2. ... protracted pain to a mere touch is not found in poliomyelitis but is common in GBS. MY OBSERVATION TO THIS REPLY: Dr. Goldman's statement shows that he has likely never talked to an actual polio survivor. I know several who had pain, a few with what they described as severe pain.

3. The duration of the progression of his paralysis and the symmetric descending pattern of the recovery from the paralysis is very atypical for poliomyelitis and typical of GBS. MY OBSERVATION TO THIS REPLY: This statement indicates that Dr. Goldman, and the other authors, were not really knowledgeable about Roosevelt's paralysis. Most people, including these authors, think that it was only Roosevelt's legs that were affected. If you look at films of him in the 1940s you can see evidence of upper body weakness. This weakness even affects his ability to raise his right arm above his shoulder.

4. If the disease was poliomyelitis, the absence of a pre-paralytic phase of the disease and nuchal (neck) rigidity would have been exceedingly rare. MY OBSERVATION TO THIS REPLY: Again, this exhibits a profound lack of understanding about the wide variety of polio symptoms.

5. You commented upon a few adult patients with laboratory confirmed poliomyelitis. It would necessary to know whether or not the poliovirus was detected in those cases. If the virus was detected, the cases should have been reported in a peer-reviewed journal. If the diagnosis depended upon findings in the CSF, it would be essential to know when during the course of the disease that that CSF was obtained for the studies. The classical findings in paralytic poliomyelitis (a rise in leukocytes and a normal concentration of protein) only hold for the first few days after the onset of the paralysis. Afterwards, the findings overlap a great deal with GBS and are no longer useful in the diagnosis. MY OBSERVATION TO THIS REPLY: Dr. Goldman's reply to my statement about older adults with polio indicates to me that he either didn't read my statement, or thinks I am uninformed (or lying). I told him of several older adults who were laboratory confirmed as having polio. He replied that, "It would necessary to know whether or not the poliovirus was detected in those cases." I had just told him of these adults, and stated that they were all laboratory confirmed with polio! He then wrote, "If the virus was detected, the cases should have been reported in a peer-reviewed journal." To me, this proves that the authors know very little about polio. Older adults with polio is not the common perception, hence "infantile paralysis," but it is not a rarity. Why would it need to be "reported in a peer reviewed journal."?

As proof of this, I have copied part of an article from the CDC: "On May 8, 2006, a man aged <u>39 years</u> from the Hardap (Namibia) region, approximately 400 km southeast of the capital city of Windhoek, was admitted to a Windhoek hospital after onset of AFP two days earlier. On June 5, the Regional Reference Poliovirus Laboratory at the National Institute of Communicable Diseases in South Africa reported isolation of Wild Polio Virus, Type 1 in the patient's stool specimens."

And, from a June 2013 report of new polio cases in Somalia, a country that was previously "polio free," I have copied this quote, "Polio has returned to Somalia after more than six years and now threatens not only our children but anyone who has not been vaccinated," said President Hassan. "This is why we will be vaccinating everyone in Banadir, <u>mothers</u>, <u>fathers</u>, teenagers and <u>elders</u> as well as children. I call on the entire community to support this important health campaign. The vaccine is safe and effective and I will take it to ensure that I am protected."