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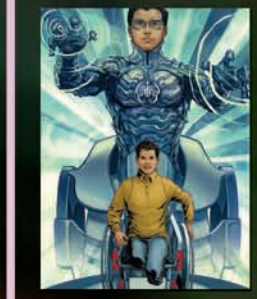

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HUMOR THERAPY

jockey

part 2 of a 2 part horse tale

*In **Part 1** of our story, Felipe yearned to be a great jockey. But Shiny Avocado, the lazy horse Felipe's father gave him, refused to budge—until it thought a bumblebee was on its tail. That's when the horse reared up and took Felipe on a wild ride that ended with the budding jockey face down in a creek.*

Felipe awoke on a beach under a leaking sewer pipe. The liquid stench flowing down his face brought him out of his coma. As his horse, Shiny Avocado, came into view, Felipe reflected on how he and the beast had never gotten along.

As fights escalated between them, the horse and his jockey both played the blame game. Felipe was fed up with the horse's carefree lifestyle of drinking and staying up 'til the wee hours, while Shiny Avocado was tired of listening to his master's whiny tirades about conquering the world. No longer able to work together, they sought marriage counseling.

"He lays around all day and does nothing!" the jockey screamed to the female counselor. "I think he smokes crack."

The horse threw his head back and released a neigh.

"You see that? He's laughing at me," Felipe complained.

"Maybe he's laughing with you," the counselor said.

"Yeah? Well, I wasn't laughing," the jockey said, leaning over the desk, baring his teeth.

"Don't be getting all up in my face, little man," the counselor snapped. "What you two need is a bonding activity. Something to bring you fools together."

Felipe listened for a while, and then ended the session by flipping the bird at the counselor and storming out the office.

The session represented a step forward for the pair. Deep down, they knew they could only succeed as a team. Alone, one would only be a lazy farm animal, and the other a circus freak without a circus.

Money was tight. They were living in a truck, and snacking out of a Walmart dumpster. If only they could win a race, or even finish one.

The two later found themselves in a watering hole called the Post Time Bar and Grill. As they blew the little money they had on cocktails, they overheard a drunken jockey brag about his horse.

"I'm telling you, he's the bestest there is," the man said. "He can beat the pants off any horse."

Felipe noticed Shiny Avocado snicker to himself. "What's so funny?" Felipe asked.

The horse obviously couldn't talk, because, well, he was a horse, so Shiny Avocado jotted his thoughts down on a napkin. "His horse is a drug addict," Felipe read from the paper.

An idea struck Felipe. "Do you know much about the horses you race against?" he asked Shiny Avocado. The horse winked, and Felipe smiled.

The two got up bright and early the next afternoon and headed over to the track. Shiny began schmoozing the other racehorses. It wasn't long before he got the dirt: Three of the thoroughbreds had been up all night playing poker, two were hung over, one was going through a divorce, and yet another had diarrhea.

Only one horse, named Hoof Licker, was fit to race. Felipe bet on him and, sure enough, Hoof Licker came in first. Felipe and Shiny Avocado worked this scam at tracks around the country, amassing huge sums of money. Life became one big party.

They bought a mansion with a stable and acquired some thoroughbreds. Deep down, the jockey still wanted to win a big race—or any race, for that matter. He knew he couldn't win with the slothful Shiny Avocado. So Felipe began to spend more time with his new horses, especially with an Arabian stallion named Smooth Hussie.

Shiny Avocado simmered with jealousy. Everywhere he turned, he saw Felipe and the home-wrecking horse galloping and giggling. Shiny could handle a hangover, but watching this new relationship made him sick to his sagging stomach.

When Shiny heard Felipe and Smooth Hussie had entered a race together, he flew into a rage. He circled his stall, kicked his legs and chewed his saddle. Felipe was his friend and drinking partner. This wasn't fair. Why should Shiny Avocado be left to wallow in a pasture of manure while this other horse lived high on the hog, off money that Shiny Avocado earned?

Shiny Avocado wasn't going to stand for this. Felipe and Smooth Hussie weren't going to make a horse's ass out of him.

The night before of the race, Shiny Avocado polished off a trough of grain alcohol, and weighing his options.

Felipe couldn't believe his eyes when he entered the stable the next morning. Smooth Hussie was gone. Shiny was slumped in the corner, a cigar dangling from his mouth. The horse had a devious look on his face as he attempted to blow smoke rings. It was then that Felipe realized what had happened. He rushed over to the four-legged lush.

"Where the hell is Smooth Hussie?" Felipe shouted.

The horse pointed his snout towards the door.

Felipe slapped the cigar out of the animal's mouth. Shiny Avocado just smirked. Felipe flew into a tantrum, kicking walls and throwing hay.

"All right," Felipe snapped. "Put your shoes on, fat boy. You're racing today." But the horse was in no condition to stand, let alone run.

"You wanna take a ride to the glue factory?" Felipe threatened.

At that, Shiny Avocado leapt to his feet. Felipe did his best to sober up the beast, but it was no use. The jockey knew his only option was performance-enhancing drugs. They were illegal, but so was prostitution, and that had never stopped Felipe.

At the track, the horses were being put into the gates. Shiny Avocado circled about, hyper from amphetamines. Seated in his saddle, Felipe discreetly pulled out a whiskey flask and gave the animal a few nips to calm him. Eventually, trainers managed to lock Shiny in the gate.

A shot rang out. The horses were off. But as he approached the first turn, Shiny did not follow the track. Instead he continued on, leaping the fence and darting through the parking lot.

"What the hell are you doing?" Felipe yelled, holding on for dear life. The wired horse tore through town, into a mall, knocking over kiosks. He paused briefly to grab a pair of

sunglasses with his teeth, then ran up the escalator, bumping into old people and knocking over teenage punks.

The relentless journey lasted four days and covered three states. Somewhere around Bucksville, NC, Shiny Avocado ran out of gas and collapsed at Skeeters Fishing & Tackle One Stop Slop Shop. A swarm of hillbilly cops ran out and bum-rushed the fugitives.

After using taser guns on the horse, the police pulled out their batons and beat Felipe as he screamed "No mas!" A beer-belly, red-necked officer just replied, "We speak English down here, boy."

The horse was handcuffed and stuffed into the back of a squad car, his back hooves sticking out the window. He soon fell asleep. Beaten and bruised, Felipe was transported to a nearby hospital.

To pay for his medical bills, Felipe had no choice but to sell Shiny Avocado. After that he gave up on horse racing and retired to his mansion. A trainer bought the horse and later sold him to a circus owner, Captain Quinby. Quinby prepared Shiny to work as a dancer and paired him with a husky brown bear that went by the stage name of Blackie. At first, the duo stepped on each other's feet and bickered, but they were committed to perfecting their craft.

Blackie and Shiny Avocado spent day after day rehearsing, and their night after night watching *Dancing With The Stars*. Soon the two began to mesh. Tripping turned to prancing. Choking to dipping. They were floating on air. Quinby knew a horse and a bear cutting the rug would be a draw.

On opening night in Cedar Falls, IA, the horse and bear sat in their backstage trailer. Blackie was completely unaware that Shiny Avocado was head over hooves in love with her.

Approaching Blackie, Shiny Avocado got down on all fours, released a soft neigh, and held out a diamond-studded horseshoe.

Suddenly, Captain Quinby rushed in, wrapped his arm around Blackie, and gave her a big kiss and bear hug. Shiny's mouth dropped open. That explained the late night belly rubs, the basket of salmon on her dresser, and the nibble marks on the captain's neck. The horse stormed out in a rage.

Like a man of war, the crazed steed fired kicks into the cool night air. He heard the audience laugh under the circus canopy. That's when the pained horse noticed a light was on in Quinby's tent. In no time, the beast bucked past the door, ravaged the ringmaster's domicile, and headed straight for the liquor cabinet. He drank Captain Quinby's Captain Morgan, and then found comfort in his Southern Comfort.

Meanwhile, Captain Quinby made his way under the big tent. He held out his arms, taking in the applause en route to center ring. "Ladies and gentlemen!" the windbag bellowed. "You've seen Ginger and Fred. But you've never seen a horse and a bear waltz together!"

The crowd gasped as the lights went down. A spotlight followed Blackie as she twirled in a red tutu to the strains of Brahms. She reached the part at which Shiny Avocado was supposed to prance in from behind a curtain with a gigantic, black bowtie wrapped around his neck, but the horse didn't post. Nervous, Blackie continued with her ballet, which had now progressed into an awkward mixture of salsa, foxtrot and rumba.

Suddenly Shiny Avocado emerged from backstage, bumping into a tray of plates used in the baboon-juggling act. His head seem to bobble as he sported a crooked smile to go with his glazed eyes.

Quinby started the music again, desperate to keep the show rolling. Blackie grabbed Shiny Avocado and began to lead. The horse was so hammered that he tripped several times. Then Blackie held him tight, not letting him fall again. The two clenched each other as they tripped the lights fandango. The sloshed stallion looked deep into the bear's eyes, dreaming of living in a cabin high in the Rockies and singing songs by a campfire to his grizzly gal. He wasn't settling for a door prize—tonight he was going home a winner.

Shiny Avocado twirled Blackie around and, while her back was turned, pulled her in close. Then, in front of an audience filled with children, he attempted to have sex with her. The kids screamed as parents shielded their eyes. Captain Quinby managed to grab a tranquilizer gun, which he kept for salesmen and Bible thumpers who knocked on his door.

As the pair tussled, Quinby took aim, pumping a round into the flabby caboose of Shiny Avocado. Avocado swatted at the air in slow motion and then collapsed. Some time later, he awoke abandoned on the side of the road outside of Ogden, UT.

Shiny Avocado decided to move to New York, hoping to be cast in a Broadway revival of *Oklahoma*. But the only work he could find involved hauling carriages of romantic couples around Central Park. One night, a cab pulled up and, through the foggy rain, a large silhouette emerged. It was a lady in a hat. Or, upon closer inspection, a bear in a bonnet.

Shiny Avocado's heart stopped. It was his Blackie. He ran to her, yanking the terrified couple in the carriage behind him. Later that year, Shiny and Blackie were married in Massachusetts—the only state to recognize the union of a horse and a bear. ■ ABILITY

"Ham on a Roll"

by Jeff Charlebois

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Lately everyone has been asking me the same questions over and over, so I thought I would bring them up in this column, in case *ABILITY* readers are wondering the same things.

I keep getting asked about my bike set up, because I'm smaller than the average rider. People want to know how I communicate with my hearing mechanic. And they also want to know who interprets, if my parents aren't traveling with me.

Well my bike setup is a little different than those of the guy riders. When American Honda first hired me, they changed my bike around and lowered everything—before I even tested with them. Ricky Carmichael, who used to ride for Honda, and is a retired top MX racer, was also pretty small by moto-racer standards. That's why Honda started me off with all his old setups.

After I rode for them the first time, they lowered the frame even more. My seat is also cut out some to make it shorter, so my feet can actually touch the ground. The team also changed my pegs to make it easier for me to ride. I like to use hand guards to protect my hands from rocks, because, hey, my hands are the only way I can talk!

Hand guards help keep my hands warmer during cold riding conditions, and dryer when it's muddy out. To set up my suspension for how I ride, and for how light I am, I do a lot of testing before my outdoor season starts. You can't just jump on a bike and expect it to be ready to go. Someone as small as I am needs lots of different setups for suspension and tires and how my engine runs.

So, onto the next question about how my mechanic and I communicate, since he doesn't know sign language. Well, because Toshi is Japanese and has an accent, a lot of hearing people have a challenge understanding him. But he and I are actually pretty good at communicating. He knows my bike inside and out, and I know how I want and need it to feel. In that way, we are mostly on the same page.

We use a lot of gestures, or he will show me different parts on the bike, and we'll try and figure out how I need it set up. I have been working with him for a couple of years now, and we've really gotten in tune with each other. If I go out to practice, and something doesn't feel right, the two of us will figure it out together and get the job done.

When I'm racing, Toshi takes me to the line, and helps me get ready for the start of the race. As the gate drops, he goes into the mechanics area and uses a pit board to help me while the race is going on. If I'm in the lead (like I hope to be!), he will let me know how many seconds I am in front.... If I'm not in the lead, he will tell me how many seconds I'm behind. As it starts getting towards the end of the race, he will let me know how many more laps I have left. I would be lost without Toshi; he's a great mechanic and I'm lucky to have him on my team.

This year I've been traveling to races without my mom and dad. I'm 20 now, and I just wanted to start doing things on my own a little. Mom and dad have been great, and I would never have gotten as far as I have without them, but I wanted to see if I could do this by myself. Ok, not totally by myself. My best friend, Brittany, travels with me to the races, and really helps me out a lot. She can sign and she has started to learn the drill of how everything works at the races. She's helped me do interviews and podium speeches. We've had to rent cars, book hotels and flag down taxis. It's been fun and a little scary too. I'm lucky to have her as a part of team 67. ■ ABILITY

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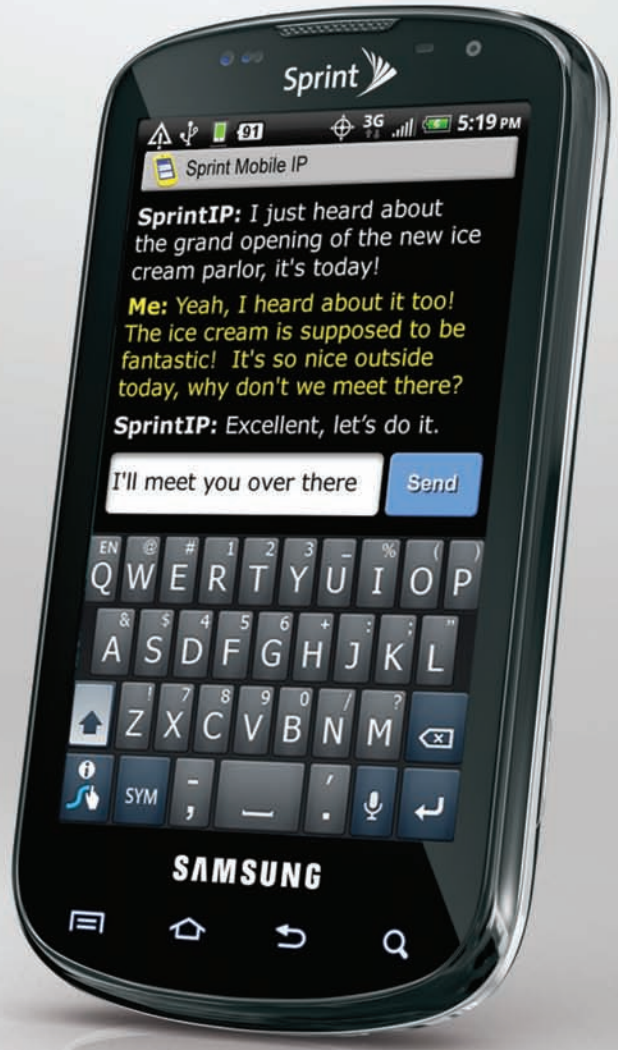

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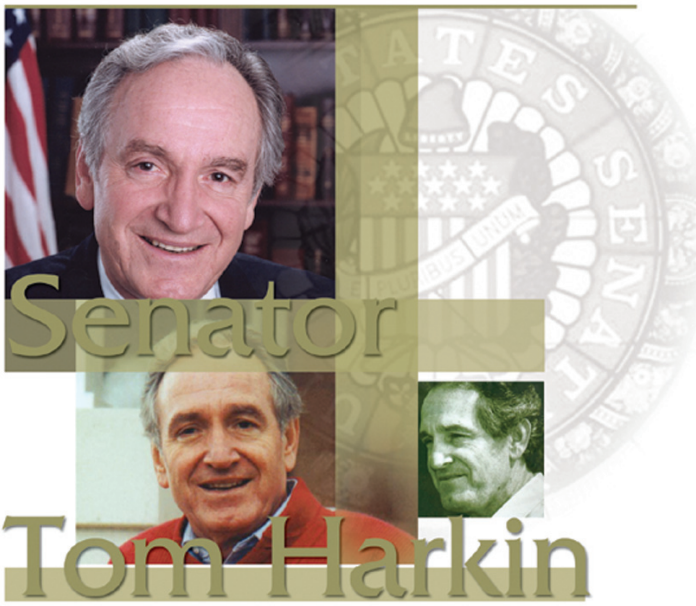

NO AMERICAN DREAM WITHOUT JOBS

Dear *ABILITY* readers,

As we mark the 21st anniversary of the Americans with Disabilities Act (ADA), this landmark bipartisan legislation has played a huge role in our country. Today, the US is more accessible; people with disabilities have higher expectations of what they can achieve; and much of the world now views disability issues as human rights. The ADA stands for the proposition that disability is a natural part of our life experience, and should in no way should limit a person's right to fully participate in all aspects of society, including employment.

Thanks to the ADA, our built environment, transportation and telecommunications infrastructures are dramatically more welcoming of Americans with disabilities, as well as of visitors with disabilities from around the world. Yet, people with disabilities still experience discrimination. As we enter the third decade since the ADA's passage, I believe one of the critical challenges we still must tackle is the persistently low-employment rate among Americans with disabilities.

In 2008, the Bureau of Labor Statistics (BLS) began collecting monthly statistics that help us track the workforce participation of Americans with disabilities, at the same time that we track and report on other workers. In a recent report, less than a third of working-age people with disabilities were participating in the labor force. Out of about 15.3 million Americans with disabilities between the ages of 16 and 64, only about 4 million were working in early Summer 2011, while roughly another million actively sought work.

If we are going to get serious about growing the size of the disability work force, we need to start by recognizing that people with disabilities have been disproportionately impacted by the bad economy. Compared to the general workforce, in the last two years, adults with disabilities have left the labor force at six times the rate of adults without disabilities.

The disability labor force, which includes people with disabilities who are either working or actively looking for a job, is a little over 5 million people. At a disability-employment summit hosted last spring by the US Chamber of Commerce and the US Business Leadership Network, I challenged the employer representatives in the room to work to increase the size of the disability labor force to 6 million by 2015. Later that week, in a piece he wrote for *The Examiner*, Tom Donohue from the chamber endorsed this goal, encouraging his colleagues to meet or exceed the 6 million number because "it's a good thing to do, and it's good for business."

Recently my committee held a hearing highlighting strategies for increasing employment for people with disabilities. During the session, we heard testimony from a young woman named Amelia Wallrich. She is about to begin law school in the fall, and she told us that as a member of the "ADA generation," she had grown up with high expectations for her future. Amelia has made her voice heard as an advocate, as a student and as a volunteer. There are thousands of young people like her, who expect great things of themselves. We must match their commitment to success by creating real opportunities for them to fulfill their potential and lead rewarding lives.

Employment is not just about labor statistics and corporate goals, it's about people. I often think of my brother Frank, who inspired much of my work on disability issues. He confronted discrimination and low expectations because he was deaf. But Frank persevered and found a job at the Delavan Corporation, where he could apply his skills and dedication as a drill press operator making nozzles for jet engines. He took enormous pride in his work.

Work helps all of us create structure and meaning in our lives. It will take all sectors of our society to reach the 6 million goal. Let's make that commitment for the good of all people with disabilities, and for the good of our country.

Sincerely,

Senator Tom Harkin

Senator Tom Harkin (D-IA) is Chairman of the
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You've heard of 3D movies, but what about 3D laser eye surgery? ABILITY's Molly Mackin spoke with Joel Hunter, MD, who pioneers new treatments in the field while looking ahead to what's next.

Mackin: Let's talk about 3D Lasik surgery. What exactly is it?

Joel Hunter, MD: Lasik is an acronym that stands for "laser-assisted in situ keratomileusis." That's a long-winded way of saying doctors create a small flap in the cornea, which is a clear window of tissue on the front of the eye. Doctors lift that flap and use a laser to reshape the cornea, then they lay the flap back down. This takes the pain and recovery time out of the process.

It used to be that you'd laser the surface, which was painful, and required several days to recover. Then it took a couple of weeks to a couple of months for the patient's vision to fully return. Eventually we found out, "Wow, we can just do this under this flap, and people heal and see well pretty quickly." Everybody liked that, so there was a big boom in these surgeries in the late 1990's and early 2000's, and you started hearing a lot about them, because they became really popular.

Mackin: So what's 3D about the operation?

Hunter: As with any field, the technology advances, and then you look back and realize things have changed so much that you need a new name for what you're talking about. That's what happened with 3D Lasik. The technology we use to capture the images of the eye, the optics inside the eye—from the cornea to the lens to the retina—seemed far off 10 years ago. Now it's stuff we can do in a 90-minute appointment in the office. We can determine in that time frame if people are candidates for surgery.

These 3D images are so high-resolution that they show us what the optics are, as well as the health of the eye, which helps us figure out who will do well and who probably won't. And if you look at the happiness rate for Lasik across tens of thousands of people, about 95 percent of people say, "Yeah, I'd be happy to do it again." But that means five percent wouldn't. And really, with how precise the technology's gotten, that figure should be even lower. There should be pretty close to 100 percent comfort with the surgery. So we're finding that a lot of people who responded negatively were people who should have been screened out by using more advanced technology.

In respect to the actual laser itself, there was the advancement from using a blade to using a laser. That development has been implemented since around 2002, and was a step forward. But the newest lasers, specifically the WaveLight Allegretto, can capture the three-dimensional curvature at the front of the eye. So if somebody has less curvature, we can program that in the laser. If somebody has more curvature, we can put that in the laser, too. The laser's activity is based on specific readings of the eye. Your eye is not like anybody else's; it's like a fingerprint.

So the laser reshapes the cornea based on the curvature of your individual eye, and helps it keep its natural shape better than older lasers did. That helps the eye focus light better. It's also part of the reason that glare at night—halos and other things we used to worry about—have decreased dramatically from previous laser generations.

Mackin: Would you say, then, that 3D has just as much to do with the diagnosis as with the actual procedure?

Hunter: Yes. The ocular coherence tomography (OCT) machine, for instance, gives us a three-dimensional scan

of the retina, down to four-thousandths of a millimeter. Your retina is about 300 microns thick. The OCT lets us detect subtle changes that might be there before somebody ever notices a change in their vision. That's really important when you're talking about doing an elective surgical procedure, because even if it's safe and effective, people still need the best advice they can get to make the best decision possible.

Mackin: Who chooses this surgery?

Hunter: People who don't want to wear glasses or contacts because they're near-sighted or far-sighted or have an astigmatism. A lot of people wear reading glasses and want to get out of wearing them. So they go through this whole exam process that helps us narrow down who we can and who we can't.

Mackin: Why isn't surgery effective for certain people?

Hunter: They may have little membranes on their retina, tiny amounts of swelling in the retina, little congenital anomalies that a person was born with that may or may not change over time. If we see subtle changes in someone's retina, we want to know about that before surgery, rather than after. The retina is kind of like film in a camera: No matter how sharply you get the image focused, if the film's not good, then you won't get a good picture. So if we detect subtle changes, we want people to know about them, as well as whether we think those changes may be progressive. We can say, "Here's all this information," so you'll know where your eyes are headed 15 years down the road. Then you can decide if surgery is right for you.

We might tell some patients, "This probably isn't the right choice for you, because we know that your retina doesn't work well." In those cases, we may dilate their pupils and take basically a cross-sectional picture—almost like a CAT scan.

There are two parts that play a role in letting your eyes focus light: the cornea, which we talked about, and the lens inside the eye. Everybody has a lens in their eyes. We can now get the objective density measurement of that lens, and the camera can tell us that the lens is scattering 20 percent of the light that hits it, or the lens is scattering 15 percent of the light that hits it. Those measurements help us, especially with elderly people who are starting to notice, "Boy, I just can't read no matter how good my glasses are," or "I have trouble reading subtitles on a screen no matter what glasses I have."

Before that stage of life comes—when people start to realize they're having changes that are consistent with cataracts—there's a stage of density in a person's lens that may be problematic, even if it is not necessarily noticeable. People don't notice the little things so much, like needing more light to read the menu in a restaurant, but those things become really apparent when we do density measurements. We can even show the patient a picture: "Here's your lens and how dense it is, and how much light it's filtering, compared to this 30 year old's lens."

For some of these people, laser surgery works in the short term. Then, a couple of years later, they're noticing the alteration is no longer helping them very much. That's because the change inside the lens has started to filter and decrease the vision. So you've fixed the patient's need for glasses, but his lens is still filtering things on the inside. That's why it's really helpful to have as much information as possible before going into surgery, so you can say to people, "Your best choice here is probably to do nothing and wait a year or two or three or longer, and then have lens surgery when the time comes. That will fix the problem at its root, rather than mask it temporarily."

Mackin: Is there surgery for the retina?

Hunter: Retina surgery is hard. It is its own specialty, just as refractive surgery is its own specialty in ophthalmology. Retina surgery, in general, is rarely ever elective. Retinal tissue is neurosensory tissue. It's attached to your brain by your optic nerve. So it's very delicate surgery, and you want to make sure you have a clear benefit-vs-risk ratio. Retina surgery doesn't happen until people have pretty poor vision.

When we detect subclinical changes that don't have signs or symptoms, the answer is not always going to be something surgical. Even if we find early macular degeneration, there are different therapies, nutritional therapies, and ongoing care that can be managed by a specialist in those different fields. Vision correction by way of retinal surgery generally only happens when people have pretty significant visual dysfunction that stems from retinal pathology or disease.

Mackin: During lens surgery, does the surgeon actually put a new lens inside the eye?

Hunter: Yes. Cataract surgery is lens surgery, and it's probably one of the most common surgeries in the world. It's done when the lens becomes so cloudy that the person can't really see through it, no matter what glasses he has. Through a couple of tiny incisions, doctors can use ultrasound to remove the lens and then replace it with a new, clear lens that's artificial. That lens is usually made of acrylic, and sometimes silicone. If we've noticed lens change in a patient, I have him hold off on Lasik surgery. I feel like he's going to get a somewhat temporary gain out of 3D Lasik, however, because we're on the cusp of a new generation of lens surgery. The surgery itself, the incisions and the breaking up of that lens inside the eye, will be done with a laser, which will make the process even more precise.

Even more exciting is the fact that the new lenses we are putting into people's eyes are getting better and better

every year. They allow people to see near and far, which is something that is not possible after a person reaches his mid-40's and typically needs reading glasses. These new lenses allow people to see in a way they couldn't before. With a lot of these patients I'll say, "I'd hold off and see where you are at in a year, and where the technology's is in a year."

As lens technology improves, the age at which someone would benefit from lens replacement is dropping and dropping and dropping. It used to be that the average age of these patients was somewhere in the mid-70s. Now, in some clinics, that age is dropping to the mid-50s because lens technology is so much better. We're finding that people get enough benefit out of the procedure that it's worth doing lens surgery earlier in life. It prevents the need for cataract surgery later.

Mackin: How does the cornea get misshapen in the first place?

Hunter: It's not that the cornea necessarily becomes misshapen over time, or that a person had a nice cornea and now it's gotten weird—although, that may be true in cases involving genetic problems. In general, though, when somebody is near-sighted or far-sighted or has an astigmatism—because their eyeball is too long or too short, or their lens is a little too powerful, or their cornea is a too steep or flat—it's been that way, usually, since they were in elementary or middle school, when they put on their first pair of glasses.

If somebody needs glasses, it's because light isn't focusing correctly on his retina. Instead the light is focusing a little in front of the retina, or a little behind. If he has an astigmatism, the light is skewed on his retina. The cornea—that front, clear window—supplies two-thirds of your eye's focusing power, so subtle changes to it make a really big difference in how clearly the eye focuses.

When we're dealing with laser vision correction, we can create a precise focusing pattern on the retina by removing a small amount of tissue. The same thing goes for people who wear reading glasses. We can give those people their reading vision back using 3D Lasik to reshape their corneas in a way that allows them to see their cell phones without putting on reading glasses. So whatever the problem is with the optics of the eye, much of the time you can treat it just by fixing the shape of the cornea, which is customized for each person. If somebody comes in and is near-sighted—say, a minus-3 cornea—that might be a completely different shape than the next person I see who's also a minus-3.

Mackin: Interesting. So even if a person's lens has lost flexibility, you can treat the cornea for that?

Hunter: There are a lot of people who can see down the road with one eye, while the other eye is useless at a distance and is only good for reading. So we blend vision. Think of stereo music. When audio engineers pioneered stereo music, they had to figure out what came out of each speaker and blend those sounds together into the stereo music in your head. Experts have been working to do that for the eyes, as well, for people who have lost flexibility in their lenses. There is a sweet spot you can create. About 99 percent of people can actually learn to blend the vision of both eyes and can see better in the distance and up close. It's a neat trick we've been able to make work for most people who come here wearing reading glasses.

Mackin: What's the trick? Is there some kind of exercise they do?

Hunter: I compare it to going to live in Spain. For the first couple of weeks you have to concentrate and use your dictionary to try to figure out what people are saying, but if you live there for a couple of months, you're going to pick up the language and start speaking it. Your brain has the ability, when it's being saturated, to adapt. There's plasticity over time, for everybody, and that's how your brain learns new things. Every minute of every day your eyes are open, you're learning, whether you intend to or not.

Blended vision takes a couple of months for most people. And even with their brain figuring it out, they can still see everything. They just have a temptation to close one eye to see what's happening, and that temptation goes away over time, because the brain is learning to see better with both eyes open.

We have a program called RevitalVision. It's a computer program that essentially trains your brain to see better. Studies showed the vision of people who used RevitalVision improved by two lines on the eye chart: They were going from 20/30 to 20/20 vision, or from 20/40 to 20/25, and their contrast sensitivity, which is kind of the real-world measure—brown letters on a yellow menu—improved 100 percent, on average.

We wondered if we gave this to people who were having trouble blending, or who wanted to do it faster, would it help them with that ability? A lot of what we do is about getting the brain to process information. If you think about it, you don't really see with your eyes, you see with your brain. There's no screen in the head. It's all about how neurons talk to each other, and how they form new synapses to process information efficiently. That work has been really promising.

In the RevitalVision program, which runs about twice a week for 10 weeks, you sit in front of a computer screen for about a half hour, and you hit a button as you watch patterns form on the screen. It's pretty boring. So people who commit to it do really well.

Mackin: Without the computer, how can you learn to blend your vision?

Hunter: The same way that you learn anything: Present your brain with a new stimulus, and it neuro-adapts to it over time. The first time you drove a stick shift, the first time you swung a golf club or hit a tennis ball, your brain told your muscles what to do. But we're finding that processing visual information is also a learned process. From the time you're born until you're two years old, your brain is learning to see. Your eyes send images back, while your brain learns to process those images more sharply and clearly over time.

Mackin: This is the same sort of new learning that occurs after surgery?

Hunter: Yes. What basically happens is somebody comes in and says, "Hey, I hate my reading glasses," and I say, "I believe you, because everybody hates their reading glasses." And then we do 3D Lasik on the person and, on day one, we check their vision and find they can read 20/20 on the eye chart, and can read really small print up close. I tell them, "You're doing great. You can see us any time, but we'll see you back here in a month, no matter what."

So we see them in a month, and in a month they say, "I can read and I can see down the road, but I notice there's a difference in the vision between my eyes." And I say, "That means you're right on track. You will notice it less over the next couple of months." We see them again in two months—a total of three months out of surgery—and, by that time, most people have forgotten about vision change. They don't really think about it any more, and there's kind of a neutrality. The eyes don't interfere with each other; they've learned to process the vision in a different way.

After that three-month period, the brain gets better and better and better at processing, so people reach a point where not only do the eyes not interfere with each other, they can actually see better both at a distance and up close. What's so cool about this is that's what the brain *wants* to do. It wants to process information coming in from both eyes. Naturally, your brain sees better with both eyes open than it can with either eye. That's the eventual goal.

Mackin: Are there situations in which you do surgery on only one eye?

Hunter: Sometimes a person happens to be born with what he needs in one eye, so we'll only have to do surgery on the other one. But for most people, surgery is necessary in both eyes because you need a very, very precise difference in refractive error between the two eyes. You have to be dead on or they won't blend. It's not common that you'd find someone who would only need surgery in one eye. My father was one of those people: I only had to do surgery on one of his eyes.

Mackin: What about performing surgery on people who, say, have Cerebral Palsy?

Hunter: We can do that because lasers track the eye at 400 times per second, so you can still get precision when you're hitting a moving target.

Mackin: What do you suggest for people you turn away from surgery?

Hunter: It's as varied as the reasons we turn them away. Glaucoma, macular degeneration or crossed eyes would be better handled by a subspecialist. But there are also antioxidant dietary changes that someone with early macular degeneration might benefit from, as well as different vitamin therapies that a retina doctor might prescribe. If a person has glaucoma or progressive disease, then their treatment could be taking an eye drop each night, as prescribed by a glaucoma specialist. A big part of what we do with our 3D diagnosis is provide people with information that helps them determine the best approach. ■ ABILITY

by Molly Mackin

huntervision.com
revitalvision.com

Inspirational speaker Sue Z. Hart spends every day doing something she loves: bringing laughter into the lives of those who could use it most. She recently spoke with *ABILITY*'s Chet Cooper about the healing powers of humor therapy.

Chet Cooper: How did you get on this path?

Sue Z. Hart: I was rear-ended in a car accident. It was just a fender-bender, but because I didn't spend the night in the hospital, I couldn't get disability insurance to cover my bills when I later started experiencing problems. The accident injured the C7-T1 cervical disk at the base of my neck, and the symptoms were very similar to multiple sclerosis (MS).

Though I was never diagnosed with MS, for a while I couldn't walk or talk very well. I spent tens of thousands of dollars to find out what was wrong, and I was on heavy medication. The doctors said I was deteriorating quickly and advised me to get my final papers in order. People pulled away from me because they were uncomfortable. That's when I started taking personal responsibility for my situation. I knew if I shared my story I could bring people together and build communities.

Cooper: That's a healthy perspective.

Hart: I realized I have to have a positive outlook, no matter how much time I have left, which changed everything. I ended up going to a natural therapist, and today you would never know I have any kind of disability at all.

Cooper: And your career in humor therapy all started with you telling stories?

Hart: Yes. I found funny stories to tell. I read funny stories to people, and that seemed to make them feel more comfortable with me. I could laugh and they could laugh with me. That experience helped break down walls.

Eventually I thought this would be a great program to develop. I did some research and met with a Seafair Clown. We talked about creating a World Laughter Tour. But I was still in a lot of physical pain. The initial accident caused so much financial pressure on me that I ended up selling my home.

For a while, I felt really sorry for myself. But I remembered a poem that says, "I felt bad that I had no shoes, until I met the man with no feet." That's when I knew I had to stop worrying so much about myself and start giving to others. I've been a volunteer and advocate for Habitat for Humanity ever since.

As I got better, I made a promise to myself that I would never forget what it felt like to deal with a disability. Today, helping people and empowering them still drives me. I ended up bringing the World Laughter Tour to Seattle and training 23 laughter therapists in the area. Laughter helps people heal on so many levels.

Cooper: One of the programs you work with is at an assisted living facility, is that right?

Hart: I do laughter therapy with them once a month.

Cooper: How does laughter therapy work?

Hart: I warm up with laughter exercises. Then we put on some laughter cream, and rub it all over, 'til we get really silly.

Cooper: Laughter cream?

Hart: Yeah. You just pretend that that you're putting on cream, and you giggle and work your way into complete silliness.

Cooper: That doesn't stain your clothing?

Hart: *[laughs]* With an assisted-living audience, I perform more of an act, so to speak, because the people there can't be very responsive, and yet they seem noticeably better afterwards. Sometimes the director of the facility will come up to me and say, "You know, Sue, this guy wasn't even able to put his arms up, and now he's clapping." That's the most exciting thing. Having that kind of energy in the room increases heart rates, awareness and attentiveness.

Cooper: Do you do breathing exercises?

Hart: That's part of it, yes. That's what laughter is, basically. It's the "Ho, ho, ha-ha-ha!" It's similar to a yoga exercise in which you bring the oxygen in and then let it out through the "Ho, ho, ha-ha-ha!"

Cooper: Beyond the work you do at assisted-living centers, what other programs do you lead?

Hart: I work with businesses when I have the opportunity. I've developed a mentoring program for master builders and a card game for high schoolers. I'm a Jill of all trades.

Cooper: Your program is called Little Red Wagon University. How would you describe what you do there?

Hart: I do a lot of things under that name, including inspirational speaking engagements. I have a great presentation called "Obstacle Illusions," which points out how many of our obstacles are really illusions that we create for ourselves. That lesson comes directly out of the experience of my accident, and the understanding that we each have the power to change our lives from within.

I had a great background in sales, which I cultivated for more than 20 years before my accident.

Cooper: Do you recognize a connection between volunteerism and humor therapy?

Hart: Oh, absolutely. Some of the research I've done shows that a person has a much higher success rate of coming off an addiction if he volunteers within his treatment program. Not until you become part of something bigger than yourself do you really find yourself. There are so many amazing things that will come out of us, if we open our hearts.

Cooper: What's your favorite thing about the work you do?

Hart: The fact that lightheartedness can carry us through our darkest times. People with disabilities need that kind of support. Humor is personal. I can joke about things that have caused me pain and that eases my pain. Or if somebody who knows me well jokes with me—and we have that kind of relationship—that person is actually sharing my pain.

On the other hand, if somebody pokes fun at my pain, then that can cause me to hurt even more. Court jesters had to be very careful how they said things to the king. They were usually the only ones who could call him out, but they had to be careful in the way they did it. It's a delicate balance. ■ ABILITY

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standing on her own two feet

Karen Putz's goal was fairly simple: learn to barefoot waterski—backwards.

As a teenager, she loved to ski barefoot, but then she gave it up after an accident left her deaf at 19. Recently she decided to dip back into the sport, get some lessons, and push her skills to a whole new level.

After a few trips to the World Barefoot Center in Winter Haven, FL, Putz took lessons from two-time world champion Keith St. Onge. It was while attending an all-female skiing camp in November that Putz decided to learn to barefoot ski backwards. But how would she manage it? After all, reading her instructor's lips from a speeding boat, while bumping along with her back to him seemed impossible.

St. Onge had the answer. He moved Putz's feet into position as he taught the maneuvers, while another woman from the camp stood in front of Putz and repeated everything St. Onge said. Putz could lip read her fellow camper, while her instructor showed her what to do with her feet.

By the third day of training, the student had acquired the new skill. St. Onge believes Putz's previous experience in barefoot skiing—although from two decades ago—gives her an advantage.

"She is a very strong and confident woman," St. Onge said, "so she had no problem jumping back on the 'horse,' and learning quite quickly. She came from an era where they did a lot of 'stabbing and steering.' Today we do things with a progression in mind, and we do not skip steps."

St. Onge found he needed to alter his meticulous training to encompass Putz's need to lip read instructions. It was an adjustment he was more than willing to make, given his client's formidable work ethic. "I have had a few students with disabilities in the past," St. Onge said, "but Karen has been the easiest to work with. I know

she cannot hear me until she looks at me, and that took a little time for me to get used to. There were plenty of times I yelled instructions to Karen as she was skiing and totally forgot she could not hear me. It only took a few days for me not to make that mistake again."

For Putz, adjusting to the demands of lip reading while skiing was difficult, but not insurmountable. "There was a real communication challenge, lip reading 15 different people, and not having an interpreter with me," Putz said. "Two women volunteered to be my lip reading interpreters for the week. We figured out ways to make the accommodations happen, and that was really cool. It was an amazing thing for me to accomplish."

Putz, who grew up hard of hearing, began waterskiing at age nine, the same year she got her hearing aid. When she was 15, she took an interest in barefoot skiing because her brother was a barefooter, as were a number of boys at local lake.

Initially Putz struggled to get up on the water without skis, so she convinced her mom to get her a kneeboard. Three days later, just after her 16th birthday, Putz finally got up on the water and went barefooting. She was hooked. "I absolutely loved it," she said. "I barefooted every chance I could. Of course, I was the only girl on the lake who could barefoot, so I had to barefoot with the guys."

At 19, while barefoot skiing one summer, Putz decided to attempt to cross her boat's wake. She told the boat's driver to speed up so the wake would be smaller. Putz turned toward the wake, but couldn't stay upright. Instead, she hit the water, hard.

Everything went silent.

"I couldn't hear anything," Putz said. "The lips were moving, but the sound wasn't there. So I just figured, okay, I probably have some water in my ear or something and my hearing will come back. Days and days went by, and it just never came back."

Her sudden deafness marked the biggest transition period in her life. Her entire family is deaf or hard of hearing, and has been identified as the first family in the United States with what experts call the "deaf gene."

For five generations, Putz's family was born with the ability to hear, but all family members have lost that capability in different ways. Putz's mother lost her hearing during a conversation at a family barbecue at age 27. Putz's eldest sister fell and hit her head at age three and lost her hearing. A roof caved in on Putz's brother, causing him to lose half of his hearing a few days later. Another of Putz's sisters lost her hearing at age 46, after slipping and falling on a rug. A brother lost his hearing in a barefooting accident eerily similar to that of Putz.

Despite having spent her entire life around people who are deaf or hard of hearing, Putz felt a little out of place when she was transferred to Northern Illinois University, and found herself living among 45 other people who were deaf or hard of hearing. The transition marked the first time Putz had ever been around others, outside of her family, with hearing impairments. (She says she grew up a few blocks from another girl who was deaf, but the two never communicated.)

Putz admits that, while in college, she was often too proud to ask for help. "College was both a good and bad time in my life," she recalled. "It was good because I was on a whole new journey, being a person who was deaf. And it was bad because it was painful. I'd never been around other deaf and hard of hearing people, other than those in my family. I didn't know any sign language at that time. When I went to my classes, I couldn't lip read the professors, especially if they walked back and forth in a big auditorium."

After a couple of months, Putz says, she finally got tired of struggling with the mental and physical barriers inherent in her situation. "I stopped crying and I got up in the morning and thought, 'This is how my life is going to be,'" she said. "'I might as well make the best of it.' So I walked into the disability office, and I told them I wanted interpreters for every single class. I didn't care if I had to lip read them. For the next couple of months, I started lip reading the interpreters, and in the process of doing that, I started picking up sign language. The next thing I knew, sign language was just a part of me."

Putz distinctly remembers the day she stood tall and accepted her disability as a part of her identity: it was the day she, while preparing to board a bus at her college campus, pulled her hair back into a ponytail and publicly displayed her hearing aid for the first time since she'd received it at age nine.

"That's a long time to take to learn how to accept yourself," Putz said. "It's all an attitude. I didn't have any acceptance of hearing loss when I was growing up. I hated my hearing aid. As a kid, I almost never wore it. I was supposed to wear it in school, so I wore my hair down to hide it."

Today, however, Putz is proud of that which makes her different. She operates a blog, "A Deaf Mom Shares Her World," in which she discusses such experiences as raising a family of three children, going through a drive-through restaurant line as a deaf person, and her everyday battles with weight loss.

Last year, on her 44th birthday, Putz weighed more than 200 pounds and says she was depressed for a multitude of reasons. She began to reflect on her best moments in life, many of which included barefoot skiing as a teenager. It was then that her husband helped

photo by Lynn Novakafsk

Barefoot skier, Karen Putz skims fearlessly along the waves at the World Barefoot Center in Winter Haven, FL.

arrange a trip to the World Barefoot Center, and ultimately connected her with St. Onge.

"I put my feet on the water and was like, wow," Putz said. "My old passion for barefooting came flowing back. Three weeks later I had to go back to Florida for work, so I called Keith, drove back out there, and we barefooted again. I thought, I don't want this to stop, and I've been barefooting ever since."

St. Onge immediately picked up on Putz's excitement to be back on the water, and says her enthusiasm for skiing was infectious. "Karen's return was far overdue," St. Onge said. "I could tell she was scared, but I had to actually slow her down, as well. She wanted to move onto the next step before she was ready. She had a great attitude and motivation, but I had to harness that."

Putz's enthusiasm for barefoot skiing has seeped into other areas of her life. She emerged from her depression, lost 32 pounds, and met other barefoot skiers from around the world. She's traveled back to Florida several times, and has driven to Wisconsin and Indiana to meet Facebook friends who barefoot ski. She's also busy writing a book with St. Onge.

Though Putz admits that, at one point in her life, her deafness may have defined who she was, today she's confident in the knowledge that she's taken full ownership of her life.

"Going deaf was the best thing that ever happened to me," Putz said. "It didn't seem that way at the time, but when I look back on my life, that accident was the best thing. I learned to embrace being deaf. I learned to embrace being myself. When I grew up hard of hearing, I tried to hide it. I kept trying to be as 'normal' as possible—whatever 'normal' is. I'm a barefooter. I'm a writer. There are things that I do that are not defined by being deaf." ■ ABILITY

by Josh Pate

deafmomworld.com

SAILING for Gold

US SAILING 2011 Rolex Miami OCR in January

JULIA DORSETT AND SCOTT WHITMAN OF TEAM WINWARD ARE AIMING FOR GOLD IN 2012

Paralympic sailing is nothing like pleasure cruising. There are no lounge chairs, no drinks with umbrellas, and no rest for the weary crew as they slice through choppy waters at top speed. Nevertheless, United States Sailing Team members Julia Dorsett and Scott Whitman have become experts at harnessing the wind.

"It's like you're playing on a moving chess board," Dorsett joked.

She and Whitman make up "Team Winward," two of 18 athletes in a class that includes both Olympic- and Paralympic-class boats. In the lead up to the 2012 Games in London, Dorsett and Whitman have attended camps in New York, Florida, Alabama and beyond.

"Sailing is a unique sport," said US sailing coach Betsy Alison. "It takes a lot of stamina, especially on windy days. Not only is the physical nature of the sport demanding, but these athletes are fully mentally engaged for the entire period that they're on the water."

A typical training session for the US team includes rigging (equipping) the boat to sail, as well as venturing out to the training area to ensure all the equipment works properly. For an hour, two-member teams perform handling drills and race maneuvers.

After a brief break, team members conduct speed tests against one another to gauge the accuracy of their controls and tune settings. The session wraps with an hour of drills and an hour of short-course racing, before everyone returns to the dock to de-rig and debrief.

On race days, each team sails the course and gathers data on wind, water flow, geography and course layout. A team may compete in as many as three, one-hour races per day, with 20-minute breaks between events. Even during breaks, however, sailors must continue to maintain control of their vessels.

"Sailing requires short bursts of intense activity that elevates heart rates for short periods of time," Alison said. "It's much like what happens during anaerobic training in a gym."

Trainers and sailors alike agree that their sport requires trust, commitment, and a division of responsibility. On Team Winward, Dorsett operates lines that maneuver the jib (small front), main and spinnaker (large front) sails. As skipper, Whitman steers the boat from its stern

On the dock, (left to right) Julia Dorsett, Coach Betsy Alison and Scott Whitman.

(rear) end. Much of Whitman's work is critically dependent upon Dorsett's feel for the boat.

Regardless of his or her skill level, however, there are some elements no sailor can tame. "Our sport is completely dictated by weather, so it's always uncontrolled," Dorsett said. "We wake up in the morning and go to three different websites to find out what the breeze is doing and what direction it's coming from. There is always a lot of gear shifting going on."

While at a training camp in late March, Dorsett and Whitman missed three consecutive days of sailing due to inclement weather. On two of those days lightning struck the water; on the third day they battled 35-mile-per-hour winds.

Dorsett is a former Paralympic tennis player who competed in the 2004 Athens Games. She says the influence of weather on the outcome of a sailboat race offers her much less control than she used to experience on the court. Alison suggests, however, that Dorsett's savvy on the court helps the athlete suss out the correct moves to make on the water.

"Being able to multitask and take in to account all the environmental changes, while still sailing the boat properly is an enormous responsibility and challenge," Alison said.

Whitman and Alison both learned to sail at the Metedeconk River Yacht Club in Brick, NJ, where he studied under her brother. Whitman sailed competitively in college, but in 2000 a neck fracture made him drop out of the sport for six years. Dorsett's life-changing injury also occurred in college: a car accident that left her paralyzed.

At the time of Whitman's injury, Alison had been working with the US disabled sailing team for several years. She soon began to help the seasoned athlete regain his seaworthiness. "I knew sailing was a sport Scott could reconnect with," Alison said. "We use adaptive equipment to minimize the impact of the disability and maximize the ability of the sailor. There was no reason why Scott couldn't take his talent and apply it at a national and international level."

Under Alison's tutelage, Whitman made rapid progress. Today he operates a Skud 18 boat designed to enable great performance, regardless of a sailor's mobility. Whitman says he remains grateful for Alison's profound influence on his competitive approach on the water.

"Betsy knew I wanted to get back to sailing, and she came at the right time in my life," Whitman said. "In March of 2006, she teamed me up with Julia for a regatta. We've been sailing together ever since."

Although the Paralympic Games had historically recognized only one-person and three-person boats, it introduced a two-person boat category in 2008. That year Dorsett and Whitman entered and proved a formidable

pair. In the US team trials for the 2008 Paralympic Games, they placed second to Nick Scandone and Maureen McKinnon-Tucker. Rather than take a well-earned vacation, however, Dorsett and Whitman became training partners with Scandone and McKinnon-Tucker, the pair that went on to claim gold in those Games.

Now Team Winward faces a challenge similar to the one it tackled four years ago: competing with three other US Skud teams for a spot in the 2012 Games.

"All three teams are training together because we're all going to get better if we push each other," Whitman said. "It's a little like being on one of those reality shows where you're working together, while you're also vying for the top spot. It's a tricky dynamic."

Whatever the logistics of their competition, Whitman's partner says Team Winward relishes the opportunity to excel. "When you're competing against the best of the best, you're going to get better," Dorsett said. "You train with these people, but when you get close to the Games, that information stops flowing."

The US teams have agreed to train with one another until November, when they'll go their separate ways to work on their own before reuniting in January for the US trials in Florida. Since they won't be competing with other nations during trials, US teams will also work closely with such countries as Great Britain and Australia during summer training in Europe.

In many cases US sailing athletes are responsible for their own travel and seek sponsorships to stay afloat financially. The sport comes with a hefty price tag. US Sailing, which administers 17 national championships, awards some sponsorships to cover partial costs. Each team, however, must raise money for its $30,000 vessel, for the retrofitting that transforms that vessel into an adaptive boat, and for shipment of the boat to Europe for training and competitions. Whitman says Team Winward has auctioned off one of its boats to cut costs.

"I've spent the past two and a half months in Florida living in hotels and going from place to place," Whitman said. "It takes a lot of time, a lot of effort, and unfortunately a lot of money. Some of that money has to go to equipment, travel expenses and coaches."

With the Games a little more than a year away, and with Paralympic trials on the horizon, Alison remains confident that Team USA will represent its country admirably in the 2012 Olympics.

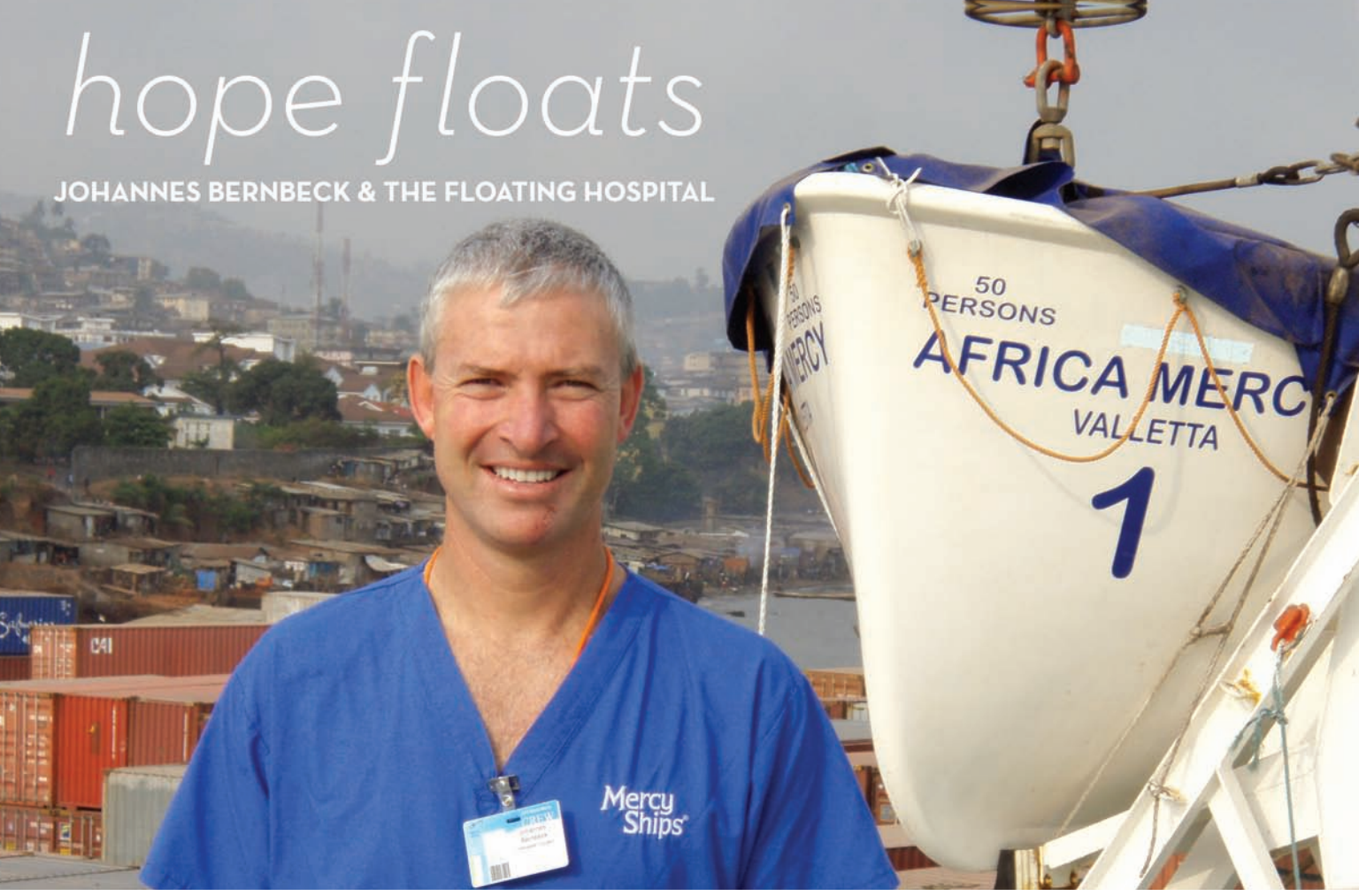
"Sailing is not a game of chance," Alison said. "It's a game where talent and training make for consistent performance. Our athletes, once selected for the Games, will have a rigorous international schedule next year." ■ ABILITY

by Josh Pate

teamwinward.org
ussailing.org

hope floats

JOHANNES BERNBECK & THE FLOATING HOSPITAL



Orthopedic surgeon Johannes Bernbeck, MD, occasionally leaves his spinal surgery practice in Southern California to travel the world with Mercy Ships, an organization that has been bringing global charity to developing nations since 1978. When the Mercy Ship docks at ports in Africa and the Caribbean, patients come aboard for critical operations they might not otherwise receive. Bernbeck spoke with *ABILITY*'s Tom Chappell, MD, and publisher Chet Cooper about how he and a team of volunteers work on a floating hospital.

Chet Cooper: How did you get involved with Mercy Ships?

Dr. Johannes Bernbeck: I first hooked up with Children of the Nations through my church. It's a non-governmental organization that cares for children who are orphaned and destitute. I wanted to get a taste for providing medical services in underserved parts of the world. Then I aligned myself with Mercy Ships because I wanted to get in with a group that's already gone through its growing pains. Mercy Ships is a well-functioning organization. I'm learning more about the logistics of how it's run.

Cooper: I'm amazed by all the work you do locally at Kaiser Permanente, in addition to the work you do overseas. You're about to take another trip now.

Bernbeck: That's right. Children of the Nations is based in Africa, but I've also traveled with that organization to the Dominican Republic. I joined up right after the Haitian earthquake. Things were in such disarray in Haiti that I thought it would be better to work out of the Dominican Republic. The two nations share one body of land.

Cooper: How was that experience?

Bernbeck: Eye-opening. Children of the Nations has a clinic in Barahona, the poorest part of the Dominican Republic. Once a year, a big team of doctors—mostly from the northwest—bring their equipment and perform operations. But when the staff leaves, they take their equipment with them. The rest of the year that clinic is empty.

I'm trying to get equipment donated or purchased so the clinic can stay open permanently, and so that we can have a constant presence. There are plenty of doctors who would love to go there for a week each year. If I can get 52 doctors to each spend one week in Barahona, we'll have year-round staffing.

Cooper: How is that undertaking coming together?

Bernbeck: We just got some x-ray equipment donated, so we're working out the logistics of getting it into the country without having to pay high tariffs. We're going to inventory our surgical equipment on this trip, so we can solicit more donors to fill whatever gaps we have.

We hope that a year from now we can start doing more procedures and help more people in the region.

Cooper: When you're on the search for equipment, are you looking for contributions from the manufacturer, used equipment, or what?

Bernbeck: We have a variety of sources. If a hospital has equipment that's obsolete but still in good condition, it may be fine for use in procedures in a developing country. Hospitals can make a tax-deductible donation of equipment that they would typically just put in storage. We believe it's good for a hospital's "brand," or for the brand of any other entity, to donate to an organization like ours.

Cooper: All the equipment stays on the ship, right?

Bernbeck: Right. The hospital's on the ship, and all the equipment stays there, too. I'm trying to learn how they run things, because it's analogous, to some degree, to this hospital in the Dominican Republic, which I want to get up and running.

Cooper: How many Mercy Ships are there?

Bernbeck: There used to be several, but now there's only one. Hopefully in the future they'll have additional ships, but right now it's just the *Africa Mercy*. In the past, Mercy Ships had vessels that went down to South America as well.

Cooper: What happened to those?

Bernbeck: I think some of them were getting so old that they weren't worth the cost of the maintenance. Every year, when the ship goes into dry-dock, certain systems need to be rebuilt and brought up to speed. It costs hundreds of thousands of dollars a year just to keep a ship functional.

Chappell: Are these Navy ships?

Bernbeck: The ships come from a variety of sources. The one I served on, *Africa Mercy*, was previously a rail ferry. I believe it had been used to transport locomotives and rail cars across the North and Baltic Seas. A rail ferry has a big open space, making it ideal for a hospital ship. The inside of the ship is built like a hangar, so not much needs to be torn out to convert it into a hospital ship. If you were to convert a cruise ship, you'd have to tear out a lot of things.

The downside is that when a rail ferry crosses the ocean, it rocks a lot. This is not your typical ocean-going vessel with a deep V-hull. It has a flat bottom, which makes for a rougher ride. We sometimes have to hold on to the x-ray equipment, and to the back table where the sterile supplies are kept, so nothing rolls around.

Cooper: Did you keep any kind of notes or diary when you were on the ship?

Bernbeck: I sent a lot of e-mails to friends back home. There were so many impressions, so many different things that happened, and a lot of emotions. People walked into our hospital from all over Sierra Leone. Some of them walked for three or four days when they heard a hospital ship was there. They would carry their children and stand in long lines to see us. At one point there was a big fight and a man died. Eleven people were trampled. These people were so desperate to get medical attention.

Cooper: Incredible.

Bernbeck: People had been prescreened before we'd gotten to Africa. They were organized into categories of need. We were there as orthopedic surgeons, so all of the orthopedic cases were presented to us. We met with 40 of those patients for a secondary screening, so we could personally examine them, see what their problems were, and assess what equipment was available to do the procedures. We had to be realistic about what we could do. We didn't want to get into the middle of a procedure we didn't have the equipment to finish.

Cooper: That sounds a little overwhelming.

Bernbeck: There were more patients than we could help. There was a man—I'll never forget him—who carried his son for two or three days to get to us. The man's son had a chronic bone infection. The injury was to the leg, which was also broken, and the skin was disrupted. But we weren't equipped to handle it, because that sort of thing requires a lot of repetitive procedures, and usually months of care. And even after treatment, that boy would need pretty sophisticated antibiotics that we didn't have. That region didn't have very many antibiotics to choose from. So we basically had to turn this man and his son away. The father had such hope, and he'd come so far to get care for his son.

Chappell: So basically it's triage that you're doing?

Bernbeck: It is. You have to tell some people, "Sorry. We don't have what it's going to take to fix your problem."

They have incredible mortality rates in Sierra Leone. One of eight women dies in childbirth. One of five children dies before age five. So it's a very sad experience, being there. They have something like two doctors per 100,000 people, and are considered one of the five most underdeveloped countries in the world. That's why Mercy Ships chose that country, because there was a need, and it was safe enough to go in and provide care.

Cooper: How often does the ship go to Africa?

Bernbeck: Mercy Ships has a constant presence in Africa. I think it arrives there in March, spends 10 or 11 months at one port, and then goes somewhere to be dry-docked and refurbished. Whatever needs to be done will be done during the dry-dock phase, and then the ship goes somewhere else.

Early next year the ship will be back in dry-dock, getting fixed up again, and then it will go to Guinea and spend the better part of a year there. I'll be spending a month, probably March, on the ship while it's in Guinea.

Chappell: You perform only spinal surgery in your practice at Kaiser Permanente Medical Center. I imagine when you were out on the ship, you had to sharpen your general skills?

Bernbeck: Right. Most of what we were doing there was pediatrics: straightening out leg deformities and treating neglected traumas. We harvested a lot of bone grafts for that work, so my skills in that area came in handy. The other orthopods over there hadn't harvested bone grafts in years, and I used to harvest a lot of it. That came pretty naturally to me, thanks to my basic training. But, yeah, you have to get out of your comfort zone a bit and do things you don't do at home.

Cooper: Is there any follow-up?

Bernbeck: There is. I've been in touch via email, finding out how my patients are doing. They keep a physician assistant there, and they have an orthopedic surgeon who provides follow-up. Then, when the ship sails, one doctor stays behind. Long-term follow-up is done at a hospitality clinic there.

Chappell: There are so many things we take for granted in our lush medical system.

Bernbeck: Yes. The basics we enjoy just aren't there. A hospital ship makes perfect sense for regions like those, because on a hospital ship you don't have to worry about the country's electricity or water supply.

Chappell: What kind of equipment is at your disposal?

Bernbeck: The ship has an x-ray tech and a pretty limited lab, and you do your pathology via satellite. You take a pathology slide, put it in a microscope, get on the satellite, send the images back home, and you have a pathologist, stateside, who does the reading for you.

We don't store blood. If someone needs a blood transfusion, we find someone on board with the correct blood type and get the blood fresh. We get the crew members who match a certain blood type to form a line, and then blood is drawn and given to patients.

Chappell: A blood bank on a boat would be really hard to manage.

Bernbeck: Right. This is all fresh, whole blood. In our time there, we didn't have a situation in which we had to give a blood transfusion. But we did have a power outage during one of our surgeries that resulted in pitch darkness. The ventilator for anesthesia even turned off. We performed surgery with a flashlight until the backup power came on.

Cooper: The ship has a dependable power supply?

Bernbeck: It has a main generator, as well as a smaller backup generator that provides emergency power to the intensive-care unit and the operating room.

When the power went out during that surgery, it was an incredible experience. The patient had come in once before with a femoral fracture. He'd been hobbling around with his leg flailing about because his femur hadn't healed. We were not allowed to do any femoral rodding, but I knew we had access to tibial rods. We formed a little committee and talked about the problem, and I told the team, "You've got to trust me. I know we can do this. I know the guy will do well. We're here to help people."

Now, I had a tibial-nailing system that I'd never used before, and I was using it for a purpose for which it was not intended. In fact, I was doing a technique I'd only read about, and I was doing it in a foreign country, on a hospital ship, where I didn't have half the equipment I needed. When the power went out, I was operating by feel, trying to get a femoral nail into a shaft. But in the end, it all went well.

Cooper: That must have been a shock—performing surgery when everything went black.

Bernbeck: I felt as though God was in there helping me the whole time. He had me there for a reason.

You're going to have certain things that are not under your control, and you just have to trust that they're going to go well in the end. And, as it turned out, this surgery did. The patient did fantastically well. I heard later he was walking on the repaired leg. It'll take a few months before it gets a solid union, but probably a month or so from now I expect him to be healed.

Cooper: Did you find any religious conflicts in the region? Any resistance to your medical services as a Christian organization?

Bernbeck: I saw the opposite, actually. We had Muslims and a Jewish guy in our group. In fact, all different religions were serving. Mercy Ships is mostly a Christian organization, but we're open to anyone.

We would also pray quite a bit with our patients. Even if you asked Muslim patients, "Would it be all right with you to pray in the name of Jesus?" They'd say, "Fine,

Dr. Johannes Bernbeck (center) and fellow volunteers perform a bone surgery onboard Africa Mercy, a ship which delivers much-needed medical care to impoverished areas.

yeah, I can use all the help I can get." I was pleasantly surprised by how friendly and open-minded people were.

Chappell: Have you been doing this sort of work for a long time?

Bernbeck: I just started doing this about two years ago, but I'm hooked. I love it. It's given my life great purpose. I'm now trying to engage my family in this mission, too. In a few weeks I'll be taking my son to the Dominican Republic and Haiti. I think it's important for him to visit those places and understand just how lucky we are. We shouldn't take for granted what a great country we live in.

Chappell: What are the language barriers you confronted during your work?

Bernbeck: The language spoken in Sierra Leone is called Krio. It's basically a Creole form of the English language. When it's slowed down, I can get it. They might say something like, "Me gladdy," which means, "I'm happy."

Chappell: Are interpreters available?

Bernbeck: Yes. Locals are hired to do various tasks on the ship, including interpreting.

Cooper: Do doctors have to pay their own way on these excursions?

Bernbeck: We had to pay for the flight to get there. We had to pay crew fees on the ship, too. Each day we're there, we pay a certain amount of money that covers our room and food.

We also do our own cleaning. There is no cabin service. The cafeteria does have a kitchen staff, but the ship is completely run by volunteers. Even the captain is a volunteer. He's been doing this job for five years, and the whole enterprise is funded by donations.

Chappell: What about equipment failures? In this country, when something breaks, you just go down the hall and replace it. But if you're on a boat—

Bernbeck: We fly in a technician to fix the broken equipment and have a new part shipped in. The technician will probably be with us for a week before he's able to figure out what needs to be done and how to actually fix the problem. You do what you have to do.

Cooper: You must be acutely aware, while doing work like this, of all of the cultural and economic differences between the United States and some of these other countries. It must give you a great sense of perspective.

Bernbeck: Re-entry to the United States was difficult. The work I do here is meaningful, but at an entirely different level. In the United States, I'm trying to restore function and take away people's back pain. I'm taking them from maybe 70 percent or 80 percent functional to 90 percent functional. In Africa, I was taking in people at 0 percent, and they were grateful if I was even able to get them to 50 percent. ■ ABILITY

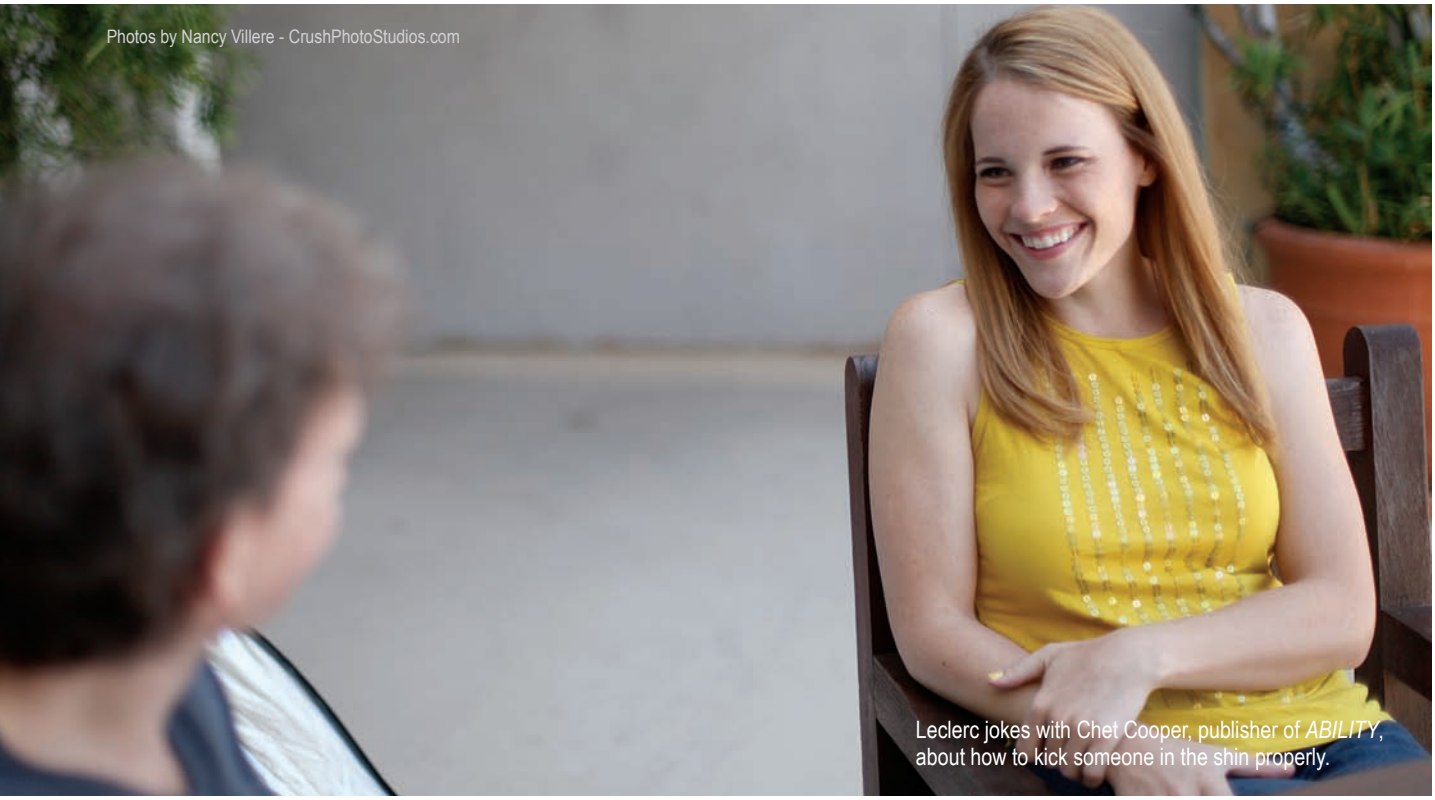
mercyships.org
cotni.org

Photos by Nancy Villere - CrushPhotoStudios.com

Katie Leclerc

Hear and Now

As star of the ABC Family series *Switched at Birth*, actress Katie Leclerc calls upon her own fluctuating hearing loss to infuse her role with a dash of reality. She plays Daphne Vasquez, a deaf teen who meets the family she never knew she had, and gets to share the screen with Lea Thompson and Academy Award-winner Marlee Matlin. *ABILITY*'s Chet Cooper caught up with the starlet to discuss her career, life with Ménière's disease, and how not to trip on the red carpet.


Photos by Nancy Villere - CrushPhotoStudios.com

Leclerc jokes with Chet Cooper, publisher of *ABILITY*, about how to kick someone in the shin properly.

Chet Cooper: Tell me about Switched at Birth. *How did that opportunity come about?*

Leclerc: My agent submitted me for a nationwide casting call for the roles of Emma and Daphne. I ended up getting a call back, and that's when I was asked to try a "deaf accent." It's something we discussed in depth. We wanted to make sure my portrayal was respectful and done correctly. At the same time, we felt that using a deaf accent would be a really strong choice for the character.

Cooper: I've heard the term "speech pattern" before, but not "accent." When you were cast, did they know that you had some hearing loss?

Leclerc: They did. Hearing loss is one of the symptoms of Ménière's, as are attacks of vertigo. I get fluctuating hearing loss and pressure in the ears. I get ringing in the ears. I get headaches. Some of the symptoms come and go as they please.

Last night, for example, I was giving an interview on the red carpet when my vertigo kicked in. I couldn't tell the reporter, "Oh, my God. I'm sorry, I don't know where your face is right now, because I don't know where I am right now." I just powered through the conversation and put a smile on. It's really hard for me to complain about Ménière's disease because without it I wouldn't have this job. So I'm thankful.

Cooper: Do you know what triggers your periods of vertigo? Do they happen when you move your head a certain way?

Leclerc: The symptoms are sporadic. If I get up too fast, I sometimes get dizzy. One day on the set I did a stunt that involved my character dodging a car. Someone grabbed my shoulders and pulled me out of the way. That day was especially rough on me, because there was so much jostling and movement. But, really, there are only a few preventive measures I can take right now.

Cooper: Can the symptoms be triggered by diving into deep water? If you jumped in and got water in your ear, could that trigger—

Leclerc: It might. I haven't done that sort of thing since I was little, and I wasn't diagnosed until I was 20. When Ménière's is triggered, I hear a weird, whooshing kind of sound. It's a feeling I can't describe very well. It feels as if the air evaporates out of my head. It's different for everyone, I guess. My sister has it, as well, and hers is different from mine.

Cooper: How so?

Leclerc: Well, she's older than I am, and her disease has grown progressively worse. She's 40, and I'm 24, but we have the same parents. My sister's disease is far more progressed than mine, so it's nice that I am almost getting a warning of what my own future might hold. My longest Ménière's attack has been three or four hours. Her longest attack was six days.

Cooper: Really? What happened during those six days? Was she able to function and go to work?

Leclerc and Constance Marie on the set of *Switched at Birth.*

Leclerc: Not really. But she has to be there for her family. She's got two kids, and she just puts a smile on and makes the best of the situation. You can't make your kids suffer because you're in pain.

Cooper: But what if the kid's are a pain?

Leclerc: *(laughs)* Sometimes I get attacks where only two of the four symptoms will show up, sometimes I get all four.

Cooper: And they show up whenever they want? Is there ever a time when only one shows up?

Leclerc: Yeah. Sometimes my hearing drops out, and that's it. I'll be totally fine, nothing else is wrong, except that I can't really hear.

Cooper: That sounds pretty convenient if you want to tune out your boyfriend. "Sorry, Hon, can't hear you!"

Leclerc *(laughs)*: "Sorry!"

Cooper: Is there any treatment or medication for the condition?

Leclerc: I'm on a low-sodium diet, because there can be a problem with fluid retention in the inner ear. Reducing my salt helps keep that fluid problem under control. I'm also on a diuretic, a water pill, to help with water retention.

Within the next five years or so, there may be a cochlear implant specifically designed for Ménière's patients. If you get that whooshing sound, you can push a button and the implant will stop the symptoms from progressing.

Cooper: That's an invasive procedure for something that, at least in your case, doesn't sound that bad. Do you think it would be worth it for your sister?

Leclerc: Yeah. If you have attacks that last for six days, it completely makes sense.

Cooper: Do you know about the controversy surrounding cochlear implants?

Leclerc: Oh, yeah. I'm well aware of that.

Cooper: We did a piece about a stand-up comic who got a cochlear implant. When performing she would normally feel the vibration from the laughter in her feet through the stage floor—the first time she did her act and could hear the laughter, she said she almost broke down.

Leclerc: Did she hate it?

Cooper: No, she loved it.

Leclerc: Oh, that's awesome! We have an American Sign Language (ASL) master on the Switched set at all times. He has a cochlear implant, and he said when he chose to get it, five or six years ago, half of his friends disowned him. They no longer speak to him. I can understand that portion of the deaf community that worries maybe a way of life is going by the wayside

because of technology. I completely understand that. But at the same time, I feel like it's a very personal decision, whether to use that technology. Whatever makes a person comfortable, whatever that decision is, cannot be decided by somebody else.

Cooper: How did you find out you had Ménière's?

Leclerc: I was helping out on a documentary four years ago, and the documentarian needed footage of someone getting her hearing tested. I was like, "Well, I've never had my hearing tested. You guys can test mine." They tested it and said, "Are you aware you're eligible for hearing aids right now?" When we investigated further, we discovered my sister has the same condition. It's kind of a genetic trait.

Cooper: Your father has it as well?

Leclerc: We suspect he does. He's never officially been diagnosed, but he shows symptoms of it, and my sister and I are both pretty convinced that old pop passed it on to us.

Cooper: He just doesn't listen to you guys.

Leclerc: I know! That's the problem! *(laughs)*

Cooper: "You kids are making me dizzy!"

Leclerc: Dizzy with excitement, yeah. *(laughs)*

Cooper: How did your career get started?

Leclerc: I was Annie in my junior high school production of *Annie*, and that was when I sort of got the bug. My family ended up moving to California from Utah, because there was this group of girls at school who were just really miserable and who made fun of me a whole lot.

Cooper: Because—?

Leclerc: Because kids are mean.

Cooper: It couldn't be you? Because when I first met you, you kicked me in the shins, and I thought, "That's just not right."

Leclerc: Kick and scrape down, that's the trick, you've got to scrape down the shin. *(laughs)* But no, so these girls weren't very nice, and we moved from Lakewood, CO, to San Diego and I just did high school theater at Valley Center High School there.

Cooper: I'm missing how the girls not being nice, relates to your moving to San Diego.

Leclerc: My family moved because they were so threatening.

Cooper: So there was a bully situation?

Leclerc: Absolutely. They threatened to kill me; they ruined my reputation completely.

Cooper: You should thank them, because you got a career out of it—

Leclerc: But you didn't let me finish my story, because I was getting to that. *(laughs)*

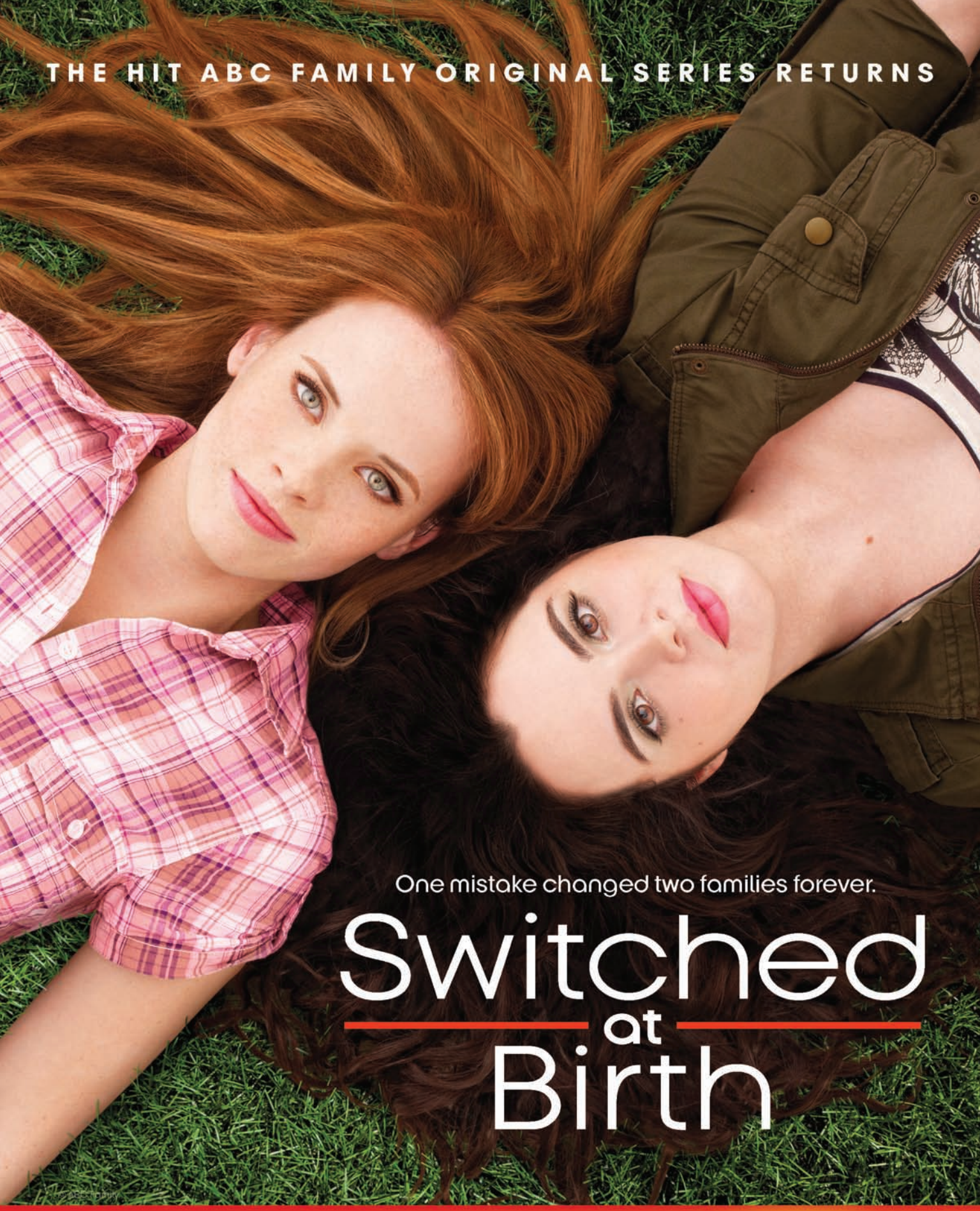
Cooper: I stepped on your line.

Leclerc: So we moved to San Diego, and I begged my mom to let me be an actor, so my incredibly supportive parents drove me from San Diego for as many auditions as I needed them to. I wouldn't be here without their support.

Cooper: And without the support of those bullies.

Leclerc: They actually sent me "friend" requests on Facebook! I don't have Facebook anymore, but I did for a while, and I was friends with them on there. I don't want to be judged by my behavior when I was 13, and I don't think anybody else should be either.

Cooper: I can't begin to tell you the number of people I've talked to who have had adversity that has caused them to look at life differently. Sometimes it's a tragedy or the person loses something. An experience shifts them, and without that experience they wouldn't be where they are today. But during that moment in time—



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Leclerc: —it was hard. I use some of that for my character on the show. Daphne was bullied and made fun of because she's different, and I think everyone's a little afraid of the unfamiliar. I feel excited to be part of a project that can potentially open people's minds. The deaf and hearing worlds are so separate right now. They're completely different. ASL is the third most common language in the United States, but if you don't know a deaf person, you would never know that. You don't see it in your everyday life.

Cooper: I didn't know that.

Leclerc: It's English, Spanish, and then ASL. I think that's a really cool fact because, again, the deaf and hearing worlds are so separate, and they don't have to be. The fact that there's a show in which multiple deaf characters can come into your home, every week—

Cooper: How many?

Leclerc: Sean Berdy, Marlee Matlin, Constance and myself. Constance plays my mother, but she signs the entire time. I think just exposing the culture as a whole to sign language is really important. In this very serendipitous world we live in, I learned sign language when I was 17, and I was diagnosed with Ménière's when I was 20. At 24, I got cast in the role of a lifetime.

Cooper: And now you're playing 16?

Leclerc: I know! Sixteen all over again! *(laughs)*

Cooper: Your sister's 40, but she looks 17. And your mother—

Leclerc: She looks 18. I think that's the Mormon in us. Not so many late-night drinking binges. *(laughs)*

Cooper: A lot of people who are deaf are connected to the show. You're quasi-hard of hearing, yourself. Have you gotten any feedback about being cast in this part?

Leclerc: I've heard nothing but positive feedback. Everyone is just so excited to have a show that represents the community in such a positive and honest way, and deals with the concerns of the community as a whole. It's as if everyone is saying, "It's nice to see one of our own." I go on Twitter and see comments from kids writing, "I'm deaf. Thank you, *Switched at Birth,* for making me feel proud to be in my own skin." Or "Thank you, *Switched at Birth*, I'm inspired to learn sign language." I'm really impressed with ABC Family. With the Cyberbully movie they just did, and now with our show, they're using their power for good. There's a shift, I think, in television right now. Like *Breaking Bad* with—

Cooper: R.J. Mitte.

Leclerc: Yeah. He's great on that. *Breaking Bad* is one of my favorite shows, anyway. It's really nice to see so many different people represented. Television, for so long, never reflected that.

Cooper: Have you been to Gallaudet University?

Leclerc: I haven't. I really want to go. I want to go up to Rochester NIT while I'm out there. There's a huge deaf community in Rochester. I've got to make that East Coast trip.

Cooper: I went to the Kellogg Center at Gallaudet, and I remember attending one of their dances.

Leclerc: Where they turn the speakers on the floor? It's so fun!

Cooper: It was fun, but I couldn't stay long, because they cranked up the bass so loud that it was overwhelming.

Leclerc: *(laughs)*

Cooper: What kind of hobbies are you involved in?

Leclerc: I love to cook. My family owns restaurants. They've had restaurants since before I was born. They had one on the West Coast, and now they have a

Chinese restaurant in San Antonio called the Fire Wok. They all live in Texas now. I was born in Texas, and I moved around a lot.

Anyway, I like to hike and camp. I'm obsessed with quite a few trails in Los Angeles. My boyfriend and I try to go hiking every weekend, but it doesn't always happen. I'm a big fan of basketball, too. I play basketball on our show, but I'm also a fan.

Cooper: You don't use a stunt person to play basketball on the show?

Leclerc: *(laughs)* No!

Cooper: Even when you're dunking?

Leclerc: I don't dunk. I'm not that good! *(laughs)* Maybe someday they'll get a trampoline on the set.

Cooper: I know you go to Comic-Con. Is it to promote Switched at Birth*?*

Leclerc: No, I just go because I'm a nerd and I like comic books and video games. I played Dungeons and Dragons for a while.

Cooper: You'll notice in this issue that we also have a comic book.

Leclerc: Sweet!

Cooper: American and Syrian youths with disabilities participated in the Ability summit in Damascus, and asked, "How do we change attitudes?" So they came up with the idea of a superhero comic book.

Leclerc: Anything that you can participate in that does a little bit of good in this world is great.

Cooper: Your show—does a bit of good. It's entertaining while also showing a part of life that doesn't get much exposure.

Leclerc: Right. Exactly. If you have an agenda and you have a way to get there with plot devices like *Switched at Birth*, you can talk about cochlear implants, and you can talk about issues, and you can create awareness. But at the same time, I don't think that needs to be every project. Entertainment's OK, too. People have to escape sometimes. ■

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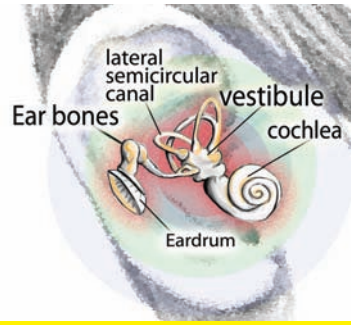
american-hearing.org



MENIÈRE'S DISEASE is named after the French physician Prosper Ménière. Born in Angers, France in 1799, Ménière completed his medical studies in 1828. After becoming physician-in-chief at the Institute for deaf-mutes, he focused on the diseases of the ear.

Ménière's studies at the deaf-mute institute helped formulate his paper on hearing loss resulting from lesions of the inner ear, which ultimately lead to the recognition of Ménière's disease.

Ménière's disease is a disorder of the inner ear that causes episodes of vertigo, periodic hearing loss, ringing in the ear (tinnitus), and an occasional full feeling in the ear, according to the Mayo Clinic. In many cases, the condition affects only one ear.

Vertigo is the sensation you experience if you spin around several times quickly, and then suddenly stop, as the room continues to "spin," throwing off your balance. With Ménière's, episodes of vertigo come and go without warning, usually lasting 20 minutes to two hours or more, and up to 24 hours. Severe vertigo may cause nausea and vomiting.

Hearing loss with Ménière's can fluctuate, particularly early in the course of the disease. Eventually, most people will experience some degree of permanent hearing loss. They also experience the perception of a low-pitched ringing, buzzing, roaring, whistling or hissing in the ear. People with Ménière's at times feel a sense of aural fullness or pressure in the ear.

The condition isn't well understood, but it appears to be the result of an abnormal volume or composition of fluid in the inner ear. Things that alter the make up of inner ear's fluid may also help to cause Ménière's disease. Scientists have identified a number of potential causes or triggers that include: improper fluid drainage; abnormal immune response; allergies; viral infection; genetic predisposition, and head trauma.

If you suspect you have Ménière's, a visit to a medical doctor is required for accurate diagnosis and targeted treatment. A number of medications may be prescribed for short-and long-term care. Noninvasive therapies include vestibular rehabilitation, which helps your body and brain regain the ability to process and balance information correctly. And, for vertigo that's hard to treat, there's a device called a Meniett pulse generator that applies pulses of pressure to the ear canal through a ventilation tube. The treatment is performed at home, usually three times a day for five minutes at a time. Initial reports on the Meniett device show improvement in symptoms of vertigo, tinnitus and aural pressure.

■ ABILITY

SILVER SCORPION!

SYRIAN AND AMERICAN YOUTH ON THE SAME PAGE

Syrian fans get their hands on the Arabic language publication of *Silver Scorpion.*

As uncertainty hovers over the Middle East, philanthropist Jay Snyder and professor Valerie Karr, PhD, brought together young people from the United States and Syria for a dynamic cultural exchange that generated an unlikely outcome.

Karr teaches at Adelphi University, and champions global disability rights, while Snyder founded the Open Hands Initiative, a non-profit venture dedicated to promoting international peace.

Last year, during a visit to Syria's capital city, Damascus, Karr headed a three-day summit for youth with physical and intellectual disabilities. Despite language and cultural differences, the groups collaborated to produce *Silver Scorpion*, a comic book about a superhero who has a physical disability. The publication is available in both Arabic and English. Snyder and Karr spoke with *ABILITY*'s Chet Cooper about their innovative project.

Chet Cooper: How did the Open Hands Initiative (OHI) get started?

Jay Snyder: My wife, Tracy, and I felt for a long time that we should create opportunities for people-to-people diplomacy. That feeling was reinforced by a speech President Obama gave about reaching out with an open hand to the Arab world.

Cooper: Was that the first time a politician's speech had moved you to take action?

Snyder: No. President Clinton had made some remarks about public diplomacy, and about the HIV/AIDS pandemic, that caused us to become involved in helping in that arena. So we got involved with research projects, trying to help find ways to end that terrible disease.

Cooper: The Open Hands Initiative is an internally funded non-profit?

Snyder: It is. We're very fortunate that way. The goals of OHI are specific, and our organization has the resources necessary to stick around as long as needed to accomplish those goals. At the moment, OHI is composed of three major initiatives: programs that deal with art, healthcare, and people who have disabilities.

Cooper: Valerie, how did you hear about OHI?

Valerie Karr: We were connected thanks to my involvement with the Shafallah Center, which caters to children who have special needs. About five years ago, the center started working in Qatar, through the firm Brown Lloyd James, to help organize a forum that brought together first ladies and grassroots organizations from around the world. Everyone at that forum shared the goal of working on disability movements and trends with Hassan Ali Bin Ali, the chairman of the center.

Jay was eager to create OHI's first project, but he wasn't sure of the best way to initiate a dialogue between America and the Middle East. We targeted Syria first because, geopolitically, it's right in the center of the region bordered by Lebanon, Turkey and Iraq. It's also a country that has proven to be very challenging for American diplomacy efforts. So we began by asking ourselves, "What are some common interests, between our two countries, on the person-to-person level?"

Cooper: And you found the answer?

Karr: Religion and culture aside, every society loves its children. Because of the work I do promoting the rights of people with disabilities we arrived at focusing on children with disabilities as a strong basis for a diplomatic effort. Disability is a transcendent issue. It affects everyone in every country, and can be an important starting point for cooperation.

Cooper: Tell me about your experience working with the people of Syria.

Snyder: First of all, Dr. Karr was invaluable. She went to Syria about a year ago as part of the ground team, helping to interview and choose the partners. Those partners were then put together in groups. We had people with all types of disabilities involved in this mission. Unfortunately, the situation in Syria since our first visit has become tragic. I wish the people of Syria a quick and peaceful resolution to their crisis.

[NOTE: At this writing, more than a thousand people have died in Syria since mid-March, according to U.N. Secretary-General Ban Ki-moon. Protesters continue to call for political reforms and the reinstatement of civil rights, as well as for an end to the state of emergency that has been in place since 1963.]

Cooper: The result of the summit in Syria is that you developed a comic book? How did that happen?

Snyder: In May 2010 my staff came to me and said we have a unique opportunity to create something new and lasting in the Middle East. It would be an opportunity for our country to engage in an area in which the US has not had a lot of experience: relations with Syria.

We saw a way, through engagement with disability, to work in a specific area where there is commonality between our nations. As Dr. Karr indicated, everyone knows somebody, maybe someone in his or her own family, who has some form of disability. So we knew we had an underlying common theme: There's little difference between somebody who's dealing with a certain type of disability in the Middle East, and someone who's dealing with that same condition in Asia or America or anywhere in the world. Disability is an arena that transcends politics, religion and policy.

Clockwise: Valerie Karr, PhD, meets the press in Syria; OHI participant Walaa Saed speaks at the Damascus premiere of *Silver Scorpion*; Former President Clinton endorses *Silver Scorpion* with (from left) OHI Founder Jay Snyder, Shefeka Hashash and Maxwell Snyder.

Cooper: Was creating a comic book always a part of the plan for you, Valerie?

Karr: No, it wasn't. The comic book concept actually came out of our discussions. We collaborated with Liquid Comics, which specializes in cross-cultural superheroes.

The Silver Scorpion character itself came from Jay. He was an avid comic-book collector in his youth, and that medium satisfied our requirement for a vehicle that could be easily disseminated. Because comic books are a visual medium, even an audience with a low literacy rate can follow the story through pictures.

A comic book can connect with readers in rural areas, where there may only be one print book for the village, and also in urban areas like those throughout the United States. Comic books are extremely popular here, and their stories can be enjoyed on iPads, in movies and in video games.

Cooper: At what point in the process was the Silver Scorpion character developed?

Karr: I put out a call for participation to various youth networks here in the United States—the Victor Pineda Foundation and The World Inclusion Summit, for example—and tried to get the message of our project out to any young member who wanted to participate in this creative venture. We held a one-week summit in Syria, bringing young people together to see what they had in common, but we were also interested in learning about what differences they had, and what kinds of hardships they'd experienced. Instead of just discussing disability, we really wanted to create an awareness-raising tool through the development of the comic book.

Snyder: Dr. Karr led that summit. A lot of people thought it would be impossible to pull off a summit of that magnitude: doing a nationwide search in another country and putting together the program in two-and-a-half months. It was just extraordinary, what she managed to achieve. So the Silver Scorpion character and other characters, as well as their storylines, are collectively the product of the Ability Summit. Then Sharad Devarajan, from Liquid Comics, took the ideas and created the comic book.

I snuck into the back of the room, on occasion, and tried to be as inconspicuous as possible. I was truly intrigued by what was being created. I think a great deal of the success of this project stems from the fact that the young advocates were so enthusiastic in communicating with each other. They taught me more than I taught them. This process was one of the most special times of my life.

Karr: We even gave the participants "comic-book homework," sending them home with other comic books so they would be thinking about character development and so on. During the summit, we talked about human-rights issues, we talked about the United Nations Convention on the Rights of Persons with Disabilities, and we allowed these young Syrians and Americans to come together and share their different experiences. And through those experiences, they came up with the first Arab superhero with a disability: Silver Scorpion.

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Do not take AMPYRA together with other aminopyridine medications including compounded 4-aminopyridine (sometimes called 4-AP, fampridine).

AMPYRA may cause serious side effects including kidney or bladder infections. The most common side effects are urinary tract infection, trouble sleeping (insomnia), dizziness, headache, nausea, weakness, back pain and problems with balance. Tell your doctor if you have any of these side effects that bother you or do not go away.

This is not the full safety information. For more information, please refer to the Medication Guide on the next page. This important safety information is not meant to replace discussions with your doctor.

For more information call toll-free 1-888-881-1918.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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What is the most important information I should know about AMPYRA?

AMPYRA can cause seizures.

- Your chance of having a seizure is higher if you take too much AMPYRA or if you have kidney problems.
- Do not take AMPYRA if you have ever had a seizure.
- Before taking AMPYRA tell your doctor if you have kidney problems.
- Take AMPYRA exactly as prescribed by your doctor. See "How do I take AMPYRA?"

Stop taking AMPYRA and call your doctor right away if you have a seizure while taking AMPYRA.

What is AMPYRA?

AMPYRA is a prescription medicine used to help improve walking in people with multiple sclerosis (MS). This was shown by an increase in walking speed.

It is not known if AMPYRA is safe or effective in children less than 18 years of age.

Who should not take AMPYRA?

Do not take AMPYRA if you:

- have ever had a seizure
- have certain types of kidney problems

What should I tell my doctor before taking AMPYRA?

Before you take AMPYRA, tell your doctor if you:

- have any other medical conditions
- are taking compounded 4-aminopyridine (fampridine, 4-AP)
- are pregnant or plan to become pregnant. It is not known if AMPYRA will harm your unborn baby. You and your doctor will decide if you should take AMPYRA while you are pregnant
- are breast-feeding or plan to breast-feed. It is not known if AMPYRA passes into your breast milk. You and your doctor should decide if you will take AMPYRA or breast-feed. You should not do both.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements. Know the medicines you take.

Keep a list of them and show it to your doctor and pharmacist when you get a new medicine.

How should I take AMPYRA?

- Take AMPYRA exactly as your doctor tells you to take it. Do not change your dose of AMPYRA.
- Take one tablet of AMPYRA 2 times each day about 12 hours apart. Do not take more than 2 tablets of AMPYRA in a 24-hour period.
- Take AMPYRA tablets whole. Do not break, crush, chew or dissolve AMPYRA tablets before swallowing. If you cannot swallow AMPYRA tablets whole, tell your doctor.
- AMPYRA is released slowly over time. If the tablet is broken, the medicine may be released too fast. This can raise your chance of having a seizure.
- AMPYRA can be taken with or without food.
- If you miss a dose of AMPYRA, do not make up the missed dose. Do not take 2 doses at the same time. Take your next dose at your regular scheduled time.
- If you take too much AMPYRA, call your doctor or go to the nearest hospital emergency room right away.
- Do not take AMPYRA together with other aminopyridine medications, including compounded 4-AP (sometimes called 4-aminopyridine, fampridine)

What are the possible side effects of AMPYRA?

AMPYRA may cause serious side effects, including:

- Kidney or bladder infections

  See "What is the most important information I should know about AMPYRA?"

The most common side effects of AMPYRA include:

- urinary tract infection
- trouble sleeping (insomnia)
- dizziness
- headache
- nausea
- weakness
- back pain
- problems with balance
- multiple sclerosis relapse
- burning, tingling or itching of your skin
- irritation in your nose and throat
- constipation
- indigestion
- pain in your throat

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of AMPYRA. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

How should I store AMPYRA?

- Store AMPYRA at 59°F to 86°F (15°C to 30°C).
- Safely throw away AMPYRA that is out of date or no longer needed.

Keep AMPYRA and all medicines out of the reach of children.

General Information about the safe and effective use of AMPYRA

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use AMPYRA for a condition for which it was not prescribed. Do not give AMPYRA to other people, even if they have the same symptoms that you have. It may harm them.

This Medication Guide summarizes the most important information about AMPYRA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about AMPYRA that is written for health professionals.

For more information, go to www.AMPYRA.com or call 1-800-367-5109.

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THERAPEUTICS

Cooper: So youth with disabilities created this character?

Karr: Yes, and remember that these kids did not all speak the same language. They had different cultures and different beliefs. I was very worried about that in the beginning. How are we going to get them to open up? What if they don't speak to each other? What if they're very quiet or timid around each other?

I had activities to break the ice, but we didn't need them. Within five minutes these kids were talking. We had 22 participants, we had translators who were the same age as the kids, and we had youth volunteers. We even had girls signing to each other in Arabic and American Sign Language (ASL), who began learning each other's signs.

Cooper: Was it a challenge to be working with different sign languages, as well as connecting hearing and non-hearing participants?

Karr: We had two sign-language interpreters—one Arabic sign-language interpreter and one ASL interpreter—so the young people could facilitate between our lectures and activities very well.

We had a lot of down time. We also had a lot of participatory activities, for which people were broken into small groups. Immediately a Syrian girl who signed and an American girl who signed went into the same group, so they could communicate with each other. By the end of the summit, we often saw them talking to each other from across the room.

Cooper: Where did all the great artwork come from for this project?

Karr: We held different creative sessions throughout the summit. One session was called "How to Create a Superhero." We asked the participants, "What are the characteristics of a superhero? What would a superhero be for you?" Many young people in that situation would say, "Oh, she can fly. Or he can break through walls." But none of the kids on our project said those things. They were more interested in a hero who could change hearts and minds. They talked about deeper issues like the power to make people feel empathy.

Cooper: Nice.Can Silver Scorpion shoot a bolt of empathy into someone?

Karr: *(laughs)* No. As a character, we use Silver Scorpion to focus on life after an acquired disability. He is injured in an explosion and becomes an amputee, unable to walk. He goes through a very low moment in the first book: The explosion that results in him becoming an amputee also kills his best friend. Throughout the whole process, the kids were very clear that Silver Scorpion should not use his power to heal his own disability.

Then we started asking questions like, "How do you create a super villain? What is a truly evil person? What is that archetype? What is a superhero's archetype?" At the end of the process, these kids came up with four different characters and ideas. In *Silver Scorpion*, you can see a lot of their ideas, as well as a lot of their experiences with discrimination, throughout the story. There were so many common stories discussed among young people with disabilities in both cultures: the feeling of being stared at or excluded, the experience of being mocked in school, and the Silver Scorpion has these same experiences.

Cooper: Do you have a plan for where the series is going next? Do you think you can get it into school systems?

In the second comic book, coming out soon, Silver Scorpion comes to an acceptance of who he is, starts to adjust to his new abilities, and becomes proud of them. All of the young people on our team talked about that feeling. They're proud of their abilities. They don't dwell on their disabilities as being life-changing, life-altering, horrible things. They'd rather think about their strengths.

Snyder: We want to expand the comic's reach in the Middle East, and we very much want to do some unique distribution here in the US. Both cultures can learn from what has been created here. We wanted the story to be resonant to people in their language, so there's an Arabic version of the comic and an English version.

Our goal is to present the project at the United Nations (UN) conference on disabilities. I served as a public delegate there 11 years ago, and I have always had a special place in my heart for the UN. I think it's an amazing organization that's done incredible work.

Our goal is to create a cross-cultural guidebook for implementation of the UN Convention on the Rights of People with Disabilities, written both in Arabic and in English. We want to help facilitate and expedite their processes of implementation. As a non-governmental organization, we're thrilled to do anything we can.

Cooper: So this is a continuing story?

Karr: Yes. Originally, we'd thought we would create six different heroes, but we want to spend time giving Bashir, our Silver Scorpion hero, some character development. He needs to come out on the other side of his situation.

We showed a digital film version of *Silver Scorpion* in the Damascus Opera House and the hall was packed. Over 1,200 Syrian citizens came to see what we'd been doing. They were very interested in this new concept, and specifically in the collaboration between Syrians and Americans. It was a breakthrough moment, I think. We could all talk openly about disability. There was even a press conference

Syrian and American youth collaborate in the development of Silver Scorpion.

afterwards. We're really looking forward to doing a US launch sometime in the fall.

Cooper: What were your thoughts about the dynamics on the ground in Syria after your visit?

Karr: I'm certainly aware of what's happening on the ground in Syria. The whole point of our program, though, was to improve person-to-person understanding, so that more goodwill exists between our countries. That goodwill, at the citizen level, can really survive and thrive despite policy differences.

The US government is pushing a hard line against Syria right now, in the wake of the uprisings there, but I hope the foundation we built will endure. I hope Syrians looked at us and saw Americans coming in not to take something, not to damage something, but just to say, "We're here, we're open to working, and we find value in working with you. Look at what we've created together." I think that relationship will last.

Cooper: Is there anything about the Open Hands Initiative you'd particularly like people to remember?

Snyder: Extraordinary youth, given the right opportunities, can create extraordinary things. We bring them together, put their ideas and their energy into a mixing pot, and the most amazing things come out of that process. They've changed my life more than I've changed theirs.

Cooper: How do you think the people of Syria, and people of the Middle East in general, are responding to the message of this project?

Karr: In Syria, our concentration was on raising awareness that people with disabilities can have meaningful lives, and that people with disabilities can be a part of the community. We went out to dinner every night with all of the kids. We didn't want to be insulated in a hotel. We wanted those kids out in the open, being seen.

People often came up to us and said things like, "I have a child with a disability. Do you know where I could get services for him?" We'd hear, "You guys are out! I didn't know that we could do this." That's the sort of consciousness-raising that happens through direct experience, and I think it can also be achieved through exposure to the comic book. Silver Scorpion is one of the first superheroes ever to be presented in Syria. I hope young readers consider this hero and not see his disability; Jay and many other people have seen disability as a sort of common talking point to work around. I hope they just say, "Wow, he's really cool!"

Someday you will either know someone with a disability, or you yourself will be affected by a disability. During one of our summits here in Washington, DC, we found that only first-hand experience can effectively convey what the disability experience is like. But *Silver Scorpion* also is a strong tool to send this message. It's mainstreaming disability in a cultural way and, at the same time, reflecting the cultural values of the Arab and Muslim world. I'm looking forward to *Silver Scorpion* becoming bigger. We're just getting started. ■

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Silver Scorpion →


SILVER SCORPION™
OPEN HANDS INITIATIVE
LIQUID COMICS


COME ON, BASHIR...
...YOUR UNCLE ALMOST HAS DINNER ON THE TABLE.
I'M HUNGRY, LET'S EAT!
YOU CAN FINISH... WELL, WHATEVER THAT IS... LATER.
IT'S NOT RIGHT. THERE'S SOMETHING... MISSING.
YOU KNOW WHAT'S MISSING? DINNER.
IF YOU'RE GOING TO TALK MY EAR OFF AT LEAST TELL ME HOW YOU GOT THAT BRUISE ON YOUR FACE.
I FELL... PLAYING FOOTBALL.
YEAH, RIGHT... C'MON, TELL ME HOW YOU REALLY GOT IT?
FINE. IT WAS ZUHAIR AFTER SCHOOL. HE WANTS ME TO DO HIS HOMEWORK.
NOT AGAIN! HE'S JUST A BULLY. YOU SHOULD FIGHT BACK.
EASY FOR YOU TO SAY, NOBODY DARES MAKE FUN OF YOU.
MAYBE IF YOU HELPED ME...
QUIET KAMAL. FOOD CAN WAIT...
...ART CANNOT.
PROTECTING YOU IS NOT MY PROBLEM, KAMAL... YOU SHOULD TOUGHEN UP.
HURRY UP, YOU TWO, DINNER'S GOING TO BE COLD.
TWO MORE MINUTES, UNCLE TAMIM. I JUST NEED TO FINISH THIS SCULPTURE.
YOUR FRIEND WILL FINISH YOUR DINNER IF YOU'RE NOT HERE IN THE NEXT FEW MINUTES!
UGH, FINE, I'M COMING, UNCLE!


LATER
YOUR UNCLE IS AN AMAZING COOK.
NOT BAD FOR A SCRAP METAL DEALER, I GUESS.
TELL ME SOMETHING. WHY ARE YOU ALWAYS DOING ALL THESE SCULPTURES?
WHAT ELSE IS THERE TO DO IN THIS VILLAGE FULL OF RUSTY OLD JUNK.
I GUESS I UNDERSTAND. WHAT SORT OF PIECE ARE YOU LOOKING FOR TO FINISH THAT NEW ONE?
NOT SURE. BUT I'LL KNOW IT WHEN I SEE IT.
NOTHING SO FAR. MAYBE...THERE'S SOMETHING ON THE OTHER SIDE OF THE FENCE.
BAD IDEA! SERIOUSLY BAD IDEA!
COME ON, BASHIR, DON'T. THAT'S A NO-MAN'S LAND OUT THERE. WE'RE FORBIDDEN!
STOP BEING SUCH A COWARD, KAMAL. IT'S FINE.
OR MAYBE ZUHAIR IS RIGHT ABOUT YOU AFTER ALL.
THAT'S NOT FAIR, BASHIR. IT'S DANGEROUS. I'VE HEARD THE CITY'S STREET GANGS HAVE LEFT BEHIND LANDMINES AND TRAPS.
STAY BACK IF YOU'RE SCARED, BUT I'M GOING.
NO... WAIT FOR ME.
THAT'S IT.
THIS IS WHAT I NEED TO FINISH THE SCULPTURE.
AAAH!
WHAT IS IT?
SCORPION...
...OR AT LEAST IT USED TO BE!
YOU'RE LUCKY THAT'S ALL IT WAS. THIS PLACE GIVES ME THE CREEPS.
JUST LET ME GET THIS WHEEL OUT, AND WE'RE DONE.
UMFF!
A WHOLE WHEEL... CHRIST!


HEY, CHECK ME OUT, KAMAL! I'M A HELPLESS CRIPPLE.
JUST LIKE YOU'RE GOING TO BE IF YOU DON'T STAND UP TO ZUHAIR SOON!
IT'S NOT SO BAD ACTUALLY... YOU CAN BE PUSHED AROUND FOR THE REST OF YOUR LIFE!
THAT'S MEAN, BASHIR.
NO IT'S NOT...
...I'M JUST-
TEK
TWO WEEKS LATER
BASHIR IS A VERY LUCKY BOY...
...IT'S FRANKLY A MIRACLE HE SURVIVED THE BLAST AND ONLY LOST HIS LEGS. HIS FRIEND WAS NOT SO FORTUNATE.
I DOUBT BASHIR CONSIDERS HIMSELF LUCKY, DOCTOR.
OF COURSE. HIS ADJUSTMENT TO THE WHEELCHAIR IS GOING TO TAKE SOME TIME.
THAT CHAIR IS THE BEST YOU HAVE? IT LOOKS OLDER THAN BASHIR.
UNFORTUNATELY SO.
I WISH WE COULD OFFER SOMETHING BETTER, BUT THE HOSPITAL IS ALREADY STRETCHED THIN WITH THE VIOLENCE THIS GANG HAS BROUGHT DOWN UPON OUR HEADS RECENTLY.
IT'S A SHAME, THIS TOWN IS USUALLY SO PEACEFUL. BUT THERE'S REALLY NOTHING MORE WE CAN DO FOR HIM HERE.


THE DOCTOR IS DISCHARGING YOU, BASHIR, THAT'S FINALLY SOME GOOD NEWS, ISN'T IT?
BASHIR?
DID YOU HEAR ME? I SAID YOU CAN FINALLY GO HOME.
IT WOULD BE BETTER IF I HAD DIED!
IT SHOULD HAVE BEEN ME.
DON'T TALK LIKE THAT. THERE'S BEEN ENOUGH SADNESS IN THIS FAMILY.
THAT'S ALL THERE IS IN THIS FAMILY!
MY PARENTS DIED WHEN I WAS JUST A BOY! YOUR WIFE DIED! NOW KAMAL'S DEAD. IT'S NOTHING BUT TRAGEDY!
WE DON'T MEASURE OURSELVES BY OUR TRAGEDIES, BASHIR, BUT BY HOW WE RECOVER FROM THEM.
HOW AM I SUPPOSED TO RECOVER MY LEGS?
EVEN THE WHEELCHAIR THEY GAVE ME IS FALLING APART.
I HAVE A FRIEND WHO MIGHT BE ABLE TO DO SOMETHING ABOUT THAT.
LATER IN THE CITY.
NO CHARGE FOR YOU AND THE BOY.
THANK YOU.
IT'S THE LEAST I CAN DO, CONSIDERING HIS... WELL, WHAT HAPPENED TO HIM.
WE DON'T NEED CHARITY FROM SOME CAB DRIVER! KEEP YOUR SYMPATHY!
THAT WAS RUDE, BASHIR. HE WAS JUST TRYING TO BE KIND.
I DON'T NEED HIS PITY. I HATE THE WAY PEOPLE LOOK AT ME.
THESE SIDEWALKS ARE A NIGHTMARE! NOT TO MENTION THAT I CAN'T EVEN GO UP OR DOWN THE STAIRS IN MY OWN HOME WITHOUT YOU CARRYING ME!
I KNOW IT'S DIFFICULT, BASHIR, BUT YOU WILL LEARN HOW TO DO EVERYTHING ON YOUR OWN ONE DAY.
YOU'LL SEE US AGAIN, TAREK.
HAVE A BETTER ANSWER WHEN YOU DO.
OUT OF THE WAY.
HEY! WHO DO YOU THINK YOU ARE, PUSHING MY UNCLE?!
BRAVE BOY...


...MAYBE HE WANTS TO BE A DEAD BOY.
HE MEANT NOTHING!
PLEASE, SIR, ACCEPT MY HUMBLE APOLOGY FOR THE BOY.
LEAVE HIM. HE'S JUST A CRIPPLE.
HE'LL BE A CORPSE NEXT TIME.
ARE YOU A FOOL, BASHIR! THAT TONGUE OF YOURS NEARLY GOT US KILLED!
WHAT SHOULD I HAVE DONE? THEY'RE PART OF THE GANG THAT LEFT ME LIKE THIS.
HE'S RIGHT, TAMIM...
TAREK!
SO GOOD TO SEE YOU, MY FRIEND.
YOU AS WELL, TAMIM.
...MEN LIKE THAT BEHAVE AS MOVERS UNTIL YOU REMIND THEM THEY ARE DOGS.
THIS IS THE ONE YOU TOLD ME ABOUT?
AS YOU HEARD, HE HAS A MIND OF HIS OWN.
TAREK, MEET MY NEPHEW, BASHIR.
I LIKE HIM ALREADY. HE HAS FIRE IN HIS BELLY.
THANKS. IT'S NICE TO MEET YOU TOO.
COME IN, COME IN, THE TEA IS ALREADY BREWED.
LATER ON
THESE ARE BEAUTIFUL, TAREK, BUT I HAVE TO ASK YOU...
...HOW CAN YOU CREATE SUCH THINGS IF YOU'RE BLIND?
WHEN YOU LOSE ONE ABILITY, IT HELPS TO FOCUS ON YOUR OTHERS. YOU MAY HAVE STRENGTHS YOU NEVER KNEW YOU HAD.
BASHIR IS AN ARTIST TOO, HE SCULPTS USING WHAT HE FINDS IN THE SCRAP YARD.
NOT ANYMORE. NOT IN THIS CHAIR.
WELL, WE'LL DO SOMETHING ABOUT THAT CHAIR FIRST. I CAN HAVE SOMETHING MUCH MORE SUITABLE FOR YOU BY TOMORROW EVENING.
YOU CAN MAKE AN ENTIRE WHEELCHAIR THAT QUICKLY? HOW IS THAT EVEN POSSIBLE?
I'VE BEEN WORKING WITH METAL FOR YEARS, BASHIR.
COME BACK TOMORROW NIGHT...
...YOU'LL SEE.
THE NEXT EVENING
IT'S NOT FINISHED.
AND IT NEVER WILL BE.
WHEN CAN WE LEAVE TO GET MY NEW CHAIR FROM TAREK?
NOT TONIGHT. I'VE GOT A TRUCK FULL OF SCRAP COMING IN AND IT HAS TO BE UNLOADED.
YOU'RE GOING TO MAKE ME WAIT?
I'M NOT MAKING YOU DO ANYTHING. YOU WANT TO GO, GO. TAREK'S SHOP ISN'T THAT FAR AND YOU CAN DO ANYTHING YOU PUT YOUR MIND TO.
FINE, I WILL DO IT MYSELF.
THAT'S THE SPIRIT.
I CAN BARELY MOVE AROUND ON THESE COBBLESTONES...THIS NEW CHAIR BETTER BE WORTH ALL THIS TROUBLE.
TAREK?
HELLO? IS ANYONE HERE?
HOW CAN THAT BE?
HM?
YOU THOUGHT YOU COULD SNEAK UP ON ME IN A METAL CHAIR, BOY?
WAIT
AAAH!


THIS ISN'T FOR YOUR EYES!
I'M SORRY! I WON'T TELL ANYONE!
NO. YOU WON'T.
I SWEAR I'LL KEEP YOUR SECRET, BUT PLEASE...
...TELL ME WHAT THIS IS.
"THIS" IS WHAT MAKES THINGS SUCH AS YOUR NEW CHAIR POSSIBLE.
CLICK
WHAT YOU SEE HAS REMAINED HIDDEN FROM THE WORLD FOR CENTURIES.
TAREK! COME OUT!
THEY'RE BACK.
STAY HERE, BASHIR. WHATEVER YOU DO, DON'T MAKE ANY NOISE.
WHO'S BACK? THOSE MEN?


YESTERDAY YOU TOLD MY MEN NO.
SO TODAY I CAME MYSELF, TO SEE IF YOU HAD GAINED ANY WISDOM. YOU MAY BE THE BEST, BUT I'LL FIND ANOTHER METALSMITH IF I HAVE TO.
I'LL ASK ONE LAST TIME, WILL YOU MAKE THE WEAPONS WE WANT?
ASK AS MANY TIMES AS YOU LIKE...
...THE ANSWER WILL ALWAYS BE NO.
BLAM!
PITY.
YOU CAN DIE KNOWING THIS CITY IS GOING TO SUFFER FOR YOUR DEFIANCE.
I'LL TEACH THEM ALL THAT NO ONE DENIES ME WHAT I ASK FOR.
GHHHHK...
TAREK! I CAN TRY TO GET YOU TO THE HOSPITAL...
TOO LATE ... FOR THAT...
BUT...BUT THE THINGS YOU CAN DO WITH METAL...
...CAN'T YOU JUST TAKE THE BULLET OUT?
I COULD REMOVE...THE BULLET...
...BUT NOT THE DAMAGE IT'S DONE...
...BETTER TO DIE THAN LET THEM LEARN OF THE POWER...


BASHIR, COME HERE...
...TIME IS SHORT.
YOU MUST TAKE...MY GIFT... FOR YOUR OWN...
...THE CROWN OF ZENOBIA.
THIS IS ONE PIECE OF IT...THERE ARE OTHERS...
...GUARDED IN SECRET...JUST AS YOU MUST NOW HIDE THIS PIECE...
BUT...WHAT AM I SUPPOSED TO DO WITH IT?
YOU'LL BE ABLE TO CONTROL ALL METALS... WITH YOUR MERIEST THOUGHT...
...BUT NOT FOR YOUR OWN BENEFIT...ONLY FOR OTHERS. YOU MUST NOT REVEAL OR ABUSE THE GIFT BY MAKING YOURSELF FAKE LEGS...OR RICHES...
KEEP IT SECRET! NO ONE...
...MUST EVER KNOW...
CROWN OF ZENOBIA? WHAT DID HE MEAN?


AND WHAT'S WITH THE SCORPION ON THE...
...HEY!
WHAT IS THIS?!


OUTSIDE
PLEASE, WE'VE DONE NOTHING...
GHH!
BURN IT DOWN. LET THE FLAMES BE A WARNING TO ALL WHO WOULD DARE STAND AGAINST US.
YES, BOSS.
BURN, YOU-
CRUMP!
WHAT?
STOP!
HOW CAN IT BE SEALED?
ALL OF YOU STOP WHAT YOU'RE DOING.
OR THE...UHHH... SILVER SCORPION WILL STOP YOU.
YOU MUST BE JOKING.
KILL HIM!
BRAKKA
BRAKKA
BRAKKA
HUH?


AWESOME!
METAL REALLY DOES WHATEVER I WANT...
PING!
TING!
TINGA
PING!
TING!
...AND THERE'S A LOT OF METAL AROUND.
WHAT IS HE DOING?
BUT THAT'S...
...IMPOSSIBLE.
NOW IT'S A FAIR FIGHT.


YOU LIKE PUSHING PEOPLE AROUND?
BRAKKA BRAKKA BRAKKA
AHHH!
LET'S SEE HOW YOU LIKE...
OWW!
...GETTING PUSHED AROUND?
YOU TWO! GET THOSE GAS CANS UP HERE!
WE'LL TORCH IT BACK TO HELL!
BLAM BLAM
FWOOSH


HAH! LOOK AT IT BURN!
HEY!
YOU CAN'T JUST...
...LEAVE ME...
NO!
PLUNK
BOOM
THE LEADER OF THE GANG GOT AWAY.
BUT AT LEAST THE CITY IS SAFE.
TAREK KEPT THIS POWER HIDDEN HIS WHOLE LIFE, BUT WHY HIDE SOMETHING THAT CAN DO SO MUCH GOOD?
THOSE KILLERS WON'T ESCAPE ME NEXT TIME...
...AND THERE WILL DEFINITELY BE A NEXT TIME.

SILVER SCORPION™

BASED ON THE ORIGINAL IDEAS OF A REMARKABLE GROUP OF AMERICAN AND SYRIAN STUDENTS

AND BROUGHT TO LIFE BY THE OPEN HANDS INITIATIVE & LIQUID COMICS

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SCRIPT: RON MARZ
ARTWORK: MUKESH SINGH & LIQUID COMICS

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VICTOR PINEDA · MAXWELL SNYDER · TARA TROMBETTA · RACHEL WALSH · JENNIFER WOLFE

OPEN HANDS

LIQUID COMICS

"يجب أن يكون حلم كلّ طفل هو ابتكار بطلٍ خارق. لكنّني آمل حقّاً أن تتمكّن من توحيد أولادنا الإنسانيّة معاً للتركيز على إحداث تغييرٍ، وعلى خلق الواقع الذي نطمح إليه."

السيّدة أسماء الأسد، طليقة رئيس الجمهورية العربية السورية، خلال
حديثها في قمّة قمرات للشباب– دمشق 2010

"سيساعد كتاب الرسوم المصوّرة (الكوميكس) في إرساء الثّقة
والتفاهم بين الثّقافات، وفي تمكين الشّباب من ذوي الإعاقة"

– رايس الولايات المتحدة بيل كلينتون، أثناء مبادرة كلينتون العالمية – نيويورك 2010

تمتّع بقصّة الأصلية للبطل الخارق الجديد ذي الإعاقة "الطرف الفضّي" الذي ظهر في منتدى وسائل الإعلام والسلام الافتراضي حول العالم مثل: أخبار الخليج، والشرق الأوسط ويو إس اي تودايّ، وإن بي آر، وفوكس نيوز.

"الطرف الفضّي" هو كتابٌ مستوحىً من أفكار مجموعة من الطلّاب الأمريكيّين والسوريّين من ذوي الإعاقة، وهو يروي قصّة بشير، المراهق العربي الذي فقد ساقيه في حادث مأساوي على أيدي عصابات خارجة. ولجأ بشير إلى العزلة بعد أن يستغرقه الغضب والأسى، مستمدّاً من نظريات الإحسان وهمسات الغرباء. ويبدأ أن يشهد بقصّة مثلث بين بائعة طرق الحدّاد الغامض، بأمّ لاختياره ودون علمه ليكون الحارس الجديد للقوة الزّائفة بأيدٍ مقيّدةً لقرونٍ خلت.

ومع امتلاك بشير لمقدرات جديدة تمكّنه من التحكّم بالحديد من حوله، يتوجّب عليه الآن أن يقرّر كيف يستخدم هذه الهبة وكيف يوازن الكفّة بين العدالة والانتقام.

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model citizen

Ra'Shad Solomon is determined to break into the mainstream modeling world

Though he lives quite a distance from the glitz and glamour of the world's famous catwalks, 22-year-old Ra'Shad Solomon isn't about to let mere geography inhibit his pursuit of a modeling career. Charming, industrious, and camera-friendly, he has what it takes to make it in fashion. He also has spina bifida and cerebral palsy—physical disabilities that are almost never featured in style magazines.

"At first, even my mom thought,'How are you going to be a model in a wheelchair?'" Solomon said. "I really had to break it down for her. I want to be the kind of model people can look up to. I want people to see me in a magazine or on a television show and say, 'That's Ra'Shad. He's in a wheelchair *and* he looks good!' "

As the aspiring star pursues his close-up, he eagerly scours the Internet for the latest fashion news, and continues to learn as much as he can about an industry that has yet to discover his potential.

All Solomon needs, he said, is an advocate with professional connections and an open mind.

"Honestly, I get pretty depressed sometimes," he admitted. "But once I'm in front of a camera, everything's good. When I got my school pictures taken, the photographer was like, 'Did you practice these?' But I just like taking pictures."

Solomon's interest in modeling was sparked during his junior year in high school, when he enrolled in a fashion design course and learned he had a gift for analyzing measurements and fabric cuts, even as cerebral palsy made the use of his hands difficult.

"I loved what I was learning in that class," Solomon said. "My teacher always complimented me on how I looked when I came into the room. I actually ended up winning the 'Best Dressed' award that year. After that, I thought, maybe I can do something with this. Maybe I can be a part of the fashion world."

Though many people view his disabilities as obstacles to his dream, Solomon gives those same traits partial credit for his interest in becoming a model. Dressing fashionably became a way to make himself more approachable.

"My mom always told me, 'People are going to be looking at you anyway. I figure it just makes sense that I give them something good to look at. It's not about

wearing name brands. It's about finding a style that complements me."

Solomon says a successful modeling career might help him set an example for his 15-year-old brother, Javone, who lives with cerebral palsy and a learning disability. The aspiring star hopes his aspirations will infuse his younger brother with a sense that anything is possible.

"Javone is, like, 82 pounds," Solomon said with a chuckle, "but he always tells me he wants to be a wrestler. At first, I was like, 'Javone, you're so little, they're gonna slam you to death.' But you know what? I want to be a model, and he wants to be a wrestler. I'm not gonna tell him he can't. I want to open a door for him. I don't ever want things to be as hard for him as they are for me."

Though the pain of spina bifida is sometimes so intense that Solomon spends entire days in bed, he finds living with disabilities only strengthens his resolve to secure a successful future.

"When I'm desperate to do something, I do it," Solomon said. "And then when it's done, I go home and I recuperate. But I'll do what I've got to do, and cry about it later."

Solomon draws much of his focus and optimism from his relationship with his mother, Cynthia Collins, a woman who has remained supportive of her son's endeavors while recognizing their numerous challenges.

"I would love to see him make this happen," Collins said. "I want everything for my son, and it breaks my heart when he's in so much pain every day. I tell him sometimes, 'Ra'Shad, why don't you write a book or something? You have so many amazing stories to tell.' But this is what he wants. Modeling is all he wants, and I support my son."

After a dozen surgeries on his legs, hips and back, Solomon admits it's sometimes difficult to maintain the belief that his life will ever expand beyond the Florida home he shares with his mother and brothers, Javone and Ra'Shawn. Between the ages of 12 and 17, Solomon often despaired. He even attempted suicide by overdosing on prescription drugs.

Though he acknowledges his pain never fully subsides, today Solomon hopes his story, and whatever successes lie ahead, will serve as a powerful example for other young people with disabilities.

"I really want to start a foundation for young people with cerebral palsy, letting them know they should never give up," Solomon said. "I hope somebody out there gives me the opportunity to be the role model I know I was born to be." ■ ABILITY

by David Radcliff

modelsofdiversity.org
ucp.org
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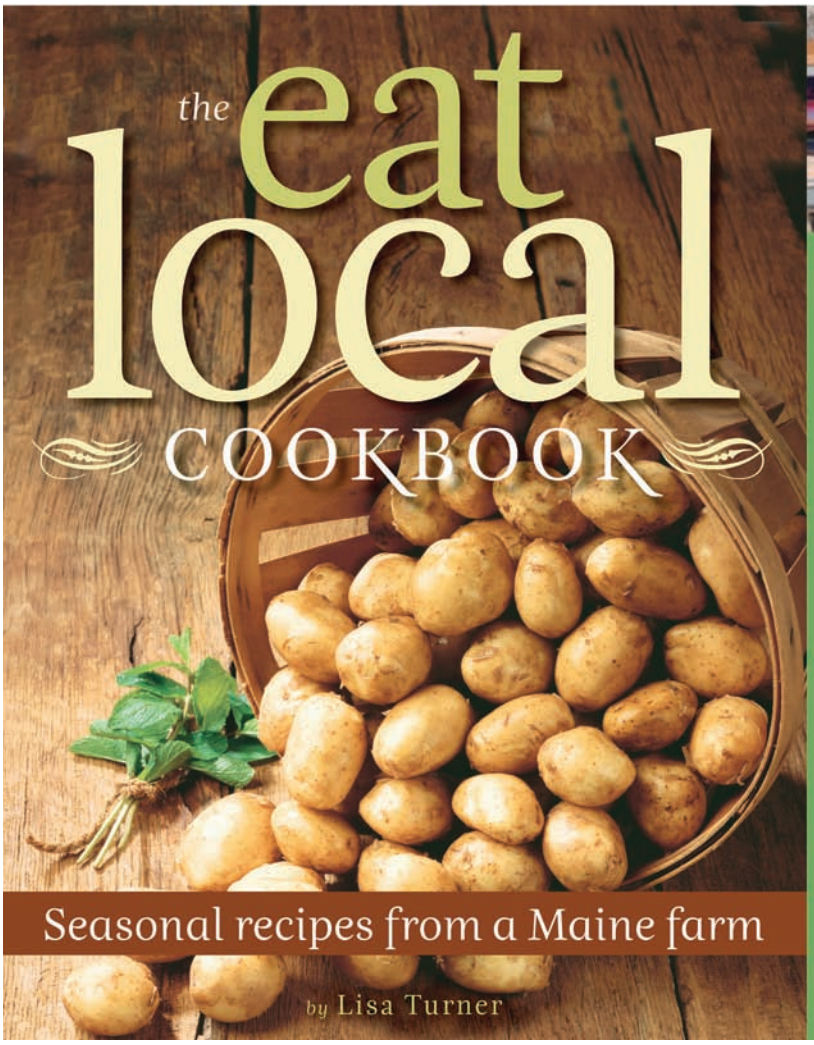

In Lisa Turner's *Eat Local Cookbook: Seasonal Recipes from a Maine Farm* (Downeast Books, $19.95), the author suggests that locally grown produce tastes better, keeps money circulating in communities, and takes less of a toll on the environment. Turner and her husband draw their inspiration for their daily bread from their 15-acre, Laughing Stock Farm in Freeport, Maine. The book has about 125 recipes, arranged by season, and then by subcategory: appetizers, salad, side dishes, entrees and desserts. We picked some dishes that we thought you might enjoy.

GREEK SALAD

Serves 4

Cut into chunks and place in a bowl:
4 medium tomatoes

Add:
12 to 16 Kalamata olives
1/2 cup thinly sliced red onion
3/4 cup crumbled feta cheese

Toss the salad with:
1/2 cup olive oil
2 tablespoons balsamic vinegar
Salt, freshly ground black pepper

Variation
Add 1 cup lettuce or diced cucumber.

Serve immediately.

RED CABBAGE WITH APPLES

Serves 6

Heat in a large frying pan over medium-high heat:
2 tablespoons olive oil
Add and sauté:
1 medium onion, sliced

Add:
1 medium head red cabbage, sliced
2 tablespoons apple cider vinegar
1 teaspoon sugar
2 large apples, peeled, cored, and chopped small
1 cup red wine
2 slices bacon, chopped into little squares
1/2 teaspoon salt

Simmer for about an hour, until the cabbage is just tender.
Serve warm.

PAN-SEARED SEA SCALLOPS WITH SPINACH AND CORN SALAD

Serves 6

Cook in a pot of boiling, lightly salted water:
6 ears corn

Drain, cool, and cut the kernels off the cob.
In a large bowl, place the corn kernels and add:
6 cups (about 1/2 pound) spinach, stems removed

1 pint cherry tomatoes, cut into halves
1/3 cup basil leaves, thinly sliced
3 scallions, white parts only, thinly sliced
Mix together and season to taste with:
Salt, freshly ground black pepper

In a blender or food processor, puree:
1 small shallot
2 tablespoons balsamic vinegar

While still blending, slowly add:
2 tablespoons hot water
1 teaspoon Dijon mustard

Very slowly add:
1/2 cup olive oil
Salt, freshly ground black pepper

Toss the dressing with the salad and set aside.

Heat in a large frying pan over medium-high heat:
2 tablespoons olive oil

Season:
1 1/2 to 2 pounds large scallops, muscles removed, with salt and freshly ground black pepper.

[Note: Scallops are sold as bay scallops, which are relatively small, and larger sea scallops, which come in random sizes. If they say "U-10," there are an average of 10 scallops to the pound, which are very large scallops. U-20s have an average of 20 scallops per pound, and are therefore not as thick and will cook a little more quickly.]

You will most likely have to cook the scallops in two or more batches. Sear them hard on one side so a nice brown caramelization occurs, about two to three minutes per side. You will know they are seared fully when they don't resist being turned over. If they are still sticking to the pan, wait a few more minutes. If they are larger, you may need to turn the heat down to medium and continue to cook them for an additional one to three minutes per side. They are done when you slice one in half and it looks completely opaque and flaky, and there is none of the translucent quality of the raw scallop left.

Be sure to allow the pan to become hot again before adding the next batch of scallops. You may also need a little more oil.

Divide salad onto six large plates and garnish with warm scallops.

POLENTA LASAGNA

Serves 5

Bring to a boil in a heavy stockpot:
4 1/2 cups water

Whisk in:
1 1/2 cups polenta or corn meal
Turn the heat to low. While stirring with a wooden spoon add:
1/2-cup heavy cream

Let cook for about 10 minutes, until the spoon stands firmly in the polenta. Add water as necessary to get the appropriate consistency. Add seasonings to taste, including:
Salt, freshly ground black pepper
Onion powder
Smoked paprika

Spread the polenta about 1-inch thick onto a baking sheet and cool in the refrigerator.

Meanwhile, in a large frying pan over medium heat, add:
1 to 2 tablespoons olive oil

Sear for about one minute:
1 large red pepper, seeded and cut into 1-inch strips
1 large yellow pepper, seeded and cut into 1-inch strips

Add and cook for three to five minutes:
8 ounces button mushrooms, sliced

Add and stir for 30 seconds:
4 garlic cloves, minced

Add and toss:
2 cups spinach, chopped (about 3/8 pound)

Immediately remove the mixture to a bowl and toss with:
1/2 cup grated carrot (about 1 small carrot)

Add to taste:
Salt, freshly ground black pepper

Heat in the frying pan over medium-high heat:
1 tablespoon olive oil

Add and caramelize:
1 medium onion, thinly sliced

Add the onions to the vegetable mix.

In a medium bowl, mix together and set aside:
6 ounces ricotta cheese
1/4 cup flat-leaf parsley, chopped
1/3 cup grated Parmesan cheese

Mix together in another medium bowl and set aside:
1/3 cup grated Parmesan cheese
1 cup grated mozzarella cheese
1 cup grated provolone cheese

Cut the polenta into 4" x 5" squares. Heat in a large frying pan over medium heat:

1/4 cup olive oil

Preheat the oven to 350 degrees. Pan fry the polenta squares, browning both sides, about five minutes per side. Place a square of polenta on a sheet pan and spread the ricotta mix, then add a layer of vegetables, and then a layer of mixed cheese. Place another piece of polenta, repeat the ricotta, vegetables, and cheese layers, and top with a final piece of polenta. Top with cheese mixture. Bake for 20 to 30 minutes, until bubbly and golden.

SPINACH, TOMATO, AND GOAT CHEESE QUICHE

Serves 4 to 6

Tori and Robin Baron, owners of James Place Inn in Freeport, ME, shared this recipe. You can eat this quiche for dinner, or serve it for a very fancy breakfast and pretend you're on vacation.

Preheat the oven to 350 degrees.

Prepare half of a basic pie crust or thaw one piece from a frozen package.

Heat in a medium-size frying pan:
1 tablespoon butter

Add to pan and sauté lightly:
1 1/2 cups chopped spinach (about 1/8 pound)

Chop and set aside:
1 large tomato (about 3/4 cup)

In a large bowl, whisk together:
3 eggs
3/4 cup cream
3/4 cup milk
1/2 teaspoon salt
1/2 teaspoon freshly ground black pepper

Roll out the dough on a floured surface and place it in a pie plate and flute the edges. Layer half the spinach into the crust, followed by half the tomatoes, then half of the 1 1/2 cups crumbled feta

Do a second layer of each item. Pour the egg mixture into the pie shell over the veggies and cheese. Bake for 40 to 45 minutes until a knife stuck in the center comes out clean. Let the quiche stand for 15 minutes before serving.

Variation:
Layer 1/3 pound cooked, crumbled bacon in the quiche to get a BLT flavor.

BASIC PIE CRUST

Makes 1 full pie

This makes enough for a top and bottom crust. Don't be intimidated—it really isn't hard. And you'll taste the difference between it and the frozen ones you get at the store. If you're in a pinch, though, go ahead and opt for convenience. Some days are just too busy, and local eating shouldn't be just for the weekends.

Mix in a large bowl:
2 1/4 cups flour
1/2 teaspoon salt
Cut in:
2/3 cup cold lard or butter

To prep the butter, either use two knives to cut it over and over until it's pea size, use a pastry blender, or just make the crust in a food processor and process until the butter is pea size.

Slowly mix in until the pastry starts to stick together:
1/3 cup cold water

Don't keep mixing once it forms together. Shape it into two balls (one, if it's half a recipe) And let it rest for 15 minutes. It is now ready to use in any recipe that calls for pie crust.

GARLIC SHRIMP WITH BABY BOK CHOY

Serves 6

Preheat the oven to 350 degrees.

Melt in a medium baking dish in the oven:
1/2 cup (1/4 pound) butter

Add and cook until translucent (about three minutes):
5 garlic cloves, finely diced

Add and cook for another 3 minutes:
1/2 cup pitted and chopped green olives

Turn the oven to broil. Add to the baking dish:
1 pound peeled and rinsed shrimp

Broil for about 3 minutes.

Add and toss with the shrimp:
3 cups chopped baby bok choy

Make sure the bok choy is fully coated with the butter. Broil the dish for an additional two minutes, until the shrimp looks opaque instead of slightly translucent. Serve over cooked rice.

SAUSAGE AND KALE SOUP

Serves 4

Cut into bite-size pieces, and pan fry over medium-high heat:
1 pound chorizo or hot Italian sausage

Remove the cooked sausage from the pan.
Add 1 tablespoon olive oil

Gently sauté:

4 to 6 garlic cloves, finely diced
Add and sauté until just tender:
1 bunch kale, chopped

Add:
3 cups chicken stock
Add the sausage and simmer for about 20 minutes until it's all hot.

Variations
Add 1 can cannelloni beans or other white beans.
Add 1 to 2 cups cooked, diced potatoes.

BLUEBERRY COBBLER

Preheat the oven to 400 degrees. Heat over medium heat in a medium saucepan, stirring constantly:
1/2 cup sugar
1 tablespoon cornstarch

Stir in:
4 cups blueberries
1 1/2 teaspoons lemon juice

Cook, stirring constantly, until mixture comes to a boil. Stir for 1 minute. Pour into a greased 2-quart baking dish and place in the oven to keep it warm.

In a medium bowl, combine:
1 tablespoon sugar
1 cup flour
1 1/2 teaspoons baking powder
1/2 teaspoon salt

Cut in with two knives or a pastry blender:
3 tablespoons butter

Mix in just until the dough forms a ball:
1/2 cup milk

Drop six heaping spoonfuls of dough onto the hot fruit. Bake for 25 to 30 minutes.

FRESH WHIPPED CREAM

In a large mixing bowl, whip with an electric mixer:
1 cup heavy cream (also sold as whipping cream)

As it whips, add:
2 teaspoons vanilla extract
1 tablespoon sugar, or more to taste

Continue to whip the cream until it makes stiff peaks.

CHOCOLATE BEET CAKE

Preheat the oven to 250 degrees. Wash, peel, and grate:
1 medium beet

Place a piece of parchment paper on a cookie sheet and arrange the grated beet in a single layer on the paper.

Bake until the gratings are dried, 30 to 45 minutes.

Wash, peel, and thinly slice:
1 pound of red beets
Put the beets in a pan with:
1 1/2 cups water

Bring to a boil and simmer for 20 minutes until the beets are tender.

Remove the beets. Add water or pour out liquid as necessary to make 1 cup total liquid, and set aside.

Preheat the oven to 350 degrees.

In a large bowl, sift together:
2 cups sugar
1 3/4 cups sifted flour
3/4 cup cocoa
1 1/2 teaspoons baking powder
1 1/2 teaspoons baking soda
1 teaspoon salt

Add and beat with an electric mixer for two minutes:
1 cup milk
2 eggs, beaten
1/2 cup peanut, safflower, or canola oil
2 teaspoons vanilla
1 cup reserved beet liquid

Grease and flour two 8-inch round cake pans. Pour the batter into the pans and bake for about 25 minutes, until a toothpick inserted in the center comes out clean. Cool completely before frosting.

In a small saucepan, melt until just beginning to brown:
1/2 cup (1/4 pound) butter

Put the melted butter in a mixing bowl, and with an electric mixer combine with:
2/3 cup cocoa

Add, alternating, and mixing until smooth after each addition:
2 cups powdered sugar, sifted
1/3 cup milk

Add and mix in:
1/2 teaspoon vanilla

Beat for two minutes or more. One of the most important and often overlooked ingredients in frosting is air, so mix until it's light and fluffy. Frost the cake once it is cool, and sprinkle the top with grated beets. ■ ABILITY

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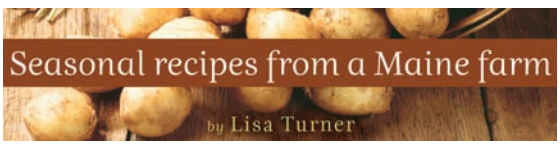

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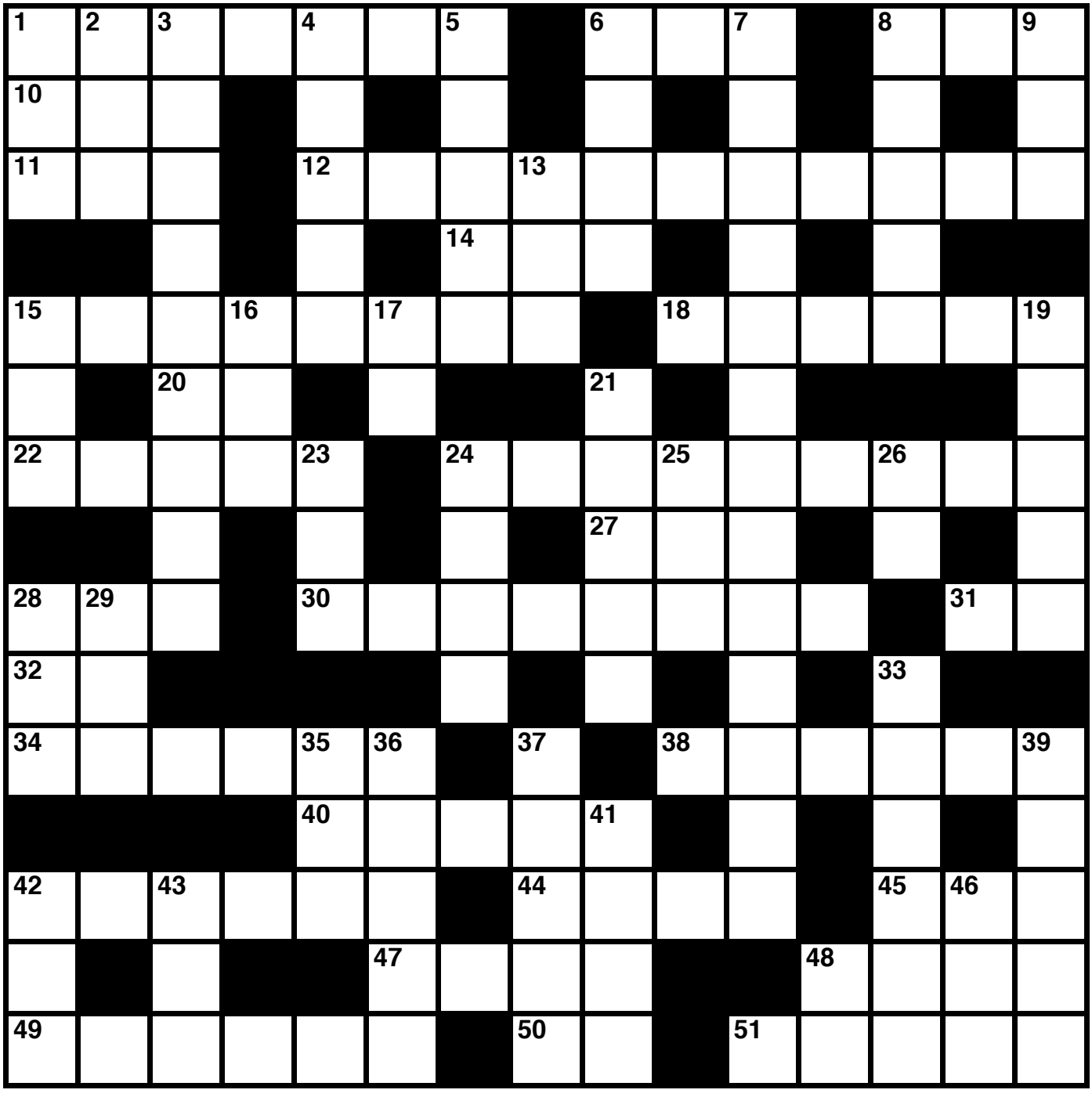


Crossword Puzzle

ACROSS

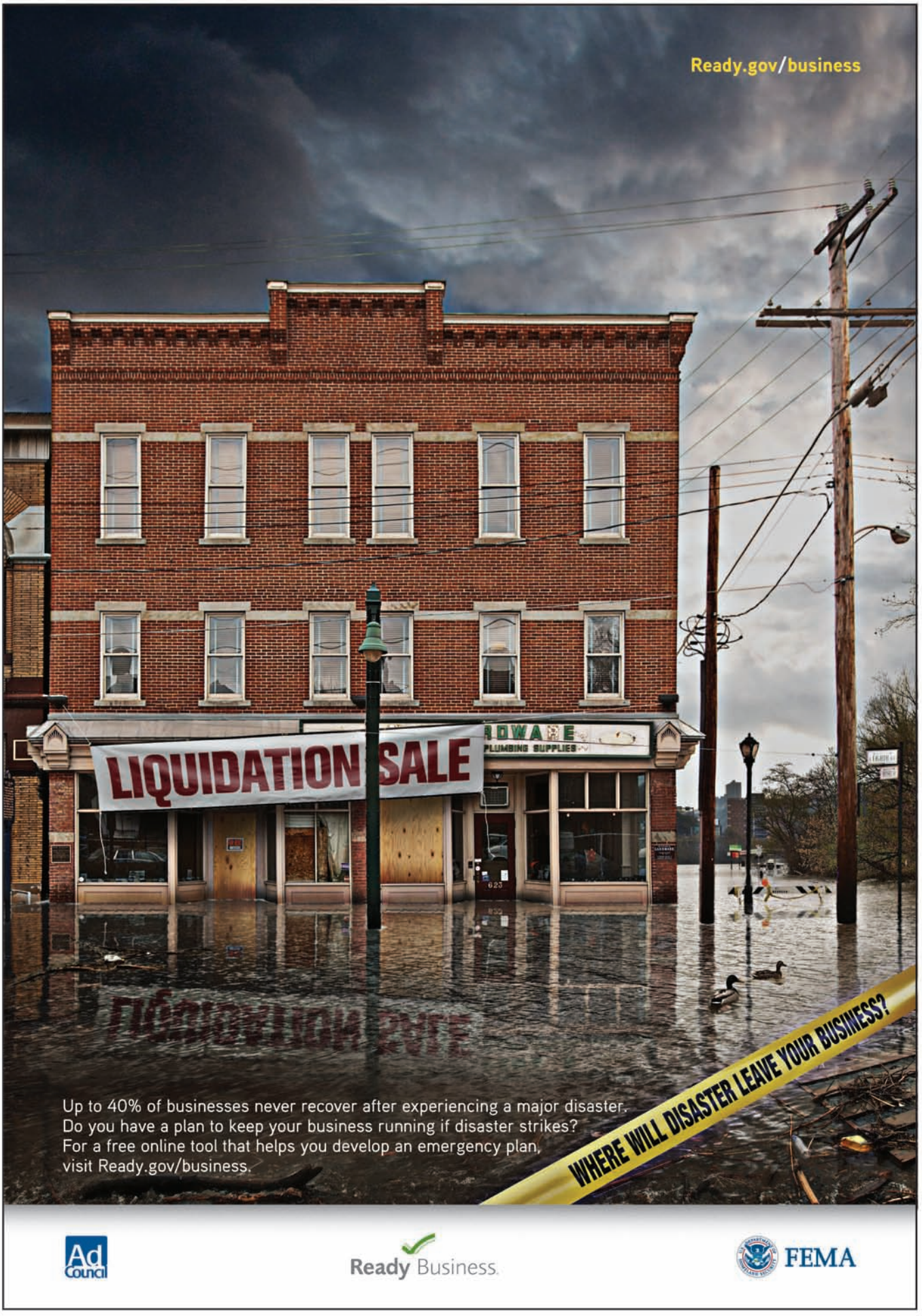
1 This African country will end the transmission of polio this year
6 Government agency now enforcing graphic smoking warnings on packs
8 Rocker Nugent
10 Time span
11 Jokester
12 Enjoy life in the present (3 words)
14 Ali stung like this
15 One of the best-selling novelists of all time,who had dyslexia (she wrote "And then there was none")
18 Nairobi dweller
20 Stylish
22 Curveball, for one
24 A celebration of 21 successful deaf women, started by Sheena McFeely (2 words)
27 Raven cry
28 The "p" in r.p.m.
30 Four time Olympic gold medal diver who successfully fought HIV, Greg _____
31 Land of the brave and free
32 Working
34 He was deaf but invented the phonograph
38 Organization co-sponsoring 7 down with Ability (2 words)
40 Kate Middleton, now
42 He was the goalie for Manchester United and the US national team despite Tourette's Syndrome, Tim _____
44 Emulates Ludacris
45 German for the
47 Breakfast food
48 Grasped
49 Jazz bassist, composer and bandleader who continued to compose despite ALS
50 Football position
51 Former wife of Paul McCartney who has a prosthetic leg, Heather _____

DOWN

1 Innovative
2 Savings account
3 Comic's assistant
4 Honey bunch?
5 Vegas excuse
6 "All right now" singers
7 Essay contest showcasing the successes of those with intellectual and developmental disabilities (3 words)
8 First name of the singer who sang "Hold Me" while in a wheelchair after an auto accident
9 Miss Doris
13 End letter
15 Trophy
16 Business abbr.
17 Score at the Superbowl?
19 Honkers
21 Starbucks brew
23 "2001" computer
24 Honest and loyal
25 Camera sweep
26 Newport state
28 "The Black Cat" writer
29 Conclusion
33 "Deal or No Deal" star, Howie
35 Bruin legend Bobby
36 Knots
37 Country singer Donna ___ who sang "Funny Face" and overcame MS
39 Deck contents
41 Save the ___ dance for me
42 Bad type of acting
43 Carry the day
46 Wright wing?
48 Welcome

answers on page 62

Crossword Puzzle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Two New Walks!

October 15 Doheny Beach
November 5 Huntington Beach
October 29 Anaheim GardenWalk
November 12 Knott's Berry Farm

Rain or Shine Registration and fun get underway at 7:30am (6:30am at Knott's Berry Farm)

Doheny Beach Saturday, October 15, 2011
Anaheim GardenWalk Saturday, October 29, 2011
Huntington Beach Saturday, November 5, 2011

Schedule for the three walks listed above:

7:30 am: Registration opens
Live music and entertainment, Festival Area featuring dozens of interactive exhibitors.

9:30 am: Opening Ceremonies

10:00am Walk start

Knott's Berry Farm Saturday, November 12, 2011

6:30 am: Registration opens
Live music and entertainment, Festival Area featuring dozens of interactive exhibitors.

8:00 am: Opening Ceremonies

8:15am Walk start

10:00am Closing ceremonies and prize announcements

Raise $125 to receive a 2011 Walk t-shirt AND ticket to Knott's Berry Farm

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Keynote

Eustacia Purves Cutler is a playwright, author, and mother of one of the most accomplished and well-known adults with autism in the world, **Temple Grandin**, PhD. Eustacia is a graduate of Harvard University with a degree in English literature. Her current book, *A Thorn in My Pocket*, is Eustacia Cutler's story of raising Temple. There will be a book signing following her morning presentation.

Demystify the world of autism

The USAAA conference is a can't-miss opportunity. Here's a sneak peek at just a few of the conference highlights:

- Meet Temple Grandin's mother "One on One"
- "The 7 Keys to Unlock Autism"
- "The Doctors Who Treat Autism Spectrum Disorders"
- A wide range of products and services in the expo
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- Panel workshops on advocacy, adjunct therapies, biomedical interventions, nutrition, support services, and more!

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- · Assistance Dogs: What are their benefits?
- · Simple Solutions: Activities for Adapted Physical Education
- · Basic Rights in Special Education
- · How Video Games Can Unleash the Hero in You
- · Autism and Umbilical Cord Blood Stem: Cell Therapy
- · Pain and Pain Management

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ORANGE COUNTY HEART WALK

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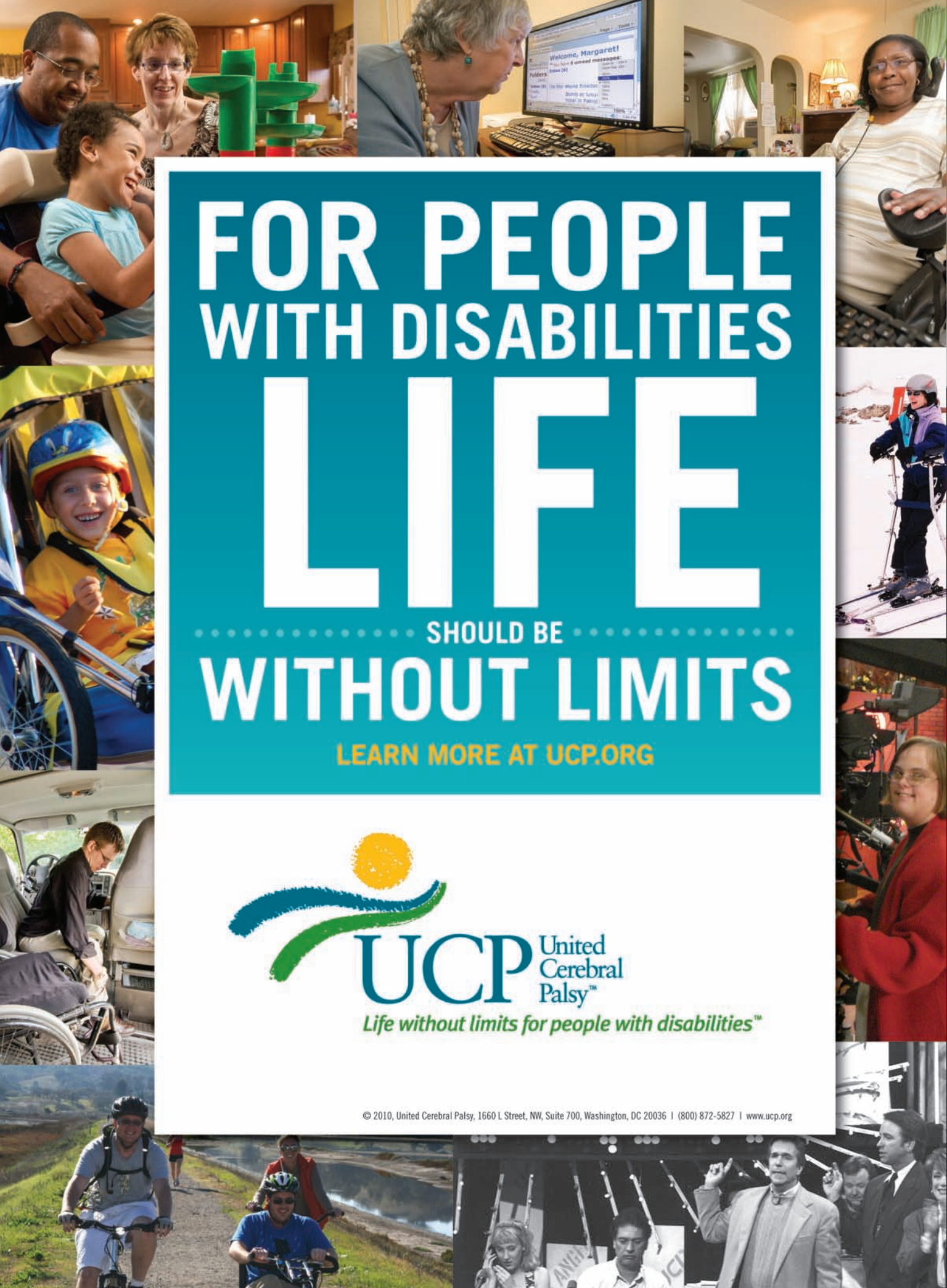
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National Multiple Sclerosis Society Michigan Chapter

Some people worked all year finding ways to help.

Can you find a few minutes to tell us who they are?

Nominate an Innovation – Your Own or Someone Else's – For a 2011 da Vinci Award.

The da Vinci Awards annually recognizes innovations in assistive and adaptive technologies that help people with disabilities. Do you know of a deserving product or organization – yours or someone else's – that should be nominated for this prestigious international award? Large, small, simple, complex, it doesn't matter – as long as it benefits people with disabilities in their work, play or day-to-day living.

For the first time ever, this year you can nominate students for their innovations, too.

There are also many other ways to help: Donate – every little bit helps. Better yet, participate. Join us at the gala:

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Dearborn, MI

For details, visit **www.davinciawards.org.**

See da Vinci nominees on YouTube.

Proceeds from the da Vinci Awards benefit the National Multiple Sclerosis Society, Michigan Chapter and support our mission to create a world free of MS.

2007 ITU Silver Medalist in the above-knee-amputee category, Scout Bassett, and her long-time mentor, 2005 Ford Ironman Triathlon World Championship finisher, Sarah Reinertsen. Photo by John Segesta.

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H. Westley Clark, MD, JD, MPH, CAS, FASAM, Director of the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration

Stephanie S. Covington, PhD, LCSW, Co-Director, Institute for Relational Development, Center for Gender and Justice

Daniel G. Amen, MD, CEO, and Medical Director, Amen Clinics, Inc.

Peter Gaumond, Chief, Recovery Branch at Office of National Drug Control Policy

A. Tom Horvath, PhD, ABPP, President, SMART Recovery, President, Practical Recovery

Guy Lamunyon, MSN, RN, CAS, Treatment Coordinator, Domicillary VA

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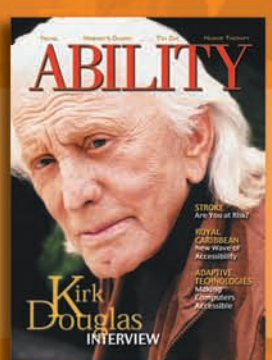

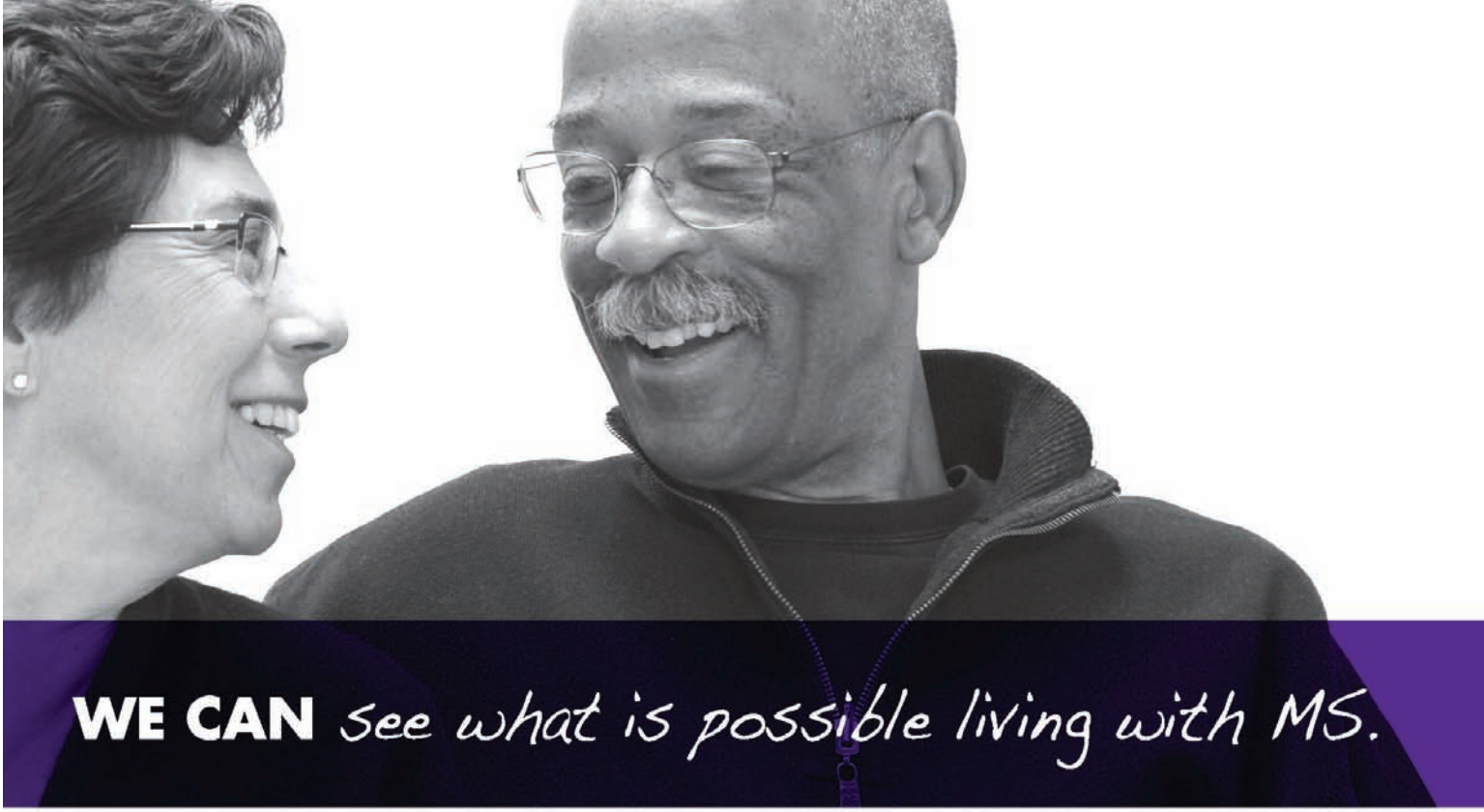

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