

NOVEMBER, 2010

Gleanings

NEBRASKA POLIO SURVIVORS ASSOCIATION

October Gathering a Hit

On October 3, about 50 polio survivors, spouses and friends, gathered at the Omaha Field Club for the 5th Annual Polio Reunion. Gene Roth made some introductions and announcements and Jim Barnett led us in an invocation.

There was a choice of entrée for the meal, which was provided at no cost to us by an anonymous donor: roast pork with cranberry chutney, Atlantic salmon, or marinated chicken breast. Each meal was beautifully presented and was followed by a delicious dessert of ice cream and crepes with a berry sauce.

A short talk by Pat Mierhenry was followed by music by Tom Roth and his partner Jana. Then "Peter the Nearly Great" spoke to us about his friendship with Johnny Carson and did a few of his very entertaining magic tricks.

It was so nice to see people that we hadn't seen for awhile and to enjoy visiting before we left at around 4:00 PM. Many of us expressed a wish to do this again next year.

ANGOLAN POLIO OUTBREAK THREATENS EFFORTS TO ELIMINATE DISEASE FROM AFRICA, UN WARNS

1 October 2010 –A polio immunization campaign targeting 5.6 million children was launched in Angola today as the United Nations World Health Organization (WHO) warned that the southern African country was quickly becoming the greatest threat to continent-wide eradication efforts.

Only three African countries have recorded cases of the highly infectious and potentially lethal disease in the past four months – Nigeria, Angola, and the Democratic Republic of Congo (DRC), with the latter infected from across the Angolan border, WHO spokesman Rod Curtis told reporters in Geneva.

Areas in Angola that have previously been polio-free have been re-infected this year from an expanding outbreak, he said.

Over the next three days and again at the end of the month, WHO, the UN Children's Fund (UNICEF) and Rotary International will be supporting tens of thousands of volunteers, health workers, parents, communities and traditional leaders as they go from house to house and village to village to ensure that every child under the age of 5 is reached with an oral polio vaccine.

These campaigns are not only critical to stopping polio in Angola, but also to stopping it in all of Africa, with Angola quickly becoming the greatest threat to eradication on the continent, Mr. Curtis said, stressing the need to close existing immunization gaps from previous campaigns in which up to 30 per cent of children were missed.

WHO believes the outbreak can be rapidly stopped, even by the end of the year, if these gaps are closed, he added. Given the upsurge, now more than ever the key lies in the full mobilization and commitment of all sectors and all stakeholders at all levels, UNICEF spokesperson Marixie Mercado said. Particularly important is the engagement by local-level administrative leaders in planning and implementing the campaigns and mobilizing all levels of society to reach every child.

The whole world is watching this outbreak because the future of a polio-free Africa is at risk, she stressed.

Other than Nigeria, there has not been any case in West Africa since Mali, on 1 May, and the Horn of Africa became officially polio-free as of July, Mr. Curtis said.

Outside Africa, polio has been eradicated in most parts of the world, but remains endemic in Afghanistan, Pakistan and India. Last month WHO said great strides had been made towards eliminating polio in Nigeria, which has seen a 99 per cent drop in cases this year compared to 2009.

GLEASON GRIMES DIES IN TRACTOR ACCIDENT

On October 1, Gleason Grimes, long time member of Nebraska Polio Survivors Association and wonderful friend to many died as a result of a tractor accident in his hometown of Milford, NE. He will be missed by so many.

Gleason was born in Chambers, NE on October 27, 1939, to Clarence and Eula (Halsey) Grimes. Gleason attended Chambers High School and graduated in 1958. He then attended Nebraska Vocational Technical School, Milford, NE (now known as SCC). On May 31, 1964, Gleason was united in marriage to Pat Thompson at United Methodist Church, Seward, NE. Gleason was a carpenter. He worked at Sack Lumber & Cabinets and Peterson Construction Company. Gleason was co-owner of C&G Cabinets from 1965 to 1985. He was the manager at Riverside Park Camp in Milford, NE from 1985 to 1994. Gleason worked at C&G Cabinets and Apartments from 1995 to 2006. He managed Grimes Apartments from 2006 until he passed away. Gleason was a member of United Methodist Church, Milford, NE. Gleason passed away on October 1, 2010, in Seward, NE at the age of 70 years, 11 months and 5 days. He is survived by his wife; two daughters, Susan (Gordon) Wolfgang, Overland Park, KS and Karen (Richard) Shaw, Wilsonville, OR; two sisters, Gloria (Tom) Whitney, Lincoln, NE and Charlotte (Steve) Meiners, Columbia, MO; grandchildren, Madison and Parker Shaw, Wilsonville, OR, Meghan Wolfgang, Boston, MA, Kristen Wolfgang, Denver, CO and Bill Wolfgang, Overland Park, KS. Gleason was preceded in death by his parents and granddaughter, Taylor Shaw.

November Meeting

The November meeting of NPSA will be held at the Bloomfield Forum at 98th and Nicholas in Omaha on November 7, 2010 at 2 PM. We hope to see you there.

WE'RE STILL HERE! in this month's blog <http://rejimatthewwriter.com>. Check out her blog, dedicated to exploring themes of health and wellness of persons living with paralysis, neurological, and progressive medical conditions.

We're Still Here!

Reji Mathew (<http://rejimatthewwriter.com/>) writes in her online blog:

Each October, Post-Polio Health International hosts the We're still here! campaign, to raise public awareness of both the successes and the current health needs of polio survivors. In the spring of 2009, I attended the New York premiere of *The Polio Crusade*, a PBS documentary directed by Sara Colt for the American Experience. If you are from that generation, the story of polio is not an unfamiliar one. The film catalogues the race for a cure and the public health campaign that resulted, inspired by Franklin D Roosevelt.

Watching the footage of the beginnings of polio history was compelling, but the film also highlighted what is less known to the wider public—the story of polio survivors estimated at 750,000 in the U.S. today.

The Polio community is diverse, ranging from persons who are ventilator users, to wheelchair users, and to those with mild limb impairments. Post Polio Syndrome (PPS), diagnosed in 25-50% of persons with original poliomyelitis, was first recognized by the medical community in the 1980's. It is a new medical condition affecting polio survivors later in life causing muscle weakness, fatigue or mobility changes. "The aim of the campaign is to invigorate the post-polio community worldwide," says Joan Headley, Executive Director of Post Polio Health International (PHI). Grassroots Post-Polio initiatives now exist throughout the world in regions such as Canada, Europe, and Asia. Headley explains that access to adaptive devices, health care, or work-life accommodations varies widely. "Our mission is to empower people with disabilities. We seek to provide the education and tools to support our readers to be involved with life to the best of their ability," adds Headley. Another aim of this yearly campaign is to educate health care practitioners on the latest in PPS treatment options. For this purpose, PHI publishes quarterly newsletters for the PPS community and International Ventilator Users network, offering readers expert multi-disciplinary advice on topics such as what's new in assistive technology to physical therapy recommendations. PHI sponsors an "Ask Dr. Maynard" column. Dr. Maynard, a physiatrist and recognized PPS expert, answers questions on various aspects of polio care. PHI also supports research efforts; for instance, a handful of current studies examine the immune response of PPS patients. "The polio community has also been thinking about disability and aging for quite some time now," says Headley, "this research area also applies to the broader disability community as well." Speaking with Joan Headley is always an energizing experience. I remember first meeting her at a Post Polio conference sponsored by the Polio Network of New Jersey. With the assistance of a modest staff and an experienced panel of board members, Headley's leadership has shaped PHI into the vital resource it is today. I am awed by her efforts, especially in today's climate of struggling non-profit organizations. For 23 years and counting, her dedication to the causes of PHI has helped countless polio survivors and their families living with PPS towards health and wellness.

WORD FINDING DIFFICULTY AS A POST-POLIO SEQUELAE

Drs. Richard L. Bruno and Jerald R. Zimmerman

This research was supported by grants from the George A. Ohl, Jr., Infantile Paralysis Foundation

ABSTRACT

Seventy-nine percent of respondents to the 1990 National Post-Polio Survey reported difficulty "thinking of words I want to say," with 37% reporting frequent, moderate-to severe word finding difficulty. In this study, 33 polio survivors were administered the Post-Polio Fatigue Questionnaire, Animal Naming and FAS Tests, and tests of attention and information processing speed. Plasma prolactin was also measured as a marker for brain dopamine secretion. Subjects reporting high fatigue severity and word finding difficulty had clinically abnormal or significantly lower Animal Naming Test scores as compared to subjects with low symptom severity. Impaired performance on the most difficult tests of attention and information processing speed were also associated with lower scores on the word finding tests. A significant negative correlation between Animal Naming Test scores and plasma prolactin suggests that a decrement in brain dopamine secretion is related to reduced animal naming ability. These data support the hypothesis that decreased dopamine secretion, possibly secondary to poliovirus damage to the basal ganglia, may underlie not only fatigue and impaired attention but also word finding difficulty in polio survivors.

INTRODUCTION

As many as 76% of the 1.8 million North American polio survivors report Post-Polio Sequelae (PPS), unexpected and often disabling symptoms that include overwhelming fatigue, muscle weakness, pain and dysphagia 1,2,3,4. Of all PPS, fatigue is the most commonly reported and most debilitating symptom. In the 1985 National Post-Polio Survey, 91% of respondents reported new or increased fatigue, 41% reported fatigue interfering with performing or completing their work and 25% reported fatigue interfering with self-care activities. Importantly, polio survivors differentiate between physical tiredness and what they describe as "brain fatigue" that they associate with cognitive difficulties. In the 1990 National Post-Polio Survey, between 70% and 96% of respondents

with fatigue reported difficulty with concentration, focusing attention, mind wandering,

memory, thinking clearly and word-finding, with 77% percent reporting moderate to severe difficulty with these problems 6. Of these cognitive symptoms, word finding difficulty was least expected. Of all polio survivors surveyed, 79% reported difficulty "thinking of words I want to say," with 37% reporting frequent, moderate-to-severe word finding difficulty. Further, the frequency and severity of word finding difficulty were significantly correlated with all of the other subjective cognitive difficulties listed above. Clinically, polio survivors report a "tip-of-the-tongue phenomenon" characterized by difficulty naming familiar objects and people (sometimes even family members), difficulty that increases as fatigue worsens. This complaint is similar to that in Parkinson's disease patients, who also report "tip-of-the-tongue" word finding difficulty well as "excessive" and sometimes disabling fatigue.

Parkinson's patients and polio survivors are similar in that both have damage to the basal ganglia and dopamine producing neurons. The reports of an association between word finding difficulty, subjective cognitive difficulties and fatigue supports the hypothesis that a common pathophysiology underlies the symptoms of post-polio "brain fatigue". This study was undertaken to objectively document polio survivors' word finding difficulty and to identify its relationship to fatigue, neuropsychological processes requiring cortical activation and a peripheral marker for brain dopamine secretion.

METHODS

Subjects. Subjects were recruited from treated patients and via local post-polio support groups. Potential subjects completed and mailed in a polio and medical history form and the Post-Polio Fatigue Questionnaire. On the Questionnaire, respondents rated their typical daily fatigue severity and difficulty with word finding on 6 point scales ranging from "none" through "severe." A phone interview was conducted and individuals were excluded if they were over 59 years old, had any medical or psychological condition that could cause fatigue or cognitive impairment (e.g., major depressive episode, thyroid disease, cerebrovascular or cardiac disease, anemia, respiratory insufficiency, sleep apnea or hypopneas, lupus or diabetes) or if they were taking medications that could cause fatigue or cognitive impairment (e.g., antidepressants or benzodiazepines). Subjects were interviewed when they reported for testing and their medical and psychiatric symptoms and history were confirmed. Thirty-three subjects were selected, giving a power of $>.80$ at a two-tailed alpha level of $p <.05$. Eighteen females and 15 males participated, ages 38 to 59 years.

The average subject was hospitalized when she contracted polio in 1950 at age 5 and had one limb permanently weakened. The subjects' demographic data are consistent with the profile of North American polio survivors seen in the National Post-Polio Surveys.

Procedure. Subjects were asked to eat their usual morning meal and to limit themselves to two 8 oz. cups of a caffeine containing beverage prior to testing. Subjects arrived between 8:15 AM and 2:45 PM whereupon the experimental procedure was described and the subjects gave written informed consent. Subjects were then taken to the hospital's hematology laboratory where venous blood was drawn. Plasma prolactin was assayed by a commercial laboratory using CIBA-Corning ACS immunochemiluminometric kits. Prolactin was used as an indirect measure of brain dopamine. Since dopamine is the endogenous prolactin inhibiting hormone, a reduction in brain dopamine is inferred from an elevation in plasma prolactin 14. Premenopausal women were studied during their luteal phase to control for the effects of ovulation on prolactin. Blood also was drawn by finger-stick for a study of blood glucose and post-polio fatigue (data to be presented elsewhere). Subjects were asked to report their fatigue on a 6 point scale (from "none" through "severe") before taking tests of attention, information processing speed and word finding that were given in the following order:

The Paced Auditory Serial-Addition Test assessed complex attention and information processing speed by requiring subjects to listen to 60 digits presented by a tape recording at a speed of one digit every 1.6 seconds, and to add the first digit to the one following it, say the sum, and then add the next digit to the last one presented (e.g., 3 and then 5 are presented, and the subject says, "8;" the next presented digit is "4" and the subject says, "9").

The Double Letter Cancellation Test required subjects to cross-out two specified letters on a sheet filled with various other letters in the shortest possible time to assess selective and sustained attention .

The Trail Making Tests assessed visual scanning and visual motor speed by requiring subjects to draw a line to sequentially connect circles containing 25 ascending numbers (Trails A) or sequentially but alternately connect circles containing ascending numbers and the letters of the alphabet (Trails B) in the shortest possible time.

Subjects were asked to name as many animals (Animal Naming Test) and words beginning with F, A and S (FAS Test) as they could in one minute.

The Gordon Diagnostic System continuous performance test measures focussed and sustained attention. The continuous performance test required subjects to watch for numbers, each presented for 2 seconds, on a 1 cm. x 2 cm. LED display flanked by two identical LED displays . Subjects were instructed to press a button only when the number "9" appeared immediately following the number "1" as the two flanking LED displays also presented numbers including "9" and "1" (the distractibility task) or when the flanking displays were dark (the vigilance task). Each task lasted for 6 minutes. The number of times the button was pressed when a "9" appeared immediately following a "1" were summed and displayed as "correct" responses.

All neuropsychological tests were administered and scored according to accepted procedures. Data analysis. Statview 4.5 was used to perform statistical analyses. Descriptive statistics and Pearson product-moment intercorrelations were calculated for all variables. Since a Post-Polio Fatigue Questionnaire severity rating of "moderate" is considered clinically significant, subjects who reported less than moderate severity of daily fatigue, of fatigue at the time of testing or of difficulty with daily word finding were designated as having "low" symptom severity; subjects reporting moderate or higher severity of fatigue or of difficulty with word finding were designated as having "high" symptom severity. Independent groups t-tests were then used to compare Animal Naming and FAS Test scores between low and high symptom severity subjects.

RESULTS

Descriptive Statistics. Subjects had resting plasma prolactin values ranging from 2.7 to 16.3 ng/ml. These values were typical of resting prolactin levels measured in healthy individuals and are within the normal range 14,21. There were no significant correlations between prolactin and time of blood drawing, age or gender as has been reported in other studies. The mean Animal Naming Test score was 19.8, just above the 18 words expected for a normal adult. The mean FAS Test score was 40.8 words which was at the 78th percentile. The mean Cancellation Test and Trail Making Test scores were within normal limits. The mean continuous performance test vigilance task score was 29.5, just above the lower limit of normal, while the mean continuous performance test distractibility task and Paced Auditory Serial-Addition Test scores were clinically abnormal.

Correlations. The mean Animal Naming Test score was significantly negatively correlated with plasma prolactin and the Trail Making Test score (Part B), and significantly positively correlated with the continuous performance test vigilance score and the Paced Auditory Serial-Addition Test scores. The mean FAS Test score was significantly negatively correlated with the Trail Making Test score (Part B) and significantly positively correlated with the Paced Auditory Serial-Addition Test score. These correlations indicate that poorer performance on the word findings tests was associated with a higher plasma level of prolactin (Animal Naming Test), a longer time to complete the Trail Making Test (Animal Naming and FAS Tests) and fewer correct responses on the continuous performance test (Animal Naming and FAS Tests) and the Paced Auditory Serial-Addition Test (Animal Naming Test).

Group Comparisons. When the Post-Polio Fatigue Questionnaire symptom ratings were used to group subjects, those with high severity of daily fatigue, of fatigue at the time of testing and of difficulty with word finding had significantly lower Animal Naming Test scores, with scores in the latter two groups being clinically abnormal. There were no differences in FAS Test scores between the low and high groups for any of the symptoms.

DISCUSSION

Polio survivors' subjective fatigue-related difficulty "thinking of words I want to say" was corroborated by significantly lower or clinically abnormal Animal Naming Test scores in subjects with high severity of fatigue and word finding difficulty. Their impaired performance on the most difficult tests of attention and information processing speed, which is the neuropsychological hallmark of post-polio fatigue, was also associated with lower scores on word finding tests. Further, the significant negative correlation between Animal Naming Test scores and plasma prolactin suggests that a decrement in brain dopamine secretion is related to reduced animal naming ability. These findings are reminiscent of deficits in Parkinson's disease whose neuropathology results directly from reduced dopamine production within the basal ganglia. Parkinson's patients also report "tip-of-the-tongue" word finding difficulty and have impaired performance on tests attention and word finding, including the Trail Making and Animal Naming Tests. Tomer, et al. found that Parkinson's patients had scores on Animal Naming ($x=17$) and FAS ($x=39$) Tests that were nearly identical to those of the high symptom severity post-polio subjects. In another study of Parkinson's patients, Animal Naming Test improved when subjects were cued with categories (i.e., telling subjects where the animals to be named lived), their mean score increasing from 18 to 26 words. The cuing inherent in the FAS Test, which provides a letter to prompt word recall, may make it less sensitive to impairments of word finding and explain why Animal Naming Test scores (and not FAS Test scores) were related to prolactin levels and symptom severity. Randolph, et al. attributed Parkinson's patients' impaired animal naming ability to "disruption of prefrontal function at the level of the basal ganglia (that) may involve an interruption of the basal ganglia-thalamocortical pathways." Lesions of neurons comprising these pathways - the putamen, globus pallidus and thalamus - have been associated with impairment of naming ability. Object naming is impaired after left-sided electrical stimulation of the thalamus while putamenal lesions in the non-dominant hemisphere have been suggested to impair "activation and execution of automatic speech programs." Neurons within the basal ganglia-thalamocortical pathways are known to be damaged by the poliovirus, as are the dopamine producing neurons whose input to the basal ganglia is necessary for these pathways to stimulate the cortex. Damage within these pathways and to dopamine-producing neurons is thought to cause the decreased cortical activation hypothesized to be responsible for polio survivors' "brain fatigue" and its associated cognitive symptoms. Slowing of right hemisphere electroencephalographic (EEG) activity in polio survivors, an indicator of decreased cortical activation, was significantly positively correlated with both daily fatigue severity and plasma prolactin, which were themselves significantly positively correlated. The present findings of lower Animal Naming Test scores in subjects with high fatigue, and the correlation of Animal Naming Test scores with plasma prolactin, suggest that a decrease in dopa-

mine secretion may participate not only in fatigue and impaired cortical activation, but also in word finding difficulty. A reduction in dopaminergic input to and stimulation of the putamen has been suggested to prevent "activation (of) movements to express already formulated language in speech" and may thereby give rise to "tip-of-the-tongue" word finding difficulty in both polio survivors and Parkinson's patients. This suggestion is supported by the finding that bromocriptine, a direct-acting dopamine-2 receptor agonist, increased Animal Naming Test scores in non-fluent aphasic adults and reduced subjective difficulties with fatigue, attention and word finding in polio survivors with severe daily fatigue. Our clinical experience, that word finding difficulty decreases when polio survivors reduce fatigue by decreasing physical overexertion and emotional stress, is supported by the correlation of subjective fatigue with word finding difficulty. Polio survivors with "brain fatigue" and associated cognitive symptoms must be encouraged to employ all conservative techniques that have been found to be effective in treating fatigue to also treat their word finding difficulty, including energy conservation, work simplification, pacing activities, frequent rests and the use of assistive devices. Only when these techniques have been consistently applied and found to be insufficient to reduce fatigue and improve word finding should a trial of bromocriptine be attempted.

ACKNOWLEDGEMENTS

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From United Spinal Association's Action magazine:

The Part that Kept Me from Screaming

| THE OBSERVATORY

By Gary Presley

"Why is it not God's will that I am in this wheelchair?"

As a person assigned by fate to butt-surf through life, I found that a perfect question, especially when someone violates the social commandant, "Thou shalt not discuss sex, politics, or religion. Or disability."

Once I got a job, a few years into my adventure on wheels, I was bored with the Why? question anyway. I had repeatedly asked it of God Himself. And slicked-hair television evangelists. And my parents. And the dogs. Only the dogs understood the question, but I never received an answer I could live with. Or without, for that matter.

Still, as we wheelies soon learn, some conversational ploy is necessary when ass-planted in a wheelchair: a perceptible physical disability presents an evangelical miracle-opportunity.

Of course, my opinion then was that Jesus should have stuck to feeding crowds with loaves and fishes, walking on water, and tossing money-changers out of the temple. As far as I was concerned, the apostles spent too much time employing illness and disability as analogies for moral failure and spiritual corruption.... without telling the Biblical literalists.

God can heal you, I often heard from the fervent I met in my journey on wheels. "Come to services. Pastor Bryant is laying on hands. The Lord will lift up cripples!"

If that was so, why had I spent so many years waiting? I could take a good crippling in the name of the all that's holy as long as I was next on the schedule at the brush arbor meeting. But it had been years. What was so special about this lovely day that He wants to heal? His omnipotence is ever-evident, even to the blind. Why not heal them? Let them see for themselves.

Most of the emissaries of healing in my life seem to have been older women or young men.

The women were diffident, wore scant make-up, dressed plainly, and moved with peaceful assurance.

When I was working at an office job, they would show up not on business but rather in search of shekels— selling homemade peanut brittle or chances on a handcrafted quilt so that their church could replace the Sunday school bus or carpet the sanctuary.

I rarely resisted the sweet love of the Promised Land, handing over a few dollars for a pound of hand-crafted candy or a handful of tickets. And I always said, "Yes, ma'am, God moves in mysterious ways" when the subject of their church and my disability threatened to merge.

On the other hand, the young men were fervent and direct, self-assured, and burned with the holy righteousness of prophet-wannabes. Within them, it seemed, faith had transmogrified into rhetoric; and rhetoric had been beaten from plowshare into sword, all the better to slay enemies of righteousness: I remained in the wheelchair because I sat ignorant of the utter infallibility of theological epistemology.

Part of me wanted to scream, "Dammit! My ass has been in this wheelchair for years, and you have the gall to say it's because I'm too lazy to pray or too ignorant to pray correctly?"

The kinder, less self-pitying part of me, remembered we are each plagued by our own holy mysteries.

And that's the part that kept me from screaming.

Gary Presley is an essayist and author of the essay collection *Seven Wheelchairs: A Life Beyond Polio*, published by University of Iowa Press.

Announcements:

NPSA needs your donations. Make checks payable to Nebraska Polio Survivors Association and send them to:

Nebraska Polio Survivors Association

PO Box 6076

Omaha, NE 68106-6076

Donations to NPSA:

\$0-\$100

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Toodle Power

by

Millie Malone Lill

My friend Sheri and I have discovered Toodle Power! We each live in barrier free buildings, so any time we want to, we can take our chairs outside and go for a toodle. We love getting out for our 'strolls' in the fresh air, taking our cameras along, snapping pictures of the beautiful fall foliage. We are noticeable, two women in big power chairs, wearing brightly colored clothing and obviously enjoying our selves.

When I first moved in here, it was winter. Last winter was very snowy and icy, so my toodling was limited to the least possible area where I could take my little dog out for her business. But as spring came and the ice melted, I took Fiona on longer and longer walks. I would meet Sheri and we would take our chairs to get groceries. I love doing this, as it means I carry nothing. I can't breathe and use my arms at the same time, so I've chosen breathing as the better option. I have the carry out girl/boy put my purchases in the large quilted tote bag that I have slung on the back of my chair and toodle on home. This is practically the only time I can move fast! I turn the dial on the speed control to Rabbit and go!

People have spoken to me, offering to give me a ride to the store rather than see me go 'all that way' (6 blocks) in my chair. I patiently (sometimes) explain that it is so much easier for me to take my chair the short distance to the store rather than climb in and out of a vehicle, unload my chair, take it into the store, reload it to go home, unload it to get into my apartment and then unload my groceries. I usually have to explain this several times because able bodied people have no concept as to the amount of energy it takes to do it their way.

We have been stopped by various people to visit, sometimes to remark on my big floppy sunhat that makes me look like a giant mushroom, sometimes just to say that we have brightened their day. We might be doing a public service, you know? I think people are so frightened of becoming disabled, of becoming 'wheelchair bound' that seeing us having a great time toodling around town, enjoying our lives is reassuring.

I realize that I've said this many times, but it bears repeating: My wheelchair does not con-

fine me, it frees me. In my chair, I am as able bodied as the next person. I can shop, I can go to garage sales, I can visit the zoo. I can park in the doorways of shops in the mall, the ones selling delicate china and crystal, and watch the clerks have a mini-stroke waiting for me to come in and wreak havoc on their merchandise. Oh, the power. I never go in, of course. I'm mischievous, not evil.

It is so good to live in a town that is so accessible. We have plans to take a city map and mark all the sidewalks that don't have curb cuts and all the places that don't even have sidewalks. I have a friend who is the photographer for the local newspaper and he has suggested we do this. He will then take our picture and do a little write up. Who knows, it may encourage others to get out and toodle. It might even encourage the city fathers to put in more curb cuts. Toodle Power!

Pictures from our 5th Annual Reunion:



We've had this luscious dessert for the last 3 of our Reunions, and not a single complaint so far!



This was the roast pork entrée. It was delicious.





To contact NPSA, talk to either Millie Malone Lill (712-854-0021), mil.lill@gmail.com or Dr. Ted Roche (402-292-3781) ebroche@cox.net

Angolan polio outbreak threatens efforts to eliminate disease from Africa, UN warns

1 October 2010 –A polio immunization campaign targeting 5.6 million children was launched in Angola today as the United Nations World Health Organization (WHO) warned that the southern African country was quickly becoming the greatest threat to continent-wide eradication efforts.

Only three African countries have recorded cases of the highly infectious and potentially lethal disease in the past four months –Nigeria, Angola, and the Democratic Republic of Congo (DRC), with the latter infected from across the Angolan boarder, WHO spokesman Rod Curtis told reporters in Geneva.

Areas in Angola that have previously been polio-free have been re-infected this year from an expanding outbreak, he said.

Over the next three days and again at the end of the month, WHO, the UN Children's Fund (UNICEF) and Rotary International will be supporting tens of thousands of volunteers,

health workers, parents, communities and traditional leaders as they go from house to house and village to village to ensure that every child under the age of 5 is reached with an oral polio vaccine.

These campaigns are not only critical to stopping polio in Angola, but also to stopping it in all of Africa, with Angola quickly becoming the greatest threat to eradication on the continent, Mr. Curtis said, stressing the need to close existing immunization gaps from previous campaigns in which up to 30 per cent of children were missed.

WHO believes the outbreak can be rapidly stopped, even by the end of the year, if these gaps are closed, he added. Given the upsurge, now more than ever the key lies in the full mobilization and commitment of all sectors and all stakeholders at all levels, UNICEF spokesperson Marixie Mercado said. Particularly important is the engagement by local-level administrative leaders in planning and implementing the campaigns and mobilizing all levels of society to reach every child.

The whole world is watching this outbreak because the future of a polio-free Africa is at risk, she stressed. Other than Nigeria, there has not been any case in West Africa since Mali, on 1 May, and the Horn of Africa became officially polio-free as of July, Mr. Curtis said.

Outside Africa, polio has been eradicated in most parts of the world, but remains endemic in Afghanistan, Pakistan and India. Last month WHO said great strides had been made towards eliminating polio in Nigeria, which has seen a 99 per cent drop in cases this year compared to 2009.

UN agencies help launch initiative to combat polio and worm infestation

3 October 2010 –Nearly 8 million Afghan children will be vaccinated against polio this week as part of a United Nations-backed health drive that will also tackle the persistent problem of worm infestation among the country's youngest children.

Under the three-day campaign, launched today in Kabul, more than 22,000 immunization teams will fan out across the country, targeting locations such as bus stops, mosques and marketplaces as well as the more traditional method of going house-to-house.

The UN World Health Organization (WHO) and the UN Children's Fund (UNICEF), which are working with the Afghan public health ministry to coordinate the programme, say a mobile approach is needed to reach as many as young children as possible.

Afghanistan is one of four countries – the others are Pakistan, India and Nigeria – where the highly infectious and sometimes fatal disease is still endemic, with most other nations having eradicated the disease.

UN aid agencies in Afghanistan have been involved in ongoing efforts to stamp out fresh outbreaks, and earlier this year the country recorded its 18th case of polio. For the first time, a de-worming initiative is being run alongside to take advantage of the vaccination network already in place for polio.

About 4.6 million children aged between two and five will be targeted in a bid to cure worm infestation, which kills 150,000 people a year worldwide and leads to stunted physical and mental development among many more.

Peter Graaff, WHO's representative in Afghanistan, said the coupling of the de-worming initiative and the polio vaccination scheme as "a smart investment" for the country's public health system. "This is because the polio network in Afghanistan is impressively broad, spanning across all administrative levels and various sectors, encompassing a wide variety of social actors," he said.

You Might Be a Redneck with a Disability If...

- * Any part of your wheelchair is painted in camo
- You have a wheelchair up on blocks in your front yard.
 - * You rigged up a beer cooler powered off your chair batteries.
 - * You wear cowboy, biker, or work boots, even though they're hard to put on and you can't walk anyway.
 - * You adjusted your headrest so it'll stop knocking off your hat.
 - * You installed a gun rack on the back of your wheelchair.
 - * Your joystick [which does not live up to its name] is a billiard ball, car stick shift knob, beer. tap, or similar item.
 - * You ever thought about jacking your chair up 2 or 3 feet.
 - * You have knobby mud tires - that never get dirty.
 - ou installed a sound so you could fly the stars and bars!
 - * There is a 'Harley' decal or emblem permanently attached to your chair.
 - * You installed a CB behind or under your chair.
 - * You replaced your seat with a Barco Lounger.
 - * You found the above Barco Lounger at the side of the road.
 - * You named your chair 'Bubba', 'Junior', 'Daisy', or 'Killer'.
 - * There is some part of a deer decorating any part of your chair.
 - * You have ever thought about smuggling moonshine in the tubing or battery compartment of the chair.
 - * You, while in your wheelchair, ever made any roadkill.
 - * The accessories hangin' on the chair weigh more than 1/3 what your w/c does.
 - * You browse truck catalogs looking for ways to soup up your wheelchair.
 - * You want to add a side-car or a 'sweet little trailer'.
 - * You wear a 4 pound belt buckle that cuts into your stomach as you sit.
 - * The fringe of your jacket or strings of your bolo tie have ever gotten caught in your wheels - but you wear it anyway.

- * You regularly call up Harley Davidson and ask when they're going to start making wheelchairs.
- * You have spent more than an hour trying to figure out how to hang fuzzy dice from your chair.
- * Duct tape plays a major role in your repair and maintenance plan.
- * You read this list and found yourself thinking, at any point, "Now that's a good idea!"



