



THE LIGHTHOUSE

Coastal Empire Polio Survivors Association, Inc.
Shining Light on Post-Polio Health

October, 2014 Newsletter

www.coastalempirepoliosurvivors.org

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The President's Message...

Our scheduled speaker could not attend the September 27 meeting. From CEPSA's extensive collection of DVDs of previous meetings, we watched a very good lecture by Dr. Paul Bradley, a local internist who spoke in 2007. He discussed aging with post-polio syndrome. Dr. Bradley shared PPS information he had researched and advised us in maintaining wellness as we age.



Post-Polio Health International has declared the "We're Still Here" campaign for October 12-18. We can be proud of our group and its work. We're still here...providing a place to gather, sharing our current issues, supporting each other, telling our polio stories, publishing a newsletter, continuing to learn the latest medical research about post-polio syndrome, informing medical professionals about PPS, helping polio survivors, and participating in the greater disability community.

Recent reports about more cases of the enterovirus D68 being diagnosed in children is alarming for everyone. EV68 is one of more than 100 types of enteroviruses, a group of ssRNA viruses including the polioviruses, the cocksackieviruses, and the echoviruses. According to the Centers for Disease Control 600 plus people from 43 states have been confirmed from mid-August to October as having the virus. The condition usually presents as a respiratory condition. Children less than five years old and children with asthma seem most at risk. Muscle paralysis has been diagnosed in some younger children. The condition has been described as polio-like. Cases more likely occur in August and September in the Northern hemisphere.

Our beloved friend Janet DiClaudio died July 17. CEPSA's memorial celebration of the life of Janet was held October 11 in the chapel at Candler Hospital. We attempted to inform all members of the date through email and phone calls. Janet was committed to the success of this support group from its early days. She was the second former president we have lost.

Join us for our October 25 meeting. Our program is about swallowing disorders and vocal weakness in polio survivors. Kathleen H. Waters, MCD, CCC-SLP, Speech Pathologist at Memorial University Medical Center will be our presenter. I had the privilege of working with Kathi for several years. She is an excellent clinician who has valuable information to share with us. This session is not to be missed.

Save the Date!! Our holiday banquet will be held Saturday, December 6 at noontime. Cancel all other plans and put this event on your calendar. Join your CEPSA friends for a wonderful celebration.

Cheryl Brackin

Next Meeting
Saturday,
October 25, 2014
10:30 AM
at Nancy N. and J.C.
Lewis Cancer and
Research Pavilion
Room 203

General Meeting Minutes September 27, 2014

Location: Nancy N. & J.C. Lewis Cancer &
Research Pavilion, 2nd Floor, Room 203

President Cheryl Brackin called the meeting to order at 10:37am. She thanked those in attendance and considered the inclement weather a factor in the small turnout.

Vice-President Lavonne Calandra led the Pledge of Allegiance.

Terri Dunnermann gave the inspiration; she read the story titled "Tone of Voice," author unknown. We learned that "words" may be soft, yet the tone with which they are spoken reveals the state of the heart.

Program: The presentation was a DVD recording of Dr. Paul Bradley who spoke at our meeting on 10/27/07. His topic was "Post-Polio and Aging." The research he did identified that polio survivors age at the same rate of decline as others, except they start aging with a much smaller number of motor neurons. We face this challenge today as our current doctors must learn and listen to us because we know our limits better than they do. Exercise is important; however, recovery time is important for those with PPS. We learned from Dr. Bradley and also during our open discussion that physical therapists need to understand our limits. Careful use of herbal drugs needs to be discussed with our physician as these are not regulated and can contain many unknown substances that cause interactions with prescribed medications. He closed by stating that conservative exercise and massage have helped many polio survivors.

Business Meeting:

Approval of Minutes: Minutes from the June meeting posted in our newsletter were approved as written.

Financial Report: The treasurer's report was given by Terri Dunnermann and approved as presented. Terri stated that we have received many funds in memory of our past president Janet DiClaudio. She also reported that we have newsletter sponsorships for printing and mailing all our newsletters for the remainder of the year.

Care Team Reports: Michael read a card from Charlotte and Larry Richter, saying that we need to model after the strength that Janet DiClaudio showed during her life. Terri thanked CEPSA for the replacement scooter she received when her current one failed. Jim had located the donated scooter on Hilton Head. Terri read a letter of support from the Hilton Head Island Rotary that made a donation to sponsor publication of our newsletter for one month. Member concerns included Harriett and Dale Merritt, Archie Ivey, Gigi and Jim Veccia, and Barry Turner. Several care team calls were not returned. Therefore, we had no report

on those members.

Old Business: A. Handouts from June Lecture: Adrienne had extra copies of her handouts for those who missed her lecture on organizing and cleaning out our file cabinets.

B. December Banquet: Terri has reserved the banquet room. The member co-pay is \$15 for the lunch. Adrienne will be making new nametags for new members. Care team members need to remind members to mark their calendars for December 6, the banquet date. Cheryl has invited David Puckett, orthotist and owner of Positive Images in Savannah, to be our speaker. He founded Pipo Missions, Inc., a mission program in which he travels to Mexico and Columbia to make braces and prostheses for indigent individuals. David was a CNN Hero in 2008, one of ten people in the world given that honor, for his mission work.

New Business: A special remembrance service for Janet DiClaudio will be held on October 11th at 11 o'clock in the chapel at Candler Hospital. Several members and others will be speakers. Dan Shehan will play the organ. Cheryl asked that anyone who wants to speak contact her, so an agenda can be prepared. She also will place announcements at River's Edge, where Janet lived. She will make calls to invite Janet's friends in the Red Hatters groups.

The CEPSA board nominating committee this year is Chair Jim Veccia with members Betty Goff, Richard Graham, Lavonne Calandra and Cheryl Brackin.

The meeting closed with special recognition of Esther Simmons, daughter of member Della Simmons. She spent time in Washington, D.C., speaking with representatives of elected officials in concern for the care of the elderly. Esther was featured in a *Savannah Morning News* article about her background, including her singing and writing skills. She also has written poems that have been picked up by singers and performed as songs on the radio.

The business meeting was adjourned at 12:37 p.m.

Respectfully submitted by
Michael Dunnermann, Secretary

Attendance: Cheryl Brackin, Michael & Terri Dunnermann, Lavonne Calandra, Sissy Morel, Betty Goff, Dan Shehan, Marty Foxx, Ed and Adrienne Stallworth, Coralyn Collins, Della Simmons, and Esther Simmons.

Upcoming Meeting Dates

October 25, 2014***

November - No Meeting

December 6, 2014 @ Hilton Garden Inn

*** (General Meetings)

@ Nancy N. and J.C. Lewis Cancer &
Research Pavilion, Room 203

Our October Program

Kathleen H. Waters, MCD, CCC-SLP, Speech-Language Pathologist on the Acute Rehabilitation Unit at Memorial University Medical Center, will be our October 25 speaker. She will discuss dysphagia (swallowing problems) and vocal weakness in polio survivors. Ms. Waters specializes in treating swallowing disorders and voice problems. Mark your calendars for this important presentation.

Janet DiClaudio

Memorial Contributions

**Thank you to the following
individuals and groups:**

Terri & Michael Dunnermann

Cheryl Brackin

Carl DiClaudio

Friends of Carl DiClaudio in Maryland

Sharon & Scott Pearce

Larry & Charlotte Richter

Tony & Lavonne Calandra

Brenda Stevens & the Scattered Hatters

Betty Goff

Lorraine Frew

World Polio Day October 24

Rotary International has planned an "End Polio Now: Make History Today" livestream event, including a global update on the current status of polio eradication, on World Polio Day at 18:30 p.m. CDT, to be streamed live on endpolionow.org.

Mark Your Calendar

Holiday Banquet

December 6, 2014

12:00 Noon

Hilton Garden Inn

5711 Abercorn St., Savannah, GA 31405



Below is the menu for our Annual Holiday Banquet. You will be receiving a call from your Care Team Leader, asking if you will be attending the banquet on December 6, 2014, for total number attending, and your preference for your entrée. It is important that they receive an answer. If they leave a message please return their call. We need to have this information so the Hilton Garden Inn can order the correct amount of each entrée and know the number attending. There will be no assigned seating, so if you are coming with several people and are planning to sit together, seating will be open to choice. Those wishing to sit together with family or friends should arrive early.

Banquet Menu Selection

Garden Salad

Iceberg Lettuce with Cucumbers, Tomatoes and Carrots. Served with Ranch Dressing.

Plated Baked Chicken

Baked Chicken served with Rice Pilaf and Green Beans.

Plated Roasted Tilapia

Roasted Tilapia served with Tomato Caper Relish, Rice Pilaf, and Vegetable.

Plated Vegetable Lasagna

Vegetable Lasagna served with Sautéed Seasonal Vegetables.

Dessert

Chef's Choice of Assorted Pies

Stamping Out Post-Polio

After Years Symptom Free, Aging Survivors Are Experiencing Painful New Syndrome

Mar 01, 2006

It reads like a script from Fox TV's "House M.D." Inexplicable fatigue, new muscle weakness and muscle pain. Sometimes muscle atrophy, muscle twitching, sleeping and breathing difficulties, difficulty swallowing, speech disturbances, intolerance to cold, joint pain, decreased attention and concentration, scoliosis. One by one, tests rule out osteoarthritis, fibromyalgia, hypothyroidism, depression, rheumatoid arthritis, polymyalgia rheumatica, ALS. Doctors convene in a small room with a dry-erase board and put their heads together. Later, a chance find on the patient's medical history reveals a clue: childhood polio. Doctors interrogate the patient about the previous diagnosis of polio, the interval after recovery and the speed of the onset of new symptoms.

After eliminating all other possible causes for the symptoms, the diagnosis is revealed as post-polio syndrome (PPS). But remove the bright stage lights, exit stage left, brush off the glamour of TV, and a PPS diagnosis does not quite save the day.

For the estimated 10 to 20 million polio survivors worldwide, based on figures from the World Health Organization (WHO), uncertainty abounds as no test exists to diagnose PPS, the management of PPS sparks controversy and even the cause stumps doctors. Determining who is at risk seems to depend greatly on the severity of the original polio infection and the extent of recovery. And once PPS is diagnosed, the process of finding the best management option could worsen symptoms, especially since the knowledge of post-polio has spread slowly among the medical community.

What is known is PPS is not a disease. It is not degenerative. It can be managed. It is not fatal in most cases. Not everyone who had polio as a child will have post-polio. PPS is not "getting polio" a second time.

WHO estimates that an average of 40 percent of polio survivors who thought they were clear of the disease may eventually exhibit the symptoms of post-polio. According to Post-Polio Health International, a non-profit organization headquartered in St. Louis, up to 250,000 people in the United States may currently have PPS. And slowly but surely, PPS will limit a person's mobility as muscles affected by polio slowly lose function.

Did You Know? The March of Dimes was founded in 1938 to combat epidemic polio in the United States. With the development of the Salk and Sabin vaccines by the early 1960s, the organization realized its mission. Though still participating in some polio-related issues, the March of Dimes changed its focus to improving the health of babies by preventing birth defects and infant mortality. In 1999, the foundation convened an international steering committee to address the needs of polio survivors and post-polio syndrome.

What Do You Mean By 'Post'-Polio?

The first case of new muscle weakness and atrophy many years after polio was reported in 1875, according to Post-Polio Health International, but it wasn't until the late 1970s, approximately 30 years after the U.S. polio epidemic, that polio survivors started reporting post-polio symptoms in droves. The March of Dimes cites that PPS came to the wide attention of the medical community in the 1980s.

Though research is continual on the late effects of polio, the cause is still unknown. Most sources explain that individuals who experienced severe symptoms with the greatest amount of recovery are most at risk of getting the late effects of polio. Medically speaking, the symptoms seem to be brought on by exhausted muscle nerves.

Holly Wise, PT, Ph.D. Education, Rehabilitation Sciences, at the Medical University of South Carolina at Charleston, explains that the original polio virus in some polio survivors infected select motor nerves, destroying the connections and causing muscles to be "orphaned." The destroyed motor nerves presented as paralysis. In these cases, surrounding motor nerves that were still functioning sprouted or sent out collaterals to recover the lost motor nerves. In this way, the muscle was reconnected to the lost nerves and able to regain function. The solution was effective, but over time, the overburdened nerves began to wear out, resulting in new muscle loss, or post-polio syndrome.

"It's normal for all humans as we age. We sometimes have motor nerves die, but then we have collateral sprouting as well," says Dr. Wise. "But we've got thousands to draw on. Individuals that had polio, depending on the extent of the polio, don't have the same number because the virus killed many motor nerves. So, now if you just have normal aging, it's much more dramatic with polio survivors than it is for you and me. You and I will lose 1 percent after we turn 30, we lose about 1 percent each year over time, but ... a polio

survivor who's operating with 50 percent to begin with and then you have aging, it's more dramatic."

Recent research, according to Post-Polio Health International, shows that normal average decline of muscle strength in persons older than 50 is 1 percent per year. The rate for post-polio survivors is estimated at 2 percent per year.

As a result of new muscle loss, people with post-polio syndrome may experience difficulty walking, lifting, standing, bending, climbing stairs - or any activity that requires repetition or endurance. Those who experienced respiratory problems with the original bout of polio may experience new respiratory problems, such as sleep apnea, as respiratory muscles weaken. Depending on the extent of the original polio symptoms - if a person used an iron lung as a child - weakened breathing muscles might eventually lead to respiratory failure in adulthood and death if left untreated, says Joan Headley, executive director, Post-Polio Health International. Generally, a person experiencing respiratory-related problems as a result of post-polio requires a bi-level positive pressure device to assist with breathing, according to Post-Polio Health International. By contrast, a CPAP device or treating with oxygen therapy instead of assisted ventilation could lead to respiratory failure and death because supplemental oxygen can blunt the function of the brain's respiratory control center. In more severe cases, a tracheotomy might ease breathing.

Problems with attention, concentration, cognition or behavior can also occur. Researchers have linked these symptoms to prior polio infection involving the brain and also traumatic psychological experiences associated with acute polio infection that were revived, cites Post-Polio Health International. Despite these theories, the cause for such symptoms is still unknown.

The National Institute for Neurological Disorders and Stroke states that post-polio is not getting polio again, nor is it a form of ALS. Medical evidence shows that the polio virus cannot cause persistent infection in humans.

**This is only a portion of this article,
to read the ENTIRE ARTICLE, please visit:**
<http://mobilitymgmt.com/articles/2006/03/01/stamping-out-postpolio.aspx>

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"STAMPING OUT POST-POLIO After Years Symptom Free, Aging Survivors Are Experiencing Painful New Syndrome." *Mobility Management*, 01 March 2006. Web. 10 Oct. 2014.

<<http://mobilitymgmt.com/articles/2006/03/01/stamping-out-postpolio.aspx>>.

Mobility Friendly Home

By Kate Shuman, Staff Writer

Begin by asking the person with a mobility issue where they're experiencing the most difficulty in the home. Aside from mobility and safety issues, you can also help them think about other areas where they may be experiencing some difficulty, such as how and where things should be stored, how to clean certain things around the home, and how to make food and meal preparation easier for them. After you both have written some key issues and concerns down, go into every room of the house and really study each area, going through the person's daily routine in your mind, and think about what they do in each of these rooms and what problems they may encounter. Every little thing, from the alarm clock in the bedroom to how the food is placed inside the kitchen cupboards, needs to be taken into consideration in order to achieve a good level of comfort, ease and safety.

Dissect the home room-by-room, including corridors and stairways, with special concentration on the most crucial areas for safety concerns, like the bathroom, bedroom, and kitchen:

BEDROOM:

Alarm Clock - purchase one that has large enough controls to make it easier to use than one with small buttons and dials.

Bed - position the bed where it will give the person enough space to move around it easily. Try and get an electrically-controlled bed that allows the person to regulate its height. If desired, you can also add guard rails that will help support the person when they need to turn over and keep them from falling out of bed.

Bedside lighting - use a heavy, stable lamp or some form of wall lighting with illuminated switches. Keep cords and wires away from where people walk.

Nightstand - use a non-slip or non-skid material on the bottom or base of items that are needed on the table.

Rugs - to prevent falling, tripping, or slipping, avoid using area rugs. If these types of rugs are needed or desired, be sure to attach the rug to the floor so it won't slip when under foot, and avoid using rugs which are thick.

Closet - place storage items at eye level. Install concertina-style closet doors which slide and fold, making opening and closing easier. Fit door(s) with handles that are comfortable and easy to grip. Arrange clothes according to how often they are worn.

BATHROOM:

Bath/Shower - use a non-slip mat on its floor. Keep bathing products close to where they are used, and make

sure they are in easy-to-handle containers. Install support bars for gripping. For the tub, use a plug with a chain attached in order to safely unplug it. Fill the tub only half full, and use a thermostat-controlled tap. Consider using a bath/shower chair or a bath lift.

Personal care corner – if you have room to do so, create an area in the bathroom that’s specifically for your loved one where they can sit down for personal activities. If the bathroom isn’t big enough for this, try to place a comfortable chair that will fit at the bathroom counter just long enough for them to get ready with a bit more ease and remove when no longer needed.

Toothbrush – get one with an enlarged handle for easy gripping, or consider purchasing an electric toothbrush.

Hairbrush – use brushes and combs with long handles.

Hairdryer and other electronic devices used for personal care – leave these permanently plugged in to avoid problems with taking the plugs in and out of a socket. Whenever possible, try and use cordless products.

Medicine Cabinet – if there’s room, try and place it at eye level; otherwise, make arrangements to store medications and other toiletries that are needed with regularity in an easy-to-reach container.

Nail care – always use nail clippers instead of nail scissors.

Floor – use bathroom mats that have a non-skid backing.

Sink/tub/shower – Install an individual tap for hot and cold; consider getting a thermostatic mixer tap for all water fixtures.

Toilet – make sure it has a seat that raises the height of the toilet, and install support bars around the area.

Toilet paper dispenser – use one that stays firmly attached to the wall and is in easy reach.

Door – privacy; make sure that it can be easily unlocked from outside if needed, as well as using a lock that’s easy for the person on the inside.

KITCHEN:

Chairs – when preparing meals, it’s a good idea to have an office chair or studio chair to sit in while doing so.

Coffee maker – choose a simple model with a handle that’s easy and comfortable to grip, and has an accurate spout. Consider getting an electric coffee maker; leave it plugged in permanently to make shutting it on and off easier.

Electrical sockets – place appliances to give easy access to electrical sockets when needed.

Cupboards and drawers – arrange food items on sliding trays and carousels. Place heavy items such as soup or vegetable cans at eye level. Select the most frequently used plates, cups, and cookware and place them within easy reach; avoid putting these things on high shelves. Put utensils in an easily accessible drawer. Carefully consider the needs of the person using the kitchen when selecting

handles and knobs for cabinets and drawers.

Food cart – utilize a food cart with wheels and at least two levels to serve meals. Food and dishes can be wheeled where needed and easily taken off and placed back on to cart.

Kitchen knives – get knives that are right-angled or have a knob handle. Select chopping boards that are non-skid and easy to clean. For cutting food, get special utensils that have a cutting guide to keep the food and utensils safely in place.

Kitchen sink – place a shock-absorbing rubber mat on the bottom. Install a mixer-tap with thermostat control instead of individual hot and cold handles.

Microwave – choose a model that has touch-sensitive controls or soft-notched buttons.

Can opener – use an electric can opener, and use specialized grips for tight jar lids.

LIVING ROOM:

Armchairs – get chairs with firm cushions to help make it easier when getting up; there are also chair lifts which can be placed in comfortable chairs, or easy-chairs that already have the lift built-in.

Bookcases – keep the items which are least-used on the higher shelves and light the inside of the shelves.

Remote control – get a universal remote that has large buttons; some of these also come illuminated.

Lamps – be sure to use sturdy table or floor lamps that won’t easily tip over and will give off the amount of light desired; some lamps are touch-sensitive, and are easier to use for someone who may have problems manipulating a small switch.

Telephone – it’s best to use a cordless, allowing for use anywhere in the room; keep cords, base, and telephone connection out of the way of general passage areas.

GARAGE:

Floor/area – keeping as clutter-free as possible. Use shelves to store items, and place things which are used most on the bottom for easy-access. If parking the car inside, be sure that there is plenty of clearance on all sides to ensure safety when getting in and out of it, as well as when walking around it to get to something. Work benches should be kept clean, with any sharp or flammable items stored in their proper place, inside a safe container.

Door – use an electric garage door opener with remote control and wall switch.

MISCELLANEOUS:

Stairs – have the entire stairwell brightly lit, and clearly mark where stairs begin and end, either with brightly-colored tape or with directional lighting that can be concentrated at the exact points where stairs begin and end. Make sure that stairwells have banisters running the full length on both sides.

Hallways/corridors - be sure that light switches are large and easy to reach and at the appropriate height. Install support bars, if needed, throughout the length of the corridor.

Doors - mark thresholds with a strip of brightly-colored tape or paint. Use standard lever handles.

Alarms - use a personal emergency response system which has a cordless alarm that can be worn around the wrist or neck. For a home alarm system, select a very simple model that connects to a telephone assistance service and uses a remote control or a swipe card to activate and deactivate.


Windows - install windows which slide open and shut, or use windows that pivot and have lever-type handles for easy use.

Vacuum cleaner - get a model that's lightweight, easy-to-manage, and has an automatic cord-rewind. Be sure it has a three-pin electric plug with a ring handle for easy plugging and unplugging.

Washing machine/dryer - select top loading machines. Get models that have touch-sensitive control panels, or controls with large knobs.

Shuman, Kate. "Mobility Friendly Home." Caregiver.com 10 Oct. 2014. <http://www.caregiver.com/channels/mobility/articles/mobility_friendly_home.htm>.

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Carlos Clas - 1		Deno Caloudas- 1
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Mildred Roberts - 4		Charlotte Richter- 4
Eileen Boyle - 5		Pixi Winters - 12
Dan Shehan - 6		Sally Luck - 21
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Ann Chance - 11		Idella White - 21
Rev. Edward Ellis - 11		Judy Frick - 21
Skeet Varnadoe - 15		Hilda Fields - 25
		Velma Underwood - 26

Member Concerns

Wanda Clas, Fred Davis (husband of Diane), Archie Ivey, Myrna Jordan (sister of Marty Foxx), Harriett & Dale Merritt, Barry Turner, Gigi & Jim Veccia and Danny Williams (Delores McIntyre's granddaughter's father).

Please keep these members in your prayers.

Positive Happenings

Jim Veccia's niece, Dr. Deborah Nickerson, was in the news recently. She is a professor at the University of Washington. Her specialty is in molecular biology and genetics. Dr. Nickerson was named one of the 300 best scientific minds

in the world. Jim stated that his niece is one of the researchers working on the Human Genome Project. CEPESA offers warm congratulations to Dr. Nickerson. We wish her well in her continued work. We know that her Uncle Jim is very proud. She shared with Jim that one of her students was the grandson of Dr. Jonas Salk.

Our own Harriett Merritt was named May 2014 Volunteer of the Month at the Ridgeland Nursing Center in Ridgeland, South Carolina. A feature article appeared in that facility's monthly newsletter, highlighting portions of Harriett's life story and her many contributions at RNC. She visits weekly with residents and adds joy to their days. Harriett and other church members at Faith Baptist Church are making bibs for the residents to use at mealtimes. She also participated in the Gopher Hill Festival in Ridgeland on October 4. We salute Harriett for her community involvement and caring.

Dan Shehan, long-time member, recently was named the organist for the Bull Street Baptist Church in Savannah. He and others have been creating a virtual organ, using parts of an original 1927 organ. When Dan has his concert at the church, we will share the date with everyone. We fans of Dan plan to be there. CEPESA thanks Dan for playing at the remembrance service held in memory of Janet DiClaudio.

Esther Simmons, daughter of CEPESA member Della Simmons, was featured in the *Savannah Morning News* in August. Her singing and songwriting were discussed in the article. Some of Esther's poems and songs are being adapted by singers. At our September meeting she played one of her songs recorded by Cody Lewis. Esther recently lobbied for improved care of the elderly during a visit to Washington, D.C. We salute Esther for her talents and her caring.

Another Famous Polio Survivor

Did you know that actor, director, and environmental activist Robert Redford had polio at age 11 years? Redford had a mild nonparalytic case of polio and said he had no lasting effects. He created a short 3D documentary as part of a six-part series about iconic buildings. Redford's part focused on the Salk Institute for Biological Studies in San Diego, founded in 1960 by Dr. Jonas Salk who developed the first polio vaccine. The actor/director stated that Salk's development of the vaccine was "earth-shattering news." Redford attributed his case of polio to overexertion while peddling a pedalo on the ocean, resulting in overheating and sunstroke.

The articles, seminars, thoughts, ideas and suggestions mentioned in this newsletter are provided as a public service and do not express or imply endorsement by CEPESA, CEPESA's THE LIGHTHOUSE or its editors. They are for your information only. Consult with your doctor or health care provider before beginning any new medication, product or program. CEPESA, CEPESA's THE LIGHTHOUSE and its editors do not assume any responsibility for an individual's actions.



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Shining Light on Post-Polio Health

Next Meeting

Saturday,

October 25 2014

10:30 AM

at Nancy N. and J.C. Lewis
Cancer & Research Pavilion

Room 203

225 Candler Drive

Savannah, GA

Our October Newsletter Sponsor



The Coastal Empire Polio Survivors Association would like to thank the **Rotary Club of Okatie-Bluffton**, South Carolina for their generous sponsorship of this issue of *THE LIGHTHOUSE*. Their gift will enable continued access to information about Post-Polio Syndrome and our support group to members, family, friends, and medical professionals.

Thank you, Rotary Club of Okatie, for your commitment to making a difference in our community.



If you would like to be
Our Next NEWSLETTER SPONSOR,
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CEPSA
P.O. Box 14252, Savannah, GA 31416.

The Coastal Empire Polio Survivors Association is a non-profit corporation, which is tax exempt under IRS code 501c(3). We have no paid employees, only volunteers dedicated to helping all polio survivors. Your contributions are tax deductible and will be acknowledged appropriately.

Thank you for your support and encouragement.