

Looking Back, Moving Forward

Joan L. Headley, Post-Polio Health International, Executive Director,
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Joan in the PHI office.

On August 17, 1987, I walked to the end of my dock, spit in the lake for luck, and headed to St. Louis, Missouri, to work for Gazette International Networking Institute (GINI).

I had celebrated my 40th birthday in May, and for me, 18 years of teaching high school biology by diagramming the inside of an earthworm and other representative animals, was enough. My expectation was to continue to be an educator, but behind the scenes, working with Gini Laurie, the organization's founder, and known by many as "the grandmother of the independent living movement."

I was hired by Gini and Judith Raymond. I was replacing Judith, who became Judith Fischer on September 14, 1987 when she married D. Armin Fischer, MD, a pulmonologist living in Southern California. Judith has remained a valuable friend and resource, and for 25 years has been a faithful volunteer for our affiliate, the International Ventilator Users Network.

I was hired to be a worker bee in support of Gini Laurie (www.polioplacelace.org/people/gini-laurie) as she accepted more and more speaking engagements and to assist in planning for the future of the organization, because on June 10, 1988, she would celebrate her 75th birthday. Within 22 months, she had major surgery for esophageal cancer and died. Future funding sources were not assured.

So now what? I had sold my house on the lake and left my teaching job in northeastern Indiana. Half joking, my parents had promised me that if this adventure failed, I could move back home. Now, I was facing that possibility.

The early '90s are a blur to me, and someday, I will re-read the board meeting minutes and my reports to better appreciate the many people and groups who were supportive, offered sage advice and provided me cover from the naysayers.

I, unlike some persons who had polio, never thought my polio was in the past or that I would never have problems. In the seventh grade, we received the results of a vocation test. My friend, Steve, commented, "This test must be wrong. You, the tomboy – a librarian?" I distinctly remember I had answered all the questions about the future with the most sedentary of responses, thinking, if I can't run as fast as my friends can now, what will I be like when I am old like my parents, then in their 40s.

My first exposure to anything "post-polio" was that the virus was re-activating. I wasn't prepared for *that*. In fact, looking for answers is how I found the GINI organization in 1984.

continued, page 3



Joan teaching biology in 1975

PHI's mission is to enhance the lives and independence of polio survivors and home mechanical ventilator users through education, advocacy, research and networking.

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Notify PHI before you move by calling 314-534-0475 or email info@post-polio.org, and tell us your old and new addresses.

Away Temporarily? Send us your "second" address and dates you will be there, and we'll do our best to send your newsletter.

WE'RE STILL HERE! ... AND WE VOTE!

PHI's goal for the week of October 7-13, 2012, is to alert elected politicians and those running for office that WE'RE STILL HERE!, that their decisions affect our lives and that we vote!

PHI created a letter that lists the topics that concern us – our health, our participation, our homes and our rights (see insert in this issue of *Post-Polio Health*).

Send the message: On October 3-5, send **at least one letter** to an official in power, so the letters arrive en masse during WE'RE STILL HERE WEEK 2012.

Who needs to hear from us? In the United States, the letter can be sent to President Barack Obama, The White House, 1600 Pennsylvania Avenue NW, Washington, DC 20500, or online at www.whitehouse.gov/contact/submit-questions-and-comments or to the presumptive Republican candidate, Mitt Romney, at Romney for President, PO Box 149756, Boston, MA 02114-9756, or call 857-288-3500 or visit www.mittromney.com/forms/other.

Don't forget our representatives and senators. Their addresses can be found at www.contactingthecongress.org. (If you do not have access to the Internet, call us at 314-534-0475.)

It is equally, if not more, important to educate our governors, other state and local policymakers. They have control over policies that affect us day to day and are making difficult choices as to where they spend limited resources.

Let them hear from you. Send the PHI letter. Copies can be downloaded from www.post-polio.org/werestillhere/wsh2012a.pdf.

Consider sending a personal letter that succinctly focuses on one major concern, such as the importance of health insurance, protecting Medicare and Medicaid, funding medical education and research and funding accessibility projects.

The major international effort on behalf of people with disabilities today is the worldwide acceptance of the United Nation's Convention on the Rights of Persons with Disabilities (CRPD). PHI recently signed a letter reminding U.S. Senators that on May 17, 2012, they received a treaty package to ratify the CRPD. To learn more about the content and history of the CRPD, check out the official UN site, www.un.org/disabilities.

Mark your calendars now to remind you to send your letters on October 3-5, saying WE'RE STILL HERE! ... and we vote!

Joan L. Headley, Executive Director, PHI



Looking Back, Moving Forward

continued from page 1

"I have learned a lot ..."

My propensity to labor over decisions served me well, because it is coupled with the philosophy of not looking back – always looking forward. Gini asked me in my interview if I loved learning, "because that is why I love what I do." I said I did. She was right. I have learned a lot during the last 25 years and still learn each day.

I learned about polio, which had been a minor part of my life. I was 15 months old in August of 1948, the time I had polio. I was never hospitalized, but was left with permanent



Joan with a broken arm from falling off a bicycle in 1958.

visible muscle loss in my left hip and from the knee down, including my foot. I have a vague recollection of my mother showing me the front page story in our newspaper about the Salk vaccine. In elementary school, I recall looking in the *World Book* under poliomyelitis and was not impressed because the entry was so short. During the first month in St. Louis, I read John R. Paul's *A*

History of Poliomyelitis (Yale University Press, 1971). I was impressed.

Asked to introduce myself at my first support group meeting, I spoke of my education, and as I started to mention my last job, a lady interrupted, "No, no, we want to hear about your polio." I had the distinct feeling I disappointed them. Maybe this was the genesis of my insistence over the years that each polio person has an opportunity to speak for themselves and, perhaps more importantly, speak only for themselves.



The late Jack Genskow and Gini Laurie with Joan.

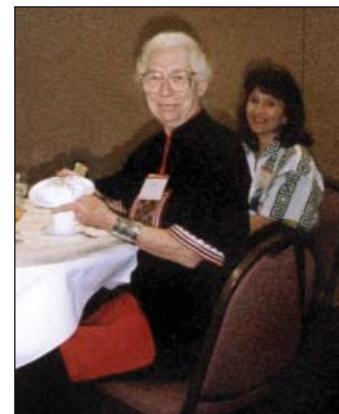
Once on the job, I had to learn the language of printers and editors and tried to improve my handwriting legibility. A former student once accounted for his grade improvement by stating, "I learned to read your handwriting." (I am sure Sheryl Rudy Prater, our unflappable graphic designer would heartily agree.) And, I definitely learned to appreciate my high school English teacher and diagrammed many a sentence in my head while editing and writing.

"Computers made everything easier ..."

I learned about computers and databases and longed for the day when all I needed to know about the computer was what button to push, like a telephone. That day arrived in the form of new technology and talented younger staff who know all the right buttons to push (and who learned to read my handwriting).

Computers made everything easier and faster – creating newsletters and directories, answering letters, seeking answers from experts, making mailing labels.

The Internet made everything and everyone's opinion available and freely accessible. The latter impacted us, because up to then, our organization was one of a very few that maintained a connection over the decades with polio survivors. We were a major creator, collector, screener and distributor of information about independent living, the late effects of polio



Gini Laurie and Joan at a Support Group Leaders Meeting in 1988.

continued, page 4

Looking Back, Moving Forward

continued from page 3

Joan (back row, left) with the PHI Board at a meeting in 1997.



and living at home with a ventilator – a trusted, accurate source. What was once available from us alone now appeared to be available from many sources.

Over the years, people have become very sophisticated, discriminating users of the Internet. We met this technology challenge, and today, we have a major online presence with three comprehensive websites and two Facebook pages, after successfully transitioning the GINI organization to Post-Polio Health International (PHI), a membership organization.

“... the early fight for disability rights”

As I learned more about polio, I read about independent living and the early fight for disability rights. I learned about the passage, in 1973, of the first federal civil rights protection for people with disabilities, Section 504 of the Rehabilitation Act, and the subsequent 28-day sit-in at the San Francisco federal building that forced the signing of regulations in 1977.

I learned that Gini Laurie was a member of the American Coalition of Citizens with Disabilities (ACCD), hosting the board in her home in St. Louis in the early '80s. By the late '80s, she was called one of the grandmothers of the independent living movement. If she was “one” who was the other?

I learned that another was Mary E. Switzer, who held several governmental positions at vocational rehabilitation, a program that assisted people with disabilities in getting an education, so they could get jobs and ultimately contribute to society.

I had a flashback: As I stepped up to pay my first semester bill for college, I was told that my fees had been lowered, “because you are handicapped.” I had never been called that, and I didn't like it, but I certainly accepted the money for the next four years. Since then, I believe that I have contributed to society, and I have paid taxes for more than 45 years.

“... independent living is a philosophy”

Today, independent living is often used to describe one of the levels in the living choices for people who are aging. To disability activists, independent living is a philosophy and it is the philosophy that guides our work. In a nutshell, PHI promotes the inclusion of people with disabilities into all of life's activities, such as getting an education, being employed, being part of family and having fun. Everything we do aims to help polio survivors be a part of life with its rights and responsibilities, its highs and lows, by providing information and a connection to people who share the common concern and experience.



Justin Dart (right), activist and advocate for people with disabilities, presents the Distinguished Service award to Gini and Joe Laurie on behalf of President Ronald Reagan in 1983.

Judith Fischer and Joan at the American Academy of Physical Medicine and Rehabilitation conference in 1997.



PHI's *modus operandi* for years has been one of not building an empire but of encouraging the creation of community-based independent groups. As I travel, I meet active post-polio groups whose current leadership has no idea that their origin can be traced back to us.

Inevitably, I am asked how many chapters PHI has. We have none. In the months after our founder's death, I sought out the advice of non-profit consultants. I was explaining to one about our network, and she quickly interrupted me saying with confidence and with an edge of pity, "Networks don't work." At that time, it seemed to me I had but one choice: make it work.

"... the glue that held polio survivors together"

A network is composed of independent parts working together as an interdependent whole. In our case, we wanted to continue to be "the glue that held polio survivors together." That goal was coupled with the idea that we wanted to help polio survivors to do for themselves – to help show them the way. I struggled with this idea because I wanted to "fix" things.

It finally became clear one day when Allen Goldberg, MD, an old friend of the organization, told me, "We are process people." Process is defined as a series of actions that produce a change or development; a method of doing or producing something; a forward movement. Our organizational goal has been to keep moving things forward – forward towards better health care, better access, better acceptance and inclusion.

I am convinced that our work has been about facilitating personal growth by being a post-polio resource that people can tap as they go about life. Let me interject here that I am prone to liking facts and action and less inclined to liking the purely inspirational examples of disability. I do admire, however, many people who had polio. As many have said over the years, "My choice was to be part of life or not to be part of it. I choose to be part of life." For some, that meant typing with their toes. For others, walking meant learning to walk a second time. For others, never walking became their normal; and for some, it was sleeping each night using a ventilator.

Our educational materials and opportunities help people, using polio survivor Hugh Gallagher's expression, "come to terms" with having had polio. Just last week, we were asked to mail information without a return address, so no one would know it was from a polio group. It was not unusual 15 years ago, for people – typically men – to call, ask many questions, and finally admit, they had never spoken with another person who had had polio. In fact, it was not that unusual for people to be the only person in their community who had polio or survived polio.

continued, page 6



Isabella Schwartz, MD, and Zeev Meiner, MD, with Joan at a conference on Post-Polio Syndrome in Copenhagen in 2011. Drs. Schwartz and Meiner and a team from the Hadassah Medical Center in Jerusalem received a \$25,000 grant from PHI's Research Fund.

Joan giving the keynote address in Osaka during Japanese Ventilator Users Network's Home Mechanical Ventilation Symposia (Sapporo, Tokyo, Osaka), 2004.



PHI Board President Marty Wice, MD, Joan and Jacquelin Perry, MD, at the 8th International Post-Polio and Independent Living Conference in 2000. Dr. Perry and Dr. Augusta Alba were recognized for years of dedicated service and support of polio survivors, combining medical expertise with practical advice.

“Success and a happy and useful life ...”

After acute polio, they went back to school with their old friends and, along with their parents, achieved what the literature of the March of Dimes stated, “Success and a happy and useful life are as possible for the infantile paralysis victim as for anyone else.” (*Doctor ... What can I do ...?*, The National Foundation for Infantile Paralysis, Inc., Publication No. 34, 7th Printing-Revised 1946.)

A few polio survivors took very active roles in the disability rights movement, changing lives by changing policy. Others became active when the late effects of polio were identified by founding support groups, providing very personal face-to-face opportunities fulfilling the self-help idea of “needing help, finding help, staying around to help others,” being involved in the process and helping others do the same.



PHI Board President Larry Becker (left), Joan and PHI Board member Marny Eulberg, MD, (right), served with representatives of the Warm Springs Institute for Rehabilitation as the organizing committee for PHI's 10th International Conference at Warm Springs in 2009.

Exasperated, one day she replied, “Well, I guess when they are all dead, she will be, too!” You know the question. Twenty-five years ago people were already saying, “No one gets polio anymore. Is there a job to do?” The short and obvious answer is yes. What about the next 25 years?

“What about the next 25 years?”

I am pragmatic. Our numbers are decreasing. A way to slow or stop the deterioration of polio-affected nerves and muscles remains elusive and funding for research is limited. The early post-polio champions within the medical community have retired. Many early polio survivor advocates are deceased. The world's economy is unstable, affecting health care systems, retirement plans and social programs; political discourse is divisive, pitting one group against another.

I also am optimistic. The early medical champions left us their knowledge and PHI has captured it; the post-polio advocates showed us the benefits of speaking out and for ourselves. The Americans with Disabilities Act passed and progress is being made on the United Nations Convention on the Rights of Persons with Disabilities.

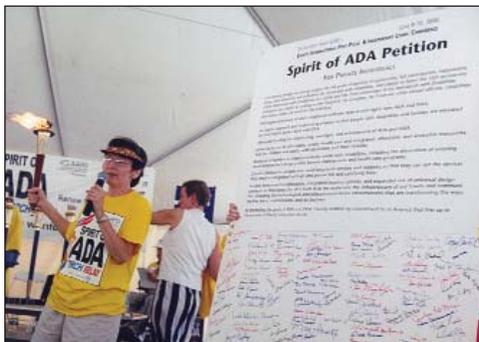
I live in a city that reports a murder or two every few weeks; a state that is famous for not acting until you “show me;” a state that ranks 36th in per capita expenditure for K-12 education; a state and city with a jobless rate of 7.3-7.5%; and a state that is caretaker to large stretches of the

Joan (back row, right) and the PHI board at the annual meeting in 2007.



Missouri and Mississippi Rivers – all issues I care about. It is becoming more and more difficult to know who to believe and what is fact about laws and policies that affect me personally. However, each time I vote, now, I ultimately vote for what I feel is in the best interest of us as persons aging with disabilities.

The cutbacks in health care and social programs increase the value of our work, making it more important, as it provides access to critical post-polio information and advice. PHI is a consumer-based organization that



Joan speaking at a rally in St. Louis in celebration of the 10th anniversary in 2000 of the passage of the Americans with Disabilities Act.

bridges the gap between survivors and health professionals. Polio survivors set the agenda of our activities; health professionals voluntarily contribute their expertise and advise us. The voluntary commitment of time and dedication by friends of PHI – both survivors and interested professionals – is humbling.

Over the years, I have communicated with hundreds of polio survivors and sent out tons of information. Early on, I thought, “now they have the answers,” but I quickly learned that

we each deal with our past polio and our new problems in our own way and in our own timeframe. I believe it is the best way. Having had polio is a unique and highly personal experience. Since I had polio at 15 months, a person who had polio is who I am and have always been.

“... there continues to be something new”

While many say there is nothing new, there continues to be something new for each of us. For me, it is new weakness in my left arm noticed about four years ago. (You only drop orange juice once, if you are the one who cleans it up.) For me, right now, targeted exercise eliminates my pain and reduces my fatigue. I assume this will change. In the meantime, I will go to the symphony, tend to my flowers, read the old classics and who-dunits and watch the St. Louis Cardinals play baseball.

I am comforted by knowing that PHI exists. I trust you are, too. ▲



Joan and Brian Tiburzi, Assistant to the Executive Director, in the St. Louis PHI office, 2012.



Stephanie T. Machell, PsyD

Promoting Positive Solutions

Dr. Stephanie T. Machell is a psychologist in independent practice in the Greater Boston area and consultant to the International Rehabilitation Center for Polio, Spaulding-Framingham Outpatient Center, Framingham, Massachusetts. Her father was a polio survivor.

Please send questions for Drs. Machell and Olkin to info@post-polio.org.

QUESTION: *I found out I had polio when I was 55 years old. My mother's explanation was that "the doctor told me not to tell anyone." Can you help me understand why this was told to parents?*

Response from Stephanie T. Machell, PsyD:

Your experience is not an unusual one. I've had many clients who didn't remember having had polio and were never told that they did. While there can be many reasons for this, what your mother was told by the doctor points to one of them: the stigma attached to polio and those affected by it.

At that time, polio was viewed much as HIV/AIDS is now. Polio survivors and their families were often shunned, even after the risk of contagion was past. Polio was considered to be highly and indiscriminately contagious (think closed swimming pools and movie theatres), and the polio survivor and his or her family were often viewed as dangerous.

I have heard stories of homes being burned by neighbors and of doctors and dentists whose practices closed because patients were afraid of being infected by a parent who might be carrying the disease. These beliefs persist in many who lived through the epidemics. For example, a few years ago I was told by a well-educated person that it was a miracle that my brother and I didn't catch our father's polio. (The person making this statement knew that I was born two years afterwards. My brother was born six years later!)

Apart from fear of contagion, there was fear of disability itself. In the mid-20th century, and even now, many people subscribed to the moral model of disability, in which the

person who has the disability (and by extension his or her family) must have done something to deserve this fate. The polio survivor would be viewed as morally flawed or bad, and the possibility that such badness could be as contagious as polio itself makes others reluctant to associate with "carriers."

It is also possible that the doctor was trying to be helpful. If you recovered well enough that you had no need to be aware that you had had polio, you were most likely able to "pass" as non-disabled. Your lack of knowledge that you were a polio survivor would have helped you to pass. Because children with disabilities often were excluded from schools and other opportunities, this might have been seen as positive. And because it was widely believed that children would suffer no ill effects and might actually benefit emotionally by not being told about their polio experiences, parents were often advised not to discuss polio with their children, even those old enough to remember what had happened.

Your parents' own shame and guilt over what happened to you may also have factored into their willingness to go along with what the doctor advised. Because of the way polio was viewed, parents often had these feelings when their children were afflicted. They may have felt responsible for your polio because of something they allowed you to do, or for something they failed to do (like not vaccinating you soon enough if the vaccine was



Rhoda Olkin, PhD

available). The doctor's message would have reinforced their shame and guilt, further reinforcing the secrecy around what happened.

QUESTION: *I am 66 and widowed for five years. My wife was highly attuned to my needs with polio. We had a loving relationship for 25 years. I am anxious about dating again, specifically meeting and trusting someone and also relying on someone again with my disability. My wife had a heart of gold and it's hard to imagine anyone being able to replace her.*

Response from Rhoda Olkin, PhD:

First, I am sorry about the loss of your obviously beloved wife; my condolences. And second, I can relate to your trepidations about dating again – it is not easy as an older person, nor as a person with a disability. (I happen to fit both these descriptions.) But rest assured, it is not easy for those without disabilities either!

You have to know that nothing replaces 25 years of building a loving and trusting relationship, one that started when you were younger. Thus, it is important as you date that you not be looking for the same things that you found in your wife. You were in your mid-30s when you married her, and what you wanted and needed then are probably different from what you want and need now. Additionally, the life tasks and goals we have in our 30s, 40s and 50s are different than our life tasks in our 60s and beyond.

I would suggest you begin by making a list of what is important to you now, individually, as a 66-year-old man. Second, what would you like in a partner? Is it to live with someone

or to see someone on weekends, to have someone to watch movies with but then go home, for sexual encounters or for snuggling in the middle of the night, for intimate chats or occasional dinners?

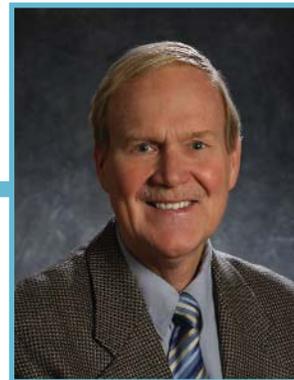
Third, look hard at the items on this list. I cannot help but wonder if some of the things you want are about basic assistance or security as a person with a disability. Are you worried you might fall and no one will be there to help you? Do you have trouble with daily household tasks? Do you get fatigued and want someone else to do some of the driving?

I understand the fragility some of us polio survivors feel about living independently, especially as we age. But as you look for a partner, make sure you are not really looking for an assistant. Partners provide assistance because they have a meaningful history and years of love to fortify their assistance. New partners do not bring this to the table and shouldn't be expected to.

So basic assistance needs have to be met other ways. For example, start a phone buddy system of someone to check in on you (and you on that person). If at all possible, hire someone to do laundry, clean, grocery shop; outsource whatever you can afford.

At any age, we do better at dating if we have confidence in ourselves and our ability to be alone. From this position of strength, go find a partner. And love can come at any time, at any age. It won't be like the last time, but it can still be rewarding, fulfilling and special. ▲

Dr. Rhoda Olkin is a Distinguished Professor of Clinical Psychology at the California School of Professional Psychology in San Francisco, as well as the Executive Director of the Institute on Disability and Health Psychology. She is a polio survivor and single mother of two grown children.



Frederick M. Maynard, MD

Question: *I had been having redness, swelling and lot of pain in the foot of my polio leg, and then the knee-lock in my brace caliper collapsed, and I fell, resulting in a fracture at the base of the first metacarpal bone, extending into the joint surface (cuneiform bone) in the polio foot. There was no dislocation as the foot was in the brace and shoe. I wore a cast and nursed the foot back to health (for five months) through regular physiotherapy and hydrotherapy. Recently, I have noticed redness, swelling and pain again in the foot of the polio leg. Is this a cause for worry? This leg does have osteopenia.*

A: I would be concerned about recurrence of the swelling if it had resolved for a period of time. It could represent a stress fracture in your osteopenic foot or simply some arthritis and/or strain in the area of the fracture that needs to be nursed back again as you did before. And then give it more time to gradually build up to full activity or receive

some extra protection by some minor modifications in your brace and footwear/orthotics.

Definitely have the foot re-evaluated if the recurrent swelling persists for a week or more in spite of some modest cutback in activity and some local icing and/or anti-inflammatory medication use.

Question: *I had polio in 1948, and I am now 65. Adapting was less difficult due to the helpful information gathered at support group meetings. However, I am not finding information or answers that address this issue: Has breast reduction and surgical reduction of abdominal fat been suggested and utilized with other post-polio women?*

While remaining relatively active and napping daily, the genetic characteristics typical in my female family members have increasingly resulted in unwanted, exhausting weight gain. The weight impacts the low back weakness and pain initially brought on by accidental injury before I discovered that recovery was hampered by post-polio syndrome. I'm in physical therapy three times a year and firmly believe a 30-pound reduction would resolve the repetitive back spasm episodes by better balancing the body load to this weight bearing area. Any response would be helpful and appreciated.

A: You ask a very difficult and controversial question. Surgically removing fat from selected areas of the body to achieve improved balance and proportion for activity, especially standing and walking, has been done but primarily in non-disabled people without chronic neuromuscular conditions, such as old polio weaknesses. I have been asked to render opinions on this subject because insurance companies often want non-surgical physician opinion that such procedures are indicated and appropriate for biomechanical reasons, and not cosmetic, or appearance reasons.

Nevertheless, I have no information from the few cases I have seen in my career or from any medical literature about the success and effectiveness of these procedures. My opinion is that results are probably unpredictable, and indications and the likelihood of benefit are highly individual. You would definitely want to get several opinions about your options, including from some physicians and therapists who are experienced with evaluating the biomechanics of posture among people with chronic neurological and neuromuscular disorders. A formal gait laboratory evaluation may

SEND YOUR QUESTIONS
FOR DR. MAYNARD TO
INFO@POST-POLIO.ORG.

Thank you

For recognizing your friends and loved ones with contributions to support the unique mission of PHI and IVUN. PHI strives to publish an accurate list. Please contact us if we made an error.

Contributions to PHI's educational, advocacy, and networking activities ...

In Memory of

Anne F. Berkes	Marilyn Rosen
Charlotte R. Boyd	Grace Stanger
Shirley Ann Callahan	Sandra Stuban
Marcy Kiefer	Edi Tuholske
Marie Latta	Stanley Wolfe

In Honor of

Mary Ann Keenan

Contributions to The Research Fund ...

In Memory of

Charlotte R. Boyd	Nancy Heiskell
Robbie Sparks Compton	Richard R. Owen

In Honor of

Sydney Stoddard-Rust

be appropriate. Among post-polio people, weakness issues may be more of the problem than the exact distribution of some excess weight from fat accumulation in certain areas.

Question: *I recently came down with Bell's Palsy. To rule out a stroke, I had an MRI. This showed some, what was thought to be, old injury. I don't ever remember having any such thing. It is in the right front lobe. I had polio in 1949 at the age of 2, and I now have PPS. The polio affected my left leg. Could what showed up on the MRI be caused from the polio?*

A: There is nothing that childhood polio would cause in the brain that should be confused with the appearance of an old injury. There are some MRI brain non-specific abnormalities that have been reported to be common in some polio survivors, but they don't have the appearance of an old injury. You may want to consult with a neurologist, or seek an opinion about what the MRI abnormalities might mean to a medical professional who knows your full history and has examined you. ▲

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Inside *Post-Polio Health* (Vol. 28, No. 3, Summer 2012)

Looking Back, Moving Forward ... p.1 ■ Promoting Positive Solutions ... p.8 ■ and more.

Long-time Vent User? Join in our Education Conference Calls

Responding to a request from long-time users of home mechanical ventilation, International Ventilator Users Network (IVUN), an affiliate of PHI, will offer a series of hour-long educational sessions via the telephone starting in early fall.

Long-time vent users, who are aging, many times are isolated in their communities without real-time contact with experts and other users.

The date, time and topic of each call will be announced in *Ventilator-Assisted Living*, *IVUN Membership Memo*, www.ventusers.org and on IVUN's Facebook page. The call is free, but reservations are required, and available space will be first-come, first served. To participate, all you need is a telephone. If you are not a Member of IVUN and would like to receive notification of the calls, contact info@ventusers.org.

These educational sessions are supported by the March of Dimes.

Visit Polio Place

Recent additions to Polio Place (www.polioplace.org) include: Augusta Alba, MD (People); The Wedding Picture (Artifacts); Jacquelin Perry, MD, DSc (Hon) (People); Sample Exercises (Living With Polio); Hitchhiking to California (Artifacts); A Letter from Mother (Artifacts); Self-assessment (Living With Polio)

Thanks for sending your contributions to Polio Place, as we preserve our legacy and share our experiences with other survivors around the globe.



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Amigo Mobility has more than 40 years of experience manufacturing a complete line of power-operated vehicles/scooters. Founded by Al Thieme in 1968, Amigo products are designed to bring comfort, freedom and independence to those with limited mobility. Visit www.amigomobilityblog.com for helpful tips and inspiring stories from the mobility experts at Amigo!