

Dx: Post-Polio Syndrome**Rx: One Assistance Dog, Individualized for the Owner**

Mary Lee R. Nitschke, PhD, CAAB, Portland, Oregon, mnitschk@comcast.net

Being revisited by the late effects of polio later in life can be an isolating experience. What could a dog provide for this situation? Perhaps a better question would be, what couldn't a dog provide?



Mary Lee Nitschke

Assistance

The most obvious function of a dog for someone who had polio is to help with physical tasks that require strength — pushing a manual wheelchair, opening doors or assisting mobile folks with walking or balancing. Dogs are also handy at fetching, getting a snack from the refrigerator on cue, picking up a dropped walking cane or keys, and fetching a person from another room in the house.

Most trained domestic dogs delight in the task of “go find,” especially when it is for one of their people. The dog may perform it even more enthusiastically if the person they find happens to have a piece of kibble as a reward upon being “found.” To reinforce this important service task, we play this game daily in my household.

The tasks that a dog can perform for a person with limited mobility, strength or balance issues are primarily limited by the creative imagination and training skills of the dog and owner team. Many service dogs have created new job descriptions on their own as they have more experience with their partner's needs in daily living.

Research shows that their role goes beyond that of a living prosthesis.

The bond and comfort from having a dog at your side is almost beyond description. Service dogs provide important social functions in “normalizing” perceptions of the person partnered with the dog. Is there a better welcome in the world than a smile and a wagging tail from a trusted dog?

Partnering with a dog also reduces a person's sense of vulnerability and increases his/her sense of efficacy. The focus is on a “can do” statement rather than one of “what I can't do.”

Which dog?

The answer to the question of which breed or type of dog is best at this partnership is both simple and not simple. Much depends on the type of assistance the person requires of the dog. A tall man with balance and stability issues with some foot neuropathy, and wanting to walk, will require a dog of sufficient height and length of stride.

Other than physical determinants, there is no one breed or mix or size or temperament of dog that does this work best.

The number one criterion when I help a client select a dog is stability

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*PHI's mission is to enhance the lives
and independence of polio survivors
and home mechanical ventilator
users through education, advocacy,
research and networking.*

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Comment about last issue

Three Members wrote that their personal experience in using vitamin B₆ to treat carpal tunnel syndrome (CTS) is beneficial – a fact not mentioned in “Carpal Tunnel Syndrome” (pages 3-5 in *Post-Polio Health*, Vol. 23, No. 2). In 1991, *Polio Network News* published an article suggesting B₆ as a treatment option for CTS.

Inside this Issue ...

Pages 1 and 3

Dx: Post-Polio Syndrome

Rx: One Assistance Dog, Individualized for the Owner

Mary Lee R. Nitschke, PhD, CAAB, reminds us that an assistance dog, not to be confused with a guide dog used by people who are blind, can contribute to your post-polio health.

Pages 4-7

Memories to Honor and to Heal

Janice Flood Nichols, a polio survivor, incorporates historical facts and details into her emotional and unique story. The article honors a health professional from the epidemics – a story that is not often told. Nichols, one in a long list of polio survivors to have written a book, is committed to the eradication effort.

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When Jay Nash from the IPVRC visited the PHI offices more than a year ago, I knew we had to tell the story of the “short-pants club.” It speaks volumes for what still needs to be done in the world, but also shows that polio survivors today face the same psychosocial issues we faced years ago.



Joan L. Headley & Jay Nash

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Learn about PHI's **We're Still Here Campaign**. PHI is complimented daily on its efforts to assist polio survivors. At the same time, the world minimizes the issues of polio survivors and slowly forgets their contributions.

PHI is asking you to step up and join us in reminding the general population that **We're Still Here** – still right here in the United States, as well as the rest of North and South America, Europe and Australia, where a 22-year-old returning from Pakistan contracted acute poliomyelitis in July 2007. (This was the first case recorded in Australia in more than 20 years.)

Polio survivors are still in South Vietnam and other expanding economies, and in places such as Afghanistan and Sierra Leone, where war is a constant threat. I invite – even challenge – you to do your part to remind the world ... if not for yourself, but for them that **We're Still Here**.

–Joan L. Headley, Executive Director of PHI

Fourth Research Award Recipient Submits Interim Report

Rahnuma Wahid, Microbiology and Immunology Department, University for Medical Sciences, Little Rock, Arkansas, is the primary investigator for “Regulatory T cells as a biomarker of post-polio syndrome,” a study funded by PHI’s Research Fund. The goal is to determine in a case-matched study whether there is evidence that regulatory T cells are a biomarker of post-polio syndrome or a potential marker of a history of poliomyelitis.

Researchers report the recruitment of nine healthy vaccinated subjects, nine subjects with documented post-polio syndrome and two stable polio survivors. Preliminary data have been collected from the donor samples of the individuals with post-polio syndrome. The results will be compared to samples from stable polio survivors. The low number of stable polio survivors raises a concern, and the group is collaborating with Dr. Raymond Roos at the University of Chicago, in recruiting stable polio survivors.

If you are a polio survivor living in Arkansas or in the Chicago area, who does not have post-polio syndrome, please contact Dr. Wahid at rwahid@uams.edu or call 501-686-5317. ▲

Dx: Post-Polio Syndrome, Rx: One Assistance Dog, Individualized for the Owner

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of disposition. The second is responsiveness to human cues. I have worked with dogs ranging from teacup poodles to mastiff types and almost everything in between. The teacup poodle essentially lived in the lap of her partner who used a wheelchair. She provided dropped key retrieval, constant companionship, boundless loving kisses, as well as a connection with the outside world.

Training

The most important aspect of training is the development of a common language and communication system for the owner and the dog. A service dog ideally is responsive to people, able to ignore other animals, trainable, able to remain focused on the human partner, and stable on task when required. Basic house manners are required for every service dog.

I advocate for people to train their own service dog on a daily basis. Constant training empowers both the owner and the dog to learn new skills together as needs change over time. I believe that positive dog-friendly training is the most powerful investment one can make.

Where to Find Help

- Look for a CPDT (Certified Pet Dog Trainer) in your zip code at www.APDT.com or 800-PET-DOGS.
- Specialized task regimens may require more intricate training with a professional who works directly with assistance/service dogs. To find resources at this level, go to www.certifiedanimalbehaviorist.com.
- Other useful resources are www.clickertraining.com, www.dogwise.com and www.IAADP.com. ▲

Mary Lee R. Nitschke, PhD, a polio survivor, is a Professor of Psychology at Linfield College in Oregon. She also is a Certified Applied Animal Behaviorist (CAAB) and a Certified Professional Dog Trainer.

Memories to Honor and to Heal

Janice Flood Nichols, Lockport, New York, janice16@roadrunner.com



Alice Jaros in 1943

In 1943, trim and attractive, Alice Jaros, joined the Women's Army Corp, serving first as a cook and then as a message decoder in WWII's Pacific theater. Following recovery from a serious case of malaria, she accepted an offer to study medicine with the GI bill covering tuition. One of five women in her class, she entered medical school at a time when the United States was experiencing an alarming increase in the number of polio cases, with older children and young adults becoming increasingly susceptible to the disease. Between 1951 and 1954, 160,333 new cases of polio were reported with 7,514 deaths.

Until the early twentieth century, polio had been primarily a mild endemic disease – little more than a flu-like ailment. But, as the world transitioned to indoor plumbing and one-family residences, polio suddenly appeared as an insidious killer andcrippler that confounded the medical community and terrified the world's population. In 1916, a polio epidemic that began in a poor immigrant area of Brooklyn eventually spread across 26 states and claimed over 27,000 individuals with 6,000 deaths; epidemics in the US occurred each year afterwards.

Parents kept their children away from large gatherings and public swimming pools. Municipalities instituted school and business closings and, during especially serious epidemics, some areas even authorized the use of toxic chemicals like DDT. Yet, in spite of public health warnings and recommended precautions, polio seemed to “own” each summer.

As a third-year medical student, Jaros commenced her clinical experience, caring for patients at City Hospital in Syracuse, New York. That year, the hospital admitted its highest number of polio patients. In 1951, Alice Jaros, MD, graduated from SUNY Upstate

Medical University, moving to the University of Pittsburgh – “Ground Zero” for polio vaccine research sponsored by the National Foundation for Infantile Paralysis – to begin the first year of her specialty training.

As a young intern, she found herself “in the trenches” amidst children desperately ill with the poliovirus at Pittsburgh's Children's Hospital. While a first-year resident, the United States suffered its most deadly polio season with 57,879 reported cases; 600,000 cases had been reported worldwide.

In July 1953, Dr. Jaros returned to Syracuse, to begin the second year of pediatric residency. Wishing to be closer to family, the decision to return to her hometown placed her in the midst of an especially odd polio season in Syracuse.

Normally a late spring to early fall phenomenon, the '53 polio season had started in Syracuse in January – with the admission of three patients. A little girl had died in May – early for polio. An epidemic in Dewitt (an eastern suburb of Syracuse) occurred in late October through November – late for polio in this cold, central New York locale. Over six inches of snow fell in Syracuse on November 7th.

"Things were happening so fast. We didn't even understand how polio was spread from person to person. Gamma globulin injections were showing some promise, but no one knew exactly when the serum should be given or to whom. There was so much buzz about a potential vaccine when I was in Pittsburgh; Dr. Salk conducted seminars that we were able to attend. His Pittsburgh-area vaccine trials were underway while I was there. When I returned to Syracuse, I learned that City Hospital was one of 14 hospitals in the United States that cared for 80% of all acute polio cases. It was an overwhelming tragic period for all of us. What we needed was a cure, a vaccine, anything – and we needed it soon!"

–Alice (Jaros) Turek, January 2007

On November 1, 1953, Dr. Jaros entered City Hospital, aware that she would be making rounds on several polio patients – one a six-year-old boy who had been admitted to the hospital in the afternoon of October 30th. He had been immediately placed in an iron lung with a diagnosis of bulbar polio confirmed by spinal tap on the morning of the 31st.

His twin sister had been brought to the hospital on that same day to receive gamma globulin. Fearing for the little girl, physicians had determined that rather than administering the standard dose of the serum in the buttock, they would give her multiple shots in both legs and arms as well as in the buttock area. The doctors informed the terrified parents that if the serum did not prevent the disease, it might make the case less serious.

Although the Salk trials would follow in April 1954, gamma globulin was the best protection offered at the time. A study of 55,000 children had shown its effectiveness in providing temporary short-term immunity. Dr. William McDowell Hammon had received a National Foundation for Infantile Paralysis grant to study the efficacy of gamma globulin; field trials were conducted in Utah, Texas and Iowa in 1951 and 1952. In the summer of 1953, the National Foundation sponsored a mass gamma globulin inoculation program, though such "passive immunity" would prove inferior to vaccine prevention.

On the evening of November 1st, Dr. Jaros was summoned to City Hospital's operating suite where the same little boy she had attended for the past two-plus days clung desperately to life. Surgeons had determined that a tracheostomy was necessary to clear secretions in his throat and lungs. In addition to paralysis of chest muscles, his muscles controlling coughing and swallowing had been affected. The child was literally drowning in his own secretions.

At 10:25 pm, Dr. Alice Jaros signed New York State Certificate of Death – Registration Number 2348. She certified that Frank T. Flood, Jr., age 6 years, 4 months and 3 days, succumbed to bulbar poliomyelitis after 61 hours of hospitalization. He died with his father, Frank T. Flood, Sr., embracing him. On November 4, 1953 (following her twin's funeral), Janice Flood was admitted to City Hospital. Diagnosis confirmed by spinal tap: paralytic polio.



Janice & Frank Flood in 1953, at age six.

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Fast Forward – March 2006

Dr. (Jaros) Turek has been retired since 1983. In the late '50s, she married Victor Turek and continued in private pediatric practice for a few more years. She welcomed the April 1955 pronouncement that the Salk vaccine was safe and effective against the poliovirus. Less than a month later, she feared for the safety of some children throughout the country who had been inoculated with a killed-virus vaccine that contained traces of a lethal Type I polio strain – the Mahoney strain. In the early 1960s, she watched the world transition to an oral polio agent, the live-virus Sabin vaccine.

After earning a Masters in Public Health from Yale University in 1965, and with her supportive husband by her side, Dr. Turek transitioned from private practice to public health. She secured positions in Washington, DC, Maryland and Virginia, serving proudly in President Johnson's "Great Society" initiatives. True to her original medical roots, she devoted her career to the needs of children.

During her tenure, the United States was declared free of the wild poliovirus; the year was 1979. She retired as Director of Health for Manchester, Connecticut, in 1983 and moved with her husband to the South. Ever the caregiver, she ministered to her husband for several years before he died.

While our country celebrated the end of polio epidemics, 1988 found 350,000 individuals worldwide still contracting the deadly virus. In retirement, Dr. Turek has kept abreast of medical advances, playing particular attention to polio developments such

as our country's return to a killed-virus polio vaccine in the year 2000.

Having read that polio continues to infect close to 2,000 people per year, she has become increasingly more convinced that the public health community must see its global efforts through to successful eradication. As a retired public health official, she is all too aware of the importance of vaccination against polio.

Janice Flood, after receiving intensive physical therapy, walked again. She participated in the 1954 Salk vaccine trials held in her suburb, where an overwhelming 89% of parents (far above the national average) gave their children permission to participate in the study. Over time, she made a complete recovery and became a proficient skater and dancer – even trying her hand at cheerleading in her junior year of high school.

She received a BA in psychology from Seton Hill College in Greensburg, Pennsylvania, and an MEd in rehabilitation counseling from the University of Pittsburgh. Like Dr. Turek, she walked the same hospital halls once traveled by Dr. Jonas Salk and his research associates. Her life has been shaped by both her polio experience and the loss of her twin brother. As a wife and mother, she has enjoyed a fulfilling personal and professional life.

Today, she experiences a few annoying post-polio problems and is determined to increase public awareness of polio. It was not until she became a mother that she mustered the courage to ask her own mother if her twin suffered during his 61-hour polio ordeal. Although relieved to learn that in her mother's words, "He was so sick that he never knew what hit him," she

always yearned to speak with one of his hospital caregivers even though she never believed that she'd get the opportunity.

A few years ago, she began research for a book on polio. The eradication of polio has become her obsession, as has her desire to inform young parents of the continued need and importance of vaccination against polio. As part of her research, she eventually decided to request a copy of her twin's death certificate; she never knew what time of day he had died on that November 1st so long ago. It was then that she learned that an Alice Jaros, MD, had signed Frankie's certificate. Fortunately, Dr. Eric Luft, Curator of the Medical Archives at SUNY Upstate Medical Center, was able to supply Janice with Dr. Turek's address and phone number.

How could a death certificate, signed more than fifty years ago by a young pediatric resident become the basis for a friendship between a polio survivor who still misses her twin and a retired physician who still practices the art of healing? For the past year, the two have shared memories of their polio experiences – one as a compassionate caregiver, the other as a determined polio survivor.

As you have probably guessed, I am the girl who once endured whirlpool therapy treatments, the girl who fell flat on her face when she took that first momentous step, and the twin who suffered unimaginable sorrow as she tried to come to terms not only with Frankie's death but also what a place like Heaven was all about for him and what a place called Earth was all about for her – without him.

Although I had long ago come to terms with Frankie's death when I spoke with Dr. Turek for the first time, I cannot tell you what it meant to me to be speaking with one of the last people who ever touched him, someone who over fifty years later could still speak of polio – and children like Frankie – with such passion and caring.

In February 2007, my husband Dave and I flew to Florida to meet Dr. Turek. Every time I picture her in my mind's eye, I place her by my twin's side in his final moments – what a comforting thought for a now grown woman who as a little girl played the part of "little mother" to her birth partner.

More than twenty years into retirement, Alice (Jaros) Turek, MD, Class of 1951, knows, as we do, the horrors of polio and the importance of ending its reign once and for all. She is a compassionate, wise voice that speaks not only to me but also to all of us: We are bigger than the aftermath of our disease. Each, in our own way, must continue the fight for research, advocacy, education and eradication. We'll each find a way.

Dr. Turek has helped me find mine. ▲



Dr. Alice Jaros Turek in 2007

Nichols has written *Twin Voices: A Memoir of Polio, the Forgotten Killer*, which will be available in the fall (www.iUniverse.com). She explains, "It is written in multiple 'voices,' and my reason for writing the book is to stress the importance of the fight for eradication."

The book includes extensive endnotes, a bibliography, and provides information about the various organizations involved in this worldwide effort.

"The Way We Are"

A Club Promoting Self-Confidence in the DR Congo

Caroline Savitzky, IPVRC Development Officer, Saint Louis, Missouri, carolinesa@gmail.com

At IPVRC rehabilitation centers* for children and youth with disabilities in the Democratic Republic of Congo, wearing short pants has meaning far beyond simply helping people stay cool in the tropical climate of central Africa.

IPVRC was first introduced in *Post-Polio Health* (Vol. 22, No. 1; Winter 2006) in an article describing the unique challenges facing children with varying degrees of paralysis in the DR Congo.

On Saturdays, everyone at the centers wears shorts because that is the day new beneficiaries and their parents come seeking treatment. The staff – virtually all of whom are brace-wearing and former beneficiaries of the program themselves – want all visitors, and especially the impressionable children and youth among them, to see clearly that people with disabilities are exercising very critical roles. This is important because significant stigma and misunderstandings about people with disabilities are still widespread in the society.

For the newer beneficiaries at the centers, showing off braces by wearing shorts when visitors are around takes a certain amount of new-found courage and confidence. Knowing this, older beneficiaries started a club called "Ndenge Tozali," which means *The Way We Are* in Lingala, a language spoken by many people in the Congo, to encourage confidence and support.

decided that future members would have to be voted in based on whether the candidates frequently opted to wear shorts in public, especially far away from the center and the support of their fellow beneficiaries. New members are nominated and considered for membership only twice a year.

The strategy has worked. There is a noticeable proliferation of shorts-wearing around the IPVRC centers as other children and youth, hopeful of getting in and participating in the social outings, try to impress the current voting club members. In so doing, they gradually become less and less self-conscious.

When other people see the members out in public not trying to cover up their braces, but rather quite naturally dancing or participating in sports, they are impressed and ask questions. The members welcome these opportunities to educate and engage the community.

*IPVRC Update:

IPVRC (International Polio Victims Response Committee) is now operating brace-crafting facilities and rehabilitation centers in Kinshasa, Lubumbashi, Butembo, Bunia, Kalemie and Goma. The organization continues to need additional funding. Information about IPVRC, including a description of its new Medical and Educational Sponsorship programs, can be found at www.ipvrc.org. ▲



Several times a year club members wear their shorts on a social outing in a public place, having a good time together while also helping the public feel more relaxed around people with disabilities.

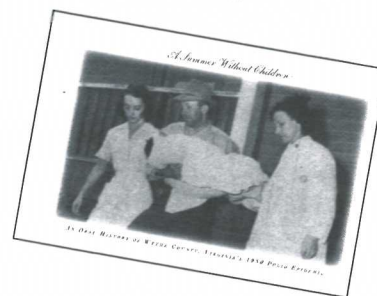
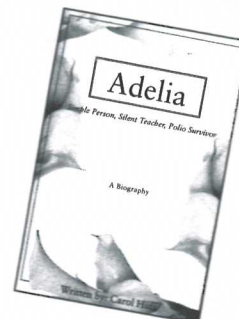
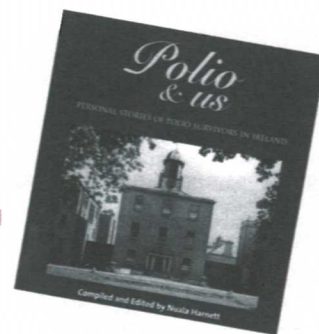
Not everyone can be a member of the Ndenge Tozali club. The founding members

Polio and us, compiled and edited by Nuala Harnett, is an attractive 96-page book featuring personal stories of 29 polio survivors in Ireland. A legacy initiative of Post Polio Support Group, the book's well-chosen photographs add to the experience. *Polio and us* (2007) will soon be downloadable free of charge from www.ppsg.ie.

Adelia: Simple Person, Silent Teacher, Polio Survivor is a biography of a survivor who died in 1971 at age 28. The 116-page book published by iUniverse was written by Carol Huff, Adelia Jean Bishop Pollitt's younger sister. Adelia's children were nine and eight years old when she died. In writing the book, Huff created a memory of their mother. *Adelia* (2007) can be purchased from www.iuniverse.com and online booksellers for \$13.95. International orders: Call 00-1-402-323-7800.

A Summer Without Children: An Oral History of Wythe County, Virginia's 1950 Polio Epidemic was produced for the opening of an exhibit at the Thomas J. Boyd Museum, Wytheville, Virginia, about "the worst per capita polio outbreak in the US." The small town of Wytheville (population 5,550) accounted for 185 cases of polio that summer. For more information, contact The Museum Shop, 115 West Spiller Street, Wytheville, Virginia 24382 (276-223-3457). ▲

Warm Springs: Traces of a Childhood at FDR's Polio Haven, by novelist Susan Richards Shreve, has received considerable public attention and rave reviews. Published by Houghton Mifflin (2007), the 215-page book lists for \$24 (USD).



From Our Members

"On the question from Jean Davis (*Post-Polio Health*, Vol. 23, No. 1) about arm supports: they are available through the Sammons-Preston catalog (sammonspreston.com). Click on 'Dining' and then 'mobile arm supports.'

"My occupational therapist refers to them as 'Balanced Forearm Orthoses' or BFOs for short. Unfortunately, there is no orthotics shop near me that is willing to work on them, let alone make them. The only option was to purchase a ready-made one that can be easily adjusted.

"I recommend a company in Hot Springs, Arkansas, called JAECO. Their designs carry the Rancho name, but they don't usually sell direct. People will need to have the device fitted by an OT, who can order it. I highly recommend purchasing the JAECO/Rancho mount with it if it is going to be mounted on a wheelchair. It's expensive, but it allows balance adjustments easily and in every direction – medial/lateral as well as anterior/posterior. I tried the less expensive mount first, and it was a waste of time and money."

–Lawrence C. Becker, Roanoke, Virginia (lcbecker@bookwork.net)

WE'RE STILL HERE Campaign

October 14-20, 2007

Acute poliomyelitis is nearly eradicated worldwide, but **WE'RE STILL HERE**. We – the 20 million survivors living in every country – want the whole world to know of our contributions and needs.

Inspired by the European Polio Union's commitment to an "action day" at the European Union Parliament, Post-Polio Health International calls on all its individual and Association Members worldwide to join the Campaign.

The goal is a "Letter to the Editor" or an "OP-Ed" by a polio survivor, or a radio, TV or Internet interview of a polio survivor in every country, state/province and city/town in the world.

We want to tell the world that:

WE'RE STILL HERE ...

- ... working as executives, scholars, teachers, laborers, writers, health professionals.
- ... attending schools and universities.
- ... retired but volunteering at schools, places of worship, non-profits.
- ... anchoring families as parents, grandparents, great-grandparents, siblings.
- ... committed to enhancing the lives and independence of all survivors of polio.

WE'RE STILL HERE ...

- ... needing greater access to education, employment and transportation.
- ... needing improved access to medical care, including rehabilitation and re-rehabilitation.
- ... asking for support of the worldwide poliovirus eradication effort, insisting that the appropriate agencies and governments finish the job and maintain appropriate vaccination rates.

What are PHI's objectives?

- To educate about post-polio issues.
- To remind the general public of our successes and contributions.
- To find all survivors, including the oft-forgotten younger ones.
- To recruit health professionals to treat us.
- To initiate a comprehensive secure searchable database.

You Can Help! Join the Campaign. Start now!

PHI has created several sample letters that we will send on request. Go to www.post-polio.org and click on "**WE'RE STILL HERE**" for more ideas as to how you can join the Campaign.

Association Members and Support Groups: Contact your local media to plan for the **WE'RE STILL HERE Campaign** during the week of October 14-20, 2007.

The next *Post-Polio Health* will be published after October 14-20, 2007. Send your published letters to PHI so we can acknowledge them and track the results of our **WE'RE STILL HERE Campaign**. ▲

Check out PHI's new website!

Same address, new features ...

www.post-polio.org

International Ventilator Users Network now has its own site ...

www.ventusers.org

Special Thanks to Our Supporters

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Marvin Cooper	Mr. Carol Ozzie
Marvin Cuthbertson	Ozborne
Marilyn Fanelli	David R. Welch
Mathilda Massel	Robert Mark Westcott

Recent contributions to PHI's educational, advocacy and networking activities ...

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Linda Bieniek	Joan L. Headley
Lauro Halstead, MD	Shirley Hill

In Memory of

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John Cimino	Robert Muir
Preston Covey, Jr.	Esther Nyberg
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In Honor of

Ashley Lipnick

In Memory of

Danny & Amy Creely

Reminder to Our Donors:

The Pension Protection Act of 2006 offers tax benefits to individuals donating from their IRA Accounts this year, 2007, just as it did for 2006.

Remember Post-Polio Health International's educational and advocacy work or its Research Fund when donating this year. Consult your financial/tax advisor for details about the Act or contact Joan L. Headley (director@post-polio.org) about the work of PHI and its Research Fund.

Join PHI!

Support Post-Polio Health International's educational, research, advocacy and networking mission.

Rates Effective July 2007

PHI membership levels make it easy to start taking advantage of timely and important news and activities relating to the late effects of polio. Select your level below and return it with your check or credit card information. Or join PHI online at www.post-polio.org. Memberships are 100 percent tax-deductible.

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No. 24

FOREWORD

This list of adult cabinet type respirators or "Iron Lungs" has been compiled from records available June 1, 1946. It contains only those respirators which have been approved by the Council on Physical Medicine of the American Medical Association. The list is not complete for it does not give consideration to transfer and resale of machines, nor have all that are worn out been removed. These standard cabinet type respirators are not to be confused with other machines such as chest type respirators, resuscitators, inhalators or aspirators.

The National Foundation hopes that the list will be helpful in any emergency and during epidemics of infantile paralysis. It can serve as a guide for those contemplating the purchase of an "Iron Lung" as it readily shows the accessibility of respirators for any given community. Should the purchase of a respirator be considered, we suggest such a step be discussed with leading persons in the medical profession and a careful study be made with respect to local hospital facilities, number of respirators within transportable distance, availability of competent medical supervision and trained nursing service, total population to be served, previous incidence of cases needing respirator treatment and whether the initial cost and upkeep warrant such a purchase.

The Foundation owns a number of adult cabinet type respirators or "Iron Lungs" which can be borrowed by hospitals or communities during infantile paralysis epidemics or emergencies. These are supplied on the basis that the Chapter or some other local agency pay all transportation costs, make necessary repairs before returning them, and make certain that trained personnel is available to operate the machine and care for the patient.

These loan respirators are not intended to meet all demands but are merely to meet emergencies. Experience has shown that most owners of respirators freely cooperate in making their machines available on loan when needed, but in an emergency, if you are unable to borrow a machine, telephone or telegraph your needs to the National Foundation.

The Medical Advisers of The National Foundation believe that a well balanced geographical distribution of respirators or "Iron Lungs" would best serve the interests of all our people. The Foundation is prepared to render any assistance that it can in regard to respirator problems.

BASIL O'CONNOR, President
The National Foundation for
Infantile Paralysis

Polio History

Locations and Owners of Respirators Throughout the United States

NEW YORK (Cont.)

New York City (New York)	St. Luke's Hospital Society of Prevention of Asphyxial Death Willard Parker Hospital... (6)
(Queens)	Flushing Hospital and Dispensary (2) Jamaica Hospital Mary Immaculate Hospital Queens General Hospital... (6) Rockaway Beach Hospital and Dispensary St. Anthony's Hospital St. John's Long Island City Hospital (2) St. Joseph's Hospital..... (2) Triboro Hospital Wyckoff Heights Hospital
(Richmond)	Halloran General Hospital... (2) Sea View Hospital..... (2) (Owned by Department of Hospitals)
Niagara Falls (Niagara)	Niagara Falls City Quarantine Hospital (Owned by Loyal Order of Moose)
Norwich (Chenango)	Chenango Memorial Hosp... (2)
Olean (Cattaraugus)	St. Francis Hospital
Peekskill (Westchester)	Peekskill Hospital
Plattsburgh (Clinton)	American Legion
Port Chester (Westchester)	United Hospital
Port Jefferson (Suffolk)	St. Charles Hospital
Port Jervis (Orange)	St. Francis Hospital
Poughkeepsie (Dutchess)	Vassar Brothers Hospital... (3) (1 owned by Dutchess County Chapter of The National Foundation)
Rochester (Monroe)	Rochester Municipal Hospital Strong Memorial Hospital... (4) (1 owned by Monroe County Chapter of The National Foundation)
Rome (Oneida)	Rome Hospital and Murphy Memorial Hospital
Saratoga Springs (Saratoga)	Saratoga Hospital
Schenectady (Schenectady)	Ellis Hospital Schenectady City Hospital... (2)
Southampton (Suffolk)	Southampton Hospital
South Otselee (Chenango)	Mr. G. Clayton Dutton
Syracuse (Onondaga)	City Hospital..... (5) (1 owned by U. S. Army)
Troy (Rensselaer)	Leonard Hospital Samaritan Hospital Troy Hospital Rhoads General Hospital (Owned by U. S. Army)
Utica (Oneida)	Utica General Hospital
Valhalla (Westchester)	Grasslands Hospital..... (2) (1 owned by Tarrytown Hospital)
Watertown (Jefferson)	Elks Lodge of Watertown Iron Lung Fund..... (2)
Waverly (Tioga)	Tioga General Hospital