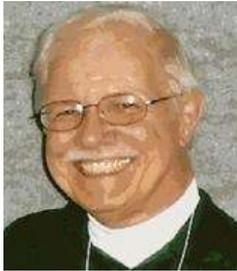


POLIO PERSPECTIVES

VOLUME 29 NO 4 WINTER 2014

Promoting Understanding Through the Michigan Polio Network, Inc. Since 1986



Happy New Year!

You can now access past editions of the Polio Perspectives (even the very first 1986 edition) along with interesting polio stories and loads of good information on our website.

Check it out!

BRUCE SACHS,
MPN CHAIRMAN

www.michiganpolionetwork.com

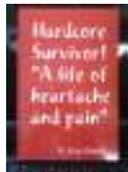
Written by talented Michigan Polio Network members!

Both Books are available in our library



Once Upon a Very Long, Long, Long Time Ago

Lorraine Sattelmeier



*Hardcore Survivor!
"A life of heartache and Pain"*

Available at lulu.com and Amazon

A. Lesa Quade

BOARD OF DIRECTORS ELECTION

Inside this issue of Polio Perspectives is the Michigan Polio Network, Inc. Board of Directors 2015 election ballot.

Please mark your ballot and return it as instructed on the ballot as a self-mailer.

It must be postmarked no later than April 30, 2015 in order to be counted.

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FROM THE CHAIR

Bruce Sachs, Chairman



Winter 2014

Many of you received a Christmas Greeting from the MPN and me. In early December we sent out a mass emailing through our website mail server. We mailed upwards of 500 messages from a consolidation of membership records, support group rosters and recent educational conference registration lists. This message also pointed out that we are still very actively supporting polio survivors and that we welcome new members and previous members to re-join the network. We have received many very positive responses from recipients of this email effort. If you did not receive this message and would like to be added to our e-mail list, please e-mail me and I will add your information.

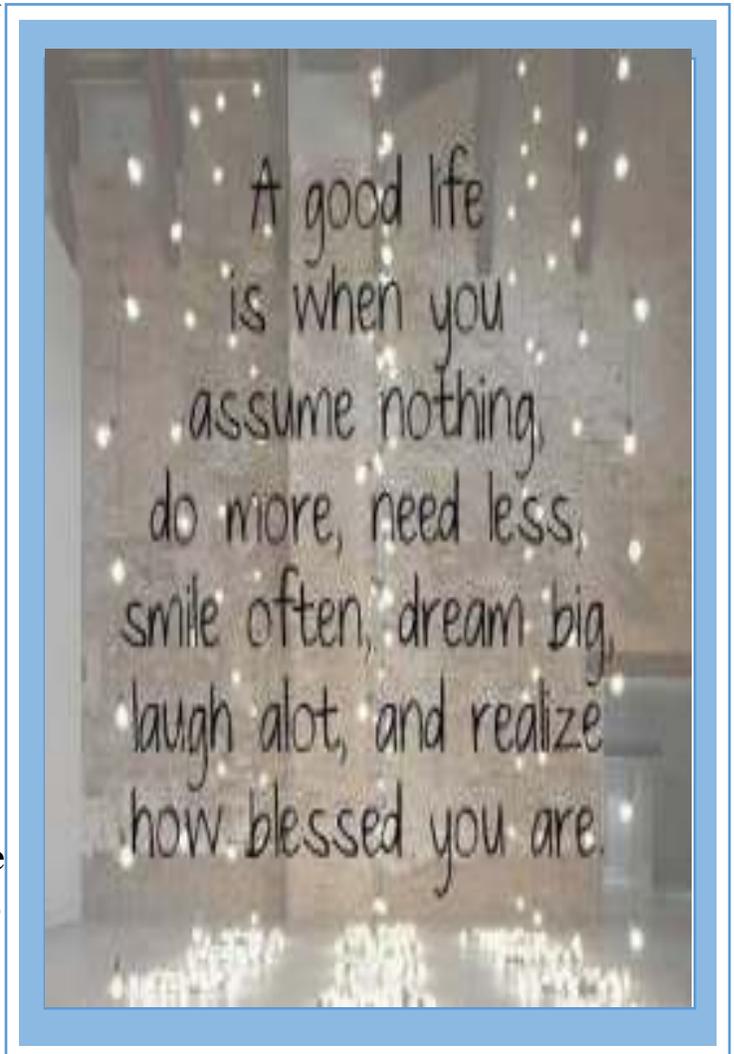
Recently we have had some very positive communication with the Oakland University William Beaumont School of Medicine. Although there are numerous details yet to be completed, it appears that we will have some input on Post-Polio in their curriculum. We will share the details as they become available.

We encourage everyone to make use of the MPN Library, where we have a large collection of books and tapes about polio, post-polio, biographies/ autobiographies. Check the Library Corner in this issue.

Although some of you have written your polio story, we are asking all of you to write your polio story and send it to the Polio Perspectives editor. Many of our readers have stated that they enjoy reading the polio stories in the Polio Perspectives.

Enclosed in this issue (page 11) is the ballot for our Annual Board of Directors Election. Please complete it and return it by mail.

Bruce E. Sachs MA Chairman
Michigan Polio Network
besachs@sbcglobal.net♦♦♦



Library Corner

*Laura Barbour, Librarian
1156 Avon Manor Road
Rochester Hills, MI 48307*



Hello and Happy New Year, as well as Happy Winter to you all. As I type this "Corner," 2015 is still over 24 hours away, and winter is ten days old. Much too early, therefore, to be able to say much about either the new year or the new season. I'll just say that I hope that both of them will bring contentment, health, safety, and any other good things for which we may wish!

READER REVIEW

One of our MPN member/readers, David Zuck, of Escondido, California, borrowed the book **WALKING ISN'T EVERYTHING**, by Jean Denecke. His review of her book states: "Considering that Mrs. Jean Denecke had the polio virus affect every portion of her body, it's a tremendous love and dedication she and her husband had between each other and their daughter to keep their family together. Warm Springs, Georgia rescued people that most places did not know how to do it, and that gave Jean a great boost, even into productivity and helping to support her family. It takes a while to absorb this story. Thank you, Dave Z." To which I respond, "No, thank YOU, Mr. Zuck!!!"

AUTHOR! AUTHOR!

Two members of the Michigan Polio Network have recently taken the plunge into what I consider as the brave, new world of writing their memoirs. What's more, upon publication, these two generous MPN-ers took the time, effort, and expense of making sure that your library received copies of their books so they could be borrowed by any and all interested members. In the case of one of them, in fact, a personal visit was paid to Casa Barbour, during which the book was dropped off to be added to the collection

A. Lesa Quade, Flint resident and MPN member, has penned **HARDCORE SURVIVOR! "A LIFE OF HEARTACHE AND PAIN."** She wrote that, upon retiring from her work at the University of Michigan-Flint, she "said [she] wanted to do everything" that she'd never done before, figuring that writing her life story was the "biggest task ever!" In her preface, Lesa Quade states that her purpose in "writing this book is to tell you about my journey as a polio survivor and a person that has been bullied and the many other pitfalls in my life. I have overcome a lot of things that doctors and people in general never thought I would or could ever do." Lesa also credits the publication of her short memoir in this newsletter with providing a bit of an impetus for her committing to the writing of this book.

Lorraine Sattelmeier, who lives not far from me, has written **ONCE UPON A VERY, VERY LONG TIME AGO**, which is her life story from her birth to the age of fourteen. She spent those early years on the family farm in the Bay City area. It was here that she had polio at the age of 3 1/2. As it states in the "About the Author" section on the book's back cover, Lorraine "endured heavy braces, Sister Kenny Treatments. eight years of therapy three times per week, attended Orthopedic School, then St. Paul Lutheran until eight grade graduation."

From a quick perusal of both of these books, both authors' lives and plans were surely affected by having polio. How each woman dealt with that may make you curious about their books. If you are, please contact me at home at 248-853-5465, or on the MPN Internet "line" at 989-739-4065, or via e-mail at denilaur@sbcglobal.net, and I'll send any book you wish to borrow.

Both books are published paperbacks, with photographs in both, and drawings by Gerry Post in **ONCE UPON.....**

'Bye for now, and please remember that our next visit is scheduled to occur in the spring-time. Ahhhhhhh.....! *Laura Barbour*

Summary of Findings: Investigation of Acute Flaccid Myelitis in U.S. Children, 2014

Since September 2014, CDC and partners have been investigating reports of children across the United States who developed a sudden onset of weakness in one or more arms or legs with MRI scans that showed inflammation of the gray matter—nerve cells—in the spinal cord. This illness is now being referred to as acute flaccid myelitis.

•From August 2 to December 18, CDC has verified reports of 102 children in 34 states who developed acute flaccid myelitis that meets CDC’s case definition. CDC is working with healthcare professionals and state and local health departments to investigate all the cases reported since August. CDC is also in the process of verifying one additional report.

•CDC and partners are working to better understand these cases of acute flaccid myelitis, including potential causes and how often the illness occurs. However, such investigations take time.

Neurologic Illness with Limb Weakness

•A sudden onset of weakness in the arms or legs can result from a variety of causes, including viral infections, environmental toxins, and genetic disorders. Guillain-Barre syndrome, a disorder caused by an abnormal immune response, can also cause neurologic illness.

◦Every year, children in the United States develop neurologic illness with limb weakness, and often the causes are not identified.

•The acute flaccid myelitis cases reported this year, which include MRI scans that show an inflammation predominantly of the gray matter—nerve cells—in the spinal cord, are most similar to illnesses caused by viruses including ◦enteroviruses (polio and non-polio), ◦adenovirus, ◦West Nile virus and similar viruses, and ◦herpesviruses.

What CDC is Doing

CDC is •requesting that healthcare professionals be vigilant for and report cases of acute flaccid myelitis to CDC through their state or local health department •verifying reports of cases of acute flaccid myelitis using our case definition •working with healthcare professionals and state and local health departments to investigate and better understand the cases of acute flaccid myelitis, including potential causes and how often the illness occurs •testing specimens, including stool, respiratory and cerebrospinal fluid, from the children with acute flaccid myelitis •working with experts in neurology, pediatrics, critical care medicine, public health epidemiology, and virology to provide interim considerations to help clinicians and public health officials manage care of children with acute flaccid myelitis that meet CDC’s case definition •providing information to healthcare professionals, policymakers, general public, and partners in various formats, such as the Morbidity and Mortality Weekly Report, health alerts, websites, social media, and presentations.

Information for Parents

Being up to date on all recommended vaccinations is the best way to protect yourself and your family from a number of diseases that can cause severe illness and death, including polio, measles, whooping cough, and acute respiratory illnesses such as influenza.

You can help protect yourselves from infections in general by •washing your hands often with soap and water, •avoiding close contact with sick people, and •disinfecting frequently touched surfaces.

You can protect yourself from mosquito borne viruses, such as West Nile virus, by using mosquito repellent, and staying indoors at dusk and dawn, which is the prime period that mosquitoes bite.

If your child appears very sick or seems to have a sudden onset of weakness in arms or legs, parents should contact the pediatrician to have their child assessed for possible neurologic illness.◆◆◆

YOUR MEDICARE COVERAGE

As we age with our post-polio condition, it is now time to plan for our long term medical care. Our Post-Polio diagnosis eliminated most of us from purchasing Long Term Care Insurance. The following article might help us have Medicare cover some of the costs.

Home health services. How often is it covered? Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) covers eligible home health services like intermittent skilled nursing care, physical therapy, speech-language pathology services, continued occupational services, and more. Usually, a home health care agency coordinates the services your doctor orders for you.

Medicare doesn't pay for:

- 24-hour-a-day care at home
- Meals delivered to your home
- Homemaker services
- Personal care

Who's eligible?

All people with Medicare who meet all of these conditions are covered:

- You must be under the care of a doctor, and you must be getting services under a plan of care established and reviewed regularly by a doctor.
- You must need, and a doctor must certify that you

need, one or more of these:

- Intermittent skilled nursing care (other than just drawing blood)
- Physical therapy, speech-language pathology, or continued occupational therapy services.

These services are covered only when the services are specific, safe and an effective treatment for your condition. The amount, frequency and time period of the services needs to be reasonable, and they need to be complex or only qualified therapists can do them safely and effectively.

To be eligible, either: 1) your condition must be expected to improve in a reasonable and generally predictable period of time, or 2) you need a skilled

therapist to safely and effectively make a maintenance program for your condition, or 3) you need a skilled therapist to safely and effectively do maintenance therapy for your condition.

- The home health agency caring for you must be Medicare-certified.
- You must be homebound, and a doctor must certify that you're homebound.

You're not eligible for the home health benefit if you need more than part-time or "intermittent" skilled nursing care.

You may leave home for medical treatment or short, infrequent absences for non-medical reasons, like attending religious services. You can still get home health care if you attend adult day care.

Note: Home health services may also include medical social services, part-time or intermittent home health aide services, medical supplies for use at home, durable medical equipment, or injectable osteoporosis drugs.

Your costs in Original Medicare

- \$0 for home health care services.
- 20% of the Medicare-approved amount for durable medical equipment.

Before you start getting your home health care, the home health agency should tell you how much Medicare will pay. The agency should also tell you if any items or services they give you aren't covered by Medicare, and how much you'll have to pay for them. This should be explained by both talking with you and in writing. The home health agency should give you a notice called the "Home Health Advance Beneficiary Notice" (HHABN) before giving you services and supplies that Medicare doesn't cover.

Note

To find out how much your specific test, item, or service will cost, talk to your doctor or other health care provider. The specific amount you'll owe may depend on several things, like other insurance you may have, how much your doctor charges, whether your doctor accepts assignment, the type of facility,

Continued page 15...

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Editors note: below is a message sent to the MPN website "Contact Us". This confirms the global reach and value of our website.

Email Address:
joyspider@bigpond.com

Message:

Hi, I live in Cairns Queensland Australia. I had polio in 1954. Polio Australia send out their newsletter four times a year to people registered with them.

In the latest issue the following web address <http://www.sunnyrollerblog.com>, along with small story about Sunny's blog.

I went to her site and roamed around for awhile and found your newsletter and the really interesting stories and info about polio and post polio.

Thank you so much for sharing all of this with me and others across the world.

Cheers JOY

POLIO QUÉBEC RELEASES A VIDEO ABOUT POST-POLIO SYNDROME

Association Polio Québec

association@polioquebec.org [514-489-1143](tel:514-489-1143)

Dr Christiane Laberge, GP and television medical commentator explains this little-known syndrome. Montreal, October 14th 2014 - Thousands of Quebecers who contracted polio are at risk of developing Post-Polio Syndrome, or may already suffer from it unknowingly. This little-known syndrome is the subject of a new video released today by the Polio Québec Association.

Post-Polio Syndrome (PPS) appears in a large proportion of people who contracted paralytic polio, after at least 15 years of stability. It can take the form of increased fatigue, new muscle weakness and new pain. PPS is often overlooked because its symptoms are similar to those caused by aging. A large number of people who have had polio do not know about PPS, a syndrome that has only received greater attention from the medical community since the 80's. Still, health professionals today are generally not well aware of PPS symptoms and

its recommended treatments.

The video released today presents polio and PPS to the public through the words of Dr Christiane Laberge, General Practitioner and regular health commentator on television and radio programs.

Also featured are four individuals who had polio, each with a different story and background.

This launch constitutes the first step in a communication strategy designed to raise awareness in the public, those at risk of developing PPS and their families as well as health professionals. People at risk include not only individuals who had polio in Québec, but also those who have settled here from other countries where they contracted polio more recently.

Pending financing, in 2015 Polio Québec plans to launch an e-learning module for health professionals such as physiotherapists, occupational therapists and nurses.

The video is available in French and English (subtitles) on www.polioquebec.org or directly on YouTube at <http://youtu.be/kLuXn31RmiM>.◆◆◆

NEW COLON CANCER TEST TO BE AVAILABLE SOON

HEALTH LETTER MAYO CLINIC OCTOBER 2014

One of the reasons people avoid having a colonoscopy — even though it's one of the best ways to detect and prevent colorectal cancer — is because of the often uncomfortable preparation involved in cleansing the colon beforehand. Mayo Clinic researchers have been searching for a simpler screening alternative that also achieves high sensitivity for cancer detection. Such an option, in the form of a new stool DNA test developed in part at Mayo Clinic, received Food and Drug Administration approval in August.

In a study published earlier this year in *The New England Journal of Medicine*, researchers compared the new stool DNA test with a fecal immunochemical test (FIT), a slightly older noninvasive screening test that looks for signs of hidden bleeding, possibly from a tumor, in stool samples that are collected at home. The new stool DNA test (Cologuard) similarly looks for signs of hidden bleeding, but also for genetic changes associated with colorectal cancer.

The researchers analyzed the stool samples of close to 10,000 adults who were at average risk of colorectal cancer and scheduled to undergo colonoscopy. The new stool DNA test detected 94 percent of the earliest and most curable stages of colorectal cancer, a detection rate comparable to that of colonoscopy, while FIT detected only 70 percent. The stool DNA test also detected nearly 70 percent of polyps at greatest risk of progressing to cancer, compared with 45 percent by FIT.

Mayo Clinic experts hope that this new stool test will lead to increased screening participation because of its user-friendly features, and to improved effectiveness due to its high accuracy. The stool DNA test may become a good first line test to identify people with colorectal cancer or precancerous polyps. If stool DNA test results are abnormal, a colonoscopy would be the next step in confirming the diagnosis and moving toward treatment.◆◆◆

ENTEROVIRUSES 101

By Prof. Michael Kossove

**Touro College School Of Health Sciences
New York, New York**

Enteroviruses are among the most common and important human pathogens. Included in this group are Poliovirus, Coxsackie virus, and ECHO virus. There are several other enteroviruses that are named for their different typings such as EV-D68, which is of concern to us now. They can all cause meningitis, although rare. There are over 100 different types of enterovirus.

Enteric refers to gut. Most cause gastroenteritis. Non-polio enteroviruses can be found in infected persons in feces (stool), secretions of the eye, nose and saliva, or sputum, and blister fluid.

You can become exposed to the virus by:

Having close contact, such as touching or shaking hands, with an infected person.

Touching objects or surfaces that have the virus on them. Changing diapers of an infected person.

Drinking water that has the virus in it.

If you touch your eyes, nose, or mouth before washing your hands, you can get infected with the virus and become sick.

Non-polio enterovirus can be shed (passed from person's body into the environment) in your stool for several weeks or longer after you've been infected. The virus can be shed from your respiratory tract for 1 – 3 weeks or less. Infected people can shed the virus even though they don't have symptoms.

Enterovirus EV-D 68 !

Can cause mild to severe respiratory illness.

Mild – fever, runny nose, sneezing, coughing, and body and muscle aches. Severe – wheezing and difficulty breathing,

It can be spread from person to person when an infected person coughs, sneezes, or touches a surface that has been touched by others.

Small numbers of EV-D 68 have been reported regularly to the CDC since 1987.

However, this year, the infection is much greater.

In general, infants, children, and teenagers are most likely to get infected because they do not have immunity. Children with asthma have a higher risk of complications.

In California, patients had infective respiratory symptoms before paralysis began.

Children quickly lost function in arms or legs. This shared some features of polio. EV- 68 was isolated from some of these children.

CDC reported that in the last 60 days there have been at least 538 people in 48 states, and the District of Columbia, had the EV-68 virus.

There has been some question of whether the disease is being spread by the presence of the tens of thousands of illegal immigrant children from Central America that have entered the US this past year.

NOTE: In 1949 there was an outbreak of polio-like symptoms in Coxsackie, NY. The patients were mostly adults. A researcher, Dr. Dalidorf, doing polio research, went to Coxsackie, NY, to collect stool samples from the patients. Stool samples did not confirm polio, but a new virus, named Coxsackie virus, after the town. Most of us know that Coxsackie causes Hand-Foot-Mouth disease. We haven't seen cases of paralysis with Coxsackie since then.

These crazy diseases causing polio-like symptoms will continue to occur, and when we see the word "polio," it scares the heck out of us.♦♦♦

GOOD FRIENDS

A farmer had some puppies he needed to sell.

He painted a sign advertising the 4 pups and set about nailing it to a post on the edge of his yard. As he was driving the last nail into the post, he felt a tug on his overalls. He looked down into the eyes of a little boy.

Mister," he said, "I want to buy one of your puppies."

"Well," said the farmer, as he rubbed the sweat off the back of his neck, "These puppies come from fine parents and cost a good deal of money."

The boy dropped his head for a moment. Then reaching deep into his pocket, he pulled out a handful of change and held it up to the farmer.

"I've got thirty-nine cents. Is that enough to take a look?"

"Sure," said the farmer. And with that he let out a whistle. "Here Dolly!" he called.

Out from the doghouse and down the ramp ran Dolly followed by four little balls of fur.

The little boy pressed his face against the chain link fence. His eyes danced with delight. As the dogs made their way to the fence, the little boy noticed something else stirring inside the doghouse.

Slowly another little ball appeared, this one noticeably smaller. Down the ramp it slid. Then in a somewhat awkward manner, the little pup began hobbling toward

the others, doing its best to

"I want that one," the little runt. The farmer knelt

"Son, you don't want that run and play with you like

With that the little boy reached down, and began

In doing so he revealed a sides of his leg attaching itself to a specially made shoe.

Looking back up at the farmer, he said, "You see sir, I don't run too well myself, and he will need someone who understands."

With tears in his eyes, the farmer reached down and picked up the little pup.

Holding it carefully he handed it to the little boy.

"How much?" asked the little boy... "No charge," answered the farmer, "There's no charge for love."

LIFE IS NOT EASY BUT, IT IS NEVER DULL AND IT IS WHAT IT IS!



little pup began hobbling toward catch up...

boy said, pointing to the down at the boy's side and said, puppy. He will never be able to these other dogs would."

stepped back from the fence, rolling up one leg of his trousers. steel brace running down both

ANGEL HUMOR

Angels don't eat, but they drink milk from Holy Cows!! -Jack, age 6

My guardian angel helps me with math, but he's not much good for science. -Henry, age 8

Angels talk all the way while they're flying you up to heaven. The main subject is where you went wrong before you got dead. -Daniel, age 9

It's not easy to become an angel! First, you die. Then you go to Heaven, and then there's still the flight training to go through. And then you got to agree to wear those angel clothes. -Mitchell, age 7



LAURA BARBOUR LAURA HAS SERVED AS THE MICHIGAN POLIO NETWORK'S LIBRARIAN SINCE 2007. SHE HAS BEEN ON THE MPN BOARD OF DIRECTORS SINCE 2007. LAURA HAD NON-PARALYTIC POLIO WHEN HER BROTHER AND TWO COUSINS HAD THE PARALYTIC VIRUS. LAURA ENJOYS HER TWO MPN JOBS, AND HOPES TO CONTINUE SERVING NETWORK MEMBERS IN ANY WAY SHE CAN.



DIANNE DYCH-SACHS I HAVE BEEN A POLIO SURVIVOR SINCE 1952. I WORKED IN THE MEDICAL FIELD UNTIL POST-POLIO SHORTENED MY CAREER MORE THAN 10 YEARS AGO. IN 2005 I WAS ELECTED TO THE BOARD AND RE-ELECTED IN 2007, 2009, 2011, & 2013. I PRESENTLY SERVE AS SECRETARY. I ALSO AM ONE OF THE FACILITATORS AND TREASURER OF THE SOUTHEAST MICHIGAN POST-POLIO SUPPORT GROUP. FOR THE PAST 7 YEARS I HAVE ALSO BEEN A GREETER AT THE ST. JOHN POST-POLIO CLINIC IN WARREN. WHILE ON THE BOARD I WORKED ON THE NETWORK CONFERENCE IN 2005, 2009, 2011, & 2013. AND WAS A MEMBER OF THE PLANNING COMMITTEE FOR THE 2007, 2009, & 2011 CONFERENCES. I ATTENDED THE 9TH POST-POLIO HEALTH INTERNATIONAL CONFERENCE IN ST. LOUIS IN 2005, THE POST-POLIO ASSOCIATION OF SOUTH FLORIDA'S INTERNATIONAL CONFERENCE IN MIAMI IN 2007 AND THE 10TH POST-POLIO HEALTH INTERNATIONAL CONFERENCE AT THE ROOSEVELT INSTITUTE FOR REHABILITATION, WARM SPRINGS, GEORGIA IN APRIL 2009.



GWEN DYE-SCHWENDENMANN IS NOT A POLIO SURVIVOR. SHE SERVED ON THE MPN BOARD FOR A YEAR. HER HUSBAND RICK IS A BOARD MEMBER AND POLIO SURVIVOR. SHE RETIRED FROM UNITED AIRLINES TEN YEARS AGO.



VERA L. HAZEL IS A NON-POLIO SURVIVOR, HAS BEEN ON THE MICHIGAN POLIO NETWORK, INC. BOARD OF DIRECTORS FOR NINETEEN YEARS. SHE IS THE EDITOR OF THE MPN NEWSLETTER, POLIO PERSPECTIVES.



DANIEL A. MATAKAS IS A POLIO SURVIVOR. DAN JOINED THE MPN BOARD OF DIRECTORS IN 2001 AND BECAME CHAIRMAN OF THE BOARD IN THE SUMMER OF 2002. HE WAS CHAIRMAN UNTIL THE FALL OF 2004.



WILLIAM THIEDEMAN JOINED THE MPN BOARD OF DIRECTORS IN 2003 BECAUSE HIS WIFE IS A POLIO SURVIVOR AND HE WANTED TO FIND OUT HOW HE COULD HELP HER WHILE HELPING TO SUPPORT THE BOARD.. HE IS A NON-POLIO SURVIVOR

MICHIGAN POLIO NETWORK, INC. BOARD OF DIRECTORS

OFFICIAL ELECTION BALLOT TWO YEAR TERM 2015-17

You may vote for a total of eleven (11) persons, including any write-in which you may add below the ballot. Please provide the required information for any write-in candidates, as well as a brief biography stating your/his/her intentions and interest.

Write this on a separate sheet of paper and place it inside the ballot self-mailer (*you will need to tape the sides of the fold-up envelope*).

The Annual Meeting of the Michigan Polio Network, Inc., will be held on Saturday, May 16, 2015 at Cassel’s Family Restaurant, 43003 7 Mile Rd., Northville, Michigan at 12:00pm. We encourage all interested in the future of the Network to attend.

2015 NOMINEES ARE AS FOLLOWS: CIRCLE YES FOR EACH CHOICE

Laura Barbour (PS)* _____ YES

Dianne Dych-Sachs (PS)* _____ YES

Gwen Dyc –Schwendenmann* _____ YES

Vera Hazel* _____ YES

Daniel Matakas (PS)* _____ YES

William Thiedeman* _____ YES

**Incumbent (PS) Polio Survivor*

WRITE-IN CANDIDATES (PLEASE PROVIDE STREET & E-MAIL ADDRESS, AS WELL AS ABOVE-MENTIONED BIOGRAPHICAL INFORMATION ON A SEPARATE SHEET OF PAPER AND SEND ALONG WITH YOUR BALLOT):

1. NAME _____ (PS?) Y/N

2. NAME _____ (PS?) Y/N

3. NAME _____ (PS?) Y/N

Please mark your ballot and remove this page from your copy of Polio Perspectives.

Turn the page over, write your return address in the appropriate place, fold the page in thirds according to the lines, tape the newly-made “envelope” closed, put a stamp in the upper right corner, and mail the ballot.

It must be postmarked no later than April 30, 2015 in order to be counted.

-----FOLD-----

From:

PLACE A
FIRST CLASS
STRAMP HERE

Timothy P. Brown
1530 Fairholme Rd.
Grosse Pointe Woods, Michigan 48236

-----FOLD-----

DO YOU KNOW HOW ESSENTIAL WATER IS FOR LIFE?

By Sharon L. Wallenberg

This article is based on my training and experience as a Health Care Professional, as well as the research and opinions of F.

Batmanghelidj, MD.

Water is essential for life. You cannot live without water. More than 50% of your body is water. In fact, it can be from 70 to 90% water, depending on the individual, and water is used for every bodily function.

Starting at conception, the human body needs water. The water needs of the baby cause the "morning sickness" of the mother. The developing embryo is surrounded by water. The baby's water is taken out of the mother's water supply. "Morning sickness" indicates that more water is needed by the Mother to replace that taken to support the baby. Morning sickness can be "cured" with additional water intake.

Energy is a by-product of water. The cosmetic flow of water through membranes generates "hydroelectric" energy (voltage) that is converted and stored in pools of ATP and GTP – two vital cell battery systems. ATP and GTP are chemical sources of energy in the body.

The human body's nervous system needs water to function. Products manufactured in brain cells are transported in "waterways" to their destination nerve cells for use in the transmission of messages. Nerves have small waterways, or micro streams, called tubules, along their length that "float" the packaged materials. In order for your brain to transmit, you need water to fill these tubules.

Water, the solvent of the body, regulates all functions, including the activity of the solutes it dissolves and circulates. Proteins and enzymes function more efficiently in solutions of lower viscosity. Immune system suppression is a

direct result of dehydration.

Chronic pains not easily explained as injury or infection should be interpreted as signals of chronic water shortage where the pain is registered. Chronic pain associated with dehydration includes dyspeptic pain (heartburn), rheumatoid arthritis pain, low back pain, migraine and hangover headaches, colitis pain and associated constipation.

Heartburn is caused by dehydration. The innermost lining of the stomach is covered with mucosa. The mucosa is 98% water – like a sponge. This "water layer" is a natural buffer between the stomach and the hydrochloride acid secreted to kill bacteria in the food being digested. If there is not enough water to fill the mucosa, it becomes like a compressed dry sponge. When dehydrated, the stomach lining cannot provide a barrier to the stomach from the HCL, causing heartburn. Some acid may flow into the esophagus when the person is lying down causing "heartburn". In the digestion process, the food mass is later neutralized by cells that secrete sodium bicarbonate.

The human body's nervous system needs water to function. Products manufactured in brain cells are transported in "waterways" to their destination nerve cells for use in the transmission of messages. Nerves have small Antacids attach to the acid in the stomach – an inefficient protection. Commercial antacids contain aluminum, which has been implicated as a precipitating factor in other health hazards.

Persistent dehydration causes constipation. Water is essential for digestion - it is the major ingredient in digestive enzymes, and allows the food to be in the semi-liquid state required for digestion. Water is necessary to produce peristalsis – the rhythmic muscle contractions that move food through the

Continued next page...

WATER IS ESSENTIAL? *continued...*

digestive system. Without water, the water products are not able to flow through the large intestine, causing constipation.

Blood sugar is regulated by the pancreas. The pancreas also secretes a watery bicarbonate solution, an alkaline solution to neutralize the acid entering the intestine from the stomach. To manufacture this watery bicarbonate solution, the pancreas needs copious amounts of water. When it cannot produce this solution, due to dehydration, the pyloric valve between the stomach and the intestine will not receive clear signals to open and allow the acidic stomach contents to enter the intestines. Instead, it will remain in the stomach, and further excrete the acidic problem there. This will also impact on regulating blood sugar.

Arthritis pain can be viewed as an indication of water deficiency in the affected joint. Cartilage surfaces of bones in a joint contain water. The lubricating property of water is utilized in the cartilage allowing the two opposing surfaces to freely glide over one another during joint movement. Water held in the cartilage of a joint is the lubricant that protects the contact surfaces of the joint. Without water, there is no protection from friction, and the pain it causes. Actively growing blood cells in bone marrow take priority over the cartilage for available water. Pain indicates that the joint is not fully prepared to endure pressure. It needs to be fully hydrated.

Low back pain can indicate dehydration. 75% of the weight of the upper body is supported by water volume stored in the disc core. 25% is supported by fibrous material around the discs. Water is a lubricating agent, and also bears the force of weight. Without sufficient water, the weight of the body is not properly supported, causing low back pain.

Neck pain can be caused by bad posture. Movement is essential for adequate fluid circulation. The weight of the head forces fluid out the discs over time. Exercise and water is needed to restore balance in this area. In prolonged dehydration, brain cells begin to shrink, similar to a plum turning into a prune. Brain damage caused by chronic dehydration has been cited as a causative factor of Alzheimer's disease.

In addition, Multiple Sclerosis symptoms have gone into remission with increased water intake. Allergies have been known to respond to an increase in water. Healthy, young looking skin needs water to constantly replace what it loses to the outside environment.

Water is useful in weight loss. A glass of water 80 minutes before meals not only aids in digestion, but also acts as an appetite suppressant.

We cannot substitute tea, coffee, alcoholic beverages, or juice for water. These liquids have central nervous system stimulants, and also act as a diuretic to the kidneys. They dehydrate, not hydrate. Your body needs six to eight glasses of water a day. The best times to drink water are a half hour before meals, in between meals, and at bedtime. A glass of water at bedtime can relieve insomnia. Thirst should always be satisfied.

What kind of water should we drink? We are all cautious about tap water because we feel it is loaded with chlorine, and we have heard it can contain other undesirable elements. Did you know that bottled water is not better? "Spring Water" is legally only required to be 10% spring water. The other 90% is tap water.

Reverse osmosis robs water of its mineral content, which is needed for optimal health.

Continued next page...

WATER IS ESSENTIAL? *continued...*

PH or "Potential Hydrogen" measures

whether something is acid or alkaline. Nobel Prize winning physicians have proven that cancer thrives in an acid environment.

Therefore, the water you drink should not be acid. Bottled water is acidic! Tap water is legally required to have a PH of 7 which is neutral.

Unfortunately, the empty plastic water bottles are creating an ecological problem of gargantuan proportions with serious consequences for future generations. The best water for your health and the well being of the environment is filtered tap water. A

Water filter is the best investment you can make. And be sure to drink the water!

Reprinted from Cobrua Reporter (The Official Publication of Century of Boca Raton Umbrella Association, April, 2014.

Your Medicare Coverage
continued from page 5...
and the location where you get your test, item, or service.
Note
Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may have to pay some or all of the costs. It's important to ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.
Source: www.medicare.gov

Updates on CDC's Polio Eradication Efforts

November 14, 2014

On March 27, 2014, Dr. Frieden and senior CDC immunization staff were present when India, along with the other 10 countries of the South East Asia Region, was certified polio-free. The country was once considered the most complex challenge to achieving global polio eradication. Four of the six regions of the World Health Organization have been certified polio-free: the Americas (1994), Western Pacific (2000), Europe (2002) and South East Asia (2014). 80% of the world's people now live in polio-free areas.

While no polio cases have been detected in India for more than three years, poliovirus transmission is ongoing in the three endemic countries – Afghanistan, Nigeria, and Pakistan. GPEI's Independent Monitoring Board considers Nigeria and Pakistan to be the greatest challenges for eradicating polio. On May 5, 2014, after receiving advice from an Emergency Committee of independent experts and in order to protect progress toward eradication, WHO Director-General Margaret Chan declared External Web Site Icon the recent international spread of wild poliovirus a "public health emergency of international concern," and issued Temporary Recommendations under the International Health Regulations (2005) to prevent further spread of the disease.

It is therefore imperative that we make this final push toward eradication one of our highest priorities. As Dr. Frieden has stated, "If we fail to get over the finish line, we will need to continue expensive control measures for the indefinite future. More importantly, without eradication, a resurgence of polio could paralyze more than 200,000 children worldwide every year within a decade." Now is the time, we must not fail.

***Taken from the internet
www.cdc.gov/polio/updates/***

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

LANSING 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
Email: 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
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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
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Meets last Tuesday of each month 2:30pm

WEST MICHIGAN PPSG

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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!! ☺

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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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