

**Connections • Fall 2025 Newsletter**

**“My daddy wasn't one that tried  
to make no big impressions  
Just one heck of a man that  
worked for what he got.”**

**They Don't Make 'em Like My Daddy  
Loretta Lynn, 1974**

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## Remember When We Only Had to Think About Getting a Flu Shot Every Fall?

- By Marny Eulberg, M.D.

Now there are many other shots that are recommended for adults age 65 and over, but not all of them need to be given every year. The ones that should be given once a year, ideally every fall, are the flu vaccine and a COVID booster. It is hoped that Moderna can get FDA approval for a combination flu-COVID vaccine contained in a single injection in time for this fall's "flu season". Research has shown that the combination vaccine confers about 25% better immunity than receiving each of the components separately. It's currently called RNA-1010 but may go by another brand name when it comes to market.

The other shots recommended for older adults (65 and older) are: Pneumococcal vaccine (of which there are at least 4 different formulations), RSV vaccine, and Pertussis (whooping cough) vaccine that is often combined with vaccines for diphtheria and tetanus.



The various pneumococcal vaccines are often referred to simply as "pneumonia vaccine", but then recipients expect that they will never get any kind of pneumonia. The pneumococcal vaccines decrease a person's risk of developing a pneumonia caused by various pneumococcal bacteria; it cannot prevent viral pneumonias or those caused by germs other than pneumococcus.

The vaccines generally provide protection for 8-10 years, but newer pneumonia vaccines have been developed over the last 20 years that provide additional protection. It can be useful to go through your medical records to document which of the PCV vaccines you may have already received. They are usually written as PCV with a number, such as PCV15 or PCV20, or the brand names (Pneumovax, Prevnar, Capvaxive, Pneumovax, or Vaxneuvance). Your healthcare provider or pharmacist can help guide you whether you need any additional doses and which one may be needed.

*Remember When (continued)*

A single dose of the RSV (respiratory syncytial virus) vaccine is recommended for anyone over age 75 or those age 50 and above with certain medical conditions (chronic heart, lung, kidney, liver neurological, and hematologic diseases). Currently only one vaccine dose is recommended with no boosters recommended.

Pertussis (whooping cough) vaccine is usually combined with the diphtheria/tetanus vaccines. In the past it was only given to young children, but it has been learned that many adults can transmit whooping cough to infants and very young children whose small airways make pertussis particularly dangerous to them. Therefore, the Tdap vaccine is now recommended for pregnant women during each pregnancy, and adults at least once and preferably one dose every 10 years.

***You can have an informed response when someone says, "I thought polio was gone"***

*- By Marny Eulberg, M.D.*

When someone says, "I thought polio was gone," you could respond in several ways. Options to respond with could include, "we didn't all die back during the epidemics of the 1940s and 50s" and/or "We are still Here" (as the annual campaign from Post-Polio Health International reminds everyone!).

But polio is not gone from many developing countries. Here are the statistics as of August 20, 2025 from the Weekly Polio Update Dr. Eulberg sends to about 200 Rotarians in the western U.S. who are involved in ongoing work to eradicate polio.

Human Cases Confirmed	As of 08/20/25	At the same time in	Total	Total	Total	Total	Total
	2025	2024	2024	2023	2022	2021	2020
WPV (Wild Poliovirus)	23	27	99	12	30	6	140
WPV– Afghanistan	2		25	6	2	4	56
WPV-Pakistan	21		74	6	20	1	84
WPV- Other countries	0		0	0	8	1	0
Variant (cVDPV) poliovirus caused cases	125	137	425	539	878	699	1117

Wild poliovirus cases: Afghanistan: 03/09/25; Pakistan: 07/29/25

## Year-End Giving

As many of us know firsthand, aging with polio can bring new and progressive challenges—muscle weakness, fatigue, joint pain, and breathing difficulties. Since the 1980s, CPPO has remained dedicated to providing polio survivors and those living with post-polio syndrome with relevant information, resources and services to utilize to help you manage the effects and maintain quality of life.

However, securing funding to sustain these efforts has become increasingly difficult.

As we wrap up the year, we invite you to consider a donation to CPPO—especially if you’ve found value in our monthly support groups, bi-annual camp, newsletter content, or even the recently distributed Polio Medical Alert Card. Your support ensures these vital programs and services continue.

Thank you for your consideration. It is greatly appreciated.

—Sue Brandon,  
CPPO Advisory Council Chair

## What To Do About Pain?

### Did You Know?

- Look at activity. If pain is from overuse of tissues, adjust activities.
- Use heat and/or ice on painful area(s).
- Massage the area.
- Try warm water therapy.
- Use assistive & adaptive aids to reduce stress on muscles & joints.
- Use topical medications before taking pills, ex. Salon-Pas, Ben-Gay, over-the-counter creams containing Lidocaine 4%, or

- diclofenac (brand name: Voltaren gel).
- Consider trial of CBD (if legal in your state, country, location).
- Use pain medication only as directed by your healthcare provider.

Check out the links below to read this article, dive into other great information in CPPO’s Resource Book, and Polio Health International’s blog post about pain.

[https://post-polio.org/late\\_effect\\_polio/pain/](https://post-polio.org/late_effect_polio/pain/)

[https://post-polio.org/living\\_with\\_polio/pps-pain-and-fatigue/](https://post-polio.org/living_with_polio/pps-pain-and-fatigue/)

## Food for Thought — Should and Selective Neglect

- By Margaret Hinman

I grew up on a family farm in southeastern Montana. This means that I lived in an environment that involved a 24/7, 365 days a year commitment to the care and maintenance of the farm both conceptually and practically. It encompassed what SHOULD be done daily, seasonally and annually, and usually did not allow for traditional weekends off and hardly ever, if ever, vacations.

There are two practices that are part of my father's legacy which I believe apply to those of us who are living with the late effects of polio and normal aging. Our first priority always was to do what we SHOULD to keep the farm in existence and productive. It meant daily caring for animals, doing the seasonal work relating to growing crops, caring for our equipment and property, as well as keeping our home cozy and our family fed. On occasion we discussed what else SHOULD be done around the farm to make things better or at least more convenient, but most of the time the day-to-day needs took priority over doing most of the next levels of SHOULD. We would often finish our discussions by joking that we SHOULD call our home the "Should Ranch," even though we never adopted that name!



Then there was the practice of SELECTIVE NEGLECT. Selective neglect means that whenever possible we CHOOSE WHAT we do or not do, and HOW we do it. It involves conscious, active decision making and follow through and often requires time and research to make the choices. Barring unanticipated circumstances such as illness, injury or disasters, it takes us from being victims to being in control, in charge of our lives. It gives us personal power and the resulting positive feelings that come from having actively made the decisions!

Selective neglect is not just all or nothing! In practicing selective neglect, we evaluate our actions and priorities and ask how necessary it is that WE(I) do whatever we are (I am) now doing or considering. Then, we assess whether to stop doing it altogether or whether we can find alternative ways to do things that are better for our lives.

## *Food for Thought (continued)*

As persons aging with the late effects of polio in addition to normal aging issues, our lives are a constant battle between “should” and “selective neglect.” Our basic SHOULDs are to live safely, keep our health optimal, maintain the necessary basic activities of daily living, i.e., food, clothing, and a warm accessible home, and to participate in enriching activities and to keep in social contact with family and friends.

Specific aging with polio SHOULDs include time and energy management to prevent or minimize fatigue, especially potential muscle fatigue which can recover with rest and with nerve over-use damage which will not recover. And to have help and assistance, including from people and the use of assistive devices.



Another SHOULD that is critical, and is often overlooked or avoided, is to identify possible future circumstances that could impact our lives. These can include health changes, accidents and living conditions not only for us, but for our partners, our caregivers and our loved ones. If we do this before we are blindsided, we can explore how we can address the possibilities and their solutions and what to put into place now.

SHOULDs become nuanced as we age. HOW we adapt to both current and potential changes is a great reason for using the “selective neglect” process. Practicing selective neglect means that we are more in control, knowing that we have made our best, informed decisions. Using selective neglect will hopefully reduce the pressure of dealing with unanticipated circumstances and of others trying to force us into doing what we don’t want to do, whenever possible! And ultimately, we have reason to feel great about ourselves!

Additional thoughts will be addressed in the next issue of The Connections which will focus on the topic of exploring future possibilities!

For now, just some food for thought!

## Mark Your Calendars: Camp 2026—August 7–11!

Colorado Post-Polio is thrilled to announce the dates for next year's camp! But here's the catch: we need at least 25 confirmed participants by February 20, 2026 to make it happen.

Ready to join us?

Send your RSVP to Mitzi, [mtolman@eastersealscolorado.org](mailto:mtolman@eastersealscolorado.org), and follow up by mailing a nonrefundable \$25 commitment fee to secure your spot. This fee helps us confirm attendance and move forward with planning.

Important Note:

Camp will not proceed without the required number of participants. If we don't meet the minimum, the \$25 fee will not be refunded.



## Family Corner — Happy Travels

- By Vicky Eulberg Gopp

As a member of a nomad family that loves to travel, the realization of limited mobility has not been easily accepted. As a child I spent summers and weekends on travel adventures. We went caving, hiking, camping, and did water sports. We explored the mountains and fished the rivers. We were taught to enjoy nature and learn the names of flowers, insects and birds.

I am sure I hopped along as I had a leg brace until I was in the 8<sup>th</sup> grade. From then on, I led the way with a limp. I always was encouraging new adventures and opportunities when I went with friends and married. I was able to push through the fatigue. I have been privileged to plan and share many trips with my children and their families. I think at last count I have traveled 27 countries and 49 states. Visiting National Parks and Monuments are always in the plans.

As I got older, I had to learn to take pain or anti-inflammatory medicine before an activity and not after when my leg was hurting. I started to take the ramp instead of the stairs. Then I started to have hip pain, so I started to look for elevators. I was still working, lifting heavy loads and walking distances.

The last few years at work I was sitting more often if I could and limiting some of my activities. At 65, I was ready to retire from my on-the-feet teaching job and explore the world. I was fortunate to be able to travel our beautiful county and the world. I had a friend tell me we had ten good years after retirement to travel. I was a little put out that COVID took two of those years. I bought a motorhome so that camping was more comfortable. I have traveled as a single and with groups. I found solo traveling hard as you have no one else to see and hear the things you need to know.



## Family Corner (continued)



My favorite trips are river cruises as your meals and tours are planned. However, we had a fabulous road trip in New Zealand planned by Qantas. I have gone from being able to walk everywhere to having to pace myself. I could no longer go on every tour and have to plan rest time. I got good walking shoes with support. I signed up for the slower paced tours. I started using a cane or walking stick. Now I use a walker at times as I cannot walk far and cannot stand for long.

Each adaptation to limited mobility issues comes with an emotional price. Most of us are strong independent people. It is hard medicine to swallow that we may have to give up our mobility or be dependent on others for our needs. With each adaptation it seems like we give up some of our physical and emotional freedom. What I have found is adaptations can be helpful, but also present their own challenges. Canes tend to fall and get in the way. They

make it harder to carry things. A walker is nice for sitting and balance, but must be pushed and does not work on some surfaces. A walker is also hard to transport and keep out of others' way in tight spaces. When you get to a time of needing a mobility device, a decision needs to be made – chair or scooter. Thankfully, there are many varieties of all adaptation devices, but that only complicates your selection.

When I decided on a mobility scooter, I researched online and went to dealers for advice and to try out. I needed one I could lift into my car and transport on planes. The original one I thought I wanted was not the one I purchased because of the weight. With each new device, there is a learning curve. It takes a while to know what switches to turn on and when.



## Family Corner (continued)

Things to remember like the key, to charge the battery, and airport requirements. Having a scooter has allowed me to continue to travel and be part of community events. With my family, I have traveled to Georgia, Florida, New Jersey, Washington, D.C., and Washington state. I know it makes things more difficult for my family, but also makes it so I can be part of their travels. The use of a scooter makes them more aware of ramps, elevators and handicap accessibility.

Traveling with a scooter is interesting as each airline has different rules and agents often do not know what to do. Because of this, I have found each time it is different. Some airlines you leave the battery in and others not! Paperwork can be a challenge as to different requirements. I always check online for requirements so I am ready for problems at the airport.

The nice thing is your scooter can go to the gate and it is shipped FREE. Patience is the GO word as you will load first, but you may not be unloaded until last. Making sure you have everything together for a quick set up is helpful in close quarters.

I have a motorhome that I travel near and far in. My scooter fits in the bin so when I get to my destination, I still have mobility. I look for handicap sites at campgrounds and accessible trails. These things are helpful in setup and ability to enjoy the area. You may not be able to go everywhere anymore, but you can get out, enjoy travel and nature. Many destination's accessibility can be searched online. The United States and Canada have accessibility laws that make travel easier. Some travel companies cater to limited mobility. Do your research and be flexible. A recent trip I took with YMT to France was to be easy, it was NOT.



However, I did what I could and still saw new sights and met lovely people. One app I love is Merlin bird ID so when I am waiting for a group, I can bring up the app and see what birds are in the area as I continue to do my people watching.

Happy Travels. Get out and do what you still can!

*Vicky Eulberg Gopp, polio survivor, polio at 14 months, post-polio diagnosed at age 62. Now age 76 and still learning to adapt and get out there!*



### **CPPPO Resource Book**

Need more info? Check out CPPPO's Resource Book of Articles Related to Polio and Post-Polio Syndrome.

<https://www.easterseals.com/co/shared-components/document-library/post-polio/july-22-resource-book.pdf>

## CPPO "Traveling Post-Polio Clinic" in Grand Junction in September 2025

Dr. Marny Eulberg, Deann Vink, PT, and Mitzi Tolman traveled to Grand Junction September 10-13 as part of the CPPO Traveling Post-Polio Clinic program, which is designed to serve those who would have difficulty traveling to the Denver metro area to see Dr. Eulberg.

Comprehensive evaluations were provided to four polio survivors who had not been seen before and six polio survivors who had been seen at past traveling clinics.

Dr. Eulberg and Deann Vink volunteered their time, with CPPO covering the cost of travel, lodging and meals. Patients were encouraged to donate to CPPO to help defray costs.

The traveling clinics are funded by donations and monetary gifts to CPPO. Each traveling clinic costs approximately \$1,500, and would be a great gift as aging makes travel harder.

The traveling clinic usually happens in the year when there is no Post-Polio Camp.



## **2025 Advisory Council Members**

**Sue Brandon**, *Chairperson*

763.377.2287

suebrandon1950@gmail.com

**Marny Eulberg, MD**, *Medical Advisor*

303.829.1538

marnyeul@me.com

**Mitzi Tolman**, *Colorado Post-Polio Program Coordinator*

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

**Lois Tilley**

303.638.4192

loistilley@live.com

## **2025 Advisory Council Meetings**

Advisory Council meetings are when planning takes place. You are welcome to attend. **Meetings are held quarterly the 4th Wednesday of the month at 4:30 p.m. via Zoom.** If you are interested in attending, please let Mitzi know.

2025 Date: October 22

2026 Dates: January 28, April 22, July 22 and October 28



## Colorado Post-Polio Support Group Schedules

CPPPO encourages you to stay in touch with your facilitator so you are aware of any meeting changes.

### **AURORA (new location in October)**

Meets the 4th Thursday of every month from 11:00 a.m. to 12:30 p.m.

Meeting in-person at Christ the Savior Lutheran Church 1902 S. Nome

Facilitator: Myrna Schmidt, 608.790.5755 or [myrnaschmidt1@yahoo.com](mailto:myrnaschmidt1@yahoo.com)

### **COLORADO SPRINGS (temporary location change)**

Meets the 1st Wednesday of every month from 10:30 a.m. to 12:30 p.m.

Meeting in-person at the Stenson Hill Police Station 4110 Tutt Blvd.

Contact the facilitator for additional information.

Facilitator: Fran Weitzel-Callan 719-460-4764 [franweitzel@comcast.net](mailto:franweitzel@comcast.net)

### **DENVER NORTH**

Meets the 3rd Saturday of every month from 10:00 a.m. to Noon.

Meeting via Zoom.

Facilitator: Jill Eelkema, LCSW, 720.675.9902 or [jille@westerncarepartners.com](mailto:jille@westerncarepartners.com)

### **DENVER SOUTH**

Meets the 1st Tuesday of every month from 11:00 a.m. to 12:45

Meeting via Zoom. Contact [erubin85248@gmail.com](mailto:erubin85248@gmail.com) for the link or contact

[mtolman@eastersealscolorado.org](mailto:mtolman@eastersealscolorado.org)

### **GRAND JUNCTION**

Contact Ron Carlson, 970.640.8052 or [rpcarlson2@gmail.com](mailto:rpcarlson2@gmail.com) for support and information. No group meetings at this time.

### **NORTHERN COLORADO (Fort Collins)**

Meets the 4th Saturday of every month from 10:00 a.m. to Noon.

Facilitator: Peter Way, 970.460.6164 or [NOCOPolio@gmail.com](mailto:NOCOPolio@gmail.com)

### **PUEBLO**

Contact Jill Eelkema, LCSW, 720.675.9902 or [jille@westerncarepartners.com](mailto:jille@westerncarepartners.com) for support and information. No group meetings at this time.

 **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  
940 Wadsworth Blvd, Suite 120,  
Lakewood, CO 80214.  
Memo line: POST-POLIO

**FREE MATTER FOR  
BLIND OR DISABLED**



940 Wadsworth Blvd, Ste 120  
Lakewood, CO 80214



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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](mailto:mtolman@eastersealscolorado.org), or write to: Easterseals Colorado, Attn: Mitzi Tolman - Colorado Post-Polio *Connections*, 940 Wadsworth Blvd, Ste 120 Lakewood, CO 80214.

**If you prefer to receive this newsletter online or need to change your mailing information**, please contact Mitzi Tolman at Easterseals Colorado at 720.940.9291 or [mtolman@eastersealscolorado.org](mailto:mtolman@eastersealscolorado.org).