

Post Polio Echoes...

Southern Alberta Post Polio Support Society #7 - 11St. N.E., Calgary, AB. T2E 4Z2
Phone: (403) 265-5041 • Fax: (403) 265-0162 • Email: sappss@shaw.ca • Website: www.polioalberta.ca

Editor: John Wheatcroft
Winter, 2004



DISCLAIMER

The opinions expressed in this newsletter are those of the individual writers and do not necessarily constitute an endorsement or approval by Southern Alberta Post Polio Support Society. If you have personal medical problems, consult your own physician.

Inside this Issue

1. Illness Report
2. Donations
3. Society's Corner
4. Helpful Suggestions
5. The Great Crippler, Then and Now
6. AGM Information

Illness Report

Our President: Reny deJong has been stricken with pneumonia and to make matters had a terrible reaction to medications given her, to help and have made it so Reny has had to take a three month leave as her present unstable health needs to be taken care of. *Please lets all Wish RENEY Well and have her in our prayers for a speedy recovery.*

Esther Hendricks has offered to step up as interim president until Reny has recovered enough to resume her duties as president. Big thanks to Esther!

Over the past 10 months we have lost a valuable board member, our phoning committee leader, Lois Schmitz is in the Fanning Centre, another phoning member, Wendy Nesbitt is recovering from hip surgery, our bingo chairperson Linda Stewart resigned and another member spent 10 days in hospital. As you can probably guess our board is in a bit of disarray, but we have had all board members step up to the plate and take on more responsibilities. Thanks to Sharon Connors, Heather Eamon (volunteer) and Marlene Saunders (volunteer).

Donations

Year end giving: the Southern Alberta Post Polio Support Society is a registered Charity. Have you ever thought about donating to our group? An official Tax receipt will be issued for all monies received. We are a 100% volunteer based Society. Remember **only** members in **good standing** are allowed to vote. If you don't have a dot on your address label, please call Ver Hamm at (403) 265-5041 or (403) 252-1798 to renew your Membership. Our newsletter goes out to some 350 Post Polio Survivors, of which there are as few as 80 paid members. We would really appreciate it if you would Renew your Membership at this time, as cost of just mailing out this newsletter has increased significantly. If you have access to a computer and the internet we would be more than happy to email the newsletter to you. Our email address is sappss@shaw.ca if you would like to receive the newsletter via email just drop us a line to said email address.

Society's Corner

The EAGLES #3475 threw a BBQ and Dance for the Rehab and Post Polio Society's at the Rehab centre. The food was great and the music was foot stomping and volunteers all received Certificates plus a gift. Thanks to the Eagles #3475, as a good time seemed to be had by all.



They did dance all night!



Chat, Chat, visit, visit!



Cheers to everyone! (hic up).



And the vet said to the cowboy have you Herd this one.



"Yes a good time really was had by all"

Thanks again to the EAGLES #3457 for their ongoing support.

Making Your Home a “Fall-Free” Zone

By Barbara Sommers and Bonnie Stankevitz, RN Personal Care Supervisors, Society’s Assets, Elkhorn Office

Falls can occur any time, any place, and to anyone. Accidents happen while doing everyday activities, such as getting in your car at the grocery store, climbing the stairs, or walking to the bathroom. Research shows that simple modifications in the home, where 60% of seniors’ falls occur, can reduce your risk of falling. Protect yourself with simple modifications.

- Replace worn-out tips on canes & walkers.
- Do not use the towel rack or mounted soap dish as a grab bar in the bathroom. These items are not intended to hold a Person’s weight. Installation on grab bars is a much safer option.
- Remove throw rugs.
- Keep a flashlight to lamp next to your bed. Use it if you have to get out of bed in the night.
- Wear clothes that fit properly. Robes or pants that are too long are a tripping hazard.
- Don’t sit in a chair that is too low or difficult to get out of.

Falling does not have to be a part of aging. Do what you can to avoid having a fall.

If you have an idea that has worked to make your home safer, please share it.

Look for more tips in the next Echoe!

NEW MOBILITY, June 1999 THE TEN COMMANDMENTS OF PPS

Dr. Richard L. Bruno

After 15 years of searching, archaeologists from the Post-Polio Institute have unearthed the “commandments for treating Post-Polio Sequelae” (PPS).

1) Listen to Yourself

Polio survivors often turned themselves off from the neck down after they got polio. The first step in treating PPS is to listen to yourself: to what you feel, physically and emotionally, when you feel it and why. Our most powerful tool in treating PPS is the daily logs our patients keep that relate activities to their symptoms. However, polio survivors sometimes listen too much: to vitamin salesmen saying some herb or

spice will “cure” PPS, to other polio survivors who warn that you will eventually have every possible PPS symptom, and to friends and family members (and the voiced in your own head) saying you’re lazy and that you must “ use it or lose it.” Polio survivors need to listen to their own bodies, not to busybodies.

2) Activity is Not Exercise

Polio survivors believe that if they walk around the block five times a day, spend an hour on the exercise bike and take extra trips up and down stairs, their muscle weakness will go away. The opposite is true: the more you overuse your muscles the more strength you lose. Muscles affected by polio lost at least 60% of their motor neurons: even limbs you thought were not affected by polio lost about 40%. Most disturbing is that polio survivors with new muscle weakness lose on average 7% of their motor neurons per year, while survivors with severe weakness can lose up to 50% per year! You need to substitute a “conserve it to preserve it” lifestyle for the “ use it or lose it” philosophy. Stretching may help pain and non-fatiguing exercise for specific muscles can prevent you from losing the strength you have after you get a brace. But polio survivors need to work smarter, not harder.

3) Brake, Don’t Break.

The follow-up study of our patients showed that taking two 15 minute rest breaks per day - that’s doing absolutely nothing for 15 minutes - was the single most effective treatment for PPS symptoms. Another study showed that polio survivors who paced activity - that is worked and then rested for an equal amount of time - could do 240 percent more work than if they pushed straight through. Our patients who took rest breaks, paced activities and conserved energy had up to 22% less pain, weakness and fatigue. But polio survivors who quit or refused therapy had 21 percent more fatigue and 76% more weakness. For polio survivors, slow and steady wins the race.

4) A Crutch is Not a Crutch

...and a brace is not a sign of failure or of “giving up.” You use three times less energy (and look better walking) using a short leg brace on a weakened leg. Overworked muscles and joints hurt and nerves die after decades of doing too much work with too few motor neurons.

So why not use a brace, cane, crutches (dare we say a wheelchair or a scooter) if they decrease your symptoms and make it possible to finally take that trip to Disney World? We know, you'll slow down and take care of yourself "when you're ready." And you'll use a wheelchair "when there's no choice." Well, you don't drive your car until it's out of gas. Why drive your body until it's out of neurons?

5) Just say "No" to drugs, unless

Five studies have failed to find any drug that treats PPS. And there have been no studies showing that herbal remedies or magnets reduce symptoms. Polio survivors shouldn't think that they can run themselves ragged, apply a magnet or pop a pill, and their PPS will disappear. Pain, weakness and fatigue are not-so subtle messages from your body telling you that damage is being done! Masking symptoms - with magnets or morphine - will not cure PPS. However, two studies have shown that polio survivors are twice as sensitive to pain as everyone else and usually need more pain medication for a longer time after surgery or an injury.

6) Sleep Right All Night.

The majority of polio survivors have disturbed sleep due to pain, anxiety or sleep disorders, such as sleep apnoea (not breathing) or muscles twitching and jumping all over your body during the night. However, polio survivors are usually not aware that they stop breathing or twitch! You need a sleep study if you awaken at night with your heart pounding, anxiety, shortness of breath, choking, twitching, or awaken in the morning with a headache or not feeling rested. "Post-polio fatigue" may be due to a treatable sleep disorder.

7) Some Polio Survivors Like it Hot.

Polio survivors have cold and purple "polio feet" because the nerves that control the size of blood vessels were killed by the poliovirus. Actually, polio survivors' nerves and muscles function as if it's 20 degrees colder than the actual outside temperature! Cold is the second most commonly reported cause of muscle weakness and is the easiest to treat. Dress in layers and wear socks made of the silk-like plastic fiber polypropylene (sold as Gortex or Thinsulate) that holds in your body heat.

8) Breakfast Is the Most Important Meal of the Day

For once Mom was right. Many polio survivors eat a Type A diet: no breakfast, coffee for lunch and cold pizza for dinner. A recent study shows that the less protein polio survivors have at breakfast the more severe their fatigue and muscle weakness during the day. When our patients follow a hypoglycemia diet (have 16 grams of low-fat protein at breakfast and small, non-carbohydrate snacks throughout the day) they have a remarkable reduction in fatigue. Protein in the morning does stop your midday yawning.

9) Do Unto Yourself as You Have Been Doing for Others.

Many polio survivors were verbally abused, slapped or even beaten by therapists or family members when they had polio to "motivate" them to get up and walk. So polio survivors took control, becoming Type A super-achievers, "the best and the brightest," "doing everything for everyone except themselves. Many polio survivors do for others and don't ask for help because they are afraid of being abused again. Isn't it time that you got something back for all you've done for others? Accepting assistance is not the same as being dependent. Accepting assistance can keep you independent. But appearing "disabled," by not doing for others, asking for help or using a scooter, will be frightening. Remember: if you don't feel guilty or anxious you are not taking care of yourself and managing your PPS.

10) Make Doctors Cooperate Before They Operate.

Polio survivors are easily anaesthetised because the part of the brain that keeps them awake was damaged by the poliovirus. Polio survivors also stay anaesthetised longer and can have breathing trouble with anaesthesia. Even nerve blocks using local anaesthetics can cause problems. All polio survivors should have lung function tests before having a general anesthetic. Your complete polio history and any new problems with breathing, sleeping and swallowing should be brought to the attention of your surgeon or dentist - and especially your anaesthesiologist - long before you go under the knife. Polio survivors should Never have same-day surgery or outpatient tests (like an endoscopy) that require an anaesthetic.

FREE INFORMATION SESSIONS ON CHARITABLE GAMING

Learn about raising funds for charitable, religious, volunteer and not-for-profit groups through gaming events (bingo, casino, pull ticket, raffle). Receive an overview of policies concerning eligibility, licensing application, allowable uses of proceeds, event conduct and financial reporting.

If you haven't yet attended a GAIN session, please check the schedule below. We may be offering a session near you this fall! (If these dates/locations are not convenient for you, please watch for our next quarterly schedule to be available at www.aglc.gov.ab.ca in December.)

Please note the following:

Sessions have limited seating, and pre-registration is required. A Session Registration Form has been included with this schedule. Additional copies may be obtained from the GAIN section of www.aglc.gov.ab.ca. To Register: Please fax or mail a completed Session Registration Form to GAIN. You will be contacted regarding space availability and confirmation.

For further information on GAIN sessions, consult the GAIN section of www.aglc.gov.ab.ca or call 780-447-7499 or toll-free: 1-866-307-7499. For other AGLC inquiries NOT related to GAIN information sessions, please consult www.aglc.gov.ab.ca or call 780-447-8600 or toll-free: 1-800-272-8876.

Services of the Family Nursing Unit, University of Calgary

I would like to inform you that the Family Nursing Unit, within the Faculty of Nursing at the University of Calgary, is accepting referrals for counselling intake.

Ph: 220-4647

Email: cstroud@ucalgary.ca

www.ucalgary.ca/NU/fnu

The Family Nursing Unit (FNU) is interested in assisting individuals and families who are experiencing difficulties coping with chronic and/or life-threatening illness.

The FNU consists of a clinical nursing team of faculty and graduate students who collaborate and consult with families referred to the Family Nursing Unit.

There is no fee for the counselling services we provide for clients. I have enclosed a brochure about our services and the Family Nursing Unit website can be viewed at : <http://www.ucalgary.ca/NU/fnu/index.htm>

The Family Nursing Unit

The Family Nursing Unit, established in 1982, is an outpatient clinic which assists families suffering with serious illness.

Primary Objectives

- Provide individuals, couples and families with an opportunity to tell their illness stories.
- Collaborate with families to create healing conversations to reduce and/or alleviate emotional, physical, and/or spiritual suffering from illness.
- Provide an opportunity for masters and doctoral nursing students specializing in Family Systems Nursing to receive supervision in their clinical work with families.
- Conduct research which will add to our knowledge about:
 - a) how to promote family health and healing
 - b) how to educate and supervise students to assist families experiencing illness.

Cost of Services

There is no fee for service provided to families seen at the Family Nursing Unit, however, donations are gratefully accepted.

Clinical Team

A clinical team of faculty and graduate students provide assistance to families referred to the Family Nursing Unit.

Faculty

The following faculty coordinate the clinical practice, education and research of the Family Nursing Unit:

Janice M. Bell, RN, Ph.D., Director

Nancy J Moules, RN, Ph.D., Associate Professor

Lorraine M. Wright, RN, Ph.D., Professor Emeritus of Nursing

Graduate Students

Masters and doctoral nursing students participate as members of the clinical nursing team as well as conduct sessions with families. Family members have the opportunity to meet the team members. All team members offer the families ideas/opinions about diminishing/alleviating their suffering.

Hours/Day Services Offered

The Family Nursing Unit offers appointments between 9:30 a.m. and 6:00 p.m.; the last session of the day commences at 4:00 p.m., usually one day per week.

Length of Treatment Provided

An average of four to five sessions are provided to each family. This is flexible, however, and is determined in collaboration with the family.

Referring Families to Family Nursing Unit

Ph: (403) 220-4647

- Individuals, couples and families who are experiencing emotional, physical or spiritual offering from illness may be referred to the Family Nursing Unit.
- Families may call the Family Nursing Unit directly or may be referred by health professionals such as nurses, physicians, family therapists, psychologist, psychiatrists, and social workers.
- The family member experiencing illness and, or health problems may be either a child or an adult.
- Examples of illness are: Chronic illness (e.g./ Alzheimer's disease, multiple sclerosis); Life-threatening illness (e.g.; cancer, cardiac conditions); Psychosocial problems (e.g.; obesity, depression).

Clinical Approach

A comprehensive approach is utilized, specifically The Illness Beliefs Model and the Trinity Model, which focus on family members' and nurses' beliefs about illness experiences. Our advanced practice with families is described in our books, available at The University of Calgary Bookstore.

Beliefs: The heart of healing in families and illness (1996). New York; Basic Books, by Drs. Lorraine M. Wright, Wendy L. Watson, and Janice M. Bell.

Spirituality, suffering and illness: Ideas for healing (2004). Philadelphia: FA Davis Co. by Dr. Lorraine M. Wright.

Location

Professional Faculties Building - A
Faculty of Nursing
University of Calgary

Parking: Lot 33

There are 2 reserved spaces (stalls 5 & 6) available for Family Nursing Unit clients.

For further information or referral contact:

Cyd Stroud
Family Nursing Unit / Faculty of Nursing
The University of Calgary
2500 University Drive NW
Calgary, AB T2N 1N4

Ph: 220-4647

Email: cstroud@ucalgary.ca
www.ucalgary.ca/NU/fnu

From the research and clinical work at the Family Nursing Unit, several publications and educational video-tapes have been produced which are cited on the Family Nursing Unit bibliography. Please see www.ucalgary.ca/NU/fnu.

VOLUNTEERING

If it is one donation we could use it is that of volunteers. We have need for volunteers at our Bingos (1 or 2 evenings a month) and in our Office (a few hours a day for 1 to 2 days a week).

If you maybe interested in helping out please contact Sharon Connors at (403) 265-5041 or email:

sapps@shaw.ca

Training provided.

THE GREAT CRIPPLER, THEN AND NOW

By Henry Holland, MD

The poliovirus is a unique virus. This virus only thrives in Humans. It can enter your body by an oral pathway, cause a gastro-intestinal illness and leave your body with no apparent residual damage. More people had polio this way and probably never knew it. The other extreme of this virus was its success as the greatcrippler of children. This virus could invade a human body and in a few days. Death resulted from respiratory failure or from the overwhelming viral invasion of the entire central nervous system, leading to coma and death. The observed, and later written, observations and descriptions of children dying from acute polio are emotionally draining to read. Most of us who experienced polio did so in childhood and many were left with residual damage that set us apart from our peers. The most commonly used word to describe damage was "crippled". Many large cities had hospitals for crippled children. "Crippled" is a painfully accurate word. The Merriam Webster Dictionary traces "cripple or crippled" to the Fourteenth Century. It means:

- 1: to be deprived of the use of a limb and especially a leg.
- 2: to be deprived of capability for service or of strength, efficiency, or wholeness.

The crippled state of polio survivors could cover a vast range of limitations. It could be something as minor as a visually undetectable weakness in one ankle to a near quadriplegia state requiring the use of a wheelchair or leg braces and crutches. Definition one is fairly easy to understand and comprehend. Treating the crippled state of an extremity was often easier to accomplish. Many were fortunate to be able to regain all of the use of a weakened extremity because of physical therapy and exercise. Of course now we know that undamaged motor neurons were capable of sprouting additional dendrites to innervate more damaged muscle groups and result in increased function of these previously damaged muscle groups. Even when the damage was extensive, a well-fitted brace would make it possible for a crippled leg to support weight and make it possible for a crippled polio child to get back on his/her feet and return to the world beyond the security of home. Returning to school, socializing with able-bodied friends, going to church, movies, soda fountains, toy stores, and playgrounds was again possible. Many of us are familiar with this pilgrimage.

I am more intrigued by the second part of the definition above. The concept of "wholeness: or a sense of "wholeness" is an important aspect of anyone's development. If that feeling of wholeness is altered by the reality of being crippled, then the developing child and adolescent has to either withdraw from the risks of socialization or find ways to cope and defend himself/herself out in the world. I am convinced that almost all of us chose the second route; that is, we engaged the world around us despite the interpersonal risks. The fruits of taking the risk surround us as we read about the accomplishments of polio survivors, know first hand about the courage and perseverance of polio survivors from our interaction with them in support groups and from what the able bodied have said about us.

Almost by necessity, most of us compensated for our crippled state, denied the reality of our crippled appearance, and made every effort to be normal in the normal world around us. If crippled in reality and feeling a lack of wholeness, as adolescents how did we cope with the challenges of relating to the opposite sex? Did we feel inadequate or simply uncomfortable in the social undertaking of dating? By excelling in other areas, many of us compensated and sublimated successfully in an attempt to level the social playing field. Since the vast majority of us married and worked productively, we apparently did succeed in our social and employment striving.

Now as older adults we have once again to face the second part of the definition above. Many of us are physically weaker, less efficient and less capable of providing service. Some probably feel less whole, and thus we are "crippled: again by Post Polio Syndrome, the second Great Crippler. Most of us never imagined such an intensified decline in our overall functional state, as PPS has forced so many of us to accept. Most of us knew we would get older, but thought that we would age more like our older family members or people we knew in the senior generation. For so many, PPS has aged us prematurely. Those of us who may live alone now realize our vulnerability to losing our independence and having to find assistance in areas that most of our able-bodied peers are not yet forced to face. Those of us who have able-bodied spouses are discovering that we depend on that spouse for some of the simple tasks of daily living. Our spouses are no longer young and do not have the energy to carry the extra burden. In simple terms, all of this PPS stuff seems so unfair.

In our initial struggle with the Great Crippler, we were determined, generally optimistic, youthful in spirit, and found our way in the race of life. With this

second round with the Great Crippler, we are tired, not as optimistic, have to lower our expectations despite our determination, and still find our way at a slower pace in the race of life. We have all read the articles and listened to the lectures by the growing numbers of PPS experts, most of whom are younger than we are. We're reading more and more about the deaths of old polio survivors in our newsletters. Our numbers will continue to shrink, just as the veterans of World War II; the survivors of the Holocaust and members of Tom Brokaw's Greatest Generation will continue to diminish. Hopefully there will be a day in this century when polio and photos of its crippled children will only be recorded in history books and historical medical texts.

We have not finished the race of life. But what is left for us to do? I think we should tell our stories and share our pilgrimage as a result of this disease. If you cannot tell your story, write about it or if artistically inclined, illustrate it. If we do not, future generations will never know. We probably would do well to establish more oral history collections within our respective support groups. I have often thought that we would do well to have a national or even international magazine or journal that was personal and historical and not just medical and scientific. The Multiple Sclerosis Society has an excellent periodical. For so many people with the same disability, we are relatively fragmented. There are countless PPS newsletters and websites that often publish some of the same articles. To my knowledge the only national publication that serves us is Post Polio Health (formerly Polio Network News or Gazette International Networking Institute or GIN). This publication is excellent, but is only published quarterly and is limited in size. I believe that there are many untouched and undiscovered sources of polio witnesses in written form, personal memories, and even in old newspapers. The race is not over. Slow down and share your story. If necessary, get someone else to help you share your story. People will listen or will read. Stories from polio survivors are not fiction. They are real. *The Diary of Anne Frank* has done more to preserve the memory of the Holocaust than perhaps any other single publication. This was a simple but brilliant diary by a teenage girl who told her story as it happened. Time is growing short. Tell your story of human suffering, of your splendour in the grass, and your fate that looked past death.

Henry Holland, MD, is a polio survivor, a board certified psychiatrist and a Clinical Professor of Psychiatry in the School of Medicine of the Medical College of Virginia of VCU

Documentary Proposal

Length: 47 minutes

Format: DVD and Beta-Cam

Delivery: April 1, 2005

The Story

In 1954, 37,000 of Alberta's children participated in one of the largest medical experiments in human history - the field trials of the Salk polio vaccine. Few diseases have inspired the same sort of fear as polio. Memories of suffering, school; closures, fears of public places, and that most terrifying symbol of polio - the iron lung - have remained vivid for many who lived through the polio epidemics.

That was almost 50 years ago. So where are we now? April 12, 2005 will mark the 50th anniversary of this remarkable event. The announcement of the field trial results was the beginning of the end for polio in Canada. However, although the last case of polio in Alberta was reported in 1979, polio still runs rampant in many parts of the world. Although a global campaign to stop the disease has been under way for some time now, polio continues to cripple and kill hundreds of people every year. Therefore, 2005 also marks an ambitious deadline for the world to eradicate polio completely, an effort that is so close to being achieved, but still remains out of reach. With the introduction of the Salk vaccine in 1955, most people in Canada thought they had seen the last of polio. But now a growing number of people who had polio in the past have started to experience new symptoms through a condition known as Post-Polio Syndrome (PPS). This new enemy is forcing many Canadians to revisit their worst memories and begin the fight all over again. However, this time around, the medical community is only just beginning to accept this condition as a real thing, forcing many patients to turn to each other for support and guidance.

Mr. Vern Hamm has been instrumental in having this documentary finally come to fruition. His dogged efforts are finally seeing the light at the end of the tunnel. Vern is a polio survivor himself and is a living testimony to what PPS can do.

**Aids for Daily Living
&
Much, Much, More**

Go to: www.polioalberta.com



**National Polio
Survivors Network**
10 Overlea Boulevard
Toronto, ON M4H 1A4
Tel. 1-800-480-5902
Fax 1-416-425-1802

**Post Polio Awareness
And Support Society
of British Columbia**
VICTORIA, BC

**Southern Alberta
Post Polio Support
Society**
CALGARY, ALBERTA

**Wildrose Polio
Support Society**
EDMONTON, ALBERTA

**Saskatchewan Awareness
Of Post Polio**
SASKATOON,
SASKATCHEWAN

Polio Regina Inc.
REGINA,
SASKATCHEWAN

**Post Polio Network
(Manitoba) Inc.**
WINNIPEG, MANITOBA

Ontario March of Dimes
TORONTO, ONTARIO

Association Polio Quebec
MONTREAL, QUEBEC

Polio New Brunswick
SAINT JOHN, NEW
BRUNSWICK

**Polio Northern
New Brunswick**
BATHURST, NEW
BRUNSWICK

Polio PEI
CHARLOTTETOWN, PEI

**NWT Polio Survivors
Group**
YELOOWKNIFE, NWT

A program of:

**Rehabilitation Foundation
For Disabled Persons,
Canada**

Charitable Registration No.
87958214RR0001

Southern Alberta Post Polio Support Society
#7 – 11 Street, N.E.
Calgary, AB T2E 4Z2
Toll Free 866-265-5049
Ph. 403 – 265-6041 Fax 403 – 265-0162
e-mail: sappss@shaw.ca

A.G.M. 2004

Important Notice !

You are invited to attend our 16th Annual General Meeting.

Date: December 4, 2004

Time: 10:00 am to 2:00 pm

Place: Coast Plaza, 1316 – 33 Street NE, Calgary

Guest Speaker

Dr. Ming Chan from the University of Alberta

Agenda

Registration: 9:45 am to 10:15 am

Dr. Ming Chan : 10:15 am to 11:15 am

AGM: 11:15 am to 12:00 Noon

12:00 Noon: Christmas Dinner served.

(There will be no charge for the dinner however donations will be gratefully accepted)

This will be a full Christmas turkey dinner with beverage and dessert.

1:00 pm to 2:00 pm Take time to get to know fellow survivors.

We look forward to seeing you there!!

If you are unable to attend and you are a paid up member of the Southern Alberta Post Polio Support Society, please fill out the enclosed proxy and return it to #7 – 11 Street NE, Calgary, AB., T2E 4Z2 before November 25, 2004.

R.S.V.P. No later than November 25, 2004 for the dinner.