

The Polio Post

Ohio Polio Network Newsletter

Summer 2014 Issue

Editor: Alice Sporar

To Protect Progress, WHO (World Health International) Declares Polio Spread Public Health Emergency of International Concern

Today, after receiving advice from an Emergency Committee of independent experts and in order to protect progress toward eradication, WHO Director-General Margaret Chan declared the recent international spread of wild poliovirus a "public health emergency of international concern," and issued Temporary Recommendations under the International Health Regulations (2005) to prevent further spread of the disease as the high season approaches.

This decision comes at a time when the world is better-positioned than ever to end polio. The program is making progress against all objectives of the 'endgame' Strategic Plan to end all polio by 2018. India, considered the most technically-challenging place to eradicate polio, is polio-free and more of the world's population lives in certified polio-free regions than ever before.

However, from January to April this year – considered the low-transmission season for polio – the virus has been exported to three countries in three major epidemiological zones: in central Asia (from Pakistan to Afghanistan), in the Middle East (Syria to Iraq) and in Central Africa (Cameroon to Equatorial Guinea). Although outbreaks have been an expected risk in global eradication, the Committee deemed consequences of further international spread to be particularly acute at this moment, with several countries with complex humanitarian emergencies or other major challenges bordering these infected countries.

As we enter the high transmission season for wild poliovirus, a coordinated international response is essential to raise immunity and stem the spread of the virus. The Director-General's recommendations are a signal of the international community's commitment to protecting global progress against polio and using all necessary measures to end the disease forever.

The Director-General's emergency recommendations are as follows: For countries currently exporting wild poliovirus (Pakistan, Cameroon, and Syria):

- The head of state or government should officially declare that the interruption of polio transmission is now a national public health emergency, if this has not been done already;
- They should ensure that all residents and long-term visitors (of over 4 weeks) receive an additional dose of oral polio vaccine (OPV) or inactivated poliovirus vaccine (IPV) between 4 weeks and 12 months before each international journey;

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- They should ensure that residents and long-term visitors who are going on urgent travel (less than 4 weeks' notice) and have not been vaccinated with OPV or IPV within the previous 4 weeks to 12 months, receive a dose at least by the time of departure as this will still provide benefit, particularly for frequent travelers;
- They should ensure travelers are provided with a WHO/IHR "yellow booklet" International Certificate of Vaccination or Prophylaxis or equivalent to record their polio vaccination and serve as proof of vaccination;
- They should maintain these measures until at least 6 months have passed without new exportations and with documentation that there is strong surveillance for the virus and that people are getting vaccinated in all infected and high risk areas. Without such documentation, these measures should be maintained until at least 12 months have passed without new exportations.

For countries which currently have wild poliovirus but have not transmitted it to another country in the low-transmission season in 2014 (Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Somalia and Nigeria):

- The head of state or government should officially declare that the interruption of polio transmission is now a national public health emergency, if this has not been done already;
- They should encourage residents and long-term visitors to receive an additional dose of OPV or IPV 4 weeks to 12 months prior to each international journey; those undertaking urgent travel (less than 4 weeks' notice) who have not been vaccinated with a dose of OPV or IPV within the previous 4 weeks to 12 months should be encouraged to receive a dose by the time of departure;
- Ensure travelers have access to an appropriate document to record their polio vaccination status;
- Maintain these measures until at least 6 months have passed without the detection of wild poliovirus transmission in the country from any source.
 The WHO Director General will convene the Emergency Committee again in three months to reassess the
 - The WHO Director-General will convene the Emergency Committee again in three months to reassess the situation and the temporary recommendations. For more details on the Temporary Recommendations or the International Health Regulations, please contact Christy Feig (feigc@who.int) or Gregory Hartl (hartlg@who.int).

ROTARY INTERNATIONAL—STRIKE OUT POLIO

Rotary International is a global network of community volunteers. Members are business, professional, and community leaders who implement community services and activities as well as international humanitarian service efforts. There are more than 12 million people in over 200 countries and geographical areas who belong to over 34,000 Rotary clubs. The Rotary Club of Cleveland was founded in 1910.

Rotary builds international understanding through scholarships, exchange programs, and humanitarian grants. They participate in a broad range of educational, intercultural, and humanitarian activities designed to improve the lives of others.

Since 1985, Rotary members have helped immunize more than 2 billion children against polio. Today, all but three countries are free of polio, and 134 are certified polio free, meaning they've reported no cases of polio for three straight years. As of June 2013, Rotary has committed more than \$1.2 billion to global polio eradication, to ensure that polio is eliminated in the last three countries where it remains, and that it does not return to others.

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Those of you who are part of our post-polio email network, were offered tickets to a Lake County Captains (minor league) game at Classic Stadium in Eastlake. Before the game, Mike Johns from the Cleveland Rotary Club, presented information about their efforts to eradicate polio in the three countries where polio is endemic—Nigeria, Pakistan, and Afghanistan. As of 2014, India is polio free! They also held a raffle and had a display with literature about the work of Rotary International.

For more information on the Rotary Club of Cleveland, call 216-556-8637, or emailclevrotary@aol.com. The website is rotaryclubofcleveland.com. Out of the Cleveland area, go to rotary.org. Email contact.center@rotary.org. Call +1-847-866-3000.

IN MEMORY OF HARRY E. MILLER 1932 - 2014



Harry E. Miller, 81, went home to be with his Lord on April 5, 2014. Born in East Liberty, Ohio on August 29, 1932 to William and Blanche Henry Miller, he was an area resident all of his life. Harry, a 1950 graduate of Greensburg H.S., was an outstanding athlete until his junior year when he came down with polio. He received his Bachelors degree in marketing from Kent State Univ. and worked for Goodyear Aerospace for 35 years, where he retired as director of manufacturing. Harry was an active member of Green Valley United Methodist Church where he chaired many committees; the building committee, being the one that was most near and dear to his heart. He was also very active in his community, where he served as a Springfield School Board member and band parent for many years.

Harry, a wonderful husband, father, grandfather and brother, was preceded in death by his son-in-law, Bill Speer; brother-in-law, Jus Harrington; and sister-in-law, Pauline Miller. He is survived by his loving family; wife of over 60 years, Mary; daughters, Betty (Rick) Fagert and Katherine "Kim" Speer; grandchildren, Laura and Jennifer Fagert, and Abigail Marie Speer; sister, Betty Harrington; brothers, Harold L. and Jerry (Pat) Miller; and many other cherished relatives and friends.

Visitation Tuesday, 5 to 7 p.m. at the Hecker Funeral Home in Uniontown. Funeral services will be held Wednesday at 11 a.m. at Green Valley U.M.C. with burial at East Liberty Cemetery. For those wishing, memorials may be made in his name to Green Valley U.M.C.620 E. Turkeyfoot Lake Rd., Akron, OH 44319. Hecker, 330 699-2600

Published in Akron Beacon Journal on Apr. 7, 2014

IN MEMORY OF ROBERT H. WALTERS

It is with great sadness to advise that we have lost a very devoted member of our support group for many years, Bob Walters. He was 81 and passed away on March 21, 2014. He and his wife, Sandra, also a member of our support group were only married for eight years. She plans to remain a member of our support group, as she said he found great joy in belonging to the group. In lieu of remembrances, they requested memorials be made to the Akron Post-Polio Support Group, c/o Ruth McCort, 1048 Austin Ave, Akron, OH 44306 or bring to a meeting. Another organization noted for memorial contributions as the American Legion Acker-Moore Post 175, 3733 Fishcreek Rd., Stow, OH 44224. Our deepest condolences to Sandra and family...Bob will be in our hearts always.

APRIL 21, 2014 MEETING OF THE

MID-OHIO VALLEY POST-POLIO SUPPORT GROUP OF THE WOOD COUNTY SOCIETY

Fourteen of us gathered in the Simonton Meeting Room of the Vienna Public Library to feast on the pizza provided by Susan Diehl Hickman of Housecalls Hospice. Judy P. provided soda and Jane A. brought red velvet cupcakes that were enjoyed by everyone.

Susan gave an overview of hospice services in West Virginia and kindly provided the following summary of her talk.

"Hospice is a service available for anyone with a life limiting illness. This means that all curative treatment has been exhausted. The patient now needs palliative care to manage symptoms associated with the chronic/terminal illness. Hospice uses an interdisciplinary team to manage patient symptoms. Hospice looks at the whole person physical, spiritual and psychosocial needs. The team is comprised of the primary care physician, hospice nurses. hospice nursing assistants, social workers, volunteers, chaplain and bereavement coordinator. A patient can receive hospice services as long as their condition is progressing and they require symptom management.

"Hospice services are paid for by Medicare, Medicaid, Insurance and Veterans benefits. There is a foundation which can assist with care for indigent patients who have no payor source. Medications related to the terminal illness and durable medical equipment are covered under the hospice benefit.

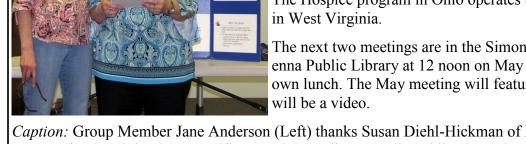
"While receiving hospice care, a patient can be admitted to the hospital for symptoms that can not be managed in the home setting. There is also available a 5 day respite for caregivers who are in need of a break. The pa-

> tient is admitted to the hospital for general care so the caregiver can rest.

"Anyone can request an informational visit to inquire about hospice services. After the visit, if the hospice nurse sees that the patient meets Medicare criteria, the nurse will contact the patient's primary care physician for an order to begin hospice services."

The Hospice program in Ohio operates under different rules than that in West Virginia.

The next two meetings are in the Simonton Meeting Room of the Vienna Public Library at 12 noon on May 19 and June 16. Bring your own lunch. The May meeting will feature games. The June meeting will be a video



Caption: Group Member Jane Anderson (Left) thanks Susan Diehl-Hickman of Housecalls Hospice for her presentation by giving her a certificate and the Polio Australia publication: The Late Effects of Polio: Introduction to Clinical Practice

COMPLEX REHABILITATION EQUIPMENT

In April, 2012, Rep. Joe Crowley (D-7th district NY) introduced a bill that would establish a benefit to ensure that people, with spinal cord injuries and disorders as well as other disabilities, who need this equipment would be able to get custom power wheelchairs, ultra lightweight wheelchairs, and custom seating systems under the Medicare program. In March 2013, the bill was reintroduced as HR 942 by Rep. Joe Crowley (D-14th district NY) and Rep. Jim Sensenbrenner (R-5th, WI), and in May 2013, the bill was introduced on the

Senate side as S 948 by Senators Charles Schumer (D-NY) and Thad Cochran (R-MS).

Medicare currently does not have this unique coverage that so many people rely upon. We know that when a properly configured wheelchair and seating system is not available, bad things happen that greatly diminish a wheelchair user's ability to be active, healthy and mobile in the community. HR 942/S 948 can fix this issue.

If you'd like to have input into this issue, contact your Congressional Representative and your Senators. In Ohio the senators are Sherrod Brown and Rob Portman. You can look up your Representative online or call your city hall for his or her name. The address for all Representatives is House of Representatives, Washington, DC 20215. For Senators it's Senate, Washington, DC 20510. You can email all three through their websites. Just google their names for websites.

If you need any help, call or email Alice at amsporar@worldnetoh.com or 440-942-1557.

The Warm Springs Story: Legacy & Legend



With unique access provided by 13 years as the public relations director at Roosevelt Warm Springs, the renowned rehabilitation facility founded by Franklin Delano Roosevelt in Warm Springs, Georgia during the polio era, F. Martin Harmon recently completed a long overdue story of this special, but surprisingly little appreciated place. In fact, The Warm Springs Story: Legacy & Legend, is not just the FDR history at Warm Springs, but the complete, 200-year story of this largely hidden, historic jewel.

Built upon the lives of thousands of people impacted by its compassionate care and enduring spirit over the last nine decades, it's a story defined by FDR, but not limited to just one of our most famous Americans. From Native American legends to one of mankind's greatest achievements, the eradication of polio; from near closure to rebirth and unfulfilled desti-

ny; and from constantly missed opportunities to FDR's still abiding influence, this uniquely regional history is shared in its entirety. Along with major milestones, the book features the individual stories of significant characters throughout, a different sort of historical script, conveying a much broader and deeper message when paired with the chronological events.

In addition, the saga of Warm Springs' earliest settlers and West Georgia's most prominent families; the modern history of rehabilitation so tied to Warm Springs' past; the genesis of the independent living movement inspired by FDR's own, personal triumph over disability; the development of a unique, healing community of polio survivors and medical experts in the Georgia backwoods; the realities of healthcare in the South before, during, and after Civil Rights; the previously unreported and unrealized dreams Roosevelt had for the old resort; and the economic opportunities missed, lost, or ignored at such an undervalued but nationally significant historic site are just a few of the topics addressed in the book. Its legacies and legends are sure to interest a variety of readers.

Available @ Barnes & Noble and Amazon. Hardcover cost is \$28.00.

NEWSLETTER DELIVERY

How do you receive your newsletter? By "snail mail" or "e-mail?" It's easy to pick it up at the mailbox, but if you have a computer, you can view it more quickly and in color! If you don't receive it via e-mail presently, would you consider changing to this? With postage having just reached \$.49, we would be so appreciative if you would allow us to mail it to you in this manner. Email Alice Sporar @ amsporar@worldnetoh.com and/or Ruth McCort @ igiveahoot8@aol.com and they would be happy to add you to the e-mail list. Thanks for helping our postage bill!

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I received this "parking violation" while I was at the minor league, Lake County Captains game as a guest of Rotary. The parking space had a striped off area which was too narrow for my ramp and me, so I moved left, over the line. If I hadn't left the game early, I would have waited to confront the so called officer. Oddly enough, there were plenty of empty spaces, and I was the only one with a van, so it seems that whoever left it is just narrow minded and mean. He/she needs to think outside the box to determine why someone with a ramp van would park over the line.

(Story by: Alice Sporar)

Next OPN Board Meeting Saturday, August 23, 2014 12:00 - 3:00 PM Westerville, OH Public Library

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	02.	Parking Like a Jack-Ass				
	03. Too Damn Old to Drive a Car					
04. Too Damn Young to Drive a Car						
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	06. Too Stupid to Drive a Car					
	07. Ugly Driver Violation					
	08.	08. Not Driving an American Car				
	09.	Being Illiterate – It Says, "RESERVED!"				
	10.	Driving a Big Ugly Crappy Car				
	11.	Driving a Kia or a Hyundai				
	12.	Parking too Close to a Real Car				
	13. Creating a Parking Space					
	14. Operating Under the Influence of Rap Music					
	15. Parking While Being a Total Bitch					

Please make Checks Payable to: "Traffic Enforcement Bureau" Failure to pay this fine promptly will result in the suspension of your license to breathe. Present this ticket to any brain surgeon and request an immediate transplant. Accept the fact that you were probably put on this earth so that normal people could make fun of someone.

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OPN Needs Your HELP!

Our mission is to bring you the most current post-polio and related information through the newsletter and the website. We also plan to have an Ohio Post-Polio Conference in the Fall of 2015.

Our expenses have been rising, due to increases in printing and postage for the newsletter and the maintenance of the website. OPN dues and donations are our only source of income. We want to keep the dues as low as possible.

You can help in two ways.

<u>First</u> - Please check your expiration date on the label of your newsletter. If today's date is later than your expiration date, please send a check to "OPN" (dues are \$10 a year). (OPN Membership year's begin in September and end in August) If you would like to receive the newsletter by e-mail, please let us know. That will help. Any donations are also very much appreciated.

Second – Encourage others to join OPN! There is an application form in the newsletter. Please feel free to call or e-mail me at any time.

Thank you for supporting OPN! Patrick Kelly, OPN President (740) 374-0538 pkelly03@sprynet.com

#MyCareOhio Connecting Medicare+Medicaid

Ohio's Integrated Care Delivery System (ICDS)

MyCare Ohio—the demonstration project that aims to provide better coordinated and more cost-effective health care through managed care for Ohio's dual eligibles—has begun.

If you are a "dual-eligible"—meaning you are covered by both Medicare and Medicaid—and live in Cuyahoga, Geauga, Lake, Lorain or Medina county, the Ohio Department of Medicaid has assigned you to a managed-care provider that is part of the MyCare Ohio project and will notify you of this assignment during April. The three participating managed-care organizations in these counties are Buckeye Community Health Plan, CareSource, and United Healthcare.

MyCare coverage will be effective May 1.

What should you do if you have questions or if you're unhappy with the plan to which you've been assigned?

Don't worry. There's still time to change. Staff members at LEAP can help you weigh your options and make the best choice for you. Any changes you make will become effective on the first day of the next month.

"MyCare Ohio is mandatory, so it's terribly important for consumers to choose a plan carefully," said Deborah Nebel, LEAP's director of public policy. "Consumers need to consider whether their doctor and specialists are part of a plan, whether the medications they take are covered by a plan, and whether their preferred hospital system is part of the plan, among many factors. We can help consumers compare and contrast the plans to ensure that they enroll with the managed-care organization that best suits their particular health care needs."

To work through your MyCare Ohio decision with the assistance of a LEAP staff member call: 216-696-2716

EXAMPLES OF DISCRIMINATION THAT PEOPLE WITH DISABILITIES EXPERIENCE EVERY DAY

- 1) Store employees assuming we're stupid Going to a store with a friend or family member and having the employee speak to the family member instead of to you.
- 2) Taxis passing you by When visiting or living in a city where you hail a cab and having them pass you up, so they don't have to deal with you.
- 3) Stairs in public places.

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- 4) Doctors not really listening. Medical personnel thinking we aren't intelligent enough too bother with.
- 5) Wheelchair quotas In public places, saying, "We can't take or fit anymore wheelchairs."
- 6) Strangers not seeing us Rather than interact, people look over us or past us. Sometimes they even fall over us or crash into us.
- 7) People taking our parking spaces.

Summarized from themobilityresource.com, posted December 19, 2013 by Tiffany Carlson.

BE GOOD TO YOUR BACK

Avoiding activity because of back pain can actually make it worse. In fact, the National Institute of Neurological Disorders and Stroke says exercise may be the most effective way to speed recovery from low back pain. When you don't use those muscles, you can lose flexibility, strength and endurance, causing more – or worse – lower back discomfort. If you have acute pain, you may require medical attention. However, most back pain can be relieved by gentle strengthening and stretching exercises. Strains and sprains resulting from injuries or overuse are common causes for lower back discomfort, which affects most of us at some point or another in our lives.

How to prevent lower back pain:

- 1) Stand when you can: Sitting for long periods invites tight hamstrings, weakened gluteals and tight hip flexors. If you have to sit for a long time, change positions frequently, get up and move around for several minutes every hour or do a few squats, as they strengthen most all your lower body muscles. When you do sit, the best chair for preventing back discomfort is a straight-back chair.
- 2) Get moving: Keeping backs flexible by walking or with moderate activity such as swimming, low impact aerobics or bicycling can be the best medicine. Regular physical activity can help to reduce inflammation and muscle tension.
- 3) Stay conditioned: Strengthen and stretch lower back muscles, along with muscles that support the back, such as abdominals, hips, gluteals and hamstrings (back of thighs), at least twice a week. If these muscles are weak, any sudden surprise movement could result in an injury.
- 4) Think before you lift: Avoid picking things up by bending over from the waist with straight legs. Place feet shoulder-width apart, contract abdominals to support your back and bend your knees into a squat position. Hold the object close to your body when you stand up.

(Step by Step by Sally Anderson-Tampa Bay Times, 3/26/14) – NOTE: Some of the above may not be possible with postpolio, but keep as safely active as you can as often as you can – even exercising from a chair will help lots).



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