

UOASL 2016 MEETING SCHEDULE

www.uoaastl.org

****October 3: Christian Hospital**

November 7: St. Luke's— Leonard Naeger Pharmacy Lectureship

December 5: Annual Banquet – Syberg's

All meetings begin at 7pm and last about an hour.

Visiting happens before and after for about 30 minutes.

Any articles welcome for consideration:

personal experiences, health, obituaries, tested tips, etc.

Publication Deadline December 25, 2016

Send articles to: Mary Beth Akers
949 Chestnut Oak Dr.
St. Charles, MO 63303
636/916-3201
marybethakers@excite.com

LIVE & LEARN By Email

Are you interested in getting this publication by email? Send an email to Mary Beth at marybethakers@excite.com and let her know that.

Mailing Information Update

Please let Brenda Schulte know if your info changes.

Her address is: 115 Pine St., Old Monroe, MO 63369.

Her phone number is: 636-661-5607.

Please let us know if you have any change in home address, email address, company address or contact person.

We would really like for you to keep getting the L&L's and postcards.

If you do not receive any of our information please let us know.

FOR THOSE WHO USE FACEBOOK AND TWITTER

The National UOAA is on both!

To find us on Facebook, go to Facebook.com/UOAA Inc.

To follow us on Twitter, go to Twitter.com/UOAA,
or while logged in, search for @UOAA.

UOAA also has a Social Blog! You can find our blog at

blog.ostomy.org.



**LIVE AND
LEARN**
Fall 2016

President's Message

To All Members and Friends of UOASL,

September greetings. I'll bet you are all as glad as I am to see the summer heat and humidity fading. I've had a full summer with first the preparation and finally the wrap-up of Youth Rally. Youth Rally was a good week for me and Herschel Austin who served as a counselor, as well as our own local campers who each had positive experiences which are reflected in their thank you letters I've included in this edition of Live and Learn. Please take time to read them. It's wonderful to know that our supportive efforts, as well as our financial contributions, make the Rally experience pay off so well for so many deserving youngsters.

Paying dues, playing the 50/50 raffle at our meetings as well as generous donations also support our efforts locally to help fellow ostomy patients in their journey of recovery from surgery as well as learning to live comfortably post surgery. I appreciate your participation in attending our monthly ASG meetings, one of the largest support groups in the country. Having a place to come where we can share our unique medical experiences and questions with fellow ostomy patients is vital for many of us. Also having several loyal Wound, Ostomy, Continence Nurses on hand at our meetings is truly a gift that we don't take for granted. On a regular basis we continue to bring speakers to our meetings who share information unique to us. We continue to look for more help, so if you know of anyone who would be willing to come share with us, please let me know.

I hope the articles we include in Live and Learn are helpful. If anyone of you has a need to find more answers, write to me at marybethakers@excite.com or call me at 636-916-3201, I try to be available to members. I've had my ostomy for nearly 35 years and have tried just about every type of appliance that you might have tried. If I can't be of help in a pinch, I think I can direct you to some good resources that we here in St. Louis are lucky to have. I look forward to seeing you at our meetings.

Mary Beth Akers, President, UOA St. Louis

VISITING SERVICES

Upon request from you, a Doctor, a Nurse, or an Enterostomal Therapist (Wound Ostomy Continence Nurse): A **VISITOR**, who has been specially trained will be sent to visit an Ostomy patient, either Pre-Op or Post-Op. The visitor will be chosen according to the patient's age, sex and type of Ostomy. There is **NO CHARGE** for this service and **WE DO NOT GIVE ANY TYPE OF MEDICAL ADVICE**. We only show the patient that his/her operation is not the end of the world, but a **NEW** pain free beginning to life again. Call Betsy at 314/725-1888.

MEDICAL ASPECTS OF AN ILEOSTOMY

By Dr. R.B. Kelleck, Great Britain, edited by B. Brewer, UOAA, via Great Plains Ostomy News and Georgia Rumble

The new **ileostomate** may find it difficult to believe that life without a colon can be completely healthy. To understand this, one needs to know what is the normal function of the colon or large bowel, which has been removed.

This organ is only found in land animals and its major function is to absorb water from the food residue. When animals first moved from the sea to the land, they moved from a world where water was plentiful to one where it might be very scarce, and they adapted to this by developing the colon as one means of avoiding dehydration. The only other substance that is absorbed from the colon is salt. All the other things we get from our food and which we need for energy and health are absorbed from the small intestine which is unaffected by the usual operations for ulcerative colitis.

People with an ileostomy get just as much food—whether carbohydrates, fats or proteins—as anyone else. The other function of the colon is to act as a reservoir for the waste products of the body until there is a convenient moment for disposing of them. This function is simply taken over by the pouch whether external or internal.

ALLOWABLE AMOUNT AND DISTRIBUTOR OF SUPPLIES

By Debi Fox, Ostomy 2-1-1 Via Greater Cincinnati

There is a difference between how many of something (wafer, pouch, wipes, etc.) you get when you start out and how many the maximum amount allowed by your insurance company is. **MOST** of the time, it is the discharge planners, ostomy nurse, or someone like that, that writes out the order for your supplies and faxes it to your doctor for signature. It is **THAT PERSON**, suggesting how many they think you will use **NOT** necessarily how many your insurance company's limit is! Find out what the maximum amount allowed is from your insurance agent. Furthermore, that order is on a form specific to the company **THEY** choose to be your distributor. Your insurance company may very well allow other distributors. If you are not happy with who you have right now, ask your insurance company what distributors you are allowed to use with your coverage.

Get Ostomy Answers!

The Phoenix is the leading national magazine for ostomates, their families and caregivers. Each issue contains 72 pages of inspiration, education and information including new products, medical advice, management techniques, personal stories and more.



Subscriptions directly fund the nonprofit United Ostomy Associations of America – the only national organization providing vital information, resources, support and advocacy for ostomates.

The Phoenix



One-year subscription \$29.95 Two-years for \$49.95

Payable to: The Phoenix magazine, P.O. Box 3605, Mission Viejo, CA 92690

POUCHING CHECKLIST

Via *The Ostomy Rumble*, Middle Georgia

√ Measuring the Stoma

It is very important that you measure your stoma when you change your pouch, to be sure that the wafer always fits correctly. ‘New’ stomas will gradually decrease in size.

Check size often and make adjustments to the wafer opening. It is also important that ‘seasoned’ stomas be re-measured, less often, but at least a couple times a year.

√ Changing the Pouch

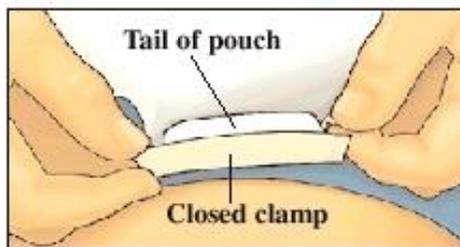
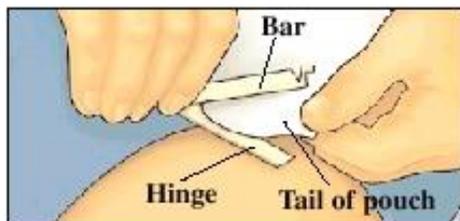
Try to change your pouch when your stoma is less active. Always examine the skin around the stoma for redness or irritation. There may be a little bleeding when cleaning your stoma. The bleeding should stop quickly. Contact your physician or WOC nurse if the bleeding does not stop or if there is a distinct change in the color of the stoma.

Have your pouching system ready and put it in easy reach before you remove the pouch that you are wearing. **Please remember remove easy with a gentle push....not a quick pull.**

√ Emptying the Pouch

Empty the pouch when it is one-third full of urine, stool, and/or gas. Or empty as needed for comfort or convenience. To reduce splashing, put toilet paper in the toilet bowl first, or lean forward to place the end of the pouch closer to the water level. You can empty your pouch while sitting or standing. (Sitting gets you closer to the water level and containment). Some suggestions:

1. Hold up the end of the pouch before you remove or undo the clamp.
2. “Cuff” the edge to keep the end clean (if your pouch allows).
3. Drain the contents.
4. If the stool is too thick, add some water to the pouch and rinse. (Gently rinse so that you do not force water up around the stoma and undermine the seal).
5. Be sure the ‘tail’ of the pouch is clean before reclosing.



Colostomy Tips – For Those Who Irrigate

Via *The Ostomy Rumble*, Middle Georgia

- Allowing too much water to enter the stoma too quickly may allow a bit too much pressure to develop. This may cause a sudden evacuation of waste but can leave much of the feces still in the lower part of the colon, along with most of the water. Periodic evacuation may follow over the next hour.
- To avoid constipation, establish a daily exercise routine; have a fluid intake of approximately 6-8 glasses of water/tea each day and chew food well. Eat a balance diet, including some fiber.
- Pain meds and tranquilizers can make the colon lazy and can be the cause of incomplete evacuation. Do not irrigate when having a bout of diarrhea.

IBD Increasing Rapidly in the U.S.

Via *The Ostomy Rumble*, Middle Georgia

Accutane, and generic drugs like it that fight acne, can cause IBD. That fact is not in dispute. Accutane and its generics can cause Crohn’s disease and ulcerative colitis. These incurable and debilitating inflammatory bowel diseases (IBD) can permanently damage the intestines. Many victims will never lead normal lives.

Roche Pharmaceuticals took Accutane off the market in 2009. But its generics, Amnesteem, Claravis and Sotret, are still being prescribed for acne. Accutane and its generics contain Isotretinoin, a powerful vitamin A derivative. They pose the same danger, causing IBD injuries to still more victims.

More than one million Americans have IBD, and 30,000 new cases are being diagnosed each year. The increase in cases puzzles doctors. UT South-western Medical School, one of four medical schools in the University of Texas System, is looking into the cause. While IBD can run in families, it has been pointed out that a number of cases that developed in victims up to five years after they took certain acne drugs.

Welcome Home

By an Anonymous Attendee of the Support Group
that meets in the Virtua Health Wellness Center in Moorestown, New Jersey
via Lois Moskowitz, the Group's Facilitator

I have heard this expression many times but didn't realize how it applied to me as a person with an ileostomy. I just got back from the satellite meeting of the South Jersey Ostomy Association. Today we had a wound care nurse attend the gathering. Although I have had an ileostomy for five years, there is always something new that I learn at these events. Today was no exception. Fortunately we were able to ask questions. Some of the answers surprised me. Yes, I do get Phoenix magazine and have read voluminous amounts about wearing a bag; yet there is still so much that I need to learn.

Actually, walking into the doors of my first meeting was almost as upsetting as having the surgery. After leaving today's meeting, I realized just how comfortable I felt with these people. It was like "coming home". No longer was I totally embarrassed by my present situation. I could discuss issues that I was having with my bag that I would never reveal to anyone. With the help of the fellowship I can say today that I am happy to have chosen to live and wear a bag.

This wonderful group not only provides the support for new ostomates but also is so informative. Before I went to my first meeting, I wondered what other members looked like and how life has changed since their ostomy. To my surprise the members looked just like everyone else in our society and I had no idea who had an ileostomy, urostomy, or a colostomy. Some of the members were old, some young, some tall, others short. There were both male and females that shared my lifestyle. But, there was one thing we all had in common. We wore some type of an appliance.

Suddenly I was not alone. One thing I did find out was how to live my life to the fullest. Also, other people ran into the same problems that I have experienced through the years. The hints that they gave to me were invaluable and could only have been discovered by others who have worn an appliance. Both the stigma and fear of wearing a bag dissipated.

Since everyone was so positive, I wondered if they ever felt as I did. In the past I always said, "I would rather die than have an ileostomy." For eleven years I tried to keep my j-pouch. During that time I had numerous infections, bleeds, and surgeries. Yet, I just wouldn't give in to the surgery. It finally got to the point where if I did not have my ileostomy I would die. Afterwards my son told me that my bag was my bag of courage. This was the surgery I thought I would never have. However given the choice of dying or wearing an appliance, I chose the latter.

Urostomy Types – by Victor Alterescu, CWOCN
via New Outlook, Chicago AND Metro Maryland

Urostomy is the general word for any type of urinary ostomy. There are several types of urostomies. Some people have ileal conduits. In those cases, a piece of ileum—the third and longest portion of the small intestine—is removed from the intestinal tract and the two ureters—tubes that carry urine from the kidneys to the bladder—are attached to the portion of the ileum. One end of the ileum is stitched closed and the other end is brought out into the abdomen as a stoma. Very often, people who have ileal conduits think that they have an “ileostomy” because health-care personnel often incorrectly call this surgery an ileostomy. Remember that if the urine is coming through your stoma, you do not have an ileostomy. Sometimes, instead of the ileum a piece of the large intestine is used, usually from the sigmoid colon. In this case, the surgery is called a colon conduit. Urostomies are formed for many reasons. In adults, the surgery is most often done to remove a cancerous bladder. For people with spinal cord problems, a urostomy of one sort or another may save someone from irreparable kidney damage. Sometimes after urostomy surgery, a bladder may be left in place, but if the bladder is diseased, it is usually removed. Drinking fluids is essential for urostomates. Kidneys are happy when they have lots of work to do. Show me someone who does not produce much urine and I'll show you two unhappy kidneys! Drinking water may be the single most important thing that a person with a urostomy can do. Urostomies are the most complex of the three major types of ostomies—colostomies, ileostomies and urostomies. They can be found in all age groups. They are performed for more varied reasons than the other two categories, and they can present incredibly complex problems, but when they work right, they are winners! Remember, an ostomy is a cure, not a disease!

National Ostomy Awareness Day began in 2010. It is held annually on the first Saturday of October. UOAA continues to celebrate this day by spreading awareness and increasing national visibility of those living with ostomies. We will carry on breaking the silence and shining a positive light on what has saved so many lives. We are excited to announce this year's theme is Resilience: “Bouncing Back into Life”, and is all about finding your inner strength to bounce back from this surgery and rise up stronger than ever before.



Advocacy News from UOAA: UOAA Opposes Budget Proposal to Include Ostomy & Urological Supplies in Medicare Competitive Bidding

United Ostomy Associations of America is working with a coalition of patient organizations, health care clinicians, and technology manufacturers to address concerns over the President's FY 17 budget provision to expand Medicare's competitive bidding program to ostomy and urological supplies.

[DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics and Supplies)]

Because it is a medical necessity that individuals have access to a properly fitted pouching system, the one-size fits-all policy that could result from competitive bidding is unacceptable. UOAA has long opposed the inclusion of ostomy supplies in competitive bidding proposals, and will continue to do so in the future. The coalition's plan to oppose this proposal is on a positive track. It is important that the ostomy and continent diversion community present a united front in addressing this issue with lawmakers. We ask that you connect with us and follow our updates on the progression of this proposal before taking any advocacy action.

Your personal stories highlighting the necessity of specific fittings of ostomy and urological supplies will be an especially powerful tool in convincing lawmakers of the folly of this proposal now and in the future. We will ensure that your voices are heard on this matter, and will call for your support and action at the most opportune time in this process.

Hints for Men

via Mayo Clinic Letter, Space Center Shuttle Blast and Broward Beacon

A common problem for male ostomates is the location of their belts. One man who had trouble with his belt catching on the top edge of the appliance offered these helpful hints:

~ When applying your wafer/flange, instead of placing it with the top edge square with your beltline, rotate it 45 degrees, so the edges point up and down like a diamond, that way the belt goes across the top corner of the appliance and holds the wafer/flange in place.

~ Also, try cutting the hole in your appliance closer to the top of the skin barrier, causing the appliance to adhere lower on your abdomen and be farther away from the beltline; or try rounding off the square edges of the flange with scissors, decreasing the chance of the belt catching on the corners.

Stoma Bumps

What Are They? - What To Do?

By Liz O'Connor, CWOCN Via *The Ostomy Rumble*, Middle Georgia

WOC nurses are often asked about small bumps or ulcers which appear on a formerly smooth stoma. They may be on the surface or around the edge where the stoma meets the skin. They may occur in a single area or around the whole circumference.

Most of the time, these are granulomas, which are of a benign nature. Granulation tissue is a normal defense reaction of the body to injury. Those at the edge may be due to a reaction to the suture being sewn though the stoma to the skin. It may also be caused by a too rigid or too tight a skin barrier rubbing against the stoma. A skin barrier with a hard barrier must never touch the stoma.

Those on the top or side of the stoma may be caused by an allergic reaction to the plastic or other material manufacturing the barrier. This may be true even after using the same equipment for a long time. They may also be caused from stomal drainage constantly pointing to one area of the stoma. This may occur when the stoma opening points down.

What should you do? Most of the time, these things are nothing to worry about. Do not second-guess or self-diagnose yourself. See your WOC nurse, and if necessary, your doctor.

Occasionally, these bumps may be a manifestation of another condition, like the recurrence of Crohn's disease. Often, they can be treated with silver nitrate sticks, which are available by prescription. Occasionally, the bumps need to be biopsied, to eliminate the possibility of other conditions. Quite often, a change in the manner of applying the skin barrier will resolve the issue.

Your Role in Preventing Medication Errors

Edited by B. Brewer, UOAA Update

- Keep a list of medications (name, strength, and frequency).
- Ask pharmacist to print the name and purpose of the drug on the prescription.
- Follow your doctor's instructions.
- Throw away old bottles so they will not be confused with current medications.
- Don't share your medications with others.

Caring for Excoriated Skin

By Diane Duran, CWOCN Via *The Ostomy Rumble*, Middle Georgia

If after removing your skin barrier you find your skin to be red, painful, and sensitive or denuded of skin, you have “excoriated skin.” Excoriated skin is often caused by pulling off the skin barrier too aggressively. Follow the adage; push the skin and not the barrier. Pulling at the barrier may rip the skin or tear off the top layer of skin. Excessive perspiration under the barrier may also lead to excoriated skin as well as movement of the barrier while wearing your pouching system.

If needed, remove the skin barrier with a non-alcohol adhesive remover made specifically by ostomy equipment manufacturers for this purpose. Simply hold down your skin with the adhesive remover pad and going from side to side, gently pull your skin barrier down and away from your skin. After gently washing the stoma and surrounding skin with warm water—using soap around the stoma is rarely beneficial—and dry the skin thoroughly, usually by air-drying, never by rubbing.

Sprinkle the damaged skin with an ostomy powder, like ConvaTec’s Stomahesive Powder or Hollister’s Adapt or Karaya Powder. Dust off the excess powder and place your new skin barrier on your abdomen. Some people rotate the placement of square barriers around the stoma to give some skin a chance to breathe. However, research has shown that this technique is not very effective. Skin under a quality skin barrier repairs itself fast and better than if it is left out in the air. People who have had ostomies for many decades usually find that the skin that has been covered under a skin barrier is some of the healthiest on their entire body.

Always be gentle to your skin, and it will be good to you.

Abdominal Noises

Via *The Ostomy Rumble*, Middle Georgia

Rumbles and grumbles, growls and howls are such noises that come from the abdomen. Since it happens to everyone, you would think we could just laugh it off or ignore it, but instead, we are embarrassed and as ostomates, we wonder if something is wrong. However, it is usually “sound and fury signifying nothing”... important.

Any of the following may be the cause:

1. You are hungry. Peristalsis goes on whether there is anything to move or not.
2. You are nervous, so peristalsis is increased.
3. You have been drinking coffee, tea, cola or beer, all of which stimulates peristalsis.
4. Since these are often consumed on an empty stomach, they produce gurgles as peristalsis redoubles its movement.
5. You may have been reading about lowering cholesterol by eating a high fiber diet and added these foods. Digesting fiber produces gas, so rumbles increase.
6. You may be eating too many carbohydrates. The intestines do not digest starches and sugars as easily as proteins and fats. Some of the culprits are often lactose (a sugar in milk); Sorbitol (a sugar-free sweetener; Stachyose and Raffinose (sugar in dried beans).
7. You may be swallowing air, eating too fast, or talking while you eat. Swallowing air creates grumbles and growls as it is moved along the digestive tract.

Remember that the intestinal tract has been surgically ‘interrupted’ and it may take some time for the gut to settle down and recover from this intrusion.

After considering these causes and taking prevention action and if these abdominal noises persist or create any discomfort, check with your ostomy nurse and/or colon-rectal surgeon.

Found on the Internet

Keep your scars out of the sun! If you have scars, especially fresh ones, keep them out of the sun as much as possible, or use a sunblock. UV from the sun is believed to cause scars to redden and most likely causes skin damage that you simply don’t need

((http://practicalplasticsurgery.org/docs/Practical_15.pdf)

Nov 5, 2016 • Ostomy Education Conference

DoubleTree Hotel, Arlington Heights IL

Hosted by the Ostomy Association of Greater Chicago.

Sponsored by Hollister Incorporated, Coloplast, Shield Healthcare, Convatec, MPM Medical and Mark Drug.

Will include Invited Presentations, a Stoma Clinic and Vendor Fair.

Youth Rally Thank You Letters

I cannot even begin to thank you enough for your generous donation to Youth Rally! When I was 15, I was diagnosed with Ulcerative Colitis, and I had never felt so alone. Rally is a place where I can be 100% genuinely me, and there are no words to say thank you enough for that. One of my life mottos is “Be somebody who makes everybody feel like a somebody,” and Rally is an excellent example of that. At Rally, everybody matters. At Rally, we are all special. I have been so blessed



by the amazing people at this camp, but the true blessing is that (hopefully) I can be the light in someone else’s darkness. Your donation truly is life changing. I will never be able to thank you enough.

Anna Gordon, 17

Anna at graduation with Paul Hastings, Vicki Schafer, April Gimlen and Mary Beth Akers

Thank you for donating money. I love camp so much because I can learn new things every year. I also get new friends every year. I will always treasure the memories. Thank you so much.

Gavin Schlarmann, 12

Thank you, thank you for donating money to help me come to camp. I am so very grateful to have been given this opportunity to come to this amazing camp and meet such amazing people! I have made friendships that will last a lifetime here! This is my first year at camp, and let me just tell you, this won’t be my last! I can see myself coming to camp every year! Then when I turn 18 I hope to be a CIT here! I’ve learned in this short week how to be more self-reliant and I hope to keep learning more here at camp! I’ve made such powerful bonds with other campers, it’s stunning. The past 4 years I have been so ill and not able to enjoy life. In the brief time I’ve been here, I’ve been rock climbing and doing yoga and stand up paddling on a board! I can’t put my gratefulness in words, thank you so much!

Emma Fitzgerald, 14

Youth Rally Thank You Letters

Thank you for sponsoring Youth Rally. Without your help, I would not be able to go to Rally. Every time I go to Rally, I learn more and more. I have a lot of fun and I meet new people. Almost everything is fun or educational. The things I learned range from some basic yoga to how others handle their medical needs. I had lots of fun at camp and I want to go every year and over time become a counselor. Thank you for everything.

Michael Thum, 14

Thank you so very much for your assistance in helping me attend Youth Rally 2016 as a 3rd year counselor. I can’t put into words how inspiring and motivating it is to play a small part in helping these kids as they learn to live and grow with various bowel/bladder issues. The Youth Rally community quickly becomes a family and the kids develop lifelong friendships and support so that when they return home they know they are not alone no matter what battles they are fighting. From pictures you may see it may look like it’s all fun and games, but there are also very serious and profound educational times as kids learn to care for their unique physical and mental health needs and acquire a new level of independence. They leave camp knowing they can be successful no matter what they choose to do. Thank you again and I deeply appreciate your ongoing support for this unique and life-changing experience.

Sincerely,
Herschel Austin

UNDER THE SEA DANCE
Emma Fitzgerald, Mikey Thum,
Anna Gordon, Herschel Austin,
Mary Beth Akers in the back row
with the shark

Gavin on the right in the front row
with two of his new friends!



2016 YOUTH RALLY IN SEATTLE, WA



2016 Youth Rally Campers – check out www.YouthRally.org for additional photos & videos!

A PICTURESQUE SETTING The 2016 Youth Rally was hosted at the University of Washington (UW) in Seattle where participants had the luxury of staying at the campus' new downtown dorms. This was the Youth Rally's 2nd visit to Seattle (the first was back in 2013) – and it didn't rain one time once the campers arrived. From the campus center were clear views of Mt. Rainier! Hot sunny days and cool nights were the setting for a jam-packed week of learning, fun, and adventure!

THEY COME FROM ALL OVER This year's Rally hosted 128 campers (picture above) between the ages of 11 and 17 from 38 US states, Canada, Ecuador, Venezuela and Belgium! Notably, 42 campers were experiencing the Youth Rally for their very first time! The Youth Rally staff is a 100% volunteer team of 80 individuals: 62 counselors (many of whom were former campers) and 18 specialty-trained registered nurses, some who also live with the same conditions as the counselors and campers.

Throughout the week, campers had the opportunity to learn more about their own condition as well as those of their counselors and peers. They participated in intimate rap sessions sharing their stories of growing up with medical and physical challenges. Participants got to learn from those who share their own diagnoses and management techniques as well as others within their same age range and gender identification to discuss the sensitive issues that often challenge the self-esteem of adolescents growing up with chronic conditions.

New this year, the campers were guided through "Digging Deep" – a personal journal they were each provided to inspire self-expression through the telling of one's own personal story; empowering hope, courage, and inner strength. The journaling exercises were facilitated in group sessions hosted by the author herself, Rose Offner. In addition to Rose, 2016 Youth Rally special guests included Dr. Bill Reiner, Pediatric Urologist and Adolescent Psychologist who specializes in working with chronically ill children and their families. Perhaps most inspiring however were this year's motivational speakers: Jada Sheeler – former YR camper, now counselor, who spent a semester abroad in Japan, learning every day as she immersed herself in this new culture; and Spencer Kimbro – Youth Rally camper who had recently returned home from Rio de Janeiro where he competed in the 2106 US Paralympic Track and Field trials.

FUNTASTIC On fitness day each participant had the opportunity to challenge their physical self while sampling some of the many activities (climbing wall, basketball, archery, TRX, cycling, Volleyball, Yoga, the list goes on) available at the UV Intramural Activities Center. It's a mystery that anyone had energy left for the talent show – or the (first ever Rally) lip syn battle - that evening, but these kids love a stage and it proved to be another marathon night in the spotlight! On Thursday Rally took over the shores of Green Lake for a day of sunning, swimming, floating, paddle boarding, paddle boating, water cycling, kayaking and field games. We even had some special visitors while at Green Lake... from Ben & Jerry's! The week was topped off with Rally's highly-anticipated graduate dance which hosted an "Under the Sea" theme this year complete with mermaids, sharks, a photo booth, a face painter, a nacho bar, and an amazing array of decorations to set the tone for a first class party!

WHERE THE SURF MEETS THE TURF It is expected that all but those 26 campers who graduated this year will join us next July at San Diego State University in San Diego, CA. Many of those same graduates will be submitting applications for the 2017 Counselor-in-Training leadership program to begin their journey as the next generation of all-star counselors. In the meantime, all of this year's participants have formed lasting friendships, found lifelong mentors, made amazing memories and thanks to modern technology and social media, will be able to communicate all year long!