

Post-Polio Syndrome: Adaptation in a Three-Story Townhouse

Mark Mallinger, PhD

My wife and I, both in our mid-70s, were faced with a life changing decision in 2018. Do we remain in the townhouse we've loved for 40 years or consider moving, in the near future, to a retirement complex? Living in a three-level condominium as my symptoms of post-polio syndrome began to mount suggested it was time to move. Our home offers everything we want, including location, view, space, comfort, esthetics and many other positive aspects, but climbing three flights of stairs many times each day was starting to present a challenge. We visited several senior living sites, all of which had many positive features, but were we ready to give up our much-loved home?

Although I was able to maneuver the steps from bottom to top (32 to be exact), I had been relying more and more on the bannister to help boost me up the incline. So, we began our search for a solution. We immediately dismissed a stair-chair type of motorized lift. Given the angle of our stairs, it would have been slow and awkward.



Another possibility we considered was to install an elevator, but the costs, complexity of installation and space required made this option impractical. At that point, we held off the decision to consider a future move hoping other possibilities would emerge.

In 2019 we discovered a modified elevator—actually a vacuum tube

that requires no hardware other than a 220-electric connection. It operates on the same principle that banks and retail stores used years ago as a way to move money and invoices through an air suction system. We pursued the research and discovered a supplier in our area. We visited the showroom and had the opportunity to try out the system in person. The ride was smooth, relatively quick (not bullet train quick, but much speedier than a stair-chair) and comfortable.

At that point we were ready for the next step, so we invited a contractor who specializes in the installation of the “elevator” to take measurements to explore the reality of fitting the device in our house. Luckily the design of our stairs leaves an open area in the center that would allow the vacuum tube to be placed in what had been unused space and would still allow us to use the stairs. The “tube” would operate in the area surrounded by the steps.

Our decision regarding where we would live, at least for the foreseeable future was made—we would remain in the townhouse indefinitely, or until further complications associated with age and PPS emerged. No construction was required, only the installation. The effects of COVID, however, postponed the process for some time. But, finally, the vacuum tube was installed in the summer of 2021.

Although our elevator is a one-person affair, the tube does come in larger sizes—though our space could not accommodate anything larger than a single-person unit. The full cost came to \$50,000. Certainly an expensive commitment, but it allows us to remain in our home. A device of this size for two-story homes would be less costly.

An unexpected outcome of the installation of the tube is the ability to use it as a “dumb-waiter.” The first floor of the townhouse is off the garage, thereby allowing us to move shopping items from the car into the elevator without having to navigate the stairs. The kitchen is on the second floor. Returning from the supermarket, Costco and Trader Joe’s, our loads of groceries now can be moved to the kitchen with ease rather than negotiating the steps with goods in tow.

In addition, luggage is no longer a hassle—moving bags from the third floor (site of the master bedroom) down to the garage now is an easy exercise. Laundry also becomes much less of a bother—the

washer-dryer located in the garage only requires a push of the elevator button to eliminate the hardship of carrying it down and back up.

Although this particular solution may not work for others, the message for polio survivors is that alternatives in adaptation are possible and should be

thoroughly explored and considered. It may take a while to recognize all of the options available, but seeking out possibilities before making a final decision will likely result in a better outcome. ■

My Experience with the VA

Donald P. Abrams

I had bilateral polio in August 1954. I was treated at Herman Kiefer Hospital in Detroit, Michigan, and subsequently at the Rehabilitation Institute of Detroit for the first year. After that, until the age of 18, I was treated by an orthopedic surgeon, Dr. Alvis D. Finch.

I had an Armed Forces physical in 1967 and took my medical records with me. I presented these documents to the examining physician at the Fort Wayne facility in Detroit. I remember him observing that my right leg was smaller than my left and that I had a dropped foot, as well. He also observed that my left arm was smaller than my right. I felt this should have disqualified me from service; the doctor felt differently. I was drafted into the US Army.

I reported to basic training at Fort Knox, Kentucky, in January 1968. I struggled mightily with physical training (PT), but my inability to complete exercises went unnoticed. When the final PT test was given, I finished very low in every event, but somehow moved on to graduation.

I was sent to Fort Belvoir, Virginia, for training as a depot level generator repair and rebuild. Upon completion, I was assigned to go to Vietnam. I was then sent to the 101st Airborne Screaming Eagle Replacement Training School for two weeks and ultimately to Camp Eagle near Hue in I Corps. I spent a year with the 801st Maintenance Battalion,

Company A. We were wrenched tirelessly on broken gear with 10-14-hour days the norm, seven days a week in temperatures that could reach 110 degrees in the shade—except for monsoon season, when it cooled off but brought 12 or so inches of mud.

Physically exhausting? You bet! The only break from this was a three-day R&R at China Beach and a seven-day R&R with my spouse in Hawaii. The 801st received a Meritorious Unit Citation in 1969. I have a Bronze Star (meritorious), ARCOM (meritorious), National Defense medal, Vietnam Service Medal and Vietnam Campaign Medal.

Earlier this year I made a Veterans Administration (VA) disability claim for my post-polio syndrome (PPS) based upon the likelihood that the physicality of my service resulted in my current polio-related health conditions. I won't go into the details here. My psychiatrist, Dr. Daniel Ryan, MD, was most helpful in writing a nexus letter with his diagnosis along with the opinion that my military service caused the onset of PPS.

As a veteran, I was able to search the archives of the VA for PPS claims. Searching back several years, I found that most were denied or remanded. Only two awards for PPS showed up. What I can't know is how many PPS vets were awarded disability without having to appeal. Though my disability claim was awarded without having to appeal, I'm pretty sure that PPS hasn't been recognized by the VA very often. Perhaps the groundwork was set earlier by others.

With precedent being set, I would like to pay it forward by reaching out to as wide an audience as possible and encourage other veterans with PPS to initiate a claim with the VA. ■

