

In This Issue



Articles	<i>COVID-19 Vaccine Information for Polio Survivors</i> 1
	<i>Two Pandemics - One Physical & One Emotional - Zoom Meeting</i> 4
	<i>What Goes into the Cost of a Brace</i> 5
	<i>Fast Track and Development of Vaccines during a Pandemic</i> 8
	<i>Food for Thought - Words Make A Difference</i> 12
	<i>What the polio vaccine can teach us about the COVID-19 vaccine</i> 14
CPPO Things to Know	<i>South Denver Post-Polio Group Needs YOU!</i> 3
	<i>Pueblo Post-Polio Support Group</i> 7
	<i>CPPO is Going Greener!</i> 11
	<i>Rocky Mountain Getaway Registration Opens in April!</i> 13
	<i>Advisory Council Members</i> 17
	<i>Advisory Council Meetings</i> 17
	<i>Colorado Post-Polio Support Group Schedules</i> 17
<i>Donations</i> 18	

COVID-19 Vaccine Information for Polio Survivors



As the COVID-19 (COVID) vaccines are approved for use and begin to be given to Americans and others, PHI is being asked several questions by our constituents. Remember our knowledge about the

COVID virus is only about one year old and is continually being updated which means information and recommendations sometime change from month to month. Your primary care physician, especially one that has worked with you for some time, is the best source of information of what will be recommended for YOU and your particular situation.

At this time, December 2020, [reviewed by Dr. Marny Eulberg January 2021] here is how our Physician Advisory Committee responds to these questions:

Does having had polio or having received the polio vaccine give immunity to COVID?

There has been a “theory” circulating

that recent exposure to some viral diseases or vaccines to those viral diseases might “boost” the immune system and provide some protection against COVID but it is not backed by any clinical evidence. (If a history of receiving the polio vaccine did provide protection against COVID, then the older people living in the developed world, most of whom have been immunized against polio, would have a very low incidence of COVID infections and that is clearly not the case!)

Will I be given priority because I had polio?

No, a history of polio in itself does not make a person more likely to get COVID or get sicker than others of similar age and other medical conditions so a history of polio and/or PPS does not move an individual up the priority list. On the other hand, most people who have contracted polio in the United States or Canada are over age 65 and several even over 80 years old, therefore they are already in the “high risk” group which generally places them in the second tier of people slated to be offered the vaccine.

COVID-19 Vaccine Information for Polio Survivors (Continued)

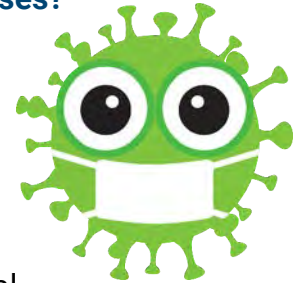
Polio survivors with respiratory compromise may rise up one level over others of a similar age group due to their underlying respiratory condition. Likewise, for the polio survivor living in a nursing home or other senior living situation. In the U.S., each state, with input from the national health authorities, determined their own priority list, so where you fall in the priority tier system may vary slightly from state to state.

After I get the vaccine, even the first dose, can I stop with all these “precautions”?

No, not at this time. We don’t know all the particulars, but studies have shown less than 50% immunity two weeks after the first dose which rises to 90% plus protection two weeks after the second dose. Our colleagues in the British Polio Society summarize the precautions as “Hands, Face, Space” and the recommendation is to continue these precautions until enough people have received the vaccine to minimize the risk of exposure from the general public.

Do I need two doses?

Yes, because tests to date with currently available vaccines have shown only partial protection after the first dose and a much better immune response after the second. This is not unusual for vaccines—to get full immunity from polio a minimum of three (3) doses are recommended and four (4) are usually given; the shingles vaccine is a series of two shots as are the measles, mumps, and rubella vaccine and the chickenpox vaccine. As new COVID vaccines are developed and approved it is possible that, at some point, a single dose COVID vaccine will be safe and effective, but not yet.



Can I get COVID from the COVID vaccine?

No, the technology used to make the COVID vaccine does NOT use any live virus or even part of the virus particle. All the new vaccines were made by breaking and then artificially duplicating part of the genetic code contained in the spikes on the

COVID-19 Vaccine Information for Polio Survivors (Continued)

surface of the COVID-19 virus. They work by blocking the virus from attaching to your cells and then invading your cells and causing infection.

When all the vaccines become available which one(s) should I get?
THE FIRST ONE THAT BECOMES AVAILABLE TO YOU, REGARDLESS OF WHETHER ONE OR TWO DOSES!

Who should not get the vaccine?
For now, it has not been adequately tested in youngsters under the age of 16 years or in pregnant women, so it

is recommended that the vaccine not be given to those individuals until studies show the vaccines to be safe and effective in these groups. Additionally, there have been a few cases of severe allergic reactions in people with multiple significant allergies to other substances. For now, it is recommended persons with allergies severe enough to carry an Epi-Pen should discuss with their physician before being immunized.

SOURCE: Post-Polio Health International
<https://post-polio.org/covid-19-vaccine/>



South Denver Post-Polio Group Needs YOU!
The South Denver Post-Polio Support Group is looking for new members. It meets the first Tuesday of each month, 11 a.m. to Noon. Please join us at the Colorado Club Building (4155 E Jewell, Ste 218). Questions, please contact facilitator Hal Goldberg at 303.212.0017 or halgoldberg@halgoldberg.net.

Two Pandemics - One Physical & One Emotional - Statewide Zoom Meeting

Please join us for a **statewide Zoom meeting** for polio survivors, post-polio patients and those who care for them.

**Saturday, February 27, 2021
10:30 a.m. to Noon MST**

We are in the middle of two pandemics - a physical one from the virus and an emotional pandemic that is impacting each of us. We have feeling of anxiety, fear, guilt, depression and anger - sometimes simultaneously. We are experiencing great losses: the death of a friend or loved one, separation from loved ones and separation from enjoyable activities. Questions fill our minds with how the COVID-19 virus and the vaccine will affect polio survivors.

There are well-researched proactive steps that can be taken to mitigate the losses we are experiencing.

Hal Goldberg, Psychotherapist and post-polio support group facilitator, will review the scientific research regarding which skills and techniques are most effective in maintaining our mental health. You will learn specific

actions you can immediately employ to boost your mood, your clarity of thought and the quality of your daily life.

Dr. Marny Eulberg, MD will answer the most common questions regarding the virus, its effects on your health and what steps you need to take to help protect yourself.

Pre-registration is required for this meeting (bit.ly/cppozoom). You will receive a confirmation email after registering containing information about joining the meeting.

**STATEWIDE
ZOOM MEETING**

**Saturday, February 27 -
10:30 a.m. to
Noon MST**

**REGISTER ONLINE BY
VISITING THE
FOLLOWING LINK:
bit.ly/cppozoom**

What Goes into the Cost of a Brace . . . by Dr. Marny Eulberg



Photo by ThisIsEngineering from Pexels Orthotics

Cost - All fees are based on Medicare's fee schedule. Braces can have one or several procedure codes with fees associated for each code and they can be added on to the basic brace code. "Usual and customary" fees are established by each orthotic and prosthetic (O&P) practice, generally higher than Medicare fees. Other insurance companies have their own allowable fee schedule, usually lower than

Medicare fees. All insurance companies are billed the O&P's usual and customary fees. But if the O&P practice is contracted with the insurance company, they must accept the published insurance's fee as payment in full. Most insurances, including Medicare B, do not cover the total cost of braces. The orthotic practice should be able to tell you, in advance, what portion of the cost you will be responsible for paying.

Many patients, and even their health care providers, are rarely aware of the educational requirements for brace makers (orthotists). In order for an orthotist to be certified as a certified orthotist (CO) or a certified prosthetist-orthotist (CPO) they must have a minimum of a bachelor's degree plus a residency spent working with certified orthotists and participate in ongoing continuing education. A few years ago, the entry educational requirement increased to a master's degree plus the residency training. Some states have their own licensure for orthotic professionals, but Colorado does not. Therefore, it is advisable for patients to inquire about and understand the credentials

What Goes into the Cost of a Brace (Continued)

of the persons working with them on their gait/bracing issues.

The reimbursement system for orthotics, and for prosthetics, is totally based on the "product" or device delivered to the patient. There is no process for reimbursing the practitioner for time spent evaluating, educating, or training a patient to use the device. When it is done well, the evaluation, assessment of patient acceptance of the proposed device, explanation of how the device works and how to use it effectively, and training in the use of the device can take a few to several hours and that time is not "billable", so some portion of the cost of the device includes the time spent on these important activities.

There are many "behind the scenes" costs that are figured into the cost of a brace that is charged by the orthotic practice. In the case of a "custom fabricated" brace, after the orthotist takes the cast of the patient's leg, he/she then fill that cast with plaster, allow it to dry, remove the casting material, and then make modifications on the plaster

"positive" that will determine the supports that will be built into the brace. When the modifications have been made on the "positive" then the materials for the brace are molded around the positive. Finally, any needed finishing, padding, joints, and straps are added. Depending on patient characteristics and needs, this process can take 2-20 hours of hands-on time by an orthotic technician and/or the orthotist. Ordinary operating costs for the practice also need to be factored in such as rent, utilities, and the salaries for staff needed to answer the phone and submit and process insurance claims. (In a medical practice, a general rule of thumb is that 2-3 employees are needed for each physician).

And, of course, there is the cost of materials to construct the brace(s). Some newer materials, such as carbon fiber, which has many advantages including being strong and weighing less than other materials, is quite expensive.

Currently, there are several "prefabricated" braces that can,

What Goes into the Cost of a Brace (Continued)

in certain circumstances, work well for polio survivors. These “prefabricated”, sometimes called “off-the-shelf” braces, like retail clothing, come in certain sizes (small, medium, large, etc.) and for the left leg or for the right leg. Prefabricated braces require none of the work of casting, making a positive or constructing the brace. They are pre-made and are delivered to the

practice in a box or plastic bag. Minor modifications can frequently be made to the prefabricated brace by the orthotist, but major modifications cannot. Because of the muscle atrophy and possible deformities, many polio survivors **cannot** be effectively fit with off-the-shelf braces and require custom-made and custom fit (custom fabricated) braces.



Pueblo Post-Polio Support Group

Welcome Jill Eelkema! CPPO is pleased to announce Jill as the new facilitator for the Pueblo Post-Polio Support Group. Jill has facilitated the North Area group for many years, and we are excited that she will now lead the Pueblo group. In-person meetings will be held April 17, July 17 and October 16, from 2:30 to 4:30 p.m. Location to be announced. For details, please contact Jill at 720.675.9902 or jille@westerncarepartners.com.

Fast Track and Development of Vaccines during a Pandemic by Mitzi Tolman



CDC scientist performing a virus plaque assay to determine the amount of virus in the cell culture isolates.

Before 2020, the mumps vaccine was the fastest vaccine ever to be developed. It took four years to receive approval and became available in 1967.

The first attempt in 1935 to develop a polio vaccine had poor results. It wasn't until the major outbreak occurred in the United States along with funding from the March of Dimes that vaccines were developed and released by Salk (1955) and Sabin (early 1960s).

How was the COVID-19 vaccine developed so fast?

Vaccine development typically takes an average of 10-15 years and is a long process with many steps. Money is the most important factor to quickly turn around a vaccine. Most vaccines are developed by pharmaceutical companies on their own dime. They must consider the cost of research and development to the amount of money they might get in return; also known as a return on investment (ROI). Making a new vaccine is a business strategy. With the world shutting down and

Fast Track and Development of Vaccines during a Pandemic (Continued)

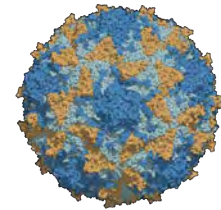
businesses taking a major hit during the 2020 coronavirus pandemic, pharmaceutical companies were given funds to quickly develop a vaccine at all costs. Also hastening this process was the guarantee from world governments to purchase vaccines for the general public upon approval.

Were steps skipped in the development of the COVID-19 vaccine?

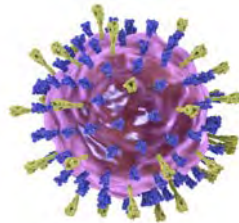
According to Dr. Badly of the Mayo Clinic, "It's very important to know what parts were fast-tracked and which parts were not. Regulatory approvals, funding, data analysis and submission to the FDA (Food and Drug Administration) were fast tracked. Those are all paperwork items. What was not fast-tracked was enrollment of patients, clinical follow-up of these patients, capturing the events which occurred and the follow-up. These trials were executed very well. But the regulatory steps were fast-tracked."

How is the COVID-19 vaccine different from others?

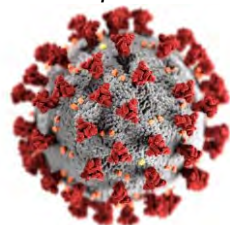
For the most part, vaccines have



Polio Virus



Mumps Virus



COVID-19 Virus

been developed two ways in the past. Live viruses that are not so strong to make you sick, but your body will still attack it, thus developing antibodies. The second are deactivated viruses in which a virus has its spreading agent removed so it enables your body to make antibodies without the risk of catching the disease itself. The COVID-19 vaccination uses a new method of antibody development called MessengerRNA (mRNA) vaccines. At the start of the COVID-19 outbreak the mRNA system of vaccine distribution had

Fast Track and Development of Vaccines during a Pandemic (Continued)

already been used to fight severe acute respiratory syndrome (SARs) and other slower spreading, modern viruses. As a result, this delivery method had already been vetted. Instead of injecting people with a live virus or altered virus, this type of vaccination encodes a mRNA with the information so your body will produce a spike protein that it will then recognize and develop antibodies to fight the virus.

In 6th grade science terms the vaccine is produced by putting a note into your body that tells your cells, "Hey, look out for this guy, he is bad. When you see him you must not become friends with him." The note is transmitted into your body via a vaccine.

With the race for a vaccine going on, and the proposed mRNA vaccines having limited risks to humans because a whole or partial virus is not part of the injection, pharmaceutical companies were given the go ahead to perform Stage I and Stage II trials at the same time or concurrently, non-human and small scale human trials, respectively.

Conducting both trials at the same time has never been done before when developing vaccines.

By July 2020, the first small set of vaccine trials (healthy humans and primates) were published with promising data. These two successful trials by Moderna and Pfizer allowed the companies to request approval to initiate Stage III trials with more than 70,000 people participating from the United States and other countries. Subjects were given a vaccine or a placebo. They were encouraged to live their lives as normal and report all symptoms and possible side effects, for ten weeks. Because this coronavirus was fast spreading, easy to catch, it almost guaranteed that within ten weeks enough participants would be exposed to the virus to have a quality study sample; a great advantage.

The results, after ten weeks, were more than either Moderna or Pfizer had anticipated. In the Pfizer international study, of the 170 confirmed COVID-19 cases, only eight participants who received the actual vaccine (not the placebo)

Fast Track and Development of Vaccines during a Pandemic (Continued)

became ill. This is considered a 95% effective rate. Moderna's United States-only study had 196 positive COVID-19 cases with only eleven participants who had received the vaccine becoming ill.

Fast tracking the paper regulatory rigmarole allowed Pfizer and Moderna vaccines to go to the FDA for rapid review and be issued an emergency use authorization (EUA). The United Kingdom and other countries have also approved the release of these two vaccines.

What's next?

Stage I and Stage III trials will continue to report antibody level results and soon all placebo patients will receive the true vaccine. The initial trials involved individuals 18 years of age and older. Clinical trials for those 16-18 are underway and trials for younger children are

scheduled to begin soon. When other manufacturers seek approval, this same fast tracked regulatory approach will be used so people can get protection against COVID as the world works to get the pandemic under control.

SOURCES:

CDC: Frequently asked questions about COVID-19 vaccination -

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

Moderna: COVID-19 vaccine updates -

<https://www.modernatx.com/modernas-work-potential-vaccine-against-covid-19>

Pfizer: COVID-19 vaccine updates -

https://www.pfizer.com/news/hot-topics/our_covid_19_vaccine_study_what_s_next

Mayo Clinic: COVID-19 vaccines: Get the facts

<https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-vaccine/art-20484859>

Mayo Clinic: Will fast-tracked COVID-19 vaccines be safe? -

<https://newsnetwork.mayoclinic.org/discussion/will-fast-tracked-covid-19-vaccines-be-safe/>



CPPO is Going Greener!

If you would like to receive an electronic version of the newsletter via email rather than a paper newsletter in the mail, please email mtolman@eastersealscolorado.org.

**Food for Thought - Words Make A Difference
by Margaret Hinman**

I have had the privilege of assisting Dr. Marny Eulberg with the Colorado Post-Polio Traveling Clinic for several years. During an appointment with a polio survivor, when she talks about aging with polio, she gets a twinkle in her eyes and then starts a sentence with something like, "As we mature . . ." and then leads into her information. For me, the word "mature" immediately conjures up fruits and vegetables maturing to ripeness which, unless they are cared for properly, they will continue to mature until they rot! In spite of that image, this "old lady" likes the idea that we are maturing rather than are aging. "Mature" is so much more sophisticated and classier than "aging" so I will borrow from Dr. Marny and continue to "mature" and avoid the concept of "rotting!"

Two words that I have used since I contracted polio at age 11 and hear frequently from other polio survivors are "good" and "bad." We use the terms as they relate to how polio has impacted us; "my good leg," "my bad leg," "my good arm," "my bad arm." So, why is my leg or arm "bad?" Is it like a "bad dog" that soils the carpet



PJ, a really GOOD dog, laying on the carpet.

or chews up my shoes? Thinking about it, my leg is not "bad," it is weakened because of a very bad virus, not by something that it did or didn't do.

I wonder how I would have approached life with polio if I had thought of and described my left leg as my "weak leg" or "weaker leg" and my right leg as my "strong leg" or "stronger leg." I don't know if it would have prevented me from over-using and abusing my leg for all those years after I quit wearing my hated, "inconvenient," long-leg, locked-knee brace when I found I could walk without it, or not. And, I don't know if I might have gone back to wearing a brace before I was in so much pain that I could hardly walk at all.

Food for Thought - Words Make A Difference (Continued)

Polio survivors are often described as high achievers and over-achievers, seen by others as doing heroic feats and living heroic lives. How much has “good” and “bad” contributed to our need to strive to be “normal” like other people? Not to diminish our accomplishments in any way, but perhaps if we saw ourselves as “normal” persons with a “weak” leg or arm rather than having a “bad” leg or arm, we might still have achieved what we did in our lives but with less stress and anxiety and with higher self-esteem and a better self-image.

The past is what it is, but now, this “mature” polio survivor is attempting to take care of her “weak” leg and her “stronger” leg, which has deteriorated, in part, due to all those years of overuse while compensating for the weaker leg. Hopefully, the use of “stronger” and “weaker” rather than “good” and “bad” will help me in making better decisions about how to care for my body as I continue to mature. We will see!

And that is my food for thought!



Rocky Mountain Getaway Registration Opens in April!

The Rocky Mountain Getaway will be held Sunday, August 15 to Thursday, August 19, 2021 at Easterseals Colorado's Rocky Mountain Village Camp in Empire. Registration opens in April. For more info, contact Mitzi Tolman at mtolman@eastersealscolorado.org.



What the polio vaccine can teach us about the COVID-19 vaccine by David Oshinsky

David Oshinsky directs the Division of Medical Humanities at NYU Langone Health and is a member of the Vaccine Working Group on Ethics and Policy. His book, "Polio: An American Story," won the Pulitzer Prize for History in 2006. The opinions expressed in this commentary are his own. Read his article in full at <https://www.cnn.com/2020/11/17/opinions/covid-polio-vaccine-parallels-oshinsky/index.html>. Here is an excerpt from the article:



Photo by Jay Godwin, Public domain, via Wikimedia Commons

The race for a vaccine in the midst of such intense public scrutiny brings to mind a similar storyline from the baby boom era following World War II. The disease at that time was polio, a viral infection that descended upon the nation each summer like the plague. The virus mainly struck children, killing and paralyzing close to 50,000 each year. Movie theaters sat empty, swimming pools were padlocked, youngsters struggled to use crutches and leg braces, hospital wards were lined wall-to-wall with iron lungs. It wasn't long before science proved triumphant, and Dr. Jonas Salk developed a vaccine that would eventually eliminate the threat

of polio in the developed world, and in the process we learned valuable lessons -- some quite painful -- that we should heed today as we search for a vaccine to rid us of Covid-19.

The 1940s and '50s predated the key role that the federal government would later play in the testing of drugs and vaccines. The crusade against polio was led by a private charity -- the March of Dimes -- and the millions of terrified parents it recruited to the cause. It usually takes more than a decade to develop a successful vaccine. Under enormous pressure, the March of

What the polio vaccine can teach us about the COVID-19 vaccine (Continued)

Dimes rolled out Jonas Salk's killed-virus polio vaccine in less than four years.

The Salk trials of 1954 remain the largest public health experiment in American history. More than a million school children participated -- some given three doses of the Salk vaccine, others a look-alike placebo. It took a full year to analyze the results in the age before computers, but the results were stunning. "SALK'S VACCINE WORKS" screamed the headlines on April 12, 1955. "POLIO IS CONQUERED."

President Dwight D. Eisenhower invited Salk to the White House, where he lauded the young researcher for saving the world's children. "I have no words to thank you," the president said, his voice trembling with emotion. "I am very, very happy."

Then disaster struck. Within weeks, the miracle vaccine designed to wipe out polio stood accused of causing it. Reports flooded in of newly vaccinated children being rushed to emergency rooms. It turned out that

the amazing success of the Salk trials had led the public to demand an immediate release of the vaccine. And the government had quickly relented, allowing five drug companies to ramp up production without proper oversight. The worst offender, Cutter Laboratories of Berkley, California, released a vaccine so contaminated with live poliovirus that 164 children were permanently paralyzed and 10 died.

Though nearly forgotten today, the Cutter Incident triggered a regulatory revolution in which vaccines undergo rigorous testing to ensure both their efficacy and their safety. There has not been a single case of polio caused by the killed-virus Salk vaccine since that awful moment in 1955, despite the billions of doses administered worldwide.

The lightning pace at which the current Covid-19 vaccines are being readied is reminiscent of the polio story -- in part because the term "warp speed" is so poorly understood. No safety corners have been cut. Data from the Phase 3 trials have been meticulously studied,

What the polio vaccine can teach us about the COVID-19 vaccine (Continued)

"Data from the Phase 3 trials have been meticulously studied, and pauses have occurred at the slightest hint of trouble."

that manufacturing can occur while the vaccines are being tested. This increases the financial risk to the government, but not the product risk to the public.

The polio years demonstrated that laboratory magic was one part of a larger solution. People needed to feel confident that scientific standards were being upheld, emergency or not, and scientists needed to learn that a successful vaccine requires overwhelming public trust.

It's a lesson well worth remembering.

SOURCE: CNN
<https://www.cnn.com/2020/11/17/opinions/covid-polio-vaccine-parallels-oshinsky/index.html>

and pauses have occurred at the slightest hint of trouble. Adverse effects from a vaccine overwhelmingly appear within a small time window following vaccination, and two months have now passed since volunteers were administered the final Covid-19 dose.

The main difference has been the vastly expanded role of the federal government in underwriting the research, development, and distribution of these vaccines. Rather than eliminating steps, it has allowed them to proceed simultaneously, so

Other CPPPO Things to Know

★ **Advisory Council Members**

Sue Brandon , Chairperson	763.377.2287	Sue.Brandon@q.com
Marny Eulberg, MD , Medical Advisor	303.829.1538	marnyeul@me.com
Mitzi Tolman , Post-Polio Program Coord.	720.940.9291	mtolman@eastersealscolorado.org
Jim Carr	720.220.8413	jimlcarr@msn.com
Margaret Hinman	303.763.0013	mhinman12@icloud.com
Robert Burnett , (Habla Español)	720.394.5500	robert.v.burnett@gmail.com

★ **Advisory Council Meetings**

Zoom @ 4:30 p.m.

March 15, June 21, September 20, December 20

★ **Colorado Post-Polio Support Group Schedules**

AT THIS TIME, AS A RESULT OF THE COVID OUTBREAK, some Support Groups are beginning to meet in-person with appropriate social distancing. Others are meeting virtually. Persons without a computer can call in to participate in the conversation. Contact your group's facilitator for the specific call-in phone number. Please stay in touch with your facilitator to find out how your group will be meeting.

AURORA - Meets 4th Thursday of each month. 11:00 a.m. to Noon.

Contact: Myrna Schmidt - 608.790.5755 or myraschmidt1@yahoo.com

COLORADO SPRINGS - Meets 1st Saturday of each month. 10:00 a.m. to Noon.

Sand Creek Division, C.S. Police Dept, 950 Academy Park Loop

Contact: Hal Goldberg - 303.212.0017 or halgoldberg@halgoldberg.net

GRAND JUNCTION - In need of new facilitator. If you know someone who is interested, please contact Mitzi Tolman - 720.940.9291 or mtolman@eastersealscolorado.org.

LAKEWOOD - Meeting on hold until able to meet in-person.

Contact: Annette Beck - 720.427.1789 or annette.beck242@outlook.com

Other CPPPO Things to Know (Continued)

NORTH AREA - Meets 3rd Saturday of each month. 10:00 a.m. to Noon.

Contact: Jill Eelkema - 720.675.9902 or jille@westerncarepartners.com

NORTHERN COLORADO (Fort Collins) - Meets 4th Saturday of each month.

10:00 a.m. to Noon.

Contact: Peter Way - 970.460.6164 or NOCOPolio@gmail.com

PUEBLO - In-person meetings will be held April 17, July 17 and October 16. 2:30 to 4:30 p.m. Location to be announced.

Contact: Jill Eelkema - 720.675.9902 or jille@westerncarepartners.com

SOUTH DENVER - Meets 1st Tuesday of each month. 11:00 a.m. to Noon.

Contact: Hal Goldberg - 303.212.0017 or halgoldberg@halgoldberg.net

★ **Donations**

If you would like to donate to support Colorado Post-Polio efforts, **please complete this form, detach and mail it to Mitzi Tolman at Easterseals Colorado**. To ensure that we receive 100% of your donation, contributions should be **payable to Easterseals Colorado** with **"POST-POLIO" written in the memo line**. Your contribution will be gratefully acknowledged. Thank you again!

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL: _____

MAIL TO: Easterseals Colorado, Attn: Mitzi Tolman

393 S Harlan St, Suite 250, Lakewood, CO 80226

Memo line: POST-POLIO



393 S Harlan St, Suite 250
Lakewood, CO 80226

**FREE MATTER FOR
BLIND OR DISABLED**



This Is YOUR Newsletter – *Connections* is the official news publication of the Colorado Post-Polio Program. The opinions are those of the individual contributors, and do not necessarily constitute an endorsement or approval by either the Colorado Post-Polio Council or Easterseals Colorado. **(Always check with your personal physician for all medical questions and concerns.)**

We invite not only your comments about this newsletter; tell us what topics you want to read about in future issues. If you have article ideas or suggestions, are willing to write a short article, tell your personal story or you'd like to review a book, please call **Mitzi Tolman** at **720.940.9291** or email her at **mtolman@eastersealscolorado.org**, or write to: Colorado Post-Polio *Connections*, c/o Easterseals Colorado, 393 S Harlan St, Suite 250, Lakewood, CO 80226.

If you prefer to receive this newsletter online or change your mailing information, please contact Mitzi Tolman at Easterseals Colorado at 720.940.9291 or mtolman@eastersealscolorado.org.