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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 Dixie Todd



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

My name is Dixie Todd. I contracted polio in 1944 at age 6.

Describe your early treatment for polio:

I was in the hospital for three months. I mainly remember hot woolen packs on my body, especially my legs.

How did polio affect your teenage years?

I don't believe it affected those years much. I was active in school activities, etc.

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

I was treated well in High School. I had some problems in the 8th grade at a new school and was wearing a walking cast (had had back surgery). I felt very alone and self-conscious.

How did polio impact your self-esteem?

I think I was somewhat self-conscious because of my limp, but I made good grades and that helped to raise my self esteem and have always had good friends. I am still somewhat self-conscious.

What is/was your occupation?

I was a medical secretary for about five years after high school, then a school secretary and bookkeeper for thirteen years, along with being a wife and mother of two active boys.

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

I suspect I started getting it around thirty years ago, but was officially diagnosed in 2005.

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

I use a cane, wear a back brace when working at home and use a rolling walker often. I wish I didn't have to use them, but am so thankful for them as they help a lot.

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

I know it has slowed me down some and I can't do some of the things I used to do, but I still have a pretty active lifestyle (just keeping house is pretty time consuming).

What are your interests, hobbies?

I like to crochet, cook, go to church and am taking a three-year DVD video satellite course on the Bible through our church called Faith Bible Institute. I really enjoy it.

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

Don't overdo, but do what you can. Don't get depressed, but learn to adjust. Life is still good.

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

I have been married for 50 years. We met when I was fifteen. My Dad had a garage working on cars and my husband was also a friend of my uncle. We dated for four years before marriage.

Any comments to or from your spouse/supporter?

My husband has been a great supporter and my best friend. We tease and laugh a lot.

Eight Steps to Taking Control of Every Situation in Your Life

by Terry Rich Hartley, Ph.D.

Like it or not, we are all gladiators. We go to sleep and wake up in a social arena from which there is no escape. Challenge upon challenge confronts us, walls restrain us and a mob of spectator's mocks, sneers or cheers us. Each and every day brings new battles whether we want them or not and whether we're up to them or not. Life forces us to face one skirmish after another - no choice in the matter.

What we can choose though, is which kind of gladiator to be; victor or victim. Being a victim in this social arena translates into having bad relationships. Most people are victims - victims of their own perceptions.

That's because people don't develop and listen to their own unique, authentic self. Rather, they allow their mental spectators - those little tyrants rattling around in their heads - to tell them second by second how to fight their battles, what they can and cannot do. These tyrants applaud and they hiss, they encourage and they discourage.

These mental spectators are the memories of the judgments of real-life people. For example, it's the memory of your aunt saying, "I hope you marry someone rich, because you're not going far on brains." It's the echo of your father growling, "You've got a back problem - no spine".

And their influence over your relationships can't be overestimated. Millions of people accept the judgments of their mental spectators as the truth and, therefore, the mediocre results that come from believing those judgments.

With so many people living this way, the question becomes, "Is this the way I have to live?" Fortunately, the answer is not unless you want to.

Once you identify your mental spectators - and your interactions with them - you can move beyond victim and assume the role of victor.

What it takes are eight steps for getting command, eight steps you can apply to most any situation you want altered. You can positively influence your relationships, your employment options or any aspect of your life.

Let's Look at the Steps:

1. Define What Ails You.

Ask, "What's my problem? Am I a jealous weasel, troubled that others have what I want? Am I ticked off most of the time? Am I sad and whiney? Am I anxiety ridden? Am I moody? Am I all of the above?" Without this step, you're doomed. It will take personal courage, but you won't get results without identifying what ails you.

2. Discover the Effects.

Ask, "How are my problems affecting my life? Am I a lousy parent, a friendless dork, a backstabber, a slut, a drunk, a junkie? Am I none of the above, but someone who is less than I could be?" This step requires absolute self-honesty, but the truth will help set you free.

3. Seek the Source.

Ask, "From where are my problems coming? Who are my real and my mental spectators? What do my mental spectators look like, say and do? Exactly who or what is keeping me from taking command of my life?" This could be one of the most incredible experiences of your life. You will look into the abyss and see who is looking back.

4. Identify Your Role.

Ask, "How am I contributing to my problems? What is my responsibility in all this? Did I decide to be a garbage disposal? Do I beat myself to death trying to please others? Do I expect things of myself that are unfair? Do I treat myself as a friend or an enemy? Do I allow my mental spectators to drive me to distraction, depression, anger and/or anxiety?" Recognizing your role in your own problems is a positive - but scary - step toward knowing yourself and gaining personal command.

5. State Your Desires.

Ask, "What do I specifically want to do about my problems? Do I want to be a doormat, a slut, a drunk, a friendless geek; or do I want to rule my mental spectators? Do I want to stand up to a spectator, real or imagined, who puts me down? Do I want to take command of my education, my bank account, my relationships?" Until you can actually list your desires in the order of their importance, you will be a victim. However, once you do this, you are on your way to being a victor.

6. Seek Options.

Ask, "What are my options and in what order should I place them? What is the first option I should concentrate on; the second one; the third?" If you have a soul-sucking hangover most mornings, you might opt to give up your booze buddies for some real friends. Secondly, take the money you normally spend at bars and deposit it in a college fund for yourself or your kids. If, instead, you're a workaholic and you want to spend more time with your kids, then DO IT. Very few people on their deathbed have said, "If I could live life all over again, I'd spend more of it at work and less with people I love." Choices are involved here, but by weighing options and alternatives and then making personal choices, you are taking command. Do

this and you'll begin to gain real power.

7. Learn Winning Techniques.

Ask, "How do I rule my real and my mental spectators? Must I collapse in a heap when they point thumbs down? How can I learn to take charge on every level and get a grip on my life?" There is no 'magic' involved, but you might feel as if there is. Unlike a vanquished gladiator falling at the whim of spectators, you decide your own course.

8. Master Your Relationships.

Ask, "What more can I do to master my relationships by strengthening myself and my perceptions? How do I take command right now in developing my own identification and self-worth?" Congratulations! You're working on the one person in the entire world you can work on - YOU! And any improvements in yourself can't help but enrich your relationships with other people and the world around you.

Although this is only a brief overview of each of the eight steps for jump-starting your relationships and taking control of your life, you'd be amazed at how significant the effects of a few minor adjustments in perception can be.

I don't know what the key to success is, but the key to failure is trying to please everyone.

The Book of Polio

by Mike Kossove

I bet this title has you interested. No, this is not a book about polio. I've read most of them. This is the book "of" polio, you know, the rules and regulations of living with polio. Whose rules and regulations? That's the question. We all have our own rules and regulations about living with polio which we know are the ultimate, and some feel that we are obligated to go through life training other survivors.

Sitting in a group recently I happen to mention that I wear sneakers every moment I can. That I have a brace plate in my sneakers; all three pair of them. Well, you had to see the face on this survivor. Then she began quoting from the "Book of Polio." Are you crazy, you can't have your leg brace attached to a sneaker. "And where is this rule or law written," I asked? "Well, you just can't." I thought I might have broken the law, you know, like cutting the tag off the mattress which told you that removing it was punishable by law. I was waiting for her to quote "The Book of Polio," that I broke Article 4 - Bracing, Section 5 - Shoes, Section 5 a - sneakers, which says that it is a criminal offense to attach a metal leg brace to the heel of a sneaker. Now, I'm in big trouble. If she turns me in I wonder if there's a reward. And then will they go after the brace plate manufacturer, the orthotist, or the shoemaker that put in the plates. I can see it now. A knock on the door; "Who is it?" Police; I open the door. Put your hands up you are under arrest. If I put my hands up, I'll fall on my butt I told them. "What's the charge, I ask?" You are in violation of The Book of Polio, Article 4, Section 5, Subsection 5a, Wearing Sneakers. As they look at my feet, they got me. There's the evidence. I'm in sneakers. Can imagine the trial? There are loads of us who wear a brace or braces in sneakers. So, I'm sure that once the publicity gets out, and there are 1.5 million polio survivors in the U.S., and I might assume that maybe 50% wear sneakers, and of those maybe 10% wear braces attached to the sneakers, I might get a great turnout in support of me. I can't call it a March; I'll just say it is advertised as the Wheel On Sneakers. Can you imagine what would be going on outside the courthouse? People lined up in Wheelchairs, on crutches, with walkers, etc; but best of all, everyone's wearing sneakers. I guess it's time to delete Subsection 5.

We discuss with our fellow survivors in person, in chats, at meetings and conferences, our life stories. We even talk about medicines we take for every ailment other than polio, and try to blame poor eye sight,

headache, high cholesterol, heart disease, urinary problems, you name it on the effects of polio. “I’m taking Lipitor for my cholesterol.” “Oh you can’t take that if you have PPS.” OK, what section in the Book of Polio do we find Lipitor, and now I guess I’m going back to court. Perhaps I can get Pfizer to pay for this trial.

A few years ago at a conference we were discussing bracing. One survivor asked me “Why on earth would I get metal and leather in the age of plastic? Not a simple why did you choose metal over plastic, but “why on earth,” which makes it sound like I violated another rule in the Book of Polio. I’ll have to do some heavy brace time for this one.

So here we were sitting in the park at a conference break; everyone taking in everybody else’s polio disability. Hey, you know what I mean. Now here comes a female with a very bad limp. One in the group says: “She needs a brace and she ought to know it. She’ll save that leg, her hip, and the rest of her body.” Now, I get volunteered. “Why don’t you (one in the group says to me) go talk with her?” Why me? Well, they thought that because I was the polio educator, that I was the person to do it. I told them that it was none of my business, and none of us are physiatrists. Are you ready for this? Now I’m told if I don’t tell her and she falls down, it will be on my conscience. I told them that I didn’t know I had a ‘my conscience’ center in the brain and, if I have, it’s probably full by now. Now, where in the Book of Polio is the chapter on Advice, How, When, What and the proper Time.

Most of us are in the mid sixty’s and older. We have survived the “curse” of the 20th Century with adversity, and some with greater adversity than others. We have outlived people we know in our age groups who did not have a disability, and we did it quite well. Advice is wonderful to give to other survivors who “ask for it,” and without the: this is the only way to do it, take something else, don’t take that it’ll kill you, I have a better natural supplement, or the best yet, you’re doctor told you that?” “What kind of a jackass is he/she?” If you feel you must give advice, give it positively . Physicians who treat many of us have learned a great deal about PPS from us.

You might suggest that they ask their physician if.....rather than.....because what you are taking might have adverse effects on polio survivors. Your advice should include choices, and never be negative. We can only share experiences. Advice on your medical history, your medications, and assistive devices should come from a medical team. There is a fine line between giving advice and sharing experiences.

I hope you have had a laugh reading some of this. Laughter is our best medicine. No adverse reactions, and perhaps most important, the Book of Polio allows it. I know that many of you have similar stories. I would like to keep this going. Perhaps a Book of Polio for polio survivors that they can get hysterical reading. No one else would understand it. It’ll be a “had to have been there, heard that kind of thing experience. No rules and regulations. Send your stories to mkossove@touro.edu. Thanks for reading.

P.S. I’m wearing my sneakers as I type this.

Mike

Post-Polio Forum

by Richard L. Bruno
January 2002

This column is for information purposes only and is not intended as a substitute for professional medical advice.

Q: *I had polio with weakness in my left leg. I recovered and carried on a normal life until the early 1990s when I started to have fatigue, heart palpitations, skipped beats and low blood pressure, especially after I eat. Should my doctor be considering any tie-in with polio?*

A: Oh, yes! Fifty years ago polio pioneer David Bodin discovered that every polio survivor had some poliovirus damage to neurons in the brain stem, the so-called "bulb" of the brain. When brain stem damage was severe, the diagnosis was "bulbar" polio--whose best known symbol, the iron lung, was needed when brain stem breathing-control neurons stopped working. But the most common symptom of "bulbar" polio was trouble swallowing, not trouble breathing. Some "bulbar" polio patients also had severe difficulty controlling their blood pressure and heart rate.

The damaged brain stem neurons that are responsible for these symptoms control the vagus nerve, which carries commands from the brain stem to activate muscles in your throat, esophagus, stomach and intestines. It also controls your heart rate. But the vagus nerve is a two-way street, since it "listens" to activity in the gut and sends that information back up to brain stem neurons.

Vagus damage that disrupts the normal functioning of the gut may explain our Post-Polio Survey findings that swallowing difficulty, diarrhea, colitis, ulcers and constipation are as much as six times more common in polio survivors than in nondisabled individuals. And the symptoms you describe may result from poliovirus damage to the vagus as well as to brain stem blood pressure and heart rate control neurons.

We have a growing number of post-polio patients who feel exhausted after a meal. When their stomachs fill with food, the vagus is apparently over stimulated and triggers a drop in blood pressure, causing feelings of fatigue and sometimes palpitations. Polio survivors have also been reporting another problem: food sticking in the upper esophagus. We think this is due to the vagus not stimulating esophagus muscles to move the food downward. When food gets stuck, irritation triggers a painful esophagus muscle spasm that also stimulates the vagus nerve, causing blood pressure to drop and the heart to race or to slow.

Although blood pressure drops, our patients don't faint, a finding consistent with our 1995 Post-Polio Survey discovery that polio survivors do not faint any more frequently than nondisabled folk. However, the survey did find that those who had fainted only once in their lifetimes reported significantly more daily fatigue than those who had never fainted. This suggests that damage to brain stem blood pressure control and vagus neurons may be coupled with poliovirus damage to bulbar "brain activating system" neurons, those which our laboratory research suggests are responsible for post-polio brain fatigue.

The relationship between fatigue, brain stem damage and low blood pressure links polio survivors to another bunch of very tired folk: those with chronic fatigue syndrome. About one quarter of CFS patients have fatigue that is associated with low blood pressure or increased heart rate. Some CFS patients report fatigue when a hot shower or hot room causes blood pressure to drop, as do about one third of polio survivors. Other CFS patients have blue feet, just like our patients' "polio feet," suggesting that blood pooling in the legs contributes to low blood pressure.

Polio survivors should have a doctor take their blood pressure and heart rate lying, sitting and --if possible--standing. Anyone having fatigue associated with a drop in blood pressure or a slowed or racing heart needs to see a cardiologist who treats low blood pressure. Compression stockings --which push blood back toward the heart--and medications that increase the fluid in your blood or stop blood from pooling in the legs, can be helpful. If fatigue follows eating, try consuming frequent, small, higher protein meals --they can prevent the stomach from getting too full and stimulating the vagus.

Polio survivors having trouble swallowing should see an ear, nose and throat doctor. Eating smaller bites of softer foods and washing down each bite can prevent food from sticking in the esophagus. For those who still have a sticking problem, a low dose of the muscle relaxant Klonopin taken 30 minutes before eating can prevent muscle spasms and help food slide down.

I'd appreciate hearing from polio survivors who are having any of these symptoms.

Richard L. Bruno is chairperson of the International Post-Polio Task Force and director of The Post-Polio Institute at Englewood Hospital and Medical Center. Please e-mail questions directly to him at ppsforum@newmobility.com.

Post-Polio Syndrome; an Overlooked Condition

by Jane Nafula

(Monitor Publications - Wednesday, April 29, 2009)

Kampala, Uganda.

Although he suffered a polio attack during his childhood, James Mwandha, a former Member of Parliament for Persons with Disabilities, did not need to use a walking stick to move from one place to another. But with every passing day, the 72-year-old Mwandha has been losing the strength in his legs and other parts of his body.

First, he had to acquire a walking stick to prop himself up as he walked. Then, as his condition gradually deteriorated, he needed an automated wheelchair. Today, he cannot even operate the wheelchair by himself and now needs the help of another person to operate it.

Doctors say Mr. Mwandha, currently the Board Chairman of Uganda National Action on Physical Disability (UNAPD), suffers from Post Polio Syndrome (PPS), a condition that starts to manifest at the age of 35. The patient develops body weakness, pain in the muscles and joints, paralysis of the arms and the feet which hampers mobility. It also affects the person's breathing capacity and the nervous system, which may alter blood circulation in the body.

The areas that are affected most by PPS are those that were initially attacked by the polio virus such as the arms and the legs. However, research has shown that even other areas can also be affected. In an interview with Daily Monitor yesterday, Mr. Mwandha said, "It affects polio survivors progressively over a long period of time and you may not notice it as you move from one stage to another but you eventually do, in that you cannot do a number of things you used to do."

Although the number of Ugandans suffering from this condition is not known, international studies indicate that at least 60 per cent of people affected by polio eventually get PPS. The Director General for Health Services, Dr. Sam Zaramba, says the condition is not common but adds that even accident victims may have their joints and muscles weakened as they age, especially when the bones were not aligned well after the accident.

"These cases are rare but anybody is bound to have these complications including accident victims," explained Dr. Zaramba. Researchers have not come up with any medication which can reverse or even control PPS. Physiotherapists recommend that people suffering from PPS should exercise moderately as well as control their diet to avoid becoming fat.

They are also advised to go to bed early and have enough sleep, in addition to having regular medical checkups since they may develop other complications as a result of being immobile. Dr. Zaramba, however, says PPS is not life threatening, does not affect the brain, reproductive system and a number of other organs. "You continue to be alert and sexually active," he said. Mr. Mwandha says there is need to sensitize people about disability. He said UNAPD is trying to create awareness about PPS countrywide.

"We thought we had kicked polio out of Uganda but we have discovered that the ugly face of polio is still showing which means post polio syndrome is likely to be a major phenomenon," he said. Polio, an infectious disease caused by a polio virus, is transmitted by drinking water or eating food contaminated with the polio virus. It can, however, be prevented by immunization using oral polio vaccine for children aged five and below.

Cases of wild polio were recently confirmed in Amuru District. This has prompted the Ministry of Health, along with local and international health organizations, to conduct supplemental immunization in districts that the government says were at the risk.

Why We No Longer Use the “H” Word

by Dan Wilkins

What is it about the word “handicap” that so offends many of us living with disabilities? Within our Disability Culture, progressive thinking has steered us away from using the word “handicapped” as a label or descriptor for someone living with a disability for a couple of reasons. To begin with, contrary to long time societal thinking, it is not synonymous with the word “disabled” ; more on this in a moment.

Most importantly, it is the very origin of the word that leaves such a bad taste in our mouths. It conjures up imagery that perpetuates archaic misperceptions of the value of people living with disabilities and their potential for contribution to their community and to humanity as a whole.

Though I have a British friend who argues the truth of this origin, many believe the word comes from Old World England when the only way many with disabilities could survive was to sit on a corner or on the side of the road with a “handy cap” held out for passers by to fill out of pity ; a pretty negative connotation. Not at all an empowering legacy, is it? And, sadly, it is not just a part of our distant past.

I do not wish to break from the “handicap vs. disability” issue but it is important to point out that this basic premise of projecting pity as a mechanism for exacting funds from the masses is still being used today. If I may rant for a paragraph, children and adults with disabilities continue to be exploited every day, most visibly, every Labor Day when Jerry Lewis does his annual Smellathon, er, telethon. Twenty-four hours of patting and hugging “poor, helpless cripples” until FINALLY, in the last five minutes, through red blurry eyes, hair mussed, sleeves uncuffed, bow tie loosened and akimbo, sweat dripping and sleep deprived, he tells us, with all the apparent (or is that transparent) sincerity of a really bad lounge singer, that we “will never walk alone”. (Hey, Jerry, I’ll never walk AGAIN! and, truth be told, that’s O.K.) He demands that we, the heart wrenched public, give, GIVE, until it hurts. GIVE, so that, for another year, we can walk the street unashamed to look someone in the eye; unashamed that we might have fearful, discriminatory thoughts toward “those people”; unashamed that our society continues to fight equity and access to all it has to offer. Buy the premise, pay the dues and it’s another year of “no fault insurance”.

Jerry isn’t the only one, just the most notorious. There are others. Be wary. Kahlil Gibran said “the gifts which derive from Justice are greater than those which spring from Charity.” There is power in this statement. If you want to make a difference and, at the same time, help put an end to the pattern of pity and paternalization, find an organization that is promoting self-control and Independent living; one whose mission is that of building confidence and ability, awareness and community. Try your local Center for Independent Living. It’ll be money or time well spent.

Back to disability vs. handicap; now that we know the origin of the word, we realize that there is little dignity to be found there, except when we look into the souls of those who, over history, wrapped themselves in the label like a banner when there was no other word; who lived, fought and died defending their right to belong in a world trying so hard to eliminate them or hide them away.

All this is not to say that there is no appropriate context in which to use the word “handicap” or “handicapped”. There is. Let me explain.

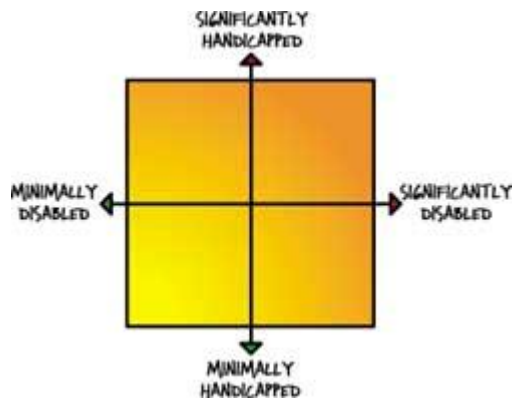
I have a disability. I broke my neck in an auto accident in 1980. It is an integral part of who I am and, to some degree, it impacts the way I do things in the world. I only become “handicapped” when I cannot reach a goal.

It may be a narrow door, or a set of steps; an inaccessible parking structure or a restaurant with no accessible bathroom. For some it may be no signage or Braille menus, no interpreter or service dogs allowed. It may be someone’s attitude out there: “Hey! You can’t come in here! We didn’t vote for the law and we’re not making changes.” or my own attitude: “I’m just a quad...I’ll never amount to anything.”

Though I’m not big on continuums, let me illustrate it this way ; two lines; one horizontal, one vertical.

They form a big plus sign (see diagram). The horizontal line represents disability and the (relative, and I stress relative) significance of its involvement and impact on the person, with minimal impact on the left side and significant impact on the right. The vertical line represents the degree to which the external or internal (self-concept, confidence, etc.) handicap limits one from reaching a goal. We'll put minimal impact at the bottom and significant impact at the top.

Now let me tell you the story of two friends. "Friend A" (not his real name) has Cerebral Palsy as his disability. He uses a word board and head stick to communicate with those who do not understand or speak CP. He uses an electric wheelchair and a chin stick to get around. I stressed parenthetically above the issue of relevance with regard to how we perceive the significance of disability. We, not really knowing Friend A, but seeing him on the street, might be quick to place him far along the horizontal continuum of disability, considering him to be pretty significantly disabled. And I would tell you that Friend A's self-perception would put him much farther back toward the minimal end. I would also tell you that Friend A is just finishing up his degree in Social Work at the local University. Here's a guy whom most would consider has a significant disability, yet, he's out there making a difference in his life and in the lives of others. He's not allowing his disability or society's low expectations to handicap him. He's going to contribute to his community. I would say he sits pretty low on the handicapped scale. Does this make sense?



On the other hand, I have a friend, "Friend B" (not his real name either). He lost a couple of toes in a farm accident. He walks fine. No pain. No limp; nothing. Pretty minimally disabled, wouldn't you think? But can I get him to go to the beach with me, or swimming? Absolutely not; he'd like to but he goes nowhere without shoes on. He won't even wear sandals. Pretty minimally disabled but, again, it's relative. He considers himself pretty significantly disabled. So much so that his own attitude; his own self-concept has him significantly handicapped.

A final difference: if we were to consider these two continuums over a period of time, we would most likely see that the disability continuum, in most people's lives, would remain relatively static when compared to the handicapped continuum which would fluctuate with every situation and barrier(s) presented.

It is important to understand the context in which to use the words we use. The best way not to offend someone living with a disability, and I often insert the word "living" because we tend to forget that we are all living, breathing, interacting, supporting, pushing, pulling, etc.; basically trying to get from Point A to Point B with as little hassle as possible, the best way not to offend someone living with a disability is to refer to them first as just that: as Someone, as a person, as a teacher, a student, an athlete, whatever they happen to be at that moment. That they have a disability is secondary or even tertiary. People are people. People are not diagnoses, or prognoses. They most certainly are not their disabilities. Their disabilities are a part of who they are, perhaps a tenth or twentieth of who they are completely; affording most of all a unique perspective on the world and one's place in it. It is not something of which to be ashamed but something of which to be proud.

A Mothers Day Poem

Below is a poem I found and wanted to include in this newsletter for all us to reflect on. I hope you enjoy it.

Your Mother Is Always With You
She's the whisper of the leaves as you walk down the street.
She's the smell of bleach in your freshly laundered socks.
She's the cool hand on your brow when you're not well.
Your mother lives inside your laughter.
She's crystallized in every tear drop.
She's the place you came from, your first home
She's the map you follow with every step that you take.
She's your first love and your first heart break and nothing on earth can separate you.
Not time, not space; not even death will ever separate you from your mother
You carry her inside of you

~ Author unknown ~

11th Annual (2009) BransonGoers Reunion

by Don Hansche

Okay folks: This is it; the last update you'll receive here in the BransonGoers Gazette newsletter. From here on, until the reunion, you'll have to visit our website at www.postpoliobransongoers.com or www.ppbga.org for all of the latest information which is not included here. Check there often since there may not be a June newsletter this year for reunion updates.

Dates: June 12, 13 and 14 - *There will be activities all day Sunday!*

Accommodations:

Branson Settle Inn (Stone Castle): 800/677-6906

Please reserve now! No charge on your credit card until you check in! The longer you wait, the less chance you'll get an accessible room! And, at this time, we don't know when the deadline will be for reserving a room at our polio group's rate!

\$62 per night, including tax – **up to 4 people per room**. Includes continental breakfast. Service dogs are allowed (no additional charge). Pets: \$10 per night. Hospitality Room is in building C. Service animals are allowed in this building, **but no other pets**. There are only a few accessible rooms in "C". If you need one but are not severely mobility-challenged, please ask for building "B" or "A".

Please notify Kathy once you make your reservation. She keeps in touch with the hotel in case there are any problems.

Pets / Service Animals:

Pets are welcome at the Settle Inn. However, only service animals are allowed to stay in rooms in building "C" where our hospitality room is. Again, please let the front desk know you have a pet when

you check in. We know you love your pet, but, if for any reason you bring a pet into the Hospitality Room (Stonehenge) that is not a service animal, please control him or her. If he or she gets loud or does any other distracting act, you will politely be asked to remove him or her from the room.

Payment Deadlines:

By May 15th, please mail your money for your shirt, cap and tote order (and re gistration fees if you want).

DO NOT MAIL ANY PAYMENTS FOR THIS YEAR'S REUNION AFTER MAY 15th!

If you are unable to attend, you can still order a DVD or VHS, shirts, caps, totes, a PPBG Recipe Book and/or a 'Men of Branson' Calendar by contacting [Sharon](#). A record of all payments is being kept. Please make out your check or money order to Post-Polio Branson Goers Association and mail to:

**PPBGA
@ Sharon Hansche
1404 Kingsdown Drive
Granite Shoals, TX 78654**

Again, please make your check payable to Post Polio Branson Goers Association. DO NOT make your check payable to any individual! It will be returned to you with a cordial note to send another check made out to correctly to Post-Polio Branson Goers Association! If something changes and you can not come, everything you ordered will be mailed to you along with the refund of your registration fee, less shipping charges.

AGAIN - DO NOT MAIL ANY PAYMENTS FOR THIS YEAR'S REUNION AFTER MAY 15th!

Activities:

The Eddingtons (Gospel singers who were at the Settle Inn in 2008) will be in the Knights of the Round Table room (next door) on the same dates as our reunion. Along with them will be Joie Christensen, Brian Keith Pendergrass and Miss Keely. Plan on having a great time listening to some of the best Gospel music and singing in the area!

As over the past few years, we will again have karaoke which also includes a hilarious 'audition' by *The Bransoneers!* We have acquired another karaoke CD for a wider range of music and plan to add another each year.

Again, there will be activities all day Sunday, June, 14th.

Special Dinner Gifts:

Everyone is asked to bring a gift; inexpensive, homemade, used, gag gift, etc., etc. – remember... *inexpensive!*

Kitchen

Pat Grimes is in charge of the food. Again, if you are interested in helping, please [contact her](#).

Book / CD / DVD / VCR / Audio Book Exchange

Last reminder! 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 feel free to bring them. If you do bring things to sell, please remember, many live on fixed incomes, so you may have a better chance to sell something if it's priced inexpensively.

Phyllis is handling the exchange and the crafts table. Any questions, please contact her by clicking [here](#).

Branson Shows

If you decide you 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 do not 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.

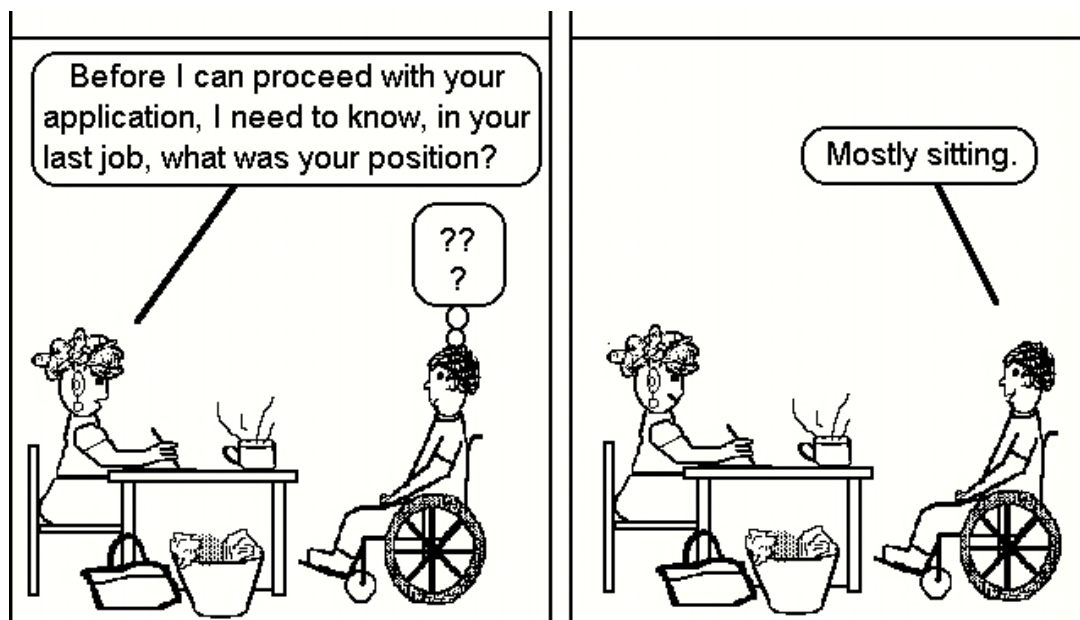
Feel free to email [Linda DeRyke](mailto:Linda.DeRyke) if you have any questions regarding free Branson vacation guides.

Polio Stories Book:

I hope you realize it's too late to have your polio story added to our Polio Stories book if you haven't already submitted it.

However, we would love to add yours to the book before our (12th annual) 2010 reunion. Just write what you know or have been told about when you had polio. Then bring us up to date about your life from that time until now. Whether you come to the reunion or not, we would love to add your story to the book. Also, if you have a picture of yourself or a newspaper article(s), send that to us as well. It would be nice to have a current picture of you. If you can't send those through email, send them to: PPBGA @ Sharon Hansche, 1404 Kingsdown Dr., Granite Shoals, TX. 78654.

We look forward to seeing each of you at the 2009 Post -Polio BransonGoers' 11th Annual Reunion on the second Friday of June (June 12th). That is the weekend *before* Father's Day weekend.



May Sudoku

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

The best things in life are not things.

Answer to April Sudoku

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

From the Editor

About This Newsletter:

The BransonGoers Gazette is published and placed online on or about the first day of each month. Although articles are managed to be found 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.

A note about third-party links – By selecting links in this newsletter, you may leave the Post-Polio BransonGoers' web site and enter a web site hosted by an organization separate from Post -Polio BransonGoers. We encourage you to read and evaluate the privacy policy and disclaimer of any site you visit when you enter the site. While we strive to only link you to companies and organizations that we feel offer useful information, Post -Polio BransonGoers Association does not directly support nor guarantee claims made by these sites.

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