



PA Polio Survivors Network

Information and Inspiration
for All Polio Survivors and Their Families

Serving the Keystone State and Beyond

www.papolionetwork.org

October 2020

Our Mission:

To Be in Service Providing Information to Polio Survivors, Post Polio Support Groups, Survivor's Families and their Caregivers.

The Unsung Heroes of Polio Eradication

We've enjoyed learning about and bringing these stories to you.

Some heroes you've heard of, some you have not. So far, we have covered:

David Bodian, Alex Kanarek, Isabel Morgan, David Salamone and Julius Youngner.

The story of Gladys Nickleby Nelson came to us quite by accident. Pamela Sergey, a good friend to our network, happened upon a brief highlight about someone.

We asked her to write about it – and she did. Little did we know, she had found a true Unsung Hero. Gladys opened the first polio inoculation clinic in the US. These stories are all available under the Heading: Unsung Heroes of Polio Eradication, on the Vaccine History page of our website.

Herd Immunity. It's a hot topic around the world.

With gratitude to UCLA Health, we have an explanation that can help us understand the ties between what's happening today and the polio vaccine.

A 2,200 Mile Odyssey begins . . . and it's one we can all be a part of.

Owen Standley, a friend to our Network, is training to embark on a hike of 100 days (or less) of the Appalachian Trail, to raise awareness of and raise funds to eradicate polio through Rotary International.

He needs our help – not for funds, but for our stories. Record your polio story and send it to him.

He hopes that YOUR story may be the one that makes a difference to those who are unaware of the debilitating effects of Polio, and encourages them to join the cause.

CBD (Cannabinoids)

Lots of questions about its use have come our way as more and more states in the US are legalizing its use. Dr. Richard Bruno, MD, PhD has a Bruno Byte that comes with a significant "Caution".

History has to much to teach us. Remote School isn't new !

Imagine going to school by using only a radio.

That's what happened during the Polio epidemic of 1937.

We are ever grateful for your kind words of support.

During the month of October, in honor of World Polio Day and the eradication efforts to rid this world of this terrible disease, we are hopeful that all donations that may have gone to us, will go to that effort. If you have not donated, please join Team Survivor.

Through the generosity of the Gates Foundation, every dollar we donate will be turned into three. A \$5 donation will vaccinate an est. 21 children.

Make your check out to: [The Rotary Foundation](#)

Mail your Team Survivor donation by October 31, 2020

We will publish the "Team Survivor" contributor list in November.



Unsung Heroes of Polio Eradication

Gladys Nickleby Nelson

She Opened the First Polio Immunization Clinic in the United States.

By Pamela Sergey with Nancy Nelson

COVID-19 is not the first health crisis the United States has faced where experts say a vaccine is needed to stop the spread. During the 1950s, people lived in fear their children might contract infantile paralysis, better known as polio. In 1952 alone there were nearly 58,000 cases reported in the U.S. that left over 3,000 dead and more than 21,000 with some form of paralysis - parents were eager for scientists to find a solution.

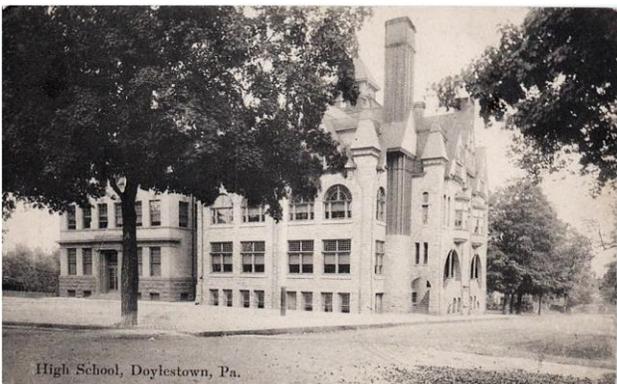
On February 23, 1954, one hundred and thirty-seven children from Arsenal Elementary School in Pittsburgh PA, received the first field trial injections of the new “killed virus” polio vaccine developed by Jonas Salk. Dr. Salk and his team administered the shots in the Arsenal school gym. In all, over 1.8 million first through third graders, known as “Polio Pioneers”, participated in national randomized, double-test field trials. The trials lasted one year. The data was collected, entered on IBM punch cards, and analyzed. In April 1955, when Salk’s series of three shots was announced “safe”, mass immunization campaigns were launched. 220,000 volunteers, 20,000 doctors, 64,000 school personnel, and countless private citizens were mobilized, and by August 1955, 4 million shots had been given to U.S. school children.



A group of mothers with their children wait outside a clinic for polio vaccinations.

FOX PHOTOS/GETTY IMAGES

One of the 64,000 educators mobilized in 1955 was Gladys Nickleby Nelson. A registered nurse with the Central Bucks School District, in Doylestown, PA. Gladys opened the first polio immunization clinic in the United States. Her daughter, Nancy, explains how the first clinic came about: “The Polio Clinic was the idea of Dr. Salk who was a friend of Dr. James Work the President of The Farm School (now known as Delaware Valley University). Dr. Work then contacted the [Central Bucks] School Board who in turn contacted Mrs. Marian Francofiera (the Principal of Doylestown Borough School) and my Mother.” (1)



High School, Doylestown, Pa.

Doylestown Borough High School

“My Mother spearheaded the setup of the Clinic, coordinating nurses, doctors and community volunteers to help. (Dr. Salk was so pleased with how efficient the setup was he asked my Mother if she would help in the setup of other Clinics) It was the first organized and successful Polio Inoculation Clinic. The clinic was established in the Doylestown Borough School because it was in the center of Doylestown and the community could easily get to it. It was still an active school for the children in the Borough, grades K-12. The clinic may have been opened for as long as two weeks. The shots were given to the youth of the community and then anyone else who wanted to receive it. All were invited.” (1)

Gladys received degrees from Mercy Douglass School of Nursing (now part of University of Pennsylvania), West Chester University, and Trenton State College. She spent most of her 32-year career as school nurse in the Central Bucks School District, retiring in 1983. Nancy adds: “My Mother was involved in Easter Seals and the Red Cross, in addition to her school nursing job, where over the years she gained five more schools in the Central Bucks School District by

her retirement. My Mother was a busy lady but always had time for her family. She loved working with the youth and helping where needed.” (1)

Gladys died in 2003 and is buried next to her husband, Randall in Doylestown.

More than 400 million doses of Dr. Salk’s vaccine were distributed between 1955 and 1962. Cases of polio in the United States dropped from 14,647 in 1955 to 5,894 in 1956, and continued to fall rapidly to less than 100 per year in the 1960s, by the 1970s there were fewer than 10 cases a year. Since 1979, no cases of polio have originated in the US. Unfortunately there have been several cases acquired outside the U.S. and “imported” then transmitted to unvaccinated children (the last time in 1993). Polio remains endemic in only two countries - Afghanistan and Pakistan. “Until poliovirus transmission is interrupted in these countries, all countries remain at risk of importation of polio, especially vulnerable countries with weak public health and immunization services and travel or trade links to endemic countries.” (2)

There is no cure for polio, one in 200 infections leads to irreversible paralysis. In 2018, there were an estimated 500,000+ polio survivors in the U.S. The World Health Organization estimates there are 10-20 million polio survivors worldwide, many of whom suffer from the disabling late effect of polio, known as Post-Polio Syndrome (PPS).

World Polio Day, October 24, was established by Rotary International to commemorate the birth of Jonas Salk, born in 1914, and to bring awareness to the efforts to eradicate polio world-wide. Rotary International and the World Health Organization (WHO) launched the Global Polio Eradication Initiative (GPEI) in 1988 which, as of 2013, has reduced polio worldwide by 99%.

Sources:

(1) Nancy Nelson

(2) Polioeradication.org

Additional sources:

poliotoday.org published by the Salk Institute for Biological Studies; CDC (Center for Disease Control and Prevention); WHO (World Health Organization); Rotary International
Gladys Nickleby Nelson (1921-2003)



Our Professional Contributors Are Outstanding At Answering Your Questions.

Living With PPS – Articles and Videos

We have two pages on our website under this topic.

As a result of so many outstanding articles and videos, by author’s whose names you now know, we have added a new page to the “Living With Post-Polio Syndrome” section of our website. [Living with PPS – Articles and Videos from our Frequent, Professional Contributors](#)

- The information in this section is listed alphabetically by the author’s last name, thus putting all of their work in one location.
- At this point, we have direct links to the Articles and Videos by:

Dr. Richard Bruno, HD, PhD, Dr. William DeMayo, MD, Dr. Marney Eulberg, MD, Polio Australia, Dr. Carol Vandanakker-Albanese, MD and Dr. Daniel Wilson, PhD

We will continue to expand this page of our website.

We are in the process of updating our webpage, listed alphabetically by article [Living with PPS – Articles from Multiple Sources.](#)

- Note: Post-Polio Health International updated their website and as a result, many of their articles no longer open. Rather than take down those reference articles, we are slowly rebuilding as we find them.
- Check out this page.

Whenever you see someone’s name “highlighted”, please “click” for their biographies.

Do you have a question for one of our professional contributors?

Feel free to contact us: info@papolionetwork.org



CAUTION: CBD and Prescription Drug Interactions.
From Dr. Richard Bruno, HD, PhD
Cannabinoids may affect activity of other pharmaceuticals
PLEASE Check your meds against the list of drugs to be watched at
www.drugs.com/drug_interactions

From Newswise and the [Penn State College of Medicine](#)

Newswise — Cannabinoid-containing products may alter the effects of some prescription drugs, according to Penn State College of Medicine researchers. They published information that could help medical professionals make safe prescribing choices for their patients who use prescription, over-the-counter or illicit cannabinoid products.

Kent Vrana, professor and chair of pharmacology at the College of Medicine, and Paul Kocis, a pharmacist at Penn State Health Milton S. Hershey Medical Center, compiled a list of 57 medications that may not function as intended when used with medical cannabinoids, CBD oil (hemp oil) and medical or recreational marijuana. The list was published in the journal *Medical Cannabis and Cannabinoids*. The medications on the list have a narrow therapeutic index, meaning they are prescribed at specific doses – enough to be effective, but not enough to cause harm. Vrana says it's important for medical professionals to consider the list when prescribing medical cannabinoids and how it may affect other medications a patient is taking.

To develop the list, the researchers looked at the prescribing information for four prescription cannabinoid medications. This information included a list of enzymes in the body that process the active ingredients in those medications, which can include delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). They compared this information against prescribing information from common medications using information available from regulatory agencies like the U.S. Food and Drug Administration to identify where there may be overlap, called a drug-drug interaction.

The list contains a variety of drugs from heart medications to antibiotics and antifungals. As one example, researchers identified warfarin, a common anticoagulant that prevents harmful blood clots from forming, as having a potential drug-drug interaction with cannabinoid products. Often prescribed for patients with atrial fibrillation or following cardiac valve replacement, the drug has a narrow therapeutic index, and Vrana cautions that medical professionals consider this potential drug-drug interaction both when prescribing warfarin to patients on prescription cannabinoids or prescribing cannabinoids to a patient taking warfarin. The researchers say that medical professionals should also consider patient use of CBD oil products and medical and recreational marijuana when using or prescribing drugs on the identified list. Most of those products lack government regulation and there is little to no prescribing or drug-drug interaction information for those products.

“Unregulated products often contain the same active ingredients as medical cannabinoids, though they may be present in different concentrations,” Vrana said. “The drug-drug interaction information from medical cannabinoids may be useful as medical professionals consider the potential impact of over-the-counter or illicit cannabinoid products.” Vrana advises that patients be honest with their health care providers about their use of cannabinoid products – from over-the-counter products to recreational marijuana. He says that doing so can help ensure the safe and effective use of prescribed medications.

In addition to the identified list of 57 prescription medications with a narrow therapeutic index that is potentially impacted by concomitant cannabinoid use, a comprehensive list of 139 medications that could have a potential drug-drug interaction with a cannabinoid is available online. Vrana and Kocis plan to routinely update this drug-drug interaction list as newer medications are approved and real-world evidence accumulates. Kent Vrana receives a sponsored research agreement from PA Options for Wellness, a medical cannabis provider and clinical registrant in Pennsylvania, and this research was supported in part by the agreement. The College of Medicine and PA Options for Wellness have a 10-year research agreement designed to help physicians and patients make better informed clinical decisions related to cannabinoids.

Source:

www.newswise.com/articles/cannabinoids-may-affect-activity-of-other-pharmaceuticals?sc=mwhn 4

Remote Learning isn't New. Radio Instruction During the 1937 Polio Epidemic

This is not the first time education has been disrupted in the U.S. – nor the first time that educators have harnessed remote learning. In 1937, the Chicago school system used radio to teach children during a polio outbreak, demonstrating how technology can be used in a time of crisis.

Radio school

In 1937, a severe polio epidemic hit the U.S. At the time, this contagious virus had no cure, and it crippled or paralyzed some of those it infected. Across the country, playgrounds and pools closed, and children were banned from movie theaters and other public spaces. Chicago had a record 109 cases in August, prompting the Board of Health to postpone the start of school for three weeks.

This delay sparked the first large-scale “radio school” experiment through a highly innovative – though largely untested – program. Some 315,000 children in grades 3 through 8 continued their education at home, receiving lessons on the radio.

By the late 1930s, radio had become a popular source of news and entertainment. Over 80% of U.S. households owned at least one radio, though fewer were found in homes in the southern U.S., in rural areas and among people of color.

In Chicago, teachers collaborated with principals to create on-air lessons for each grade, with oversight from experts in each subject. Seven local radio stations donated air time. September 13 marked the first day of school.

Local papers printed class schedules each morning. Social studies and science classes were slated for Mondays, Wednesdays and Fridays; Tuesdays, Thursdays and Saturdays were devoted to English and math. The on-air school day began with announcements and gym. Classes were short – just 15 minutes – providing simple, broad questions and assigning homework.

The objective was to be “entertaining yet informative.” Curriculum planners incorporated an engaging commercial broadcasting style into the lessons. Two principals monitored each broadcast, providing feedback to teachers on content, articulation, vocabulary and general performance. When schools reopened, students would submit their work and take tests to show mastery of the material. Sixteen teachers answered phone calls from parents at the school district’s central office. After the phone bank logged more than 1,000 calls on the first day, they brought five more teachers on board. News stories reporting on this novel radio school approach were mostly positive, but a few articles hinted at the challenges. Some kids were distracted or struggled to follow the lessons. There was no way to ask questions in the moment, and kids needed more parental involvement than usual.

In general, media coverage focused on the innovation of the delivery method. Access issues received little attention. Even Superintendent William Johnson didn’t know how many students tuned in for the lessons.

Radio instruction officially ended at the end of September when schools reopened. Though the program ran for less than three weeks, it transformed the role of local radio in Chicago education. The experiment initiated a partnership between the city’s public schools and local radio stations, which was quickly cemented in the formation of the Chicago Radio Council. The council produced educational shows, broadcasted educational conferences and supplemented specific grade-level curriculum. The partnership also brought more radios into schools, with teachers required to include on-air programs in their lesson plans. It also offered opportunities for students to participate in newscasts, radio round tables and other programming.

(Abbreviated from the original:)

https://news.yahoo.com/remote-learning-isnt-radio-instruction-120718006.html?guccounter=1&guce_referrer=aHR0cHM6Ly9sLmZhY2Vib29rLmNvbS8&guce_referrer_sig=AQAAAE LruuOE sbEo3KhIWZTNNH4mxlj2iHxxCVaqi4thsnyl8p_R4QVAh4nrrMZxejZx8rkvgsO3RvhpqQRxrRokSGcu0j_thL3RqmeU1w41QcV8 XUdyuEDN4LIV5Lv8C0zGk7R8FPDmjmUKS4KIEXM0DqOxkZdmcw-gRgN9bikl8-5q



Ask the Doctors: Herd Immunity Is Possible But The Cost Is High

Eve Glazier, M.D. and Elizabeth Ko, M.D.

Dear Doctors: Can you explain herd immunity? We have it with diseases like smallpox and polio, but when it comes to the coronavirus, everyone keeps saying it's a bad idea. Why wouldn't it work for COVID-19?

Dear Reader: It's true that we're hearing a lot about herd immunity, which is also sometimes known as community immunity, from a variety of sources these days. There's quite a bit of conjecture, and even misinformation, in some of these discussions, so we're glad you've broached the topic.

Herd immunity refers to the point at which a large enough portion of a population becomes immune to an infectious disease that the illness can no longer be easily spread. This offers protection to the population at large, including to the minority who are not themselves yet immune to the infectious agent.

And you're correct that we have herd immunity to thank for the eradication of smallpox and the extremely low incidence of polio throughout the world. The reason for this is the success of widespread vaccination efforts, which helped to make the vast majority of people immune to what had previously been serious health threats. In fact, thanks to worldwide smallpox vaccination programs, that disease was declared eradicated in 1980.

Researchers estimate that at least 60% to 70% of the population will have to become immune to the novel coronavirus to achieve herd immunity. Unfortunately, we don't yet have a vaccine to achieve that. That means the only path to herd immunity at this time is for a significant portion of the populace to become infected. Based on the current U.S. population, we're talking about almost 200 million adults and children becoming infected with the novel coronavirus to achieve herd immunity.

As we write this, the total number of novel coronavirus infections in the U.S. has just passed 6.5 million, far short of the 200 million needed for herd immunity. The disease has already caused close to 200,000 deaths since the start of the year, and it has left many survivors with serious and lingering health conditions. So you can see that, while achieving herd immunity through natural infection theoretically is possible, it would come at an unbearable price.

It's true that the health risks of COVID-19 may recede as we continue to learn about the disease and, hopefully, develop new and more effective treatments. That would make becoming infected with the virus less dangerous. However, another important question remains unanswered. That is, how long do people who have recovered from COVID-19 remain immune? Unfortunately, we just don't know yet.

All of which brings us back to the discussion we've been having for most of this past year. Until there's a safe and effective vaccine, we need to do our best to slow transmission of the virus. Wear a cloth face covering in public, avoid large gatherings, maintain physical distancing, wash your hands or use a hand sanitizer, avoid touching your face and disinfect high-touch surfaces. These are challenging times, so please, remember to be kind to one another.

Oct 5, 2020

<https://connect.uclahealth.org/2020/10/05/herd-immunity-is-possible-but-cost-is-high/>





Owen's Odyssey

A Hike to End Polio

Owen Standley Is Offering Us A Fun Opportunity To Tell Our Stories now, and Come This Spring, Meet Along The Appalachian Trail.

Owen's Odyssey: His Hike to End Polio will begin in March of 2021. Rotarian Owen Standley will embark on a hike of the Appalachian Trail (to be completed in 100 days or less), to raise awareness and funds to eradicate polio through Rotary International.

What does this mean? Within 100 days, Owen will hike from Georgia to Maine (2,190 miles). He has a fundraising goal of \$100,000 for PolioPlus. This is a huge number, as the Gates Foundation, with their two for match, will turn that into \$300,000

What can WE do to help?

Owen is asking us, our families and friends to submit personal stories (in video format). He wants to see stories from those who have witnessed polio firsthand. His goal is to show and tell the world, through the personal stories of those affected, why it is so important to eradicate polio. This can be accomplished with a smartphone or simple recording device. He will begin sharing the stories *as soon as possible* as he trains for and builds an audience for his enormous effort.

For social media, short videos are better than long videos, but do your best in telling your story. Do not let time hinder your storytelling. Your message is more important. These videos will be shared through the @HikeForPolio accounts with Owen introducing the speaker. The goal of bringing our stories into this event, is to bring increased awareness for the cause of polio eradication. Owen has a lot of followers on social media, many of whom are not in tune with the realities of this terrible disease. The realities of polio (including the disabling effects of PPS) will help him create a “cause for action” that will increase donations to PolioPlus.

1. Record a video talking about any of the following topics:

- How you contracted polio?
- How polio has changed your life?
- How do you overcome everyday challenges because of polio?
- Describe participating in a National Immunization Day (if you were able).
- Why is it important to eradicate this disease?

2. Once you record a video:

- Email it to owenpstandley@hikeforpolio.org
 - Send a link to your video
 - Save to and send an mp3 or mp4 video file
 - Send a compressed file of your video
- Post it to your own Facebook/Instagram*
 - Use the hashtag(s) @HikeForPolio and #HikeForPolio

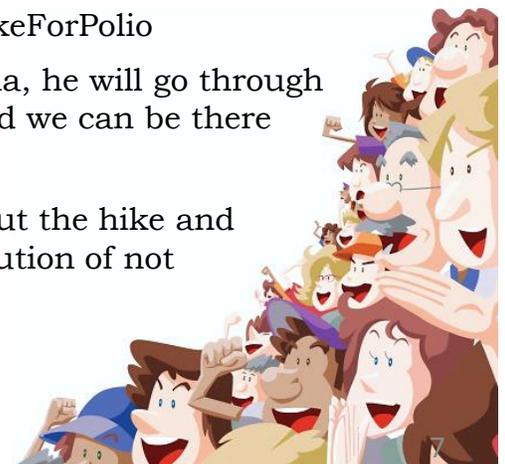
We can join him on the walk! As he hikes from Maine to Georgia, he will go through towns and cross roads. He will keep us posted along the way and we can be there at the crossroads to cheer him on.

*If posting to your own social media account, be sure to talk about the hike and that Owen asked you to say a few words. This will be the substitution of not having Owen at the beginning of your video

Website: www.hikeforpolio.org

“Like” his page: Facebook: www.facebook.com/HikeForPolio

Facebook hashtag: #HikeForPolio Instagram: @HikeForPolio





PA Polio Survivor's Network
 3365 Lace Leaf Drive
 Doylestown, PA 18902

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Contact us: papolionetwork@gmail.com 215-858-4643
 PO Box 557, Doylestown, Pa. 18901
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