



# dis-Abilities Celebration Connection

SUMMER 2012

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## Planning for Those Who are Left Behind

If you have been following Celebrating Special Children over the years, then you know that my parents played an important part in the early years of the disability movement here in Northern Virginia. Sadly, my father passed away in June, 2009; and now my mother has also passed away this past February.

In the 1960s, my father was a founding member of a group called the Northern Virginia Consortium for the Severly Handicapped. In 1967, what is now The Arc of Northern Virginia established a pilot project to serve people whose disabilities were determined to be too severe for admission to a sheltered workshop. In 1972, this program became incorporated as Central Fairfax Services (CFS). My father was a board member of CFS and my younger brother, who had profound cerebral palsy and was non-ambulatory, was a client at CFS for many years. CFS has now been folded into ServiceSource, an organization operating in nine states, whose mission is to deliver services to individuals with disabilities through employment, training, habilitation, housing and support services.

After my mother's death, my brother and I, as Co-Executors, began the emotionally exhausting task of dealing with our parents' estate. The will was a standard one with the standard features of how to apportion the assets. One particular bequest was a little tricky but my brother and I have done our best to fulfill our parents' wishes. They wanted us to take items from their house as we wished and then "sell any personal property as provided above and add the net proceeds to [the] residuary estate and if any personal property is left which not readily saleable, [I] direct my Co-Executors to donate such property to Central Fairfax Services." The problem of course, was that CFS didn't have a way to receive tangible property and so my brother and I are liquidating items from the estate and will send a check to CFS at the end of the summer.

We also plan to continue my parents' yearly donations to CFS and to their other favorite charities but we only know to do this because over several years of managing my mother's finances, I came to know which were her favorite charities in addition to CFS.

But what if we didn't know? My son doesn't know which are MY favorite charities. A thought that has stayed uppermost in my mind during this entire process has been the need for me to make my final wishes as clear as possible so that my son won't have to guess what to do, especially in regards to continuing my charitable gifts. A will is fine, though I have learned that other options might have been better and I'll utilize those options with my son. And certainly, I'll also create and maintain the personal documents that will make it simpler for him to keep the memory of me – and by extension, his grandparents – alive in the years after we're gone.

*Laura Nelson*, Editor



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Community  
Trust

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Richmond, VA 23242-0408  
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(888) 241-6039

## Commonwealth Community Trust (CCT) is Accepting Applications for the 2012 Charitable Fund Award

**The deadline for applications to be received at the CCT office is July 31, 2012.**

The Commonwealth Community Trust (CCT) established the CCT Charitable Fund to award up to \$250 per annum for equipment, medication, and/ or services to financially needy individuals with disabilities. Each recipient of an award must meet the Social Security Administration definition of disabled\* and meet the federal poverty guidelines\*\* or receive SSI or Medicaid.

The Board of Directors approved \$19,500 in 2012 to fund the Charitable Fund Award program as part of the organization’s mission to enrich the quality of life for people living with a disability. The application must be completed and signed by a representative from a public agency or nonprofit organization that serves people with disabilities. Applications will be considered based on how the requested equipment, medication, or service will help the recipient with the following:

- 1) Medical management/stability,**
- 2) Improved quality of life, and**
- 3) Community function/success.**

The organization representative will be notified by September 30, 2012 of the award decision. For recipients who are awarded funding, the award check will be made payable to the vendor noted on the application. The CCT Charitable Fund Award application and additional information about CCT, including FAQs and trust documents, are available at: [www.commonwealthcommunitytrust.org](http://www.commonwealthcommunitytrust.org). Please feel free to contact CCT at (804) 740-6930 for assistance with the application or with questions about pooled Special Needs Trusts.

*\* Disability for adults is defined as the inability to engage in “substantial gainful activity.” There must be a physical or mental impairment that can be expected to last at least 12 months.*

*\*\* Federal Poverty Guideline for one person for 2012 is \$11,170 and for families based on 200%.*

The next issue of *dis-Abilities Celebration Connection* will be posted during the month of October, 2012. Remember to send us story ideas, interesting links, and events. We can’t do it without you!

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Questions? Comments? Please  
use the CONTACT US form at  
[www.celebratingspecialchildren.org](http://www.celebratingspecialchildren.org)

# A Life With No Limits

By Carrie Smoot

Like many recent college grads, 23-year-old Margaret Evans of Winston-Salem, NC, is job hunting. She is waiting to hear from potential employers—local agencies who can use her skills in social work geared toward women and families. “I’ve always liked helping people. I hope I can be a bright light to others,” she says.

But Evans has an additional personal aspect to her life; she has epilepsy. Evans says that sharing her own experiences about having epilepsy has sometimes allowed her to connect more fully with clients who happen to have the disorder. “I talked about seizures, taking medications, and everything that goes with it, and people feel they can relate to me,” she says. “But the disorder has never come up in a job interview, because it’s what I can do that matters.” Margaret also learned to drive when she was 21, after being seizure free for two years.

As part of her schooling, Evans spent the summer in India working for a development agency, which gave her added independence and confidence. Her parents, though, were reluctant because she would be traveling alone. “It was awesome!” Margaret enthuses. “I met one of my best friends ever there, and it is such a colorful country.” She hopes to go back one day.

## Growing Up

However, growing up, Evans wasn’t always at ease with talking about her disability. “I was very hostile to everything regarding epilepsy,” she says, recalling that the seizures began when she was 11, after a softball game. “My mom and I told the school nurse and my teachers about what to do in case I had a seizure, but that was it. I have always been proud that I manage my own medications, with only occasional reminders from my parents. Since my memory sometimes isn’t all that great, I have certain strategies, such as keeping notes and a calendar, to help me stay on track with school and work projects and everyday life. My friends knew I had epilepsy, but I didn’t want to talk about it. I am just me.”

Margaret says she has never experienced anything but compassion from other people, and that kids in high school were always ready to help her. She says it’s a blessing that she never had any memory of her seizures or the events surrounding them.



Although Evans says that epilepsy is different for every person, she describes her seizures as an “Alice in Wonderland” shrinking feeling, where she hears loud noises and sees kaleidoscopic colors, and wakes up in a different place. She turns blue and has to ask others what happened, and she can’t always feel the seizure happening. They often occur one after the other.

While she still enjoys sports and remains athletic—completing a 10K run earlier this year—Evans and her mom say they felt lucky to be connected quickly with doctors, epilepsy specialists, and neurologists. “The Internet can be a blessing and a curse,” says Margaret’s mother, Amy, referring to the time when the seizures first started and her search for more information. “She had an MRI, and we were very relieved that it wasn’t a stroke. I didn’t want to wait in the waiting room or go home until we found out what it was,” Amy says. Margaret’s epilepsy is idiopathic—meaning that they don’t know what causes the seizures. She has a symmetrical brain with no visual abnormalities per MRIs, PET and CAT scans.

## Exploring Options

As the family adjusted to the epilepsy diagnosis, they explored options. “I felt like my husband and I were making all of the medical decisions for Margaret, so we wanted her ideas and preferences,” her mother recalls.

“Actually, I thought brain surgery would be cool if it got rid of my seizures,” Margaret says. “But no one could guarantee that would happen. And I also feared that with having the surgery, I wouldn’t be me anymore. So I decided against it,” she says.

In 2005, Margaret was implanted with a pacemaker-like device in her neck that sends an electrical impulse to her brain—preventing the seizures or lessening their frequency. Known as Vagus Nerve Stimulation (VNS) Therapy, the outpatient procedure was approved in 1997 for people with epilepsy. Currently, more than 60,000 people in the United States use this therapy for the treatment of refractory epilepsy, according to Cyberonics, manufacturer of the technology.

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In 2005, researchers discovered that it also helped people with depression. Cyberonics literature describes the bracelet-like magnet that people with epilepsy and their caregivers can use to stop or shorten the intensity of seizures when the person can feel them happening, and perhaps improve the recovery time after. See [www.cyberonics.com](http://www.cyberonics.com) for more information.

"'Pacemaker' is a beautiful word," says Evans. "It's often the best way to describe to people how my epilepsy is treated." She says the only side effect she's experienced is a slight tremor in her voice when the electrical impulses occur, and she hasn't had much luck with using the magnet. When she goes for six-month or yearly checkups, doctors can tell if the batteries in the device are low and need recharging. Her mother says the only thing Margaret can't do is have more MRIs because of the device's magnetism. VNS Therapy now has expanded labeling to be used with MRI: <http://ir.cyberonics.com/releasedetail.cfm?ReleaseID=619246>

"We explored options because NO medication was working—not just generics," Amy Evans explains. "We actually tried a generic, and she had a seizure within the day. Cost of medications was not a consideration either when we explored the VNS—it was the fact that the medicines alone were not working. It's the combination of drugs and the VNS that work for Margaret. We don't know if she would be okay with just the VNS because it's not something you want to 'try out.' When she has missed one of her 'very short half life' drugs, she has gone into status. We may never know if she could be seizure free with just the VNS," she says.

"I wasn't scared at all," says Margaret. "I was willing to try anything. I wanted to try a treatment that would stop the seizures. Even though I've never let epilepsy limit me, it can be disruptive. I still have to take medicines, but so far VNS Therapy is working."

The Evans family notes that VNS Therapy isn't for everybody, and it's not intended as a first line of defense in all cases. They say the best candidates are those with refractory, or frequent, seizures where medicines haven't helped and surgery isn't an option. "One-third of people who use the procedure have been helped," Amy Evans says. "For another third, it didn't help, and for another third, their epilepsy stayed the same, so you have to consult with doctors."

## **Educating Patients and the Public**

Blanca Vazquez, M.D., is an epileptologist and Assistant Professor in Neurology at New York University's Comprehensive Epilepsy Center. She sees children and adults who have epilepsy and is very involved in epilepsy research, focusing on women's issues and antiepileptic drug development.

"Education about epilepsy is key to getting good treatment and taking care of yourself throughout your life," Vazquez says. "Epilepsy is a chronic neurological condition characterized by an abnormal electrical discharge in the brain. It is an umbrella of disorders, which means that seizures can affect other health conditions, and vice versa. It's the third most common neurological disorder after Alzheimer's disease and stroke. Epilepsy is growing fastest among those over 65, and it can happen to anyone," she says.

Vazquez says that just because someone has a seizure, it doesn't always indicate epilepsy. "It could be low glucose or liver problems, she says. "But if you've had two or more unprovoked seizures, it's time to run more tests."

Any time someone experiences a seizure for the first time, he or she should get to the hospital right away, Vazquez says. Once in the ER, a CAT scan is run. If epilepsy is suspected, a neurologist will perform an EEG—a functional test that looks like a graph, which shows brain activity. The neurologist will also have the person undergo an MRI, which takes a picture of the brain. Both tests aid in diagnosing epilepsy. Vazquez says that most patients having chronic epilepsy do not have to come to the emergency department unless the patient has a traumatic injury, or the seizure does not stop spontaneously.

"Advances in neuroimaging have helped us to see things that we couldn't before," Vazquez says. "There are improved research studies and new medicines, but the type of medicines will vary for each person and the type of epilepsy it is." Vazquez welcomes new technologies, and says that many of her patients have had the surgery for VNS therapy. She also mentions that several of her patients have service dogs, and that the dogs sense when the person is going to have a seizure. Although Vazquez says the science behind it is not as strong, she does believe that seizure dogs help her patients—particularly when no one else is with them.

"Particularly for young people, a service dog helps them fit in," Vazquez says. Regardless of the course of treatments, Vazquez encourages patients to work with neurologists and other medical professionals as needed. Very often, she says, general practitioners will coordinate care.

## **What should I do if someone I know has a seizure?**

Vazquez says that it can be very alarming to watch someone with epilepsy experience a seizure. But with preparation, anyone can help family members, friends and co-workers be safe. "The first thing to do is keep calm," she says. "Don't try to restrain the person, because seizures last only a short time. If possible, try to time them. As quickly as possible, move any objects away from the person so that he or she won't be hurt. Place the person's head on a pillow or a rolled-up jacket, and turn the person on one side in case any secretions come from the mouth. However, DO NOT try to put a spoon or anything else in the person's mouth! It is a

myth that people with epilepsy swallow their tongues. It's not possible. Finally, after the seizure has ended, stay with the person until he or she has recovered."

Vazquez still finds that she has a lot of educating to do. "Some people still believe that epilepsy is untreatable," she says. "For others, because of cultural and religious beliefs, stigma still exists. My message is different depending on whom I'm speaking with. In general, young adults are concerned with school, college classes, driving, dating and working. People with epilepsy can accomplish just about anything. But jobs that require climbing, or intensive physical work, like construction, may be too dangerous for someone with a high risk for seizures."

## Getting involved

Amy Evans has worked with the Epilepsy Institute of North Carolina over the years to help with fund-raising and outreach. "A lot of people don't get certain treatments because they just can't afford it," she says. "But there are options and ways to get the treatment you need. Research, and ask a lot of questions."

"Always stay hopeful," Margaret says. "There's a treatment out there that could be beneficial." ■

*Carrie Smoot is a Northern Virginia freelance writer.*

## Resources

- **Epilepsy Foundation** – [www.epilepsyfoundation.org](http://www.epilepsyfoundation.org)
- **American Epilepsy Society** – [www.aesnet.org](http://www.aesnet.org)
- **Epilepsy Foundation of Virginia** – [www.efva.org](http://www.efva.org)
- **National Association of Epilepsy Centers** – [www.naec.org](http://www.naec.org)

## 2012 National Health Observances

[healthfinder.gov/nho/nho.asp](http://healthfinder.gov/nho/nho.asp)

Source: 2012 National Health Observances, National Health Information Center, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Washington, DC.

### July

#### Cord Blood Awareness Month

Parent's Guide to Cord Blood Foundation  
[www.parentsguidecordblood.org](http://www.parentsguidecordblood.org)

#### Juvenile Arthritis Awareness Month

Arthritis Foundation  
[www.arthritis.org/ja-alliance-main.php](http://www.arthritis.org/ja-alliance-main.php)

#### National Cleft & Craniofacial Awareness & Prevention Month

AmeriFace  
[www.nccapm.org](http://www.nccapm.org)

#### UV Safety Month

Prevent Blindness America  
[www.preventblindness.org](http://www.preventblindness.org)

### August

#### Children's Eye Health and Safety Month

Prevent Blindness America  
[www.preventblindness.org](http://www.preventblindness.org)

#### National Immunization Awareness Month

National Center for Immunization and Respiratory Diseases –  
Centers for Disease Control and Prevention  
[www.cdc.gov/vaccines/events/niam/default.htm](http://www.cdc.gov/vaccines/events/niam/default.htm)

#### Psoriasis Awareness Month

National Psoriasis Foundation  
[www.psoriasis.org](http://www.psoriasis.org)

### September

#### Childhood Cancer Awareness Month

CureSearch for Children's Cancer  
[www.curesearch.org/ArticleView2.aspx?id=7750&l=8810&c=7eb54f](http://www.curesearch.org/ArticleView2.aspx?id=7750&l=8810&c=7eb54f)

#### Leukemia & Lymphoma Awareness Month

Leukemia & Lymphoma Society  
[www.lls.org](http://www.lls.org)

#### National Sickle Cell Month

Sickle Cell Disease Assoc. of America, Inc  
[www.sicklecelldisease.org](http://www.sicklecelldisease.org)

#### Newborn Screening Awareness Month

Save Babies Through Screening Fndtn, Inc.  
[www.savebabies.org](http://www.savebabies.org)

September 13

#### National Celiac Disease Awareness Day

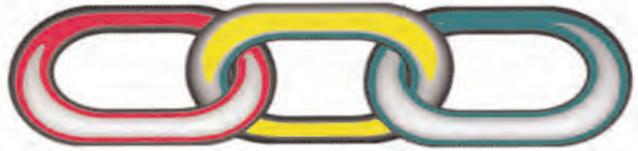
Celiac Sprue Association  
[www.csaceliacs.org](http://www.csaceliacs.org)

September 29

#### Family Health & Fitness Day USA®

Health Information Resource Center  
[www.fitnessday.com](http://www.fitnessday.com)

# Links I Love~



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## Editor's Note:

My thanks to the The Organization of Virginia Homeschoolers – [www.vahomeschoolers.org](http://www.vahomeschoolers.org) – for this description of the statute that goes into effect this month.

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Effective July 1, 2012, Virginia's Home Instruction Statute defines the curriculum description with specific language, which was designed to eliminate confusion on the part of both homeschooling families and school division personnel. Previously, the statute included a curriculum description requirement with no definition of the level of detail that should be included in the description. As amended, §22.1-254.1 paragraph 1B reads,

***"Any parent who elects to provide home instruction in lieu of school attendance shall annually notify the division superintendent in August of his intention to so instruct the child and provide a description of the curriculum, limited to a list of subjects to be followed during the coming year..."***

VaHomeschoolers lobbied in support of companion bills in both the House of Delegates (HB 1208, Pogge-R) and the Senate (SB 564, Black-R) that created this change in the Home Instruction Statute.

VaHomeschoolers will be contacting every school division in Virginia this summer to ensure that they are aware of the specific language in law now guiding the curriculum description requirement. We expect that there will be a transition period as school division personnel incorporate the amended statute into their policies and procedures. If you experience any difficulty with your school division, please direct them to [www.vahomeschoolers.org](http://www.vahomeschoolers.org), and ask that they email VaHomeschoolers for clarification. You can also direct them to the statute itself.

Understanding the law is the best foundation for homeschooling with confidence. The curriculum description requirement is written in the statute itself, and homeschooling families cannot be required by their school divisions to provide more information than the law requires. Furthermore, the law does not give public school superintendents or their staff the authority to make judgment about the merits of your curriculum. The role of the school division is to ensure that homeschooling families have complied with the law by submitting a curriculum description that lists the subjects to be studied during the upcoming year.

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## Resources

- **About.com - Homeschooling - Special Needs**

Informational website.  
[homeschooling.about.com/od/specneeds/Homeschooling\\_Special\\_Needs.htm](http://homeschooling.about.com/od/specneeds/Homeschooling_Special_Needs.htm)

- **Another Path**

Comprehensive guide to homeschooling for parents to homeschool, a deaf or hard of hearing child.  
[www.Deafhomeschool.com](http://www.Deafhomeschool.com)

- **Brightword**

Family, Education & Advocacy Resources  
[www.brightword.com/homeschooling-special-needs.html](http://www.brightword.com/homeschooling-special-needs.html)

- **Help in School**

Resources for the parents and teachers of students with special needs.  
[www.helpinschool.net](http://www.helpinschool.net)

- **Home Educators Association of VA**

Virginia homeschool information, resources, field-trip ideas, etc.  
[www.heav.org](http://www.heav.org)

- **Homeschool Central**

Information and curriculum for homeschoolers.  
[www.homeschoolcentral.com](http://www.homeschoolcentral.com)

- **Home School Legal Defense Assoc.**

Established to defend the constitutional right of parents to direct the education of their children.  
[www.hslda.org](http://www.hslda.org)

- **Learning Abled Kids**

Information, curriculum resources, and tools to homeschool bright children who have learning issues.  
[www.learningabledkids.com](http://www.learningabledkids.com)

- **Moore Expressions**

A used and new book store specializing in homeschool materials  
[www.mooreexpressions.com](http://www.mooreexpressions.com)

- **Virginia Home Schoolers Association**

Volunteer organization providing information and advocacy for the homeschoolers.  
[www.vahomeschoolers.org](http://www.vahomeschoolers.org)

# Lover's Lane - A Review

By Gregg J. Donaldson

**L** — *Lovers Lane is a story*  
**O** — *Of that*  
**V** — *Vital*  
**E** — *Eternal emotion, the one that eludes all*  
**R** — *Rational*  
**S** — *Sense.*

**L** — *Love. So it's a love story between two couples, told through the eyes of David Levin,*  
**A** — *A No holds barred narrator. Add to the*  
**M** — *Mix the backdrops of disability and*  
**E** — *Employment/Unemployment and it's a quick compelling read from beginning to end.*

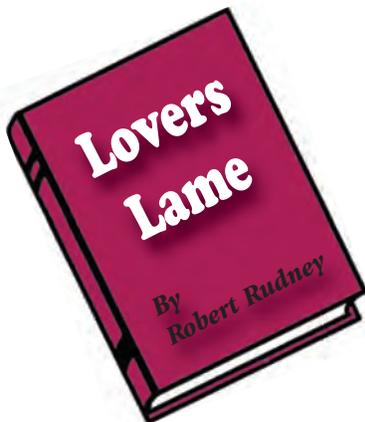
*The one Mankind calls . . .*

I wanted to start off this review as uniquely as David Levin the narrator does in describing himself, thus the acrostic poem. David grabs our attention by classifying himself as 'an observer.' He further states:

"Please rest assured- this is not going to be another sermonizing activist screed. Nor will it be another 'inspiring tale' of a crip' 'overcoming tremendous obstacles' to achieve 'heart-warming success in life.' I am not a poster child, and I am definitely not a role model." (pages 7-8).

Instead, he is just a regular 'Joe,' or in this case, David, trying to make sense of the events that happen to him. Along his travels, he has a brief affair with a co-worker named Lisa, gets down-sized, wanders into an employment self-help group for people with disabilities named "Abilities," falls in love with an artist named Jessica, and finds friends, two of whom are Jonathan and Christy; he tells their story as well.

I found it a worth while read and should be on anyone's reading list whether you are a fan of romance,



fiction, or have a disability or not. Why? because *Lovers Lane* does a good job of exploring that basic emotion that we all need to survive, the one we call Love.

In order to gain a greater insight into the book and its characters, I interviewed Robert Rudney.

**Donaldson:**  
*Why did you write a fictional romance novel?*

**Rudney:**  
I was tired of writing learned articles on disability employment and other issues and was looking for other media to get our message across to a wider audience. As you'll remember, (referring to members of a group to which I belong), we had a farewell party for

EXCEL!, our self-help group, when it closed in 2009. After several glasses of wine, I stood up and suggested that somebody should write a novel about the lives and loves of people with disabilities. A little light bulb lit up in my head, and I started writing the next day.

**Donaldson:**  
*What prompted you to write characters w/disabilities?*

**Rudney:**  
For fifteen years, I headed EXCEL!, an employment networking and self-help group for people with disabilities. Over that period, I heard all the stories about all the disabilities. The few meager triumphs and the many heart-breaking frustrations, even tragedies. I wanted to tell those stories. The other motive was a desire to bring to light the great unmentionable; sexuality. For too long, people with disabilities have largely denied their sexuality or were discouraged from practicing their sexuality. So many real-life men and women with disabilities never know true romantic love, true sexual attraction. The odds are stacked against them. Like the Push Girls' TV reality show, *Lovers Lane* celebrates people

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with disabilities, sex drives and all, and hopefully will bring them one step closer to full acceptance in American society and culture.

**Donaldson:**

*Why call the book 'Lovers Lane?'*

**Rudney:**

First, it was obviously a play on the expression, 'lovers lane.' Second, I was satirizing the use and abuse of the hurtful word, 'lame,' by the younger generation. How many times have you heard the expression, "Oh, that's so-o-lame"? Third, the title expressed the main theme of the book, the inability of the two principal characters, David and Jessica, to attain true love.

**Donaldson:**

*How long did it take to write and publish the book?*

**Rudney:**

The first draft literally wrote itself in less than a year. After that, it took much longer to edit the manuscript and try to find an agent and publisher. The market for fiction is just abysmal. The only thing that was selling was vampire stories.

**Donaldson:**

*Why self publish?*

**Rudney:**

I found a publication-on-demand outfit, Booklocker, that seemed honest, inexpensive, and straight-forward. We provided the formatted text and cover, and they did all the rest. I still have to do all the marketing.

**Donaldson:**

*Are you going to do more?*

**Rudney:**

I'm retiring from my job in the Defense Department September 1, and plan to market *Lovers Lane* much more assiduously. I have speaking engagements like the CP Group conference on October 13. I'd love to do more

talks. Plus, we're planning a big book launch party sometime this fall. Stay tuned at [www.loverslane.com](http://www.loverslane.com).

**Note:** Robert Rudney's accomplishments include being a recipient of a 2008 Kennedy Foundation Congressional Fellowship and won the 2011 Defense Department Award as "Outstanding Employee with a Disability."

From 1995 to 2009, he headed EXCEL!, a disability employment self-help group in the Washington, DC area, (*article author, Gregg Donaldson was a member*).

He is married with three grown children and lives in Vienna, Virginia.

To order *Lovers Lane* visit Booklocker <http://booklocker.com/books/6101.html>. The book is in paperback or electronic versions. ■

*Gregg J. Donaldson is a freelance writer/editor based in Washington, D.C., His articles have ranged from disability, entertainment profiles, technology to author profiles. He is also a published poet.*



*Disabled World – [www.disabled-world.com](http://www.disabled-world.com) – is an omnibus website with a vast assortment of articles, statistics, and tidbits of information relating to the term "disability."*

One of the many wonderful tidbits found on this website is the list of **Famous People with Disabilities**  
*A few people from this list includes:*

- **Lewis Carrol** - writer of *Alice in Wonderland*, who suffered from epilepsy. He has written books describing minor epilepsy attacks and the dream worlds that ensue, like the sensation of being bigger or smaller.
- **Howie Mandel** - suffers from OCD; manifested by the fact that he can't shake hands with anyone due to his fear of germs.

**Stephen Hawking** - has amyotrophic lateral sclerosis (ALS); also known as Lou Gehrig's disease.

**Albert Einstein** - was known to suffer from dyslexia because of his bad memory and his constant failure to memorize the simplest of things such as the months of the year.

**Richard Dreyfuss** - has acknowledged that he has bipolar disorder.

*Editor's note:  
CSC makes no judgment about the veracity of the claims found on [www.disabled-world.com](http://www.disabled-world.com)*