

Disability Issues

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Responding to Vision Loss

by Richard Landau

"Doth God exact day labour light denied?"

On January 19, 2001, I had reason to remember that line from John Milton's sonnet, *On His Blindness*. On that day, my ophthalmologist told me that I was legally blind and must stop driving immediately. I could no longer read without powerful assistive devices, and I could no longer recognize faces. The world as I knew it was about to change forever.

My vision loss actually began six years earlier when I noticed that my right eye was seeing straight edges with a ripple in them, an aberration diagnosed as the exudative (wet) form of age-related macular degeneration (AMD). For reasons not well understood, blood vessels in my retina had proliferated and begun to leak, resulting in the distortion. The approved treatment at that time was laser surgery: the ophthalmologist used a laser beam to 'spot weld' the leaking blood vessels, sealing them off. But in the process, the macula was permanently scarred.

The macula is at the center rear of the eye, the focal point where the dense concentration of light receptor cells gives us the fine vision that makes reading possible. In the fall of 2000, the same process began in my left eye, and by mid-January I was legally blind. There is now a newer treatment available in certain instances that also uses a laser but that results in less collateral damage. However, in most cases, all that can be done is stabilize the eye thereby limiting

the damage. A progressive disease, it may well start leaking again in either or both eyes, resulting in further loss of vision.

However, chances are I will never be totally blind. Legal blindness is defined as a loss of visual acuity or a loss of width of visual field beyond certain limits defined by state law. Most of the legally blind have some useful vision. Perhaps 2 or 3 percent of the legally blind have no usable vision at all.

My ophthalmologist was required by law to notify the Massachusetts Commission for the Blind (MCB) that I now met the legal definition of blindness. Within a few weeks, I received a letter from the Commission confirming this designation, advising me to relinquish my driver's license, and informing me that I would soon be contacted by a caseworker.

In the months that followed I received a wealth of information and help from the Commission and its staff. They offered me several weeks at the Carroll Center for the Blind in Newton, a remarkable facility that addresses skillfully and sensitively the very issues that the doctor does not and cannot address: Can you cross a busy street safely, and if not, we'll teach you how. Can you read, and if not, we'll teach you about alternatives, ranging from free audio books to how to read Braille. Can you make yourself a hot cup of tea safely, and if not, we'll show you how to do that and a lot more around the house. Can you see the monitor of your computer, and if not, we'll teach you to use audible software that makes a

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Support Groups: The What, the Why, and the How

Also referred to as "mutual-help" or "self-help" groups, support groups come in all shapes and sizes from the four-person get-together with little structure and a wide focus, to the two-hundred-plus-person meeting that adheres to a precise format and theme. They may congregate in private homes or in public meeting places, such as hospitals, schools, or places of worship. They may require steady commitment by members or simply encourage attendance and participation. Some are led by professionals, such as doctors, therapists, and social workers, while many are peer led, either on a rotating basis or by one or two designated individuals.

As different as support groups may be from each other, their overall purposes and benefits are by and large similar. Above all else, they break down isolation. In the support-group setting, people discover the commonality of their experiences and feelings, and learn from and find hope in each others'

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INSIDE

From the Center

From Our Readers

Fall 2001

Dear Readers, On October 22, the Information Center for Individuals with Disabilities held its Annual Meeting. The board gathered to review and reflect on the past year's activities and achievements, to express gratitude for the valuable and meaningful work accomplished, and to discuss hopes, consider ideas and make plans for the future. Our readers have been loyal supporters for many years and it is a pleasure to share these excerpts from the annual report given to Board Members. It is your continued support which has allowed us to remain active and advocate to the information needs of people living with disability.

Information Center Annual Report 2001

Goal

Our goal and purpose for existing continues to be as stated in the Articles of Organization: "To provide information to individuals with disabilities designed to assist them in their day-to-day activities, particularly with regard to services, facilities and resources which are available for their use. To assist individuals to acquire knowledge which will a.) promote their social, economic and, general well-being, b.) foster independence and self-sufficiency, and or c.) afford them the opportunity for more satisfying and pro-ductive lives."

Accomplishments

In the past year, the volunteer staff produced four newsletters which were distributed to about 6500 people. In addition to the efforts of volunteers, particularly Archer O'Reilly, editor of *Disability Issues*, the Information Center is currently supported by three organizations and by our readers. *Disability Issues* is provided free to anyone desiring to be on the mailing list, and can be received by post or by e-mail. Merely fill out the form in this issue, and send it to the designated address. Our people involved in web design and production: Larry Warnock, designer; Benjamin Kraus, webmaster; and Trice Seitz, are loyal and devoted, but also absorbed with other activities of their lives (college, paying jobs, home and family care, personal business, etc.), which limit their volunteer time. Consequently, progress is sometimes slow. We do have strong hopes of presenting an easily accessed site with useful information. www.disability.net.

Future Objective

Our ultimate objective has been to recreate, or help another organization

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President: Nancy C. Schock

Editor: J. Archer O'Reilly III

Sick Humor

Back in the days when the Information Center was in full operation Sharon Wachsler was one of the extremely able and thoughtful workers who answered people's phone calls. Sharon later developed Multiple Chemical Sensitivity (MCS) and Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS).

As a direct result of her experience with her own disability and those of all the people she has helped over the years, she began drawing cartoons about living with a disability, the ignorance of some people, and the politics which affect our lives.

Her cartoons have appeared in *Ragged Edge*, *Our Toxic Times* and *The CFIDS Chronicle*. Sharon has started to produce postcards featuring her poetry and humorous drawings. She calls her meaningful yet irreverent work 'Sick Humor Postcards: Cartoons that take a *twisted* look at life with disability.' They are apt to bring a knowing smile to the face of your friends who are aware and give a not too gentle nudge to those who are not.

Among her popular titles are: 'Troubling Customs', 'Who Wants to Win a Brand New Chair', 'Disabled: True or False?' and 'If Hollywood Did Disability.'

Sharon is offering a free postcard to anyone who mentions *Disability Issues* or the Information Center at the time they place their first order.

If you would like to receive a catalog, you may write to Sharon Wachsler, Sick Humor Postcards, 275-B Phillips Road, Shelburne Falls, MA 01370, or check out her work by visiting her website at www.SickHumorPostcards.com.

The Spaulding Way

by Tom Lyons

In July 1955, at the age of 21, I left the Boston Children's Hospital's polio ward after a 9-month rehabilitation, minus the use of the muscles in my hips and legs, except for my left foot. The care under the late Dr. David Grice and his outstanding physical therapy staff was the best I could have had. When I went home, I had had no counseling, and the expectation was that I should live as normal a life as possible. I went back to college, lifted a lot of weights on a bench beside my bed, learned to swim, and proved I could do whatever anyone else did, except run or walk without crutches and a long, right-leg brace.

After 14 wonderful years of study, a loving marriage, three delightful children, and a career of teaching, coaching, and house counseling in a boarding school, I was truly disabled by the sudden onset of back pain in 1968. After a winter in bed and a diagnosis by the leading orthopedist Dr. Henry Banks of the Peter Bent Brigham Hospital of cervical radiculitis caused by a degenerated disk in my neck, I resumed teaching. My therapies included a daily after-lunch rest and traction, followed by a cervical spinal fusion in 1974, and continuous support from my wife, family (and now four children), and Dr. Banks—along with increasing physical therapy as the years passed. I led a wonderful life of teaching and writing for 35 years until my retirement from Phillips Academy in 2000.

But by 1987, tendonitis and increased neck and upper back pain led me at times to use a wheelchair and, eventually, an electric wheelchair on campus. To my surprise the chairs were liberating, just fancier crutches which expanded my life. But in September 2000 the pain

in my neck became “too much.” My internist, Dr. Kathryn Hayward of MGH, sent me to the Spaulding-Medford Outpatient Pain Management Clinic and Dr. Joseph Audette and his team of therapists. They didn't try to diagnose the causes of my pain—post-polio syndrome, disk problems, aging muscles, or whatever—they treated my symptoms. Once a week, Dr. Audette, using a new medical technique, inserted needles in the most painful muscle “trigger points” to increase the spasms to the point where they exhausted themselves and relaxed. The therapists did not do the familiar treatments of heat, ultrasound, deep massage, and ice. They worked on strengthening the muscles around the painful upper left trapezius and rhomboid areas. With great patience and support, they instructed me on correct posture, body movement, relaxation, isometrics, uses of ice, and biofeedback. After three months of twice-a-week treatments and home exercises, the painful spasms diminished significantly.

Near the end of my rehabilitation, I tore the rotator cuff in my right shoulder. In April 2001, I had surgery by Dr. Arthur Boland—I have been blessed by great orthopedic surgeons—at MGH and then transferred to the Spaulding Rehabilitation Hospital for a month's stay.

I have been in many hospitals, around 15 in the United States and Canada, and the month in Spaulding Rehab was unique. I had physical therapy (PT) and occupational therapy (OT) on Easter Sunday in the morning and afternoon! Anyone who has been in a hospital knows that therapy ends on Friday afternoon and begins again on Monday. On weekends most hospitals are high-priced hotels, with poor food, for sick

folks. Not Spaulding. I had three hours of therapy by highly trained, wonderfully empathetic teams of PT's and OT's every day I was there. In contrast, I would have had a maximum of six treatments a week in most skilled nursing facilities.

In my case, the immediate challenge, since I could do no weight bearing on my right arm, was how to make me “independent.” I needed to learn how to use a slide board with my left arm, transfer from a bed to wheelchair, to toilet or shower, and back to bed. How does a person remove a board on which he is sitting after he has slid from bed to wheelchair with no use of his legs and only one arm? Impossible, I said! The therapists gently persuaded me through much heaving, grunting and perspiration—and at times, fear—to master that trick. With the aid of my therapists, I was also doing the endless “pendulums” and passive stretching to regain the range of motion in my right shoulder.

My stay at Spaulding was like no other hospital stay I have ever experienced. Breakfast at eight, bed bath by me, and off to therapy from 10:00 to 3:00, with lunch in the solarium at the end of the corridor and newspaper reading in the workout room during therapy breaks. The care was superb. I didn't feel as if I were in a hospital. Dr. Slovik and the head nurse, Maria, set the tone every morning as their voices filled the hall with good cheer. A big, strong nurses' aid, Maggie, could gently flip me, a 200 pounder, around like a baby. She knew our needs and cared for all of us as special individuals. I had wonderful talks with Colin Highland, my physical therapist. A standout skier, soccer player and poet, Colin surprised me with *The Boston Globe* each morning so I would know how my Red Sox had done.

When I went home a month later, I broke into uncontrollable tears as I *continued on page 8*

Disaster Plans for People with Disabilities

by J. Archer O'Reilly III

Recent events have made us all more aware of the possibility of a disaster in our everyday lives. We have, without doubt, reconsidered evacuation routes from our offices, our homes, and even our cities. Many of us have thought about emergency supplies and arrangements that go beyond the typical hurricane and snowstorm preparations of the past. Americans appear to be using the attacks on New York and Washington to bring themselves more closely together in a spirit of unity and mutual support. It would be good for all of us to think about the special assistance individuals with disabilities might need in the case of a disaster.

The pictures of office workers carrying wheelchair users down the stairs of the World Trade Center vividly reminds us that elevators are nearly always the first thing to go out in a disaster. People with disabilities who are completely independent under normal circumstances may have to rely on the help of others in an emergency. Do you know of, or have you thought about, the special needs of your co-workers or neighbors? Have plans been made in your building which anticipate the many different requirements of occupants with a disability? Do the Emergency Management officials in your community consult with representatives of the disability community when planning their response and evaluating preparedness?

Here are some of the things to consider:

□ People with disabilities often need more time than others to make necessary preparations in an emergency. They need the earliest possible notice.

□ People who are deaf or hard of hearing may not receive early warning or instructions which are given by radio, siren or public address. Do not assume they know what you have heard. Plan to transmit audible advisories to them in an accessible manner.

□ Some people who are blind or visually-impaired, especially older people, may be very reluctant to leave familiar surroundings when the request to evacuate comes from a stranger. Discuss the circumstances of evacuation in advance, rehearse the likely route with them and, if possible, have someone they are familiar with escort them.

□ A guide dog may become disoriented in a disaster. You may be required to lead both the dog and its master to safety. Remember the service animal is very important to its master's dealing with the emergency as it develops, they should not be separated. In most states, service dogs are allowed to stay in emergency shelters with their owners. Check with local officials.

□ It is impossible for many mobility aids such as scooters and power wheelchairs to successfully navigate stairways. Not only will its user be stranded, but it may impede others in their escape. For the safety of all, alternative evacuation means for these users should be anticipated and practiced even on the ground level because the path of escape may be blocked by debris. Manual mobility aids which can be used on stairs are an essential safety device for any building, not less so than the smoke alarm and the stand pipe.

□ People with impaired mobility are often, justifiably, concerned with being dropped when lifted or carried. Learn the proper way to transfer or

move someone in a wheelchair and which exit routes are best for them.

□ Some people with mental retardation may be unable to understand the emergency and could be confused about the proper way to react. It may help to practice evacuation to make it more familiar.

□ A number of medical conditions such as epilepsy, Parkinson's disease and others may have very individualized medication regimes that cannot be interrupted without serious consequences and some people may not be able to communicate this information in an emergency. The individuals specific information should always be with them in clear written form.

Network

A network is an arrangement of people who agree to assist an individual with a disability in an emergency. Discuss with relatives, friends, or co-workers who have a disability what assistance he or she may need in various emergencies. Arrange the best way to inform them of word of an impending emergency. They may want to give you a copy of a list of special items such as medicine or equipment that they have prepared for emergency or a key so that you may assist them without delay.

If you have a disability, now is the time to speak to your family, neighbor, employer, or co-worker about the assistance you might need in an emergency. Keep a disaster supply kit and a list of medicines and equipment you need if you are forced to relocate.

All Americans admire and aspire to the selfless caring for our neighbors demonstrated so fully in the recent tragedies. However, to be successful in our desire to help we must think ahead, know what must be done and have the knowledge and resources required.

As the Boy Scouts say, Be Prepared.

Emergency Preparedness and Evacuation Advice from EEOC

The following information was issued in a factsheet by the federal Equal Employment Opportunity Commission (EEOC).

In light of recent events, many employers are developing or re-evaluating emergency procedures to ensure the safe evacuation of all employees. A comprehensive emergency evacuation plan should provide for prompt and effective assistance to individuals whose medical conditions may necessitate it. Many employers have asked how the Americans with Disabilities Act (ADA) and the Rehabilitation Act affect their ability to achieve this goal. Specifically, employers have asked whether they may request information to help identify individuals who might need assistance because of a medical condition and whether they can share this information with others in the workplace. As the following questions and answers demonstrate, federal disability discrimination laws do not prevent employers from obtaining and appropriately using information necessary for a comprehensive emergency evacuation plan.

1. May an employer ask employees whether they will require assistance in the event of an evacuation because of a disability or medical condition?

Yes. Some employees may need assistance because of medical conditions that are not visually apparent. Others may have obvious disabilities or medical conditions but may not need assistance. Employers, therefore, are allowed to ask employees to self-identify if they will require assistance because of a disability or medical condition.

2. How may an employer identify individuals who may require assistance?

There are three ways that an employer may obtain information:

o After making a job offer, but before employment begins, an employer may ask all individuals whether they will need assistance during an emergency.

o An employer also may periodically survey all of its current employees to determine whether they will require assistance in an emergency, as long as the employer makes it clear that self-identification is voluntary and explains the purpose for requesting the information.

o Finally, whether an employer periodically surveys all employees or not, the employer may ask employees with known disabilities if they will require assistance in the event of an emergency. An employer should not assume, however, that everyone with an obvious disability will need assistance during an evacuation. For example, many individuals who are blind may prefer to walk down stairs unassisted. People with disabilities are generally in the best position to assess their particular needs.

An employer should inform all individuals who are asked about their need for emergency assistance that the information they provide will be kept confidential and shared only with those who have responsibilities under the emergency evacuation plan. (See Question 4 below.)

3. May an employer specifically ask what type of assistance will be needed?

Yes. An employer may ask individuals who indicate a need for assistance because of a medical condition to describe the type of assistance they think will be needed. One way that this can be done is by giving all employees a memo with an attached form requesting information. The employer also may have a follow-up

conversation with an individual when necessary to obtain more detailed information. For example, it would be important for an employer to know whether someone who uses a wheelchair because of mobility limitations is able to walk independently, with or without the use of crutches or a cane, in an emergency situation. It also would be important for an employer to know if an individual will need any special medication, equipment, or device (e.g., an assisted wheelchair carrier strap or a mask because of a respiratory condition) in the event of an emergency. Of course, an employer is entitled only to the information necessary for it to be prepared to provide assistance. This means that, in most instances, it will be unnecessary for an employer to know the details of an individual's medical condition.

4. Who is allowed to have information about employees needing assistance in an emergency?

The ADA has provisions that require employers to keep medical information about applicants and employees confidential. These provisions, however, include an exception that allows an employer to share medical information with first aid and safety personnel. This exception would allow an employer to share information about the type of assistance an individual needs in the event of an evacuation with medical professionals, emergency coordinators, floor captains, colleagues who have volunteered to act as "buddies," building security officers who need to confirm that everyone has been evacuated, and other non-medical personnel who are responsible for ensuring safe evacuation. These individuals are entitled to the information necessary to fulfill their responsibilities under the employer's emergency evacuation plan.

More information is available at the website www.eeoc.gov.

Support Groups

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struggles and triumphs. Participants often develop ties and a sense of community, especially important in our society where traditional social supports have been eroded. They also find the opportunity to give to others. This can benefit not only the other person but the giver as well.

Not the least of the advantages of support groups lies on the practical side: cost. The fees for traditional one-on-one therapy can be steep, and, while support groups led by professionals can also be pricey, many peer-led groups cost either nothing or the price of space rental shared among group members.

Prime Candidates

People with disabilities can be prime candidates for what support groups have to offer. At least as much as any social group, persons with disabilities have often felt deeply isolated, both for practical reasons (some can't hold jobs, participate in many social activities, or otherwise get out and about) and due to the social stigma of being "other." In addition to gaining from all the usual benefits of support groups that come from getting to know others who have "been in their shoes" (or in their wheelchair), they may learn practical coping skills that are not readily available in the dominant nondisabled culture. For instance, members might share notes about the best source for PCAs (personal care-attendants); or the preferred piece of assistive equipment for accomplishing a specific task; or where to go for medical or other help with a particular symptom.

Clarifying Goals

Before you start looking for a support group, it is a good idea to clarify in your own mind why you would like to join one: Is it to gather information? get emotional support from peers? learn from others how to

deal with certain issues? get out of the house and be with other people? More than likely it's some combination of reasons. Once you've recognized your goal(s), it will be easier to know what questions to ask as you begin your search. It will also be easier to make a decision when the time comes to choose a group.

Besides clarifying your goal(s), you'll want to consider the following factors:

- **Size** — Do you prefer the anonymity of the larger group or the increased intimacy of the smaller one?
- **Structure** — Would you like your group to be led by a therapist or other professional, to be peer led, or to be leaderless? (Keep in mind that a group calling itself "leaderless" may actually have an informal, unacknowledged leader, especially if the group has no clearly stated rules.) Would you like it to have a precise format? to be structureless? or to lie somewhere in between the two? (One example of a meeting format could include guest-speaker presentations followed by questions, answers, and discussion; another might consist of each member having five full uninterrupted minutes to speak at the beginning of every meeting.)
- **Membership** — Do you want to be in a group where everyone has the same disability as you or do you prefer a cross-disability group? Or maybe you'd like to be in one that includes both people with disabilities and those without (these are rare). Do you prefer members to be the same age or a range of ages? the same gender or mixed?

□ **Location/accessibility** — How far can you and are you willing to travel? Do you need a place accessible to public transportation? with plentiful, free parking? that is wheelchair accessible? What about other needs, for instance, must your meeting space be relatively chemical free? or do you need to be able to lie down comfortably?

Some more factors to consider are frequency and length of meetings,

time of day they're held, and cost. For example, do you want a group that meets twice a week? once a month? for one hour? for three hours? Can you afford to pay and if so how much? If not, do you have insurance that would cover a support-group fee?

In considering these factors it's important to do some prioritizing of preferences, since it is unlikely that any single group will suit you in every way. For instance, if it is essential to you that a group focus on a specific disability, you may be willing to travel a long distance to get to a group with that focus. On the other hand, you may not be able to travel far, so you would consider a cross-disability group as long as it were located near to your home.

Leads and Listings

You are now well armed to start your search. Where do you begin? You may want to contact any of the following for suggestions, leads, or listings:

- Local hospitals and clinics.
- Specific disability organizations. For example, the Easter Seal Society, with offices around the state, sponsors "stroke clubs" for people recovering from stroke. To locate other such disability organizations, look in your local yellow pages under "Social and Human Services" or in the *Human Service Yellow Pages* (which can be found in many public libraries and bookstores) under "Associations and Services for Particular Illnesses/Conditions."
- The Massachusetts Clearinghouse of Mutual Help Groups, (413) 545-2313, publishes a directory of mutual-help groups around the state.

Testing the Waters

The first support group you join may not be the perfect one for you. But with time and experience, you will come closer to finding what you are looking for.

From the Center

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recreate, an information service which makes available a comprehensive collection of facts and materials, with a staff of knowledgeable people responding directly by phone or in person to individuals seeking answers to their questions regarding living with disability. In the fall of 1998, we approached Spaulding Rehabilitation Hospital with a proposal to develop such a service. We received a communication from Spaulding about six weeks ago stating the project's name: "The Community Information Network for Individuals with Disabilities (CINID)", and its purpose: "to promote the widespread use, availability and accessibility of *innovative technology*, to provide consumer information to individuals, their families, and health care providers. We consider a rehabilitation center to be an ideal place for such an important service and wish them much success. We further hope that their example will influence other rehabilitation centers to do the same.

In the interim, we have been most encouraged by the interest in and

understanding of the need for useful information services shown by the people managing the Massachusetts Medical Infrastructure Grant (MMIG) project. They have recently asked for our assistance and support when preparing a second grant application for a project called the "Real Choice Systems Change Grants" which contains a very promising information and referral component.

These developments give us greater expectation of seeing the goals of the Information Center being achieved than we have had reason to foresee for several years and justify our efforts to keep the hope alive.

What is happening in Lexington

The "barn" office of the Information Center has been greatly improved with the addition of new and faster computer equipment and an exhausting reorganization of the furniture and printed resources. Our small yet faithful group of volunteers has established a routine that helps us accomplish the minimal necessary tasks and maintain our relationships with the disability community. The production of *Disability Issues* and its distribution by mail, e-mail, web, and bulk delivery runs well.

The small grants and contributions we have received have provided

enough funds for the level of current projects.

The Information Center considers you, our readers, to represent the audience for which we exist. It has been some time since we have reported on the condition of the Center and we hope you will find the above interesting and informative. Please feel free to send us any observations or suggestions. Thank you!

Gunnar Dybwad

The Information Center notes with deepest regret the passing of Gunnar Dybwad, a long time force for good in the disability community, tireless fighter, unparalleled mentor, inspired leader, and friend.

Gunnar, among his many important roles in the struggle for dignity and opportunity, was always a friend and supporter of the Center. We have always appreciated his advice, concern and guidance and we are but one of those who will miss him greatly.

Subscriptions to *Disability Issues* are available to all who find this publication useful and interesting. There is no fee, however, contributions to help defray the cost ensure the future of our efforts. Your tax-deductible donations, in whatever amount you can manage, will be greatly appreciated, and put to good use.

Please send *Disability Issues* to:

Make donation checks payable to the **Information Center**
P.O. Box 750119, Arlington Heights, MA 02475-0119

Responding to Vision Loss

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monitor unnecessary.

In the course of this first year of blindness, I have learned many lessons, and I have many more ahead of me. I shall offer some of these in each article in the hope that others may find them useful.

My first suggestion is for those who are not legally blind, but who are at risk. Of course, you will want to be sure that you have regular checkups with a qualified ophthalmologist. But that isn't really enough. You should also be confident that when he or she is away, the practice is covered by someone else in whom you have great confidence. Finally, a point often overlooked by many of us is the nature of the office and appointments staff. If you feel that they are not qualified by both disposition and training to handle a medical emergency with compassion and intelligence, consider changing doctors. When my second eye began to go and I called for an appointment with my then ophthalmologist, his appointments person was not moved by my pleas that I was losing my vision; I had the feeling that I had

interrupted her doing her nails. The doctor was good, but he tolerated an incompetent staff. So, I called my internist, who referred me to an excellent retin-ologist at Lahey whose staff responds properly to emergency situations.

And a suggestion for those who have low or no vision: do not follow the lead of John Milton in his response to blindness. He concluded his sonnet with the line, "They also serve who only stand and wait." That is perfect iambic pentameter, but not a good prescription for life. We all still have valuable life ahead of us, and our state and our country and our wonderful fellow citizens are great resources as we move into the waiting future.

This is the first in a series of articles that will tell how one Lexington, Massachusetts resident is dealing with vision loss. Richard Landau, although retired, continues to consult half-time for Boston College and is a member of the Board of the Lexington Education Foundation.

The Spaulding Way

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hugged and kissed each of them good bye. I had never had such an emotional reaction *to leaving a hospital and going home*. After a couple of months at home, with fine VNA therapy, I have been back at Spaulding-Medford strengthening my right shoulder (done!), relearning how to walk on crutches and overcoming, with Dr. Audette's and the therapists' expertise, the recurring neck and shoulder spasms brought on by weight bearing, getting in and out of wheelchairs, and walking. They've even worked on my driving and overcoming a variety of obstacles, from toilets to curb stones.

At 67, I learn much from some extra-ordinarily caring caregivers and owe more to their bold experimentation and new techniques .

Tom Lyons was so impressed with the services he received at Spaulding Rehabilitation Hospital that he wrote this article to share his experience of outstanding rehabilitation and its meaning in his life.

Information Center

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