



PA Polio Survivors Network

Information and Inspiration
for All Polio Survivors and Their Families

Serving the Keystone State and Beyond

www.polionetwork.org

March 2020

Our Mission:

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

Putting Together the Pieces of Polio History

“African-Americans, Polio and Racial Segregation”

Along with the publication of his latest article, we are happy to be featuring the work of Professor Emeritus of History, Polio survivor and

Post-Polio Health International Board Member, [Daniel J. Wilson, PhD](#) on our website.

In our newly revised [Polio History](#) section (polionetwork.org/history)

we have three separate areas, filled with articles, videos and links telling the history of this disabling disease.

Are you a Survivor of both Polio And Cancer ?

There is a new study at Massachusetts General Hospital that you may be interested in. Titled: Exploring Timeliness of Cancer Diagnosis in Persons with Physical Disability, this study is funded by the NIH and is open to anyone in the US. It will be completed through a telephone interview.

“We are interested in learning about the health care experiences of people who have difficulties with walking and who later in life develop certain types of cancer. We are trying to learn whether people who have mobility disability get the services they need and what can be done to make their health care experiences better. We hope that what we learn can lead to ways to improve quality of care for people with disability.”

All cancers, with the exception of Melanoma are eligible.

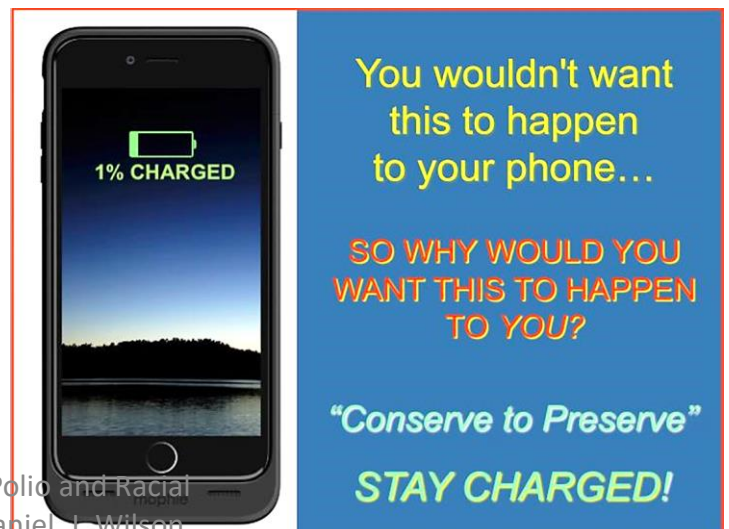
Contact: Nicole Agaronnik nagaronnik@mgh.harvard.edu Phone: (617) 724-0930

A Great Night's Sleep . . . Wouldn't it be Nice ?

As we continue our series talking about your most frequently asked questions, we are happy to bring you a great article and video from AARP and the Mayo Clinic.

You can find access to numerous articles on the topic of “Sleep” on the [Living with Post-Polio Syndrome](#) page of our website.

This graphic by Richard L. Bruno, PhD reminds us that adequate rest is key to going forward with the Late Effects of Polio that so many of us have had to learn to live with. **Let's Stay Charged !**



African-Americans, Polio and Racial Segregation Daniel J. Wilson, PhD www.polionetwork.org

2020



African-Americans, Polio and Racial Segregation

[Daniel J. Wilson, PhD](#)

Putting Together the Pieces of Polio History

Many physicians in the early twentieth century believed that African-Americans were less susceptible to polio, or infantile paralysis as it was then called. They came to this conclusion because they saw fewer Black patients in their practices. Later work by scientists and historians has determined that Blacks were about equally susceptible to polio as whites, and that the differences noted by physicians at the time had more to do with the impact of Jim Crow segregation rather than some biological difference in susceptibility. Before World War II most African-Americans lived in the Jim Crow South where there were fewer polio epidemics. Most polio epidemics in these years occurred in the Northeast and the Midwest which were overwhelmingly white. In addition, because of segregated medical practices and facilities, Blacks were less likely to be treated and much less likely to be treated by white doctors engaged in polio research. There were relatively few Black physicians in this era and almost none participating in polio research.

The medical historian Naomi Rogers noted that in the 1930s the neglect of Black polio patients became “publicly visible and politically embarrassing.” Few facilities in the segregated nation treated Black patients and few Black physicians and physical therapists were available to provide treatment. The result was that most Black polio patients received no care or substandard care. This situation became politically embarrassing in connection with the polio rehabilitation center Franklin D. Roosevelt had established in Warm Springs, Georgia, in the heart of the Jim Crow South. Although African-Americans contributed substantial funds to the President’s Birthday Ball campaigns that funded Warm Springs, they were not admitted as patients to the facility. During and after Roosevelt’s 1936 campaign for re-election, Black leaders publicly protested this injustice.

According to letters in the Roosevelt Library from Basil O’Connor, the head of the March of Dimes, to President Roosevelt, O’Connor took up the issues of black exclusion from Warm Springs in spring 1937. After soliciting advice from the Warm Springs Board of Trustees and from Henry Hooper, the administrator of Warm Springs, O’Connor informed the President the facility did not and would not admit Blacks as patients. In the mid-1930s all of the patients, medical staff, and administrators at Warm Springs were white. However, 43 of the 93 employees were African-American. The Black employees were restricted to service roles such as maids, waiters, push boys (who moved patients around the facility), laundry workers, janitors, and groundskeepers. A letter from Henry Hooper to O’Connor put the case against Black patients at Warm Springs. Hooper assumed that to admit Black patients would require Warm Springs to maintain racial segregation. Accordingly, admitting Black patients would require building a separate cottage to house 8-10 patients and a separate pool in which they could receive the hydrotherapy that was key to the Warm Springs treatment. A separate pool alone would cost



Margaret Bourke-White: Unpublished photo from the Warm Springs series, 1938



White guests and black waiters at Warm Springs dining room, c. 1950. Source: March of Dimes Archives, White Plains, NY.

some \$3,000 (\$53,000 in 2020). They would also require separate African-American staff including a graduate nurse, an attendant, a physical therapist, an automobile driver, a maid, and a cook. Hooper also noted that Black graduate nurses and physical therapists were almost nonexistent. Other factors arguing against Black admissions included the fact that many Black patients had received inadequate care in the early stages of their illness and thus were unlikely to benefit from the kinds of therapy that Warm Springs offered. Hooper also worried that poor Black families would be unable to provide proper care after patients were discharged from Warm Springs. Finally, there was the matter of cost. Warm Springs patients were expected to pay for their care and Hooper argued that most Black families would be unable to pay for their child's care at Warm Springs. He assumed that most would be charity cases and Warm Springs would have to assume the cost. He estimated that caring for 8 patients a year would cost the facility about \$18,000 (\$320,000 in 2020). Such a sum would only add to the annual deficit and detract from the already existing programs for white



James Clark Allen, March of Dimes poster child, 1955. Courtesy of March of Dimes

patients. Hooper suggested that a better solution would be for the March of Dimes to establish a segregated rehabilitation facility for Blacks at a Black institution.

In passing Hooper's recommendations to the President, O'Connor commented that it was his understanding that Blacks were less susceptible to the disease than whites, implying that they thus needed less care. He also complained that the objections to the absence of Black patients at Warm Springs came largely from what he called "professional colored promoters" and "sob-sisters connected with institutions such as Teachers College at Columbia University." In another letter to the President, O'Connor endorsed Hooper's suggestion of establishing "relations with an institution already equipped for the care of colored people."

To his credit, O'Connor did move relatively quickly to provide funds for a facility to treat Black polio patients with the most up to date methods. In 1939 he announced that the March of Dimes would provide \$161,350 (\$2,864,000 in 2020) to create a modern rehabilitation facility for Blacks at the nearby Tuskegee Institute in Alabama. This was a college and trade school for African-Americans established by Booker T. Washington following the Civil War and the end of slavery. This facility would provide care for Black patients as well as training in polio treatment for Black physicians, nurses, and physical therapists. The Tuskegee facility opened in January 1941. Once opened, it clearly provided the best polio care available to Black patients in the segregated South, but the overall number of patients treated there was relatively small. For one thing, it was difficult for many Black families to transport their children long distances to Tuskegee and to pay for their care once there. In an interesting side note, O'Connor in the 1940s became president of the Tuskegee Institute Board of Trustees.



In 1939, the National Foundation for Infantile Paralysis supplied funding for a center at Tuskegee Institute in Alabama, where black patients could go for treatment. Courtesy of March of Dimes and National Museum of American History

An exception to the segregation of polio treatment in the South occurred in Texas. Texas generally practiced racial segregation, but somewhat less rigidly than other states. In 1941 citizens and physicians in Gonzales, Texas, east of San Antonio, established a polio rehabilitation facility modeled on the

Georgia Warm Springs facility which they called the Gonzales Warm Springs Foundation. Unlike their Georgia counterpart, the Gonzales facility admitted white, black, and Latino patients equally. According to historian Heather Wooten, the Gonzales institution was the only racially integrated rehabilitation in the nation at its founding. At least two other Texas institutions that treated polio patients in the 1940s were also racially integrated. The Texas Scottish Rite Hospital for Crippled Children in Dallas and the Jefferson Davis Hospital in Houston had integrated polio wards for children. Ironically, the Jefferson Davis Hospital was named for the president of the Confederacy. When the March of Dimes established the



A second grade girl receives a poliomyelitis vaccination during the 1954 field trial in Laurel, Miss. Source: Winifred Moncrief Collection

Southwestern Poliomyelitis Respiratory Center at Jefferson Davis Hospital in 1950 it admitted polio Black, White, and Latino patients, adults as well as children. These centers were established across the nation to centralize the treatment of polio patients in iron lungs and were the precursors of intensive care units. Wooten speculates that Texas was more accepting of racially integrated polio facilities because of the complex racial mixture of White, Black, and Latino in the state and because the facilities were not tied to the political fortunes of a president who needed the support of racist Southern white Democrats.

The rigid racial segregation of polio patients began to break down during the 1940s. During the massive 1944 polio epidemic in Hickory, North Carolina, the March of Dimes established a polio hospital that was racially integrated. By 1945 at least some Black children were being treated at Warm Springs. In the mid-

1940s, the March of Dimes hired an African-American, Charles H. Bynum, to coordinate the organization's inter-racial activities. Bynum pushed the organization to include Blacks not only on the fundraising side, but also to ensure that they had access to the treatments funded by the March of Dimes. When the March of Dimes supported the 1954 trial of the Salk polio vaccine, Black children were included in the trial. However, there were still inequalities. In some Southern cities where the Salk shots were given in school auditoriums, black children were forced to take their shots on the front lawn since they were not allowed into the white school buildings. Blacks were also included in the Sabin vaccine campaigns in the early 1960s.

Although it is clear that polio was no respecter of artificial racial distinctions, it is also clear that African-American children and adults who contracted polio in the first half to the twentieth century received inferior care in both the acute and rehabilitative phases of their disease. Black hospitals were almost always inferior in both the facility itself and in the physicians and nurses who provided the care. There were simply not enough well-trained Black medical personnel to provide the necessary care. Black polio patients in northern cities were more likely to receive better care, but even here they might be confined to segregated wards in white hospitals. The situation began to improve only when Black leaders and physicians publicized the inequities and embarrassed the March of Dimes, which provided much of the funding for polio care and treatment from 1940 to 1955, into moving to provide access to up to date care and treatment.



March of Dimes official Charles H. Bynum accepting a check from Mrs. J.A. Jackson, secretary of the Grand Chapter of the Order of the Eastern Star of VA, 1955.

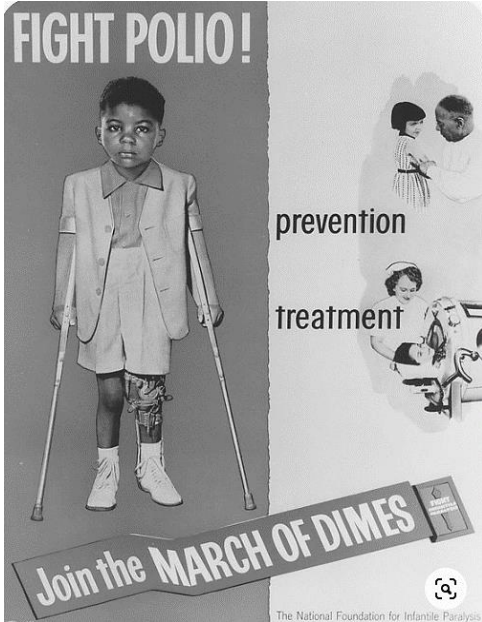
Source: Afro-American Newspaper Archives and Research Center, Baltimore, Md.

(*Note: See Article Resource References next page)

[Daniel J. Wilson, PhD](#)

***Note on Sources:** The Basil O'Connor letters to President Roosevelt are in the Roosevelt Presidential Library in Hyde Park, New York. On Georgia Warm Springs, see Naomi Rogers, "Race and the Politics of Polio: Warm Springs, Tuskegee, and the March of Dimes," *American Journal of Public Health*, Vol. 97, No. 5, May 2007 (The article is available through Google at Tuskegee polio.). For polio in Texas see, Heather Green Wooten, *Polio Years in Texas: Battling a Terrifying Unknown*, Texas A & M University Press, 2009

Additional Historical Photos of African-American Polio Survivors



James Clark Allen, March of Dimes poster child, 1955. Courtesy of March of Dimes



Rose Marie Waters and Linda Brown, March of Dimes poster children, 1949. Courtesy of March of Dimes



March of Dimes Polio Posters .. "brown March of Dimes poster children 1949" Courtesy of March of Dimes



FDR greets a "guest" at Warm Springs will the black cook looks on. Courtesy: The Polio Crusade (PBS)



Nurse Grace Kyler working with polio victims at the FAMU Hospital in Tallahassee, 1953. Tallahassee Democrat Collection



**We are more grateful than ever
for your kind words and generous donations.**

We seek to be a resource for information that can serve *all* polio survivors and their families.

Our 2019 Contributors and In Memoriam celebrants are listed on the [donations](#) page of our website.



11 Sleep Hacks That Really Work

[From AARP - HEALTH & WELL BEING](#)



NIGHT MAY BE THE MOST IMPORTANT PART OF YOUR DAY

It's a fact. Most Americans of all ages don't get enough sleep. As young adults, sleep loses out to studying, working late or partying 'til the wee hours.

As we age, our sleep may be disrupted by anxiety, physical discomfort, or needing to use the bathroom more frequently.

The consequences of insufficient sleep are many. Poor sleep impacts our mood and mental health, our ability to learn, to do our jobs well, and may even put us in physical danger (think drowsy driving). Long term sleep deprivation also contributes to myriad health problems including increased risk for obesity, heart disease, diabetes and dementia. And it's not just under-sleeping that causes trouble. Studies have shown that people who regularly sleep more than nine hours each day are at increased risk for serious health issues, too.

Plan Ahead For A Better Night's Sleep

Most sleep experts agree on the same basic principles that can help promote better sleep.

If you find that you're sleeping less, or less well than you'd like, try some of these recommendations from the National Sleep Foundation, Mayo Clinic, and other healthcare organizations.

Create Your Own Personal Sleep Schedule

The recommended amount of sleep for a healthy adult is at least seven hours, and no more than nine. Try to get to bed at the same time each night – even on weekends – and get up at the same time, too. If you need to make an adjustment on the weekend, try to vary your schedule by no more than an hour on either end.

Make Your Bedroom More Sleep-friendly

Keep your bedroom at 60 to 67 degrees for the optimal sleeping temperature. Invest in a better pillow if yours is less supportive or comfortable than you'd like. Pay attention to noise, and use ear plugs or a white noise machine (or phone app) to block out noise from adjoining rooms or snoring.

EASE YOUR WAY IN TO SLEEP WITH A BEDTIME ROUTINE

Take a warm bath, lower the lights, massage your hands and feet, or listen to relaxing music. Setting the mood for sleep should help you fall asleep more quickly and sleep more soundly

Avoid Napping, Especially Late In The Day

If you must take a nap, limit your nap time to 30 minutes.

Get Some Exercise Every Day, Preferably Early In The Day

And if you can get outside to walk or bike – even better *. Our natural body clock or Circadian rhythm is influenced by bright light, and sunlight is a powerful signal to the brain that it's time to wake up. On the flip side, bright light and vigorous activity in the evening may make it difficult to wind down before bed. Easy stretching in low light is more conducive to sleep.

Turn Off The TV, Phone, Tablet, And Other Electronics

As noted above, light is a wakeup call to the brain, and the light emitted by electronic devices is particularly bright and strong. Even e-readers can make it more difficult to fall asleep. If you like to read before bed, you may want to opt for a book instead.

Keep Track Of Your Sleep

If you're accustomed to tracking your fitness and food intake, and your fitness tracker has a sleep diary feature, be sure to use it to track the amount and quality of your sleep. If you

Continued . . .

Sleep (continued . . .)

notice a pattern of poor sleep, review the list above to see if there are any lifestyle changes you can make to help you sleep better.

Steer Clear Of Alcohol, Cigarettes, Caffeine and Big, Spicy Meals Near Bedtime

All of these “sleep stealers” can negatively impact your ability to fall asleep and stay asleep.

- Alcohol may help you feel more relaxed, but once it’s been processed by the body, it has the opposite effect, and can make you wake up again.
- Cigarettes and caffeine are stimulants and tend to wake us up, rather than calming us down. You should try to avoid any caffeinated drinks for a full eight hours before bedtime.
- Spicy foods and large portions can lead to heartburn, especially if you lie down after eating. Enjoy small portions at dinner, and if you’re hungry before bed, have just a small snack.

Don’t Carry Your Cares To Bed

Got a lot on your mind? Most of us do, and some people have a very difficult time sleeping when they’re particularly busy or worried. If you wake up at night, start thinking, and can’t get back to sleep, get up and write down what’s on your mind before heading back to bed. Better yet, be proactive! If you have a busy day coming up, make a list of tasks to get them out of your head. If you’re worried about something in particular, write down a plan of action that you can deal with during daylight.

Aging Can Affect The Quality Of Your Sleep. Take Steps To Help You Sleep Better.

Our sleep patterns tend to change as we age, and there’s not much we can do about it.

The video about Aging and Sleep (polionetwork.org/living-with-post-polio-syndrome) includes valuable information that may help.

Finally, these additional suggestions from Mayo Clinic may also help improve your sleep quality.

- Review medications and supplements with your doctor to see if any could be affecting your sleep.
- Stop drinking fluids within two hours of bedtime to minimize trips to the bathroom.
- If pain keeps you awake at night, talk to your doctor about taking an over-the-counter pain medication before bed. Gentle stretching before bed may also ease joint pain that sometimes disrupts sleep.
- Try taking 1-2 milligrams of melatonin in sustained release tablet form about two hours before bed.

Be sure to speak with your doctor before starting or stopping any medication or supplement.

Source: <https://blog.aarpmedicaresupplement.com/11-sleep-hacks-that-really-work>

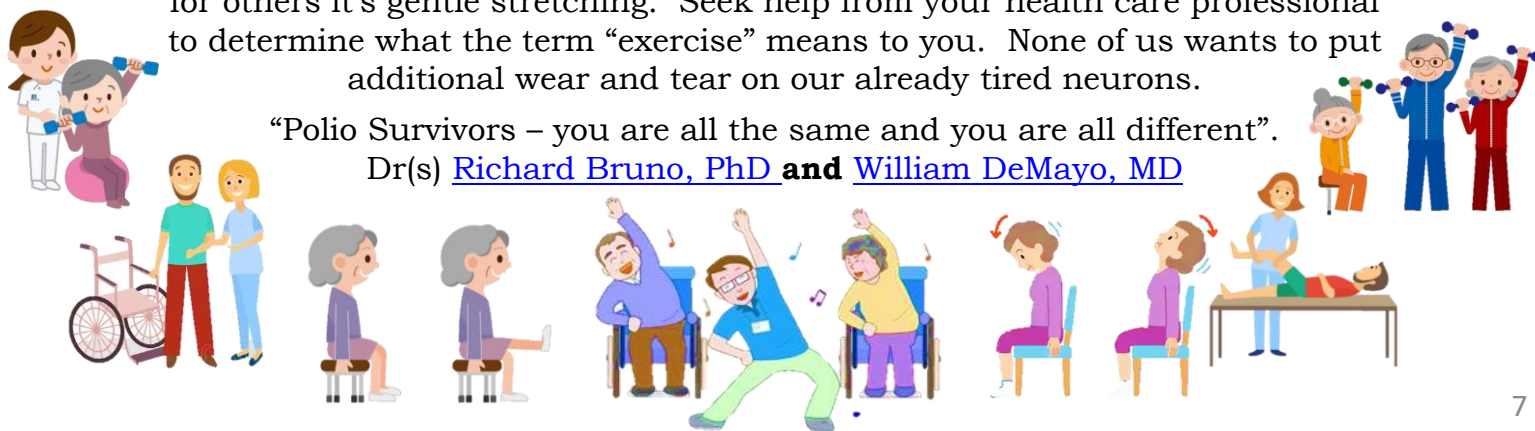
On the topic of “Exercise” as it refers to Polio Survivors

*Editor’s Note: The above article refers to the importance of exercising each day. It also refers to “gentle stretching in low light” being conducive to sleep.

All Polio Survivors have a different definition to the word “exercise”. For some it’s bike riding for others it’s gentle stretching. Seek help from your health care professional to determine what the term “exercise” means to you. None of us wants to put additional wear and tear on our already tired neurons.

“Polio Survivors – you are all the same and you are all different”.

Dr(s) [Richard Bruno, PhD](#) and [William DeMayo, MD](#)





A Little St. Patrick's Day Humor – Top ‘O the Morning to YA

Q. Why can't you borrow money from a leprechaun?

A. Because they are always a little short!

Q. What sits outside all year long and is Irish?

A. Paddy O'furniture.

Q. Why did the leprechaun cross the road?

A. To get to the pot of gold.

Q. What do you get if you cross poison ivy with a four leaf clover?

A. A rash of good luck!

Q. When does the leprechaun cross the road?

A. When it's green!

Q. How do you know when an Irish person is happy?

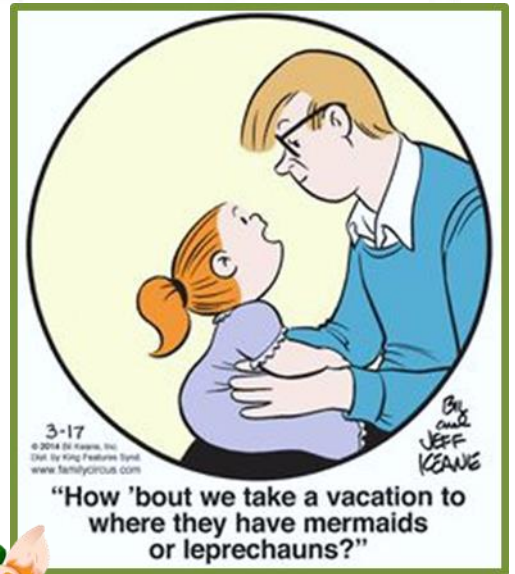
A. When they are Dublin over with laughter!

Q. Why can't you borrow money from a leprechaun?

A. Because they are always a little short!

Q. Why do people wear shamrocks on St. Patrick's Day?

A. Real rocks would be too heavy!



Thanks to our Sources: www.squiglyshouse.com/JokesAndRiddles/StPatricksDay



Always feel free to contact us.

Unless noted with the article, feel free to copy and share what you see. Always give credit to the original source, include a visible, working link to our website: www.polionetwork.org and email us a copy of what you “share”. THANKS.



Contact us: Email: info@polionetwork.org Phone: 215-858-4643

PO Box 557, Doylestown, Pa. 18901

We are a Registered 501C3 organization