POLIO POST

POST-POLIO
NETWORK
MANITOBA

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

President's Report September, 2016

Hope that everyone had a great summer. Fall is my favourite time of the year and so I'm looking forward to the next couple of months. There are three events left for the Post Polio Network for 2016; the September and October General Meetings and the November Winter Holiday Celebration Luncheon. This is also the last newsletter of 2016; the year is certainly flying by.

Our June Summer Celebration Lunch was a success. There were 47 attendees and 6 people went home with great door prizes. The food was good; but, the company was better.

The Health Research Branch of the Health Science Centre has recently published an information booklet titled, "It's a Fact: Better Income Can Lead to Better Health". Although the booklet was designed for distribution to doctors and health professionals, the information is beneficial to all. The information provides access to financial resources that many are entitled to. The program can be found on the internet at www.go.mb.ca/health/primarycare/providers/povertytool.html. Assistance with the information can be obtained through SMD's Access to Benefits program contact, Zanna Joyce (**email:** zjoyce@smd.mb.ca or ***tele:*** 204 975-3130).

HSC Wellness Expo "Wellness is a Lifestyle" will be held at Canad Inn, 700 William Ave., on Oct 20th and admission is free.

Please help us out with our major fund raising event of the year - selling GREY CUP POOL TICKETS. If you would like tickets, please call Doug at 1-204-345-9029. Much thanks for your help.

We would like to update our database so if you have a new address or telephone number in the past two years, would you please forward it to us. The address is: Post Polio Network (Manitoba), 825 Sherbrook St, Winnipeg. MB R3A 1M5

The Post Polio Network is ***your network*** and we need help. **Board members are needed**; please consider volunteering or asking a friend or family member to volunteer.

Don't forget that membership fees are due January, 2017.
Please forward as soon as you can.

STATUS OF POLIO GLOBALLY July 2016

Excerpt from the POLIO GLOBAL ERADICATION INITIATIVE website.

Wild poliovirus type 1 and Circulating vaccine-derived poliovirus cases

Total cases	Year-to-date 2016		Year-to-date 2015		Total in 2015	
	WPV	**cVDPV**	**WPV**	**cVDPV**	**WPV**	**cVDPV**
Globally	21	3	37	12	74	32
- in endemic countries	19	0	37	3	74	3
- in non-endemic countries	2	3	0	9	0	29

Case breakdown by country

Countries	Year-to-date 2016		Year-to-date 2015		Total in 2015		Onset of paralysis of most recent case	
	WPV	**cVDPV**	**WPV**	**cVDPV**	**WPV**	**cVDPV**	**WPV**	**cVDPV**
Afghanistan	6	0	8	0	20	0	29-May-16	NA
Pakistan	13	0	29	2	54	2	18-Jun-16	09-Feb-15
Guinea	0	0	0	0	0	7	NA	01-Dec-15
Lao Pepople's Democratic Republic	0	3	0	0	0	8	NA	11-Jan-16
Madagascar	0	0	0	9	0	10	NA	22-Aug-15
Myanmar	0	0	0	0	0	2	NA	05-Oct-15
Nigeria	2	0	0	1	0	1	13-Jul-16	16-May-15

NA: onset of paralysis in most recent case is prior to 2015. Figures exclude non-AFP sources. Madagascar, Ukraine and Lao PDR cVDPV1, all others cVDPV2. cVDPV definition: see document "Reporting and classification of vaccine-derived polioviruses" at http://www.polioeradication.org/Portals/0/Document/Resources/VDPV_ReportingClassification.pdf. Implementation as of 15 August 2015.

Chronic Illness

Excerpt from:
https://arthritisashley.com/2015/02/28/life-isnt-fair-finding-gratitude-through-the-grief-of-chronic-illness

People with Chronic Pain and Illness want everyone in their lives to know these important things about them.

If you are seeing this and are a family member or friend of a person who is ill,
you must be pretty important.

Don't be upset if I seem on edge. I do the best I can every day to be "normal". I'm exhausted and sometimes I snap.

I find it very hard to concentrate at times for a lot of reasons. Pain, drugs, lack of sleep.. I'm sorry if I lose focus.

Letting my loved ones and friends down by cancelling plans is heartbreaking to me. I want more than anything to be as active as you and do the things I used to do.

My health can change daily. Sometimes hourly. Here are a lot of reasons this happens. Weather, stress, flare-ups. I can assure you that I hate it just as much as you do.

I don't like to whine. I don't like to complain. Sometimes I just need to vent. When this happens, I'm not asking for pity or attention—just an ear to bend and a hand to hold.

During rough times, I find it hard to describe how bad it is. When I say "I'm fine" and you know I'm not, it's ok to ask questions. Just be prepared if the floodgates open because "I'm fine" is often times code for "I'm trying to hold it together, but having a rough time. I'm on edge."

If I'm hurting bad enough to tell you about it without being asked, please know that it is REALLY bad.

When you reach out to me with suggestions to help me feel better, I know that you mean well. If it was as simple as popping a new pill, eating differently, or trying a different doctor, I've most likely already tried it and was disappointed.

All I truly want from you is friendship, love, support and understanding. It means everything to me.

When someone gives me pep talk, I understand the sentiment. Chronic illness doesn't just go away. I wish it did too! I appreciate to wanting the best for me.

It hurts worse than you could possible imagine when I'm thought of as lazy, unreliable or selfish. Nothing is further from the truth.

I do a lot of silly things to distract myself because any part of my life not consumed with pain is a good part.

The simplest tasks can easily drain me. Please know that I do the best that I can every day with what I have.

Come to me with any questions you may have about my condition. I love you and would much rather tell you about this face to face without judgement.

Thank you for caring enough to read this.

Near Death To An Angel For Polio Survivors

Ten year old Agnes Hall was on her way home from Sunday school in the small community of Minitonas, MB. Agnes had done something during Sunday school that resulted in a reprimand from the teacher. One of Agnes' sisters was always the first one out the door to beat everyone home. Agnes was running full tilt, concentrating on getting home before her sister could tell on her. As Agnes crossed the highway she was hit by a truck driven by a local Forest Ranger. The impact tossed her the distance between two telephone posts. Passing neighbours rushed an unconscious Agnes to the hospital in Swan River where she was diagnosed with a broken knee, a broken hip and the back of her head cut open. No one could believe that she lived. Approximately 15 years later another of her sisters, Joan, was training as a nurse at the Health Sciences Centre. The patients in one room were asking where she lived as she said she was off home. The next morning one of the men was gone. The other men said to Joan, "You got hit by a truck when you were a little girl." Joan said, "No, that was my sister, but how do you know?" They said that the man who was no longer in their room was the man who hit her sister, a Forest Ranger from Minitonas.

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Two of Agnes' older sisters worked at the Municipal Hospitals during the devastating flood of April 21, 1950. The Red River had risen to a disastrous level, immersing two and half square miles of the city under water that didn't subside until June 1st.

Nurses had to travel from the residence to the hospital in row boats. Lenore worked in housekeeping and Helen worked as a telephone operator, both at the King Edward Hospital.

Nine years after her brush with death, Agnes' story comes full circle, and right into the aftermath of the Polio Epidemic in 1955. A friend of Lenore's and Helen's lived on Fisher Street, walking distance to the hospital, so they asked if their younger sister, Agnes could room with them as she had just been hired as a ward aide at the King George. After one day of training, she learned how to handle and care for the Polio survivors: washing faces and hands, brushing teeth and shaving (as she would be working mostly with the men). There were two young women from Virden, MB on that ward, but she didn't work with them. Another crucial part of their training was to experience the insides and workings of an iron lung. Nobody wanted to volunteer for that, but Agnes eventually gave in and agreed to do it. She described the rubber collar that the patient's head was squeezed through, the way the machine moved the body up and down, and reported how frightening and claustrophobic the whole experience was.

Some specific duties and experiences that Agnes recalled were:

- ❖ Setting the speed on "rocking beds"; standing guard to make sure the patient was okay.
- ❖ A Polio survivor from the US came home to Winnipeg. He taught many patients about "Frog Breathing". Prior to learning this new technique of taking in extra air, most of the men spoke very slowly and laboriously, or not at all. Once they got the hang of it, they communicated more freely, and had fun with it. Agnes recalled how that some days it did sound like a bunch of frogs in a pond!
- ❖ One evening shift, a couple of patients were brought in from Brandon to be put into iron lungs. It wasn't long until they wouldn't let anyone else besides Agnes and her coworkers put them in the iron lungs and take them out. The girls knew how irritated and raw the patient's skin became from rubbing on the insides of the machine, so they devised padding as buffers at all pressure points which kept the men comfortable all night long.


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One man, Mike Gennick (in the photo with Agnes at bottom of page 4) wouldn’t let anyone touch him for any reason. All the other guys on the ward laughed and teased her, knowing how stubborn Mike was. “He won’t let you do anything!” Agnes was soft spoken and gentle so Mike soon learned to trust her to comb his hair and shave his face. Mike’s wife and young daughter visited often and remarked how well Agnes had taken care of him.

Other men in the photo, all patients of Agnes’ are L to R: Lee Mason, Alex Simpson, Burt Burman, Bill Williamson (physical therapist), Jim McLeish, Mike Gennick, Art Archibald. Bill is showing them how to play the game Curl-Away created by Paul Sigurdson in separate photo (at right).

PAUL SIGURDSON
. . . happy with new game

- Agnes had to walk the tunnels from the King George to the Princess Elizabeth hospitals to take the men for their physio therapy which included hot foments – a hot, damp woolen material which was placed on the muscles to loosen them up.
- It was a bit eerie walking through the older tunnel from the King George as they had to pass the morgue. Once they got into the newer part of the tunnel going into the Princess Elizabeth, it was much brighter with a smoother floor and painted walls.
- Another task for Agnes and her co-workers was to stand guard while each man was strapped to a large upright wooden table standing outside their rooms. Assisted by big, burly orderlies, the men were strapped on, and left there until they couldn’t stand any longer. The girls’ job was to stand beside them and make sure they didn’t fall. The purpose of this therapy was to help the men breathe easier.
- One of Agnes’ favourite tasks was to take the patients out for a fresh air stroll on the hospital grounds – a relaxing treat for all.
- Just last year Agnes saw a newspaper article about David Borthistle turning 80, and realized that they had been the same age when he was one of her patients in 1955.
- To-date, David is the sole Polio survivor from the 1953 epidemic still residing at Riverview Health Centre here in Winnipeg.

As I write this, I am reminded how blessed I am to be a Polio survivor myself, and even though having been totally paralyzed and in an iron lung for three weeks and given those smelly hot foments at age four, I didn’t have to endure what those men did.

I am more vividly reminded what a blessing Agnes was to those patients as for the two years (1955 – 1957) that she worked there, she displayed compassion and caring with the gentleness of an angel. There were many such angels during those traumatic years, and our gratitude goes out to them all. We would not be the survivors that we are today without those unconditional helping hands.

Agnes still has that gift as she often helps and encourages other tenants and their families. As we started chatting about our lives and getting to know each other as neighbours, our stories converged, forming a kinship that no one could have imagined.

\- Written by Kathryn Harper
Polio Survivor & Post-Polio Network Member
...and friend of Agnes Giesbrecht (nee Hall)

Sleep Apnea

From Post Polio Health International
Excerpt from the Handbook on the Late Effects of Poliomyelitis for Physicians and Survivors©

Defined as the lack of breathing through the nose and mouth for at least ten seconds, sleep apnea can be obstructive or central or mixed. Obstructive sleep apnea (OSA) occurs when tissues in the throat collapse and block airflow in and out of the lungs during sleep, although efforts to breathe continue. Central apnea occurs when the brain fails to send appropriate signals to the body to initiate breathing. There is neither airflow nor chest wall movement. Central sleep apnea is uncommon, and when present, is often associated with severe heart failure or the result of a stroke.

Many polio survivors have abnormal breathing during sleep, including both OSA and hypoventilation. OSA is probably more severe in polio survivors than in people without other medical problems. OSA also was found to be more common in obese survivors with normal lung function, whereas hypoventilation was found to be more common in those survivors with scoliosis, restrictive lung function, and a history of diffuse neurological problems during the acute phase of polio (Hsu & Staats, 1998).

Sleep apnea is diagnosed by polysomnography in an overnight sleep study, generally performed in a sleep laboratory by experienced technicians. The test monitors sleep stages, eye movements, snoring, airflow at the nose and mouth, heartbeat, chest wall breathing motion, and oxygen saturation. Oxygen saturation can be monitored easily in the home by nocturnal oximetry and serves as an adequate screen for severe OSA.

Medical treatment of OSA includes weight loss if obese, relief of nasal obstruction if present, avoidance of alcohol and sedative drugs, and sleep positioning on one's stomach or side instead of back. If apnea is more severe (15 to 20 apneas per hour of sleep or more), nocturnal noninvasive ventilation, such as nasal continuous positive airway pressure (CPAP) or bi-level pressure support, is often prescribed. The upper airway in OSA is most vulnerable to closure during REM sleep (Ellis et al., 1987), and CPAP gently "splints" the airway open and stabilizes it. Obstructed breathing during sleep is relieved as long as nocturnal ventilation is used. Upper airway surgery to remove excessive tissue in the tonsils and soft palate areas, known as uvulopalatopharyngoplasty, is more effective to eliminate snoring than to cure apnea, but it is inadvisable in polio survivors who depend upon frog breathing (Alba, 1985).

Oh, the pity of old age.

When I went to lunch today, I noticed an old man sitting on a park bench sobbing his eyes out. I stopped and asked him what was wrong.

He said, "I have a 22 year old wife at home. She rubs my back every morning and then gets up and makes me pancakes, sausage, fresh fruit and freshly ground coffee."

I said, "Well, why are you crying?"

He said, "She makes me homemade soup for lunch and my favourite brownies, cleans the house and then watches sports TV with me for the rest of the afternoon."

I said, "So, why are you crying?"

He said, "For dinner she makes me a gourmet meal with wine and my favourite dessert and then makes love with me until the wee hours"

I said, "Well, then why in the world would you be crying?"

He said, "I can't remember where I live!"

This and That

FYI

The following excerpts are from an article in the May 2016 Polio Regina Newsletter:

Preventing Falls

The following are excerpts from the Canadian Physiotherapy Association

More than 1 in 3 elderly Canadians (ages 50 and older) fall each year. It is estimated that 50% of those who fall will suffer moderate to severe injuries such as sprains, hip fractures, or head traumas that can permanently reduce their mobility and independence.

Tips to reduce the risk of falling:

- **wear a good pair of lace-up shoes that will support your feet and provide necessary cushioning for you joints**
- **use aids for walking, balancing, hearing and seeing**
- **sit rather than stand while dressing**
- **when moving from lying to sitting, wait 10 seconds before rising**
- **install handrails and grab-bars in the stairways and bathroom**
- **make sure stairways are well lit, install a night light at the top of the stairs**
- **immediately wipe up any spills**
- **avoid taking unnecessary risks like standing on furniture, use a sturdy stepladder or ask for help**
- **plant both feet securely on the ground before getting out of the car**
- **put every day items on a shelf at eye level**
- **manage medication properly**
- **be mindful around pets.**

UPCOMING

GENERAL MEETINGS

POST-POLIO NETWORK MANITOBA

at the

The Katherine Friesen Centre
940 Notre Dame Ave

Sept 27th, 2016 between 1:00 & 2:30 pm
Speaker: Ms. Katherine Nelson
from "Age and Opportunity"
Topic: Elder Abuse

Oct 25th, 2016 between 1:00 & 2:30 pm
Speaker: Bonnie Hopps
Topic: The Benefits of Aquacise and Ai-Chi

Lunch and coffee will be served !

Winter Holiday Celebration

Date: Nov. 29, 2016
11:30 am till 2:00 pm
Place: Masonic Memorial Temple
420 Corydon Ave., Winnipeg
Catered by: "The Butler Did it"
Further information to follow

FOR SALE

1. Transport Chair
2. Portable Oxygen Concentrator
3. Outside Porch Lift

If anyone is interested please call Joan.
Phone 204-237-4741.

Do you have an interesting story to tell?
Or do you know any good jokes, inspirational or humourous 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

If you would like to help the Post Polio Network with fund-raising by selling **GREYCUP POOL TICKETS**

contact Doug Mihalyk at **1-204-345-9029**

POST-POLIO
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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

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