Aging with a Physical Disability
Survey Study

Aging Rehabilitation Research and Training
Center, Department of Rehabilitation Medicine, University of Washington, Seattle, Washington

Announcing a new study on aging with a disability (muscular dystrophy, multiple sclerosis, post-polio syndrome and spinal cord injury)

PURPOSE
It may be surprising to you, but rehabilitation professionals don’t know much about the natural course of aging with physical disabilities such as muscular dystrophy, multiple sclerosis, post-polio syndrome and spinal cord injury. It is important to understand how aging impacts your life with a disability, and what to expect long-term as a person with a physical disability ages. The most fundamental requirement for increasing our knowledge and developing effective treatments is the availability of reliable, sensitive and meaningful ways of measuring things like pain, fatigue, mobility and communication, and their effects on day-to-day functioning.

RESEARCH ACTIVITIES
If you decide to participate in this study, we will ask you to fill out two to four surveys over the course of four years, depending on your age. As long as you are over 18, you are eligible to participate. These surveys will ask you about your experience with pain, fatigue, sleep, participation in daily activities; your social support; and general mood and outlook. The survey will also ask for some basic demographic information, such as your age, gender and education. The survey will take about 60 minutes to complete. We will mail you the survey and include a postage-paid envelope that you can use to return it to us. Each time we have received your completed survey, you will receive a check for $25 for your time and effort. Participating in this research is completely voluntary. You may decide not to participate in this study, and you may withdraw from the study at any time. Your decision to withdraw will not affect your healthcare in any way. There are no penalties or loss of benefits if you choose not to take part in the study or if you decide to withdraw early.

PARTICIPATE
If you would like to participate, please contact project staff at:
University of Washington, Aging Rehabilitation Research and Training Center, Department of Rehabilitation Medicine, 206-221-5641 or 1-866-928-2114, agerrtc@u.washington.edu*
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FROM THE CHAIR
FALL 2014

With Summer behind us and Winter not too far away, it’s time to get out and enjoy the crisp, cool air, and the colorful leaves.

A request from a polio survivor asking all of us to contact Senator Debbie Stabenow, (D - MI) 133 Hart Senate Office Building Washington DC 20510 (202) 224-4822
Contact: www.stabenow.senate.gov regarding the inability of polio survivors, under medicare, to get orthotics unless they are in a shoe attached to a brace. If you are a diabetic your orthotics are covered.

Note: Post-Polio is not a disease— it is a condition as the result of a disease. Individual e-mails are better than a petition signed by many.

The Roosevelts- An Intimate History
This PBS presentation covers FDR’s polio along with an excellent coverage of our history from the late 1800’s to early 1962.
This 14 hour series is available through our web site: www.michiganpolionetwork.com and you may borrow it from the MPN Library.
If you are interested in borrowing from our library, please call or email:
Laura Barbour,
1156 Avon Manor Road,
Rochester Hills, MI 48307-5415
(248) 853-5465 (home) or
989) 739-4065 (MPN) or denilaur@sbcglobal.net

Your MPN Board of Directors is in contact with the Oakland University Medical School to see how we can have them include Polio / Post-Polio in their Medical School curriculum.
If you have not had a recent post-polio evaluation, you should make an appointment with either the Warren or Ann Arbor clinics.
Check the clinic information in this newsletter.
Have a great Fall.
Bruce Sachs, Chairman

VIRTUOSO STRANDED IN AIRPORT
April 2, 14 news from internet –The Globe and Mail
An employee’s failure this week to help the violin virtuoso Itzhak Perlman after he landed at Toronto’s Pearson Airport is a reminder that access to travel for disabled people is inconsistent and even getting worse, advocates say.
Mr. Perlman said that, on Monday, an Air Canada employee who was supposed to assist him instead abandoned him with his luggage, crutches and violin in the zone between the arrival gates and passport control. The renowned Israeli-American musician wants a personal apology from the carrier’s chief executive.

“I think a good first step would be an outreach from the CEO or president of Air Canada. I was informed that there has been a previous history of insensitivities by Air Canada,” said David Lai of IMG Artists in New York, Mr. Perlman’s agent.
The incident brought back memories for Barry McMahon, a disabled Ottawa resident who filed a complaint against Air Canada in 2005 because he did not get wheelchair assistance while in transit at Pearson. A quasi-judicial tribunal, the Canadian Transportation Agency, ordered Air Canada to take remedial steps.

“I certainly could empathize with the frustration that [Mr. Perlman] was going through. ... Of any place on the planet, Toronto should be a shining example,” Mr. McMahon said.

Continued on page 13 ...
Greetings, Readers!
My little corner of Southeast Michigan is bursting into fall colors as I write, with the maples leading the "parade." I hope that you're enjoying similar beautiful, sunny, cooling autumn days wherever you are living. It seems to me that this year's colors are unusually vibrant, and that several of the trees I've seen seem to be changing from green to orangey-red one branch at a time. Against a late September clear, blue sky, the effect is, to me anyway, quite breathtaking.

This issue, some of our MPN book-borrowers have provided me with reviews of the books which they've read. They can tell you much more completely than I why you should consider reading their choices in future.

One of your fellow MPN members read WALKING ISN'T EVERYTHING by Jean Denecke, and gave the following commentary:
"Jean Denecke was a wife and mother of a preschool daughter when she contracted polio in the fall of 1947, and was a patient at Herman Kiefer Hospital in Detroit. Over time, she learned to breathe without the aid of the iron lung. I was particularly interested in her rehabilitation at the Roosevelt Foundation in Warm Springs, Georgia. The informative seventeen page Appendix with pictures of Warm Springs was fascinating.
"Mrs. Denecke gave honest, authentic descriptions of what her life was like as a disabled woman, and how she managed her household from a wheelchair, and started her own baby-sitting service...providing workers she had screened. She was a courageous lady. I rate [her book] as a quick, good read."

NEKKID, the late Frank M. Lee's memoir, attracted the attention of newsletter editor Vera Hazel, and her review stated the following:
"Frank Lee has given a great account of how terrible and severe the pain of polio rehab was for him. It gives us who are not polio survivors a sense of how horrible the pain and rehab was for all polio survivors to go through. It is a great read for caregivers, to help them understand what polio survivors are going through." Remember that Mr. Lee was the first editor of our MPN newsletter, and, by all accounts, an excellent writer!

When members borrow books from the library, we ask that they be returned with a comment about what has been read. A short form is supplied for this purpose. It's really helpful to know what readers think, even if it turns out that a particular book isn't what you thought it might be. Don't be shy, now!

At the recent Board of Directors' meeting, we discussed future orders. Those of you who may have watched PBS's excellent production about the Roosevelts will be happy to read that we will be purchasing the DVD set, although we may wait a bit for the price to drop some more. While there is a link to the series through our MPN website, those members who either have no Internet connection or who'd prefer to watch something good in front of the TV...in a comfy chair?...will be notified via this column when we've made that purchase. I've also been granted permission to order the materials from Polio Health International's conference in St. Louis this past spring, and I'll tell you more about that in the next issue.

That's all for now. Enjoy what looks like a beautiful autumn season and, for those of us staying in the North Country, here's hoping that, when winter gets here, it won't be quite so noticeable this time around!!

Laura Barbour
Your Librarian, Michigan Polio Network, Inc.
MAY 10, 2014
Dear Sharon,

While in college I worked several summers in my uncle Jonas’ laboratory to the newly created Salk Institute in La Jolla, California. It was a very interesting time for me and for the institute. Much of the supplies and equipment from the old laboratory at the University of Pittsburgh, where the polio vaccine was developed, was sitting in cardboard boxes in a modern, award-winning building, victims of obsolescence. Virology had made incredible advances in the previous three decades and was now considered to be at the cutting edge of science. Growing viruses in the laboratory had become commercialized and much of the glassware used for centuries in biological and chemical experimentation was quickly being replaced by disposable plastic containers often prefilled with just the right reagent for the particular task at hand.

One beautiful July day in 1966 I was asked to dispose of several large boxes of glass vials, flasks and Petri dishes which had been used in my uncle’s lab to do the research surrounding the development and preliminary testing of the Salk vaccine. It seemed to me that these relics were too beautiful to destroy and might someday serve as a reminder to future generations of a time in our history when “service before self” was a way of life. I requested and received permission to take possession of the boxes.

I am grateful to be able to share one of these unique relics with someone who continues to work to complete the job Jonas Salk began almost seventy years ago…

Warm Regards,
Steven

The above letter was sent to Sharon Kugal from Steven M. Salk, D.V.M., M.P.H.

CHILDREN’S SCIENCE EXAM
If you need a laugh, then read through these Children's Science Exam Answers:

Q: Name the four seasons.
A: Salt, pepper, mustard and vinegar.

Q: Explain one of the processes by which water can be made safe to Drink.
A: Flirtation makes water safe to drink because it removes large pollutants like grit, sand, dead sheep and canoeists.

Q: How is dew formed?
A: The sun shines down on the leaves and makes them perspire.

Q: How can you delay milk turning sour? (Brilliant, love this!)
A: Keep it in the cow.

Q: What causes the tides in the oceans?
A: The tides are a fight between the Earth and the Moon. All water tends to flow towards the moon, because there is no water on the moon, and nature hates a vacuum. I forget where the sun joins in this fight.

Q: What happens to your body as you age?
A: When you get old, so do your bowels and you get intercontinental.

Q: What happens to a boy when he reaches puberty?
A: He says good-bye to his boyhood and looks forward to his Adultery.

Q: Name a major disease associated with cigarettes.
A: Premature death.

Q: How are the main parts of the body categorized? (e.g., abdomen.)
A: The body is consisted into three parts - the brainium, the borax and the abdominal cavity. The brainium contains the brain; the borax contains the heart and lungs, and the abdominal cavity contains the five Bowels A, E, I, O, and U.

Q: What is the fibula?
A: A small lie.

Q: What does "varicose" mean? " (I do love this one...)
A: Nearby.

This is the unique relic Sharon Kugal received from Steven M. Salk, D.V.N., M.P.H.
Walt Kanicki was pioneer of sports medicine and fixture of Bay City Central football

By Lee Thompson, sportswriter for Bay City Times

BAY CITY, MI – Elmer Engel asked his players to put their heart and soul into Bay City Central football. Walt Kanicki made sure they had the body and mind to do it.

Kanicki did his part to power the Central football machine of the 1960s and early 1970s, not as a player or as a coach, but as an athletic trainer. And he played his role so well – and for so many athletes – that he became one of his hometown’s great sports legends.

On Sunday, Kanicki died at his home from respiratory failure with his family by his side, according to his daughter, Becky Manczak. Following his wishes, his body was donated to Wayne State University for medical research and no funeral or memorial service is planned until July. Kanicki was 77 years old.

"What a wonderful guy," said Art Nixon, an assistant coach who worked under Engel and alongside Kanicki during Central's football heyday. "He put so many hours in for those kids and he got them ready to play on Friday night.

"Walt was every bit as important as any assistant we had."

Despite dealing with polio as a child and diabetes as an adult, Kanicki carved his niche in the Bay City sports community in unique fashion. With his dazzling knowledge of the body and how to mend it, he became a nationally recognized pioneer in the arena of sports medicine.

Engel, the legendary head coach who directed Central to five state championships during his 1950-73 tenure, considered Kanicki a vital cog in the powerhouse program. The late coach often referred to his trainer as his right-hand man and deferred to Kanicki over all matters of body and health.

"Elmer had the facility of getting the mileage out of those athletes and I had the ability to put them back together again once they got hurt," Kanicki said in a 1992 story in The Bay City Times prior to his induction into the Bay County Sports Hall of Fame. "He never questioned me or doubted me."

Kanicki began his days as an athletic trainer while working the football team at St. James High School in the 1950s. He moved to Central when he was hired in 1961 as a teacher, a position he would hold until his retirement in 1989.

A builder by trade, he possessed the skills of an electrician, plumber and carpenter and was often seen working on the iconic Third Street home he shared with Janet, his wife of 55 years. He also owned a sports therapy practice called IsoToni-Metric, and had several patents on therapeutic devices.

But he put his stamp on the local sports scene while working the sidelines of Central football, helping the likes of Dennis Wirgowski, Gary Frieders, Dave Techlin and Kevin Nixon deliver Hall of Fame careers.

"When (Kevin) went to Albion, he had to have something done for an injury – and he came right back to see Walt," Art Nixon said. "Walt rigged something up for him, and when he went back to school, the Albion trainer said 'I've never seen anything like this. This is fabulous.' Walt was a step ahead."

The oldest of 12 siblings, Kanicki was known for the tough-nosed and strong-willed personality that would have made him a formidable athlete – much

Continued next page...
WALT KANICKI from page 6...

like his brother Jim, who went on to play in the NFL – were it not for his battle with polio.
Kanicki put those traits to work as a no-nonsense athletic trainer, giving players in all sports at Central the ability to heal their bodies – and demanding that they put their minds to doing it.
"If you weren't going to do it his way, don't waste his time," said Bay County Board of Commissioners Chairman Ernie Krygier, who said he adopted Kanicki as a mentor as a senior at Central in 1969.
"He was rough around the edges, but he had a heart of gold.
"In my world, he was a giant. When I screwed up, he was the person who came down on me the hardest. When I did something good, he was the first one to congratulate me."

Kanicki's acclaim in the fast-growing sports medicine field spread across the state and across the country. He was offered numerous positions with college programs and was contacted by players from the Detroit Lions and Detroit Red Wings.
Former State Sen. Jim Barcia, who said he's known Kanicki since he competed as a swimmer at Central as a 1970 graduate, said when the Michigan Association of Physical Therapists first convened, the group requested that Kanicki serve as the keynote speaker. Barcia said Kanicki was considered the father of sports medicine in Michigan.
"He was gracious and kind to everyone – adults and students alike – and he was one of the most thoughtful, humble, talented and generous men I've ever known," said Barcia, who has remained friends with the Kanicki family for 40 years. "He was certainly a role model to all who knew him."
Kanicki is survived by wife Janet, their seven children -- Brenda, Bonnie, Kris, Becky, Keith, Kevin and Bridget – and seven grandchildren.

March 29, 2014

BAY CITY, MI – Walt Kanicki made a mighty impact on his community. And he knew it.
Kanicki was a humble man whose contributions to star athletes, legendary coaches and powerhouse programs remained largely behind the scenes – and the longtime teacher and athletic trainer for Bay City Central had no qualms with that.
But that doesn't mean he didn't understand his value to those around him.
His knowledge about the body and how to heal it made him a pioneer of sports medicine, and made him a storied figured on the Central sidelines in the shadow of coaching giant Elmer Engel in the 1960s and 1970s. His wisdom on health – and life as a whole – was a rare commodity that he shared with the world around him.

Bay City was his hometown and he knew he had the ability to enrich it. So the fact that Kanicki touched so many lives was no accident.
He went out of his way to do it. He went the extra mile to do it.

When Kanicki died Sunday, March 23 at his Third Street home – the iconic 21-room house that athletes throughout Bay City flocked to for healing advice – the community he impacted so mightily recognized it had lost a treasure.

In a letter to Laura Barbour on April 16, 2014, Walt Kanicki’s wife Janet wrote,
“Walt was 77 years old when he died. He had polio at age 12. We were happily married for 55 years. His polio body started shutting down when he was around 50 years old. He never quit. He never gave up faith or fight.” ✶✶✶
Elder Living Construction has built a reputation in the marketplace as a company that helps people design spaces and modify their homes with common sense alterations that enhance the lifestyles of aging adults. Their Universal Design Center at 27260 Haggerty Rd., Suite A1 in Farmington Hills showcases the many beautiful, practical design elements that can be implemented when remodeling your home. They specialize in Kitchens, Bathrooms and home additions.

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... for Life’s Transitions
Killing Cancer with Polio
Battling an aggressive brain tumor at 20, Stephanie Lipscomb was told she had six months to live. SO SHE BET HER LIFE ON AN EXPERIMENTAL TREATMENT

By Michelle Boudin and Alicia Dennis

Stephanie Lipscomb was dying. A malignant tennis ball size tumor pressing into the right frontal lobe of her brain had shattered the 20-year-old nursing student's future. Even after doctors removed the mass—a stage-4 glioblastoma in June 2011—and she underwent months of chemotherapy and radiation, it came back. In agony from blinding headaches, Lipscomb and her mom, Kelli Lusk, listened as doctors presented a shocking option; an experimental treatment never before tried in humans, in which they would infuse a genetically altered version of the dreaded polio-virus into Lipscomb's tumor in a last ditch effort to destroy it. Kelli, 43, was horrified. "They're going to put polio in my child?" she recalls thinking. "After all she's been through?" But Lipscomb jumped at the chance. "I just knew," she says, "this wasn't the end of my story."

Two years later, amazingly, she's alive, and cancer free, to tell it. The unlikely treatment, pioneered by Dr. Matthias Gromeier at Duke University (see sidebar), has helped extend the lives of a handful of similar patients—and encouraged medical researchers who believe viruses can be used to target and attack different types of cancers. But progress requires test subjects willing to endure the potential risks—which in Lipscomb's case ranged from limb weakness to death from infection. "She was the first person in the world to get the poliovirus in her brain," says Gromeier, 48, an associate professor of neurosurgery and molecular genetics at Duke's Preston Robert Tisch Brain Tumor Center. "She was very courageous." She was also fully conscious. Sedated while doctors drilled a pea-size hole into her head and inserted a catheter into her brain, Lipscomb was wide-awake during the 6 1/2 hour procedure on May 10, 2012.

Flanked by her mom and stepfather Brian Lusk, she watched The Help on her laptop and read the third book in The Hunger Games series. Still, feeling the chill of the virus-laden saline solution flowing into her frontal lobe, she says, "I was very, very scared." It was a rare shaky moment for the sunny girl next door whose life until that point had taken a happily ordinary path. The oldest of four sisters growing up in a church going family from Seneca, S.C., Lipscomb, who played softball and ran high school track, decided early on to pursue a career in medicine after babysitting a sick child. Starting nursing school at the University of South Carolina Upstate, she joined a sorority, waitressed part-time and met boyfriend Matthew Hopper, 22, a business major with whom she began planning a future. After her grades took a nosedive and a slip in the shower sent her to the emergency room, a scan revealed the tumor. "I was like, "No, that's not right," Lipscomb says. Her mom bypassed denial. "I went to pieces," says Kelli, a housekeeper. "Two of my friends drove me to the hospital. I crawled into bed with Stephanie. I wanted to hold her."

Determined to get on with life, Lipscomb dove back into her studies after taking the semester off. But chemo and radiation left her exhausted and sick. "I was brushing my hair in the bathroom at my boyfriend's apartment, and it started coming out in clumps," she says. "I completely broke down. [Hopper] came in and said, "It's going to be okay. I'll be here for you." Then, in April 2012, she had a seizure. The cancer was back. Doctors gave her less than six months. "I cried. But I never thought I was going to die," says Lipscomb, who read the Bible for inspiration. She pictured the life she planned with Hopper. "I wanted a house big enough for my family," Lipscomb, now 23, remembers thinking, "and two or three kids. I love kids." That single minded optimism came in handy when doctors brought up the FDA approved poliovirus trial. Deeming Lipscomb a good candidate because of her youth and overall good health, they suggested she take a minute to discuss the decision with her family. "I don't need a minute," Lipscomb told them.

Continued next page...
KILLING WITH POLIO continued...

In the days following the procedure, it seemed she might have acted in haste. Massive swelling in her brain frightened her and gave her doctors cause for concern—it looked as if the tumor was growing. But days later, tests revealed scar tissue where cancer cells had been, and the swelling was inflammation from her immune system kicking in. The tumor was shrinking. Mother and daughter hugged each other and wept. "I was very, very excited," Lipscomb says. Follow-up scans showed further shrinkage and, finally, not a trace of cancer. "We have nothing to compare this to," says Gromeier, an affable man with a thick German accent, who says of Lipscomb, "I literally think about her every day." He cautions that the trial is small and still in early stages—and that brain tumors are one of the hardest cancers to treat. "We can't ever say 100 percent, he says, "but we believe she will survive this disease." Lipscomb is counting on it. Sitting in the passenger's seat next to Kelli during the three-hour drive to Duke for her checkup in January, she laughed and chatted about a baby shower they were planning for Lipscomb's sister Lauren and about her upcoming stint as a nursing assistant in Duke's pediatric oncology unit. She's growing her hair out again—it already covers the tiny scar on her scalp that serves as the only physical reminder of her ordeal. "My intuition tells me," she says, "I'm going to be fine."

SIDEBAR: One Doctor's Mission Twenty years ago Matthias Gromeier set out to study the poliovirus "for nerdy, scientific reasons". By accident he discovered that the virus appeared to be lethal to cancer cells while leaving other cells unharmed. At first colleagues thought his idea—infusing poliovirus into a tumor—was outrageous. "If everybody thinks you're nuts," he says, "that's a good sign." The therapy, called PVS-RIPO, will require years of further testing, but Gromeier hopes it will provide an alternative to chemo, which his mom, Anne Marie, was given before succumbing to esophageal cancer at age 68. "It was horrific, worse than dying," he says. "I want to do something different." cancer.duke.edu/btc/


TARGETING PEDIATRIC BRAINSTEM GliOMA WITH ONCOLYTIC POLIOVIRUSES.
Poliovirus shows promise in treating glioblastoma [Glioblastoma is the most common type of brain tumor and unfortunately, also the most lethal with a recurrence rate of nearly 95 percent.]

Matthias Gromeier, MD, of Duke University Medical Center, was among the early “class” of research grantees from Alex’s Lemonade Stand Foundation for Childhood Cancer. His grant proposal to use the poliovirus to kill cancer cells, specifically pediatric glioblastoma—a aggressive form of brain cancer, earned him an ALSF Innovation Grant back in 2006. We’re thrilled to share that early results from a clinical trial led in part by Dr. Gromeier has found that a modified version of the poliovirus is in fact proving effective in treating patients with glioblastoma. The ALSF funds supported research that contributed to making this clinical trial possible.

For Stephanie Lipscomb, the first patient enrolled in the clinical trial, the treatment has been nothing short of life altering. Stephanie was nearing the end of her freshman year in college when severe and persistent headaches prompted her family to take her to a local hospital in South Carolina to get checked out. The diagnosis they received was devastating—stage 4 glioblastoma. Stephanie had surgery to remove the tumor located behind her right eye and underwent months of chemotherapy and radiation, but was still given only 5 years to live due to the aggressive nature of the disease. Stephanie experienced a brief period of remission, but the cancer came back. This time, Stephanie’s treatment options were even more limited—she already received all of the radiation her body could take and chemotherapy had proven ineffective. It was then that she agreed to take part in the clinical trial led in part by Dr. Gromeier where a modified version of the poliovirus (one deemed safe with no debilitating side effects) would be injected through a catheter into her brain in an effort to shrink the

Continued next page...
KILLING WITH POLIO continued...

tumor. How does the virus work? Dr. Gromeier and his team continue to study the mechanism, but believe that since we’re all vaccinated against polio that when it infects the tumor, it triggers a response in our immune systems to turn against it. Stephanie responded beautifully to the treatment and her tumor shrank to the size of a pea. She received more great news as a recent round of scans showed no new regrowth of her tumor, 14 months after the treatment.
Sarah returned to college this fall where she was accepted into a nursing program and plans to study oncology upon graduation.
Believe it or not, the virus that is helping patients like Sarah existed in 1996 - it took Dr. Gromeier 16 years to get it “bench to bedside”, a phrase researchers use to describe the time it takes to get a therapy from the lab, into a clinical trial and helping patients. This slow process is not unusual and further highlights the importance of steady research funding to bring novel therapies to patients quicker.

Although Dr. Gromeier stresses that additional research needs to be conducted and cautions against using the word “cure,” he is also highly optimistic about the potential impact this treatment could have on kids with glioblastoma as well as other childhood cancers.

Alex’s Lemonade Stand Foundation for Childhood Cancer [ASLF] Fall 2013 Newsletter:��

Thinking Problems and Aging with a Disability

Cognition refers to thinking activities such as remembering, paying attention, learning new things, planning, and making decisions. Some changes in cognition are normal as people get older. For persons who are aging with physical disability, cognitive changes may impact your ability to cope with challenges related to your disability.

Some people have minor changes in thinking that occur every once in a while and others have larger thinking problems that occur more often. Even minor changes in thinking as you age can cause challenges in your daily life and affect your overall quality of life.

What are some causes of cognitive problems?

- Some disabling conditions, such as multiple sclerosis, directly affect structures of the brain, which can lead to cognitive problems.
- Symptoms that are often part of a medical condition, such as fatigue, depression, and pain, can cause or contribute to thinking problems.
- Cognitive problems can also make medical symptoms worse, creating a negative cycle. This means that as your other symptoms get worse, your thinking problems also get worse.
- Some medications may cause thinking difficulties, and older adults may be more vulnerable to cognitive problems related to certain medication. It is important to discuss any concerns you have with your health care provider.

What kind of thinking problems can happen with aging?

- Memory problems are the most common type of thinking problems in aging.
- It is more difficult to hold information in our mind for a brief period to perform a task, such as following instructions or figuring out how much to tip (referred to as working memory).
- Details like names and places are harder to recall.
- It is more difficult to remember something you are supposed to do in the future, such as taking your medication or going to a doctor’s appointment.
- Attention or the ability to concentrate is also commonly affected. You may be more distractible, and multi-tasking is much more difficult.

Continued next page...

Two things define you.
Your patience when you have nothing,
And your attitude when you have everything.
Thinking problems continued...

- Thinking can become slower so completing simple tasks can require more concentration and time. Problems with communication may also happen. For example, you may have difficulty finding words or keeping up with a conversation. Making decisions can be more difficult.

How can thinking problems impact your daily life?
Cognitive problems limit how much you may be able to participate in daily activities such as work and social relationships.
- Thinking problems may impact your independence.
- If you have difficulties with attention and your thinking has slowed, driving may become dangerous.
- You may also have problems managing your finances due to challenges staying organized and making decisions.
- Thinking problems can lead to premature retirement or unemployment.
Changes in thinking can also cause added anxiety and stress in your life. Fortunately, there are ways you can improve your thinking and reduce the negative impact thinking problems may have on your life.

What You Can Do - Tips for Addressing Your Thinking Problems
Changes in thinking can be managed by increasing awareness about your thinking problems, doing activities to improve your thinking, and developing planning strategies. It is important to get started early to put supports in place to help with your thinking problems.

Understand Your Thinking Problems
Being aware of your thinking problems and how they may affect you is an important first step. Problems with cognition are often gradual and may not be immediately noticeable to others, but they may be noticeable to you. Here are some ways to help you understand your thinking problems.
- Identify triggers that can worsen your thinking problems, such as lack of sleep, stress, or certain medication and write down these triggers.
- Talk with your health care provider about your thinking problems and triggers.
Your health care provider may refer you to a neuropsychologist. A neuropsychologist can provide an assessment of your cognitive function to identify areas of strengths and weaknesses. This may be particularly important if you are working or there is concern about safety.

Simplify Your Day
- Set up a daily routine. This can make your day more predictable and less stressful.
- Pace yourself during the day.
- Break complex activities down into multiple easier parts.
- Do one thing at a time when possible. Multitasking can often make thinking more difficult.
- Prioritize what needs to be done. Do those things first, then less important things later.
- Schedule activities that will require more focus and concentration during times of day your thinking is typically better.
- Avoid triggers in your environment that make thinking more difficult.
- Avoid visual or sound distractions.
- For example, keep your desk neat at work, and turn down the radio or close the windows if it’s noisy outside.

Avoid socializing in crowded and loud environments.

Learn New Methods That Help With Thinking
Try different methods that may help with your thinking problems and see what works best for you. Be open to trying new methods. Some methods you may find helpful include:
- Writing things down.
- Using memory aids such as post-it notes, daily planners, or calendars.
- Setting a timer on your watch or phone can be a helpful tool to remind you to take medication or go to an appointment.
Your health care provider may also refer you to a Speech Therapist or a Rehabilitation Psychologist, who are both skilled professionals that can help you learn new methods and problem-solve. They may also suggest activities and making lifestyle changes that can help reduce problems with thinking or even improve thinking skills.

Maintain An Active and Healthy Lifestyle
Get physically active. Research has shown that physical activity, such as walking, can help maintain good cognitive health and may prevent cognitive decline. Physical activity can also help improve Continued next page...
Thinking Problems continued...

sleep, fight fatigue, and improve mood, all of which contribute to your cognition.

- Engage in mentally stimulating activities you enjoy.
- Read a new book, do crosswords or Sudokus.
- Challenge yourself by learning something new. Research suggests that this may be particularly effective, as it helps build new neural connections in the brain.
- Be socially active. Good conversation can stimulate new thinking.
- Play an instrument or listen to music.
- Get enough sleep. (See factsheet on Sleep and Aging in a Disability for more information)
- Take frequent rest breaks during the day. Some people find that resting in silence is most effective (turn off phone, TV, etc). This will help minimize fatigue and refocus your thinking.
- Maintain a healthy diet. Eating right can help you avoid fatigue and increase your energy level.
- Improve your mood; depression can significantly affect your ability to think. Try to minimize stress and anxiety.

Things to avoid: smoking, abusing alcohol, using illicit drugs, and misusing prescription or over-the-counter medications.

Resources
Centers for Disease Control and Prevention: www.cdc.gov/aging/healthybrain
National Council on Aging (NCOA) Center for Health Aging, Behavioral Health: www.ncoa.org/improve-health/center-for-healthy-aging/behavioral-health/

National Institute on Aging: www.nia.nih.gov
National Institute of Health Senior Health: http://nihseniorhealth.gov/

References

Disclaimer
This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

VIRTUOSO STRANDED from page 3...

Rights groups in Canada have been fighting for years to get the federal government to improve assistance for disabled people. Hard-won changes are being eroded by the lack of updated regulations, said Pat Danforth, who chairs the transportation committee of the Council of Canadians with Disabilities.

Under federal law, individuals can complain if there is a barrier to their mobility. However, without better regulations, the CTA has to rely on voluntary codes of conduct.

In 2000, Via Rail bought 139 rail cars that were not accessible to disabled passengers, then refused comply with a CTA decision that the company had contravened its code of conduct. It took a seven-year judicial battle, all the way to the Supreme Court of Canada, to reverse Via Rail’s decision.

“Independent access to the same comfort, dignity, safety and security as those without physical limitations is a fundamental human right for all persons who use wheelchairs,” the highest court ruled.

Despite such judicial gains, services remain unpredictable and “the gaps are getting bigger again,” Ms. Danforth said.

“I’ve had great experiences with Air Canada and I’ve had good experiences going through Toronto airport, but certainly, these isolated incidents show that there is room for improvement,” Mr. McMahon said.

According to WestJet, assistance to disabled travelers at Pearson is handled by a third-party subcontractor, Servisair.

Servisair officials did not respond to interview requests. Air Canada would not say if the incident with Mr. Perlman involved an airline staffer or a third-party contractor.

“This incident is disconcerting and does not reflect the policies Air Canada has in place to take care of customers with disabilities,” spokeswoman Isabelle Arthur said in an e-mail. “We are looking into this situation and we have been in contact with the customer to discuss this matter and apologize.”

Ms. Arthur said Air Canada has “extensive procedures” for customers needing special assistance.

“Each month, we take care of more than 25,000 wheelchair requests at Toronto Pearson alone.”
MICHIGAN POLIO NETWORK, INC.
FINANCIAL RESULTS

MICHIGAN POLIO NETWORK, INC. SOURCES OF FUNDS
FOR FISCAL YEAR 6/01/2013 TO 5/31/2014

- Member Dues: 45.5%
- Member Donations: 19.5%
- Health Conference: 32.7%
- Other: 2.3%

MICHIGAN POLIO NETWORK, INC. USES OF FUNDS
FOR FISCAL YEAR 6/01/2013 TO 5/31/2014

- Member Education & Support: 92.1%
  - Quarterly Newsletter
  - Health Conference
  - Resource Library
  - Network Website
  - General Member Support
- Member Communication: 4.0%
  - Membership Renewal
  - Telephone Expense
- Operating Expenses: 2.9%
  - Office Supplies
  - Promotional Printing
  - Liability Insurance
  - Postage
**CONTACT AND SUPPORT GROUPS**

**ANN ARBOR (PPSG)**
Liina Paasuke  (734) 332-1715
Sunny Roller  (734) 971-1335
Meetings 3rd Tues. of August and December.

**CLIO AREA POLIO SURVIVORS SUPPORT GROUP**
The New Clio Area Polio Support Group is held at the Clio Area Senior Center
2136 W. Vienna Rd. Clio, MI 48420
On the third Friday each month at 9:00-10:30am.
Facilitator is Dennis Hoose  phone: (810) 686-0292
To join our group call (810) 687-7260

**HARTFORD, MICHIGAN - PPSG**
Jeannie Wessendorf
Support group meetings at Hartford Federated Church, Hartford Michigan for meeting times please call Jeannie at 269-621-2059 or email jeanniew@provide.net

**LANSONG AREA POST POLIO SUPPORT GROUP**
Meets at 1:30pm on the second Monday of spring, summer, and fall months - April through November.
Held in the lounge of Plymouth Congregational Church, 2001 East Grand River Avenue, Lansing, Michigan.
Margaret Nielsen Williams  (517) 336-5921
Emil: nielsenwilliams@yahoo.com

**MID-MICHIGAN (PPSG)**
Jean Iutzi, Harrison, MI  (989) 539-3781
Group info. 1-800-999-3199
Meeting twice a year. June and Nov.

**SOUTHEAST MICHIGAN (PPSG)**
Bonnie Levitan  (313) 885-7855
co-facilitated by Bruce Sachs  (586) 465-3104
Dianne Dych-Sachs  (586) 465-3104
Bobbi Stevens  (248) 549-2149
Meets 4th Sat. of the month
March thru October 10am-Noon

**THUMB AREA PP SUPPORT GROUP**
Rita Wall  (989) 673-3678
Blue Water Center for Independent Living
1184 Cleaver Rd  Suite 1000
Caro, MI
Meets last Tuesday of each month 2:30pm

**WEST MICHIGAN PPSG**
Scheduled Meetings:
April, June, Sept, Nov
Linda Walthom  Grand Rapid  (616) 363-7625
Lynette Hooker  Grand Rapids  (616) 455-5748
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Chuck Bond  Rockford  (616) 866-1037

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*We are sorry to say that Fred Maynard, MD has retired and requested removal from the Contact List.*
POLIO SURVIVORS SHARING
This is a one-on-one e-mail list so you can mail only to the selected name; an e-mail list of Polio Survivors who wish to communicate with other Polio Survivors and discuss your concerns, ideas, fun, jokes, as well as sharing information of what is happening to each other. I would like your permission to add you on this list. Please email to Hazel3SGS@comcast.net to get on the list! Also include your city and state. Happy Sharing!! ☺ Vera Hazel, Editor
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Continued next page...
MICHIGAN DOCTORS WARN OF RISKS OF SKIPPING SHOTS 4-30-2014!
BY SHAWN D. LEWIS The Detroit News!
Michigan physicians spoke out Tuesday about the risks of a dangerous increase in childhood diseases in the state and the need to have children vaccinated against the illnesses. But many parents are not heeding the advice, refusing to vaccinate their children. Michigan has the fourth highest non-medical vaccine exemption rate in the nation, with 5.3 percent of parents choosing not to immunize, according to the Centers for Disease Control. Only Idaho, Vermont and Oregon have higher rates. Nationally, more than 91,000 out of more than 4.2 million kindergarteners weren’t vaccinated. Michigan’s exemption rate rankles the state’s medical community. “We think parents are getting misinformation about the dangers of vaccines from the Internet, instead of going to their own doctors to get accurate information,” said Dr. Karen B. Mitchell, program director for the Providence Hospital Family Medicine Residency Program in Southfield, who spoke Tuesday during a press conference in Lansing to mark the start of National Infant Immunization Week. Before entering kindergarten, it is recommended children receive vaccines against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Hepatitis B and chicken pox. But parents can request a vaccination exemption if a physician certifies an immunization is, or may be, detrimental to the child’s health, or for religious reasons or other objections. Michigan law protects parents from being forced to get their child vaccinated. Dr. Anthony F. Ognjan, chief of infectious diseases for McLaren Macomb, said the benefits of shots outweigh the possible risks. “You risk the chance of becoming brain damaged because of measles, men can become sterile from the mumps, and some infections can overwhelm the body and people can die,” he said. He said organizations such as Michigan Opposing Mandatory Vaccines, “absolutely raise my ire.” “If you want to live in society, protecting people from infectious diseases is part of it, and saying, ‘this is my right,’ doesn’t fly with me,” he said. Exercising her right not to vaccinate her child is why Suzanne Waltman, 53, of St. Clair Shores started Michigan Opposing Mandatory Vaccines in 1993. Her daughter, now 23, did not receive any of the recommended vaccines. “My daughter got chicken pox and mumps, but she was fine. I don’t think you can drug your way to health,” she said. In addition to Michigan’s high rate of nonmedical exemptions, according to the Michigan Department of Community Health, only 72 percent of Michigan children and 63 percent of adolescents are fully immunized — the rest are missing at least one critical vaccination — leading to recent outbreaks of preventable diseases. There were nearly 1,000 cases of whooping cough in Michigan last year, an increase of nearly 18 percent over 2012.+++

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I don’t have time to worry about who doesn’t like me...
I’m too busy loving the people who love me.
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Please check the mailing label on the back of this *Polio Perspectives* for the expiration date of your membership. If membership renewal is due, your check should be sent along with the completed Membership Form found in this issue.

Please direct all MPN MEMBERSHIP and ADDRESS CHANGES to one of the following Board Members:

Tim Brown at 313-886-6081  
(tpbrown47@gmail.com)

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Laura Barbour at 248-853-5465  
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**Two Post-Polio Clinics in the Southeast Michigan Area**

St. John Post-Polio Clinic  
Center for Physical Medicine & Rehabilitation, P.C.  
13850 Twelve mile Road  
Warren, MI 48088  
Phone: 586-778-4505  
Fax: 586-552-4878  
*****

University of Michigan  
Post-Polio Clinic  
Eisenhower Park West  
2850 South Industrial Highway  
Suite 400  
Ann Arbor, MI 48104-0758  
Phone: 734-936-7175  
Fax: 734-975-4726

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**Michigan Polio Network, Inc. Membership Form**

The Michigan Polio Network, Inc. is a tax Exempt non-profit organization with 501 (c) (3) status. Your contribution is tax deductible as allowed by law. Membership includes our quarterly newsletter *Polio Perspectives*, use of our library, voting privileges as well as the networking and support from our membership.

To join it is not necessary to be a resident of Michigan or be a Polio Survivor.

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I wish to make a contribution to support the work of the Michigan Polio Network, Inc. $______________

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