



We are Saddened by the Passing of OPN Past President Dave Livingston



David A. Livingston, age 72, of North Ridgeville, passed away on August 20, 2019 at Life Care Center in Westlake after a lengthy illness.

He was born on August 21, 1946 in Martins Ferry, Ohio and had been a resident of North Ridgeville for the past 31 years. David earned his bachelor's degree from Ohio University in 1969, where he was the penalty timekeeper for the hockey team. He went on to work as the supervising chemist for the Northeast Ohio Sewer District, retiring in 2000 after 30 years of service. He was a polio survivor from age 5 and was very active in local, state and national polio associations, and also acted as the President of the Ohio Polio Network, for which he was the editor of their newsletter. David was the elected President of the resident council at Life Care Center in Westlake.

He enjoyed working with stained glass, fishing, wood working and collecting arrowheads. He also loved antique cars, especially his '56 Chevy.

David is survived by many dear friends.

He was preceded in death by his parents Russell and Helen (nee Sadowski) Livingston; sister Beverly Jean Livingston, stepfather William Neugebauer. Funeral services will be held in the Bogner Family Funeral Home, 36625 Center Ridge Rd., N. Ridgeville on Friday at 7:00 p.m., where friends will be received from 5:00 p.m. until time of service. Rev. Neal Brock will officiate.

Inurnment will be in Upland Heights Cemetery, Yorkville, Ohio.

It was David's wish that donations be made to the Ohio Polio Network, c/o Judi Jacobs, Treasurer, 464 17th St. NW, Barberton, OH 44203.

Dave will be missed by his many friends. Our thoughts and prayers are with Dave and his family and friends at this sad time.

Editor: Alice Sporar

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Ohio Polio Network Annual Membership Meeting

The Ohio Polio Network annual meeting for the membership will be held on **Saturday, October 12, 2019 at 1:30 PM**. The meeting is primarily to elect members to the Ohio Polio Network Board of Directors. This meeting will be held by Conference Call. If you are a member and wish to be connected to the Annual Meeting Conference Call, we need to know by September 28th for planning purposes. A number of the current Board Members will be gathering for the call immediately following the Akron Post-Polio Support Group Meeting at the NEW ERA RESTAURANT, 10 MASSILLON RD., AKRON, OH 44312. The Group has extended an invitation to anyone wishing to join them and for their 11:30 AM Support Group meeting as well.

In either case, or if you are interested in becoming a member of the Ohio Polio Network Board, contact Patrick Kelly pkelly03@sprynet.com or (740) 374-0538 by September 28th.

Post-Polio Health International

Phone: (314) 534-0475

<http://www.post-polio.org>

Email: info@post-polio.org

Polio Place: <http://www.polioplace.org/>

Post-Polio Directory 2019: <http://www.post-polio.org/net/PDIR.pdf>

The OPN Membership Year begins on **September 1, 2019** (September 1 – August 31). Annual Membership payment is now due for the 2019 - 2020 year. Please complete the renewal form and mail it with your check. Thank you for your support.

Membership Categories:

- Basic - \$10.00
- Donations – An annual list of people who have made a donation in any amount will be published in the December Issue of *The Polio Post* and on the website.
- Special Gifts

OPN is a non-profit & tax exempt organization under: IRS 501(c)3 and Public Charity 509 (a) (2).

Date: _____

Select One: New Membership ___ Renewal ___ Change of Address ___

The OPN Membership Year is (September 1 – August 31) Annual Membership payment is due in September .

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Special Gift: \$ _____ in memory of _____

Total Enclosed: \$ _____

THE “MIRACLE OF HICKORY”: THE 1944 POLIO HOSPITAL

April 7, 2015

In June 1944, the citizens of Hickory built a hospital in 54 hours to save their children from the worst polio outbreak that had ever hit the United States. Looking back now, even knowing the results – 13 wards erected, doctors and nurses flocking in by the dozens, hundreds of patients treated and released, with only 12 deaths, one of the country’s lowest-ever rates for polio – the enormity of the undertaking still bewilders.” (Charles D. Dixon, Hickory NC)



As early as 1916, large outbreaks of *poliomyelitis* periodically swept through American cities and towns, crippling and killing thousands. Most years saw smaller summer outbreaks that would pretty much stop with the cold weather. The victims were mainly children, but not always.

Polio is an infectious viral disease that enters through the mouth or nose, then travels to the spinal cord. There it attacks nerves that control muscle activity, causing temporary or permanent paralysis. Usually polio affects leg, arm, stomach and back muscles. But if it paralyzes chest muscles needed for breathing, it can be fatal, though iron lungs helped. There was no cure for polio, but most people did recover with at least partial return of mobility.

In June 1944, polio swept across North Carolina’s western Piedmont region, centering around Catawba County. At the time, it was thought that flies were transmitting the disease; but later it was determined that the virus was spread by the myriad of small streams throughout the region into which outhouses often emptied traces of feces holding the virus from already infected people. These streams fed people’s wells, and children often played in the streams throughout the summer.

Hickory responded by turning a local camp into an extensive emergency hospital almost overnight. The first patients were admitted within 54 hours, the feat that became known as “The Miracle of Hickory.” Patients from all over North Carolina and some neighboring states came to the Hickory hospital. On July 31, 1944, Life magazine featured four pages of photographs from the wards. (The photographs were not the ones above, which are from local sources.)

The Hickory Emergency Infantile Paralysis Hospital was in operation for nine months, until March 1945, giving other locations time to construct more permanent facilities. During its existence, 663 patients, of whom 528 were admitted. It is notable that in a time of closely observed racial segregation, 55 African American children were evaluated to unsegregated wards.



Paralysis Hospital was in operation for nine months, until March 1945, giving other locations time to construct more permanent facilities. During its existence, 663 patients, of whom 528 were admitted. It is notable that in a time of closely observed racial segregation, 55 African American children were evaluated to unsegregated wards.

Although the two diseases differ in fundamental ways, it might seem a short step to equate this epidemic with what happened in 2013-2016, including the urgency of early treatment. However, for managing the Hickory polio epidemic there was at least one significant difference: those who cared for the polio patients rarely became sick themselves. One reason for that was probably that those adults had acquired at least partial immunity as children, from having grown up in less carefully hygienic times coupled with being exposed to less severe earlier outbreaks.

The introduction of polio vaccines (beginning with Salk's in 1955) and their development over the years has largely eradicated world-wide the kinds of polio epidemics that touched Hickory in 1944.

The Miracle of Hickory (continued)

On Feb. 1, 2015, Melinda Herzog, who for nine years had been the Executive Director of the Catawba County Historical Association, gave an illustrated talk at HMA about The Miracle of Hickory.

The history of the polio epidemic in Hickory is generously documented on the Internet, and can be retrieved via a Google search under "hickory nc polio epidemic." Hickory native Marvin Elliott's 2007 "Mass Media and the Miracle of Hickory" is particularly thorough, and includes follow-up reflections and bibliographic references.

(<http://www.ndsu.edu/pubweb/~rcollins/elliott.htm>)

Post by Karin Borei, HMA Project Coordinator, writer and editor as needed, and HMA blogger since our blog's inception in March 2015.

This was Dave Livingston's first column, as President, in the newsletter of Spring 1999. I believe that Dave's thoughts and priorities are still important and relevant for each of us today. - Pat Kelly

**OHIO POLIO NETWORK
NEWSLETTER**

VOL. 6, NO. 1 SPRING 1999

Dave's Column:

You may recognize my name as the Editor of the OPN newsletter or perhaps a support group leader. Well I've decided to wear another hat, President of OPN. I want to thank Pat Kelly for leading us the past couple of years, plus Greg Larbes who made OPN what it is today. I hope to continue that tradition.

A little background: I've been an OPN board member for 8+ years. I started a support group in Lorain County because I could not find any local info on polio, plus I knew of no doctors in the area. So I know what you are going through. Its even more frustrating because there are less and less doctors and professionals who really understand us. That is why I've dedicated this issue to the support groups. Its where the rubber meets the road. The way I see it, without the support groups OPN doesn't need to exist. We are the hub and networking with other organizations, similar groups, GINI in St. Louis, plus on the net will help us cope and maintain a lifestyle to our benefit. I take it one day at a time plus am still trying to learn to pace myself. I have to ask the good Lord for patience, patience, and more patience.

One of my hopes is to have half of our board members be either a leader of or a strong representative from one of our many support groups. I would also like to encourage networking (e-mail) among both the support groups and the OPN board. Feel free to contact both of our OPN liaisons – Joan Prior and Val Hill, if you have any questions or concerns. Speak your peace, call me, I'll listen and try to help. We are here for you.

One of the keys is educating both the public and the professional (there's not many left), plus family, friends, and helpers. Another is being assertive in your own healthcare and well-being; if it leads to advocacy, so much the better. You know your body the best, listen to it! We all need to practice lifestyle modifications, plenty of rest and patience. Lastly, join a local support. You will be surprised at the laughter, fun, learning, and strong bonds they will create, if you let them.

Dave Livingston, President

In Memory of James D. Zachritz

MARCH 20, 1933 – AUGUST 1, 2019

James Dudley Zachritz age 86 of Centerville passed away Thursday August 1, 2019 at St Leonard's. He was preceded in death by his parents George and Margaret Zachritz. Survivors include his wife Arlene G. Zachritz; his children Robert (Rebecca) Zachritz, Susan Ann Kelleher (William L. (Tuck) Kelleher III); a brother, Garry D. (Laurie Miholer) Zachritz and grandchildren Jennifer Ann Kelleher, Timothy James Kelleher, Matthew Robert Kelleher, Abigail Joy Zachritz, and Jonathan David Zachritz. He was a veteran of the United States Air Force, was an attorney for over 45 years spending much of his career in the city of Xenia where he was a member of the Kiwanis. Jim was a member of Christ United Methodist Church for over 50 years, past president of the Centerville Historical Society and past president of the Centerville Kiwanis. Memorial Service 3pm Sunday August 4, 2019 at Christ United Methodist Church 3440 Shroyer Rd. Kettering, Ohio 45429. Pastor Brian Law officiating. In lieu of flowers memorial contributions may be made to the Christ United Methodist Church or the World Vision P.O. Box 9716 Federal Way, WA 98063-9716. On line condolences may be sent to www.tobiasfuneralhome.com

Our prayers and deepest condolences go out to the Zachritz family, especially Arlene, Miami Valley Post-Polio Support Group Leader.

“Bruno Bytes” Tips and Tidbits from the Post-Polio Coffee House

By Dr. Richard L. Bruno, PhD

On the topic of Power Wheelchair (and Equipment) “Scams” (3/28/2017)

Original Post: It's so good to know I'm going to be mobile. I've been approved for a motorized chair and a company has been calling. They say they got Medicaid/Medicare approval for a chair for me. It is a portable indoor/outdoor chair called Cobra and I had no choice of other power wheelchairs. I was concerned because the salesman wanted my bank info to "secure" it. I said no, I don't want to do that. They are planning to bring it to me but I think I should maybe call Medicaid and find out just what they approved.

Dr. Bruno's Response:

WARNING! *Never* give out your bank information!

No choices? No way!!! They're going to bring you a portable indoor/outdoor chair called a Cobra? That is either a Cobra GT4, a Heavy Duty Power Scooter that's far from “portable” without a crane and not intended for in-home use (as Medicare requires) or a Chinese-made power wheelchair. This company told you they want your bank info to "secure" it. If they are asking for your bank account information, they don't have approval. You have to go through the steps for Medicare and meet requirements for Medicaid. Did your doc write the Rx and describe your wheelchair evaluation in his notes, as Medicare requires? Were you fitted by a Medicare-certified therapist for the chair as Medicare requires? The company who called you is using high-pressure sales. Don't ever deal with anyone that forces ONLY ONE device on you, and doesn't allow you to try multiple pieces of equipment. Also, never buy a wheelchair from a company that doesn't have a vendor in your state and (hopefully) is close to you.

Additional Post: I've been going through the correct process of getting a new wheelchair, with the doctor, PT etc. I wish I had known this before. The first chair I got was through the Scooter Store and it was a horrible experience. The chair did NOT work for me! Since Medicare and my insurance helped pay for it I wasn't eligible for another chair for 5 years. I am so happy you are warning people about these scams.

Reprinted from PA Polio Network, May 2017

Candy Land Was Invented for Polio Wards

A schoolteacher created the popular board game, which celebrates its 70th anniversary this year, for quarantined children.

ALEXANDER B. JOY

JUL 28, 2019

If you were a child at some point in the past 70 years, odds are you played the board game Candy Land. According to the toy historian Tim Walsh, a staggering 94 percent of mothers are aware of Candy Land, and more than 60 percent of households with a 5-year-old child own a set. The game continues to sell about 1 million copies every year.

You know how it goes: Players race down a sinuous but linear track, its spaces tinted one of six colors or marked by a special candy symbol. They draw from a deck of cards corresponding to the board's colors and symbols. They move their token to the next space that port to the first to reach

Nothing the the outcome; the deck is to see it re-game absent Consequently, as much as

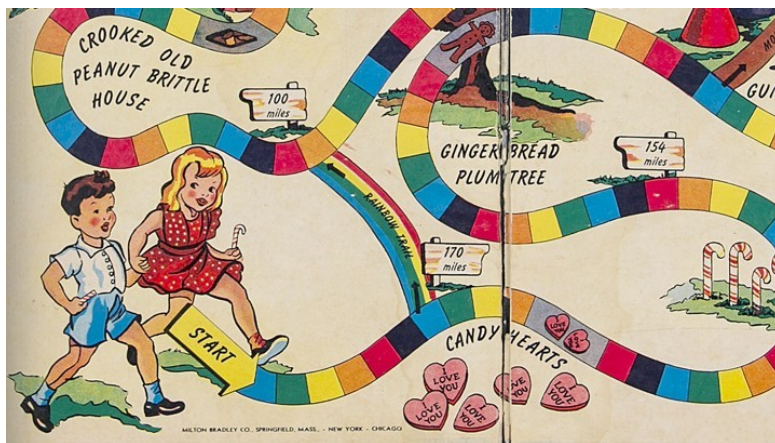
Yet for all its dren still love it. What makes

have something to do with the game's history: It was invented by Eleanor Abbott, a schoolteacher, in a polio ward during the epidemic of the 1940s and '50s.

The outbreak had forced children into extremely restrictive environments. Patients were confined by equipment, and parents kept healthy children inside for fear they might catch the disease. Candy Land offered the kids in Abbott's ward a welcome distraction—but it also gave immobilized patients a liberating fantasy of movement. That aspect of the game still resonates with children today.

Poliomyelitis—better known as polio—was once a feared disease. It struck suddenly, paralyzing its victims, most of whom were children. The virus targets the nerve cells in the spinal cord, inhibiting the body's control over its muscles. This leads to muscle weakness, decay, or outright fatality in extreme cases. The leg muscles are the most common sites of polio damage, along with the muscles of the head, neck, and diaphragm. In the last case, a patient would require the aid of an iron lung, a massive, coffinlike enclosure that forces the afflicted body to breathe. For children, whose still-developing bodies are more vulnerable to polio infection, the muscle wastage from polio can result in disfigurement if left untreated. Treatment typically involves physical therapy to stimulate muscle development, followed by braces to ensure that the affected parts of the body retain their shape.

Vaccines appeared in the 1950s, and the disease was essentially eradicated by the end of the millennium. But in the mid-century, polio was a medical bogeyman, ushering in a climate of hysteria. "There was no prevention and no cure," the historian David M. Oshinsky writes. "Everyone was at risk, especially children. There was nothing a parent could do to protect the family." Like the outbreak of AIDS in the 1980s, polio's eruption caused fear because its vectors of transmission were poorly understood, its virulence uncertain, and its repercussions unlike those of other illnesses. Initially, polio was called "infantile paralysis" because it struck mostly children, seemingly at random. The evidence of infection was uniquely visible and visceral compared with that



The 1949 Candy Land board depicts a boy in a leg brace, like many polio patients had to wear. (COURTESY OF THE STRONG MUSEUM, ROCHESTER, NEW YORK)

move their token to the next matches the drawn color or tele-space matching the symbol. The the end of the track is the winner.

participants say or do influences the winner is decided the second shuffled, and all that remains is vealed, one draw at a time. It is a strategy, requiring little thought. many parents hate Candy Land their young kids enjoy it.

simplicity and limitations, chil-Candy Land, and adults still buy it so appealing? The answer may

Candy Land (continued)

of infectious diseases of the past, too. “It maimed rather than killed,” as Patrick Cockburn puts it. “Its symbol was less the coffin than the wheelchair.”

Children of the era faced an unenviable lot, whether infected with polio or not. Gerald Shepherd provides a glimpse of the paranoiac atmosphere of the polio scare and its effects on children in a firsthand account of his San Diego childhood in the late 1940s, at the height of the epidemic. Quarantine and seclusion were the most common preventative measures:

Our parents didn't know what to do to protect us except to isolate us from other children ... One time I stuck my hand through a window and badly cut myself, and despite several stitches and wads of protective bandaging, my father still grounded me that week for fear polio germs might filter in through the sutures.

Kids his age were well aware of what polio could do. “Every time one of our buddies got sick,” Shepherd recalls, “we figured he was headed for the iron lung.” If you caught polio, you would be committed to a hospital with a chance of being forever anchored to a machine. If you didn’t catch it, you would be stuck indoors for the foreseeable future (which, from a child’s perspective, might as well be forever).

For a child of the 1940s or ’50s, polio meant the same thing whether you contracted it or not: confinement.

The Milton Bradley executive Mel Taft [said](#) that Abbott, the inventor of Candy Land, was “a real sweetheart” whom he liked immediately. According to Walsh, the toy historian, the two met when Abbott brought Milton Bradley a Candy Land prototype sketched on butcher paper. “Eleanor was just as sweet as could be,” Taft recalled. “She was a schoolteacher who lived in a very modest home in San Diego.”

Details about her life outside this interaction are scant. Curators at the Strong Museum of Play in Rochester, New York, say that the museum has no holdings in its extensive archives from Abbott’s records; they rely on Walsh’s account. Walsh told me that Taft was his only source, and Hasbro, which now owns Milton Bradley, did not respond to a request for records that might verify Abbott as the game’s inventor. Among the few facts researchers have unearthed about her: A phone book containing her number [exists in the collections](#) of the San Diego Historical Society (the only trace of her in its archives). And according to some accounts, she gave much of the royalties she earned from Candy Land to children’s charities.

There is reason to believe that Abbott was ideally suited to consider polio from a child’s perspective. As a schoolteacher, she would have been acquainted with children’s thoughts and needs. And in 1948, when she was in her late 30s, she herself contracted the disease. Abbott recuperated in the polio ward of a San Diego hospital, spending her convalescence primarily among children.

Imagine what it must have been like to share an entire hospital ward with children struggling against polio, day after day, as an adult. Kids are poorly equipped to cope with boredom and separation from their loved ones under normal circumstances. But it would be even more unbearable for a child confined to a bed or an iron lung. That was the context in which Abbott made her recovery.

Seeing children suffer around her, Abbott set out to concoct some escapist entertainment for her young ward-mates, a game that left behind the strictures of the hospital ward for an adventure that spoke to their wants: the desire to move freely in the pursuit of delights, an easy privilege polio had stolen from them.

From today’s perspective, it’s tempting to see Candy Land as a tool of quarantine, an excuse to keep kids inside in the way Shepherd remembers. The board game gathers all your children in one place, occupying their time and attention. Samira Kawash, a Rutgers University professor, [suggests](#) that this is the main way polio informed the game’s development. “The point of Candy Land is to pass the time,” she writes, “certainly a virtue when one’s days are spent in the boring confines of the hospital and an appealing feature as well of a game used to pass the time indoors for children confined to the house.” For Kawash, Candy Land justifies and extends the imprisonment of the hospital, becoming another means of restriction.

But the themes of Candy Land tell a different story. Every element of Abbott’s game symbolizes shaking off the polio epidemic’s impositions. And this becomes apparent if you consider the game’s board and mechanics relative to what children in polio wards would have seen and felt.

Candy Land (continued)

In 2010, when he was almost 70 years old, the polio survivor Marshall Barr [recalled](#) how only brief escapes from the iron lung were possible. The doctors “used to come and say, ‘You can come out for a little while,’ and I used to sit up perhaps to have a cup of tea,” he wrote, “but then they would have to keep an eye on me because my fingers would go blue and in about 15 minutes I would have to go back in again.” Children would have played Abbott’s early version of Candy Land during these breaks, or in their bed.

Walsh reports that kids loved Abbott’s game, and “soon she was encouraged to submit it to Milton Bradley.” In part, anything that would have reduced boredom would have excited kids during treatment. As the historian Daniel J. Wilson [explains](#), the wards provided little to occupy their young occupants. “In most cases, patients had to find ways to entertain themselves,” he writes.

It was a tall order. The ward’s setup taxed the imagination. The staff, fellow patients, or radio broadcasts would have been a child’s sole company—only doctors and nurses were allowed in the room. [Images of polio wards](#) depict a geometry even more rigid and sterile than that of typical hospital settings: row upon row of treatment beds and iron lungs. The children lying supine in iron lungs could see only what was on either side of their head (a line of patients telescoping down the ward) or reflected in mirrors mounted overhead (the floor’s tessellation of bleached tiles).

Candy Land offered a soothing contrast. Repeating tiles line the game’s board, but instead of a uniform, regimented grid, Abbott rearranged them into a meandering rainbow ribbon. Even tracing it with your eyes is stimulating—an especially welcome feature if illness has rendered them the most mobile part of your body.

A colorful chocolate-and-candy landscape seems like the game’s main attraction, but Candy Land’s play revolves around movement. In theme and execution, the game functions as a mobility fantasy. It simulates a leisurely stroll instead of the studied rigor of therapeutic exercise. And unlike the challenges of physical therapy, movement in Candy Land is so effortless, it’s literally all one can do. Every card drawn either compels you forward or whisks you some distance across the board. Each turn promises either the pleasure of unencumbered travel or the thrill of unexpected flight. The game counters the culture of restriction imposed by both the polio scare and the disease itself.

The joy of movement, especially for polio patients, seems to have been integral to Abbott’s design philosophy from the start. The [original board](#) even depicts the tentative steps of a boy in a leg brace.

The game also recognizes that mobility entails autonomy. At least part of Candy Land’s appeal is the feeling of independence it provides its young players. In a backstory printed in the game’s [instruction manual](#), the player tokens (in the current edition, four brightly colored plastic gingerbread men) are said to represent the players’ “guides.” They represent the chance to be an active agent, with assistance—an ambulatory adventurer, not a prisoner of the hospital or home. The game may even mark the first time a player feels like a protagonist. The threat of polio has lessened over time, but Candy Land’s value persists because of what it teaches. This is not to rehash the usual litany of early-childhood skills some Candy Land proponents [tout](#). Yes, the game strengthens pattern recognition. Sure, it can teach children to read and follow instructions. In theory, it shows children how to play together—how to win humbly or lose graciously. But any game can teach these skills.

Candy Land’s lessons are not to be found in the game, but in its results. Now that polio is a distant fear and mobility a power taken for granted, most games of Candy Land disappoint. The rules today are the same as they were in 1949, but something about the proceedings simply does not add up. Eventually, children recognize that they don’t have a hand in winning or losing. The deck chooses for them. An ordained victory is an empty one, without the satisfaction of triumph through skills or smarts.

When children want a more challenging experience, they leave Candy Land behind. And that, in the end, is what makes Candy Land priceless: It is designed to be outgrown. Abbott’s game originally taught children, immobilized and separated from family, to envision a world beyond the polio ward, where opportunities for growth and adventure could still materialize. Today that lesson persists more broadly. The game teaches children that all arrangements have their alternatives. It’s the start of learning how to imagine a better world than the one they inherited. As it has done for generations, Candy Land continues to send young children on the first steps of that journey.

This post appears courtesy of [Object Lessons](#).

Ohio Polio Network Board and Advisory Board

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Marietta, OH
(740) 374-0538

Vice-President

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(330) 671-7103

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Support Group**Liaison**

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DB Administrator

Nelson Sommers
Cuyahoga Falls, OH
(330) 807-6085

OPN Board

Bob Boyce
Akron, OH 44333
Cell: 832-250-0155

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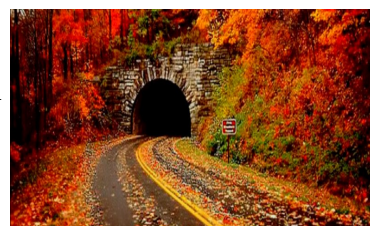
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(419) 898-3130

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Vienna, WV
(304) 295-4233

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Cleveland Clinic
Cleveland, OH
(800) 223-2273

OPN Advisory Board

Nikki Wingerson
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(330) 686-1071



Post-Polio Support Groups

Akron

Brenda Ferguson
(330) 671-7103
Judi Jacobs
(330) 745-5312

Central Ohio Polio**Network (Columbus)**

Aldeen "Monica" Wilford
(614) 581-6979
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"Autumn is the season to find contentment at home by paying attention to what we already have."

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Winter	December 1st											
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The Polio Post
c/o Alice Sporar
7251 Olde Farm Lane
Mentor, OH 44060-3995



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