Dr. Tom Strax comes from a long line of physicians, including his father and beloved cousin who served as a key mentor throughout his education. With athetoid cerebral palsy, becoming a doctor was not a “piece of cake,” but it seems that Tom had many cards stacked in his favor, not the least of which was his singular desire.

How is Tom’s story different?

Early Educational and Family Experiences The first thing that strikes one as you listen to Dr. Strax is his personal drive and ambition to be a physician. He says he always wanted to be doctor, since he was a small boy in the 1940s. He felt that being a doctor would prove to others how “normal” he was. Being surrounded by physicians in his family certainly made this profession seem like a “normal” course to follow.

The second thing that is somewhat unique to Tom Strax as he made his way through medical school is that he was alone in much of his education — alone, that is, as a person with a disability. He recalls that he did not know many other children with disabilities. He remembers one boy with cerebral palsy he did know who died when Tom was about nine. He still thinks about this child who was his friend. Because he did not have children with disabilities as a peer group, he seems to have striven even harder to be a part of the leadership group in his high school and college. These leaders must
have seen the leadership gifts within Tom as they were his true friends throughout his education.

The third feature of Tom’s success is his family, who were clearly fighters on his behalf. When Tom was born, the delivering physician said to Tom’s grandmother “your kids are young, they can have more children, this baby is better off dead.” His parents, ignored this advice and believed that if he was to be a part of society, then he had to be educated within that society. He had to be prepared to be whatever he could be. When he was ready to enter public school in 1947, there was no such thing as mandatory public education for kids with disabilities. People who were handicapped were not permitted to go to public school. He says, “I was born at the tail end of attitudinal changes. When I was born, the view was that people with disabilities should be institutionalized; they represented an ugliness that should not be displayed.”

His parents clearly felt differently. While they did not know what he was capable of doing intellectually, they believed he had to be trained to be a productive member of society. They were founders of United Cerebral Palsy in New York City. Yet UCP “threw them out” when they fought the school system to get Tom admitted. “The majority of folks involved with UCP thought what they were doing was cruel. Sending me to things like camp was considered cruel as well.”

Tom’s parents were not afraid to take legal action to secure their son’s right to a public education. And, they knew powerful people in New York’s City Hall. In particular, Tom’s father (also a physician, in fact he was the ranking medical officer of the Seventh Fleet in World War II) knew the chief orthopedic consultant for the board of education. This consultant stated that Tom did not have a “handicap,” he had a “disability,” thus getting around the “handicapped” restriction. Through this contact and others, Tom’s parents convinced the NYC board of education that Tom should be in school. Their next task was to find a school where the principal would allow him to enter.

This was not the problem it might have been. In those days (the 1940s), decisions about who could go to school and who couldn’t were in the hands of individuals, like principals, teachers, and even bus drivers. A principal in Queens accepted him after the board’s decision that he should be admitted. The real problem turned out to be the bus driver! Tom’s bus driver
apparently decided that he would not pick “a cripple”…until Tom’s folks got involved. Using contacts they knew in the bus driver’s union, the attitude of his driver was changed and suddenly he was happy to have Tom on his bus. Actually, Tom thought this bus driver was a great guy and did not find out until he was in his 40s what the real story was.

Tom reflected on the people with disabilities he now knows from New York City, “It was interesting that Judy Heumann got into school a few years after me and they kept her in segregated classes. The system was really bad. Much was left to the individual principal…and people like the bus driver.”

Like his parents’ insistence that he be admitted to school and go to camp like other kids, they wanted him to be a cub scout like the other boys in their neighborhood. Typical to many reactions to disability during that time, the local den didn’t want him. So Tom’s mother started a den, talked with the kids with whom Tom played, and they joined. They got their own charter and Tom was a Cub Scout.

I think both of my parents were free spirits. My father came from a very poor family but he was very smart. He graduated from medical school at age 21. My mother was an artist. They had a certain amount of denial about my disability. They thought ‘Tommy should do what he wants to do.’ I’m one of the few people with cerebral palsy from that era who has no scars. They didn’t think anything I said was crazy. They felt like every thing I wanted to try I should try.

In reflecting on his family, Tom realizes how important his was to him. “My way may not be the right way for others, but it worked for me.”

**College**

Once he had graduated from public school, he had no significant problems being admitted to college. While his grades were not the best in grammar school, he did very well in high school. In college, too, there were teachers who allowed him to take oral examinations. There were the occasional tyrants as well. He remembers an organic chemistry teacher who told him, “I gave you a B but you deserved an A. I didn’t want the medical school to think you were worth an A.”
Tom did not require many adaptations or accommodations beyond the help that taking oral exams provided. He was worried about Chemistry laboratory after he knocked over a five gallon bottle of sulfuric acid on the first day of class. The chair of the department told him that they would waive his chemistry requirement but Tom insisted that he needed the course for medical school. The chair gave him a two-week trial in the lab and some friends who owned a medical equipment shop built some equipment which held everything in its place. His vials sat in a wood encasement so they would not fall over. Tom could use both hands to pick up a dropper to drop in whatever agent he was supposed to into the test tube and the test tube sat in the rack. His parents bought a complete set for his home as well. Tom did fine in chemistry. Problem solved!

**Medical School**

major hurdle as he made it through undergraduate school at New York University, where he received his BA in 1963, was admission to medical school. Like five or six family members before him, he wanted to attend the New York University School of Medicine. (Now, there have been and are 10 family members who have attended or graduated from this medical school.) Interestingly, there was a program that funded undergraduate education for children with disabilities in New York that was the precursor to vocational rehabilitation; they would fund Tom’s undergraduate education in almost any field but pre-med. With a little prodding from his mother, they agreed that if he was admitted to a medical school, they would pay for his graduate education instead. And they did!

Tom applied to at least a half dozen medical schools during the summer between his junior and senior years of undergraduate work. He was rejected by Albert Einstein Medical School almost immediately. Oddly enough, his mother received a call from a famous neurosurgeon there who had seen Tom’s application and was intrigued by the idea of someone with cerebral palsy applying to medical school. He wanted to meet and talk with Tom but also wanted to be sure that he understood that such a meeting had no bearing on his application to medical school. They did meet, walked around the school, talked about his reasons for wanting to be a doctor, then parted company. Shortly thereafter, Tom received an acceptance letter from Albert Einstein — typed by the same woman who had sent the earlier letter of rejection.
Howard Rusk was an important influence in Tom’s admission to medical school. A physician and early pioneer in rehabilitation medicine in New York City, he met Tom and supported his applications. One of Rusk’s medical staff and an occupational therapist examined Tom, then Rusk wrote letters to every school where Tom had applied, attesting to his ability to do everything that would be required of any medical student. Rusk proved to be an important person in Tom’s eventual admission to NYU as well.

Not all admission experiences were pleasant, aside from the first Albert Einstein rejection letter. One admissions officer said to Tom, “How dare you apply to medical school when there are all these able-bodied people waiting to get in?” He had five interviews with NYU officials. Apparently, the dean of the school was a major opponent, who didn’t believe that anyone with a developmental disability could have the physical stamina required for a medical school education. Howard Rusk argued with him and the executive faculty (chairpersons of the school’s various departments) agreed with Rusk. Tom was accepted!

But instead of celebrating, Tom became depressed. He felt that he was getting into NYU because of special treatment given to him — through his father’s contacts, other family members who had attended NYU, and Howard Rusk. The intrigues which surrounded his admission did not help his emotional state. His father suggested he talk with one of his friends who sat on the medical school’s board of directors. Tom called him and explained his trepidations. The board member said, “Why does it matter?” Tom continued to explain that maybe it was not he who had been admitted but a Strax family member. Again, the board member asked, “Why does it matter?” When Tom asked him to explain the question further, the board member said, “It doesn’t matter because only you can get into the second year class.” A profound discovery and recognition of his own abilities to make it or break it propelled Tom Strax onward.

The third year of medical school, Tom ran into the dean who had argued against his admission. He said, “You know, Mr. Strax, I didn’t think you could handle this and I opposed your admission. I want you to know that I was wrong.” Tom says there was no reason for this man to make such an admission. “This was a giant thing to do; this was a great man to admit a mistake like that.”
During this same third year of medical school another ironic event took place. Tom was amused to find himself sitting in a lecture on OB-GYN given by the very same physician who told his grandmother, at the time of Tom’s birth, that Tom would be better off dead.

Tom has no significant bad memories of medical school. One of the most important things he learned related to his disability, however, was the ability to remain calm when everyone around you may not be.

With athetoid CP, you know that your dexterity changes when you become nervous. My right hand dexterity is very, very good. When I’m nervous, I can still control it and it remains good enough. In the fourth year of medical school, I was in an emergency situation where I had to do some surgery and it went well — I learned to calm myself. When everyone is concerned with saving the patient, you realize that no one is paying attention to you as the physician.

**Accommodations**

Aside from the “home-made” accommodations Tom found to make through chemistry class in undergraduate school, he has found a few accommodations have helped him in medical school and as a physician.

“One of the most important accommodations I found in my first year of medical school was the Kelly clamp.” It looks like a cross between a pair of scissors and pliers. When you bit down on what you want to hold, it locks in place. “You can take a Kelly clamp and clamp onto a skin fold and hold it in the left hand so you can dissect with no problem.” The other “real enormous” accommodation was the vacutainer — the shield with the blood test tubes that has vacuums inside and one punctures the shield needle and then it automatically draws the blood into the test tube.

The vacutainer was invented during Tom’s second or third year of medical school. During that second year, medical students are supposed to test out many kinds of equipment they would be using as doctors. “My classmates were accommodating except in drawing blood. Nobody in my class let me draw blood from them.” For those of you who remember syringes, it requires two hands to draw blood using a basic syringe. In the summer between his second and third years, a chief resident at the Rusk Institute was talking with Tom when he learned that he had not yet drawn blood from
anyone. “This courageous individual decided that I would draw blood from him. He was not satisfied until I filled an entire syringe with blood. And I did. Fortunately for me, at the start of my third year, the vacutainer came out. I feel that was a very important advancement in medical science.”

In other types of medical practice, there were little if no accommodations for Tom. In delivering babies, he was sitting instead of standing, “so the worst that could happen is that the baby would fall into my lap.”

**Career Highlights**

Dr. Strax has a long list of academic and hospital appointments behind his name. He is currently Professor & Chairman, Department of Rehabilitation Medicine at the UMDNJ-Robert Wood Johnson Medical School, and Medical Director of the JFK Johnson Rehabilitation Institute in Edison, NJ. He continues to maintain hospital appointments at Robert Wood Johnson University Hospital, St. Peter’s Medical Center in New Brunswick, Shore Rehabilitation Institute in Point Pleasant, NJ, as well.

He has served many civic, government, and medical institutions in volunteer capacities, actively working as a committee or board member. He is Currently the president of the American Academy of Physical Medicine and Rehabilitation (2001-2002).

When asked what he loves or what excites him the most about what he does, he responded:

I love teaching. I get a kick out of patient care. I love watching the next generation of physicians. I’m a good physician. I like watching a system evolve. I like building systems and I like watching others grow within that system and become famous in their own way. I take great pride in watching people grow and changing the lives of people with disabilities. I like working in Washington, advocating for various issues. Soon I’ll become President of the American Academy of Physical Medicine. I’ve always pointed out things that were wrong, especially with accessibility issues, wherever I’ve been. I feel very good about what I can bring to public awareness.

Tom has also worked with Julie Madorski, a physician who has polio. At one time, they were both on the staff at Temple University and Julie was in
charge of a third-year medical school course in physical diagnosis. Tom said to Julie, “Why don’t you present me as a patient? Let’ see what they think my rehab potential would be.” They did. Tom was wheeled into grand rounds on a gurney wearing a hospital gown. The third-year medical students evaluated him and were sure that Tom was capable of selling pencils on Broad Street in Philadelphia! They wheeled Tom out of the classroom where he changed back into his long, white medical coat. He walked back into the classroom. Now they had to deal with him in an entirely new way. “These students had a bias when they saw me on the gurney and then they had to deal with me as an associate professor and an assistant medical director, which was a very interesting leap.”

This seems to fit a man who worked his way through the public education system with whatever tools were available to him. He learned much along the way and is interested in sharing what he has learned with others. Professionally, he continues to advocate for equality and fairness in medical school admissions when it comes to applicants with disabilities. There is some history here which is rather interesting.

In the 1970s, the Association of American Medical Colleges (AAMC) developed a list of essential qualities that people would be expected to have in order to be admitted to American medical schools. This list included such criteria as the ability to speak perfectly, move all your joints perfectly, and walk perfectly. This list was never officially approved or ratified, however it was widely circulated and secretly it was adopted by many medical schools admissions committees around the country during the 1980s. It was used as a way of preventing many talented students from being admitted to medical school. This caused a number of law suits to be filed by medical school applicants with disabilities. The Association of Academic Physiatrists opposed this AAMC list, stating it was not valid. Tom Strax was one of those physicians. It took a number of years and a great deal of advocacy before the AAMC adopted a new position which supports efforts to ensure that applicants with disabilities are treated fairly and offered appropriate accommodations.

Tom, along with Doctors Sandy Welner and Stan Weinapple, has also written a chapter about physicians with disabilities in the American Medical Association’s Handbook of Physician Health (cost is $42.95 and is available from AMA publications, 312/464-5000). A book about physician-assisted suicide is forthcoming from the Northwestern University Law School, based
upon a conference held on that subject in Chicago in 1997. Dr. Tom Strax participated in this work as well.

Transitions

As we age, we go through numerous changes and transitions. For Tom, starting to use a scooter for mobility outside his home and office was a difficult one. He was about 45 when he realized he needed to use the scooter.

The fear of falling…actually, I remember the first time I feared falling. I was giving a lecture at Temple University and I had to go to a board meeting after the lecture. I was waiting for an elevator that was surrounded by marble floors and I suddenly felt that fear. It is like a spiral for those of us with disabilities. You have to come to a lot of understandings about your life. The image of my own body had to change. When you have a disability, you are insecure about how others view you, understand you as a sexual being. There were lots of things I went through at that time. I was caught up in some denial, I think.

While we may all experience this feeling at various points in our lives, it may be more difficult for some. Tom grew up as an able-bodied person — was educated with able-bodied people; had able-bodied people as his closest friends; and he competed hard to keep up with them. He remembers the first time it hit him emotionally that he wasn’t able-bodied:

It was 1973. Disabled in Action arranged for me to the Pennsylvania Disabled Person of the Year award. When I heard about it, I thought “What’s this? I’m not handicapped.’ I was not going to accept the award, but then I got yelled at by some people in the disabled community who said I was rejecting an opportunity to reach over 2,000 employers. That changed me. That galvanized my sense of responsibility to the next generation.

Now he reflects on how differently people think about disabilities, especially his own children and their peer groups. When he was young, he would go out with friends and his date might ask, “Can you have sex?” His response was, “Can you?” Nowadays that question is much less likely to be asked of a young person with a disability. Tom’ daughter exemplifies the new attitude perfectly. “My daughter recently had an experience where a bus driver was going to let a person [in a wheelchair] off into a snow bank. She looked at
the people on the bus and said, ‘Who’s going to help me with this problem?’” And the people on the bus assisted with the user of the wheelchair get off of the bus. Both Tom’s children are advocated for the rights of people with disabilities and have also lectured on what it is like to have a parent with a disability.

Now he is very aware of his responsibility “to make things better for those that follow.” His work within the AAMC is proof. “We’ve been working with people to convince them that they need to change. “Even though there are 55 million people with disabilities in the U.S., it has been difficult to teach people to view people with disabilities as a large minority class, like women, African-Americans, Hispanics.”

Attitudes

Tom may not have been an early advocate for disability rights, but as his transitions demonstrate, he has picked up the theme that he must change things for those who come after him. He holds very clear opinions about how society, the medical community, and people with disabilities themselves must change.

I was on a panel once which included agency people, media representatives — one was an NBC vice president. I was one of the last to speak and by the time they got to me, I was a bit grumpy. I said the only thing they did was reinforce the stereotypes of people with disabilities as “special.” I had done a commercial for UCP in the 1970s which presented me like anyone else — doing good stuff, just happen to have a disability. But this panel, which was in the 1980s, was still promoting the “special” image.

Tom remembers an incident in the mid-1970’s when his was the Assistant Medical Director at Moss Rehabilitation Hospital. The New York Division a Vocational Rehabilitation contracted with the hospital to conduct a seminar focused on the capabilities of people with spinal cord injuries. At that time Tom was an expert of spinal cord injury. While lecturing Tom encountered a question from a vocational rehabilitation supervisor which amazed him, “I personally would not want to have a doctor with disability, how do you feel about this?” Tom took several deep breaths, counted to ten and replied “You know if I was sick, I’d want my doctor to look like Marcus Welby (a popular Doctor on a TV show during those years) that is unless the best person for
my specific problem was available, and then I would not care if that individual had four heads and six arms.”

He does not support segregated disability groups because he believes that “we are all a part of the general community.” If we are going to exist in society, we have to be accepted by that society.” He does support the work of implementing the ADA and related civil rights bills, of course. More importantly, perhaps, he takes on the issues of discrimination in his daily routines.

When you deal with misinformation and discrimination, you have to decide what you are really dealing with. Sometimes you are dealing with ignorance and it is time to educate. Sometimes you are dealing with a hostile bigot, in which case you handle it as strongly as possible. I mean being confrontive. I can step back, sometimes, and deal with it more objectively. I remember buying a new car with my wife where the salesman would not talk to me, only to her. I finally said, “Look, she has no money.” Or in restaurants where the waitress will only talk to others at the table or landing in New Zealand where the flight attendant gave the declaration form to the person sitting next to me instead of me. Discrimination comes in all shapes and colors. In the hospital, people will come up to me and say, “You’re doing so well, what room are you in?” Sometimes, depending upon my mood, I’ll just give them a room number. Or with my kids when people are staring at me, one once said “What the hell are you all staring at?” Or in Paris at a movie theatre, my daughter watched a man in a wheelchair buy an ice cream cone. She went up to him, asking, “Do you speak English? Can I help you with this ice cream cone?” Then she wheeled him into the movie he was seeing.

Tom has strong opinions about training of health care professionals in this regard as well. Since he loves to teach, his strong opinions probably helps produce the best students. There are various methods of exposing medical students to disabilities — like making them do their work from wheelchairs, smearing Vaseline on a pair of glasses, wearing earmuffs on their ears, putting thick gloves on one’s hands. All of these methods can be used to give students some physical sense of what being disabled — as a patient or a health care professional — might be like. But even more importantly,

I think that everybody who’s going to be a health care professional should spend a few hours in a wheelchair and try to get around their medical center. I believe that being the patient is a very eye-opening experience. Once you
take your tie, jacket and suit off and they put you in a gown, you become a non-entity. When a large group comes in and talks about baseball games and the people down the hall while you’re laying in the bed looking up at them, you’ll understand what it is like to be de-humanized.

**Philosophy**

“I think a successful individual is someone who is happy with themselves, what they are doing, and being able to support themselves. There are many people who achieve economic success who I would not call successful because they are miserable with what they do.” Tom’s thinking about success and what makes life worth living is basic to the American dream.

The most important thing I’ve ever accomplished is being called Daddy. The people I’m around talk about the money they make and the positions they have, but for me…watching my children grow and my grand-daughter — watching her is mind-boggling — is the most important thing. I’m happy with what I’ve done. Lots of people with disabilities don’t think that is possible.

Part of Tom’s greatest excitement as an experience was learning to deal with people who were not completely in agreement with his goals. Just like his experiences in gaining admission to medical school there were those who didn’t feel he had a right to be in a class or a right to compete. Disabled or not, all of us must go along some of the same pathways as we grow.

“First you have to separate from your parents. You have to find new objects outside of your home, find your own identity. Secondly, you have to realize that no one owes you anything. To sit around worrying about what you’re owed takes you nowhere.”

Tom’s philosophy is that everyone has problems. Your problems are no better or worse than my problems — they are just different. “You’re either a happy person or an unhappy person. Those are the rules of life.” He goes on to say that he believes many people with disabilities have had arrested growth because they focus too much on their problems. He doesn’t deny that they have many and that they can be quite large. Yet, there are people who have particularly bad acne and they’re afraid to go outside and be seen by the public. “There are people who never cross the street because they’re
having difficulty. The point is that both the person with acne and the person with a disability have to go on with their lives and do what they need to do.”

The Future?

Dr. Tom Strax is particularly intrigued by various “visions” of the future in medicine. Of course, he has had his own experiences with technologies as they have changed and improved over time. But where are the technologies of the future? And will these new technologies improve opportunities for people with disabilities to enter health care fields?

Take, for example, the idea of people with Alzheimer’s disease living in their own or their children’s homes versus being institutionalized. Tom describes the simplest of methodologies and technologies to help people understand how much easier (and cost effective) it is to keep people in their homes.

The question is, “Why does an Alzheimer patient get institutionalized?” and the answer is that Mom gets institutionalized when she loses her ability to control her vacuations. That’s really what happens….One, you have a bathroom light that is on and a toilet that is contrasting color to the rest of the bathroom. You have a towel for Mom which is different from everyone else’s towel, same with the toothbrush. You leave a radio on in the bathroom. Mom now has audio cues and visual cues so she knows where the bathroom is. There are many techniques to help people focus, be productive and function for longer periods of time.

Tom stresses that the necessary emphasis is on “function.” He believes it is far cheaper to maintain and maximize function than it is to minimize it. He uses the ADA as an example, “the curb-cuts, the ramps, everybody uses them. The able-bodied population, what they’ve gotten from the disabled population, has been wonderful.” As a society, we gain much from technologies which may have been developed for different purposes just as compliance with the ADA has proven beneficial for everyone.

Tom mentions voice-activated system as an advance which was developed by the Defense Department and NASA, moved into the realm of people with disabilities, and are now being utilized by the able-bodied community as well. From the technology of his own scooter, Tom can use technologies to produce all kinds of movements. “It’s all going to robotics. It is a matter of
having a device on whatever knobs I’m turning to manipulate lasers or whatever will allow me to do anything.” Technology is what is creating these new opportunities. Does it stop there? What about “technique,” particularly with regard to what many consider the physician’s skills.

In this regard, Tom does not believe that robotics or any other form of technology will replace techniques and experience. He can see how techniques can be analyzed, broken down into the minutest of steps and then fed into a technology such as a computer.

There are things that machines will never do. Yet, when I was in medical school, the big joke was that “Thomas would be a neurosurgeon.” Well, I would never go into something where my disability would make me handicapped. I want to be very good and do what I do well. As we move along, however, that crazy idea of Tom doing neurosurgery seems more and more possible because so much will be done by machines. The issue becomes whether or not Tom understands the machines or not; will he know what you need to do or not do? It will not be whether or not he can dexterously make the incision here. There will be a laser to do that. The laser will be attached to a computer which will be attached to a knob that has a dancing device that will be matched with my particular movements. Or, I might just speak and it will do the task.

He recognizes that the machine will never replace the human because only the human can ask the right questions and, hopefully, obtain the right information. And the machine will never hold the patient’s hand and give human caring in the presence of the patient. The machine will not be able to make actual medical and psychological diagnosis, work with family members, etc. But the machine can certainly pull lots of data together and make intelligent suggestions and options clear to the health care provider.

There is some concern among people with disabilities who may be interested in entering the fields of medicine that medical schools today require their students to be able to “do” everything. This seems to contradict what technology has given us as a society. Tom believes the assumption about a doctor being able to do everything is false and that, in some cases, that notion is only used as a barrier to keep some people out — like people with disabilities. Physicians vary widely in their talents, interests, and gifts. While they may need to know about all the major disciplines within medicine, they are not required to do everything that any one specialty area may require.
It is my feeling that all students must be able to meet certain basic criteria. They must be able to understand the information that is given to them, synthesize it and come up with an idea. They must be empathetic, able to communicate with their patients and fully examine them. They must be able to do certain kinds of procedures. But there are numerous ways to accomplish these things — a visual sono-cardiogram eliminates the need to hear to understand the results; there are many types of equipment that help people accomplish dextrous activities.

Tom knows several other medical students and physicians with disabilities who have proven his point over and over again. David Hartman did well and graduated from Temple as a blind man; he is now practicing psychiatry. Jim Post is quadriplegic and he graduated from Albert Einstein. “He’s a great, understanding person who can direct anything. Frankly, I would prefer a talented quadriplegic individual commanding somebody in what to do in an emergency than an idiot who was able-bodied.”

To project into the future for people with disabilities in medicine, the story of Tom Strax will be closed by a story he tells about his involvement for another student with cerebral palsy:

My sister and brother-in-law won a cruise years ago and on a cruise there was a couple sitting at their table. The couple was lamenting that their nephew, who was the valedictorian of his class at Amherst College, a chemistry major, couldn’t get into medical school because he had cerebral palsy. My sister said, “Gee, my brother has cerebral palsy and he’s a doctor.” So she helped them make contact with me. He and his father came down to Philadelphia to meet me and after our get-together it was obvious that this was really an issue of discrimination. I think, in his case, it may have been that he was not visually attractive. I called a few schools, told them I thought this was a case of discrimination, got him some interviews, and am happy to report that he was accepted into medical school, graduated, and completed his internship at Tufts. He went on to a neuro residency at NYU. When I last heard from him he was an associate professor of neurology at NYU and director of an Adult Developmental Disability and Joint Diseases program. What was really exciting was that he was married and had a ten-month old. Some of these preconceived notions can fly out the door.
Thank you, Tom Strax, for proving that point in your own right and demonstrating your interest in seeing opportunities for people with disabilities in the medical field become a reality for others.

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