

POLIO



POST

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You may visit our website at www.postpolionetwork.ca or email us at postpolionetwork@gmail.com

President's Report February, 2016

HAPPY NEW YEAR! Welcome to the first Post Polio Network's newsletter of 2016.

We had a great time at our holiday party this year. We enjoyed a get together at Katherine Friesen Centre; wonderful music by Walle Larsson, one of Winnipeg's finest saxophone jazz musicians; a great lunch; a gift exchange; and lots of fun with great people.

We had a successful Grey Cup fundraising event. Thanks to everyone who purchased and sold pool tickets. Let's give a special thanks to Linda and those who helped her out with this endeavor.

The Post Polio Network works and thrives because of our volunteers. This year we desperately need volunteers so that we can continue to be a thriving network. There are positions on the executive committee up for re-election, President and Treasurer; we need committee chairs/coordinators for Funding, Publicity, Telephone and Privacy Committees. We have included an insert with the newsletter for you to consider nominations. We appreciate and need your help.

The Annual General Meeting will be held this year on March 29, 2016 at the Katherine Friesen Centre at 1:00 p.m. Please mark your calendars.

We are so pleased to announce that for our April 26th meeting, the MLA for Ft. Richmond, Kerri Irvin-Ross will be our speaker. Ms. Irvin-Ross is currently the Minister of Family Services and Minister in support of people with Disabilities. She will be pleased to answer any questions on seniors, health, disability, access, and barrier-free access.

Membership fees were due on January 1, 2016. If by chance you haven't mailed in your membership, please do as soon as you can. See the back page of this newsletter.

Looking forward to see everyone at the AGM on March 29th. Keep warm!!!

Do you have an interesting story to tell? Or do you know any good jokes, inspirational or humorous quotes or poems? Then you are invited to email them to: postpolionetwork@gmail.com or mail them to: Post-Polio Network (Manitoba) Inc. C/O SMD Self-Help Clearinghouse 825 Sherbrook Winnipeg, MB, R3A 1M5

A Short Story of a Long Life

by Les Green

I was born in 1926. I started school, was a Cub and a Scout, had a CCM bicycle, a paper beat, and in the summer went swimming in the muddy old Assiniboine River.

After a trip to Winnipeg in 1940, in sweltering heat and biting mosquitoes, I somehow became exhausted. My lethargy did not go away, and I developed a beastly headache so that all I wanted to do was lie with a newspaper over my eyes. The doctor was a bit non-committal about the symptoms, so he took me to the hospital for a spinal tap (*ouch!*), and to my poor Mom's dread, it was INFANTILE PARALYSIS.....

Soon the headache started to clear, but now it was my legs. Coming down the stairs, my head and hands said "go", but my feet were still up on the landing. So it was into bed with Mom waiting on me hand-and-foot. The only remedy was for Mom to massage my leg with olive oil to keep it supple. In time I was able to be up-and-about, listening to soap serials, reading on the veranda, slipping on the ice, and using a crutch and then a cane. School was out of the question.

By January 1941, the Winnipeg Children's Hospital had room for me. The epidemic of the last year had taxed facilities to the limit, with throat and lung patients considered more serious than me. So, for the next three months, they treated me as Sister Kenny had directed, with HOT steamy fomentations on my leg and back and shoulder. Oh, that thin mattress on top of a solid board was truly hard! The daily physiotherapy sessions were a bit discouraging, with those no-longer-working muscles not obeying orders.

After three months, I was sent home with a list of strengthening exercises. With a cane strapped on my CCM, I was ready to meet the world, and started back to school in the fall. Everyone was quite supportive, and I even learned a few dance steps before I graduated in 1944.

In my first job I was able to sit most of the time. Taking a business course that prepared me for a forty three year career in the insurance business, again in line with my physical capabilities. My first car was a bit of a challenge, having to push the clutch pedal with my weak leg, and I was so thankful for later automatic models.

It was in 1949 that I got married and we had three fine children. We bought an "old" house which required me to learn a lot of building skills, and I became involved in the Scouting movement and in my church. Life went on quite happily with me limping along, only restricted by the limits of my "gamey" leg and hip and tiring back.

By 1990, I noticed that I could not do any more heavy lifting. Was it Post-Polio Syndrome or just approaching old age? Then my wife passed on, leaving me to learn how to cook for the first time! I solved that by going down the aisle again. Luckily I acquired the chance to write a weekly column in our local paper, which for the past twenty-five years has kept my mind active at least. It has also kept me in contact with the world out there.

So here it is 2016; I am alone again, doing my own cooking, and writing on the computer. I have left the house and found a ground floor apartment with nice neighbors. I don't walk much now, but can still drive a car and use a scooter, walker and cane when needed. I will be NINETY next month. Who would have thought it? Experts say that I likely caught the polio virus from the waters of the Assiniboine River. *Now they tell me.....*

Do I have Post-Polio ?

by Roger Currie

My story begins in 1953 when I was five years old. I had a brother who was almost six years older, and our parents were desperately worried. Polio was sweeping across a large part of the world, leaving thousands of people paralysed or worse. The vaccine developed by Jonas Salk was about to become the game-changer in the fight against polio, but in 1953 it was only available from a handful of private providers at a cost about \$100 a shot. Luckily, our family had the financial means, and my brother, David and I were vaccinated.

My mother had been stricken with polio as a young girl, when it was still called infantile paralysis. She made a full recovery, but as I'll detail later, the disease made a strong 'comeback' in her later life. Perhaps it was her heightened awareness that prepared her for protecting her two boys. Mother was firmly convinced that both of us had been exposed to the virus before we were vaccinated. In the years that followed, she swore that we avoided the dire consequences because she dosed us heavily with castor oil no less. We'll never know for sure, but it's one of many reasons that I'm thankful to have been blessed with such wonderful parents.

Life moved on and further vaccinations took place during my school years, including the Sabin vaccine that was taken orally. I enjoyed a healthy adolescence with no physical limitations. In high school, I was a starting lineman at Kelvin, who were Manitoba high school football champions in 1964.

Back to mother's experience... In her late 60's she developed significant mobility issues, including some debilitating pain in both legs. By her late 70's, she was using a walker inside her home and I pushed her in a wheelchair when she went out. Several different doctors came up with different diagnoses. Only one that I can recall referenced the possibility that her difficulty was Post-Polio Syndrome. Mom died in 1995, one month shy of her 83rd birthday. By then, she had been taking morphine sulphate for the pain in her legs. Eventually, she was carefully weaned off that strongly addictive prescription, and she experienced some symptoms of narcotic withdrawal. The Post-Polio diagnosis was never followed up by anyone .

About five years after mom's death, when I was in my early 50's, my legs began to give me trouble. In the 15 years since then, there has been a gradual deterioration of mobility, although not much in the way of debilitating pain. For a long time, I thought it was primarily knee joints that were failing. Shortly before my 60th birthday, I had both knees 'scoped'. It's minor arthroscopic surgery that cleans out bone chips and other debris in the joint. It afforded some relief, and by then I was seen as a good candidate for bilateral knee replacement. In 2013, when I was 65, I had the left knee replaced at Grace Hospital in Winnipeg. In retrospect, I really wished that I hadn't bothered.

The left knee joint is not any worse, but it also is not significantly better. I still struggle climbing stairs, and I still don't suffer terrible pain in the joint. I don't believe that surgery was the answer for me, and I won't be getting the right knee done.

Within the past year, my wife and I have been aquasizing three times a week at North Centennial Pool in Winnipeg. We both find it wonderfully relaxing to be able to exercise in water, but it has also coincided with a new round of leg problems for me. My hamstrings and glute muscles are frequently stiff and sore. At times I must rely heavily on a cane to get around, and it definitely seems to be worse in cold weather. The legs seem generally weak, although the knees don't pose any particular problem at all.

Especially since being a guest speaker at a meeting last year of the Post-Polio Network and chatting with a number of people, I can't help wondering if this is indeed the source of my difficulties.

Roger Currie is a Winnipeg writer and broadcaster. He is heard regularly on CJNU, 93.7 FM, where he serves as news director.

Karl D. Surber's Story

Age 15, 1954, I entered Antelope Valley High School in Lancaster, CA., 10 miles south of our home in Palmdale. It was on my second day of school that I feel ill (which was not unusual) and a few days later I began to experience significant weakness in my legs.

The following Saturday, my folks got our family doctor to drop by the house. I was now in pain and having trouble breathing. After a brief assessment he phoned for an ambulance which felt more like a badly sprung lumber truck. It was an 80 mile trip to LA County Hospital. My parents were present as I underwent examination, including a spinal tap which confirmed the doctor's suspicions. They gave me a tracheotomy and placed an iron lung outside the room. I was fed liquids and soft foods through a tube that went up my nose and down my throat. Around midnight the doctor told my parents that they had done all they could. The next morning dad announced from the pulpit that I was hospitalized with Polio. While at LA County Hospital I was treated with hot wool packs several times per day. Being allergic to wool, I had to have cotton blankets placed between my skin and the wool.

I spent 23 days at LA County Hospital in the Communicable Disease ward before being sent to the California Rehabilitation Centre in Santa Monica. The doctor advised my parents that I was old enough to be put on the eighteen-bed men's ward rather than on the children's ward.

The physiotherapist's routine alternated every other day, first starting at my head and neck, assisting with my exercise as far down my body as I could manage. The next day she started at my feet and ankles, working as far up as she could go. I was so weak that I could only do a half hour session each day, but during those 2 days my whole body got exercise. Shortly thereafter, they started me on the Tilt Table to get me standing again. This was an exceedingly painful process as they strapped me on and tilted it as close to vertical as they could until my pain and nausea reached their limits. Soon after they started me on Tanks & Stretch, a process of soaking in a tank of water reading 102 – 104 deg. Fahrenheit and then was stretching my leg and back muscles as far as possible. I did not deal with pain very well, and saw all of the above as forms of horrible torture. In addition, other forms of physical therapy continued for ten months at the CRC.

We were provided with a teacher to help us keep up with our schooling. I completed a half year of English and a full year of History. I got full credit for Phys. Ed as my therapy was seen as a full requirement. I was at CRC for so long because it was an 80 mile trip home which I could only make on occasional weekends. In August 1955, after 10 months at CRC, I went home starting a routine of therapy at home and learning to drive. My father bought me a 1946 Oldsmobile with automatic transmission as I couldn't handle a clutch with my weak left leg. I had therapy each morning for the next two years. Then by the third year, I completed 4 hours of classes in the afternoon. The next year I continued with therapy in the mornings, taking 5 classes in the afternoons. By adding summer school I managed to graduate the year after that, and in my senior year I attended a full day doing some exercises before and after school, and using Kenny Sticks all through High School. For those not familiar with the term "Kenny Sticks", they were crutches cut off at the elbows with a leather cuff attached.

At age 19, summer of '58, I had a semi-stabilization procedure on my left ankle, therefore did not have to wear a leg brace for years, and after the surgery I had no assistive devices whatsoever. My daily exercising was so successful that I worked in the funeral business doing a lot of heavy lifting; spent one summer working for an uncle's business with oil and auto parts, lifting 50 pound cases of oil, then worked in the food service industry while completing my Theology course at San Francisco Theological Seminary in San Anselmo, California.

In 1973, I was ordained by de Cristo Presbytery, Synod of the South West of the United Presbyterian Church in the USA. I then moved to Canada serving in six pastoral charges in Saskatchewan, Manitoba and Alberta through the United Church of Canada. In 1994 I went on disability with Post-Polio Syndrome and other health issues. I still do some exercises and help with household chores. It takes longer to get up in the morning and longer to go to bed at night. I have been a member of the Post-Polio Awareness & Support Society of BC for a number of years, attending one of their symposiums in 2006. I have been a current active member of the Post-Polio Network of Manitoba, attending most meetings since I moved to Winnipeg in 2003.

POLIOMYELITIS

A Little History 1789-2016

from: Cathy Gulli: Macleans magazine: January 4, 2016

Poliomyelitis was first described in 1789 as “debility of the lower extremities” by Michael Underwood, a British pediatrician and obstetrician. But the disease had probably existed for centuries, as Biblical stories and Egyptian carvings of the lame suggest. By 1840, Jakob vonHeine, a German orthopedist, distinguished the disease from other paralyzing conditions, and correctly theorized that polio was contagious. Swedish pediatrician Karl Oskar Medin noted the disease’s tendency to attack infants. Over the next 50 years, as outbreaks blighted Europe and North America, scientists unravelled the mystery of “the Crippler”. Poliovirus was identified as the culprit. At worst, it kills patients by paralyzing their respiratory muscles; some survivors are left with weak limbs. By the 1930s, medical authorities were at a loss for how to treat the thousands stricken with each epidemic.

Our intervention prevailed: the iron lung, terrifying to see, all the more so to occupy, this negative pressure ventilator looked like a metal coffin but was, in fact, the only way many polio patients stayed alive. Children who had never been separated from their parents lived inside the iron lung for weeks or more, even years. So it was extraordinary when, in 1948, Americans, John Enders, Thomas Weller and Frederick Robbins grew poliovirus in living cells, earning them the Nobel Prize in Medicine. This led another American, Jonas Salk, to develop the first vaccine against polio in 1955.

The human cost of polio was peaking in North America just before Salk’s discovery. In 1952, there were more than 21,000 paralytic cases in the States. The next year, Canada saw 9,000, including 500 deaths. Among the ill were Neil Young and Joni Mitchell, then aged five and nine, respectively, who overcame polio to become music icons. Both Paul Martin Sr. and Jr. had it. The proliferation of polio was eventually, and ironically, blamed on improved sanitary standards: less frequent exposure to the poliovirus, which is transmitted between humans via the fecal-oral route, compromised the body’s natural immunity-boosting ability. The vaccine reversed that, and by the late 60’s and 70’s, the disease was practically eliminated in many industrialized nations.

But now polio was surfacing in the developing world. By 1988, there were 350,000 cases of polio worldwide – and more than 1,000 children were paralyzed every day. That year, the World Health Organization launched the Global Polio Eradication Initiative (GPEI) to obliterate the disease by 2000.

On December 2, 2015, the GPEI weekly update provided the clearest hope for the eradication of polio: In 2015, 60 cases have been reported in two countries (Pakistan and Afghanistan) – compared to 316 cases from nine countries last year. “Wild poliovirus transmission is at the lowest levels ever, with fewer cases reported from fewer areas of fewer countries than ever before”. Two hundred and twenty-six years since it was first described, polio itself has been crippled.



**PEOPLE TRANSPORTED IN WHEELCHAIRS WILL BE SAFER
UNDER NEW LEGISLATION COMING INTO EFFECT TODAY: MINISTER ASHTON**

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**Amendments to the Highway Traffic Act Include
Enhanced Requirements for Wheelchair Vehicle Restraints**

Wheelchair passengers will be safer during transportation under changes to the Highway Traffic Act that came into effect today, Infrastructure and Transportation Minister Steve Ashton has announced.

“This legislation enhances the safety of people transported in wheelchairs with restraint systems that are comparable to the seating and seatbelt requirements for passengers in regular vehicle seats,” said Minister Ashton. “Wheelchair passengers need to be safe and secure, and the amendments will help ensure their safety.”

The amendments ensure people being transported in wheelchairs are using mobility aid securement and occupant restraint (MASOR) systems, prohibiting drivers from driving unless every wheelchair occupied by a person in a motor vehicle is properly secured and every person occupying a wheelchair in a motor vehicle is properly restrained by an occupant restraint system.

Supporting provincial regulations will:

- prescribe equipment standards for MASOR systems;
- exempt certain classes of people and vehicles from the new legislative requirements including drivers of personal vehicles and drivers of regular or scheduled service municipal transit buses; and
- require vehicles that transport people in wheelchairs including school buses and vehicles operated by handi-transit services, accessible taxi services, community care homes and health-care facilities to be equipped with MASOR systems that meet the standards unless exempt in the regulation.

Good News Story of 2015 from Bill Gates

Africa went a year without any polio

On July 24, Nigeria marked one full year without a single new case of locally acquired polio, the crippling and sometimes fatal disease. It is the last country in Africa to stop transmission of wild polio. This milestone represents a huge victory – one that some experts feared would never come. It required mapping every settlement in the north of the country, counting all the children in every house, delivering oral polio vaccine several times a year, working with hundreds of thousands of traditional leaders and community mobilizers, and operating in areas dominated by extremist groups. Nigeria’s efforts show that smart strategies can work even under the most difficult conditions.

When the global campaign to eradicate polio began in 1988, polio was endemic in 125 countries. The list is now down to just two: Afghanistan and Pakistan. We’ve come more than 99 percent of the way to eradication. I am confident we can finish the job.

ACCESSIBILITY CONCERNS AT LEGISLATURE

Government eyes renovations to open wheelchair routes.

(Steve Lambert, Winnipeg Free Press, Jan. 2016)

The government is looking at long-term alterations, but also short-term fixes that will be in place after the April 19 provincial election. One challenge is the legislature is classified as a heritage building and changes are not supposed to deter from its historical appearance.

Planning has been under way for more than a year. The government has brought in advisers from the disabled community and from Winnipeg City Hall to help. Ramps could be installed, although finding an area without a steep slope is a challenge. A motorized lift is another option, although that could require cutting into some of the chamber's marble and need approval from the Heritage Department.

For decades, people in wheelchairs had to enter the building through a side door because the main entrance was atop a long staircase. In 2007, a large ramp with lighting, rails and heated concrete was built in front of the main entrance. The ramp got approval from heritage officials because, in part, it used the same Tyndall stone as the legislature.

SENIORS RESOURCE NETWORK

The Seniors Resource Network supports Age Friendly Manitoba led by the Seniors & Healthy / Aging Secretariat. The Centre on Aging at the University of Manitoba is conducting the Age-Friendly Communities Research Alliance. This project supports seniors in leading active, socially engaged, independent lives that contribute to healthy aging. The goal of Age-Friendly Manitoba Initiative is simple: to make Manitoba the most age-friendly province in Canada.

The Seniors Resource Network (SRN) is a project of Creative Retirement and Manitoba E-Association
Website: www.seniorsresourcenetwork@hotmail.com

HELP

The Post Polio Network (Mb) survives because of our volunteers. We need volunteers willing to give the Network a few hours of their time every month and to provide their experience to the board.

Please consider forwarding your name (or a friend, a family member) to join Post Polio Network (Mb)'s Board of Directors. We need committee chairs/coordinators for Fund- ing, Publicity, Telephone and Privacy Committees.

In March 2016, the President and the Treasurer positions are up for election. Please nominate people for these positions!!!

Contact us by:

Telephone: 204 975-3037 (leave message)

or Email: postpolionetwork@gmail.com

or Mail: Post Polio Network (Mb)

825 Sherbrook Street, Winnipeg, Mb R3A 1M5

Names for Board of Director Committee Chairs:

Nominations for President and Treasurer:

Membership Alert

Our Post-Polio memberships were due January 2016. Please check the front of your newsletter envelope. If the date is 2016 – your membership is due.

Membership Application Form



Name: _____

Address: _____

City: _____ **Province:** _____

Postal Code: _____

Telephone: _____ **E-mail:** _____

Please check one or more of the following options:

New Membership - \$15/year

Membership Renewal - \$15/year

I wish to make a charitable donation of \$

(Tax deductible receipt will be issued.)

Please make cheque payable to:

Post- Polio Network Mb. Inc. and mail application form and cheque to:

Post-Polio Network, 825 Sherbrook St., Wpg. Mb. R3A 1M5

For further information please phone 204-975-3037

Post-Polio Network's Privacy Policy

The Post-Polio Network (Manitoba) Inc. respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information provided will be used to deliver services and to keep you informed and up to date on the activities of the Post-Polio Network (Manitoba) Inc.

You may visit our website at:

www.postpolionetwork.ca or email us at postpolionetwork@gmail.com