

PHI's mission is supported by its Membership.



Hal Goldberg

Highlights from PHI's June Town Hall with Hal Goldberg:

How Polio and PPS Impact Our Character, Personality and Emotional Experiences

I want to talk about the grieving process, because it's something that is definitely part of polio and post-polio syndrome. Grieving is the process by which we separate from a lost dream. In other words, removing it from the center of our life to focus more on the peripheral, on a new obtainable dream.

For example, if it's important for us to be outside communing with nature, maybe we used to do that on a bicycle. Now, we can no longer ride a bicycle, and that is a loss. So, perhaps the next step is riding an e-bike. Then we can no longer ride an e-bike. The next step is maybe just trudging along, followed by walking with a cane, followed by using a walker, followed by being in a wheelchair. We're still having our needs met to be in a natural setting, but each time that we lose that functioning, it's a loss. And we grieve that loss.

We are losing physical functions. We're compromising our cognitive functions. Loss is not something that any of us can avoid.

When we lose something, whether it be a loved one or a prized possession, we haven't lost anything that we had, not one thing. What we have lost is our projections, our fantasies, our dreams of what will be. When someone we love dies, we still have everything that we had with them, except for the future. And that's what we are grieving.

When we were younger, we thought that loss just maybe happened to the unfortunate few. Now that we've all aged, we know that's not the case. We are losing people we care about. We are losing physical functions. We're compromising our cognitive functions. Loss is not something that any of us can avoid. We're at a point right now where we have learned that the hard way. So how do we deal with that loss? How do we deal with that emotional pain?

There are four ways to deal with loss. One is by acting out. We can act out through the use of drugs, through overeating, through bingeing, through desertion, through leaving relationships, through financial irresponsibility, through becoming a workaholic, always keeping too busy to stop and think, always moving from one task to another. These ways of acting out are generally either immoral, unethical, illegal or dangerous.

The next way we can deal with it is disconnection, through isolating ourselves, through withdrawing from any social environment, through refusing to talk about the issue, just shutting down.

A third way is impacted affect. That means our life is totally dominated by just one feeling state. That could be depression. It could be anger. It could be guilt. All the feeling states are very normal. When we're stuck in one feeling state, whatever it is, that's impacting how we see the world.

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The fourth one is grieving. Grieving is wonderful. It is spontaneous. We are all born knowing how to grieve. We don't have to be taught it. However, we have to realize that whatever loss we have,

At this point, it's still a part of you, but you have the choice of when you want to look at it, and your life is clear in front of you.

it brings up all of our past losses, and that can feel awful. When we experience a loss, we might go back to when our mother died or when we first contracted polio. We'll say, "I thought I worked that through. I really did not believe that was still an issue." The reality is, yes, you did work it through. The reason it feels the same is because those feeling states are exactly the same. But we're different people, we're in a different place, and we have gained from all of that.

Question: When you speak of the grieving process, is it time-bound or does it go on forever? Are there stages?

Hal Goldberg: I don't like the word "stages" because to me that implies there's a sequence. I see it more as "states" of grieving. Elisabeth Kübler-Ross, who was the foremost psychiatrist working with terminally-ill people, broke down the feeling states of terminally-ill

people into five states: denial, anger, bargaining, depression and acceptance. That was groundbreaking in its time (the late 1960s). Now, we know how much was missing from it. Her belief was that there was an order to grieving. First, we deny, then we get angry, then we bargain, et cetera. What we have found is that there is no sequence at all.

In direct answer to your question, is it ever over? Elisabeth Kübler-Ross's theory was "yes." I think the belief now is "probably not." What happens is the loss is right here, and it's with one 24/7. You can peek around it at times, or you might be able to enjoy a conversation with a friend or a movie or something. But you're looking around to see that because that loss is [in front of you]. And as time goes by, it moves [to the side]. At this point, it's still a part of you, but you have the choice of when you want to look at it, and your life is clear in front of you.

Question: About twenty years ago, I started going through what was then diagnosed as post-polio syndrome. I found myself not being able to do certain things. I don't remember it being particularly difficult at the time because my husband was still alive, and he just automatically did all the things that I couldn't do anymore. He passed away two years ago. We were married and partners in business for 50 years.

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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 your newsletter.

So, I've been going through that grief. What suddenly occurred to me when you were speaking was that I'm going through almost like "double grief." Not only did I lose my life partner, but now I lost the person that gets things out of the cupboard for me or puts gas in the car or does those little things that you don't think about when there's somebody there doing them for you. It was just automatic because that's the way we lived.

I have a lot of anger that I never had before. I think the anger is coming from not only the loss of my spouse, but that I can't do simple things easily anymore. How do I fill up my day when I can't physically do that much?

Hal Goldberg: You are hit more with your own physical compromises than you thought you would be because now you are the only one to put gas in your car; you're the only one to get something off a high shelf. Will you ever get over it? I guess the hope is that we will continue to embrace our abilities. Post-polio will not impact your mind. It will not impact your heart. You are still you 100%, and you will continue to learn and to grow.

When you talked about being good at giving help and not good at asking for help, that is pervasive for most of us. However, think about how you feel when you give help. It feels so good to be able to provide assistance for someone else. I can't imagine that your children and your grandchildren would not jump at the chance to give you support. By asking them for help, my belief is you're doing them a favor also.

I think there are two clusters of feeling states in my experience. The first one is soon after one realizes there is a loss. I can no longer walk without braces. I can no longer pick up my grandkids. There are a couple of feelings that come from that, denial and anxiety. Their function is to prepare us for the major change that loss will demand upon us.

Denial is very important and very positive. It buys time for us to discover both our inner strengths and our external supports needed to face the loss. If we didn't have that time to deny, we would likely go crazy being hit with the impact all at once.

After denial is anxiety. We all know how awful it feels to be anxious, to not be able to sit still, to just be nervous constantly. That mobilizes us. It focuses us on the energy needed to make changes, both the internal changes and the environmental changes needed because of the loss. That's when we realize it will change our whole life. This loss will change our feelings, our thoughts, our actions, our belief system. These are precursors to the feeling states of grieving.

Post-polio will not impact your mind. It will not impact your heart. You are still you 100%, and you will continue to learn and to grow.

What are the feeling states of grieving? For me, the big four are fear, guilt, depression and anger. They all serve a purpose. Fear is fear of abandonment, fear of being deserted by family or friends, fear of how vulnerable we are. Will I ever be able to get through this? Can I keep myself safe? What am I going to need help with next? What fear does—the positive part of fear—is facilitate recommitment to attachment, to loving in spite of the vulnerability, in spite of our fear of abandonment.

Another feeling state is depression. We might question our competence. We're wondering if we still have any value in this world. Do we have any value to society? What that does is act as a medium for redefining our competency, our capabilities, our value to the world, our potency.

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Another feeling state of grieving is guilt, or blaming oneself for something bad that has happened. Guilt facilitates us being able to resolve the questions of meaning and significance. What is the impact on our feelings and thoughts about what's happening in our lives?

The fourth feeling state is anger, which allows us to redefine ourselves because we all have that sense that life is supposed to be just. This profound loss that we're experiencing right now is not right. We can be angry at our spouse even over little things. We might be angry at the medical community. We can be angry at God. Someone much smarter than me once said, "The only pain we can avoid is the pain we create for ourselves by trying to avoid pain."

of a challenge. We have to give ourselves permission to be scared, angry or sad. If we're stuffing those feelings down, they're going to come out and surprise us in ways that we are not aware of.

We need to recognize that uncomfortable emotions are part of the healing process. I hear people say, "I'm afraid if I start crying, I will never stop. I'm afraid if I let myself be sad, I will never be able to get out of it." Just the opposite. When we allow those emotions in, as we deal with them, as we work them through, we always emerge a little stronger. ■

As we grieve, even though our sense of loss and our emotional pain will still be right here, it's possible that this knowledge will help us work through it a bit more quickly.

I think one reason it's really helpful to understand this grieving process is that, as behavioral science researchers know, we try to feel the way we think we should feel. As we grieve, even though our sense of loss and our emotional pain will still be right here, it's possible that this knowledge will help us work through it a bit more quickly.

How does one keep a positive attitude in the face of continual changes, not only those related to polio and PPS? Just as you're grieving one loss, then there's another limitation [that occurs]. Keeping a positive attitude all the time is too hard

Mindful Eating

Jann Hartman

Mindful eating is my new goal. I just attended a weight loss seminar for seniors here at my retirement community. The first thing the speaker reminded us of was that the first step to losing weight is to stop gaining ... MAINTENANCE. Look at the foods you need to stay healthy and eliminate or lessen those that provide little or no nutrition. Here are some helpful hints to help you achieve that goal:

- ◆ Try eating smaller portions.
- ◆ Stay away from the AYCE (all you can eat) places or buffets.
- ◆ Use smaller plates (luncheon rather than dinner plates).
- ◆ Read labels and make good choices.
- ◆ Drink water and other non-caloric beverages.
- ◆ Brush your teeth after dinner (or planned snack) to end eating for the day.

Using an app to track the foods you eat may also be helpful. There are several free ones that you can download and use. They can track your daily calories, carbs, proteins and more. Two apps I recommend checking out are MyFitnessPal and Lose It!

Another good resource is the DASH Eating Plan, developed by the National Institutes of Health (NIH). DASH, which stands for Dietary Approaches to Stop Hypertension, consists of nutrient-dense meals based around whole grains, low-fat dairy products, vegetables and fruits, and includes fish, poultry, beans, nuts and healthy oils. You can learn more at www.nhlbi.nih.gov/education/dash-eating-plan.

The Mediterranean Diet is another heart-healthy eating plan. It emphasizes fruits, vegetables, legumes and whole grains and includes fewer ultra-processed foods and less meat than a typical Western diet. It is also readily available and adaptable. People needing a bit of assistance sticking to a diet might consider joining a group like Weight Watchers.

Most areas of the U.S. have a local Area Agency on Aging that often have free classes online. Check your local 55+ communities for programs which are often open to the public. Diabetes nutrition classes are available for those who qualify with referral from your doctor. If you aren't yet eligible, see if you can accompany a diabetic friend. The diabetic diet now concentrates on counting carbs and calories rather than the intensive exchange-type diets that were frankly hard to follow.

Many have started small groups of like-minded friends who meet online and/or in person. It has been helpful to exchange ideas, recipes and more. It can be as simple as an email group or even a Facebook group. Make it fun and informative. Enjoy! ■

*Do you have a nutrition question or concern for a future newsletter?
Let us help you find answers. Send your questions to info@post-polio.org
with the subject line "Nutrition."*

Question: *My mother has post-polio syndrome. She recently fell and fractured her spine. Do you have any recommendations on healing from a fracture with PPS? She's experienced a lot of medical gaslighting regarding pain. I'm pushing for her to get a customized brace, but again, they aren't looking into the option. Finally, I feel like physical therapy is pushing her too hard. Do you have any literature or resources to recommend?*



Marny Eulberg, MD

Marny Eulberg, MD: I am happy that your mom has you trying to advocate for her! Spinal (vertebral) fractures can be very painful and can take six or more weeks to heal. One of the problems is that there is no good way to immobilize the fractured area because the spine is so flexible and moves in so many different directions (forward and back, sideways and rotational). You did not mention what part of your mother's body was affected by the polio or exactly where the vertebral fracture(s) are.

If your mother does not have significant curvature of the spine (scoliosis), then the recommended treatment of her fracture will be very similar to that of someone who never had polio. If she does have scoliosis, then the usual Jewett brace that limits how far forward a person can bend may not provide support in the right places to minimize movement around the fracture site. In that case, she might benefit from a custom-made and fitted brace.

The problem with all of the back braces is that, as they limit movement around the area of the fracture, they also necessarily limit a person's normal movement. In addition, they are uncomfortable and hot, especially in the summertime.

It can be so hard to watch someone you love be in pain, but doctors have to make hard decisions when giving pain medications to older patients. There is no oral pain medicine that can reduce pain without causing too many side

effects, such as constipation, decreased alertness and an increased risk of falls in the elderly. Because the kidneys and liver in older persons do not get rid of medications as quickly and efficiently as in younger persons, many medications can stay in a person's system for longer and still be there to some extent even as they take the next dose. Thus, the blood level of the drug may increase with each additional dose and can reach dangerous levels.

In general, any strengthening exercises should “start low and go slow” with no more than 3-5 repetitions of each exercise at first ...

If she is having back muscle spasms, the use of heat or ice can be helpful, as can topical pain patches such as SalonPas or SalonPas with lidocaine. The patches with lidocaine should not be left on for more than 12 hours and then should be removed for 8–12 hours, otherwise the body can become immune to the effects of the lidocaine.

How much to push a polio survivor depends on what part of their body is affected, what the strength of those muscles was before the injury, and how much a specific exercise causes pain. In general, any strengthening exercises should “start low and go slow” with

no more than 3–5 repetitions of each exercise at first and advancing by 1–2 repetitions as that particular exercise becomes easy or does not cause fatigue of the muscle.

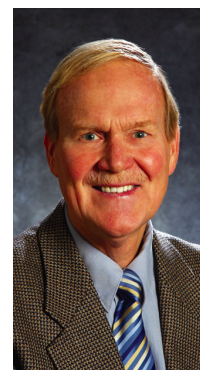
Muscles can also become weak from disuse, so it is important for your mother to keep moving at a level close to what she did before the injury.

One of my friends who is in her early 70s and did not have polio recently broke two or three vertebrae in her back after a fall. She found that the most difficult thing to do was get in and out of bed and found that sleeping in a “lift chair” (a recliner that has controls that move the chair from a sitting position to a reclining position and then assist the user back to sitting) became where she slept at night.

Frederick Maynard, MD: I agree with all the fine advice given by Dr. Eulberg. The only additional suggestion I have is to consider asking the treating orthopedic or neurosurgeon if your mother is a

candidate for a vertebroplasty. This procedure involves simply placing a large needle directly into the fractured vertebra(e) and injecting a “bone cement” substance (a thick liquid that rapidly hardens). This procedure is particularly helpful and indicated with uncontrolled pain from fractures that show characteristics that make them amenable to a “propping up” by the cement injection which can somewhat restore the spinal alignment.

This procedure may or may not be available or familiar to all physicians in smaller medical centers; but if your mom is not doing well with simple bed rest and partial immobilization, it would be worth getting an opinion about her appropriateness to undergo this rather simple and safe procedure. We hope she is doing better soon. ■



Frederick M.
Maynard, MD

Have a medical question about the late effects of polio? PHI’s Medical Advisory Committee is here to assist. Just fill out the form at <https://post-polio.org/ask-the-doctor/>, and one of our volunteer physicians will be in touch. Please allow up to five business days for a response.

What can PHI’s volunteer physicians help with? They can answer questions specific to some sub-groups of polio survivors that may not be answered in PHI’s more general statements ... such as “What type of exercise(s) would you recommend for a polio survivor with weakness of one leg” but they will not be able to answer very specific questions such as “What is the best exercise for me?” or “What is the best brace for me?”

Disclaimer: PHI offers this program as an educational service but it in no way is a substitute for medical care by a personal healthcare provider. Our physicians/other healthcare providers can only make suggestions that you, in turn, will need to discuss with your healthcare provider. They cannot treat you or write prescriptions for you. Interactions in writing, verbally or even by video cannot replace the value of an in-person evaluation.

Question: *I've been wrestling with some heavy emotional baggage lately. I've been experiencing a lot of anxiety. I wouldn't say I'm isolated, but my post-polio issues have made it harder and harder to get out and about. Because of that, I have started using a scooter to get around. I'm not embarrassed, per se, to be seen using it, but it does make going anywhere seem that much harder. Many times I find myself saying, "I'd rather just stay in." It feels as much a mental hurdle as it does a physical one. Do you have any practical tips or insights to help deal with this burden and start feeling more at ease with myself?*

Response from Rhoda Olkin, PhD:

I very much understand this issue, feeling anxious and sometimes not wanting to bother with how much harder it is to go out than before. And it gets easier to make an excuse not to leave the house. I have a few tips about the logistics, then some important considerations for mental health.

First, logistics: You are more likely to go places with the scooter if it is very, very, very easy to transport. If you have to put it on a lift at the back of the car, stand while you push the button that lifts up the scooter, then walk to the driver's seat, that can feel like more effort than it's worth. If you have two or more places to go, that's a lot of energy spent on just transporting the scooter. If you are able to drive the scooter up a ramp into a van, that is easier, but you still have to transfer to another seat.

When I had a scooter on the back of my car, it was so tiring to put it up and down and walk to the driver's seat. Now I have a rear entry van into which I drive my wheelchair. The driver's seat slides all the way back towards the wheelchair. I take a single step to get into the seat, then push a button that takes me up to the steering wheel. Even with this much easier transportation, I still think twice about doing more than two things at one outing.

And it was a costly solution: a Toyota Sienna that came off the line with a lowered floor, then the installation of the ramp

and the driver's seat that goes forward and backward. The whole endeavor was about \$85,000. The good news is that Medicare now will pay for transportation modifications to a car or van. But even with insurance help, I don't know that everyone can afford to get a wheelchair and then a van that can accommodate the wheelchair.

Consider whether there is anything that would make going out easier. Depending on your mobility, sometimes being dropped off right in front of someplace (like a restaurant) and using a walker can be less taxing. If possible, don't waste energy on things that don't emotionally feed you.

Now for the mental health nudge. Getting out of the house each week (even 2–3 days a week) is very important for mental health. I say this as a homebody and introvert who vastly prefers to stay home. Yet I know how much better I feel when I get out of the house. Even a scooter ride around the block can help. It can be hard to tell if it's logistics and fatigue, or anxiety, that makes you want to stay home.

Consider doing telehealth with a mental health professional. Some resources: the Association for Cognitive Behavioral Therapy (ABCT) (<https://www.abct.org>) which lists psychologists, or your local county Information and Referral Service. Anxiety is a treatable problem in most cases. ■

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



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

**WE'RE
STILL
HERE!**

OCTOBER 13-19, 2024

“WE’RE STILL HERE!” WEEK ... OCTOBER 13–19, 2024

PHI’s 18th annual post-polio awareness campaign will take place October 13–19, 2024. We are once again inviting you to help contribute to another successful campaign. Spread the word about the late effects of polio and remind the world that WE’RE STILL HERE!

This year’s theme is “Beyond Barriers: Celebrating Access and Achievement.”

Let’s celebrate the victories we’ve achieved while also shedding light on the work that remains to be done on our quest towards greater accessibility.

Many polio survivors remember the days before the passage of the Americans with Disabilities Act (ADA) when lack of accessibility made everyday activities such as going shopping, using public transportation or attending classes a challenge. The passage of the ADA marked a pivotal moment, promising equal access and opportunities for all.

However, despite enormous progress, barriers still exist—physical, social and attitudinal—that continue to impact the lives of those with disabilities.

This contest invites you to share your own stories about accessibility. We want to hear about the activities and places that were previously inaccessible in your life that you can now enjoy thanks to improved accessibility standards.

Whether it’s enjoying a concert at a newly accessible venue, exploring a historic site with wheelchair ramps, or participating in recreational activities designed with inclusivity in mind, we encourage you to capture these moments through photography and share your experiences.

On the flipside, perhaps you’ve encountered places where barriers to accessibility still exist. Feel free to write about how you are working to challenge these barriers and improve access for all.

How to Enter

Capture the Moment: Take a photograph that vividly portrays the activity or location you are enjoying, thanks to improved accessibility features.

Tell Your Story: Accompany your photo with a brief narrative (100–200 words) detailing how improved access has made a significant impact on your ability to participate in this activity or visit this location.

Submit Your Entry: Email your submission to info@post-polio.org (Subject: WSH 2024) OR mail it to our office at 50 Crestwood Executive Ctr #440, St. Louis, MO 63126. Include your name, mailing address, phone and/or email.

Judging Criteria

Relevance to Theme: How well does your photo and story exemplify the influence of accessibility on your life?

Creativity and Originality: Is your photo visually captivating and does it tell a unique story of achievement?

Emotional Impact: Does your narrative evoke a sense of empowerment and triumph?

Overall Quality: The clarity, composition, and technical quality of your photo, as well as the coherence and impact of your story.

Prizes

First Place: \$200

Second Place: \$50

Third Place: One-year membership to PHI

Deadline: All entries must be submitted by October 1, 2024, to be considered.

Post-Polio Health International will feature select submissions on our social media accounts and website during “WE’RE STILL HERE!” week. We will also highlight the best submissions in the fall issue of *Post-Polio Health*.

Join us in celebrating the spirit of perseverance and the transformative power of accessibility laws.

Together, let’s document the journey “Beyond Barriers” and inspire others with your stories of achievement and inclusion. ■

Cherish the Lasting Benefits of Your Philanthropy Now:

Leave a Legacy Gift to PHI

PHI invites you to join our loyal group of patrons who have invested in our mission and future through legacy giving. This distinctive group of individuals has chosen to include a gift to PHI in their will or estate plans. These planned gifts—large or small—help to fund new and existing programs for polio survivors in North America and worldwide and provide a reliable medical resource for health professionals. Our activities include:

- ◆ Hosting an online and interactive post-polio Town Hall and Lecture series
- ◆ Distributing scientifically reliable post-polio literature to professionals and consumers upon request
- ◆ Creating the most current state-of-the-art online and hardcopy publications for use by polio survivors, their families, and the healthcare professionals that provide care for them
- ◆ Maintaining and expanding a premier online library of over 2,000 resources and references on polio's late effects
- ◆ Providing polio survivors with an expansive network of support groups, medical clinics, and service providers

Your gift would also allow PHI to strengthen its current mission, expand our services, and reach additional polio survivors.

Remembering PHI in your will is one of the most momentous and meaningful legacies you can provide because polio survivors are an often-forgotten group. They are still here and numerous. They still need reliable sources of medical help and hope. PHI is one of the very few organizations in the world that is laser-focused on addressing those important and often urgent needs.

Thank you for your consideration. ■

Uber Launching New Service to Assist Caregivers

Uber is launching Uber Caregiver, a new service designed to assist caregivers in managing transportation for people with disabilities. This option allows Uber users to designate a caregiver to arrange, pay for and monitor rides on their behalf. Additionally, caregivers can set up deliveries for those they assist. The service features a three-way chat for communication between caregivers, the people they care for, and Uber drivers, as well as real-time updates on rides and deliveries.

Caitlin Donovan, global head of Uber Health, emphasized the importance of caregivers, calling them the “invisible backbone of our health care system.” She highlighted that Uber Caregiver aims to alleviate some of the burdens caregivers face by offering practical solutions. The service also partners with Medicaid, Medicare Advantage and commercial health insurers, enabling individuals to use their benefits to pay for rides to medical appointments or to order groceries from Uber Eats directly through the Uber app.

Uber Caregiver will be available to anyone with a smartphone and an Uber account. Caregivers can request services like Uber Assist, where trained drivers help load and unload assistive devices. However, Uber advises that caregivers should not arrange rides for individuals who cannot ride alone. The ability for caregivers to order groceries and other items will be introduced later this year, expanding the service's offerings beyond transportation. ■

Need help purchasing a brace or custom-made shoes? We can help!

The Joyce and Arthur Siegfried Memorial Fund offers up to \$800 to polio survivors who need assistance purchasing these items.

Joyce and Arthur Siegfried were pioneer advocates for polio survivors. Mrs. Siegfried attended the 1987 PHI (GINI) conference and took “pages and pages of notes” back to the Raritan Valley Post-Polio Support Group, which she founded that year. She 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. She died in 2004, after many years as the organization’s treasurer and leader of the Raritan Valley Support Group. Mr. Siegfried was a long time PNNJ board attorney and also served as president, retiring in 2010 a year before his death.

In 2012, the Polio Network of New Jersey (www.njpolio.org) established The Joyce and Arthur Siegfried Memorial Fund at Post-Polio Health International with an initial gift of \$7,500.

Before completing the application, please make note of the following.

Polio survivors from any country may apply.

The maximum amount of funding available per individual within a two-year period is \$800.

Payments are made to brace or shoe companies and not to individuals.

Funds are not available for buying two pairs of different sized shoes.

To apply, download an application at <https://post-polio.org/siegfried-fund/> or call 314-534-0475. ■

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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You can join online at <https://post-polio.org/support-us/membership/> or send (or fax 314-534-5070) this form to: Post-Polio Health International, 50 Crestwood Executive Ctr #440, Saint Louis, MO 63126 USA. Questions? 314-534-0475.

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