POST-POLIO HEALTH

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www.post-polio.org
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PHI's mission is supported by its Membership.

WE'RE STILL HERE!
OCTOBER 19-25, 2025
POST-POLIO.ORG

"WE'RE STILL HERE!" October 19–25, 2025

Each October, Post-Polio Health International launches our "WE'RE STILL HERE!" campaign to shine a light on the resilience, contributions, and ongoing lives of polio survivors. This year, we are highlighting the vital role of vaccines—honoring the progress made in nearly eradicating polio and affirming the importance of protecting future generations from a disease we know all too well.

This year's theme ... "Protecting the Future: Lessons from Polio"

This past month, Florida announced its plan to end all vaccine mandates in the state. Though authorities have since walked it back a bit, there are still no plans to require incoming kindergartners to get the polio vaccine. This decision comes amidst rising vaccine hesitancy in the United States. Vaccination rates have fallen in nearly every state amongst incoming kindergartners. As a result, the US has already seen multiple measles outbreaks in recent years.

With vaccine hesitancy on the rise, we must lift up the voices of those who know firsthand the life-altering consequences of vaccine-preventable diseases. As survivors of polio, we can speak with authority about what it means to live with lasting disability from a preventable illness and why we can't allow decades of progress in preventing disease, disability, and death to slip away.

Survivors' stories can cut through misinformation and reach people on a personal level. Statistics and scientific data are important, but they often don't change minds on their own. When people hear directly from those who lived through polio—their struggles, their resilience, and the lasting effects of the disease—it transforms the abstract into something real. A survivor's voice makes the consequences of polio tangible, and their perspective carries a moral authority that facts alone cannot. By sharing their lived experience, polio survivors not only counter misinformation but also inspire empathy, understanding, and action.

How You Can Take Part

This October, we invite you to join PHI in spreading a simple but powerful message: "Vaccines save lives."

Tell your story. Members are encouraged to write short reflections (200–400 words) on what life with polio has taught them about the importance of vaccines. Send your stories and photos to info@post-polio.org. During "WE'RE STILL HERE!" week, PHI will feature your stories on our website and social media feeds.

Share it with others. Reach out to local television stations and/or newspapers and tell them about our campaign. Offer to tell your story and explain why it matters against the backdrop of rising vaccine hesitancy. Not sure what to say? Use our sample letter to the editor *(See pg. 2)*.

Start a conversation. Post your story or a photo on your own social media with the hashtag #WereStillHere2025 and tag PHI. Tell others why you believe vaccines are essential.

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Leaving a Legacy with PHI ,,,

It is often planned gifts—bequests made through wills or estate plans—that ensure PHI can continue serving survivors for years to come. *See page 11.*

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Educate & Advocate. Use PHI's campaign toolkit (downloadable resources, talking points, and shareable graphics) to spread accurate information about polio, vaccines, and the dangers of hesitancy.

During "We're Still Here!" week, PHI will:

- Feature survivor stories and quotes across social media.
- Publish your stories tying personal experience to public health advocacy on our website.
- Host a live online discussion with survivors and vaccine advocates to share perspectives on fighting misinformation.
- Provide easy-to-share graphics and fact sheets that survivors and allies can use in their own networks.

Together, let's make this year's campaign a call to action ... to honor those that survived polio, to protect future generations, and to remind the world that vaccines are one of our greatest public health achievements.

This October, remind the world that "WE'RE STILL HERE!" ■

Key Messages for This Year's "WE'RE STILL HERE!" Campaign:

- Survivors' stories can cut through misinformation and reach people on a personal level.
- Vaccines ended wild polio in most of the world, but the risk still remains where coverage is weak.
- Vaccine hesitancy puts progress at risk—not just for polio, but for other preventable diseases.

Sample Letter to the Editor:

I had polio in 1954, when I was only 15 months old. This was the year before there was a polio vaccine. When I had polio I was in an iron lung for about the first 24 hours. I want you to imagine what that was like for my parents, then in their late twenties, seeing their baby infant's head sticking out from this machine that breathed for me. I was lucky in that my lungs recovered, but paralysis affected my right leg. Others who had polio had more significant paralysis or needed to use a breathing machine. About 5% of those who contracted polio died; these were mostly children.

The more there are parents who elect not to get their children vaccinated, the more likely polio is to return. We are already seeing the rise in cases. Remember that outbreaks anywhere affect the whole world, as we learned from Covid. Vaccines are not just an individual choice; they affect the entire community.

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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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PHI sends PHI Membership Memos via email. Be sure to set your spam filter to receive emails from info@post-polio.org.

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.

Beyond Polio: Resources for Aging Well with a Disability

For many polio survivors, the late effects of polio are only part of the picture. As the years go by, aging itself brings new considerations—joint pain, balance concerns, changes in stamina, or chronic health conditions that have nothing to do with polio. While it's important to address post-polio issues specifically, polio survivors also benefit from tapping into broader resources designed to help both people aging with a disability and older adults in general.

Fall Prevention Programs

Falls are one of the greatest risks for older adults, and polio survivors with weakness or mobility challenges are often at higher risk. Many communities offer fall-prevention workshops—sometimes through senior centers, public health departments or hospitals—that combine exercise, home safety tips and balance training. Programs like "A Matter of Balance" or "Stepping On" (www.steppingon.com) can be adapted to one's individual abilities.

Ask your primary care provider about local fall-prevention programs or contact your city's health department or senior center. The National Council on Aging (www.ncoa.org) also maintains a list of evidence-based programs you can look up online.

Senior Centers with Adaptive Offerings

Local senior centers aren't just for social activities. Many now offer adaptive exercise classes, transportation services and support groups for chronic illness management. Survivors may discover opportunities for accessible recreation, whether it's chair yoga, water aerobics or adaptive art programs. Beyond the health benefits, these programs foster community connection, a vital part of aging well.

Most senior centers are publicly funded and open to anyone over 60. Contact your local Area Agency on Aging (AAA) or look up senior centers on your city or county website. Many post their activity calendars online.

Assistive Technology and Home Modifications

New technologies are constantly emerging to help older adults maintain independence. Voice-activated assistants like Alexa or Google Home can control lights, thermostats and set reminders without the need to move across a room. Simple home modifications, such as grab bars, stair lifts or widened doorways, can extend the time one can remain safely living at home. States often have Assistive Technology Act Programs that provide loans, demonstrations and equipment lending.

To find more information about your state's Assistive Technology Program (every state has one), search "[your state] assistive technology act program". Occupational therapists and Centers for Independent Living can also guide you to grants or low-cost options for home modifications. Some Area Agencies on Aging also have programs to assist with minor home repairs.

Caregiver Support and Respite Services

As needs increase, many survivors rely on spouses, family members or professional caregivers. Caregiver burnout can be a real concern, but there are out there that can help ease the burden. Agencies on Aging can connect families with respite services, support groups or training programs that ensure caregivers are equipped and supported. Keeping caregivers healthy ultimately helps polio survivors thrive as well.

Call your local Area Agency on Aging or check the Eldercare Locator (eldercare.acl.gov, 800-677-1116). Many faith-based organizations and community nonprofits also offer volunteer respite care.

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The Hidden Value of Peer Support Groups

For many polio survivors, living with the late effects of polio can sometimes feel like navigating uncharted territory. Doctors may not always be familiar with the long-term impact of polio, and friends and family, while supportive, may not fully understand what it means to manage fatigue, weakness, pain, or changing functional abilities decades after recovery. That's why peer support can be so valuable.

Peer support groups, whether they meet in person or online, offer something unique that no medical professional or textbook can provide: understanding rooted in lived experience. Talking with people who "get it" creates a space of validation and relief. Survivors don't have to explain or justify themselves—they can simply share, listen, and learn.

Practical Benefits

One of the biggest advantages of joining a peer support group is the exchange of practical information. Members often share resources about healthcare providers, adaptive equipment, or new technologies that have helped them remain independent.

"I used to avoid outings because walking even short distances was exhausting," said James, 74, from Ohio. "At my support group, someone suggested trying a travel scooter. I was reluctant to try one before because of how it might draw attention to my disability, but it's made a huge difference in my life."

Tips that come from fellow survivors carry a different kind of weight—they're grounded in real-world experience. As James put it, "It's not just advice, it's tested advice."

Emotional Support

Equally important are the emotional benefits. Living with new or increasing physical challenges can be discouraging at times. Support groups provide encouragement, a reminder that no one is facing these changes alone.

"When I talked about feeling exhausted all the time, people in the group nodded right away," shared Linda, 68, from California. "They didn't dismiss it or say, 'Oh, you're just getting older.' They understood exactly what I meant, and that was such a relief."

In many cases, groups become more than just meetings. They evolve into friendships, offering a sense of belonging that may be hard to find elsewhere. George, 81, from Florida explained, "I didn't expect to make new friends at my age, but here I am, looking forward to our Zoom calls every month. We laugh a lot more than we complain."

A Range of Formats

Support groups come in many shapes and sizes. Some meet monthly in public spaces such as local community centers or libraries. Others connect through regular phone calls or online platforms like Zoom, making it possible for people with limited mobility—or those who live far from other survivors—to participate.

A support group doesn't have to be a registered 501(c)(3) with a formal structure. Even a handful of people can form a meaningful group. The key is consistency and mutual respect. Whether the format is structured with guest speakers or informal with open conversation, what matters most is the opportunity to connect.

The Role of PHI

Post-Polio Health International has long recognized the importance of peer support. PHI continues to encourage, connect, and promote local support groups across the country and around the world. By linking survivors together, we are helping to ensure that valuable knowledge and encouragement are not lost.

For those interested in finding a group, check PHI's Post-Polio Directory at https://post-polio.org/networking/directory. For those who might want to start their own support group, PHI provides guidance on getting organized, choosing a format, and keeping members engaged (https://post-polio.org/networking/post-polio-support-groups/).

More than Polio

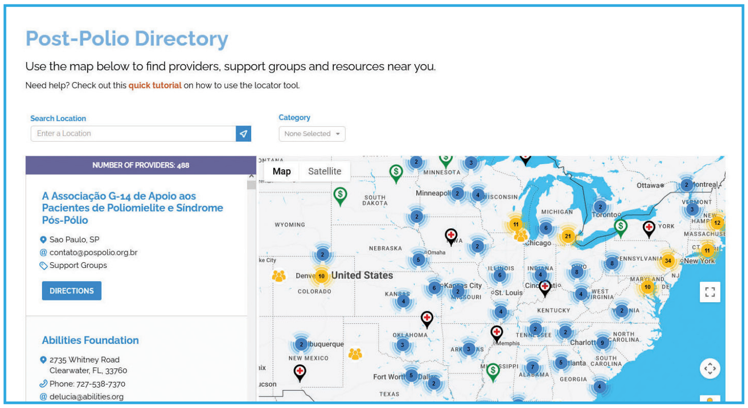
While the shared experience of polio is the foundation, these groups often extend beyond discussing polio alone. Members talk about broader issues of aging with a disability, navigating the healthcare system, maintaining independence, and sustaining quality of life.

"Sometimes we don't even talk about polio," said Mary, 77, from California. "We talk about grandkids, travel plans, or books we're reading. It's just nice to be with people who understand both the challenges and the joys that come with aging."

A Lasting Impact

Survivors who participate in support groups often describe them as transformative. They gain confidence, reduce feelings of isolation, and feel empowered to face both the challenges of living with the late effects of polio and the challenges of aging. Just as importantly, they have the opportunity to give back—sharing their wisdom, their stories, and their support with others.

Polio may have been a defining event in the lives of survivors, but it does not define the whole of who they are. Support groups remind us that life after polio is still full of connection, purpose, and possibility. By leaning on one another, survivors can strengthen not just themselves, but the entire community. ■



Post-Polio Directory

Use the map below to find providers, support groups and resources near you.

Need help? Check out this quick tutorial on how to use the locator tool.

Search Location: Enter a Location

Category: None Selected

NUMBER OF PROVIDERS: 488

A Associação G-14 de Apoio aos Pacientes de Poliomielite e Síndrome Pós-Pólio
Sao Paulo, SP
contato@pospolio.org.br
Support Groups

Abilities Foundation
2735 Whitney Road
Clearwater, FL, 33760
Phone: 727-538-7370
delucia@abilities.org

Thinking of Starting a Support Group?

Here are some quick tips to get started:

Check PHI's Directory.

Make sure there isn't already a support group in your area. Visit https://post-polio.org/networking/directory or contact PHI directly.

Get the word out.

Announce your intention to start a new support group in your local paper. Put up flyers at the grocery store or other establishments where polio survivors might see it. Ask PHI to send a notice out by email and social media—or announce it in this very newsletter.

Start small.

A "group" can begin with just two or three people meeting regularly. It can be as informal as scheduling a time to meet up and talk over coffee or lunch. What matters is consistency and mutual support.

Invite variety.

Some groups benefit from guest speakers—such as physical therapists, post-polio specialists, or aging experts—while others focus on open discussion. Decide what fits your group's needs.

Keep it welcoming.

Good groups thrive on respect, empathy, and encouragement. Everyone should feel comfortable sharing or just listening.

Remember … Whether in a living room, a library, or online, peer support can be a powerful tool for coping, connection, and community.

Question: *I've noticed that many of my peers are downsizing, moving into senior living, r making other big life changes. I'm not sure what the right decision is for me, and the uncertainty makes me anxious. How do I cope with the fear of losing control over where and how I live as my disability progresses?*

Response from Rhoda Olkin, PhD:

Those of us aging with polio are facing similar questions and challenges. There is no one right decision. And what is right for one person may be wrong for another. You know this, which is why it is not clear what to do, because no one can tell you. There are several options, and probably none will be perfect.

Senior living has a range of options. In some places you have just a room and bathroom, but all living spaces are shared and meals are in a dining room at specific times. This may be harder to transition to if one is used to living independently. Other senior living gives each person a small apartment with a small kitchen (much like in hotel suites) and meal options—all three meals, buffets, dinners only, etc. Either type of situation forces lots of social interaction, which is supposed to be very good for us.

So, the first question is how social are you? As an introvert, I would hate walking out my door and being immediately with people; I like space. But my aunt moved into senior living (with a small apartment) and is having a ball. So know thyself! It is vital to visit a lot of places to get a feel for them and to talk to residents to see what they say. The food quality varies widely, and that may be a deciding factor for some people.

But suppose you don't want to move? There are ways to downsize that can make your life easier. Make your clothes closet and drawers less full, so it's very easy to get things in and out. Donate most knickknacks so there is less to clean, and a more serene living space. Have cleaners come once a month for the bigger jobs. Get a small lightweight cordless vacuum to clean what you spill. Assess those areas of your living space that are difficult, and see what might be done about them. Install grab bars everywhere and put those plastic corner protectors (like for babies) on corners where you could possibly fall and hit your head.

Get food delivered from the grocery store. Join a food delivery company (I use Tovala, which is fresh food with very minimal preparation). Consolidate houseplants into one area so they are easier to water. Arrange regular social time so it's always on your calendar without you having to reach out (such as a regular coffee date with a friend, breakfast with someone, Friday night movie and popcorn).

It may be that at some point you will need to move, or to hire help for a portion of the day. Doing some homework now will make it easier later on and may reduce your anxiety now when you have a clearer picture of possibilities. The abstract is always more anxiety provoking.

And lastly, Dr. Machell and I highly recommend getting a cat (with automatic feeder and litter cleaner). They are great company.

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.

Question: *Despite having had polio when I was eight, I've always seen myself as a "doer." My friends and family often tell me to "slow down" or "take it easy." I know they mean well, but I feel like they are treating me as fragile, and it makes me angry. I don't want to be reckless, but I also don't want to feel like I'm being parented. How do I balance their concern with my own need to feel capable and respected?*

Response from Stephanie T. Machell, PsyD:

My native Vermonter father loved shoveling snow. At 88, he proudly shoveled his own and that of the widows living in his mobile home park. Though he refused to use his brace (long story) and tended to fall frequently, this was safer than it sounds, especially compared to things he did that actually caused injuries (more long stories). The front paths and driveways were quite short, deep snow in a cold place provides a soft landing, and Dad knew a lot about shoveling snow and falling. But he was freaking my mom out. She asked me how to get him to stop. I reminded her of the impossibility of stopping someone that stubborn from doing anything! And reminded her that shoveling snow was part of what made his life worthwhile. She didn't like it. But she knew I was right.

Like most polio survivors, my dad was a doer. Once an overdoer, in later years he'd learned to pace himself. He still took risks. But he wasn't reckless. And despite also having dementia, he remained competent to decide how he wanted to spend his time. I believe being able to do the things that gave his life light and color enhanced his quality of life and kept him in his home.

Remaining active and engaged is part of healthy aging. Yet many people (including other elders) act as if elders with and without disabilities should do the opposite. They also act as if they have the right to treat the elders in their lives as somehow less competent and more in need of guidance and care. But as long as you aren't harming anyone, you have the right to choose how you live your life. If you don't feel the need to slow down or take it easy, don't.

But what if their concerns are valid? Sometimes others see things we don't. Family and friends might notice that you push yourself to the point of exhaustion. They might be aware of the weakness and pain you think you are hiding. Ask them for concrete examples. If they can provide them, consider whether your doing is becoming overdoing. If they can't, or they fall back on ageist/ableist stereotypes, point out that this type of thinking has been shown to have harmful effects on how we age.

Either way, let them know how their comments make you feel. Remind them that while you are open to hearing their concerns, you are still the best judge of what you can and can't do and that you are the one most capable of making the right decisions for yourself.

For more information, check out the PHI website (www.post-polio.org). Under the Resources tab of the menu, you will find "Post-Polio Health Care Considerations for Family and Friends." It provides comprehensive information on caring for a family member with polio and links to further information and resources, including relevant past newsletter articles and talks. It includes a navigation tool you can use to zero in on your specific concerns. ■

Dr. Stephanie T. Machell is a psychologist in independent practice in the Greater Boston (MA) area. She specializes in working with those affected by polio and other physical disabilities. Her father was a polio survivor.

Ask the Doctors

QUESTION: *My husband has post-polio syndrome. He has a torn labrum on his left hip. Orthopedic doctor said he's not a candidate for a labrum repair or a total hip because of weakness in his lower extremities. Having quite a bit of pain. Golf has been his only activity, and he's not able to do that now. Looking for recommendations for someone that specializes in PPS and/or a different alternative to a labrum repair.*

Daniel Ryan, MD

Answer from Daniel Ryan, MD: I appreciate you reaching out about your husband's torn left hip labrum and associated pain. PPS can indeed lead to muscle weakness and imbalance that complicates hip issues. Labral tears in the hip oftentimes do not repair on their own, especially in older patients or those with underlying neuromuscular conditions like PPS. The weakness he has would likely prevent stability in the hip, and rehab of the hip/leg would be limited due to reduced muscle support and potential for further injury.

Regarding alternatives to labral repair or total hip replacement (which your orthopedic doctor wisely advised against given the risks in PPS patients), here are some recommendations:

Cortisone Injections: These can provide temporary pain relief by reducing inflammation around the labrum and hip joint. Typically administered by an interventional pain specialist or orthopedist, with effects lasting 1–3 months. Repeat injections may be needed, but limit to 3–4 per year to avoid side effects like bone weakening.

Pain Medication: Oral options like acetaminophen (up to 3,000 mg/day) or low-dose NSAIDs (e.g., ibuprofen, if no contraindications) for mild pain. For more severe pain, consider non-opioid alternatives like gabapentin. Avoid narcotics if possible due to sedation risks.

Physical Therapy: A tailored program with a PT experienced in PPS, focusing on gentle strengthening, balance, and modalities:

- Electrical stimulation (e.g., NMES) to activate muscles without straining.
- Dry needling to release tight muscles around the hip.
- Ultrasonic heat for pain relief and tissue healing.
- Therapeutic exercises like seated leg lifts or water therapy to improve stability without weight-bearing stress.

Bracing: A custom hip brace or leg stabilizer (e.g., for golf) can provide support and reduce strain on the labrum. Consult an orthotist for fitting; this may allow limited activity like golf with modifications.

Platelet-Rich Plasma (PRP) Therapy: An injection of concentrated platelets from your own blood to promote healing in the labrum. Not covered by insurance (costs ~$500–$1,500 per session), but some evidence suggests it may reduce pain in hip labral tears. Discuss with a regenerative medicine specialist. This is not a cure.

I would start with physical therapy and bracing to improve function and golf ability. If pain persists, explore injections or PRP.

QUESTION: *I am struggling with post-polio syndrome to the point where I am walking with a walker and must use a wheelchair when I go out. I have extreme S-curve scoliosis that is probably keeping me from standing upright easily. I have right-sided weakness and am unable to lift my right arm to scratch my head. My right leg has little strength. My struggle lately regards my weight, as I am unable to be on my feet for more than 10 minutes at a time.*

My question is regarding Ozempic. I asked my family physician if I would be a candidate, but she was not in favor. I thought if I could lose some weight (maybe 25 pounds), it would help me with getting up from a sitting position as well as with routine showers, getting in and out of the car, the wheelchair, my bed, etc. I would think Ozempic could be a great help to so many with disabilities, as it is for people with obesity.

Answer from Marny Eulberg, MD: Thank you for your question. I'm sure other polio survivors have also wondered about using one of the GLP-1 agonists. This category of medications includes Ozempic, Wegovy, Trulicity, Victoza, Byetta, Zepbound, and others. The generic names all end with the suffix -tide. I'm sure some polio survivors who also have diabetes have been using these medications for the past several months.

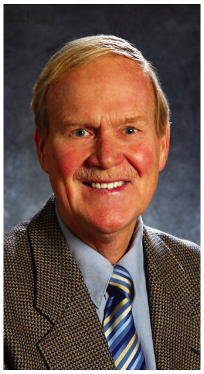

Marny Eulberg, MD

Certainly, carrying extra weight above what is needed to be healthy does put an extra stress on the muscles you use for moving from sitting to standing and any activities of daily living that require muscle movement.

An issue that has come up with the general public that have used this class of medicines is some muscle loss if the food intake does not include enough protein, and that would be problematic for a polio survivor who needs all their muscles functioning as well as possible.

It would be useful for you to get another opinion from a physical medicine and rehabilitation physician (check the Post-Polio Directory, https://post-polio.org/networking/directory, on PHI's website to see if there is a post-polio specialist in your area). If you were to try one of the GLP-1 agonist medications, it would be advisable to have close contact with a dietitian/nutritionist who could help you plan your food intake to include enough protein to avoid your body losing important muscle tissue.

QUESTION: *I'm 64 years old and contracted polio in my right leg at the age of eight months. I've adapted quite well over the years. Recently, I have noticed more weakness in my leg. I read somewhere that cholesterol medication could be a cause. What are your thoughts? Should I ask my family doctor to switch my medications to see what happens?*


Frederick M.
Maynard, MD

Answer from Frederick Maynard, MD: Cholesterol-lowering medications in the statin family have frequently been associated with subjective weakness and occasionally with more severe muscle weakening disease. It seems that these problems are more common among people with neuromuscular disease conditions, such as polio survivors with residual chronic muscle weaknesses, but definitive scientific studies have not been conducted to be certain of this clinical observation.

If your experience of increased weakness began shortly after beginning a statin medication, I would recommend stopping it and observing any resolution of your new weakness symptoms. Medications for lowering cholesterol are given to prevent problems and are not dangerous to stop for the purpose of learning if they are responsible for new symptoms of weakness.

I would also recommend you seek an evaluation by a knowledgeable post-polio physician in order to monitor your post-polio residual weaknesses and your best strategies to prevent their progression now while you enter late middle age, a time of life when PPS symptoms commonly begin. ■

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.

Beyond Polio: Resources for Aging Well with a Disability

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Healthcare Navigation and Insurance Help

Navigating Medicare, Medicaid or private insurance can be daunting. Many states fund State Health Insurance Assistance Programs (SHIPs) that offer free counseling to older adults about coverage, prescription benefits and long-term care options. These programs are not polio-specific, but they can help polio survivors stretch resources and avoid costly mistakes.

SHIP
State Health Insurance
Assistance Program

To connect with your SHIP, visit shiphelp.org and select your state. You can request one-on-one counseling by phone, video or in person at senior centers or libraries.

Online Communities and Lifelong Learning

Aging well isn't only about managing health; it's also about staying engaged and curious. Survivors can explore online courses through platforms like Coursera or community colleges, many of which offer free or low-cost learning opportunities. Virtual communities for older adults with disabilities pro-vide spaces to share hobbies, attend virtual lectures, or simply meet new friends without leaving home.

Many community colleges offer "senior audit" options that allow older adults to take classes free of charge. Organizations like Oasis Everywhere (oasisnet.org) and AARP also run affordable online workshops.

Living Well, Beyond Polio

Polio survivors have spent a lifetime adapting, problem-solving and building resilience. Those same strengths can be carried forward into the challenges of aging. By combining lived experience with the many community and national resources available to older adults, survivors can continue to thrive.

Whether it's trying out a balance workshop, exploring assistive technology, or simply connecting with others in the community, the message is clear: survivors don't have to face aging alone. These resources are not replacements for the hard-earned wisdom of the polio community, they are partners that can help extend independence, safety and well-being.

Need help purchasing a brace or custom-made shoes? *We can help!*

The Joyce and Arthur Siegfried Memorial Fund offers up to $800 to polio survivors who need assistance purchasing these items.

Joyce and Arthur Siegfried were pioneer advocates for polio survivors. Mrs. Siegfried attended the 1987 PHI (GINI) conference and took "pages and pages of notes" back to the Raritan Valley Post-Polio Support Group, which she founded that year. She helped organize the first New Jersey Conference on the Late Effects of Polio in 1990, which led to the creation of the Polio Network of New Jersey in 1991. She died in 2004, after many years as the organization's treasurer and leader of the Raritan Valley Support Group. Mr. Siegfried was a long time PNNJ board attorney and also served as president, retiring in 2010 a year before his death.

In 2012, the Polio Network of New Jersey (www.njpolio.org) established The Joyce and Arthur Siegfried Memorial Fund at Post-Polio Health International with an initial gift of $7,500.

Before completing the application, please make note of the following.

- Polio survivors from any country may apply.
- The maximum amount of funding available per individual within a two-year period is $800.
- Payments are made to brace or shoe companies and not to individuals.
- Funds are not available for buying two pairs of different sized shoes.

To apply, download an application at https://post-polio.org/siegfried-fund/ or call 314-534-0475.

Leaving a Legacy with PHI

The work of Post-Polio Health International has always been fueled by the generosity of our community. Membership dues and annual donations are essential, but it is often planned gifts—bequests made through wills or estate plans—that ensure PHI can continue serving survivors for years to come.

Over the years, PHI has been honored to receive sizable bequests from dedicated supporters, including Patricia Morrison, Olive Nesbitt Brewster, Lawrence Becker, and others. Their generosity has strengthened our programs, expanded our outreach, and sustained the vital resources we provide to polio survivors and ventilator users.

Planned giving is one of the most meaningful ways to leave a legacy. By including PHI in your estate plans, you help guarantee that the voices of survivors continue to be heard, that accurate information about post-polio and long-term ventilation remains available, and that our community stays connected and supported.

Making a planned gift does not require great wealth—only the desire to make a lasting impact. Even a modest bequest can help secure PHI's future and honor the values that matter most to you.

If you would like more information about how to include PHI in your will or estate planning, please contact us at info@post-polio.org. Together, we can ensure that the strength and resilience of the polio community live on for decades to come. ■

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
Deince Anna Anderson
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Sharon Lawler
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POST-POLIO HEALTH
INTERNATIONAL
INCLUDING INTERNATIONAL VENTILATOR USERS NETWORK

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Not a Member? **Join PHI** for just $30 a year (Subscriber Membership) and receive your own copy of *Post-Polio Health* four times a year (February, May, August, November), plus *PHI Membership Memos* in January, March, April, June, July, September, October via email. For $55 (Subscriber Plus Membership), join PHI and IVUN and also receive *Ventilator-Assisted Living* via email six times a year (February, April, June, August, October, December).

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