

PHI's mission is supported by its Membership.

## How the ADA Helped Change My Tune

Charlotte Young

**WE'RE  
STILL  
HERE!**

I regret that I was too late to participate in this year's "We're Still Here!" contest, but I am hoping that I might share my own story in hopes that it might inspire others to reengage in activities that once excited and energized them.

When I was young, music was my escape, my joy and my way of connecting with the world. Polio robbed me of many things, but it never took my love for music. I played the piano until my mobility challenges—and the inaccessibility of rehearsal spaces and performance venues—forced me to let go of that dream. For years, my piano sat silent, gathering dust, while my heart ached for the melodies I could no longer play or share.

***The ADA didn't just enforce ramps and elevators; it opened doors to inclusion and creativity.***

The ADA didn't just enforce ramps and elevators; it opened doors to inclusion and creativity. With its standards and advocacy for accessible public spaces, music venues and community centers began to transform. Suddenly, rehearsal spaces featured automatic doors and widened pathways. Stages were equipped with lifts, and seating areas accommodated wheelchairs without segregating those of us who use them.

The first time I visited an ADA-compliant community music center, I wept. The entrance was smooth and inviting, with no stairs to conquer. Inside, I found a practice room with adjustable benches

and enough space to maneuver my power wheelchair comfortably. But the true magic happened in the concert hall. For the first time in decades, I could imagine performing again—sharing my music with an audience without the logistical hurdles that had held me back for so long.

***The ADA had not only made the physical space accessible—it had made my dreams accessible, too.***

With the encouragement of friends and family, I began to play again. Rolling up to a piano built with accessibility in mind, my fingers hesitated over the keys at first, rusty from years of disuse. But as the familiar notes filled the room, I felt an overwhelming sense of freedom. The ADA had not only made the physical space accessible—it had made my dreams accessible, too.

Soon, I started volunteering at the same community music center, working with children and teens with disabilities who also loved music. Watching their eyes light up as they touched the keys for the first time reminded me of the transformative power of inclusion. One young girl, also a wheelchair user, told me she'd never thought someone like her could play the piano. I told her, "You can do anything. And you belong here."

Of course, the ADA didn't magically restore my ability to pursue a professional music career—those days are behind me.

But it did allow me to share my gift with my grandchildren, a joy I never expected. Now, the same piano that sat silent for decades fills my home with laughter and curiosity as little hands plunk away at the keys alongside mine.

We create impromptu duets, and I teach them the songs I loved as a child, passing on not just music but a part of my soul. It's a bond that words alone could never capture, made possible because the ADA gave me back not just my access to music but my ability to share it with the people I love most.

The ADA's impact goes beyond the visible changes to buildings and spaces. It's about inclusion and belonging. It's about the freedom to pursue passions and the dignity to do so without barriers. For me, the ADA gave me back my music, a gift I thought I had lost forever.

Thanks to the ADA, I'm no longer just a listener in the audience. I'm a musician again, creating and sharing melodies that remind me—and others—that accessibility isn't just about getting in the door. It's about opening a world of possibilities and ensuring that no dream is out of reach. ■

## In Appreciation

Thank you for recognizing your friends and loved ones with contributions to the activities of PHI and IVUN and for your generous Membership contributions.

*Please contact us if we made an error.*

### Contributions to PHI's education, advocacy and networking activities

**In Memory of**  
Dettie Bach  
Jorge Fernandes  
Gary Johnson  
Robert J. Kerby  
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Frank McNally  
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*Post-Polio Health International's mission is to collect, preserve and make available research and knowledge to promote the well-being and independence of polio survivors, home ventilator users, their caregivers and families, and to support the health professionals who treat them.*

### How to contact PHI

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### Moving? Change of address?

Notify PHI before you move by calling 314-534-0475 or email info@post-polio.org, and tell us your old and new addresses.

### Away temporarily?

Send us your second address and dates you will be there and we'll do our best to send your newsletter.

## Exciting New Webinar Series: “Ask the Doctor”

Post-Polio Health International (PHI) is thrilled to announce a new opportunity for our members to connect directly with post-polio experts through our upcoming webinar series, Ask the Doctor. This live Zoom series will allow members to engage in an interactive Q&A session with esteemed members of PHI’s Medical Advisory Committee.

Each session will last approximately one hour and feature a different expert addressing your questions in real time. Initial sessions are scheduled for January 21, February 20 and March 20, with more to follow.

This service is for current members only. Attendance is limited to 50 participants per session, so be sure to secure your spot soon!

### HOW TO REGISTER

Scan the QR code below to register for the upcoming February session or go to [www.tinyurl.com/AID-FEB25](http://www.tinyurl.com/AID-FEB25). Once your registration is approved, please send your questions in advance to [info@post-polio.org](mailto:info@post-polio.org). Include “Ask the Doctor” in the subject line.

Don’t miss this unique opportunity to gain valuable insights and advice directly from the experts. We look forward to seeing you there! ■



POST-POLIO HEALTH  
INTERNATIONAL

*Join us for our new webinar series*

**“Ask the Doctor”**

*Hosted by Marny Eulberg, MD*

**February 20, 2025, 1:00 pm CST**

Scan to Register



## Taking Action to Protect Public Health

Last month, a story broke in the *New York Times* that Anthony Siri, lawyer for RFK Jr., had petitioned the government in 2022 to revoke its approval of the polio vaccine. This justifiably caused a lot of concern not just among polio survivors, but among advocates of public health and among the general public. Many of you reached out to PHI to ask what could be done.

PHI quickly took action. A letter was drafted and sent to all 100 U.S. senators asking them to affirm their support for the polio vaccine and ensure our public health institutions are led by responsible and competent professionals.

To further amplify our message, PHI issued a press release detailing our concerns and actions, which was distributed to major news organizations across the country. The press release can be read at <https://post-polio.org/wp-content/uploads/2024/12/Press-Release-Dec-2024.pdf>. This effort aimed to increase public awareness and spark broader dialogue about the importance of vaccines and maintaining trust in public health systems.

We also encouraged those of you with concerns to also contact your senators. PHI created a form letter that you can insert your personal information into and send to your senators. Here is a link to that letter ([https://docs.google.com/document/d/1Yo-MK\\_vO74kuLlksonHxfsh8\\_zwV8pAr8AfTKxy14Jw/edit?usp=sharing](https://docs.google.com/document/d/1Yo-MK_vO74kuLlksonHxfsh8_zwV8pAr8AfTKxy14Jw/edit?usp=sharing)). Anyone with the link—you, your family members,

your friends, etc. —can simply type in their name and address into the generic fields at the top and bottom of the letter and either print and mail it to their senators or save and email it. (It's best to "create a copy" first, rather than edit the original letter.)

You are also free to modify the letter however you see fit. You might want to add details from your personal polio story. You might want to send your own letter in. Great! The important thing is that we make our voices heard.

PHI firmly believes that by standing together, we can ensure that public health remains a top priority for our nation. The progress we have made in eradicating diseases like polio must not be jeopardized. Let's use our collective voice to safeguard the health and safety of future generations.

Thank you for your dedication to this critical cause. Together, we can and will make a difference. ■

## *PHI's Letter to the Senate*

Dear Senator,

I am writing to you as the leader of the country's oldest and largest advocacy organization for polio survivors to express my strong support for the continued use and promotion of the polio vaccine. Polio, a disabling and potentially fatal disease, has been effectively controlled in the United States and much of the world through widespread vaccination. However, there are some who wish to undo decades of hard-fought progress against this scourge.

The introduction of the polio vaccine in 1955 marked a turning point in public health, transforming a world in which thousands of children were paralyzed annually into one on the brink of complete eradication of polio. Thanks to rigorous vaccination campaigns, polio was eliminated in the United States by 1979, sparing countless lives and preventing immeasurable suffering.

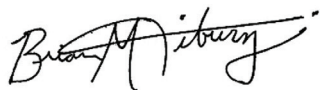
Despite these achievements, polio still poses a threat. Global travel and declining vaccination rates in certain areas increase the risk of the disease re-emerging, even in countries where it has been eliminated. We cannot afford to let our guard down. The World Health Organization and Centers for Disease Control and Prevention have emphasized that vaccination remains the most effective way to protect against this devastating illness.

I urge you to continue supporting policies that promote vaccine education and accessibility. Investments in public health infrastructure, funding for immunization programs, and combating vaccine misinformation are essential to maintaining the progress we have made. The polio vaccine represents not only a triumph of science but also a promise to protect future generations from a preventable disease.

Your leadership in protecting public health in this country can help ensure that we honor this promise. I respectfully ask you to consider this issue a priority and ensure that our great public health institutions are led by competent and knowledgeable professionals.

Thank you for your time and attention to this critical matter. I would be happy to provide additional information or discuss this further at your convenience.

Sincerely,



Brian Tiburzi  
Executive Director  
Post-Polio Health International

**Question:** *I contracted polio when I was six months old in Taiwan. I was able to walk without any assistive devices until I was 46 years old, at which point I decided to use a cane. I am now 61 and feel the need to do more to improve my balance and prevent tripping or falling. How do I start the process of getting a brace? How do I decide what kind of brace is best for me? Can I trust those websites selling braces without a doctor's prescription? What are the best exercises for people like me with one polio leg?*



Marny Eulberg, MD

**Answer from Marny Eulberg, MD:**

The first step toward getting a brace that is designed to help your particular situation is to consult with a physician who can do a thorough evaluation of your muscle strengths and weaknesses, the challenges you are having with walking and standing, and any abnormal positioning of any of your joints in that limb. This can be a physiatrist (physical medicine and rehabilitation specialist), a neurologist (especially one who has a strong interest/expertise in neuromuscular conditions), or a primary care physician or geriatrician who has an interest in muscles and joints.

In my experience, especially if there is not a physiatrist or any kind of neuromuscular specialist in your area, a Doctor of Osteopathy, or D.O., may have a better understanding of how muscles and nerves work together than primary care physicians who have an M.D.

There are many considerations as to what kind of brace is best for you: What kind of walking/standing problems are you having? Foot drop—resulting in tripping over your toes or frequent stumbling/falling over a crack in the sidewalk? Weakness around the knee so your knee buckles (bends forward and won't hold you up)? Pain in any joint? Your ankle rolling inward or outward? Trouble lifting your whole leg up enough to step up a stair or curb?

There is a website that you can go to that can help answer that question. It is [www.humangaitinstitute.org](http://www.humangaitinstitute.org). If you click on "Ideal Brace" on the menu across the top of the home page and at the bottom of the page that comes up, there should be a workbook that you can use to determine what options you might have for a brace.

Once you have a doctor's prescription, you may either get a referral to an orthotist (brace maker) from the doctor's office or you can get a list of credentialed orthotists by going to [www.abcop.org](http://www.abcop.org).

Once there you can scroll down to the orange box "search directory" and click on either "certified individual" or "accredited facility." You can then enter your zip code and parameters for how far you are willing to drive to see an orthotist. It should then show you the names and contact information for orthotists in your area. You may also check PHI's *Post-Polio Directory* at <https://post-polio.org/networking/directory/>. If there is a support group near you, you may want to ask other polio survivors to recommend healthcare providers in your area that they have found helpful.

It is very, very unlikely that the braces sold on websites that you can get without a doctor's prescription will work because they are designed for persons who have normal-sized legs and normal proportions between the upper and lower leg.

As for the best exercises for someone with one polio leg—each polio survivor has a unique pattern of muscle weakness and strength, so the exercise plan needs to be designed just for you. You and your healthcare provider need to remember that even though the result of your polio is muscle weakness—the weakness is a result of damage to the nerves that come out from the spinal cord and go to that muscle(s). The amount of strengthening that is possible may be limited because we have no good treatment to improve nerve function.

I hope some of this information is helpful at this point in your polio journey.

**Question:** *I am a 69-year-old born with spina bifida at L4 and L5 who had polio at the age of one and began experiencing the late effects of polio in 1998 at age 43. I am in good health overall, but with limited walking ability and limited lung power. Currently, I need a triple bypass, but I am concerned about my ability to meet the rehabilitation demands of that surgery. Are you aware of appropriately adapted rehabilitation programs for mobility-impaired post-polio heart patients?*

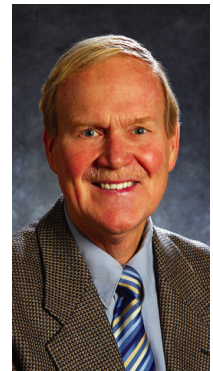
**Answer from Frederick Maynard, MD:**

We are unaware of any formal protocols for post-bypass rehab regimes for people with mobility impairments. It would be best if you were evaluated pre-operatively by a rehabilitation physician specialist and a physical therapist for the purpose of planning a customized post-op rehab program that will be feasible for you to carry out without risks of worsening.

I would anticipate your challenges will include rolling over to sit up in bed and then to come to standing to transfer or walk without using your arms. If you will be having your chest opened for the triple bypass procedure, it is routine to forbid the use of the upper limbs for lifting/pulling for 6-8 weeks to allow full healing of the sternum, which is vulnerable to separation. Thus, you may need regular assistance for mobility for some weeks after surgery.

I would not anticipate any difficulty in setting you up for leg exercises, typically on a pedaling bicycle, for challenging your cardio-pulmonary systems to gradually rebuild up your cardiovascular stamina/capacity safely. The specialist evaluations will specify the details of your post-op cardiac rehab program, as well as what care setting(s) would be most appropriate for each phase of your post-cardiac surgery care (e.g., in-patient rehab unit, nursing home rehab unit, home care, out-patient rehab services facility).

I hope these thoughts are helpful in your preparations and recovery. ■



Frederick M. Maynard, MD

**Have a medical question about the late effects of polio?** PHI's Medical Advisory Committee is here to assist. Just fill out the form at <https://post-polio.org/ask-the-doctor/>, and one of our volunteer physicians will be in touch. Please allow up to five business days for a response.

**What can PHI's volunteer physicians help with?** They can answer questions specific to some sub-groups of polio survivors that may not be answered in PHI's more general statements ... such as "What type of exercise(s) would you recommend for a polio survivor with weakness of one leg" but they will not be able to answer very specific questions such as "What is the best exercise for me?" or "What is the best brace for me?"

**Disclaimer:** PHI offers this program as an educational service but it in no way is a substitute for medical care by a personal healthcare provider. Our physicians/other healthcare providers can only make suggestions that you, in turn, will need to discuss with your healthcare provider. They cannot treat you or write prescriptions for you. Interactions in writing, verbally or even by video cannot replace the value of an in-person evaluation.

**Question:** *I have been having a tremendous amount of pain over the past year or so. I've seen multiple physicians seeking a solution, but it has so far resulted in very little relief. The constant pain has greatly impacted my quality of life. I live in Oregon and have recently started looking into euthanasia laws. Is severe, chronic pain a legitimate reason to pursue this if a medical solution remains out of reach?*

**Response from Rhoda Olkin, PhD:**

I am so sorry you are living with pain that is making life seem unbearable. Of course it has impacted your quality of life, how could it not? I'm not going to make suggestions about pain management, as I suspect you have tried many things and heard a lot of suggestions. Instead, I want to address your idea of physician-assisted suicide (PAS). Yes, it is legal in Oregon (and now in California, Colorado, Hawaii, Maine and Montana). I cannot answer whether you would qualify under Oregon law.

Now I want to address my concerns about PAS that may apply to you. First, people who choose PAS often have several things in common. They are more likely to be living alone, and isolation is a factor in their wish to die. Second, they tend to be female, White and in at least middle- or upper-middle-income brackets (it seems poor people struggle to survive, not die). They are usually (but not always) older. And depression compounds the problem of making the decision.

Informed consent means that the person is truly informed about all options, and about what the process would be like. Consent means that you are freely giving permission to proceed. This means you are not concerned with finances (e.g., your care is taking money away from family or kids' inheritance), or with being a burden to others. It also means not making the decision through thinking that is clouded by depression.

Those who determine eligibility for PAS are two medical professionals. As a psy-

chologist, I may be biased (probably am!), but I think that mental health professionals are better equipped to help you think through your reasons for wanting to die, as well as reasons for wanting to live. They can assess any depression and work on ways to improve your quality of life. They cannot eliminate pain, but they may help you figure out how to live with it, even when it seems like you cannot.

Family members need to be considered. Are there any minor children left behind? How do other family members feel about PAS? Are there any religious considerations, i.e., does anyone believe that PAS is a sin? Would they like to be informed beforehand? Would they want to be there?

In a country that does not have guaranteed health care for all, it seems ironic to me that we now allow PAS for all (in certain states). As someone who also lives with pain, and empathizes with how exhausting it can be, I nonetheless would suggest exploring all options for living better. Actively seek all things that give you even a modicum of pleasure.

Usually, the wish to die is transient, lasting about 24 to 48 hours, then it passes. It might return. But this irreversible decision should not be made when feeling suicidal. Some people feel better just knowing they have the medications to use PAS. They are there but do not have to be used. Every day can be another choice point. I hope you will choose each day to see it through. ■

*Please send questions for Drs. Olkin and Machell to [info@post-polio.org](mailto:info@post-polio.org).*



**Dr. Rhoda Olkin** is a Distinguished Professor of Clinical Psychology at the California School of Professional Psychology in San Francisco, as well as the Executive Director of the Institute on Disability and Health Psychology. She is a polio survivor and single mother of two grown children.



## Updated Edition of Popular *Handbook on the Late Effects of Polio* Available Online

As we announced in the previous issue of *Post-Polio Health*, PHI's popular *Handbook on the Late Effects of Poliomyelitis for Physicians and Survivors* has been updated and expanded. The third edition of the *Handbook* can be accessed on our website at <https://post-polio.org/late-effects-of-poliomyelitis-for-survivors-and-physicians/>. A print edition of the *Handbook* will be available for purchase in early 2025.

The revised edition of the *Handbook* includes important information that can help you navigate the challenges of living with the late effects of polio. A sample of one of our updated entries is below. Be sure to visit the link above for more great information.

### HOSPITALIZATION

Being in the hospital can be a frightening experience for anyone. For polio survivors, planning in advance for hospitalizations and unforeseen emergencies is especially important.

A person who has lived with a significant disability for a long time is frequently the most qualified in managing his/her own needs for functioning and general day-to-day care. Hospital personnel should respect this expertise and be flexible and creative in adapting their medical procedures and skills to accommodate these needs. For example, survivors should present a list of medications to avoid, or request use of their home mechanical ventilation equipment.

Maximizing an individual's safety and comfort during a hospital stay is essential. To be prepared, discuss hospital arrangements with a primary care physician and/or a treating specialist prior to admittance and preferably when the polio survivor is well.

Issues to consider include:

- ◆ Specifying an individual who can act as an advocate when one cannot advocate for oneself. This is ideally accomplished by legally designating your advocate as possessing your "Durable Power of Attorney for Medical Care" (often called a durable power of attorney for medical care).

- ◆ Discussing in advance with family/friends one's desire regarding what treatments the person wants and does not want as well as documenting them in a "living will" or "advance directives."

- ◆ Allowing attendants or family members, if they choose, to continue their routine care during hospitalizations. This may also require that they stay in the same room.

- ◆ Informing staff of the individual's functional limitations due to prior polio along with instructions as to how one routinely functions, e.g., uses night-time ventilation; can walk only with a brace; cannot lie on right side, etc. Request that this information be inserted in the hospital chart. It can also be useful to have the information posted in the patient's room in a prominent location, such as the medical whiteboard in each room, that all staff can easily see.

- ◆ Scheduling a face-to-face discussion with the anesthesiologist several days prior to any surgery (see Anesthesia) ([https://post-polio.org/late\\_effects\\_polio/anesthesia/](https://post-polio.org/late_effects_polio/anesthesia/)).

- ◆ Remobilizing, in the customary way, as soon as possible to curtail disuse weakness. ■

For further reading on this topic, see *Post-Polio Health Care Considerations for Families and Friends* (<https://post-polio.org/post-polio-health-care-considerations-for-families-and-friends/>).

# Staying Connected: Online Support Groups for Polio Survivors

For polio survivors, the sense of community and understanding that comes from connecting with others who share similar experiences is invaluable. However, as we age, the difficulty of attending meetings in-person has only increased. Many local support groups have discontinued in-person meetings altogether. In fact, many polio survivors have seen their local post-polio support group cease operations in recent years. In such an environment, staying connected can feel more difficult than ever.

Fortunately, online support groups have stepped in to fill the gap. These virtual gatherings, often held on platforms like Zoom, provide a vital space for polio survivors to share stories, exchange advice, and support one another. Whether you're looking for a place to discuss health concerns, share memories, or simply connect with people who understand what you're going through, these groups can be a lifeline. Many groups feature guest speakers and are open to people from outside the regions they represent.

Below is a listing of online support group meetings for polio survivors. We encourage you to explore these opportunities and find one that fits your schedule and needs. PHI would like to thank Maureen Sinkule for compiling this list. If you know of other online meetings not included below, please contact [info@post-polio.org](mailto:info@post-polio.org).

## MONDAYS

### **Yoga For You, Quebec**

Third Monday, 3:00-3:45 PM Eastern

Zoom link: <https://us02web.zoom.us/j/9022299642>

## TUESDAYS

### **South Denver, CO PPSG: Hal Goldberg, PhD**

First Tuesday, 1:00-2:30 PM Eastern

Contact 303-212-0017 or

[halgoldberg@halgoldberg.net](mailto:halgoldberg@halgoldberg.net) for link.

### **Polio Quebec: Mona Arsenault**

Tuesdays, 7:00-9:00 PM Eastern

Zoom link:

<https://us02web.zoom.us/j/3776897370?pwd=VnZSMWdVV1h2U2x6QXMxazEzMzY5QT09>

Passcode: 3500

## WEDNESDAYS

### **Live Polio 'Solutions' w/Mona**

First Wednesday, 10:00 AM Eastern

Facebook: <https://www.facebook.com/Rotarywda>

### **PPSG of Dallas Area, TX: Maggie Whitehead**

First Wednesday, 12:00-2:00 PM Eastern

Zoom Meeting ID: 501 308 4368

Passcode: NTXPPSG

### **CO Springs PPSG: Hal Goldberg, PhD**

First Wednesday, 12:30-2:30 PM Eastern

Contact [halgoldberg@halgoldberg.net](mailto:halgoldberg@halgoldberg.net) for link.'

### **Colorado Post-Polio Organization Mid-Week Support Group: Jill Eelkema, LCSW**

Second Wednesday, 5:00-7:00 PM Eastern

Contact [jille@westerncarepartners.com](mailto:jille@westerncarepartners.com) or

720-675-9902 for link.

### **March of Dimes Canada: Kimberly Smith**

Wednesdays, 2:00-3:30 PM Eastern

Register at

<https://www.marchofdimes.ca/en-ca/programs/Pages/Online-Support.aspx#polio>

## THURSDAYS

### **Marin County Polio Survivors, CA:**

#### **Francine Falk Allen**

First Thursday (Feb, May, Aug, Nov),

4:30-6:00 PM Eastern

Contact [francineallen@comcast.net](mailto:francineallen@comcast.net) for info/link.

### **Boca Area Post Polio Group, FL:**

#### **Maureen Sinkule**

Second Thursday, 12:00-2:00 PM Eastern

Zoom link: <https://us02web.zoom.us/j/8819989941?pwd=dEw1c0QyUIE4bGcrQkZUUGZ6emJLUT09>

Passcode: 1996

### **Post-Polio Syndrome Advocacy Group:**

#### **Ina Pinkney**

Fourth Thursday, 10:00-11:00 AM Eastern

Contact [PPSadvocacy@gmail.com](mailto:PPSadvocacy@gmail.com) for more information

Zoom link: <https://lnkd.in/e4QbpQm6> Passcode: PPS

## SATURDAYS

### **Atlanta Post Polio Association: Rita Carlson**

First Saturday, 1:00-3:00 PM Eastern

(no meeting Jan; July – 2nd Saturday)

Zoom link: <https://us02web.zoom.us/j/84874247822?pwd=MUdaRjc5ZEgxK0ZtNWpYbnRSbFptdz09> Passcode: 415481

### **Sacramento Region Polio Survivor Group**

Held quarterly on the first Saturday (Mar, June, Sept [2nd Sat], Dec), 2:00-4:00 PM Eastern

Contact Larry Badger, [lbadger@badsound.com](mailto:lbadger@badsound.com), for link.

Jann Hartman

**QUESTION:** *Can you recommend simple, nutritious meal ideas or meal prep tips that don't require a lot of time or physical effort?*

Start with reading labels and trying new foods and recipes that have good sources of protein. Lean meats, fish, poultry and eggs are best, but you may also try beans and various nuts or seed spreads. Hummus is a very available spread or dip, as well as Greek yogurt, which is higher in protein than regular yogurt. Some kinds of pasta are high in protein and can make a good carbohydrate choice.

Many soups are easy to make and freeze in useable portions. Try using a pre-cooked rotisserie chicken to cut down on prep time. Keep some frozen mixed veggies on hand to use. Using premade soup bases and broths can help make cooking easier and can be very tasty. There are small choppers that can be purchased online that save you the cleanup of some of the larger ones. This can be especially useful if you don't have help available.

Most recipes can be made easier just by changing it to a one-pot meal or casserole. I have a cabbage roll recipe that I changed many years ago to a casserole, and it is just as tasty and much less work than the individual rolls.

By eating nutrient-dense foods and reading labels, we can often do better with less. Always have healthy snacks available. But don't forget to have a fun treat once in a while, as well.

### **EZ Seafood Salad** (for 2)

1 cup cooked pasta  
1 TBSP. onion flakes  
1 cup frozen soybeans (or peas)  
8 oz. imitation crabmeat (or tuna)  
1/4 cup mayonnaise  
Mix together and chill before serving.

Check out groups online for more good ideas. There is a small Facebook group you might like: "EZ and Delish Foods." Sharing ideas with others can be fun and rewarding. ■

*Do you have a nutrition question or concern for a future newsletter? Let us help you find answers. Send your questions to [info@post-polio.org](mailto:info@post-polio.org) with the subject line, "Nutrition."*

### **Denver North: Jill Eelkema, LCSW**

Third Saturday, 1:30 -3:30 PM Eastern  
Contact Jill Eelkema at [jille@westerncarepartners.com](mailto:jille@westerncarepartners.com) or 720-675-9902 for link.

### **San Francisco Bay/San Gabriel Valley**

Third Saturday, 1:30-3:00 PM Eastern  
Contact: Sue Peeters & Marci Ellison, 626-484-3116  
Zoom link: <https://us02web.zoom.us/j/81428179432>

### **Polio Mexico, Grupo de Apoyo en Español**

Fourth Saturday, 8:00-9:00 PM Eastern  
Si te interesa, envía un mensaje por correo electrónico Dra. Martha Castilleja, [biomedicapress@gmail.com](mailto:biomedicapress@gmail.com)

### **Colorado Post-Polio Organization, Statewide**

Fifth Saturday, 12:30-2:30 PM Eastern  
(3/29/25, 5/31/25, 8/30/25, 11/29/25, 1/31/26)  
Contact: Mitzi Tolman,  
[mtolman@eastersealscolorado.org](mailto:mtolman@eastersealscolorado.org)  
Register at  
[https://us02web.zoom.us/meeting/register/tZ0sdOGqrzloG9C7HKLGNpS\\_nyk6OfekZFgk](https://us02web.zoom.us/meeting/register/tZ0sdOGqrzloG9C7HKLGNpS_nyk6OfekZFgk)

## **SUNDAYS**

### **Nebraska Polio Survivors Assn.: Steve Jackson**

First Sunday (excluding holiday wknds),  
3:00-4:30 PM Eastern  
Zoom link: <https://us02web.zoom.us/j/87943253835?pwd=M2M0dk9xNG9EaXdTb29GdmNGTF1aQT09> Passcode: 143756

### **Australia Polio Community: Devalina Bhattacharjee, MD**

First Monday, 11:00 AM AET  
(Sunday, 7:00 PM Eastern in US)  
Register at [www.trybooking.com/BOBOW](http://www.trybooking.com/BOBOW).

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You can join online at <https://post-polio.org/support-us/membership/> or send (or fax 314-534-5070) this form to: Post-Polio Health International, 50 Crestwood Executive Ctr #440, Saint Louis, MO 63126 USA. Questions? 314-534-0475.

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