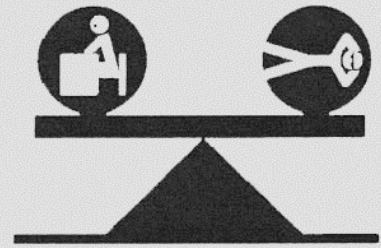


POST POLIO PACER

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October 2018 — Madison, Wisconsin

Madison Area Post Polio Support Group Newsletter
MAPPSG formed in 1985 — This Is Our 33rd Year!



Cultural Issues in the UAE

(Lessons from Abroad Part 2)

Dr. William DeMayo, MD.

www.papoliionetwork.org

In my last article (April, 2018) I introduced this series "Lessons from Abroad" and provided an overview of the United Arab Emirates (UAE).

In my introduction of that first article, I stated "The saying 'We are all different, We are all the same' is true on many levels. It is my hope that readers try to not focus on the fact that the UAE is half way around the world but rather part of their world which they have not yet explored".

As I discuss cultural issues in this article, it is important that our readers keep an open mind. I am still learning the culture and appreciating nuances as well as gaining some understanding behind some of those issues that are very different from how I was raised. I remind myself that, in a very real sense, I am a guest and so I try not to judge. I observe and try to understand. In doing so, I have learned more about myself and why I behave the way I do, I hope the same will be true or you as you read this article.

Before discussing some of my "odd" observations from the UAE, I thought I would focus on one of the most impressive and heart-warming aspects of the UAE. One of my first cultural experiences was the very deep level of hospitality in the Arab world. This dates back to biblical times and can still be felt to-

day. Banks, offices and hospital waiting rooms greet clients with ornate Arabic coffee sets and a dish of dates. My first trip to the Camel

Festival was initially very uncomfortable because my family and I were clearly the only non-Arabs in sight. We all had concerns that perhaps we shouldn't be there. Within minutes we were greeted by an Emirati hostess who spoke perfect English & walked with us throughout the festival

including camel rides, VIP treatment at the hospitality tent and pictures of my sons and me in traditional dress. No cost, no strings – just hospitality towards those who were clearly guests to the UAE. This hospitality no doubt



was passed down from Bedouin ancestors who relied on hospitality to survive when traveling in a harsh desert. It has spread to expatriates in Abu Dhabi who are far from home and have all had to deal with being “alone” in a new place.

When I came to Abu Dhabi, my boss (the Chief Medical Officer) not only put me up for a month in his home but loaned me several thousand Dirhams (UAE currency) because it takes weeks to open a bank account. It turns out that his first boss did the same for him when he came from Kentucky. The thought occurred to me that people in need support each other including in healthcare (PA Polio Network being a prime example). My wife has a wonderful gift of hospitality. If I’m honest, I don’t have that natural inclination. When things get tough, I have a natural tendency to want to be alone and separate myself. I think we all have some of both of these qualities and it is clear to me that working towards connectedness, and avoiding a tendency towards separation, is an important goal in healthcare.

Although I have been in Abu Dhabi six months, I saw very few patients until our outpatient facility opened two weeks ago. Even now, I see only a few patients since my focus is our inpatient rehabilitation hospital, opening in December. Despite a lack of volume, I do have several observations to share. Many of these include significant contradictions that likely stems from the fact that there has been such dramatic Western influence in the past 50 years but still a strong sense of tradition.

- **Smile and Nod:** In the Arab world, people do not contradict those they respect or those in authority. Unfortunately, this includes physicians. As a consequence, it is easy to get a “smile and nod” to recommendations that are either not understood or that a patient disagrees with (but won’t say so). I have been trying hard to foster deeper levels of discussion by putting the control in the patient’s hands (my mantra is “I give advice; you make decisions”). My success has been variable.

- **Enshala:** In my office, I often try to engage spirituality while avoiding religious discussion. In the US, religion is a bit of a taboo topic with people you don’t know well. In the UAE, religion is pervasive regardless of an individual’s personal spirituality. Case in point is the word “Enshala” which means “God willing”. One hears this many, many, times a day in the most routine conversations. It can be a heartwarming acknowledgement that we are not in control of the world. At the same time, others use it as a way to shirk personal responsibility (think employee who is being asked for the third time to get something done and says “Enshala, this afternoon” but really there is no intention of doing it today). Anyone who knows me can understand I struggle with this, especially in patient care. To me, taking personal responsibility for our current situation is the foundation of creating a plan to move to a new place. Acknowledging God has a plan does not equate with waiting for a miracle. I have seen miracles occur many times, most frequently when God moves us in a special way to do things we didn’t think we could.

- **Doctor Shopping:** This is seen at levels that are unreal here. Emirates will sometimes go from one doc to the next looking for more opinions. In complex cases, this might involve trips to the US, Germany or elsewhere that are paid by the government. As a result, patients often bounce around without a direction. This can lead to a sense of detachment from their healthcare issues— nothing makes sense because of so many opposing opinions. Thankfully, as a Board Certified US physician, I am often seen as “The Guy to see” and I am hopeful we will build a system that helps patients feel confident they are headed in a good direction. When sailing into the wind, a captain will set a diagonal direction that may not be directly where he wants to go but gets him closer. Not having a rudder just gets us beat up by the waves, I think the same is true in healthcare.

- New and Expensive must be best: I'm guessing that there are more cars in the UAE made by Ferrari, Maserati, McLaren and Bentley than nearly anywhere on earth. While 50 years ago tents and camels were the norm, expectations have changed.



In healthcare, this attitude dominates as well. An example would be that before I was hired, there were decisions made to have very expensive robotics devices in our hospital. Many of these expectations are, in my respectful opinion, ignorant and reflect a lack of understanding. After working in PM&R for 30 years, I can tell you that a good therapist is much more important than the equipment they work with.

- Pills: This one runs the spectrum. Some are culturally wary of any medications. Pain killers are very heavily controlled and difficult to prescribe (thankfully, I generally don't use them). Anything that might dull the senses is considered a controlled substance – even medications that I use routinely and have a low risk of this as a side effect are controlled. On the other hand, some individuals have pills as an expectation – one of my first non-English speaking patients complained to the CEO that I took too long with him and didn't even give him a prescription (despite the fact that he never expressed this to the interpreter – see "Smile & Nod" above).

While Western culture has brought some tremendous blessings to the UAE, this "fix it for me" mentality has been an unfortunate negative import.

While I wanted to portray some of the cultural issues in the UAE that limit health care delivery, I hope you have not been left with a negative impression. My wife and I have been thrilled with our adventure here. Just as with people, cultures have their good, their bad, and their ugly parts. I tend to focus on the good while being aware of the not so good.

I have recently been reading *The Book of Joy* by The Dalai Lama and Bishop Desmond Tutu. In it, the bishop repeatedly talks about the importance of forgiving ourselves for our imperfections. This allows us to embrace them and move past them. Perhaps some of you may see parts of the above cultural aspects in yourselves. If so, I hope that you will be able to reinforce the helpful and move past the not so helpful aspects of your personality that might be limiting your healthcare and wellness.

Dr. William DeMayo, MD.
May, 2018

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The Soccer Grandma

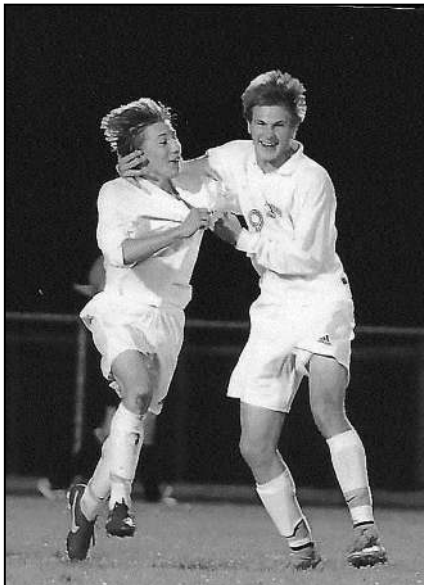
By Kathleen Blair

As I write this column I am enjoying my busiest season of the year – high school soccer from mid-August to early November.

Since Zach played his first McFarland varsity soccer game as a freshman on August 14, 2012, I have missed only 1 or 2 games. Through heat and humidity, mosquitos, wind, rain and cold, this grandmother, with wheelchair parked in front of the bleachers, has become an avid Spartan soccer fan. In those earlier years I didn't understand much about the game, but I knew when the ball hit the back of the net it was time to grip the rail, stand and cheer with the crowd.

As a sophomore, Zach and his team played in the 2013 State Tournament at Uihlein Park in Milwaukee. What a thrill! In my long down coat under a waterproof poncho, I snuggled in my wheelchair gripping an umbrella as rain poured down while the game went on. With uniforms soaked, hair plastered to their heads and faces dripping with water, our boys lost to Ashland in the last few minutes of the game 1-0. Although a bit of a disappointment, both team and fans were proud to have made it to state.

So far 2015 has been my favorite year. Caleb joined his big brother on the team filling the position of center mid while Zach played forward. So exciting to watch my two grandsons running plays, passing the ball to just the right spot, making slide tackles and dancing in celebration after a goal was made.



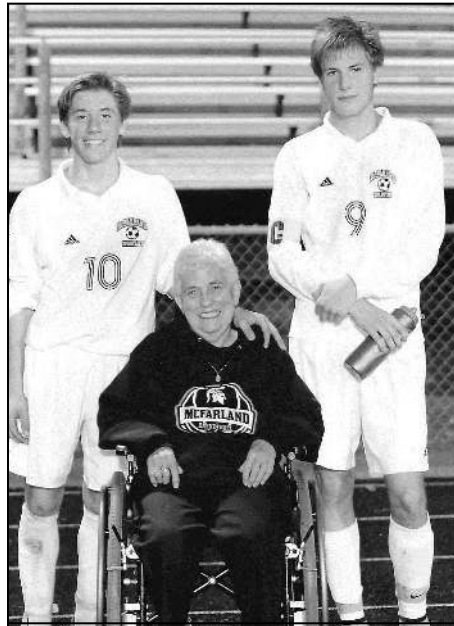
Brothers dance in celebration of a goal.

After all these years I understand the game well enough to recognize good sportsmanship in the "heat of battle", good teamwork and a well-executed play. I also recognize bad calls made by the officials and appreciate the good, well-experience referees who manage to keep on top of the action. But, I don't yell at the refs.

Soccer games are 90 minutes long -- 45 minute halves with a 10 minute break at halftime and no timeouts during play. Substitutions are made quickly when the ball goes out of bounds. In a game with a tough opponent several of the players play the full 45 minute halves with only a minute or two at the sidelines to catch their breath and have a

drink of water or Gatorade. It's fascinating to see them so young, healthy & full of energy.

Both Zach and Caleb have been named to the Rock Valley Conference First Team with Zach receiving honors his senior year for being one of the top scorers in both goals and assists.



Parents' night in 2016. Pam Sam, photographer, graciously included grandparents.

Caleb has been named Rock Valley Soccer Player of the Year in both his sophomore and junior years. During this, his final year of high school soccer, he's playing his heart out and giving his parents, grandmothers and fans lot to cheer about.

After reading this, you may be thinking "that's a big

commitment of energy - 2 or 3 soccer games a week - for a PPS'r." You would be right, but it is worth the effort. These evenings and Saturday afternoons give me something to look forward to, the opportunity to meet and visit with the players' parents and grandparents, breathe fresh air no matter what the temperature, and a block of time to get my mind into an exciting world even while sitting in a wheelchair.

Of course, I have to thank my son, Todd, for managing my wheelchair, getting me to the restroom at halftime and back onto the stands before the second half starts.

Golden Rule of Post Polio Syndrome
"If something you do causes you fatigue, weakness or pain, you shouldn't be doing it!"

This year has brought another bonus: My granddaughter, April Kaiser, who lives in Mosinee, drives the two-plus hours to watch every Saturday game with her three little



April and boys with me on a cold Saturday in 2015.

boys in tow. She loads Tucker (8), Noah (7), and Aiden (3) into the family van, drives to McFarland, Mt. Horeb, or Madison – wherever the game is played – cheers for her cousin (and Godson), Caleb, waits around for however long it takes after the game to congratulate him

and receive a sweaty hug. And then drives home so the boys can sleep in their own beds and be ready for church and other Sunday activities. It’s a joy for me to see so much of my great-grandsons. Last Saturday watching Aiden seemed like watching a monkey in the bleachers.

As I write this column we have 5 more soccer games on our schedule before the conference, regional, and sectional tournaments in October. ***The State Tournament begins November 2nd. Will the Spartans be there???*** ***I certainly hope so, but we’ll just have to wait and see, taking one exciting game at a time.***

In the meantime, as always, I’m preserving the memories in scrapbooks and photobooks for Zach and Caleb.

Their little brother Kaeden (aka Bubba) who loves to play soccer, starts high school in 2019. Now, the big question is: ***At age 82 do I have another four years in me???*** I will try – God willing.

What Did You Miss at the Sept. 8th Madison Area Post Polio Support Group Meeting?

Even though it was a lovely Fall day, the Badgers were playing at home, and there was a myriad of other things to do in Madison, a small group gathered to hear Rob DeLano, Certified Mobility Consultant from GT Mobility & Service, LLC, talk about conversion vans, wheelchairs and other adaptive devices they have available.

GT Mobility is located in Green Bay, Sun Prairie/Madison and Stevens Point and may be found online at: www.gtmobility.com They have new and pre-owned accessible vehicles, adaptive mobility equipment, scooter and stowage lifts as well as rent handicap accessible vans by the day, week or month. You may select from a new: Chrysler, Dodge, Honda or Toyota custom conversion van with multiple seating and ramp options. He also mentioned that all makes of used vehicles are accepted in trade and available for purchase.

The meeting ended in the parking lot so Rob DeLano could point out the assets of the Toyota conversion van he brought to allow people with wheelchairs to try the ramp and everyone could see the interior of the van.

October 24 is World Polio Day

For all of us, Rotary International brings this disease, that we are all so weary of, “front and center” with World Polio Day on October 24th. World Polio Day is One Day with One Focus: Ending Polio.

Share your “polio story” with others. Let family and friends know how important immunization is to prevent another polio epidemic.

Bruno Bytes

Parents' Decision To Not Vaccinate Baby Worries Grandma

(Printed with permission from Ask the Doctors) By Dr. Robert Ashley Aug 15, 2018

Dear Doctor: My son and his wife have a 13-month-old son, born at home, whom they refuse to have vaccinated. In fact, the only time he's seen a doctor was a month ago when he had a bad cold. How can I convince them of the merits of vaccination?

Dear Reader: Our human lives have diverged significantly from that of our ancestors, meaning everyday existence is much more controlled and mechanized than ever before. It is thus understandable to want to live and raise one's children in a more "natural" way — and to have control over our lives when so much is governed by the society around us. This conflict is evidenced by many parents' reaction to vaccine guidelines for children.

Your son and daughter-in-law may feel that these vaccines are harmful and unnecessary. But, if you ask generations who saw the ravages of polio or the infant deaths from pertussis, there would be no question as to the benefits of vaccines.

Consider: Polio: Prior to the development of a vaccine, polio led to thousands of deaths, and even more cases of paralysis, in this country alone. The illness has no cure, so the best option is to be vaccinated. Measles: Before there was a vaccine, more than 90 percent of children acquired measles by the age of 15. In the decade prior to 1967, when the vaccination became widespread, 48,000 children were hospitalized for measles each year, 1,000 developed permanent brain damage and 500 died. Since the vaccine, the number of measles cases has dropped 99 percent. Mumps: Prior to routine vaccination in the late 1960s, this was a common illness, affecting about 186,000 children per year. For most children, it was mild, but if the virus invaded the brain, children could develop irreversible hearing loss. Further, in males, if the virus affected both testes, chronic sterility ensued. Routine vaccination has reduced the incidence of the disease by, again, 99 percent. Rubella (German measles): Prior to widespread vaccination against rubella, a disease transmitted from pregnant woman to fetus, an epidemic in the early to mid-1960s caused 2,100 deaths in utero,

11,250 spontaneous abortions and more than 20,000 babies born with a syndrome that leads to hearing loss, heart disease, vision loss, liver dysfunction and developmental delays. Pertussis: This disease, known as whooping cough, was also devastating, with a high mortality rate.

That's not to say all vaccines are perfect. They can lead to inflammatory reactions, such as hives and breathing problems. But these side effects are rare — and are significantly dwarfed by the benefits of vaccination to the individual and to the general population. There is no evidence that vaccines lead to autism, as many people believe.

Because vaccination has largely eradicated many of the above diseases, an unvaccinated child may have a lower likelihood of getting the illnesses. But the more people refuse vaccination, the greater the risk to individuals and to the public.

I understand that it's difficult for you, knowing that your grandson isn't vaccinated. All you can do is to provide your son and daughter-in-law with the evidence of the benefits of vaccination. It's up to them to make the decision.

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Please remember Easter Seals Wisconsin in your end of year giving.

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Suggestions for speakers, topics, books to read and discuss, etc. are needed. Call or e-mail (see e-mail list) one of the people listed above to suggest program topics or speakers, volunteer to organize one meeting program, share your knowledge (or find an expert) about becoming a non-profit organization or volunteer your talents (financial, organizing, etc.) as a committee member.

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To get your Pacer in color on line, set your email program to always accept messages from mchwgh@gmail.com

Names in bold are new to the list or have an address change. To add your name and/or up-date your e-mail address to this list, notify Marcia Holman at: mchwgh@gmail.com

POST POLIO PACER is a quarterly newsletter published in January, April, July & October for polio survivors, the Madison Area Post Polio Support Group, health care professionals and interested persons to share information and to promote friendships. Articles in this newsletter are for information; medical advice is always necessary.

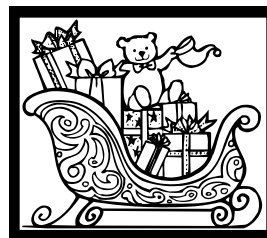
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Disclaimer: The opinions expressed in this publication are those of the individual writers and do not imply endorsement by Easter Seals Wisconsin or the Madison Area Post Polio Support Group.

Time flies when you are having fun—especially if you pace your activities!

Happy Holidays
 Everyone!

From
 Kathleen Blair
 And
 Marcia Holman





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2018 meeting dates:

Nov. 10

No Meeting in January

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<http://www.EasterSealsWisconsin.com>

LOCATION:

Monona Garden Family Restaurant
6501 Bridge Rd., Monona
Noon to 2:30

Nov. 10

**Carissa Peterson, Director of Camp &
 Respite Services, Easter Seals Wis-
 consin, will be our speaker.**

NO MEETING IN JANUARY

