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If you have articles you’d like to contribute, please contact me at the above email address



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If you have anything you would like posted concerning your local support group, please contact me.

“Getting to Know You” featuring Pat Crawford



What is your name and at what age did you contract polio?

My name is Pat Crawford and I contracted polio for the first time on January 1, 1957. I spent about 2 weeks in the hospital for the first round. The second round came on February 22, 1957 and I was not dismissed until April 25, 1957. I was six years old.

Describe your early treatment for polio :

I was hospitalized for two months and went home with two leg braces. I then had another corrective surgery at age eight.

How did polio affect your teenage years?

Seriously Don, what I remember is being incased in glass, all around me, no one allowed in except in strange looking outfits and masks over their faces. There were four of us in those glass cages and they all died except me. I remember being put in a huge stainless steel vat on a board with a diaper on and lowered into this whirling water, afraid that they would drop me and I couldn’t move. I was paralyzed from the neck down. I remember my grandmother coming over every day and rubbing my body and moving my limbs up and down and stretching them. I remember the weights that they put on my legs to stretch the cramped muscles. I remember my brother throwing a fit when he came to see me when I was in the iron lung. I remember the nuns at St John’s trying to get me to walk the parallel bars with those heavy braces on. I remember my father telling me that I could and would walk a gain and going through the process in which he made it happen.

How did this affect your teenage years?

I guess we all had our problems, but for me it was hard to relate to people. I wanted

to play softball so bad, but I couldn't throw far enough or run fast enough and no one wanted me on their team. I was always the last one chosen. My mother enrolled me in everything she could think of ballroom dancing, tap dancing, horseback riding lessons, ballet lesson, piano lessons, voice lessons, and bowling lessons, Brownie and Girl Scouts, active in the church youth group, and just about everything you can think of. The dancing lessons were a complete flop, as were the voice and the piano lessons. I would lose my voice if I sang too much and my piano teacher told my mother I would never advance very far because I wasn't coordinated enough with my fingers. So I guess what I'm trying to say is that my teen years were definitely affected by my having polio.

How did this affect the way people treated you in school?

My mother always taught me to treat people the way I wanted to be treated. We had a gang of girls that stuck together through-out high school and we even went to college together. And we all stood up for one another, so I don't think I really noticed how I was treated until PPS reared its ugly head. I do a lot of reflecting these days, doing the 'what ifs' and 'if thens' and could I have tried harder. I find myself looking at people and wishing I could walk and run and do the things they are doing; like I used to do.

How did polio impact your self-esteem?

As you have probably noticed, I have always had a self-esteem problem.

What is/was your occupation?

I was an elementary school teacher, until my children came along. I couldn't be a mother, a teacher, a wife and run the farms all at the same time. I didn't have the strength or energy.

Do you have post-polio syndrome (PPS)? If so, when was it diagnosed?

I fell down a flight of stairs in 1996 and spent 7 months trying to walk again after I was diagnosed with a torn in half ACL. My doctor would not operate on it because of the "presence of my old polio." So in other words, I had it then, but he didn't tell me he thought I had post polio syndrome, but in his notes he mentions it six times. I was diagnosed officially in 2004.

Do you use any mobility aids (cane, brace, wheelchair, scooter, etc)? If so, how do you feel about using these mobility aids?

I have 3 canes, a walker, and 4 braces which I use when I am going somewhere. But most of the time, I don't use them around the house; I just sit and read or do genealogy research on my ancestors. I don't like to use them because people go out of their way to be helpful and most of the time I feel like they feel sorry for me.

How does PPS affect your way of life (life style)?

It colors everything that I do. I have to really be careful about what I do. I use to be a spur of the moment type of person, very spontaneous, but not now. I plan every move I make, it has to be worth all the effort it takes to do it.

What are your interests, hobbies?

I love to fish and dream about going but haven't been in about 3 years. I love to read and do genealogical research. I just found my only first cousin last September, whom I haven't seen since 1967. Doing the research, we have found out that we are double cousins, on our father's side and mother's side too. So there are still perks and sparks to life. You just have to find them.

I used to raise a big garden, lots of flowers, and herbs, but I am down now to raising a few flowers in pots. I love to watch baseball and basketball games. I play BINGO every once in a while. The internet brings my children closer to me. And I stay online most of the time. I enjoy cooking, playing cards, and any type of game that doesn't required physical activity. I wish I could have a dog. I love animals and I think that is one of the things I miss the most is not having a dog.

What message would you give to someone newly diagnosed with PPS?

As my father used to say, "Keep a stiff upper lip". Hang in there! Don't let it control you, you control it.

Are you married, and if so, how did you meet your mate?

Yes, I was married but my husband has been dead 16 years. It was a very blind date that his sister in law arranged. She is still crafty and sneaky.

Any comments to or from your spouse/supporter?

Wish he was here to hold my hand. I miss him.

Polio Survivors Fund The Post-Polio Institute

from The Post-Polio Institute (www.postpolioinfo.com)

How you can help other Polio survivors.

The Post-Polio Institute and the International Centre for Post -Polio Education and Research are dedicated to caring for and educating the world's 20 million polio survivors. Patients from across North America and around the world-from South America, Europe, the Middle East and even mainland China -have come to The Post-Polio Institute for treatment because so few resources exist for polio survivors, and because there is no comprehensive treatment center like The Institute.

In the past, Englewood Hospital and Medical Center has reduced fees or written off the cost of treatment for needy patients, especially for those coming from overseas. However, with hundreds of polio survivors visiting The Post-Polio Institute each day via the Internet (www.postpolioinfo.com), and with the remarkable response to Dr. Richard Bruno's new book, *The Polio Paradox*, increasing numbers of patients with limited financial resources are now asking for treatment at The Institute.

Eligibility Criteria.

Polio Survivors Fund financial eligibility criteria are based on the New Jersey Medicaid criteria for individuals with permanent disabilities and the Medicaid Buy -In criteria.

Income Guidelines.

Social Security Disability Benefits/Railroad Retirement System Benefits received by the individual are not limited.

Earned income cannot exceed the federal poverty level which is currently \$739/month for a disabled individual and \$995/month for a couple; AND Unearned income (pensions, interest, private disability/retirement benefits, etc.) cannot exceed the federal poverty level which is currently \$739/month for a disabled individual and \$995/month for a couple This means an individual can earn up to \$17,736.00 per year (\$1,478.00 per month) in addition to Social Security Disability Benefits/Railroad.

Retirement System Benefits.

Total maximum yearly income from all sources (including Social Security Disability Benefits/Railroad Retirement System Benefits) should not exceed \$24,000.00 (\$2,000.00 per month) for an individual.

Resource Guidelines.

Assets must be \$4,000 or less for an individual, \$6,000 for a married couple. This does NOT include the value of a vehicle used for medical and/or work transportation or the home in which the individual/couple lives. Also excluded from the asset calculation are funds in a working spouse's IRA/401K account.

Information.

Please send your most recent IRS 1404 form, passbook or latest bank, brokerage account and checkbook

statements.

Coverage.

Polio Survivors Fund will pay in full for evaluation and treatment for eligible polio survivors at the Medicare rate for those without medical insurance and for those with medical insurance that does not provide out of network benefits.

For those with medical insurance who have not met the ir yearly deductible, *Polio Survivors Fund* will pay up to the amount of the deductible. For those who cannot afford co -payments, the *Polio Survivors Fund* will pay applicable co-payments.

Don't frown. You never know who may be falling in love with your smile.

STROKE: Remember the 1st Three Letters: S.T.R.

by Don Hansche

(With additional information from Annie Bassham)

The following email has been circulating the internet for some time now. I decided to post it here . Annie verified it since she was in nursing and also added some additional information . The circulating email reads:

***“RECOGNIZING A STROKE.** During a BBQ, a friend stumbled and took a little fall – she assured everyone that she was fine (they offered to call paramedics). She said she had just tripped over a brick because of her new shoes.*

They got her cleaned up and got her a new plate of food. While she appeared a bit shaken up, Ingrid went about enjoying herself the rest of the evening. Ingrid's husband called later telling everyone that his wife had been taken to the hospital (at 6:00 pm Ingrid passed away). She had suffered a stroke at the BBQ. Had they known how to identify the signs of a stroke, perhaps Ingrid would be with us today. Some don't die. They end up in a helpless, hopeless condition instead.

A neurologist says that if he can get to a stroke victim within 3 hours he can totally reverse the effects of a stroke; totally. He said the trick was getting a stroke recognized, diagnosed, and then getting the patient medically cared for within 3 hours, which is tough.

STROKE IDENTIFICATION.

Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster. The stroke victim may suffer severe brain damage when people nearby fail to recognize the symptoms of a stroke.

Now doctors say a bystander can recognize a stroke b y asking three simple questions:

- 1. S * Ask the individual to SMILE.*
- 2. T * Ask the person to TALK and speak a simple statement - coherently; such as ‘It is sunny out today’.*
- 3. R * Ask him or her to RAISE both arms.*

If he or she has trouble with any one of these tasks, call emergency number immediately and describe the symptoms to the dispatcher.

New Sign of a Stroke ----- Stick out Your Tongue

NOTE: Another 'sign' of a stroke is this: Ask the person to 'stick' out his tongue. If the tongue is 'crooked', if it goes to one side or the other, that is also an indication of a stroke.

A cardiologist says if everyone who gets this e-mail sends it to 10 people; you can bet that at least one life will be saved."

Annie's added information:

"It is true. In nursing, usually the first things we ask are those three things, followed by a few others. They are:

'Can you raise your eyebrows?' (To see if they are even)

'Can you scrunch your eyes shut?' (If there is one side weaker than the other they won't be able to do that on the affected side)

'Can you squeeze my hands as hard as you can?' (Again, weakness on one side will be evident - unfortunately with polio survivors, the affected side will probably be weaker; mine is, and so there might not be much difference in the sides if the "stroke" affected side is weaker as well)

'Can you follow my fingers?' (The person asking will wiggle the fingers on his hand and go all the way across from one side of the visual field to the other . Many times an affected person will lose sight of the wiggling fingers very quickly on the affected side .)

Please spread the word. If everyone can remember something this simple, we can all save a life.

Vaccines

by Richard Louis Bruno, PPS Forum, January 2009

Heidi Roger, founder of SafeMinds, wants parents to have the right to refuse all vaccinations, since she believes vaccines cause autism. No matter that 15 research studies have found no relationship between vaccines and autism. "Autism," writes Roger, "... is not better than measles ... and maybe not better than polio. Death may be better than autism."

Unfortunately, with poliovirus being imported into the United States and causing polio in unvaccinated children since 2005, if Roger has her way, her opinion may become reality. If American parents are allowed to say "no" to the polio vaccine, autism could be replaced by children caught in a U.S. polio epidemic.

Several state legislatures are considering Roger's request to allow parents a right that already exists in 20 states: to refuse vaccinations because of a "philosophical objection," not because of a medical contraindication or religious opposition. New Jersey State Sen. Robert Gordon recently said, "It leaves people like me very confused when parents worry that the vaccines cause autism."

Here are three misconceptions debunked, which hopefully will end any confusion and make clear the danger of "philosophical objections" to legislators across America.

"Unvaccinated children are nothing to be afraid of."

This conclusion, by vaccine opponent Barbara Flynn, is far from true. At least 85 individuals are infected with and can spread the poliovirus for every one person who is paralyzed, even though the infected individuals have no polio symptoms at all. These silent carriers could spread poliovirus without warning to America's more than 1 million polio unvaccinated infants and children.

"We don't have a measles outbreak here or anything like that."

This recent statement by Evelyn Ain, co-founder of a New York anti-vaccine group, is wrong. The United States is currently experiencing its largest measles outbreak since 2001 — 131 cases from January to July 2008. Sixty-six percent of the sick children were unvaccinated because their parents demanded vaccine exemptions. Eleven percent have been hospitalized, primarily for pneumonia, although measles can cause seizures, meningitis, encephalitis, blindness and brain damage.

The largest measles outbreak is in Ain's own state, with cases in 15 other states from Pennsylvania to Hawaii, the result of travelers importing measles virus from Japan, Europe and Israel. Worldwide, there are 20 million cases of measles each year leaving 242,000 children dead. Prior to the 1963 introduction of the measles vaccine in America, there were up to 4 million U.S. cases annually, with about 48,000 children hospitalized, 500 deaths and 1,000 left with neurological disabilities.

"If there was an outbreak, there would be enough vaccine to go around — and ample time to vaccinate children."

This statement by Ain is also wrong. Continuous vaccination against polio, measles and rubella is necessary to protect children. Pediatrician Edward Rothstein reminded The New York Times that before the rubella vaccine in the 1960s, up to "60,000 babies were born with small heads, or deaf, or blind or with cataracts" because rubella infected pregnant mothers. Dr. Rothstein also remembers polio filling hospitals full of "iron lungs, hundreds in a room, with kids who couldn't breathe." At its peak in 1952, polio sickened 58,000 Americans, paralyzed 35,000 and killed more than 5,000.

The problem with all vaccines for polio, measles, rubella, diphtheria and whooping cough — is they are victims of their own success. Parents in their 20s and 30s can't remember the devastation, death and disability caused by diseases they have never seen. But, young parents hear television personalities and read official-looking websites warning that autism is caused by vaccines. Scientific evidence may someday link vaccines to autism. However, the history of the past 100 years leaves no question that polio, measles and rubella do cause neurological damage, disability and death that are prevented by vaccination.

There should be no confusion. If legislatures allow philosophical exemptions, they're playing "vaccine roulette," betting on an unproved decrease in autism while ensuring the return of America's disabling and deadly plagues. Last September, the animal-rights group PETA put up billboards proclaiming a link between pasteurized cow's milk and autism, bearing the slogan, "Got Autism?" A recent study linked autism to rain. Maybe state legislatures will ban cows and clouds instead of vaccines. Before any action is taken, please write to your governor (addresses at PostPolioInfo.com) and ask that philosophical exemptions not be permitted or be rescinded.

Dr. Richard Bruno is chairperson of the International Post-Polio Task Force and director of The Post-Polio Institute and International Centre for Post-Polio Education and Research at Englewood Hospital and Medical Center. E-mail PostPolioInfo@aol.com.

Without love, the rich and poor live in the same house .

The Practice of Forgiveness

by Robert Owens Scott

"To forgive isn't only divine. It's human, too," says Everett L. Worthington, Jr., a clinical psychologist who has studied forgiveness for many years. Dr. Worthington himself is living proof of that assertion. Shortly after the publication of his most recent book, *To Forgive Is Human: How to Put Your Past in the Past*, his

own mother was brutally murdered. "I had to decide whether what I'd written was just for other people or was something I could use, too," he confides. He tells his story in the current (Winter 1999) issue of Spirituality & Health's print magazine, but the bottom line is this: working through the five -step practice called REACH, which he and his colleagues developed, he was able to achieve forgiveness and experience freedom from anger and resentment. In this conversation, he explores what forgiveness is and how it works.

Robert Owens Scott: How did you begin studying forgiveness?

Everett Worthington: By doing counseling with couples and supervising students doing counseling with couples. The first time I dealt with it explicitly was when a doctoral student in our program had a couple where one of the members had had an affair. We felt that forgiveness needed to be dealt with before they could go further toward reconciling the relationship, so we designed an intervention. Lo and behold, it worked really well for them, so we began to do these interventions when it was appropriate for other couples.

ROS: What is forgiveness?

EW: Forgiveness is when an individual who's been hurt or offended decides and practices giving up his or her desire to avoid the person who hurt him or her, or giving up the desire to exact revenge on the person, and also to seek reconciliation between the two people, if it's safe and possible.

ROS: How is forgiveness a practice?

EW: It's not just a matter of a willful decision; it's an emotional process. If that emotional process really happens, your entire emotional orientation toward the person who hurt you changes. That change will filter into your behavior and brain biochemistry, your facial expressions, body posture, and daily life, any time you think about or have to deal with that person.

ROS: Is it as difficult as it sometimes seems?

EW: Sometimes forgiveness happens quickly, but most of the time it takes a lot longer. I think the reason is that people have experienced a severe emotional wound. Many people can just deny the wound or not think about it, but sometimes that doesn't work, and it comes back into the person's mind. Once the thoughts start to intrude, it becomes harder and harder to get them out.

ROS: Sometimes forgiveness seems like something we ought to do, but we don't really want to. Why should we do it?

EW: Well, there is the ought, of course. But also it really reduces the hostility that a person has toward someone who harmed or offended him or her. We know from research that when people feel less hostile, in a chronic way, they tend to have fewer cardiovascular problems, fewer heart attacks, and to feel less stress. They don't get or stay as agitated. The less stress a person chronically feels, the better his or her immune system functions.

ROS: You've written about forgiveness for psychological journals and also for religious magazines. Where do you see that overlap?

EW: To me, forgiveness is a human activity. Of course there is divine forgiveness, where God might forgive people for moral transgressions, but mostly what we've written about is how humans forgive one another. That really is important to people, whether or not they're religious or spiritual. But for people who are very spiritually oriented, it seems to make an extra difference. It moves forgiveness higher up in their value systems, so not being forgiving can have consequences, not only in their health and relationships, but also for their spiritual lives.

ROS: What's the role of empathy in forgiveness?

EW: Empathy is an emotional identification with someone else's experience. So if unforgiveness is an emotional experience, empathy provides a different emotional experience that gets associated with the person who hurt you. That empathetic emotional experience will change your facial expression, your body posture,

the neuro-chemicals in your brain. It changes your actions toward the other person. By changing your whole body experience of the person, empathy erodes the unforgiveness and replaces it with more compassionate understanding.

ROS: You also talk about a positive role for guilt.

EW: Through empathy for a person who's hurt me, I can understand that person's feelings, but I may still hate what he or she did to me. I think that in order to really have a forgiving sense, you need to go beyond empathy. You need to recognize in a humble way that you, too, have hurt people, and you've been forgiven for some of those hurts. Maybe you hurt your parents, and your parents forgave you. Maybe you hurt a romantic partner, and that person has forgiven. If you think about it for awhile, you can draw on many cases where you've received forgiveness when you didn't deserve it. For religious people, it's often forgiveness from God. As people reflect on those times, they usually feel very grateful. They say, "I deserved condemnation for this nasty thing I did, but I got forgiveness, and I'm grateful -- and I really would like to give that gift of freedom to the person who hurt me."

ROS: Why do you need to go public with your forgiveness?

EW: I can forgive a person, but there will be times when those memories come back to me. Something will remind me, or I'll get under stress, and a lot of those old memories will pop up. Now, if I've only forgiven in the privacy of my own heart, when those memories come up, I might say, "Ah, I must not have really forgiven, or I wouldn't be thinking these things." But if I've made my forgiveness public, even if it just involves writing down a certificate of forgiveness so I can see it, or if I've told a friend that I've forgiven, I'm much more likely to be able to combat some of those inevitable doubts.

ROS: What role do you see forgiveness playing in family life?

EW: It's really crucial. Look at the research on the difference between happy couples and unhappy couples. It's not so much that they communicate differently, or that happy couples don't have any conflicts. It's how they deal with those conflicts. If they can put those conflicts behind them through actively forgiving each other, being eager to confess what they have done to the other person, and being eager to grant forgiveness when the other person confesses, that will really help make couples happy.

Colonoscopy Journal

by Dave Barry

(From the Editor: This has been floating around the internet and I have had it emailed to me on several occasions. I decided finally to include it in this newsletter.)

About the writer: Dave Barry is a Pulitzer Prize-winning humor columnist for the Miami Herald. This is from newshound Dave Barry's colonoscopy journal:

I called my friend Andy Sable, a gastroenterologist, to make an appointment for a colonoscopy.

A few days later, in his office, Andy showed me a color diagram of the colon, a lengthy organ that appears to go all over the place, at one point passing briefly through Minneapolis.

Then Andy explained the colonoscopy procedure to me in a thorough, reassuring and patient manner. I nodded thoughtfully, but I didn't really hear anything he said, because my brain was shrieking, quote, 'HE'S GOING TO STICK A TUBE 17,000 FEET UP YOUR BEHIND!'

I left Andy's office with some written instructions, and a prescription for a product called 'MoviPrep,' which comes in a box large enough to hold a microwave oven. I will discuss MoviPrep in detail later; for now suffice it to say that we must never allow it to fall into the hands of America's enemies.

I spent the next several days productively sitting around being nervous. Then, on the day before my colonoscopy, I began my preparation. In accordance with my instructions, I didn't eat any solid food that day; all I had was chicken broth, which is basically water, only with less flavor.

Then, in the evening, I took the MoviPrep. You mix two packets of powder together in a one-liter plastic jug, and then you fill it with lukewarm water. (For those unfamiliar with the metric system, a liter is about 32 gallons.) Then you have to drink the whole jug. This takes about an hour, because MoviPrep tastes - and here I am being kind - like a mixture of goat spit and urinal cleanser, with just a hint of lemon.

The instructions for MoviPrep, clearly written by somebody with a great sense of humor, state that after you drink it, 'a loose, watery bowel movement may result.' This is kind of like saying that after you jump off your roof, you may experience contact with the ground.

MoviPrep is a nuclear laxative. I don't want to be too graphic, here, but: Have you ever seen a space-shuttle launch? This is pretty much the MoviPrep experience, with you as the shuttle. There are times when you wish the commode had a seat belt. You spend several hours pretty much confined to the bathroom, spurting violently. You eliminate everything. And then, when you figure you must be totally empty, you have to drink another liter of MoviPrep, at which point, as far as I can tell, your bowels travel into the future and start eliminating food that you have not even eaten yet.

After an action-packed evening, I finally got to sleep. The next morning my wife drove me to the clinic. I was very nervous. Not only was I worried about the procedure, but I had been experiencing occasional return bouts of MoviPrep spurtage. I was thinking, 'What if I spurt on Andy?' How do you apologize to a friend for something like that? Flowers would not be enough.

At the clinic I had to sign many forms acknowledging that I understood and totally agreed with whatever the heck the forms said. Then they led me to a room full of other colonoscopy people, where I went inside a little curtained space and took off my clothes and put on one of those hospital garments designed by sadist perverts, the kind that, when you put it on, makes you feel even more naked than when you are actually naked.

Then a nurse named Eddie put a little needle in a vein in my left hand. Ordinarily I would have fainted, but Eddie was very good, and I was already lying down. Eddie also told me that some people put vodka in their MoviPrep. At first I was ticked off that I hadn't thought of this, but then I pondered what would happen if you got yourself too tipsy to make it to the bathroom, so you were staggering around in full Fire Hose Mode. You would have no choice but to burn your house.

When everything was ready, Eddie wheeled me into the procedure room where Andy was waiting with a nurse and an anesthesiologist. I did not see the 17,000-foot tube, but I knew Andy had it hidden around there somewhere. I was seriously nervous at this point.

Andy had me roll over on my left side, and the anesthesiologist began hooking something up to the needle in my hand. There was music playing in the room, and I realized that the song was 'Dancing Queen' by ABBA. I remarked to Andy that, of all the songs that could be playing during this particular procedure, 'Dancing Queen' had to be the least appropriate.

'You want me to turn it up?' said Andy, from somewhere behind me. 'Ha ha,' I said. And then it was time, the moment I had been dreading for more than a decade. If you are squeamish, prepare yourself, because I am going to tell you, in explicit detail, exactly what it was like.

I have no idea. Really. I slept through it. One moment, ABBA was yelling 'Dancing Queen, feel the beat of the tambourine,' and the next moment, I was back in the other room, waking up in a very mellow mood. Andy was looking down at me and asking me how I felt. I felt excellent. I felt even more excellent when Andy told me that it was all over, and that my colon had passed with flying colors. I have never been more proud of an internal organ.

How to Avoid Feeling Socially Awkward

Extracted from the book, 'Self-Help Stuff That Works' by Adam Khan.

We've all felt it. You don't know what to say or what to do. You feel too aware of yourself and how you're standing, how you're looking, what you sound like.

Although it's very natural to feel awkward around people you don't know very well, it isn't pleasant or productive. Here are two practical things anyone can do to feel more socially comfortable:

1. *Relax your muscles.* This makes you calmer. Most people don't have any problem at all being social around people when they're relaxed. That's why social gatherings have traditionally served alcoholic beverages: It relaxes people. Find a muscle in your body that feels a little tense and consciously relax that muscle. You will instantly feel more at ease.
2. *Make it your mission to help the other person feel more comfortable.* Make conversation easy for the other person by asking questions she or he will enjoy answering. Find out the person's name, whether she or he is from your area, or if they are not, where they are from. Their answers will probably stimulate other questions and conversation. How about their family: Do they live in this area? Big family? Brothers and sisters? What do they do? How about work? What do they do for a living? Do they like it? What got them into it? How about travel? What parts of the world have they seen? Any hobbies? Listen with interest. Let him or her know you like what they are saying. Help them feel comfortable.

That is basically six areas to talk about: name, home, family, work, travel, hobbies. Memorize that list of six topics, and when the time comes, the questions will come to mind easily, keeping the conversation lively and smooth. A smooth and lively conversation will put the other person at ease which will make you feel more comfortable.

You'll probably never get to all six of the topics because as the other person starts talking, you'll find points of interest you'll want to know more about and the two of you will start talking about that, and off you'll go into Conversation Land.

You'll get to know the person and have a wonderful time and you'll just forget to feel awkward because you can only feel awkward when you're self-conscious. As you become increasingly conscious of the other person, you become less conscious of yourself and your awkwardness disappears.

Relieve your social awkwardness by relaxing and concerning yourself with helping the other person feel comfortable. People will love you for it.

Relax your muscles and make it your mission to help the other person feel more comfortable.

I've reached the age where the happy hour is a nap.

Eyeglasses: A Prescription for Savings

By Don Hansche, Editor

You're likely to end up blurry-eyed when shopping for eye glasses these days. Not only do you have to choose from thousands of frames, but you also have to deal with questions from your neighborhood optician, chain stores, warehouse clubs and internet merchants regarding coatings and types of lenses you may want. If you're not careful, you could end up paying much more than you really have to.

Consumer Reports National Research Center surveyed 92,000 readers and went shopping to find out how to buy a great pair of glasses at a good price. Among their findings:

- BJ's Optical, Costco and Sam's Club achieved top marks for price; Costco also earned a high mark for service.
- Independent optical stores and doctors' offices scored high among respondents for service and selection but not for price.
- The internet turns out to be a great place to compare prices and, believe it or not, try on frames.
- You can save money by buying frames online and then having them fitted with lenses at a store.
- According to experts, clear-plastic lenses generally provide adequate UV protection but don't protect you against damage from visible light.

Price was the biggest gripe among the 92,000 recent eyeglass buyers surveyed. Though 75% of respondents said overall, they were very happy with their purchase, only 54% said they felt the same way about the price they paid.

Consumer Reports also found, however, that glasses don't have to cost that much. Their survey discovered a surprising standout: Costco has become the nation's fifth-largest seller of eyewear. Not only were its prices low, but it also generated applause for service, scoring nearly as well overall as private medical offices and small independent optical shops, which continue to top all categories but price.

Before heading to your doctor's office to get a prescription for eyeglasses, familiarize yourself with the basics of lenses, coatings and edgings. Armed with this information, you'll know what to ask the doctor and later, salespeople at the eyeglass store to ensure that you aren't being sold unnecessary or needless expensive products. For example, Consumer Reports found that some doctors specify ultraviolet-light protection for polycarbonate or high-index lenses, both of which inherently provide such protection already. In fact, you may not need any additional UV protection at all.

Doctors might also prescribe Varilux lenses, a pricey brand of progressive, or 'no line' bifocals. There are other high-quality progressive lenses that may be less expensive. The average consumer has no way to tell a good lens from a bad one, and experts say that stores could take advantage of those who are not informed.

If your doctor's office includes an eyeglass store, browse the frames while you're there, but don't feel compelled to buy there. Under federal law, you can have your prescription filled anywhere.

When Consumer Reports went shopping for eyeglasses, prescription in hand, they found that lens prices alone vary dramatically. LensCrafters, for example, had them paying more than double. For CR-39 lenses, the least-expensive plastic lenses, the chain charged \$120 before any discount. That's five times the price they found at one Costco store. And, if you want an anti-reflective coating, you must upgrade to LensCrafters' FeatherWates polycarbonate lenses for a whopping \$240. The price for lenses similar to FeatherWates was \$80 at a Costco they visited.

If you add designer or ultra lightweight frames, the price of your eyeglasses can skyrocket to \$1,000 or more. Designer frames typically are not made by the designers but by manufacturers that license the designer; Ralph's, Giorgio's, or Calvin's name, often with the designer's styling cues. It's not unusual for a name to travel from one manufacturer to another, as the Ralph Lauren and Giorgio Armani names have.

Licensing fees for those designer specs can translate to higher prices, but their manufacturers also make high-quality non-designer frames. Consumer Reports found several that looked like their designer counterparts for \$100 to \$150.

They discovered the internet was a great place to shop for frames. Prices were generally lower than at many brick-and-mortar stores. The only drawback: no optician to measure, adjust and fit the frames.

Lenses first.

For low price and optical quality, CR-39 lenses are the best choice, but they are less shatter-resistant than other lenses, and with strong prescriptions they look like Coke-bottle bottoms. If you are active in sports, you should instead choose polycarbonate lenses. If you need a strong prescription, choose thinner polycarbonate, high-index or Trivex lenses.

If you buy polycarbonate or high-index lenses, you don't have to pay extra for UV protection and scratch-resistant coatings because such features are already included. The new Trivex lenses have better optical quality than polycarbonates and include UV protection, scratch protection on one side and are thinner. However, they cost about \$100 to \$135 for single-vision lenses and can be difficult to find.

Frames second.

Frames come in so many metals and resins that you could go crazy trying to sort them out. Generally, there's no particular reason for selecting one over the other unless you're concerned about durability or allergies. Plastic frames break more easily than metal ones, but they are fine for people susceptible to allergies. So are stainless steel and titanium frames, which, unlike those made of nickel alloy, don't irritate skin. If durability is a concern, you should choose titanium frames and titanium-based flexible metals, which can withstand the most abuse. And, if you're constantly putting your glasses on and taking them off, opt for spring hinges, which need fewer adjustments and make the frame fit better.

Be careful, though, of buying ultra-cheap frames. Those frames are often low-quality models from China and Korea that break easily or pop out lenses repeatedly. While those countries also make good frames, the cheaper ones are often used for promotions such as "free second pair" deals that are limited to a special section of the store.

How frames look is also important. Consider frames that complement the shape of your face; i.e., rectangular frames for a round face or round frames for a square face. If your prescription requires thick lenses, go with frames that have rims. Rimless and semi-rimless frames will make thick lenses look even thicker.

Where to shop.

Your choice of store may depend partly on how quickly you need your glasses. If you dropped them in the garbage disposer and have to replace them immediately, your best options are Eyemart Express, LensCrafters or some independent shops, which can produce glasses in an hour. About 70% of Consumer Reports survey respondents received their glasses from those two stores by the next day. Only 16% of all their respondents got their glasses within the hour.

If you're not in a rush, plan to check out internet retailers. They are great places to compare prices, look at frames and even try on glasses using software that lets you upload your photograph and superimpose images of frames. You can print photos of your favorites and also use online prices to negotiate with a local store.

You can enter your prescription and order your glasses at a website and get them in about seven days. If there's a problem, however, you would have to mail the glasses back and wait for the website to send them again. You can have the best of online and offline worlds by ordering frames from a website and having lenses made at a store where an optician can fit the glasses. You might have to pay extra to the brick-and-mortar merchant for this service; for example, \$18 at Costco and \$20 at Wal-Mart. Although you would probably save money, the effort could be a hassle.

Before hitting the stores, look at their ratings. If high prices don't bother you, stick with an independent store or your doctor's office. Otherwise, go to BJ's, Costco or Sam's Club. You don't have to be a member at BJ's or Sam's Club to buy glasses or contact lenses, but at Costco, you must join at a cost of \$50 per year. (None of the warehouse clubs requires membership for an eye exam, but services do vary by store.)

On Consumer Reports' shopping expedition, Costco shaved \$219 off the price of a pair of glasses they had found at LensCrafters. The only difference: at Costco, they had to go with a Ralph Lauren frame, although it was similar to the Brooks Brothers version they tried at LensCrafters. Three other national chains, Davis Vision Center, For Eyes Optical and Wal-Mart, also offered more satisfactory prices according to survey respondents.

None of those stores rated better than average among Consumer Reports survey respondents for frame selection though. So if the price leaders do not carry frames that you want, you'll have to try another store or shop online. The same Brooks Brothers frame that was \$170 at LensCrafters, for example, cost \$70 less at FramesDirect.com.

Finalize the purchase.

Check out promotions and discounts. Look in your local paper, visit store websites and ask salespeople. Some stores offer second-pair discounts so that you can buy a backup pair or sunglasses. Just be careful that you don't wind up with the easily breakable or pop-out frames. Don't hesitate to negotiate, especially if you found a better deal on frames and lenses elsewhere. Some stores, such as LensCrafters, say they won't haggle, but you might as well try.

Ask about warranties and return policies. LensCrafters has the most liberal policy Consumer Reports has seen, allowing you to return or exchange as many pairs as you want within 30 days; a great option if your co-workers poke fun at your new look. The chain will also replace lenses at no charge if your prescription changes within 60 days of purchase (six months after cataract surgery). Ask whether you can exchange the frame if it isn't comfortable and whether the store will remake the lenses at no cost if the doctor made an error in your prescription (Costco and LensCrafters will do so). You should also ask whether the store will give you a new lens at a lower cost if you cannot get used to no-line glasses and need a pair of bifocals.

Finally, if you're dissatisfied with your new glasses, let the store know, even if your complaint isn't covered by the store's guarantee or return policy. Some shops told Consumer Reports that they often bend the rules to make a customer happy.

Fending off the damage of the sun.

Eyeglass manufacturers, retailers and advertisers have long been delivering alarming messages about the damaging effects of ultraviolet light on the eye; so much so that many eyeglass wearers pay as much as \$25 extra for a UV-blocking coating for their lenses.

But you probably don't really need it. Even without a UV coating, all types of clear-plastic prescription lenses block the most dangerous part of the UV spectrum, UVB, which can cause cataracts, or the clouding of the eye's lens. Polycarbonate, high-index and Trivex plastic lenses also block almost all of another type of ultraviolet radiation, UVA. Only CR-39 plastic lenses allow a significant part of the UVA spectrum to reach the eye. While there's been some speculation that UVA might contribute to macular degeneration, researchers now believe that the lens and cornea of the eye prevent UVA rays from reaching the retina. Still, you might want to get the UV coating on CR-39 lenses just to be safe.

There's further evidence to suggest that UV protection cannot guard against other damaging effects of sunlight. Research now shows that visible violet, blue and green sunlight is much more likely than invisible, ultraviolet light to contribute to macular degeneration. (People with blue eyes, fair skin, and a family history of macular degeneration are especially susceptible to damage from such light.)

What can screen out those harmful visible rays? - Plain, old-fashioned sunglasses. For best results, choose sunglasses or clip-ons with a moderate amount of blue-blocking amber or brown tint. (Green tints are the next best choice. Grays provide the least protection.)

Also, because up to 50 percent of sunlight can reach your eyes from around your frames, choose glasses that fit closely to your face and wrap around your temples. ‘Transitions’ and other polychromatic lenses, which darken in reaction to sunlight, provide some protection, but they don’t work well in cars where the windshield and the roof block much of the UV radiation that Transitions need to trigger the maximum darkness change.

If you are out in strong sunlight, wear a brimmed hat or visor. And if you smoke, stop. Smoking is more damaging to eye health than normal exposure to the sun.

Focusing on Lenses, Coatings, and Edgings.

Your lens selection may be dictated by your prescription and your daily activities. For instance, some people can’t get accustomed to progressive lenses, even though they eliminate the annoyance of lined bifocals and trifocals. But often, you’ll have a choice of polycarbonate or high-index lenses, or you have to decide whether to buy an anti-reflective coating. Your eye doctor and optician can guide you, but here’s what you need to know to make sure you’re getting good advice. The following prices are what Consumer Reports found for single-vision lenses.

<i>LENSES</i>	<i>PROS</i>	<i>CONS</i>	<i>CONSUMER REPORTS TAKE</i>
Glass \$68-\$180	Superior optical quality; scratch-resistant.	Heavy; breakage may cause eye damage; transmits UV light.	Avoid.
CR-39 \$29-\$129	Superior optical quality; least costly.	Thick with heavy prescriptions; not the best choice for drill-mounted, rimless frames; scratches. Bad for sports or for people who do not have two healthy eyes.	Good for mild prescriptions.
Polycarbonate \$50-\$180	Highly shatter-resistant; thinner and lighter than CR-39; natural UV protection; includes scratch protection.	Easily scratched even with scratch protection; more costly than CR-39 and optically inferior.	The choice for children, sports enthusiasts, and others who are likely to break glasses or for people with only one healthy eye.
High-index \$49-\$275	Thinner than polycarbonate; lightweight; natural UV protection; includes scratch protection.	May be expensive; optically inferior to CR-39.	Good for heavy prescriptions. Functions best with anti-reflective coating.
Trivex \$100-\$135	Lightweight; thinner and optically superior to polycarbonate; natural UV protection; impact-resistant.	New material with limited availability; scratches.	Best choice for drill-mounted, rimless or semi-rimless frames.
<i>COATING</i>	<i>PROS</i>	<i>CONS</i>	<i>CONSUMER REPORTS TAKE</i>
Scratch-resistant \$0-\$10	Protects lenses. Usually included, though sometimes an option, with CR-39 lenses.	Additional expense, if needed.	Anti-smudge and water-resistant versions may perform better.

COATING	PROS	CONS	CONSUMER REPORTS TAKE
Anti-reflective \$30-\$125	Improves clarity, especially for night driving and computer use. Reduces reflections, making eyes more attractive to others.	Additional expense; makes lenses more susceptible to dirt and smudges and harder to clean, especially as coating ages.	Ask to see a sample of coated and uncoated lens to understand what you're getting. Especially good for high-index lenses.
Ultraviolet protection \$7-\$25	Blocks ultraviolet light.	Additional and unnecessary expense for some lenses.	An extra precaution for CR-39 lenses.
High-index \$49-\$275	Thinner than polycarbonate; lightweight; natural UV protection; includes scratch protection.	May be expensive; optically inferior to CR-39.	Good for heavy prescriptions. Functions best with anti-reflective coating.
Trivex - \$100-\$135	Lightweight; thinner and optically superior to polycarbonate; natural UV protection; impact-resistant.	New material with limited availability; scratches.	Best choice for drill-mounted, rimless or semi-rimless frames.
EDGES	PROS	CONS	CR's TAKE
Polished \$10-\$25	Removes milky appearance of rimless and semi-rimless glasses.	May be additional expense.	Ask to see samples.
Rolled and polished \$10-\$40	Reduces perceived thickness of high prescription lenses.	Additional expense.	Rolled edges usually are polished as well. Ask to see samples.

Sources:

Consumer Reports National Research Center, LensCrafters, CostCo, Wal-Mart Vision Center and Sam's Club

The History of Valentine's Day

Roman Roots

The history of Valentine's Day is obscure, and further clouded by various fanciful legends. The holiday's roots are in the ancient Roman festival of Lupercalia, a fertility celebration commemorated annually on February 15. Pope Gelasius I recast this pagan festival as a Christian feast day circa 496, declaring February 14 to be St. Valentine's Day.

Valentines Galore

Which St. Valentine this early pope intended to honor remains a mystery: according to the *Catholic Encyclopedia*, there were at least three early Christian saints by that name. One was a priest in Rome, another a bishop in Terni, and of a third St. Valentine almost nothing is known except that he met his end in Africa. Rather astonishingly, all three Valentines were said to have been martyred on February 14.



Most scholars believe that the St. Valentine of the holiday was a priest who attracted the

disfavor of Roman emperor Claudius II around 270. At this stage, the factual ends and the mythic begins. According to one legend, Claudius II had prohibited marriage for young men, claiming that bachelors made better soldiers. Valentine continued to secretly perform marriage ceremonies but was eventually apprehended by the Romans and put to death. Another legend has it that Valentine, imprisoned by Claudius, fell in love with the daughter of his jailer. Before he was executed, he allegedly sent her a letter signed "from your Valentine." Probably the most plausible story surrounding St. Valentine is one not focused on Eros (passionate love) but on agape (Christian love): he was martyred for refusing to renounce his religion. In 1969, the Catholic Church revised its liturgical calendar, removing the feast days of saints whose historical origins were questionable. St. Valentine was one of the casualties.

Chaucer's Love Birds

It was not until the 14th century that this Christian feast day became definitively associated with love. According to UCLA medieval scholar Henry Ansgar Kelly, author of *Chaucer and the Cult of Saint Valentine*, it was Chaucer who first linked St. Valentine's Day with romance.

In 1381, Chaucer composed a poem in honor of the engagement between England's Richard II and Anne of Bohemia. As was the poetic tradition, Chaucer associated the occasion with a feast day. In 'The Parliament of Fowls,' the royal engagement, the mating season of birds and St. Valentine's Day are linked. For this was on St. Valentine's Day, when every fowl cometh there to choose his mate.



Tradition of Valentine's Cards

Over the centuries, the holiday evolved, and by the 18th century, gift-giving and exchanging hand-made cards on Valentine's Day had become common in England. Hand-made valentine cards made of lace, ribbons, and featuring cupids and hearts eventually spread to the American colonies. The tradition of Valentine's cards did not become widespread in the United States, however, until the 1850s, when Esther A. Howland, a Mount Holyoke graduate and native of Worcester, M A, began mass-producing them. Today, of course, the holiday has become a booming commercial success. According to the Greeting Card Association, 25% of all cards sent each year are valentines.

If you judge people, you have no time to love them .

From the Editor

We will continue to post deadlines and related information for the 2009 reunion on the PPBGA website (www.ppbga.org) at the '2009 Updates and Deadlines' link. Please check there often so you don't miss anything and are not late on any fees and dues that have deadlines connected to them. The same information will be posted on our Yahoo list.

We look forward to seeing each of you at the 2009 Post-Polio BransonGoers Annual Reunion on the second Friday of June. That is the Friday *before* father's Day.

BransonGoers Gazette is published and placed online on the first day of each month. Although I do manage to find articles to include in the publications, it does take a lot of time. Your help and contributions are much needed and appreciated! If you have articles you'd like to contribute, please send them to bgg.editor@gmail.com. All articles or edits must be received by the 20th of the month prior to publishing.

Sudoku

	4				8		5	
		9						
7						1		8
	8	7	5	4				9
	2			8			4	
5				1	2	8	6	
6		2						1
						7		
	3		7				2	

Answer to December Sudoku

9	4	6	3	2	1	5	8	7
7	1	5	9	6	8	4	3	2
3	8	2	7	5	4	9	1	6
5	3	8	6	4	7	2	9	1
4	2	1	8	3	9	6	7	5
6	9	7	5	1	2	3	4	8
2	7	4	1	9	6	8	5	3
1	6	3	4	8	5	7	2	9
8	5	9	2	7	3	1	6	4

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