

POST-POLIO HEALTH

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Accessibility at Home

Richard Hardine

As we've progressed through life, we've all encountered obstacles in our built environment. And as we get into our later years, these obstacles seem only to become more formidable. However, we are not powerless in the face of these barriers. Nowhere is this truer than in our own homes. There are numerous changes we can make to our home environment to make it safer and more accessible. Whether it's remodeling or new construction, we should approach potential projects with careful consideration of our functional limitations. Let's look at some practical changes we can make to accommodate our limited mobility, including some I've made to my own home.

Let's start outside. The grounds around our house are flat to allow for easy access to our flower and vegetable garden, the car apron, patio path, planting shed, tea house and chicken coop. The pathways were constructed with four inches of concrete and rebar, with brick stencil patterns on the concrete. Access into our home from outside can be accomplished from any one of four exterior doors that are at grade.

Ideally, access into the home should not be physically difficult or have obstacles. An ADA accessible ramp could be used at doors that have direct access to your home. Caution should be taken with thresholds that are too high, as they could be an obstacle leading to a fall and injury. Thresholds can be fitted with an access ramp that covers the threshold of exterior and interior doors. Doors should be easy to open and close and have light springs for easy closing. Consideration should be given to having outside lights by the doors, providing for safe entry and exit from the house.

We have two automatic garage doors, each nine feet tall, that allow our accessible van to clear the entrance. Each of the garage bays has its own drain tile centered under the vehicle to carry away rainwater and melting snow through an underground pipe. If your garage is attached to your house, it



would be wise to consider a carpet runner glued to the concrete floor running from where you exit your car to the entrance of the house. This will allow you easy access and egress from your car as well as eliminating dirt and sand getting into and damaging flooring in your home.

Attention should be paid to door thresholds throughout the home. There are a variety of thresholds to consider. The wide thresholds and different height measurements make it easier to walk with an assistive device or wheelchair from one surface area to another. The other doors throughout the house should utilize easy-open lever door handles, rather than your typical round handles. You may need to consider whether you want doors to open out or in. An example would be the bathroom door. A door that opens out would allow better access to the bathroom in the event of a fall.

Your kitchen should be evaluated with consideration to your strengths and weaknesses. The

continued on page 2



The pathway I use into my house is through the garage, where we installed carpet between the bays. You can see from the picture the van ramp extended out/down to commercial carpet. The carpet provides a safe pathway from the outside passenger door through the garage to the house.

location of cooking equipment and utensils should be evaluated for ease-of-use and access to power. Cabinets should be easily accessible. You may consider a retractable shelf for access. Appliances such as the dishwasher, stove, oven and refrigerator need to be set in a location that will be nearest to the prep area. Cooktops and ovens should be equipped with controls on the front for safe access and be capable of shutting off at a specific time.

A lower counter with a small sink can make a world of difference when cutting vegetables or making coffee. When considering the layout, consider the distance between the refrigerator, your work area and cabinets/drawers so that you have the strength and ability to access equipment you need. Also, take into consideration the location of knives, fire extinguishers, electrical switches and receptacles.

Electrical fixtures throughout the house should have enough illumination for your walking paths, work areas and bathrooms. Electrical switches should



Items such as a toaster can be put under the countertop in a pull-out drawer or on a lower countertop.

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Post-Polio Health International's mission is to collect, preserve and make available research and knowledge to promote the well-being and independence of polio survivors, home ventilator users, their caregivers and families, and to support the health professionals who treat them.

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Away temporarily?

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



be located where they are easy for you to access. You might consider window shades that can be controlled remotely versus having to stand up and raise or lower them. If you use a power wheelchair or scooter, you need to have a place in the bedroom where you can charge the batteries.

In the office, I use a reading stand which eliminates the need to hold a book or paper and the need to flex my neck. There is also a standing frame in my office for supported standing, which helps decrease leg contractures, promotes weight bearing for health, and assists with circulation in the legs.

Bathrooms take a lot of creative planning and design. You need to consider water temperature, access to a sink, bathtub, shower and toilet. The entire floor system in our bathroom is ceramic tile installed so that water will drain back to the shower floor. The accessible sink has sufficient space underneath for a wheelchair. The sink drain system is situated at the rear of the sink bowl, so the drainpipes are at the back, close to the wall. The master bath was built with a long tub for full seating and contains six adjustable spray nozzles for a whirlpool effect. There is a remote-control bench in the bathtub for safely raising and lowering the chair into warm bathwater. Both of our bathrooms have wall-adjustable heaters for additional heat.

Our master bedroom has a closet built in the center of the room with a large doorway and access space for walking or wheeling in, with two levels of hanging clothes. There is a large opening in the bedroom area with built in cubbies for easier access to jeans, sweatshirts, sweaters, etc. The 30 square cubicles provide easy access to clothes.

Of course, not everybody will need or be able to make all of these changes to their home. For you, it might be as simple as moving area rugs for safer walking. Or it could be as involved as installing electrical used for a transfer system to bed, chair, toilet or into a bathtub lift. The team you utilize can help identify your current and future accessibility needs.

Your strength, range of motion, balance, hearing and vision should all be taken into consideration. You should also consider these issues in your primary caregiver, especially if you rely on them for transferring or other strenuous tasks.

The team that you will use will likely depend on your current condition and the scope of your project. Members of a team may include an occupational therapist, a physical therapist, a knowledgeable contractor, an electrician, your primary care physician or an architect. If you know a healthcare professional with some experience in this area, that would be a big help.

One final note, you'll probably notice many different types of assistive devices when looking through a catalog or website. Don't be overwhelmed by the wide range of choices. Feel free to contact a therapist or somebody with experience that can help you plan. Post-Polio Health International has planning forms available that I detailed in a previous article in *Post-Polio Health* ("Independence at Home," Vol. 38, No. 2, Spring 2022). Simply contact the office (314-534-0475, info@post-polio.org) for a copy. ■



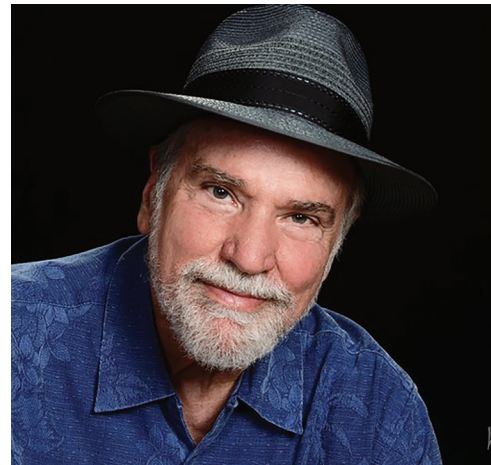
Above you'll see a six-foot-wide shower, two sets of grab bars that are both horizontal and vertical, a handheld body spray and a typical wall-mounted showerhead. There is no step over access for the shower tile floor.

INTRODUCTION

The Spring 2022 edition of *Post-Polio Health* featured a very informative interview with Dr. Fred Maynard. Toward the end of the interview, Dr. Maynard was asked whether there were issues that needed more attention. His response really caught my attention: “One important issue relates to planning for the end of one’s life. This is a psychosocial and spiritual issue older people need to think about. As a group, polio survivors are good at facing problems and have learned to not run away from them. We know we’re human; our life as we know it will end. *I have learned that the end of life can become a nasty scene, especially when your last days are out of your control and turned over to the medical system. (Italics added.)* At times, the end of life can seem pretty violent, isolated and impersonal. This is not what a lot of us want.”

I would offer that such an end is not what any of us would wish for, but the point of his statement is that preventing such an end for ourselves requires planning, because the “default” setting of our medical system can be brutal, as he well describes, and to which I can attest out of my own twenty-plus years as a professional chaplain working in healthcare. The tools to help us achieve an end that more fully reflects our wishes are known as advance directives.

The two most commonly known and utilized forms of advance directives are: 1) Durable Power of Attorney for Healthcare and 2) Living Will. In my opinion it is the former—POA for Healthcare—that deserves the most emphasis. The Living Will is directed to one’s doctor(s) and the healthcare



James Croegaert, MPS, BCC

system, specifying treatments one does or does not wish to receive, e.g., having one’s breathing dependent on a ventilator or respirator.

But in fact, it can be very difficult to prescribe precisely what treatments one does or does not wish because a situation can be very fluid. There are circumstances under which I would want such a treatment—where it is temporary and remedial—but others where I would not—where it is extending the dying process, rather than really extending my life.

In authorizing someone to be my POA for Healthcare, I am trusting them to be able to make decisions regarding my care when I am not able to make them for myself. This means giving them a good idea of the kinds of things I would like and those I would not, what would matter to me morally, ethically, spiritually, etc. It puts quite a lot of responsibility on this “someone” but allows for the dynamic, unpredictable situation to be addressed in a way that hopefully reflects my wishes.

In addition to preventing the nightmare of the medical monster being unleashed upon us, to have valid advance directives in place also heads off a not-uncommon scenario, where family members are pitted against one another, with sometimes very different and conflicting ideas of “what he/she would have wanted.” Family dynamics can be, well, complicated. Clarity as to who the designated decision maker is benefits everyone.

FIVE WISHES

One of the most user-friendly approaches to advance directives comes from the Aging with Dignity organization and is called simply Five Wishes. The first two of these wishes cover the areas previously referred to:

Wish 1—The person I want to make my healthcare decisions if I am unable to make my own (Power of Attorney for Healthcare);

Wish 2—The kinds of medical treatment I want or don’t want (Living Will); but then there are three further wishes addressing less technical/legal areas:

Wish 3—How comfortable I want to be;

Wish 4—How I want people to treat me;

Wish 5—What I want my loved ones to know.

The Five Wishes are a worthwhile exercise to undertake even aside from their practical application. The American Bar Association’s Commission on Law and Aging has determined that they meet the legal requirements for advance directives in all states in the country with the exceptions of Kansas,

New Hampshire, Ohio and Texas, where the state’s own statutory form must be used. (In these places the Five Wishes can still be used, but the particular state’s form must be attached.)

IN SUMMARY

Human beings tend to be reactive rather than proactive. A glaring example is the climate change crisis, which has been looming for decades. Yet as societies and nations, we are only beginning to address it, even as consequences become increasingly—often disastrously—evident.

Thinking about our own inevitable end, and discussing it with people important to us, is hard for many of us. To some it seems morbid and means welcoming thoughts and considerations we would rather avoid. But the consequences of avoidance can be costly indeed, as Dr. Maynard’s comments pointed out so graphically. Yet as he also pointed out, polio survivors do not walk (or wheel) around with rose-colored glasses.

We know that planning and preparation matter, that it makes a difference in many aspects of our lives. Failing to plan for our life’s end is truly perilous, putting not only ourselves, but those we love, in a bad position. The time to prepare is not when crisis comes (as it will for all of us), but before. ■

James Croegaert, MPS, BCC, now retired, spent over twenty years as a healthcare chaplain (Board-Certified by Association of Professional Chaplains), at Resurrection Medical Center and John Stroger Hospital in Chicago and in Disaster Spiritual Care with the American Red Cross. He is also a singer/songwriter whose songs (including those involving chaplaincy) are available via streaming services or at www.RoughStonesMusic.com.

PHI invites you to participate in its 2022 WE'RE STILL HERE! campaign during the week of October 9–15 by going out and spreading the word about the importance of vaccination.

October 9-15, 2022

www.post-polio.org
www.polioplacement.org

As most of you are surely aware, the US recently reported its first case of polio since 2013 in Rockland County, New York, in late July. This was later followed by an announcement that poliovirus had been detected in wastewater samples in New York City. The admonition that “polio is just a plane ride away” suddenly looks very prescient.

Vaccination rates remain relatively high overall in the US, but vaccine coverage has begun to decline in recent years, leading to under-immunized communities where previously eradicated diseases have broken through. Disinformation—much of it lately linked to the Covid vaccines—has surely played a part in increasing vaccine hesitancy.

Another issue, though, is that too many people these days underestimate the threat of vaccine-preventable diseases because they have no firsthand knowledge of their effects. Almost everyone has probably heard of polio, but how many are really aware of what it would mean if their child contracted polio.

With polio in the news again, polio survivors are in a unique position to remind people about the importance of vaccines. For many of us, the vaccine came too late. But for those opting not to vaccinate themselves or their children today, it's not too late.

Here is some helpful advice¹ from National Jewish Health on how to speak with those who are vaccine hesitant:

Build Trust—To build trust while calming fear and anxiety, use a friendly tone and acknowledge that questions about vaccines are normal and understandable.

Answer Questions—Answer questions as straightforward as you can with respect and honesty. Do not overwhelm them by providing too many details or emotional appeals.

Understand Vaccine Hesitancy—Remember, many vaccine-hesitant people are exposed to an overabundance of information. They want to find out what information is accurate. Your job is not to convince them to get vaccinated but rather to be a trusted source of information so they can make an informed decision.

Ask About Their Concerns—Reasons that someone may be hesitant about vaccines are often personal. Approach people from a place of love, respect and support so they know that you want to understand their concerns.

Have a Two-Way Conversation—Be a good listener so you understand what the other person is saying. Reflect what they are saying and ask clarifying questions in a calm, friendly and respectful way.

Not Everyone Can Be Influenced—Confirm that you understand their reasons and then ask if they want to hear another viewpoint. If they are open, then calmly provide them information from reliable sources in a helpful way.

Know Common Vaccine Concerns—Some of the reasons people may be hesitant to get the vaccine may include concerns about: long- and short-term safety, side effects, misinformation, not understanding the science, distrust of government and health care entities or other issues. Research these topics.

PHI is encouraging you to use WE'RE STILL HERE! week to approach your local newspaper or television stations, schools, community groups, or even family or friends who may be vaccine hesitant to talk about your experience and the importance of vaccines.

Need some guidance or relevant information to make an impact? Simply email us at info@post-polio.org or call us at 314-534-0475. ■

So this October, get out there and show them that WE'RE STILL HERE!

1. Lockhart, Gabriel C. “How to Talk with People Who Are Hesitant to Get Vaccinated.” National Jewish Health. www.nationaljewish.org/patients-visitors/patient-info/important-updates/coronavirus-information-and-resources/covid-19-vaccines/vaccine-articles/how-to-talk-with-people-who-are-hesitant-to-get-vaccinated. Accessed August 10, 2022.

Polio Case Reported in the US

Marny K. Eulberg, MD

By now, many in our polio survivor neighborhood have already heard the news regarding the case of acute polio confirmed earlier this summer in Rockland County, New York. More information will likely come forward, but what we currently know is that one of the United States' newest polio survivors is an adult male who was unvaccinated, developed the first symptoms in June, and was infected with an oral polio vaccine-derived type 2 poliovirus.

Reportedly he had not traveled abroad, but the type of poliovirus that caused his paralysis is what is called “circulating vaccine-derived poliovirus—cVDPV” and that means it was imported into the US from somewhere in the world where the oral polio vaccine is still used. It has become more common, although still rare, in parts of the world where the oral (Sabin) polio vaccine is used and where there are large numbers of unvaccinated or under-vaccinated individuals and especially where there is inadequate sanitation and access to clean water.

Globally, there were 1,113 children diagnosed with paralysis from polio caused by the cVDPV viruses in 2020, 689 in 2021, and 278 in 2022 (as of August 19). These individuals, mostly children, are just as paralyzed as they would have been had they been infected with the “wild”/occurring-in-nature polioviruses.

This NY case demonstrates that we, in the developed world, can still see cases of acute polio anywhere that there is inadequate herd immunity to polio. A recent report that sewage samples in London had shown presence of circulating vaccine-derived poliovirus type 2 (a similar type to that implicated in the NY case) stimulated concern that polio could show up in parts of the world that have not seen polio for decades. Organizations dedicated to polio eradication such as Rotary International and the Global Polio Eradication Initiative (GPEI) often quote the sayings, “Any form of poliovirus anywhere is a threat to children everywhere” and “Polio is just an airplane ride away.”

Most polio survivors do not need to be convinced of the value of polio vaccines because they have seen the devastating effects these nasty viruses can have. A course of three doses of any form of polio vaccine has been demonstrated to be 99% effective in preventing polio.

There are some advantages to using the oral polio vaccine. A novel oral polio vaccine type 2 (nOPV2) has been developed that is much less likely to mutate when out in the environment and then cause vaccine-derived disease. The United States stopped using all oral polio vaccine in 2000 and switched back to the injectable (killed) (Salk) polio vaccine. There is NO risk of cVDPV when the polio shots are used instead of oral polio vaccine drops (or remember the “sugar cubes” with the polio vaccine drops were placed on a sugar cube?)

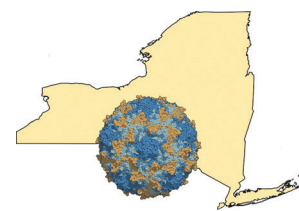
Some of you who have traveled to developing countries in the past few years may have been surprised to learn that an additional booster dose of polio vaccine was recommended before travel to certain countries even though you had had the disease and had been fully immunized for polio. This is an extra precaution because of the theoretical risk of exposure to wild poliovirus or the circulating vaccine-derived poliovirus.

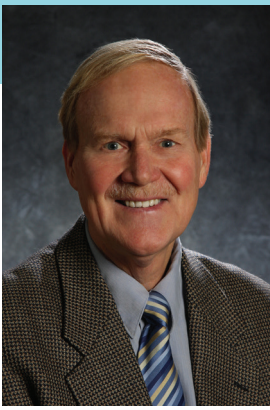
For the past five years, wild poliovirus cases (all have been type 1 poliovirus) have been in Pakistan and Afghanistan or have been determined to have originated in those two countries. Circulating vaccine-derived polioviruses (mostly type 2) have been reported in nearly 30 countries including in many parts of Africa, Southeast Asia, Israel, Ukraine and the Arabian Peninsula.

The bottom line is that this case presents no threat to those who have been immunized but is a reminder that polio is not yet “gone.” It is unfortunate that this man now is suffering from a vaccine-preventable illness!

For up-to-date information about polio including the cVDPV go to <https://polioeradication.org>. ■

Marny Eulberg, MD is a member of PHI's board of directors, a family physician and the chairperson for Rotary District 5450's Polio Committee.





Frederick M. Maynard, MD

Ask Dr. Maynard

Send your questions for Dr. Maynard to info@post-polio.org.

See other questions at www.post-polio.org/living-with-polio/articles-post-polio-health#AskDrMaynard

Question: In your most recent column, you referred with clarity about new pain and fatigue that many polio survivors are experiencing. I have had the same symptoms for 12 years or so, but never with the same intensity and to the same degree as I do now.

I am 74 years old and contracted polio in 1952 at age four. I was in a hospital (Sacred Heart in Norristown, Pennsylvania) for some time. My right leg is completely paralyzed and my left leg partially so below the knee. I use a long leg KAFO on my right leg. I was diagnosed with post-polio syndrome 12 years ago at National Rehabilitation Hospital in Washington, DC, by Dr. Lauro Halstead. Prior to that I got around with the help of a cane. Since then, I have used two crutches.

Until this year, I've had relatively modest PPS symptoms of pain, fatigue and poor balance. These symptoms have become far more pronounced this year, especially the fatigue and pain. With regard to fatigue, I am so exhausted that I nap two hours each afternoon in addition to sleeping eight hours at night. I fall asleep immediately and stay asleep.

My pain issues are twofold. My right shoulder is very painful, particularly when I extend my right arm. Also, my right arm has begun to atrophy and has lost considerable strength. I have limited my one-mile swimming workouts to 2–3 times per week, down from five. I receive cortisone injections every three months and physical therapy twice a week. I'm not seeing much improvement in pain levels. If anything, the pain is getting worse.

The second area of pain relates to my lower back, left side piriformis, and nerve pain down the back of my left leg (the one less affected by polio). The physical therapy has helped tremendously with regard to the lower back pain, but I've noted only very modest improvement with regard to the piriformis muscle and the left leg pain.

I'm not sure where to turn now. Perhaps I should just stay with the PT program, the quarterly cortisone shots, and my reduced physical exercise program. Or perhaps I could consider returning to the post-polio clinic at National Rehabilitation Hospital in Washington to see if they might be willing to re-evaluate me. I've also thought about CBD oils or even medical marijuana. I have no idea whether this last option is advisable or would even begin to bring me any relief.

Dr. Maynard: Before commenting on your pain issues, I want to first say how functional and active you have been over the last 12 year in spite of your PPS. Exhaustion at the end of your day that includes one-mile swimming workouts and walking with two crutches because of 70-year-old childhood polio-related weakness is not surprising! How effortful is your walking? How far can you go before resting at least briefly? Any shortness of breath? Any use of alternative mobility (like motorized carts)? Have you had a thorough general physical that shows no significant heart or lung problems? These could cause more fatigue with the same (or even modestly less) physical activity; and age-related declines in physical exertion capacity frequently become clearly noticeable and impactful in one's 70s.

Regarding the shoulder pain, the first thing to clarify is the diagnosis. If you did not have significant involvement of your arms during the childhood polio, atrophy would not be likely on that basis; it would be a “diagnosis of exclusion,” I would recommend neck X-rays and an EMG study of your right arm. The latter study could also clarify if the atrophy was from old “sub clinical polio.” If it were from old polio, then overuse musculoskeletal shoulder pain from swimming and crutch use would not be surprising and in this case controlling the pain by reducing or modifying activity and/or the use of topical analgesics (including CBD creams) are good strategies.

Regarding the back pain, I would recommend continuing with physical therapy approaches. Perhaps more vigorous stretching of the piriformis would be helpful. Additionally, seeing different therapy practitioners with different backgrounds, training and experience may also prove more helpful.

Finally, I would encourage you to consider a re-evaluation at NRH’s post-polio program because all of your concerns can be best addressed by an in-person interview and detailed neurological and musculoskeletal hands-on examination.

I hope these thoughts and suggestions help you on your continued journey to remain healthy, active and happy as an aging polio survivor.

Response: Thank you so much for your time and for the detailed information you provided to me in your email. I am very appreciative.

I will follow up on each of your suggestions and agree that a re-evaluation of the progress of my PPS at the NRH Post-Polio Clinic is an excellent idea. While my heart and lungs are good and my overall health, aside from PPS, has been very good, I think that a PPS re-evaluation will help me to understand which physical activities to reduce and which assistive devices, such as a wheelchair or scooter, I should consider.

I must tell you that there is a psychological aspect to all these issues. Fitness has been such a key element to my physical and mental health. In addition to my swimming, I am a disabled athlete who has successfully competed in hand cycle (three-wheel cycle) competitions. Last year, I finished with good times in the 26.2-mile Philadelphia Marathon, the Marine Corp Marathon and NYC Marathon. To reduce my cycling and swimming activities has probably become a necessity, but those adjustments will likely be difficult.

In any event, thank you once again for your thoughtful and comprehensive response.

Dr. Maynard: I am pleased that my suggestions were helpful. One further thought about your shoulder pain is to consider having a physical therapist and/or athletics trainer evaluate your swimming stroke for possible modifications to relieve any pain from joint impingement.

Thank you for sharing your psychological challenges resulting from the need to reduce your several vigorous activities (swimming, biking, crutch walking). I have seen or heard from several other polio survivors whose engagement in vigorous (if modified) athletic competitive activities became a psychologically painful loss as they needed to curtail or discontinue them in their older age because of musculoskeletal pain issues. I would encourage you to examine the reasons for your interest in competing because it is common for childhood limitations in physical capacities to drive one to “show or prove” that one is as good or worthy as a non-disabled person.

I would recommend you fully focus on the enjoyment of doing your favorite vigorous activities and on their benefits to your health and well-being. ■

PHI's Shining Star Hall of Fame

Do you know a health professional who has made a positive difference in the lives of polio survivors? Here's a great opportunity to honor them in a meaningful way and support the post-polio cause.

To spotlight your Shining Star:

- Simply donate to PHI in honor of your special health care professional. This could be a doctor, psychologist, any type of therapist, chiropractor, nurse, dentist, home health aide or someone you know that has provided exceptional care and concern and helped you with your individual needs.
- Submit a short biography and a photo of the person along with a paragraph or two about why you nominated them. Then send it to info@post-polio.org. We will follow up and contact you.

You will be recognized as a donor in their honor. They will receive a letter of recognition and thank you from PHI, and their story will be showcased on our website. ■

Need Help Purchasing a Brace or Shoes?

PHI has a special fund to assist with the purchase of a brace or custom-made shoes. The Joyce and Arthur Siegfried Memorial Fund provides grants of up to \$800 to assist polio survivors with out-of-pocket costs. Learn more about the fund and download an application at <https://post-polio.org/siegfried-fund/>. Or contact the office at 314-534-0475, info@post-polio.org.

The Joyce and Arthur Siegfried Memorial Fund was established in 2012 through an initial gift of \$7,500 from the Polio Network of New Jersey (PNNJ) in honor of Joyce and Arthur Siegfried, early advocates for the needs of polio survivors. Joyce Siegfried helped organize the first New Jersey Conference on the Late Effects of Polio in 1990, which led to the creation of the Polio Network of New Jersey in 1991. ■

Small Ways to Give Back



AmazonSmile is a simple way for you to support your favorite charitable organization every time you shop, at no cost to you. Simply go to www.smile.amazon.com, log in, choose "Post-Polio Health International Inc" as your preferred charity, and shop as you normally would. When you shop at AmazonSmile, you'll find the exact same low prices, vast selection and convenient shopping experience as Amazon.com, with the added benefit that AmazonSmile will donate 0.5% of your eligible purchases to PHI. More details are available at <http://smile.amazon.com/about/>.

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New Book Spotlight

Judith F. Brenner's *The Moments Between Dreams* (Greenleaf Book Group) shows readers what polio survivors know: past fears, painful treatments, physical therapy, discrimination, mobility struggles and relatable family struggles. Fans of historical fiction might enjoy this novel, especially those who are polio survivors or wish family members knew more about the struggle. The story threads deeper issues that relate to the recent COVID-19 virus when people were also trapped at home, some with dysfunctional families and controlling tempers. It offers insight into the human condition when families work to stop discrimination and domestic abuse. The author is proud to have had a mother who was a polio survivor, and a brave grandmother and loving father who made a difference. Their actions inspired this novel.

The story follows a woman, Carol, who misses red flags about her husband Joe's need for control before she marries him, dashing her dreams for herself and her family. Trouble escalates after their daughter Ellie is paralyzed by the poliovirus and Joe returns from WWII with a violent temper. *The Moments Between Dreams* is a captivating story of a 1940s housewife who conforms to the rulebook of society until Joe pushes her too far. His constant intimidation shrinks Carol's confidence while she tries to boost Ellie's. Church-going neighbors in Carol's tight-knit Polish community are complacent, but Sam, a handsome reporter, stirs up Carol's zest for life. Despite impossible circumstances, Carol plans a secret escape. Along a risky path, she empowers her daughter to know no limits and teaches her son to stop the cycle of violence and gender discrimination.

Readers can find the novel in bookstores, most libraries (request it if not in the collections yet), and everywhere books are sold, as an Audiobook, paperback or eBook. The author has a reader discussion guide on her website. Judith F. Brenner interviewed her mother, a polio survivor, and her grandmother, about their lives, which formed the inspiration for this book. While it is fiction, the author notes more details about the novel's themes, and mentions the work of the March of Dimes historically, and Rotary International, in the back pages of the novel. ■



For more information, visit your local library, bookstore, Amazon, or the author's website: <https://judithfbrenner.com/>. Brenner is willing to visit book clubs via Zoom or in person as her travel schedule allows.

In Appreciation

Thank you for recognizing your friends and loved ones with contributions to the activities of PHI and IVUN and for your generous Membership contributions.

Please contact us if we made an error.

Contributions to PHI's education, advocacy and networking activities

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Contributions to PHI's research activities

In Memory of

Margaret Thomas Sechrest

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