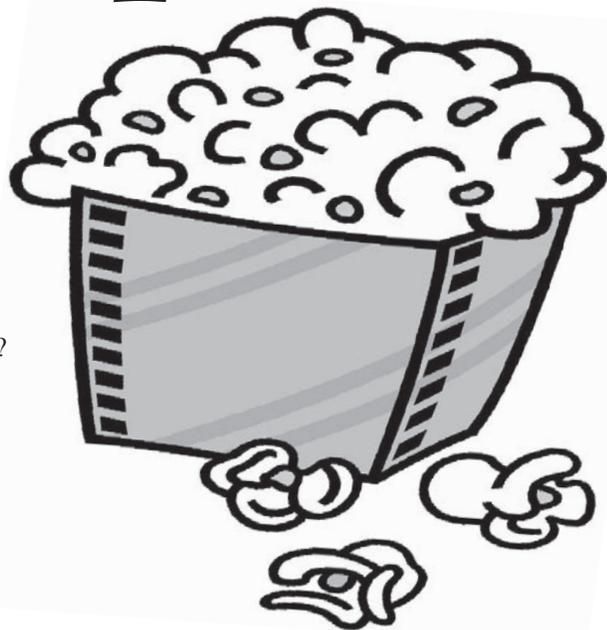
“If I can do this, I can do anything.”

# Pass the Popcorn

A PLAY BY **TARA SHEEDY**, GUILDERLAND HIGH SCHOOL

Characters: Jared: Boy with Prader-Willi Syndrome  
Schuyler: Jared's friend

*Jared and Schuyler have just sat down in the movie theater. Jared has already finished his first bag of popcorn.*



JARED: Mmmmm...that was good popcorn. Uh, Schuyler, are you going to finish that?

SCHUYLER: No, I don't think so, it's a little too salty for me. Why? Do you want it?

JARED: Yeah, thanks...I'm so hungry. Do you mind if I go out and buy some Skittles?

SCHUYLER: You mean you're going to eat more? Did you eat lunch?

JARED: Yeah, I had three slices of pizza.

SCHUYLER: Three slices of pizza! You shouldn't be hungry, but then again you are a growing boy.

JARED: Ha ha, I wish that was the reason I'm hungry all the time. I have a disability called Prader-Willi Syndrome.

SCHUYLER: Prader what???

JARED: Prader-Willi Syndrome. It's a genetic disorder. My body lacks the gene that tells me when I am hungry and when I am full. So, basically, I feel hungry all the time.

SCHUYLER: Wow, how do you deal with that?

JARED: It's very hard. There's nothing I can do about it. I've tried diet pills to make me feel less hungry, but they don't work for people like me.

SCHUYLER: Why don't they work for you?

JARED: I don't know. They just don't.

SCHUYLER: So what happens at your house? Do you always run out of food?

JARED: My mom usually locks all the cabinets and the refrigerator. The only foods that I really eat in my house are vegetables and some fruits. The doctors put me on what's called the "Stoplight" diet. It's only made up of red, green, and yellow foods.

SCHUYLER: Well that should be easy to do seeing that your mom is a nutritionist.

JARED: Actually it's not that easy. I can't ever resist any foods. Usually I have to eat in a separate room apart from my parents and my sister because it's very tempting to just eat all of their leftovers. It's very frustrating.

SCHUYLER: Incredible! When did you find out you had Prader-Willi Syndrome? Did you have it when you were born, or did you develop it over time?

JARED: I've had it since I was born. The doctors knew that something was wrong because when I was born I had a little whimper instead of a big robust wail, and I didn't have a sucking reflex.

SCHUYLER: Unbelievable!

JARED: Yeah, I was what the doctors call "floppy." My muscles weren't as strong as other babies and the doctors did genetic testing and then diagnosed me with Prader-Willi Syndrome. 

## Pass the Popcorn (Continued from previous page)

SCHUYLER: So, even when you were a baby were you hungry all the time like you are now?

JARED: No, strangely enough, when I was a baby my parents had a hard time getting me to eat. But when I was about 2 ½ years old, I began to gain a lot of weight and my parents struggled with this. Then they learned more about the problem and talked to the doctors and the doctors said that this was normal for the babies not to eat anything and then at a certain point they eat almost anything.

SCHUYLER: Uh huh.

JARED: I was obsessed with food.

SCHUYLER: How can you make it through a school day at lunchtime? Isn't it hard?

JARED: I have a person who stays with me the whole day and knows a lot about my Syndrome. She monitors what I eat and how much I eat. It's hard, but I understand now that it's for my own benefit.

SCHUYLER: I had no idea this was going on in your life. What can I say? You learn something new everyday!

JARED: Ha ha, yeah...so how about those Skittles?

SCHUYLER: Oh look the movie's starting! You don't want to miss the beginning, do you?

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# The Only One...

BY TASHAREA JOHNSON, SCHENECTADY HIGH SCHOOL

My learning disability is in reading. Most of the time I have a hard time reading when I read out loud. Sometimes I don't like to read because I think people will laugh at me if I get words wrong. I feel really comfortable when I'm in my Learning Center classes reading with my friends, because I feel that they have the same problem that I do, so why should I feel scared to read in front of them? In other classes I sometimes feel like crying. I get so frustrated because I can't read as well as I would like to. My reading disability gets in the way sometimes with my tests because I will read a question on my test and not understand what it means.

I used to have problems with all my classes until I got a helper. A helper is someone who sits in the back of my classes and takes down notes and sees if I need help. Helpers can take a student out of the classroom to read a test and explain the parts a student needs assistance with. As I started to learn, I didn't need so much help. My reading is improving as I read more books. Like most kids, I found out that if a book doesn't attract my attention, I get bored and have a hard time reading the book. But I need to stick with it to improve my reading skills.

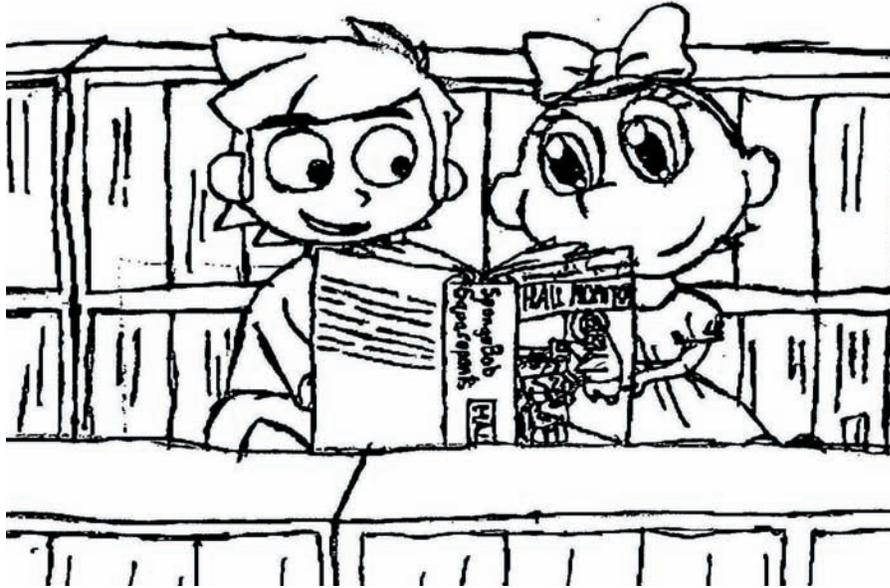
When I read, I try to read where it is quiet so I can concentrate bet-

ter. If it's loud or people are talking, I have to read the sentence over and over again. I have to work really hard to teach myself to read better.

I have bad days and good days. The good days are when the teacher for my regular classes doesn't choose me to read; or when they do ask me to read, and I don't pronounce any of the words wrong. My bad days are when I have my hand up to read and my teacher doesn't pick me, but later calls on me to read a part that is very hard for me.

I used to think I was the only one who couldn't read. You can't tell if someone can or can't read by looking at them. No one knew I

had trouble with reading until I had a class with someone I knew and she found out I couldn't read very well. Then I found out she couldn't read very well. I was relieved to find out we had something in common. Together we learned there are ways to get information other than by reading. There are books on tape, video and people who will read to us. Just because reading is difficult doesn't mean we can't learn from one another and make friends.



# The Mane Idea: Living With Trichotillomania

BY MICHELLE SCHAMBERG, ROCKLAND COMMUNITY COLLEGE

Slowly, the pieces fall away. Threadlike fibers cascade to the floor in a smooth, soundless motion and paint an auburn mosaic on the carpet below. Minutes pass before she snaps out of her reverie, and as she pulls nimble fingers away from her scalp, she realizes the possible consequences of her actions. "Oh no," she utters to no one in particular, and she gazes down to survey the hair at her feet. There, a small pile has

formed. Immediately she heads toward her bedroom to inspect the damage, and her beliefs are confirmed as she notices the inflamed bald spot on the side of her head, near the back. "What have I done?" And then, without her permission, a single shame-filled tear trickles down her face.

"Jessica, are you home?"

From her room she can hear her mom entering through the front door, and the floorboards creak as she walks into the living room. "My mom—just great." Quickly, panicked, she grabs her brother's baseball cap and positions it atop her head, hoping to cover the embarrassment that has captured her life.

"Hi mom," she exclaims with an exaggerated sense of happiness. But her smile rapidly fades as she notices her mother

standing before her holding the reddish-brown strands. Her confidence is gone; she is a shell of her former self, now humiliated by her incessant need to pull out her own hair. It is a silent desire that can't be understood by her friends or family; it is a silent pain that she alone endures.

And yet, her mother seems to be willing to help her, wanting to at least try and guide her daughter through this difficulty.

"Jessica?" No answer.

"Jessica?" her mother repeats.

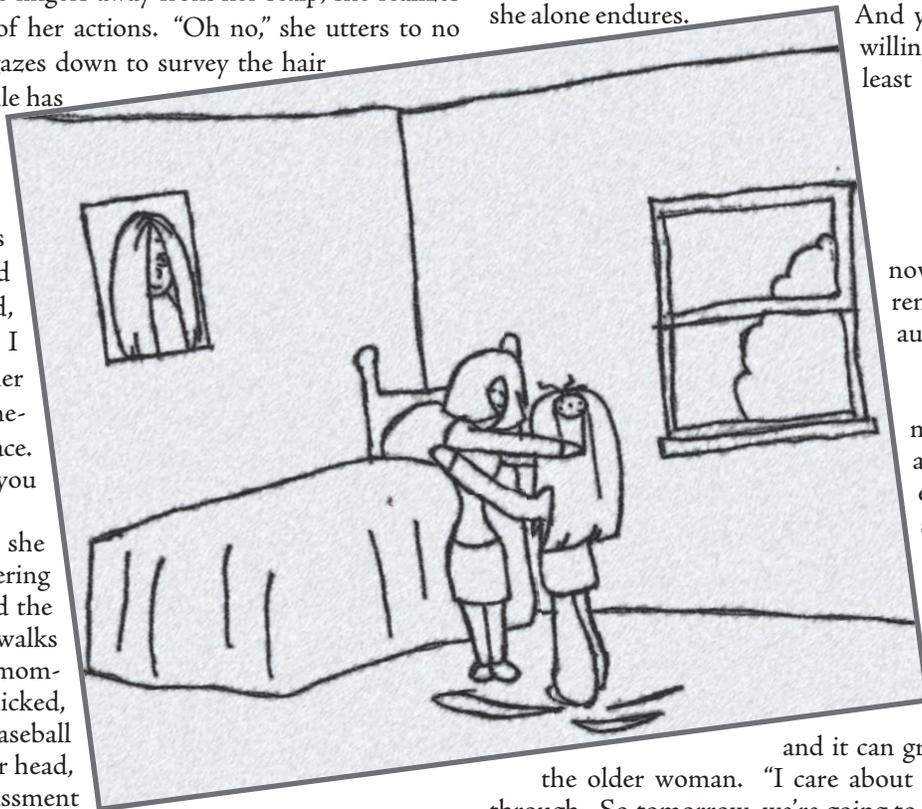
She looks up, the tears now overflowing, and cautiously removes the hat. In a barely audible whisper, she mouths "I'm sorry" to her mother.

Without a word, her mother envelops her arms around her only daughter, embracing her until the sobbing begins to subside. Bringing her fingers up to touch her daughters' face, she caresses her cheek and wipes away her tears.

"I don't care about the hair, Jessica. It's just hair,

and it can grow back," came the voice of the older woman. "I care about you, and what you're going through. So tomorrow, we're going to go see a doctor to figure this all out, alright?"

Jessica, nodding her approval, quirked her mouth up in a half smile. Maybe she would be okay, after all.



## D R I V E N

BY LAJOAN DONLEY, REDEMPTION CHRISTIAN ACADEMY, TROY

How can someone with a disability reach his or her ne plus ultra (highest point capable of achieving)? How can someone who society categorizes as not having the ability to do something, do the unimaginable? I challenge everyone to get inspired. I want to motivate and inspire you. I want you to be driven.

Bill Frueh was a Regent's scholar in high school and a village volunteer in Bethlehem, NY. He furthered his education at Siena College and managed to stay on the Dean's list. He graduated as one of the top students in his class. After Siena he went on to graduate school at the University at Albany. This was an accomplishment because the program he entered was new and only 27 students were accepted. Mr. Frueh finished school with a degree in social work. He is now retired with a wife, kids, and a nice home.

Bill Frueh was born with cataracts (a clouding of the lens of the eye or of its surrounding transparent membrane that obstructs the passage of light) in both eyes. Growing up he periodically visited the operating table. Before he reached the age of three he was already operated on several times. In addition, he was hospitalized for about three weeks at a time. Once there may have been hope for Mr. Frueh. He actually had a close encounter with his vision being restored, but he believes the doctor simply messed up. His vision only became worse. During the time he was at Siena his retinas (layers of nerve tissue covering the back two-thirds of the eyeball) detached causing an eye disorder involving separation of most layers

# How Will You Get OUT?

BY MAUREEN CRITTENDEN, RED HOOK HIGH SCHOOL

**“GET OUT! GET OUT!”** Hordes of people were running down the stairs. Confusion was filling the air, so thick you could almost smell it. Fear bolted down my stomach so quickly; it felt as though my life would be plunged out of my chest. I could hear the scurrying of people's feet, the falling of concrete, and papers rustling in the air. What am I going to do? What am I going to do...?

The answer may seem like a no-brainer. Think of what it would be like if you were a quadriplegic, had a power wheelchair, and worked on the 69<sup>th</sup> floor of the World Trade Center on September 11, 2001. What would you do?

This is what Mr. Joe Abruzzo had to go through on that life-changing day. His desk was facing north, the side the airplane hit. The building rocked back, as if it were swaying only one direction in the wind. As he got into the hallway, ten of his co-workers helped him get an EVAC+ CHAIR (a sled-like device with front wheels), from the office. They moved Abruzzo into the chair and lowered him carefully down each flight of stairs, while one man went ahead to report what was going on.

By the time they reached the bottom floor, the debris seemed impassable. There were chunks of fallen concrete and shards of glass. The ten men wormed their way, with the arduous task of carrying John Abruzzo, through the small opening out onto the sidewalk.

John Abruzzo was very lucky in the sense that he had access that to the proper equipment for this emergency. But that brings up the question, does every building have this equipment? What should someone do to prevent problems in an emergency? It is the responsibility of each individual to make sure that they are the safest they can be in any emergency situation. The chance of surviving will be increased significantly if evacuation plans and precautions are in place and regularly practiced.

Mr. Jim Colose, an EMT/firemen in the Schenectady Fire Department gave the editorial board members of this Newsletter some suggestions on preparing for emergency situations:

- Let the local fire department know about any physical disabilities that would require any extra equipment in case of an emergency. For example, they could bring a stokes basket, which is a stair chair with nylon straps. This could make evacuation much faster. The more the Department knows, the better.
- Practice an evacuation plan! Practice makes perfect, right? No one wants to be guessing in the event of an emergency.
- Make sure your warning device works. Test the electrical wires and change the batteries.
- Have signs that show firemen the easiest way to get you out. Be clear and concise. Be prepared to tell them the most important things first. (i.e. “I can manage steps independently, carry my other crutch and walk in front of me.”)
- Know where all of the equipment is. Do you know

where all of the fire extinguishers are?

The more prepared you are for any form of emergency, the better chance you will have at getting out safely. Everyone has to work to make sure there is a plan that works for them. People with physical disabilities may have limited access to available exits, so they must practice a plan that works best for them. It is the responsibility of the individual to make sure that they have a support system, whether it be people or safety devices. Everyone **must** have a plan to emerge from an emergency as safely as possible.



## Driven (continued from previous page)

of the retina. He said, “It was like a movie screen going up and you can’t see the movie.” Soon after, the retinas grew into the cataracts, and the last color he remembered seeing was red. By the time he was finishing college, he had completely lost his vision.

Bill Frueh did not allow the loss of physical sight to make him become idle. He went on to graduate with his masters from the University at Albany. Next he got a job as a career counselor, counseling others with disabilities. He often told his clients to get up and do something with their lives. This is something Mr. Frueh learned himself at seven o’clock in the morning when he commuted to work by bus. This was the experience that helped increase his faith in God. He said “every morning someone would come along and tell me the right bus to get on”. Additionally, Mr. Frueh became very active in his church, taking on the responsibilities of an Elder and a musician.

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## Forgotten Bloc

this piece of legislation were the requirements of training of polling officials to ensure fair treatment of all eligible voters, providing an accessible polling place for individuals with disabilities and at least one voting machine specifically tailored to individuals with disabilities. However, "HAVA" implementation is still in its early stages, therefore voting irregularities may still exist.

As long as such obstacles exist, individuals with disabilities will be politically limited and unable to change or influence public policy. It becomes a cycle of disenfranchisement. For as long as individuals with disabilities can not vote in larger numbers, politicians will not concern themselves with the issues facing these individuals. This will only lead to these issues being overlooked or to possibly worsen. No room for change or reform will exist, only leaving room for further problems.

people are ordering pizza, talking to cashiers and school club members. I practice talking to people I can trust. Talking is probably the only way to get people to know and understand what you want so it is important to learn how to do it.

Sensitivity is usually another major problem in Asperger's. Some people's sense of hearing is more intense. When this becomes a problem for me, I go to a different room or wear earplugs to drown out the awful noise. Some people can also try short exposure to noisy experiences and work their way up until they get used to it like I did. Asperger Syndrome can be a very complicated thing to deal with, but we can all benefit from learning more about it.

# Asperger Syndrome

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major problem for people with Asperger's. Their thinking and behavior clearly shows that they want to do things their way and their way only. In other words, they want everything to be the same. They don't realize that there is more than one way to do things. But I reward myself for trying new and different things. Flexibility is important to most people and people with Asperger's can learn to loosen up a little.

Poor socialization skills are another major problem for people with Asperger's. They hardly talk to anyone at all. They can take socialization classes like I did last year. During this process, I realized that relationships with people are necessary for jobs, home and fun. I learned that I can make my body language friendly. Socialization is another important part of life.

Talking can sometimes be a problem for people with Asperger's. Some people talk too much, while others hardly talk at all, especially on the phone. I force myself to practice by talking to other people. Some ways that I know of to practice talking to other

## "Just a Headache"

BY DARIEL NOWAK,  
GEORGE F. BAKER HS, TUXEDO PARK

The shades are drawn in my room and I don't dare turn the light on. If my younger brother opens the door and asks me how I am doing one more time, I think I will scream. His voice is even louder right now as I listen to him arguing with my mother about doing his homework. I have a cold washcloth on my forehead, but it's not doing much to quell the nausea I feel when I move my head. I feel so tired I don't think I could get up. It's only been a few hours, but it seems like days have passed since I saw my friends. Once I do go back to school, I hope no one accuses me of staying home with "just a headache."

Millions of people experience the piercing pain of migraine headaches each day. What exactly is a migraine? A migraine is a neurological condition which causes severe head pain, and may occur very frequently. Common symptoms of migraines include: throbbing pain concentrated on one side of the head, nausea, dizziness, fatigue, and extreme sensitivity to light and sound. These symptoms may linger for a few hours or as long as a few days. The National Headache Foundation estimates that 28 million Americans suffer from migraines, and with that statistic on the rise, researchers are looking into all aspects of the causes and treatments of migraines.

The exact causes of migraines are unknown and still being explored. Contrary to many scientists' beliefs, migraines are not caused by the expanding and constricting blood vessels on the brain's surface. Now, it is thought that migraines may be caused by inherited abnormalities in certain areas of the brain. Women experience migraine attacks much more frequently than men. This may be credited to the fluctuation of female hormones or the countless other triggers of migraines.

Triggers include: emotional stress, weather changes, and chemicals and preservatives found in particular foods. According to Dr. Fred Frietag, the associate director of the Diamond Headache Clinic in Chicago, "caffeine is far and away the biggest culprit of migraines". Foods that are rich in an amino acid called tyramine can also trigger migraines. Tyramine is found in ripened cheese, sour cream, sausage, bacon, alcoholic beverages (mainly beer and wine) some nuts, and soy-based foods.

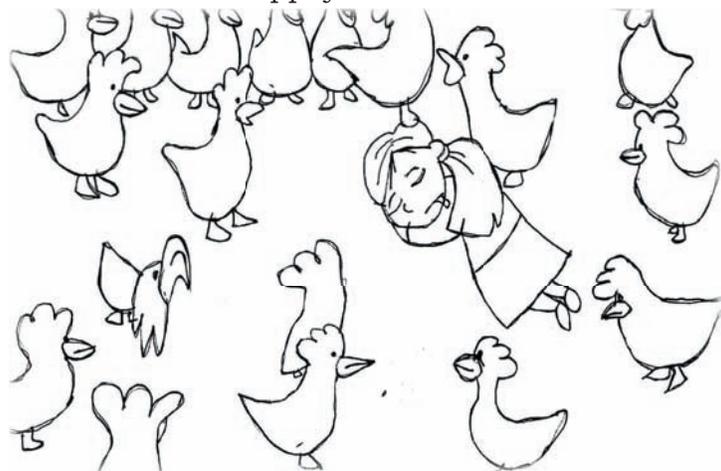
Both kids and adults suffer from migraines and they can be disabling. In the United States alone, migraine disability accounts for nearly 160 million lost workdays each year. According to the American Headache Society, 4-5% of children suffer from migraines, and these headaches can interfere with normal life, disrupting both play and school time. There is no cure for migraines, but over the counter drugs are usually recommended to offer pain relief. Biofeedback is also a treatment option and is becoming increasingly popular to treat children who are impaired by migraines.

I may go back to school tomorrow, but I know one thing, I won't be tempted to start my day with a cup of coffee. I really have to control my diet and remember not to get stressed out over the homework I will have to make up. I can take some control over the triggers that cause my migraines by paying more attention to them.

# THE ART OF CHICKEN FARMING

BY CLAIRE LITTLEFIELD, SHAKER JR. HS, NORTH COLONIE

**N**ancy Tofudoga was a chicken farmer from Kalamazoo who was very dedicated to her job. She treated each of her chickens with the same love and respect she would give her own family members; in fact, Nancy even gave each of the fowl in question the name of a family member. She didn't kill or cage the chickens. They got to live out the extent of their lives happily and without strife or abuse.



Nancy honestly loved every part of the chickens. As you can see, she was very passionate about her job.

Needless to say she would never let anything get between her and her profession, so when she started to get extremely drowsy on the job, she was very worried. Nancy had never been sleepy while she took care of the chickens because she was so excited when she worked. The sleepiness was odd, as

well. It seemed to plague her on and off all throughout the day. She would go to bed and get a good nine hours of sleep, wake up and be rested. Then, she would go out and mingle with her chickens. Strangely in a few hours she would feel tired, extremely tired. She felt as though she had not slept for days. She would then fall into the unavoidable grasp of deep sleep. Nancy would wake up from this deep, trancelike sleep within thirty minutes; emerging completely refreshed.

Stranger was the fact that she seemed to lose strength in her muscles when she had a laughing fit. Considering how often she laughed at the crazy antics of those chickens, she experienced the weakening of her muscles quite often.

After she had been experiencing these odd occurrences for about a month, she decided to investigate. Hours of research later led Nancy to

determine that she could possibly have narcolepsy. The on and off drowsiness and the loss of strength in her muscles were primary characteristics of this disability. She also learned that the name for this weakening of muscle was called a cataplectic attack. At that point, she realized that there were many other characteristics of the disability that she had not even associated with her sleep problems. Two of these characteristics were hallucinations and having an almost paralyzed state of sleep. She had recently been having hallucinations based on the fowl that she had devoted her life to. The near paralyzed state of sleep explained why she could no longer be woken up by the loving nudges of her chickens.

She soon decided that she should go to the local doctor to see if she was correct in her assumption that she had narcolepsy. After going to Dr. McTitters, a local neurologist, she was not too surprised when he told her she had narcolepsy.

She was pleased to find out that there were drugs to alleviate the symptoms of narcolepsy and that it was not fatal. Nancy also realized that as long as she understood and respected the symptoms of narcolepsy she could live a relatively normal life. She went back to her farm and sat down, happy to see one of her chickens, Auntie Sue, trudging over to see her. Nancy Tofudoga was content knowing that she had a disability and that she could live with it.

*NOTE: Nancy Tofudoga is not a real person. Her story is meant to illustrate what it could be like living with narcolepsy.*



The Newsletter Editorial Board is starstruck!! Frankie Avalon (top row center) not only stars in the traveling production of Grease but also is the National Ambassador for the National Arthritis Foundation and has hosted the Muscular Dystrophy Telethon from the New York TV Center.

# A Different World

BY RORY HARTE, GUILDERLAND HIGH SCHOOL

*The Curious Incident of the Dog in the Night-time*, by Mark Haddon is a very interesting story of a family dealing with a teenager who has a disability. The author never states that the main character, Christopher Boone, has Asperger Syndrome, but anyone who knows about this disorder will recognize the symptoms.

Christopher lives with his father in a quiet neighborhood, in Swindon, England. His father and mother are affected by the difficulties of living with a son with this disability, but their love for Christopher wins out in the end. Christopher discovers a neighbor's dead dog and the

mystery begins as he looks for clues about the identity of the murderer. His inquisitive personality and perseverance make the book a fascinating story. He starts a journal describing his investigation, but his father takes it away from him, believing that he is obsessing on the incident. While looking for his lost journal, Christopher discovers a shirt box hidden in a closet and the contents reveal some family

***"When I try...[to imagine] an apple in someone's eye, [it] doesn't have anything to do with liking someone a lot and it makes you forget what the person was talking about."***

secrets. Christopher solves the mystery of the dog's death, but the criminal he catches is one he never expected.

## On the Table

BY CASZEY SMITH, SCHENECTADY HS

What I saw was a Barbie doll.  
What my mom thought I saw, wasn't that at all.  
Told me that she only did it to relieve the stress.  
What stress mommy, do we put stress on you?  
Is it our fault, are we the reason?  
No, no, honey, not you at all.  
That which was not a Barbie doll changed my life.  
What would my friends think if they found out?  
Would I get in trouble for it?  
Isn't it illegal if you get caught? Wouldn't you get taken away?  
Would we have to live with daddy?  
I don't want to live with him.  
He isn't out yet.  
Then where would we go?  
You both aren't going anywhere.  
Nothing is going to happen. Just don't say anything.  
All I saw was a doll  
So that's what it is  
Just a doll.  
Nothing else  
Just a Barbie doll.

Asperger Syndrome is a neurobiological disorder and a high functioning form of autism. Individuals with this disorder have normal or above normal intelligence and language development, but have some social difficulties. In the United States, 1 in every 200 to 250 people are diagnosed with Asperger Syndrome. Cases range from mild to severe. For example, Christopher has a moderate to severe case of the disorder. In Christopher's case, he is very smart, but his interactions with people often result in him being violent and hurting them without meaning to do so. He doesn't like being touched (sensory integration issues) and is mysteriously disgusted by the colors yellow and brown. He often covers his ears or closes his eyes. This is due to his overly sensitive sense of smell, taste, sound, and sight. Although their actions may seem so, people with Asperger Syndrome are not intentionally being rude. A person with this syndrome experiences the world in a very different way and *The Curious Incident of the Dog in the Night-time* by Mark Haddon gives us some insight into that world. The characters are engaging and the mystery kept me interested.

# "USE WHAT YOU'VE GOT!"

- BY FABIO BOTARELLI

When Barbara Corcoran outlined, "*Use What You've Got*," as the premier title of her autobiography, she was already teaching her audience a lesson for people with disabilities. Different from other autobiographies, Corcoran's was not a list of bragging points, beginning with childhood and leading to success in adulthood. Instead it was a book of lessons her mother taught her. These lessons, the titles of each chapter, included, "There's always room for one more," and "Jumping out the window will make you either an ass or a hero." From these lessons alone Barbara evolved from a poor daughter of an immigrant family with severe disabilities to the founder and owner of the Corcoran Group, the most prestigious and powerful real estate company in New York.

Barbara Corcoran was one of ten children sharing one floor in an impoverished three-family house in New Jersey. Material goods and affluence were out of the question for her and the difficulties in her life only increased because she was diagnosed with multiple learning disabilities in a school system whose teachers were the obedient servants of a cruel despot named "normal." Beginning in elementary school, Barbara suffered from her dyslexia especially, for she had trouble with writing and reading. As she once recalled, she was placed in a special reading class with Sister Stella Marie. In this class she sat next to two people, with one of the students labeled as "retarded." Soon Barbara realized that she was being labeled as retarded herself. Sometimes she would come home crying and her mother, who also had the responsibility of nine other children, was the only one in her life who said that she was special. In such cases her mother would tell her, "Never be ashamed of who you are." Eventually, Barbara graduated Holy Rosary School in Edgewater, New Jersey as a "D" student. Her results in middle school were similar. When she was admitted to St. Cecilia's Catholic High School, she flunked algebra, history and Latin and was moved to the public high school. Seeking popularity as an alternative self-esteem booster, she tried out for the cheerleading squad. Barbara came to tryouts, unprepared, dancing out letters backwards and forgetting to say, "What does it spell?" When she told her mother the news behind clenched teeth, her mother simply shrugged, "If you want to be a cheerleader, you better know the cheers."

By the end of high school she had the same disappointing "D" average, flunked college and was fired from 22 other jobs before becoming a waitress. As a waitress, she began dating a flashy real estate hotshot named Ramone, who was fifteen years older than her and she borrowed \$1000 from him to start a small real estate office. Just when her business was booming, she found out that her boyfriend Ramone was untrustworthy and Barbara gave up. As part of this breaking up, the company she had started was divided between them. But Barbara did not flinch when Ramone got the bigger share because her mother once told her, "Offer the bigger piece, and yours will taste better". Left with only her mother's lessons from her childhood, Barbara slowly built up her real-estate business on her own and survived the ups and downs. At one point she used her mother's lessons, "You've got to bully a bully," in order to win a decisive court case against Donald Trump. Now with all her competitors behind her, today she is the undisputed queen of New York real estate.

"*Use What You've Got*," is a timeless classic that can leave you laughing or crying as Barbara Corcoran takes her readers through her many failures and decisive successes. An easy read, Corcoran's book can be understood by people of all ages. The one theme of the book that clearly stands out above the rest, though, is Barbara's constant struggle with her learning disabilities. While the whole world told her what she couldn't do, her mother kept telling her what she could do. So was her disability a handicap? The answer is no. In fact, her disability toughened her up to become successful. Most importantly, "*Use What You've Got*," is a perfect guide to parents whose children have learning disabilities because according to one of her mother's quotes, "Moms can't quit."

## Sonnet

BY ANANYAA PRAKASH

*What shall I say about my tragic loss?  
A teenager, with wings on my feet and  
Bounce in my step, hop, skip, jumping across,  
Could not now get up by myself and stand.  
This unwelcome intruder in my brain,  
Robbed me of everything that I had gained.  
Ruthlessly stole my dance, causing me pain,  
All my willful actions were now constrained.*

*Time passes, I come to a realization,  
Changes are happening all around me.  
I have pondered in my meditation  
To accept the new me, and then be free.  
As I look back at how I was before  
Distress is not part of me anymore.*

*Ananyaa writes: "I am 18, a senior in high school. I have medulloblastoma but have been in remission for two years."*

*\*\*Reprinted by kind permission from The Kidz Korner, Winter 2004, the newsletter of the Children's Brain Tumor Foundation\*\**

# Starting All Over Again

BY TZILA SEEWALD, SHULAMITH HIGH SCHOOL



I was born with deafness but with the help of cochlear implants I now have partial hearing. Although it has been a long journey, I've accepted this, and lead a normal life – or I did until I found out I have Usher syndrome. Usher syndrome is when you are born deaf and slowly develop progressive loss of vision. When the doctor first uttered those two words “Usher syndrome” my first reaction was one full of tears. I had finally become comfortable with myself and my deafness and now I would have to learn to deal with blindness on top of that. It felt like I was starting all over again. Thoughts raced through my mind. Would I lead a normal

life again? How would I do all the things that I love? Would this affect my future aspirations? After I came home with the horrible news, my mother and I had a long talk and through her wisdom, I realized I could still go to college and get a job like everybody else. Once I was able to calm down and think about things, I started to have a positive attitude about my “new” life. I can handle this or any other new challenge. Bring it on!

One thing that has helped me accept that I have Usher syndrome is learning more about it. I would like to share with you some of the information I have learned.

## What is Usher syndrome?

Usher syndrome is an inherited condition that causes serious hearing loss that is present at birth (like me) or shortly there after and progressive blindness which is a form of retinitis pigmentosa (RP). RP can cause night-blindness and loss of peripheral (side) vision.

There are three types of Usher syndrome-type I, type II and type III. I have type I, which is when a person is nearly or completely deaf and from a young age experiences problems with balance. Because of this, I have to go to physical therapy to help me with my balance. People with type I Usher syndrome usually begin to exhibit signs of RP in early adolescence. In my case, the eye doctor didn't find out until last year, when I was 17, that I had RP. People who have type II and III Usher Syndrome have the same characteristics as type I, but they are less severe (type III is the least severe form). Type I and II

are the most common, together accounting for about 90-95% of all cases of Usher syndrome.

## How is Usher syndrome inherited?

A person affected with Usher syndrome receives one abnormal gene from each of his or her parents. A person who inherits a gene from only one parent will be a carrier, but will not develop the disease. Currently it is not possible to test everyone for carrier status, but this may change in the years ahead.

## Is genetic testing for Usher syndrome available?

At this time, genetic testing for Usher syndrome is done only as part of research projects. This is due in part to the fact that Usher syndrome is not caused by only one gene. So far, 10 Usher genes have been mapped and there are still more genes to find. Further study is required to characterize these genes and determine how the mutated genes cause Usher syndrome.

## New treatments for Retinitis Pigmentosa (RP)

Currently there is no cure for Usher syndrome, however, one up and coming treatment designed to improve a persons sight with RP is a transplant of a sheet of retinal cells. So far, only several patients with advanced RP have had transplants, but they all have shown very positive results. There is a catch, of course. The sheets of retinal cells used are harvested from aborted fetuses, which some people find objectionable. Another method to form new cells that have stopped working in the retina is by using stem cells. Stem cells come from days-old embryos or umbilical cord blood and have the potential to develop into any type of cell found in the human body.

Another more common and less controversial treatment for RP is vitamin A. Studies have shown that patients treated with vitamin A have a slower decline in retinal function and vision loss compared to patients who do not take vitamin A. Other studies have found that patients with RP tend to have lower blood levels of DHA, an omega-3 fatty acid found in the retinal cells. Patients now take DHA to help their vision. DHA is found in fish oil. I take vitamin A and DHA capsules everyday, because I want to see for the rest of my life.

One thing that my experiences have shown me is not to take anything for granted. Live each day to the fullest, and always think positively. “Bring it on!”

# Scoliosis, Why me?

BY AMANDA WHITE, GRANVILLE HIGH SCHOOL

**A**bnormal curvature of the spine is the definition which is most commonly used for describing scoliosis. Why is it so abnormal when just about six million people in the United States have scoliosis? So why me? I was 13 years old and led a normal life, attended 7<sup>th</sup> grade in a large school and had lots of friends - or so I thought.

When the doctor first told me I had scoliosis, I had no idea what he was talking about. There were so many questions running through my mind that I didn't know where to begin asking them or whether or not I

should be asking them. Maybe I was better off not knowing. In

the end I decided that I had the right to know exactly what was going on. The first thing I asked him was, "How did I get scoliosis?" The answer he gave me didn't make me feel much better but instead raised a million more questions. He told me that I had what's called Idiopathic Scoliosis, meaning that the cause for it was unknown. I was thinking, "I'm only 13-why is this happening to me?" I was confused and scared all at the same time, but I needed to learn the facts about scoliosis, so I asked the doctor how to fix it. He said that we would discuss that when I came back to see him in four months.

I'm not very patient, so when I got home I went on the Internet and did some research of my own. I started to get worried when everything I read pointed to surgery. I found some relief after reading that back bracing and observation were sometimes used. The next four

months were the slowest months that I had ever endured. I went back to the doctors and had an x-ray done after which, my doctor sat down with me and said that my scoliosis had gotten worse. We started to discuss the options that I had and we came to the agreement that bracing seemed like the best choice; but if in a short period of time it became worse, I would require surgery. I saw the brace that I would be wearing for the next five months and I hated it. It was big and bulky and immediately I started to panic. What were my friends going to think? What would other people say about me? What would I wear

to cover it up?

I went to school with the big, ugly brace. My friends thought that I was weird for wearing the strange fitting clothing. I told them about the brace and my scoliosis and they claimed they were okay with it. But over the next few weeks, they talked to me less and less until they were ignoring me all together. I wasn't really sure what to think about their reaction. It was the first time that I had

**"Somewhere in this world there is someone doing more with less."  
-Elder John Massey, JR.**

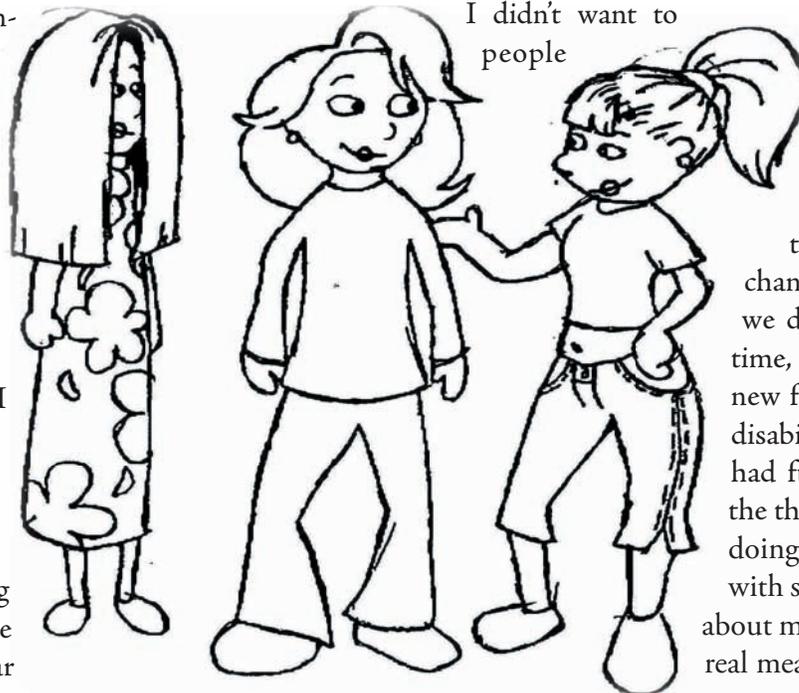
seen these people, whom I thought were my friends, act like this to anyone, especially me. I went

back to the doctors after the five months and he said that again it had gotten worse. So then the idea of surgery was more than an idea. It had become a reality. I was scared and didn't know what to think. Talking with my doctor and my parents helped to ease my mind about what was going on. Then, after researching some things on the Internet of what other people who had scoliosis went through with the surgery, and who now lead full and happy lives I realized that I needed to go through with it. The only thing I remember about the day of my operation was that I went into a very bright room. Then I was awake in a bed and my back was sore. That was it, surgery was over.

I had to stay out of school for a month to recover. When I did go back, my friends slowly started talking to me little by little. The more I thought about it, the more I didn't want to have friends like them if they were willing to throw away a friendship because of a disability. I decided that

I didn't want to be friends with shallow people

who don't see the good person that is inside but only see a person's outside appearance. I talked to them about it, but as time passed and they didn't change how they treated people, we drifted apart. At the same time, I was beginning to make new friends, some of whom had disabilities. My new friends I had fun hanging out and doing the things that everyone else was doing. Through my experience with scoliosis I have learned a lot about myself, my disability and the real meaning of friendship.



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# Throwing Out A Rope

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BY BUDDY RIDDELL, NEW PALTZ HIGH SCHOOL

We didn't love our mother anymore; we had no reason to. She didn't talk to us, didn't help us out in life. Really, she didn't do anything. She was just something in our living room. We went about our lives, and she went about the sorry excuse for hers.

My family was one of those that the neighbors talked about behind closed windows. They probably talked about how poor a job our mother was doing raising us girls. But this was not true; our mother was not raising us at all. We were raising each other.

With my father dead and my mother as good as, I found myself involuntarily favoring TV dinners and microwave pizza. After eating from a microwave for a while, everything tastes the same. The same temperature of the cheese, the same rubbery taste of the crust, the same longing for something that tastes real. Easy Mac, Red Baron Pizza, Hot Pockets, hot chocolate, Coca-Cola; these were what my sister and I survived on.

Our mother's diet was identical to ours, but I don't think she noticed. In her state it probably wouldn't matter if she were eating dirt, it was all the same to her. Once in a while, our mother would rise from her eternal couch and get in the car. Though at the time she got in the car, she shouldn't have been driving. She would swerve down the road to our convenience store, I think it was Mobil, and purchase some beverages. It was these very beverages that paved the path of my mother's life. Usually, the beverages outmatched the amount of food at the time, and sometimes there was no food at all. But we survived.

The living room was always dim when we returned from school, the glow of the television faintly illuminating my mother's face. I know that sounds cliché, but that was exactly how it was. She always had a beverage in her hand, even when she was asleep, or too inebriated to communicate. So we'd dismally acknowledge the sordid excuse of a mother we had and go into our rooms where we could tune out our lives with pseudo-happiness. Music always helped, as it usually does for all walks of life. The melodious voices of The Beach Boys, The Beatles, The Animals, The Cranberries, and David Bowie provided small doorways to a happier reality. But when a CD was over, we were back in our room, back in our life, back in our somewhat placid hell.

You know those poor families that win the lottery? Mine was one of them.

The money should have changed things, but it didn't. 20,000 dollars; gone in three years. Two things changed: as long as we cooked, we didn't have to eat pre-cooked, microwave meals, and our mom replaced the canned beverages with more heavy duty ones, bottles. She bought a big case, and didn't leave the house for two months.

I never believed in God, to me church was a waste of time. But one day on the walk home from school I passed a church sign that read as follows, "It's never too late to free your self from the throes of Alcoholism! Come join our daily meetings 7 PM".

It wasn't really a sign from the heavens, but it was probably the closest I was going to get to one, so I took it.

If that night had been a couple of years ago, I would've had to make an excuse to leave at 6:30 with my sister. I would tell my mom we were going to the movies or something, but not anymore. My mom didn't notice when we came into the house or left the house. We truly were invisible to her.

So that night we set out for the church where, I hoped, our answer would lie.

There were no other kids there, so we were a bit uncomfortable, but we needed to talk to someone. I realized this was a place for people with the same problem as my mother, but they had taken steps to remedy their problems, while my mother sat at home and let her problems literally eat away at her. We listened closely to the other people's stories of hardship and gave the proper responses at certain points. When it came my turn to talk, I did so nonstop for ten minutes and by the end tears were streaming down my cheeks. These people I did not know embraced me, and we were silent for minutes. The energy in the room was amazing.

When I left that room I no longer felt hopeless, no longer felt sad. I was determined. I was going to save my mother from herself.

When I got home the first thing I did was go into the living room and give my mother a big hug, and I told her this, "Mom, I love you and I'm not going to let you destroy yourself any further than you already have." She didn't acknowledge what I had said but I'm pretty sure she heard me. "You have been a horrible mother; not even a mother at all. You have not been there for us a single time we needed you. But now, we're going to be here for you."

I left the room and went into the garage. There was an old golf club that lay dormant on the wall, it was rusty, but would do the job just fine. I grabbed it and went back into the living room.

The most recent case of bottles was right next to the couch, so my mother would not have to get up to satisfy her addiction. I walked over there completely aware of what I was about to do. I raised the club and my mother cried out. Thinking back I believe she thought I was going to kill her. In one swift motion the golf club came down on the case of bottles, and all of her poison flooded the living room floor. She stood there watching me, too drunk to do anything about it. All my frustration was pouring out of me as I pounded that golf club into the remnants of the case again and again. Then I left the room. Sometimes actions speak a lot louder than words. If I could help it, my mother would never drink again.

Three months later my mom is still sober. My sister and I are staying at our aunt's house. Our mom is still in Inpatient, but we can visit her now. I think she really wants to be clean. She was just so far down that she couldn't pull herself back up. She needed assistance, and I finally threw her a rope.

*NOTE: This is a fictional essay. Buddy hopes to raise awareness of alcoholism.*