



BransonGoers Gazette

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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.

From the Editor's Desk

by Don Hansche, Editor

We had another outstanding reunion this year! As I sit here thinking of all the events that occurred, I become overwhelmed with it all. What a terrific group of people we have as an extended family!

We had a great business meeting. We discussed and approved moving the checking account to another bank which will allow us free checking. A storage space was rented and paid in advance for the year for storing property belonging to the Association.

The Association also agreed to send out financial statements and a list of attendees at the 2009 reunion along with the 2009 video this year. As mentioned in the meeting this year, this is something we really need to enforce and make happen every year.

With the size of this organization growing from about fourteen couples the first year to well over 50 couples to date, we cannot continue operating it in the same manner as past years. Therefore, at this time, we are undergoing other major changes as well. These changes will be revealed as they occur.

The Association created committees for Kitchen, Secretary, Bookkeeping, Planning and Ann Post Memorial Grant Fund. Annie Bassham will keep track and organize our financial books. Sharon Hansche will head up the secretary committee with Anita Bjorling, Jerri Dillon and Wilma Hood helping her. Pat Grimes will, of course, continue as head of the kitchen committee. She has yet to comment on her choice(s) for help but, I'm sure, will come up with some very good selections. Anyone interested in helping Pat should email her at patgrimes@windstream.net.

Kathy will head the Ann Post Memorial Grant Fund Committee with Don Eades, Anita Bjorling, Linda DeRyke and GG (Gail Genereau) helping her to create a Ann Post Memorial Grant Fund form we can use for the committee to decide who should and who should not receive grants. The committee will make these decisions, not just one or two persons as in the past. Kathy will also continue taking care of hotel accommodations in Branson.

GG will head the planning committee with help from Linda DeRyke and Judy Eades. I will continue keeping the website updated (although I haven't in several weeks). Millie Lill had elected to take over as newsletter editor, but with her situation in getting moved back to Iowa from Canada, I will stay as newsletter editor and will continue

as newsletter editor and will continue to publish the BransonGoers Gazette due to concerns from some of our members. I hope to get help and input from some or all of you. Millie, however, will continue to publish our annual calendar(s). Any questions or comments should be directed to me at don_hansche@yahoo.com.

With the size of this organization growing from about ten members the first year to well over 150 to date, we cannot continue operating it in the same manner as past years. Therefore, at this time, we are undergoing other major changes as well. These changes will be revealed as they occur.

Judy has agreed to do a monthly column labeled 'Supporter of the Month'. Over the past three years, I have done a column labeled "Getting to Know You" (started by Millie when she was editor and I continued) which featured different polio survivors. Judy and I agreed it will be good to bring out more highlights on your supporter(s) since your polio stories already include much of what we published in that column. Her first story in this issue follows this column, so I'll let her tell you how she will get the information for her s.

As most of you know by now, Sharon and I renewed our wedding vows at the reunion this year. Not that we thought we needed to renew them, but because Sharon had never worn a wedding dress. We married in 1983 in the home of our church's minister. I guess it's something every woman dreams of. Anyhow, thanks to GG for bringing her wedding dress for Sharon to wear. The wedding dress was not only beautiful, but Sharon looked beautiful in it! Thanks also to Paul Genereau for allowing me to wear his tux to go with her beautiful wedding dress, and for being such a terrific friend as to walk Sharon 'down the isle', so to speak. And thanks to Tom Post for performing the ceremony. It was absolutely wonderful!

Saturday night supper was in a Hawaiian Luau theme. Pat cooked up an excellent Hawaiian Chicken! Everyone was dressed in their Hawaiian clothes, except for the bride (who would have worn that gown all weekend if she could have). The Bransoneers, from what I understand, outdid themselves again this year, thanks to The Big Kahuna, Don Eades, and Big Pineapple mate, Paul Genereau! It was absolutely hilarious!! If you've never seen one of the Bransoneers' shows, you don't know what you're missing. You can go to http://www.postpoliobransongoers.com/gallery/videos/vid_eos.html to view this year's show and past shows. Make sure you go to the potty room before you begin watching these hilarious men (or shall I say, 'boys') in action!

Supporter of the Month

Don Eades

by Judy Eades

I volunteered to help out with the newsletter by writing an article each month. Now I think it is time to PANIC!!! I thought about what in the world I would write? After much quandary, I decided that it might be fun to get to know people on a more personal level, rather than their polio story. Surely there is life after polio? Yes, there surely is life after polio. We are all proof of that. We have heard all about the survivors and when they had polio. But, what do we really know about their supporter (s)? I will begin interviewing one supporter per month via telephone and feature that person in the newsletter. Th is supporter can share whatever he/she wants. What a great excuse to call someone and keep in touch. One year is just too long to stay connected. I truly feel sad when leaving Branson knowing a whole year will go by before I see most of the people again. So much can happen in a year's time. I'm hoping this will keep us more bonded. So, here goes. I interviewed my husband first!

Everyone knows I had polio in 52, wear a leg brace, am married to Don Eades and live in Omaha, Nebraska. But, I want to share a bit more about Don.

We have 3 children. Sarah, age 34, lives in Omaha, is a behavior therapist and starts a new job August 1 with the Papillion/Lavista Schools. Sarah, single, has a new beau of one month and Don and I get to meet

him soon! We are excited for her as she really likes him. And you all know when your kids are happy, you're happy.

Andy, age 30, lives in Kansas City with his wife and two little girls. They are the joy of our lives right now. We travel to Kansas City once a month to see them.

Jonathan, 27, also lives in Omaha, is working on a Master's degree in History and Education and should be done in December. Then his plan is to teach. Jonathan is single after a break up a few months back.

Six weeks ago, Don and I moved into a handicap accessible home. It is very accommodating for me and we are still a work in progress getting things done. Our upstairs and garage are done. My storage area is pretty much complete, but Don has a lot to do in his area. Pictures aren't on the walls, and there are a few boxes to go through. But, we are pretty much settled. We both agree our next move is the nursing home or the cemetery! But, I will say one thing for sure; it is a great time to pitch stuff and truly downsize and we did. It is a great feeling.

Don drives for Metro Area Transit full time. He is counting the days until he can retire in MN. If you don't already know, Don loves to play cards and loves to win as well. We play once a month with longtime friends for hours. The girls usually win and give the boys all kinds of grief!

Don also loves fishing... in any season. And, he loves anyone who loves fishing! He loves to duck hunt, sitting in a blind for hours. Don enjoys movies and television. He loves Football and the CWS (College World Series). Don ends each day in our Jacuzzi reading a book. It is very relaxing for him. We enjoy going to movies and getting together with friends and kids.

Don is a very good father and adores his kids and would do anything for them... sometimes too much! He has always been very supportive of all the kids' activities and was in the stands watching all their games, plays, music assemblies, etc.

Last, but not least, he really loves the 'Bransoneers'. He absolutely spent hours out looking for his Kahuna outfit and the other stuff that he brought for the Bransoneers' act this year. He loves to sing as well, but that didn't happen in karaoke this year as he was preoccupied with Wilma (trying to beat her in gin). Don is quite a practical joker as some already know.

Don and I agree on one thing for sure... We BOTH love the *BransonGoers*!!!!

God Bless,
Judy

I do it because i can, I can because I want to, I want to because you said I couldn't.

A Post from our Yahoo Group

by Don Hansche, Editor

(The following was taken from a post from our Yahoo group from Millie Lill. I believe it was answered by another member, Mike Kossove.)

Q. I have been thinking, and wondered how many of us have children with MS, Chronic Fatigue or Fibromyalgia. I've talked to quite a few polio survivors whose children have one or the other of the above named ailments and I wonder if there's a connection of some kind. Could we be passing on a predisposition to getting these ailments to our offspring? Does anyone know of any research being done in this area?

A. I have been researching PPS and polio for 25 years. This will be rather long, so I'll try to write it as a teacher, not a researcher.

There are an unusual number of polio survivors with CFS. I applied for grants to research CFS and Polio Survivors, but I was unsuccessful. I am still trying.

There were cases of mothers who contracted polio while pregnant giving birth to infants with polio, but it was extremely rare. The Center for Disease Control has no records indicating this, but I was informed by support groups that they had members who were born with polio from mothers who contracted the virus when they were pregnant.

Lately, your question has been brought up several times. In order for our children to show signs of PPS without having been born to mothers who had polio while they were pregnant, the virus would have to remain in the mother's body all of these years, and have been transferred to the fetus. The virus remaining in the body (sort of like Chickenpox and Shingles) was the early basis of the possibility of the origin of PPS. Over the years it was proven to be false. If it were true, we would have had a larger number of polio survivors. However, in recent years, more polio survivors are talking about children in their 40's + who show some signs of PPS.

The only way to prove this is a blood test called a POLIO TITER, which will measure antibody levels of the virus in the system. Today, this is almost impossible. All of our children, I hope, were immunized. Our children would have positive titers to all three polio viruses from the immunization. Children who were never immunized against polio and never had polio would have no polio titers in their blood. If a child was never immunized against polio, and is showing signs of PPS, and if a TITER was positive for the polio virus, or viruses, it would prove the symptoms are related to polio. If you were never immunized, you had better get immunized. There were 3 types of polio viruses, and you may have contracted one, two, or all three. But, if you had not contracted all three you can still get polio again. Immunization at our age will not exacerbate PPS. Before the immunization was developed, people did get polio more than once.

Remember "polio" means Gray, and "Myelon" means matter. "Itis" means inflammation. So, poliomyelitis simply means an inflammation of the gray matter of the spinal cord. The motor part of our spinal cord gray matter was affected. Motor means movement. After the Salk vaccine was administered throughout the US, there were still 5,000 cases of "poliomyelitis." But, the cause was not from OUR polio viruses. There are other diseases that cause polio like symptoms: Guillian-Barre Syndrome, Coxsackie virus, Echo Virus, West Nile-like virus, and a host of others. If our children are presenting symptoms similar to PPS, they should be tested for some of these. It seems more probable. If our children were not immunized, they may be more prone to contracting polio. That's another story if you'd like to hear it. Like I said, it is ALMOST impossible for children born to polio mothers, years after they had polio, to have inherited the virus. I say ALMOST, because Science is not perfect, and today, this is all I can give you. There is also no proof that you or your children are more prone to the others I have listed.

Post Polio Syndrome: What Does It Mean Orthotically?

*by Mark K. Taylor MLS, CPO
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What is post polio syndrome? This becomes a complex question that may have many answers depending on the specifics of a patient's complaints and problems. There was a time that some feared the dreaded disease was coming back and that it would cause additional paralysis in what muscles were left. These

issues puzzled patients and physicians alike. Many physicians practicing today have not had the experience of working with the polio population, as many polio patients have been stable for some time. However, after many years of use, muscles and joints seem to be screaming out, "I've had enough, I need relief, I need some rest!" These symptoms consisting of muscle and joint pain come from different parts of the body depending on the affected areas.

First of all, we need to describe exactly what polio is. After entering the body through the gastro-intestinal tract and an incubation period of two weeks, the virus attacks the anterior horn cell of the spinal cord or the brainstem (1). The ventral root, which synapses with a motor nerve, is damaged to the point that it is unable to send messages to the muscle cell through the terminal axon sprouts. This lack of innervation causes muscle weakness or paralysis. If enough damage is done, partial or total paralysis of the lower or upper limbs will result as well as complications and paralysis of the respiratory system. It is believed that some of the terminal axon sprouts are able to branch out to muscle cells, which have been affected and help in innervation (2). This will allow function of the muscle cell however, that particular muscle probably will be much weaker than a normal group of cell innervations.

There are five main stages of polio. These consist of a prodromal phase lasting two days, an acute illness lasting approximately two months, a recovery or convalescence period lasting up to two years, a stable disability or stage of chronicity and then a post polio syndrome (3), (4) which includes symptoms of muscle pain, joint pain fatigue accompanied by additional weakness and atrophy of muscle tissue. Usually the stage of stable disability lasts for 20 to 30 years. These chronic disabilities become increasingly challenging for polio patients trying to keep up a normal pace. The exacerbation of symptoms of the polio patient is classified as "Post Polio Syndrome", a condition composing of a "...cluster of symptoms in individuals who had paralytic polio many years earlier" (5).

From a survey conducted in 1987 by the National Commission on Health Statistics, there were 1.63 million polio survivors with 641,000 having some type of paralysis (6). If you divide this by the approximately 1,000 ABC facilities, there are about 600 patients per facility who will need some manner of care. Even if this number were cut in half, there would still be a substantial population for each facility. A recent problem that has arisen from this group is that many of them who require orthotic care have felt reluctant to confide in their orthotist. Many orthotic professionals have told them that they (polio patients) are hard to deal with, they are set in their ways and take a considerable amount of time to provide care. The orthotic profession must be careful not to prejudge these patients as all difficult type "A" personalities (7). Many of them have expressed offense as they have shared their feeling in the many seminars and support groups which I have had the privilege of presenting. We as professional practitioners, need to take the time to listen and to properly evaluate these patient's conditions. It is imperative that orthotic practitioners become familiar with the polio patient's history.

Practitioners need to understand exactly what they are dealing with. Polio survivors are the type of patients that practitioners need to evaluate hands on and to know "first hand" the muscle weakness and range of motion and how the patient is substituting for the weakness to be able to function. The polio patient is the most important member of his/her rehabilitation team. He/she must be allowed to assist in the design of the orthosis. He/she needs to understand that orthotic practitioners are not sentencing them to 24-hour orthotic wear but are trying to provide a system that will protect and stabilize. Be flexible with these patients. Leave options in the treatment plan. Provide patients with a choice and lead them in the right direction. Let them know that your abilities and expertise can help eliminate unwanted range of motion and allow for a more normal function. By all means, don't lock their joints unless you absolutely have to. If you do, you may find that your carefully designed orthosis will end up in their closet, not because of your design, but because you have taken away from them the simple motions that they use to substitute for muscle weakness and joint deformity.

When assessing a post polio orthotic patient, consider all design options, which are available. Some of these options may be a combination of two or more orthotic designs. For example, you may have a patient that needs additional knee stability due to weakened quadriceps but is unable to tolerate the weight of conventional designs. One idea is to provide a hybrid orthosis consisting of a leaf spring design orthosis with a pre-tibial shell which provides minimum quadricep support and give just enough feedback to prevent the knee from buckling. Younger and stronger patients [40-60] can accept more aggressive designs and seem to have a willingness to try harder in allowing time for adjustment to new designs. They seem to have a better understanding of what the intended outcome is and will work to make it happen if possible.

Older polio ambulatory [60-75] are often more complicated due to additional muscle and joint fatigue. They seem to be more apprehensive about change. Orthotic practitioners need to realize that these older patients have experienced much in dealing with past orthotic challenges. These patients need to lead the way in their orthotic care and are the ones who need options to choose from. Elderly ambulators [75+] usually need lightweight orthoses. They want little change and practitioner listening skills need to be especially keen for this group. You must let these elderly patients know that you care about them and you also must learn to take their criticism with a smile.

What drives many of these patients to their physicians and eventually to orthotic facilities is pain. Polio patients with post polio syndrome will have pain. There is a reason for this pain. Pain is good: it is a tool by which a patient can be protected from further damage if he/she respects it (8). Pain is the, "Personal Awareness of Internal Notification" system. It is important to identify the source of the pain. Orthotic professionals need to focus on the musculoskeletal issues. If possible, joints need to be protected to prevent further damage while allowing the patient to continue to have mobility. By providing stability and more normal biomechanical function, joint destruction and muscle fatigue and stress can be reduced. Many new and amazing materials are becoming available to orthotic professionals. This allows for lighter and stronger orthotic designs.

New techniques are also available through modern technology by surgeons. Some joint deformities can now be improved dramatically, relieving stress and pain around joints and surrounding tissue. Keep your polio patients informed and don't be afraid of the challenges. Many of you have been trained professionally to handle these types of conditions. Please remember that your area of expertise is greatly needed and polio survivors will be relying more on your professional services.

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Do, or do not. There is no 'try'.

Hot Weather Protection

by Marjorie Sandoval CRRN

Protect Your Skin from the Sun!

Sunscreen takes 15 to 20 minutes to kick into high gear, so apply it before you leave the house, not when you get to the beach. Your sunscreen must have a sun protection factor (SPF) of 15 or higher with broad-spectrum protection against ultraviolet A (UVA) and ultraviolet B (UVB).

Sunscreens now come in spray, stick, gel, and lotion form. Some are tinted; others have a touch of glitter for extra glamour. As long as the product has an SPF of 15 or higher with broad-spectrum protection against UVA and UVB and you reapply it frequently, the rest is up to you.

Remember that sunscreen only lasts for about two hours. Therefore, by six hours you have no protection if you have been out all day. Sunscreens should be reapplied every two hours or after swimming or perspiring heavily.

Protect Your Eyes from the Sun!

Sunglasses help you in two important ways. They filter light and they protect your eyes from damaging ultra-violet (UV) rays. Exposure to UV rays can damage your eyes. Long-term exposure to UV rays can lead to cataracts, macular degeneration, or skin cancer around the eyelids. Sunglasses should be worn when you are outdoors so you can protect your eyes.

You should choose sunglasses that:

- reduce glare
- filter out 99-100% of UV rays
- protect your eyes
- are comfortable to wear
- do not distort colors.

Am I at risk for eye problems caused by UV rays?

Everyone is at risk for eye problems caused by the sun. Even children are at risk for damaging their eyes. The risk of sun-related eye problems is higher for people who:

- spend long hours in the sun
- have had cataract surgery or have certain retina disorders
- are on certain medicines, such as tetracycline, sulfa drugs, birth control pills, diuretics, and tranquilizers that increase the eye's sensitivity to light.

What type of sunglasses should I get?

When you buy your sunglasses, look for a label that tells you how much UV radiation the lenses of the sunglasses reflect. Experts say that your sunglasses should block 99-100% of both UV-A and UV-B rays. You should also consider wearing a wide-brimmed hat along with your sunglasses. This will help to block the sunlight from overhead.

Do children need sunglasses?

Yes. Children are at special risk from the harmful effects of UV, since their eyes do not have the same ability as adults to protect from UV radiation.

Here are some helpful suggestions for choosing sunglasses for children:

- Check to make sure the sunglasses fit well and are not damaged,
- Choose sunglasses that fit your child's lifestyle -the lenses should be impact resistant and should not pop out of the frames,
- Choose lenses that are large enough to shield the eyes from most angles,
- Find a wide-brimmed hat for your child to wear along with the sunglasses.

Now that you are well hydrated, wearing appropriate lightweight clothing, smeared on your sunblock 20 - 30minutes before you leave the house and wearing your sunglasses, go . . . go and enjoy the summer.

Handbook 2009

This is from an email I recently received

Health:

1. Drink plenty of water.
2. Eat breakfast like a king, lunch like a prince and dinner like a beggar.
3. Eat more foods that grow on trees and plants and eat less food that is manufactured in plants.
4. Live with the 3 E's -- Energy, Enthusiasm, and Empathy.
5. Make time to practice meditation, yoga, and prayer.
6. Play more games.
7. Read more books than you did in 2008.
8. Sit in silence for at least 10 minutes each day.
9. Sleep for 7 hours.
10. Take a 10-30 minutes walk every day. And while you walk, smile.

Personality:

11. Don't compare your life to others'. You have no idea what their journey is all about.
12. Don't have negative thoughts or things you cannot control. Instead invest your energy in the positive present moment.
13. Don't over do. Keep your limits.
14. Don't take yourself so seriously. No one else does.
15. Don't waste your precious energy on gossip.
16. Dream more while you are awake.
17. Envy is a waste of time. You already have all you need.
18. Forget issues of the past. Don't remind your partner with his/her mistakes of the past. That will ruin your present happiness.
19. Life is too short to waste time hating anyone. Don't hate others.
20. Make peace with your past so it won't spoil the present.
21. No one is in charge of your happiness except you.
22. Realize that life is a school and you are here to learn. Problems are simply part of the curriculum that appear and fade away like algebra class but the lessons you learn will last a lifetime.
23. Smile and laugh more.
24. You don't have to win every argument. Agree to disagree.

Society:

25. Call your family often.
26. Each day give something good to others.
27. Forgive everyone for everything.
28. Spend time with people over the age of 70 & under the age of 6.
29. Try to make at least three people smile each day.
30. What other people think of you is none of your business.
31. Your job won't take care of you when you are sick. Your friends will. Stay in touch.

Life:

32. Do the right thing!
33. Get rid of anything that isn't useful, beautiful or joyful..

34. GOD heals everything.
35. However good or bad a situation is, it will change.
36. No matter how you feel, get up, dress up and show up.
37. The best is yet to come.
38. When you awake alive in the morning, thank GOD for it.
39. Your Inner most is always happy. So, be happy.

People that don't know me think I'm shy. People that do know me wish I were.

A Little History Worth Knowing

by Timothy M. Cook

The Alabama legislature declared them “a menace to the happiness... of the community.” A Texas law mandated segregation to relieve society of the “heavy economic and moral losses arising from the existence at large of these unfortunate persons.”

Ancient penal statutes for convicted felons? NO! Racial epithets from the Jim Crow era? Not quite, though these declarations did arise in that period.

Such was the treatment accorded disabled persons, especially those with severe disabilities, by elected state legislatures, in this century.

Nor was the government-mandated regime of segregation, exclusion and degradation of people with disabilities limited to the South. In every state, in inexorable fashion, the policy was to keep us out of polite society.

In Pennsylvania, disabled people officially were termed “anti-social beings;” in Washington, “unfitted for companionship with other children;” in Vermont, a “blight on mankind;” in Wisconsin, a “danger to the race;” and, in Kansas, “a misfortune both to themselves and to the public .” In Indiana, we were required to be “segregate[d] from the world;” a Utah government report said that a “defect wounds our citizenry a thousand times more than any plague;” and, in South Dakota, we simply did not have the “rights and liberties of normal people.”

The United States Supreme Court, in an opinion by Justice Oliver Wendall Holmes upholding the constitutionality of a Virginia law authorizing the involuntary sterilization of disabled persons, ratified the view of disabled persons as “a menace.” Justice Holmes juxtaposed the country’s “best citizens” (nondisabled persons) with those who “sap the strength of the state” (disabled persons), and to avoid “being swamped with incompetence,” ruled “It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind.”

So, the next time someone tries to explain to you that handicapism is a more “benign” form of discrimination, tell them how the segregation and exclusion of people with disabilities all began. Tell them how, historically, a lot of important decision-makers passed laws sending us away.

It's better to keep your mouth shut and give the impression that you're stupid than to open it and remove all doubt.

Thoughts on the International Access Symbol

by Dan Wilkins

As I was getting out of my van in the parking lot of a n area store this older woman with white hair pulled into the accessible parking space next to mine. I sat on the lift waiting for her to get out of her car and lock the door. She had a placard on the dash. Suddenly, as she was making sure she had her keys, a man walking by stopped, took one look at me, and addressed her somewhat demonstratively, saying, “You can’t park there!!!” He pointed at the sign and then at me. “That space is for people who use wheelchairs... You can’t park there.” This guy, it seemed, was trying to advocate for ME!

I looked at the woman. She was turning toward him. She was also turning red. I felt I needed to do something. I felt a need to advocate for her; to help this wanna be good samaritan to understand that not all people with disabilities use chairs. I wanted to tell him how important it is to first look for the placard or plate. I never got the chance.



The woman put her keys in her purse, slammed the car door, took one step toward the gentleman and advocated for herself (loudly), “LISTEN, BUCKO!”, she said, “I’ve had two heart attacks and five bypass surgeries in the last three years. I CAN PARK HERE!” I thought to myself, “Geez, lady, don’t have another one.” With a look that dared him to rebut, she walked briskly by the dumbstruck pedestrian and into the store.

I spent about five minutes practically counseling the poor guy. He’d only come to buy nails. He thought he was doing the right thing. I told him about hidden disabilities, of being denied legitimacy as one who’s “really disabled” by an exclusionary symbol which does more to perpetuate misconceptions than to empower and unite a culture. He walked away somewhat enlightened but mumbling something to the effect of “Never again...”

Yeah, even though I’m a chair user, I have a problem with the access symbol. It disenfranchises many of my friends who live with disabilities but who do not use chairs. It is a major cause of grief. To an uninformed public, the access symbol by its very design equates disability with wheelchairs and relegates folks like the woman above, those with less obvious disabilities, to always having to prove themselves as worthy of accommodation. The symbol also implies, to those who do not know us that those of us who do use chairs, tend stay in our chairs, confined or bound to them.

We, as advocates and activists, rally around the symbol because it has been around for a long time, because it is recognized, because it is all that we have. With so few members of our disability culture using wheelchairs: ten percent, maybe less, why do we keep it around? Let’s see... 90% of 55 million Americans (let alone 11% of the rest of the world)... we’re talking about 49.5 million people for whom the design is not really representative. So what can we do about it? How do we find a symbol that truly represents the expanse of disability culture? How do we incorporate into a design chair users, cane users, dog users, sign language users, people with hidden disabilities, brain injuries, cognitive and developmental disabilities? How about folks with mental illnesses? The list is long and as individual as there are people living with one.

It seems to me the only way to not alienate anyone is to get away from a design that speaks to a certain disability or body type, like the current access symbol. We may have to abandon any type of representation of a human form. This is not to be misconstrued as eliminating the “person” or the humanity from disability. I only wish to refocus attention.

Every time I have ever been involved in an access or accommodation dispute, the focus has always been on me or the person with the disability in question. We, folks with disabilities, are always seen as the troublemakers, as “the problem.” All we want is an equal shot at what our community has to offer: Access,

Accommodation, Equity, Respect, a chance to contribute; to feel and know that we belong . Nothing more. Nothing less. A new symbol, one to be placed on signs in parking lots, on or beside doors to public buildings, restrooms, paths of travel; next to mission statements and on telephones should focus attention on the real barrier to full inclusion: on the attitudes of those controlling the spaces; on those providing the access.

So let's trash the wheelchair symbol, keep the same blue field and throw a big bold capital "A" in the middle. Keep it white for continuity. Why an "A"? A for Accessible. A for Accommodating. A for All. A for "Aw heck, you too?" The "A" doesn't just focus on architectural access but on attitudinal access. If you, as a store owner, as a city park, as an airline or hotel have it on your door, you've earned it. You've also earned our respect and our business. No small potatoes when you consider the respect and buying power of not only 55 million folks with existing disabilities but the 70 million baby boomers hitting fifty. That's a lot of latent disability. Face it, we get older and, when we do, disability often happens. And let's not forget the 37 million or so AARP members. Laws aside, providing real access and accommodation is the right thing to do but if that's not enough, for no other reason, it makes good business sense.



No confusion. No misrepresentation. No explanation or proof necessary. A symbol we ALL can rally around.

July Sudoku

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

Answer to May Sudoku

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

Never explain yourself. Your friends don't need it and your enemies won't believe it.

About This Newsletter:

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