



BransonGoers Gazette

May, 2008

Volume 2, Number 9

EDITOR:

Don Hansche
dhansche@gmail.com

IN THIS ISSUE:

- “Getting to Know You” (Page 1)
- Doctors (Page 4)
- A Half Century of Love (Page 6)
- Do We Teach People How to Treat Us? (Page 9)
- Laughter Therapy (Page 10)
- 2008 Reunion Information (Page 11)
- May Celebrations (Page 13)

Articles in this newsletter cannot be reprinted without express consent of the author of that particular article.

This newsletter is provided for obtaining informational resources only, and not as a guide for recommendation of treatment. Recommendations for care and treatment should be obtained from your physician. BransonGoers Gazette makes no representations or warranties concerning the accuracy or reliability of information contained within. The contributing authors, editors, production, and programming staff shall not be liable for errors, omissions or inaccuracies in information or for any perceived harm to readers. Articles and other information found here are intended to share information of interest to the readers, including medical opinions. They are not intended to offer specific medical advice or act as a substitute for professional health care. Opinions, products, or services mentioned herein are not necessarily endorsed by BransonGoers Gazette.

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

“Getting To Know You” featuring Gail ‘GG’ Genereau



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

Gail Genereau aka "GG". I contracted polio in August of 1955. My age was a major factor in my story. The Salk vaccine became available in our area in May/June, 1955. They didn't have enough vaccine to go around to all little children so they were inoculating children between the ages of 5 -15, what they, the health department, considered "school-age". My older brother was 10, he got inoculated. My younger sister was 3, and I was 4 years and a few months, we couldn't get the vaccine. I turned 5 on September 18th in the iron lung.

Describe your early treatment for polio.

My sister and I both had symptoms for several days, stiff necks, fever, and body aches. Mom took us to the local doctor; he said we had a flu -like virus. Well, yes,

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

there was a polio epidemic but he didn't think we had it.

A few days later, Mom called her ob-gyn to take a look at us. He delivered my sister so he knew my Mom. He met us at the ER and ordered spinal taps on both of us. My sister had non-paralytic polio, and I had spinal and Bulbar polio. I was admitted to the hospital's polio unit and my sister went home where our grandmother cared for her. Grandma had read of the Sister Kenny Method and applied the hot wool compresses and did the stretches she recommended. Grandma must have done most things right because my sister is now a ballroom dance instructor.

I was admitted to St. Vincent's Hospital in Green Bay, WI, and the very next day went into an iron lung. Fortunately, one became available just in time; it had to be trucked down from Michigan. My Mom tells me she prayed that I would get an iron lung; there was such a shortage during the epidemic, usually someone had to die in order for someone else to get one. I could not swallow, breathe, or move on my own. I remember the muscle spasms of active polio being very painful. A copper boiler was brought into my room with steaming wool towel-size blankets and a wringer. The nurses would apply the scalding hot packs to my back, arms and legs. There was a shortage of nurses to work in the polio ward so my parents would stay overnight and care for me.

The electricity would go out often because of thunderstorms and my Mom and Dad would pump my iron lung by hand to keep me alive. After six months, I was slowly weaned from the lung and was able to go home. I couldn't walk and had to wear a body brace and leg braces. My Dad put wheels on a little rocking chair and that's how they moved me around the house. There were no child-size wheelchairs in those days. My Mom often carried me. I was unable to use crutches to walk because my arms were weaker than my legs. I am an "upside-down polio". I started daily therapy and attended special schools for "crippled children" where I would have therapy and go into a Hubbard tank each day at school.

Over the next fifteen years, I had numerous surgeries on my feet and legs so I could walk again without braces; I also needed four spinal fusions to correct a scoliosis of 131 degrees. I spent many years and school vacations in hospitals in Chicago and Milwaukee. Major orthopedic surgeries weren't possible in Green Bay, so I always had to go out of the area. My entire senior year in high school was spent in a hospital in Milwaukee. A halo was placed with four screws into my skull and four pins through my legs to form skeletal traction. After ten months in traction and two more spinal fusions, I was eight inches taller/straighter when I left the hospital.

I felt like a whole new person!

How did polio affect your teenage years?

I attended special grade schools with other students with disabilities. I was often tutored at home, too, usually when recovering from surgery. Finally when it came time for junior-high and high school, my Mom "demanded" that I be allowed to attend regular public schools. This was before mainstreaming was heard of. She felt it was important for me to be in schools with non-disabled children since I would be living in a world of mostly non-disabled people.

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

My fellow students didn't really treat me very differently. A few accommodations were made on my behalf. I was allowed to leave classes five minutes ahead of everyone else so I wouldn't be knocked down in the halls. Another student would carry my books for me. A cot was placed in an empty storage room so I could nap if I needed to. I met several friends who are still close friends today. In one way, I was treated differently in high school, I was never asked out on a date or to prom. I had male friends but not boyfriends. I think in high school there's more peer pressure to be like everyone else and that's probably why someone with a disability isn't asked out. There were no other students with a disability in my high

school or maybe we would have been paired up. ;-) That often was suggested later when I did start dating in college.

How did polio impact your self-esteem?

I think my self-esteem was affected. I felt I had to excel at everything I put my mind to do. I strived very hard, to be the leader of any clubs I joined, to get mostly A's in all subjects, B's just weren't good enough. I was rather shy and introverted and public speaking was very difficult. My parents never pressured me in any way, they just encouraged me to do the best I could, I put the pressure on myself. Now, with PPS, I have learned to curtail some of those Type A personality traits.

What was your occupation?

I have never worked full-time. I have had many part-time jobs, mostly as a bookkeeper. I have kept books for a plumber, a gas station, and a delicatessen. I probably enjoyed most being an ESL (English as a Second Language) tutor at our local literacy center in the 1990s. Many of my students were young Hmong refugee ladies from Laos. They had spent most of their lives in refugee camps in Thailand and yearned to be Americanized by learning English and adapting to a new culture for their young families. Other students were college-educated business people and their spouses who moved here and needed to learn English. Very different, but also very interesting.

Over thirty years ago, I did bookkeeping, kitchen and bathroom designing, and product buying for a plumbing company in Milwaukee. To my surprise, I also tended bar in a neighborhood pub somewhat like "Cheers". It was fascinating; it was as if I was living a Psych101 class every day! Those customers have given me many chapters to write about in my journals.

Currently, I am a consultant to two local travel agencies. I help plan tours and make arrangements for travelers with disabilities. It gives me the pleasure of sharing my travel experiences without the cost and loss of energy of actually traveling! I still have a few non-paying jobs as my husband calls them - these are volunteer jobs. I am a peer counselor at the local ILC, and I do ADA and accessibility consulting at the retail level, I am active in support groups for PPS, COPD, vent -users, and for women with disabilities. I also volunteer to speak to Girl/Boy Scout groups, Y camps, schools, young mother's groups, etc., about living with disabilities. I volunteer in the activities room at the nursing home where my Mom is a resident.

Do you have Post-Polio Syndrome (PPS)? If so, when were you diagnosed?

I was diagnosed "professionally" in 1985 in Milwaukee, WI. Then again in Madison, WI, by Dr. James Agre who I still see in northern WI. He had trained with Dr. Richard Owens at the Sister Kenny Institute in Minneapolis/St. Paul, MN. Dr. Owens is a fellow polio survivor and was a forerunner in PPS research. He attended the first international GINI Conference in Chicago in 1981 when the topic of PPS was first presented. My sister read about PPS in People magazine in October, 1982, and she thought it might be what I was describing for several years. I always say she diagnosed me "non-professionally" in 1982. I was fortunate to find competent medical help early on.

Do you use any mobility aids? If so, how do you feel about using them?

My most adaptive mobility aid is my husband! He makes things so much easier for me. He has an engineering background and he tries to make things very accessible for me. I use a power chair when shopping and sight-seeing and need to go long distances. I use a manual chair when I have someone to power/push me. I am an "upside down polio", I have never been able to use a cane or crutches or wheel myself. I had a few different scooters back in the 1980s but find a power chair much more comfortable.

Since 1985, I have tried different ventilators, and now, Bi-Paps, and I am still finding difficulty in becoming compliant with a ventilator and nasal mask. Several pulmonologists think I need to be trached. I have refused this option for now. Since my weaker knee is giving out more often lately, I will be fitted for a long-leg brace with flexible hinges soon. I find many of these aids are an asset in helping me to stay

mobile and I will continue to live day to day using whatever aids I can to continue traveling and enjoying Life to it's fullest.

What are your interest, hobbies?

Genealogy and family history. Traveling and experiencing different cultures, customs, and foods. I like doing crossword puzzles and cartography. I love people! Meeting new people, learning new customs, eating new foods, learning new lessons, hearing about new products, sharing Life's experiences with others. No moss will grow under my wheels!

How does PPS affect your way of life?

I no longer travel like I did when younger. I no longer travel alone. I need to plan each segment of a trip. Planning is so important now and I must be prepared for emergencies. At home, I no longer do any heavy housework, cleaning, or cooking. We have made our home as accessible as possible.

I nap often. I have learned to say "no" to invitations. Our friends have learned about PPS and they aren't hurt if we need to cancel an engagement at the last minute. Our guests know we are a B&MYOB that's a Bed & Make Your Own Breakfast. They also know where the clean sheets are and change the bedding when they are ready to leave. I no longer drive and must depend on Para-transit to get around town. It all just takes more planning!

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

Start to use mobility aids. Try to make Life easier in any way possible. Learn to say "no". Try to find out as much as you can about PPS. Join a support group if possible. Correspond with other polio survivors. PPS is not fatal but can make Life quite difficult and things very inconvenient at times. Try to keep and expand your sense of humor!

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

I met Paul's oldest sister in 1971 when she and her husband owned a resort in northern WI. She returned to Milwaukee two years later and I went to visit her and met her youngest brother, Paul, on March 4, 1973. He asked me out for pizza on March 5th, and we were engaged March 12th, married later that year on September 1, 1973. This is our 35th year together!

Any comments to or from your spouse/supporter?

A quote from Paul: "Life is never boring with her around!" I like to quote Robert Frost: " But I have promises to keep, and miles to go before I sleep, and miles to go before I sleep!"

Always keep your words soft and sweet, just in case you have to eat them !

Doctors

by Henry Holland

I still have opportunity to teach interviewing skills to second year medical students at the School of Medicine of the Medical College of VA. This school prides itself on educating and producing clinicians as opposed to research oriented doctors. This school built on hills and certainly not barrier free in 1962 accepted me and I was fortunate to win a National Foundation Health Scholarship to pay my way. My MCV class had its 30th reunion last April and everyone present was involved in patient care, either primary care or specialty care.

When I see the 2nd year students, they are usually likeable, caring, genuine, and somewhat naive (and yes, unspoiled). They come from diverse economic, ethnic, and racial backgrounds. Currently, close to 40% are

women. They seem motivated to enter a medical career for admirable and what I would call the right reasons. What happens to them during the next seven or eight years (completing medical school and a four to six year residency) can change many of them, sometimes unfortunately for the worse. There is only one word for it---PRESSURE.... that is hard to describe.

There is the pressure simply to get into medical school somewhere, the pressure of essentially studying seven days a week year round for most of four years. One survives because as a class, one knows that one is not alone. One's peers in other fields are getting on with their lives and earning money and seem to be enjoying the good life. One finally graduates, yes---takes the Hippocratic Oath as a class and feels proud, only to discover that the whole grind starts over again when one starts the first year of residency (formerly called an internship) and one is at the bottom of the pyramid again. The advances in medical science that have occurred in the twentieth century (even the last twenty years) are awesome and to try to learn this volume of material is at times overwhelming. It is not that one has to be a genius to learn, it really takes more steady persevering dedication to the task day to day as a priority over everything else.

This is depicted fairly well on the TV show "ER". The toll in my opinion on the educated residency trained doctor is the development of some psychological defenses that are not always healthy (such as the loss of real empathy that may have been present as a 2nd year medical student), a fear of losing it all because of an unintentional mistake, the powers of outside forces such as boards of medicine, Medicare and Medicaid audits, continuing medical education pressures, the cost of malpractice insurance, having to battle HMOs and other managed care powers, and the business competition that has been created by the huge hospital corporations and insurance companies. To survive in practice one has to join them or sink financially. I really believe Albert Schweitzer would be appalled by modern medical practice and run happily back to the rain forests of Africa. Don't get me wrong. I know many doctors have abused insurance systems and probably still do, have done harm and should have their licenses revoked by medical boards, and there should be safeguards to protect us all. Many doctors have huge debts after finishing training and are too intent on making money. Also, many medical marriages fail because of the physical and emotionally absent medical member. "He or she is not the same is not the same person I married."

I was 35 years old when I passed my board certification examination because at that time, I had to have two years of clinical experience beyond residency before I would be eligible for the exam. My written exam was in Wash. D.C. and my oral exam was in New York the following year. My wife went with me and I carried my portable ventilator to survive. One of my oral exams was at Bellevue Hospital in N.Y. The cab ride to the exam created more anxiety than the exam, and had actually relaxed me because I was so thankful to get there in one piece. When I learned that I had passed that exam, I thought now I can relax. But no, now many specialties require recertification, with emphasis on facts and knowledge with little emphasis placed on experience in my opinion. I know that I would have difficulty passing a board exam now (not that I wouldn't try), but I know that I have immense experience now that can not be accurately measured on an exam.

To make matters worse, primary care physicians are in demand and with monetary rewards for doing less referring, I think many patients are being delayed in seeing the right specialist soon enough. There is no way that a primary care physician can know everything. I believe PPSers need to see a physical medicine and rehab specialist sooner than they usually do. These doctors usually know more about PPS.

The key to me as a doctor was to survive all this adversity over the educational and training years, and come out of it with my empathy intact. I think it was easy for me because I was educated and trained at MCV where I had been hospitalized with paralytic polio at age eleven, and I walked those same halls daily while in med school and psychiatric training. I have never forgotten how it felt to be a terrified, motionless child, totally dependent on the care of EMPATHIC doctors, nurses, P.T.s, aids, volunteers, and housekeeping and food service staff. Most of these people cared then and could bring a smile to my face.

There will always be disease and many diseases over the years do have recurrences such as malaria, TB, MS, Crohn's, and even untreated syphilis to name a few. Now, we, and I mean WE are learning more about the natural history of the disease brought on by the wild polio virus before the discovery of Salk and Sabin. Our generation, if nothing else, should help solve this puzzle because there are many of us who have lived long enough after the original polio event that we will hopefully bear witness to the reality of PPS and maybe somebody will uncover what is really going on with us. Is it neurological, metabolic, systemic in the CNS, biochemical, hormonal, etc? In my opinion, one thing that it is not.... It is NOT in our heads (psychogenic), it is REAL day to day. As I think about it, many of us probably have similar defenses and personalities as the BAD doctors we complain about, except hopefully, we have retained our empathy for each other as is often revealed on this list service.

Even Sister Kenny concluded that the American doctor believes in the conservative scientific method (that brought Salk and Sabin), but is curious enough to listen and examine a new idea which usually keeps the American doctor ahead of the rest of the world. Remember, America was the only country that accepted her ideas at all. I hope we maintain the strict adherence to the scientific method but also keep our curiosity and sense of adventure.

I have said enough. If you have found a knowledgeable, listening, and empathic doctor, you are fortunate, and treat him or her as a friend. When I was in practice, I received the most thoughtful notes and holiday gifts from some of my more difficult and troublesome patients, but I somehow knew that they did not really enjoy their plight and they apparently perceived that.

I do not intend to create controversy, but I welcome thoughtful comments.

Henry Holland
Richmond, Virginia, USA
Henry4FDR@aol.com
28th January 1997

Dr Henry Holland is a qualified medical officer and furthered his education to become a psychiatrist and has been a great contributor to the PPS world for many years. We thank him for giving us permission to print his articles to the benefit of our members and the public.

A Half Century of Love

by Ruth SoRelle, M.P.H.



Dr. Carlos Vallbona at work.

Fifty-one years ago, Dr. Carlos Vallbona fell in love—with a medical center and a medical school. It's a romance that continues to this day.

He came to Houston and Baylor College of Medicine to learn how to treat polio and to prepare himself for a career in academic medicine in Spain.

He became one of the leading polio doctors in the United States, and never took up an academic career in Barcelona.

In fact, he never left Houston or Baylor. His career transitioned from pediatrics and polio to rehabilitation medicine and then to community medicine. Always, he was fulfilled when treating those most in need of his care and sharing that knowledge with others. The professor of family and community medicine, pediatrics and rehabilitation has no regrets.

"Frankly, I fell in love with this place," he said. Perhaps that was the pediatrician in him because when he arrived in Houston Aug.1, 1955, the Texas Medical Center was in its infancy.

"The friend of one of the residents took me on a tour of the Texas Medical Center. It was a very unusual place. It was a forest, and in that forest there were several buildings," he said. Today, those edifices make up the heart of TMC — Baylor College of Medicine's Cullen Building, The Methodist Hospital, St. Luke's Episcopal Hospital, Hermann Hospital, Texas Children's Hospital and The University of Texas M.D. Anderson Cancer Center.

All of that was set to change, again and again.

"Every day since I came to Baylor, there has been some construction going on at the Medical Center," said Vallbona.

For his first four years in Houston, he lived and breathed his patients at the Southwestern Poliomyelitis Respiratory Center, the first polio center in the United States opened in 1950 by the National Foundation for Infantile Paralysis. (The organization is now called the March of Dimes.)

Dr. William A. Spencer, legendary founder of The Institute for Rehabilitation and Research, recruited Vallbona from the University of Louisville. A native of Spain, Vallbona knew he wanted a career in academic medicine. To achieve that in Spain, he had to pursue postgraduate studies out of the country. He first went to Paris and then, fortuitously, to the United States and Kentucky.

After two years of residency in Louisville, he was looking for a place to spread his wings. Texas and Spencer beckoned.

When Vallbona arrived in Houston, he thought he was prepared, but his first patient was a 41-year-old man in an iron lung.

"I said, 'Wait a moment. I'm a pediatrician.'

"And they told me, 'All these patients are older than children. Haven't you heard of FDR?'" (President Franklin Delano Roosevelt had had polio.)

"That was my introduction to medicine that was not exclusively pediatrics," he said.

At Jefferson Davis Hospital, where the polio center was housed in an annex, he and Dr. Gunyon 'Guy' Harrison, who had a fellowship, virtually lived in the center.

"Bill Spencer said the reason the Baylor Center had the lowest polio mortality in the world was because he had two fellows spending day and night there," said Vallbona. "There was a couch and a shower. I spent many nights on that couch."

It was preferable to the apartment he shared with Dr. Leighton Hill at Jefferson Davis Hospital. The incinerator chimney went up through the center of the room, so even though there was air conditioning, the room was the hottest in the building. Situated on the 11th floor of Jeff Davis, just above the psychiatric ward, it was not conducive to rest or sleep, and Vallbona said he much preferred the cooler polio center.

When there was a patient with acute bulbar polio (which attacks the central nervous system and affects the ability to breathe), neither he nor Harrison left the hospital. If a patient needed a tracheotomy (a hole in the windpipe) to prevent them breathing in secretions, he called a resident in the department of otolaryngology. One of the most able and willing, he said, was Dr. Bobby Alford (currently BCM's chancellor and chair of otolaryngology.)

By the time Vallbona arrived in Houston, the Salk polio vaccine was already available. It was licensed in



Stamping out polio: This 1957 U.S. postage stamp certainly applied to Dr. Carlos Vallbona, who dedicated many years to helping polio patients.



In 1994, Vallbona was honored by the BCM Alumni Association as a Distinguished Faculty Award winner. He continues making vital contributions today.

April 1955. However, because of a scare related to the vaccine and slow acceptance, Houston suffered through bad polio summers in 1955 and 1956.

The cases continued even after all the patients – including those in iron lungs — moved to TIRR in February, 1959. Each made an impression on Vallbona, who recalls not only the names, but also the circumstances of each patient he admitted to that facility.

Even before the move to TIRR, he and others in the newly formed department of rehabilitation began to see patients with spinal cord injuries and other problems. He worked in that field until 1969, when a new

venture called. The needs of poor patients in the Harris County Hospital District were becoming more and more apparent, while the county's public hospitals, Jefferson Davis and Ben Taub, were becoming more and more crowded. BCM and its leadership sought to establish a state-of-the-art community health center and a department of community medicine.

In 1969, they offered Vallbona the chance to head the department and build that clinic.

"That was my beginning in community medicine," he said. His mentor in that effort was Dr. Joseph Merrill, now a professor in the department of family and community medicine.

County politics and the exigencies of the Harris County Hospital District resulted in the establishment of two centers in rapid succession — one in Baytown and one at Settegast in the heart of the county's African-American community. In the succeeding years, other clinics followed, and today the hospital district has 11 community health centers, the Thomas Street Clinic for treatment of AIDS, eight school-based clinics, a dental center and a program for the homeless.



Vallbona's career began in pediatrics, shown here with the 1964-65 Pediatrics faculty, but evolved to include polio, rehabilitation, and community medicine.

He laughs when he describes the battle scars he still bears from disputes over which clinics should be built when and where. However, he credits the support of BCM, its board and that of the Harris County Hospital District with making it all possible. Today, the community health program provides care to thousands of Harris County residents, many of whom would go without treatment without that program.

"Of everything, I hope people will look on it as my legacy," he said.

However, another early venture reared its head in the 1980s, and Vallbona once again leapt into the fray. Today, he treats patients with post-polio syndrome — the late effects of the disease that he knew all too well.

"I've come full circle," he said. "Not too long ago, I saw a gentleman who must be 70 years old now. When I treated him in the 1950s, he was one of the sickest patients I had ever had. I had lost track of him, but now he is my patient again. I see many who were children when I had them the first time, and now they are grandparents."

Vallbona credits academic medicine with keeping him vital and interested in practicing.

"I had the vocation for academic medicine from the first year of medical school," he said. "It's what brought me to the United States."

His commitment to the Baylor College of Medicine mission kept him at the College for more than half a century.

"I really believed in Baylor. I liked what Baylor was doing and enjoyed the contact with students and residents." That, coupled with the fact that his family was settled in the city and did not want to move, kept him here, rejecting several offers he received to chair other departments in other institutions.

"I don't regret it," said Vallbona.

Do We Teach People How to Treat Us?

by Rhonda Corlew

A friend of mine has said this so many times and at times I have had to agree.

I was at an event that involved people I work with. One of the girls made a passing statement about being off for a couple of weeks. At the time I didn't think anything of it. I had no reason to question her statement. Later she said something that contradicted that so I said, "I thought you were off." She said she had said that because she knew we didn't like her. I was shocked. I really didn't know her well enough to like or dislike her. As time went on things began to happen that made it seem like she was causing issues. Long story short we have ended up not liking her. Did we teach her to treat us that way or did she create what she thought already existed? What she feared existed maybe?

I have wondered this about myself in the past. Today I didn't want to do something at work. I had completed everything early so that meant I ended up doing a mixture of other tasks. There was one I really didn't want to do. I knew and said it and ended up having to do it. It was ironic to me because I get to work at 4am which is two hours before everyone else and I end up being the last one out all because of this added task. I have heard that the universe does not hear the word DON'T so when you say you don't want something then it gives you what you want. I guess I should say I don't want to win the lottery :) I know I have taught the people at my job I will come in early and I will stay late. I know I have taught them that.

I have wondered if I taught people around me how to treat me. Does fear of losing a relationship cause me to lose it?

If we teach people how to treat us then why don't they teach us differently and why didn't I teach people differently? I wish ...

I am still learning. When it comes to this I may even be on the learning curve.

(Reprinted with kind permission of the author, Rhonda Corlew)

It may be that your sole purpose in life is simply to serve as a warning to others.

Laughter Therapy

By Liz McCue

It's almost here! Mark your calendar for Sunday, May 4th. That's when World Laughter Day is celebrated. It began in Mumbai, India in 1998 and was founded by Dr. Madan Kataria who joined with 12,000 others on that day for one big laugh fest.

What's all the hype about laughter? It's in response to laughter therapy research findings which are increasingly showing the health benefits of a good chuckle and even suggesting that maybe laughter *IS* the best medicine.



What these studies are discovering is that not only are there emotional health benefits from laughing, but there are physical benefits of laughter, as well. Here is a sampling of what these laughter studies have found.



Immune response: Elevated stress decreases our immune capability. Through humor the number of immune cells may be increased.

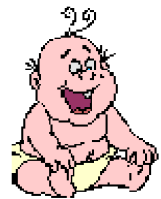
Blood circulation: When tense, blood vessels constrict reducing blood flow, whereas lower tension levels allow blood flow to remain constant.

Physical workout: A good laugh exercises the diaphragm, heart and stomach muscles and relaxes the muscles in our neck, shoulder and arms.

Weight loss: Laughter tends to reduce the four main causes of weight gain: stress, boredom, depression and loneliness.

Stress and Pain reduction: Laughter acts as a distraction from negative feelings such as anger, fear and pain.

Socially beneficial: Laughter uniquely connects us with others making even tense situations more friendly.



If we learn how to laugh more often we can all benefit. How do you do that?
For starters:

Learn to become more lighthearted: Throughout the day try to think about a few of the good things in your life, or a humorous event that recently happened. This will help distract you for a few minutes from negative thoughts and feelings. This may take practice, but over time you'll find that you can more easily "escape" into a happier place and see things through a brighter prism.

Increase your sense of humor: Try watching comedies on television or rent a funny movie. Do you get the comedy channel? Did you know it existed? Pick up a book of jokes or just do an online search for your favorite types of humor, you're likely to get at least a few chuckles.

Laugh at yourself: You've heard the saying, "Don't fret the small stuff". Try not to be too hard on yourself when you've messed up. Take a lesson from your mistakes and move on. Life is too short to keep reliving the past. Tell a friend about your stupid mistake and laugh at it with them.

Become more social: Even if you're a loner, human interaction can create a healthier outlook on life. Make eye contact with people you meet while running your everyday errands, smile at them, and say hello. Studies have found that people who feel connected are more likely to be happier and feel more self confident.



What if you still need help learning how to laugh more often? Laughter therapy clinics and studios are popping up all around the globe and offer varying forms of therapy including laughter therapy yoga. Check it out; you may have access to a good laugh in your own community.

2008 Reunion Information

Dates: The 2008 reunion dates are Friday, May 30th through Sunday, June 1st.

You are welcome to come earlier if you like. Many people arrive on Thursday when we go to Lambert's Café for supper around 4:30pm and stay until Monday (or even later). At Lambert's your meal is free if you arrive in a wheelchair or scooter. We also just found out that if you're using a walker or a cane, your meal will be half-price. See their website under 'Branson Links' on the left side of this website for menu, etc. LOTS of GOOD food; guaranteed you won't leave hungry!

Accommodations: Settle Inn: 800-677-6906 - Group #: PP5288.

They'll need your credit card #, but **NOTHING WILL BE CHARGED UNTIL YOU ARRIVE.** PLEASE... make your reservations now if you haven't already done so!

If you have a question or problem with the hotel... talk to Kathy (417-336-8663). She'll get with the hotel personnel and sort things out.

If you need special adaptive equipment, you have three (3) options:

1. Bring your own.
 2. Let Kathy know (417-336-8663) and she'll see if anyone has it and is willing to bring it and allow you to use it. Incidentally, we will need some power chairs for the weekend. If you have one you're willing to bring and loan for the weekend, please let Kathy know (417-336-8663).
 3. You can rent it locally. MediTech of Branson (417-334-4272) is a medical supply house in Branson. They rent medical equipment and will deliver and pick it up at the hotel. Again, please let Kathy know (417-336-8663) so she can keep tabs on it for you.
-

Costs: Rooms: +/- \$62 per night, including tax. Up to 4 people can stay per room at no additional cost.

Registration Fee: \$45 per person. This includes meals (lunch and supper on Friday, Saturday and Sunday), soft drinks, bottled water and snacks (which will be in the Hospitality Room all weekend), the Polio Stories book (bring yours from last year to be updated if you have one; only newcomers will receive a new book), VCR or CD of reunion, and any other miscellaneous charges that may be incurred.

Shirts and caps: Yellow is the color that was decided on for this year.

T-shirts (any size we can get)..... \$10.00 each
Caps..... \$5.00 each
Golf or Polo shirts..... \$12.00 each
Tote bags (18x16x4¼ deep with 28" handles)\$7.00 each

The logo on the shirts, caps, and bags is the same one as on this website in the upper left corner (non-animated, of course).

By May 5th, mail your money for your shirt & cap order to:

Linda DeRyke
1109 Bird Rd., #21
Branson, MO 65616

Make your check payable to Post-Polio BransonGoers.

If something changes and you can't come, everything you ordered will be mailed and the remaining money refunded to you. It is your responsibility to contact the hotel to cancel your reservation up to the day before the reunion. No charges will be billed to your credit card if this is done.

Door Prizes: Everyone is asked to bring a door prize... CHEAP! Used things, white elephants, gag gifts, etc., etc. – CHEAP!

Help needed: Pat has decided to retire from the kitchen, so any and all volunteers will be welcome. All food is provided; help will be needed on Thursday and during the reunion.

Book / CD / DVD / VCR / audio book exchange: If you have any you'd like to get rid of, bring them along!

Crafts, Etc.: If you have crafts or other things you'd like to sell, please let Kathy know (417-336-8663) so we know how much room to allow for them. If you bring things to sell, please remember... many live on fixed incomes, so you may have a better chance selling something if it's priced inexpensively.

Any questions...any problems...any ANYTHING – talk to Kathy (417-336-8663).

More info will be posted on this website as it becomes available, so keep a close eye on it!

If we've missed anything here, it's Kathy's fault... get with her (417-336-8663).

Remember: Partial payments for the reunion registration can be made at any time. Again, contact Kathy (417-336-8663).

The 2008 Vacation Guides are ready. Go to www.explorebranson.com. Follow the prompts at the bottom of the left side column. This is the official Chamber of Commerce site and is a safe web site. Allow about 4 weeks for delivery as they are still catching up from the requests from January and February.

If you might want to go to a show while you're at the reunion, the following web sites offer coupons WITHOUT Timeshare tours:

www.sunnydayguides.com Click on Branson on the left column and coupons along the top of the page.

www.bestreadguide.com Click on Branson on the map, click on the booklet cover, then on coupons as each click takes you to a new page.

Branson also has a 2 for 1 ticket outlet that is NOT a Timeshare. They don't have a web site. A list of the shows they offer will be available at the reunion. They *do not* offer tickets to the major shows such as Shoji, Andy Williams, etc.

Feel free to [email Linda De Ryke](mailto:Linda.DeRyke@branson-goers.com) if you have any questions regarding the Vacation Guides.

May Celebrations

Birthdays

4th Betty Jensen
5th Evert Klaus
Paul Bjorling
8th Gerry Grummons
11th Phil Eckert
13th Randy Bassham
17th Aletha Mahaffey
22nd Valerie Bridges
25th Linda DeRyke
Rox McKenzie
26th Sue Peters
28th Jerri Dillon
29th Myra Robinson

Anniversaries

6th Beverly & Gerry Grummons
9th Elaine & Jim Evans
Lucy & Dale Powers
25th Connie & Kerry Nordin
28th Omie & Edgar Morris
30th Jean & Phil Vrana
31st Pat & Gleason Grimes

Sudoku

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