

POLIO



POST

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President's Report November, 2009

It has been a busy summer and fall since I last spoke to you and as you know we have just held a very successful Post Polio Network Conference.

We had wonderful speakers, a great lunch and a terrific day. I would like to thank our excellent presenters Ramesh Ferris, Ron Jersak and Bonnie Hopps. I extend my thanks and appreciations to the organizing committee who made this conference possible and were always there to support each other as we moved from an idea to reality. Your group of representatives were tireless in their efforts to make the 2009 conference a memorable success. Thanks again for your hard work, ideas and patience.

But as we complete one organizational event we are busy completing another with our Grey Cup fundraiser spearheaded by Doug Mihalyk and a band of volunteers across the province. Yes, the Grey Cup is just around the corner and the sale of tickets and the proceeds we derive from their sales help keep our organization with funds to continue our work. Speaking of work, we are busy putting on the finishing touches on our annual Christmas get together which will be held at the Holiday Inn South, on Dec 1st, 2009.. Albert has done a wonderful job of getting things organized and the meal will be terrific. We look forward to seeing you and enjoying a good time.

With all the excitement and concern around the H1N1 virus, the 'pandemic' as it is being referred to, I am reminded of the Polio Epidemics which we lived through and experienced. I am struck that a preventive vaccine can be made in a matter of six months to prevent life threatening illness when in the 40's and 50's years of work were consumed before Jonas Salk's breakthrough and medicine was available to inoculate people against this most crippling of diseases. As Ramesh reminded us, we must not forget that Polio still exists in third world countries – *it is not eradicated.*

(President's Report Continued)

On September 29th we had a speaker, Tina Holland, from the Mood Disorder Association of Manitoba who spoke on the topic of depression and Bipolar illness. We are all too aware that depression is common with Polio people. We were all very interested in the topic and she has offered to come and speak to us again.

"I wish you all a happy, healthy and peaceful holiday season!"

~ Charlene Craig ~

Conference 2009 Memories

"Building Better Tomorrows: Living Healthier Lives"



Justin Swandel, Deputy Mayor of the City of Winnipeg, opened our conference with greetings from the city



Ron Jersak delivers the opening speech of the conference



Organizers extraordinaire, Albert, Doug and Cheryl

Bob McAuley writes:

It is with great honor that I wish to give a big thanks to the executive of the Post Polio Network for their tireless work in making our conference such a big success.

Our president Charlene Craig was able to acquire a lineup of wonderful and informative speakers that kept us interested and gave us much to think about.

The successful event was made possible by the many hours spent by the executive members collecting all the items for the door prizes and the silent auction. These include Doug Mihalyk, Cheryl Currie, David Morrison, Estelle Boissonneault, Albert Patenaude, Alice Regey and Charlene Craig.

We know that many hours were spent in meetings, on the phones and in arranging the hotel and meals as well as setting up and welcoming us to this conference and we want them to know that it was greatly appreciated by those in attendance.



Bonnie educates and entertains the participants



Participants listen intently

"The secret of a good sermon is to have a good beginning and a good ending; and to have the two as close together as possible." ~George Burns~

Conference 2009 Keynote Speaker *Ramesh Ferris*

(Article scanned from the Winnipeg Free Press)

<http://winnipeg.can.newsmemory.com/cebraw>

Polio an active, debilitating disease Millions of children still at risk of paralysis

by Eva Cohen

AN CANADIAN polio survivor was in Winnipeg on Tuesday to remind people the disease is not just one from the past.

"Most people I meet think polio is a disease that only old, grey-haired people have," said Ramesh Ferris. "But here I am, I'm 29 and I'm living with the effects of it. I encourage the local Manitoba government to find unique ways to educate people about polio, and for the province's residents to get immunized. We need to get the message out."

Ferris was in Winnipeg as the keynote speaker for Post-Polio Network Manitoba's triennial conference. Organizers of the Building Better Tomorrows: Living Healthier Lives conference were delighted Ferris could fly in from the Yukon to make his address.

"Ferris is an amazing speaker and we are so happy he was able to come to this conference," said Charlene Craig, president of Post-Polio Network Manitoba. "Everyone here is coping with the effects of post-polio syndrome and we all have an interesting story."

Ferris was born in India and contracted polio at the age of six months. His birth mother put him up for adoption and, after a struggle to allow him into the country due to the medical costs his condition would incur, in 1982 Ferris became the first international adoption in the Yukon.

In 2002 Ferris garnered international attention by returning to India to promote awareness about the disease. Despite common perceptions in developed countries, polio is still an active debilitating disease in Nigeria, India, Pakistan and Afghanistan. Canada has seen prevention since the polio vaccine was created in 1955, but still 11 per cent of the national population is not immunized. Ferris says this is due to a number of reasons including lack of education about the realities of polio as a disease that has not been fully eradicated, as well as religious beliefs and decisions based on misinformation.

"There was a false medical study conducted that linked instances of autism to polio vaccination," said Ferris. "This has been proven untrue and the reality is that without continued efforts to eradicate the polio virus, the World Health Organization estimates that 10 million children will become paralyzed by it in rehabilitation. The Cycle to Walk campaign raised over \$310,000.

Since 1988, Canada has contributed \$331 million toward polio eradication and education. Ferris said he had the opportunity to meet with Prime Minister Stephen Harper last week and thank him for Canada's continued support.

eva.cohen@freepress.mb.ca

Revised by TEJANVIA

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*Key note Speaker, Ramesh Ferris,
carries the 2010 Olympic Torch*



*A great ambassador
for Polio awareness*

“That Dreaded Word!”

His Name Wasn't Freddie.

Let me tell you about Freddie. That's not his real name, but some will likely remember him as I do. Now Freddie was lame. He could not run and jump and climb trees like the other boys could, for as an infant, he had a bout with that dreadful malady called “infantile paralysis”.

As I recall, one of his legs was a lot shorter than the other, with the result that he had to wear a heavy thick boot on one foot. And every once in a while, we caught a glimpse of the shiny steel brace that his poor leg needed for support.

Now, Freddie was a fighter. He stomped along, trying to keep up with the other boys as best he could. And if someone would give him a ride “on the bar” he would go swimming with his friends out at The River. We all liked him but were secretly glad that we had not caught the bug as he had.

Getting Close to Home

It was an afternoon in the late summer, and having delivered my papers and swum all afternoon with The Gang, that I suddenly got this awful headache, and my usual run-up- and-down-the-stairs routine became somewhat of a stumble. All I wanted to do was lie on the couch, to be left alone in my misery, and not even answer the call to supper.” I had better call the doctor”, said my worried Mom.

In those days of 1941, doctors made house calls, all hours of the day and night. So the good doctor was soon at my couch-side, giving me a check over and Mom some suggestions on how to make me comfortable. Next morning, he bundled me off to the local hospital for what they called a “spinal tap”.

Once home, I recall so well the doctor looking at my Mom in the eye and pronouncing those dreaded words “INFANTILE PARALYSIS”! Poor Mom. What thoughts must have crossed her mind. A crippled son – what kind of a life would he have? Would he need an iron lung of which we were hearing so much of? Would he ever get married and give her some grandchildren? Mom bravely carried on and looked after me as best she knew how, something I blessed her for as long as she lived. I don't know if the word “polio” would have been more acceptable, for it had not come into general use at that fateful time.

And Freddie? He disappeared from school early, though I did hear that he had found a career in bookkeeping. But that was a long time ago....

Some Compensations

Now, having polio in 1941 had certain paybacks, if one looked for them. Of course, one had to realize there was not much one could do about other than one's daily exercises, putting up with Sister Kenny's sizzling fomentations, and graduating from a crutch to a cane to a limp. God seemed to say, “that's all for now, so get on with it”.

So here are a few thoughts along this line of reasoning:

- Being off my feet, I found my fingers allowed me to build wonderful models, and still do today.
- Not being able to walk home from school for noon lunch, I met a whole new group of country kids as we opened our lunch bags together. Many are still friends.
- Stay home from school dances? Not me, for I became a disk jockey.. Big Band era too!
- Regrettably, I could not enlist along with my buddies, many of whom never came home.
- With no future on my feet, I took a business course, with typing very much an asset in the computer age.
- How could I be so lucky as to have two wives – both nurses? And six grandchildren.
- One last word on Freddie- he got a ride to The River, while the rest of us had to pedal those two miles, often against the wind.

Written by Les Green, Portage la Prairie

A member of the Network requested we address this issue as a group, with our government. We hope to have a positive response.

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Honourable Gregory F Selinger
Minister of Finance
Government of Manitoba

Dear Minister;

On behalf of the Post Polio Network (MB) Inc., we are asking that you review and change your policy that forbids the tax deduction of massage therapy expenses that we as polio survivors pay out of our own pockets. We work hard to stay healthy and mobile and additionally try not to burden our families or the health care system. Massage therapy has demonstrated results, is of immense benefit to individuals and is recommended by the medical profession.

We question why we can't use our receipts for this therapeutic relief. We understand that British Columbia, Ontario, and Newfoundland allow for such deductions, but as we point out Manitoba does not.

Living healthy lives is our wish and our costs of accessing services would be reduced if a deduction were allowed. We look forward to a favourable response from your department.

Your Sincerely

Charlene Craig
President, Post Polio Network (MB) Inc

cc. Honourable Theresa Oswald

Certainty? In this world nothing is certain but death and taxes. ~ Benjamin Franklin ~

Doctors are critical to Disability Tax Credit claims

David Christianson, BA, CFP, R.F.P., TEP
"Dollars and Sense"

Two weeks ago, we ran a column about the Disability Tax Credit ("DTC"), called "the disability amount" on your income tax return.

Many Canadian taxpayers who qualify for this credit are not receiving it. As factors, we identified the complexity of the form and the fact that many people who might qualify don't think of themselves as "disabled," but still may fit the criteria for the credit. Some also have doctors who don't think the patient fits their understanding of the CRA form, so have not agreed to complete it on their behalf.

Since that column appeared, I have spoken with doctors and with consultants who earn fees from helping people get the credit. All agree that the nine-page certification form is complex, can be contradictory and is likely the major hurdle.

Barry Ho of BMD Medical Grant Services was the first to bring this to my attention. Peter Manastyrsky of A Step Beyond and Associates actually suggests having the medical practitioner fill out Part B first. This relates to diagnosis and degree of impairment, with space for an explanation of the functional limitation of a patient's disability on their ability to engage in the activities of daily living. Then returning to Part A allows for easier answers to the very structured yes/no questions on certification.

It also seems to me that CRA needs to provide much better guidance and education to doctors and other practitioners. They have a professional obligation to be honest and careful. When asked to fill out a

form certifying the client is eligible for a "disability" credit, many of them are reluctant when the client holds a job or otherwise manages to function in the world. However, based on CRA's actual definitions, many of those people could qualify, if the doctor had a full understanding of what the tax legislation intended.

If you read my previous column, you might have been left wondering why there is a government program that is poorly understood and so complex that there are consultants who can make a living helping people wend their way through the application process. Good question.

The medical practitioner's certification is the most important piece of information that CRA looks at when assessing such an application. My sympathies go out to the doctors who have to fill out this form, as the logic of it is sometimes quite hard to follow.

What shocked me in the last two weeks was hearing from people who obviously qualified for the DTC, but whose doctors have told them things like "you are not disabled enough," and refused to fill out the form so that these patients could get proper tax treatment.

That is obviously not a good situation. The underlying theme may be that many medical practitioners do not understand this program well enough, they find the application process tedious and difficult, and are too busy and harried in their professional lives that they cannot possibly give proper time and care to a DTC application.

Until we can get some education programs in place, it will be up to the patient/taxpayer to prepare thoroughly for the doctor's visit, be persistent and, in some cases, engage a consultant who has been through this process many, many times to become their advocate.

I would like to hear from medical practitioners about this challenge and what

qualifying patients can do to facilitate the application process.

For the sake of the DTC, **qualified practitioners** are defined as medical doctors, optometrists, audiologists, occupational therapists, physiotherapists, psychologists and speech-language pathologists.

A person who qualifies for the DTC could be working, holding down a full-time job and fully functioning in many aspects of everyday life. The DTC is designed to recognize a person with a physical or mental challenge that impairs that person's ability to perform one or more of the "basic activities of daily living."

CRA's definition of **markedly restricted** means all or substantially all of the time, you are unable (or it takes you an inordinate amount of time) to perform one or more of the basic activities of daily living.

So, for example, if a person requires a cane or other assistance to walk, walks much more slowly than the majority of the population or cannot walk reasonably long distances, then that person's ability is markedly restricted. That person may qualify for the DTC.

Another important definition is **significantly restricted**. This means that although the person does not **quite** meet the criteria for markedly restricted, the ability to perform some basic activities of daily living is still substantially restricted.

The CRA definition of **basic activities** is speaking, hearing, walking, feeding, dressing, mental functions necessary for everyday life, and bowel or bladder functions. Also qualifying are vision problems and life sustaining therapies.

If you go down a list of common chronic diseases, you will see many symptoms that impair these basic activities.

As a taxpayer with a potentially qualifying disability, your challenge might be first to understand the program and CRA form 6729 and T-2201 (the Disability Tax Credit Certificate), and then be able to explain the program and motivate your qualified practitioner to properly complete the form.

Start with the CRA pamphlet Medical and Disability Related Information (800-959-2221) or the CRA website at www.cra-gc.ca.

If you are unsuccessful, contact me about some of the organizations that can help, for a fee. Since a multi-year application worth over \$20,000 in taxes may be possible, it's worth doing. As well, this credit can be transferred to a supporting person or a related caregiver who provides help.

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David Christianson is a fee-only financial planner and investment counsel with Wellington West Total Wealth Management Inc., advising clients with \$2 to \$10 million of investment assets. You can e-mail him at dchristianson@wellwest.ca

Married Bliss

Horace and Harriet had been married for 60 years. They fought and argued every day of those 60 years. One day, Harriet passed away and ascended to Heaven.

St Peter met her at the Golden Gate and said, "You may enter if you can spell the word Love."

"Oh, that's easy," answered Harriet and she spelled LOVE.

"That's correct," said St Peter, "and from this day forward treat everyone one you meet with love and kindness".

"I will, I will" she answered.

"Now Harriet, I have to go to the washroom, and I would like you to watch the Gate for me."

What would I have to do?" she asked.

"Just greet any callers with kindness and ask them to spell a simple word."

The first person to come along was her husband Horace. She greeted him with kindness and explained that he had to spell a word correctly before he could enter." What's the word? he asked.

"Czechoslovakia" she said (with a smirk).

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Membership Application Form

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ Fax: _____ E-mail: _____

Please check one or more of the following options:

New Membership - \$10/year

Membership Renewal - \$10/year

I wish to make a charitable donation of \$ _____ (Tax deductible receipt will be issued.)

**I would like a copy of the newsletter sent to:
(My doctor, therapist or other individual at the address below)**

Name: _____ Profession: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Telephone: _____

Please make cheque payable to the Post-Polio Network (Manitoba) Inc. and mail to the address listed above.

Membership Renewal

Please note: on your address label on the newsletter envelope there is a date printed (day-month-year). This is the date your membership is due. Please remit your membership dues of \$10.00 as soon as possible. Any donation greater than \$10.00 will receive a tax receipt. Thank you from the board. We appreciate all of the extra funds as this offsets the cost of keeping the Post-Polio Network Manitoba functioning.

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. including programs, services, special events, funding needs, opportunities to volunteer or to donate.

If at any time you wish to opt out of any services, simply contact us by phone at (204) 975-3037, or write us at 825 Sherbrook Street, Winnipeg, MB R3A 1M5 and we will gladly accommodate your request.