



WPSS News

W I L D R O S E P O L I O S U P P O R T S O C I E T Y

A message from your President

Great Human Race 2006 Thanks!

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Fall BBQ

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It has been a very busy 3 months, and I am happy to say that all of the hard work by your board members has been very fruitful. Please join me in thanking ALL of the board and volunteers, with special thanks going to Dennis Turner, Sharon Mofatt, and Bob DeFrain.

My personal thanks goes out to Bernie Hornung for all of his previous office work done to bring Wildrose Polio Support Society up to a new level. Our office transition is now complete with all office functions now being handled by the various board members.

The Great Human Race was a wild success. A good turnout and fun time was had by all. Our fundraising efforts resulted in pledges of over \$3,000. This newsletter includes a list of people and corporations who contributed to our success. Congratulations to everyone.

Our membership has reached 100 persons, making Wildrose Polio Support Society a key voice for the needs of Polio survivors. Thank you for your support, and "lots of appreciation" to Bob DeFrain and team, for a great job on membership, and putting together a superior newsletter. Further on in this newsletter, you will read about 2 of our members who have passed away. Our deepest sympathies go out to their families and friends. Let's all continue to support one another through our organization.

Through discussions with Dr. Chan, we are looking at the possibility of providing funding support to our members for alternative therapy programs, such as Acupuncture, Yoga, and Bowen Therapy. We continue to fund physiotherapy services through Glengarry Physical Therapy Limited (Jean Robinson), for those who require financial support. The swimming therapy program is a god-send for those of us who need "warm-water" therapy, so take advantage of this program.

We will be having our annual barbeque and silent auction, for members and their friends and children, on Saturday, September 16th at Rundle Park. (See page 14 to register). You can expect a phone call from our "phone team" for this event.

Have a great summer . . .

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Please Support Our Sponsors

Boomers need long-term care insurance

When the baby boomers were younger, one of their rock anthems included the refrain: *Hope I die before I get old.*

In truth, most of us hope to get older before we die, but would rather pretend we are forever young. If we consider our golden years at all, we are more likely to identify with high-stepping 65-year-old rocker Tina Turner than the stereo type senior in a rocking chair.

This tendency toward blissful denial will come crashing down around 2010, says Vancouver author and caregiver Patty Randall, when some 60 per cent of boomers over the age of 50 will have a surviving parent. Compare that to 1960 when just 16 per cent of over-50s had a surviving parent.

Suddenly those boomers will confront the fact that they, too, may some day need someone to help them with daily needs as basic as bathing, going to the bathroom, getting dressed and making breakfast.

Many Canadians figure a mortgage-free home will take care of their care years but, if they are like nine out of 10 of today's estimated one million care receivers, they will want to remain in their homes for as long as possible.

Randall has been doing both for her aging parents since 1996 and has become a passionate convert to long-term care insurance.



Life can change in an instant. Long term care insurance offers you choices even when an unexpected accident or illness changes your life. Talk to your Clarica advisor about your options.



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She says insurance can cover the cost of bringing professional care into the home when the time comes.

About 10 per cent of seniors needing long-term care currently live in care facilities across Canada. They either pay the whole tab themselves and choose where they live or wait for a government-subsidized space and go where they are sent.

With her own future in mind, 60-year-old Randall pays \$231 a month for long-term care insurance that will contribute \$170 a day or about \$5,000 monthly to her future care needs.

"I would be thrilled to be paying \$300 a month now rather than \$3,000 to \$8,000 a month when I am dependent. Randall has penned *Let's Talk - The Care Years*, subtitled *Taking Care of Our Parents and Planning for Ourselves*, based on her own experience taking care of both her mother and her father. Randall's life was turned upside down one day in 1996 when her father fell, breaking his hip, his arm and his hand. Her father ended his days in a care facility. Meanwhile, her mother, now 93, developed her own health problems and requires a live-in caregiver.

Randall quotes a U.S. study which found the average female boomer will spend 17 years caring for children and 18 years caring for her parents. Due to medical advances, much of the care will be given during the boomer's own senior years.

Yet many Canadians are in denial. They think they will be looked after by the government without realizing that, beyond basic health care costs, government support is limited. Or they think they can rely on spouses and children without realizing that the economic and emotional toll may be too much for the family to bear.

Randall cautions financial advisers not to try scaring clients into buying long-term care insurance because that approach tends to trigger the fight-or-flight response.

She says it is "better to "create concern" just by asking their clients if they know anybody who is receiving care. If they do, the chances are the product will sell itself.

When those aging Brit rockers, The Who, sang *My Generation*, their message was about acting old and missing out on life. They just didn't want to grow up to become their parents.

That's still a valid goal for boomers who don't want to burden their own children with the costs of their long-term care.

... Michael Kane, *Vancouver Sun*

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**The Wildrose Polio Support Society will have a display at the Ventilator Forum
 Greenwood Inn
 4485 Gateway Blvd NW, Edmonton AB
 Friday, September 29, 2006**

Please watch our website: www.polioalberta.ca/wildrose/wpss.htm for more details as they become available.

you are going to have surgery
A Guide for Polio Survivors
Written by: J. M. Walker, PhD, PT

Why preparation for any surgery may be important

As a result of the polio virus infection, nerve cells in the spinal cord and brain stem which control limb and trunk muscles, the muscles of breathing and swallowing, were affected.

After rehabilitation you may have had a full recovery or were left with weakened or paralyzed muscles. Especially if you were on a respirator, your breathing muscles were affected and even with apparent full recovery, these muscles may now be weak. You may not even be aware that these muscles were affected.

Despite apparent full recovery, polio survivors have fewer nerve cells supplying their muscles than individuals who never had polio. This often means that your muscles have been working at greater capacity than in a non-polio person and, as you age, these overused muscles are starting to wear out. Additionally, joints controlled by weak muscles may have instability, poor alignment and have arthritic changes.

Some polio survivors are experiencing new health problems including fatigue, new weakness, new pain, cold intolerance, breathing, coughing or sleep problems. Yet even if you are not experiencing new problems, your polio history puts you at greater risk of potential problems during and after surgeries than a person who has not had polio. Individuals who experienced breathing problems during acute polio, perhaps were on a respirator or in an iron lung,

“Some polio survivors are experiencing new health problems”

or have a spinal curvature (scoliosis) are at greater risk even if there are no apparent problems prior to having surgery.

You should take the responsibility to inform, re-inform and educate surgical staff, including dentists, of your polio history, current level of functioning, fatigue level and known responses to medications.

You always should carry a card, an Injury Control Checklist, or wear a Medical Alert bracelet stating that you are a polio survivor. These bracelets are important - you may not always be able to speak for yourself! You could be unconscious.

Medications required for surgical procedures, before, during and after the surgery may further affect your ability to:

- Breathe
- cough and clear secretions
- move about - in bed or out of bed

You may be placed at greater risk of developing post-operative complications, such as pneumonia, partial collapse of a lung, deep vein thrombosis. An informed medical or dental staff will be alerted to this increased risk and be able to take the necessary precautions.

For what types of surgery is this important?

It is important for ANY type of surgery that requires anaesthesia, pain medication, muscle relaxants, sleep medications. This includes dental surgery such as tooth extraction, orthodontic surgery, surgery as a day patient, as well as an in-patient.

If you have weakness of your respiratory muscles, discuss with your family physician and the surgeon whether the

y o u a r e g o i n g t o h a v e s u r g e r y

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surgery can be performed under a local rather than a general anaesthetic. Could a spinal anaesthetic be used? Your fatigue level should be assessed. A pre-operative referral to a respirologist may be advisable.

What to do when surgery is required:

- Discuss what type of anaesthesia will, and can, be used with your family physician, the surgeon and anaesthesiologist.
- Ensure the clinic/hospital staff are aware of any functional limitations you may have, such as the use of any aids, so they can accommodate your needs (ie. a raised toilet seat, grab bars next to the toilet, washbasin, in the shower, on the bath and over the bed).
- Do you normally use a cane, crutches, or a wheelchair? Will this be feasible after surgery? You may need to use certain aids that you don't normally use for a short period post surgery.
- Confirm before admission that any essential aids (e.g. Grab Bars) are present in the ward or room that you will be in.
- Alert the surgical team to your level of fatigue. Are you able to have day surgery scheduled, planning to return home and function there following the surgery?
- Is pre-surgery testing planned for the same day as the surgery? Can you manage this?

If surgery is planned on your legs, will you be required to use crutches following, be non-weight bearing for a period? Presence of arthritis, perhaps involving your hands, or a scoliosis should be noted.

Medications:

Any adverse responses you are aware of, in relation to specific medications should be made known. The assistance of your family physician should be recruited to ensure the surgical team is fully aware of how medication(s) affect your level of functioning.

What effects can different medications have?

- Analgesics (narcotics) such as codeine, morphine, Valium etc., will depress the cough reflex, decrease the ability to breath (especially deeply) or cough properly in order to clear the lungs of secretions. Muscle weakness is increased, possibly causing greater problems in moving in bed and getting to the bathroom, etc.
- Muscle relaxants may further impair your ability to breathe, cough, swallow, move your body or do routine activities.
- Sedatives and hypnotic drugs also decrease the respiratory drive and increase drowsiness (as intended), which may result in shallow breathing, ineffective coughing, and with the lack of movement, increase the risk of a deep vein thrombosis.

Although you are perhaps unaware of any respiratory or swallowing problems now, if you were in an iron lung or on a respirator, or told you had bulbar paresis or paralysis during the acute polio illness, you should give this information to the medical-nursing team.

You should ensure that another individual, spouse, relative, friend, is available to remind, if necessary, the health care team of your polio status and level of function.

What about the post-operative period and discharge?

Again, the team should be made aware of your level of function and any aids that you need in order to establish an appropriate management plan. Your home situation should be explained. It may be necessary to have temporary Home Help, or it may not be feasible for you to initially return to your home.

The health care team can only act in your best interests if they are informed about your polio history, current status and the possibility of adverse reactions to any medications.

***Only those who will
risk going too far can
possibly find out how
far one can go.***

. . . T. S. Eliot

The Great Human Race 2006

Thank you for making this a successful event!

The following list includes contributors and participants known at time of printing.

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Giving

The more you give of yourself to anything, the more it brings fulfillment to you. The more you give to your work, the more success it brings you. The more you give to your relationships, the more meaningful they will be.

Giving is not just an altruistic exercise. It is profoundly in your own best interest. Sincerely giving of yourself to others is the most self serving thing you can do.

Does that mean giving all your money away, or working without adequate pay? No, not at all. Giving does not mean simply giving away, but rather using what you have to make a difference.

At its best, giving does not merely transfer something from one person to another, but rather creates something new and valuable. Live with a spirit of giving, and you enrich the lives of all those around you, including your own.

-- Ralph Marston

Can Microwave Popcorn Give You Cancer?

That question is the gist of this e-mail from an HSI member named Steve: "What do you know about the current research that shows carcinogens on the inside of the bags of microwavable popcorn? According to a news item, the FDA claims the bags are safe, but I do not trust whatever I hear from them. As someone who has eaten a lot of microwave popcorn, I am concerned. If the claim is true, do you know what the potential danger exists?"

Well, Steve...I've got good news, and I've got bad news...

Microwave popcorn bags are made of paper, but the inside of the bag has to be coated with something that will repel grease and moisture to prevent the bag from becoming a soggy mess while it's whirling and popping in your microwave oven. When the mix of chemicals used to coat microwave bags is heated, some compounds are known to break down into a substance called perfluorooctanoic acid (PFOA).

Here's the bad news: According to the Environmental Protection Agency, PFOA has been identified as a "likely carcinogen."

So how much PFOA migrates from the bag to the popcorn? That's the question FDA researchers set out to answer in a study published this past October. Using a technique known as liquid chromatography-mass spectrometry, the FDA team determined that a relatively small amount of PFOA made it into the popcorn.

If we put aside our general wariness of the FDA for the moment and accept this study's finding at face value, then the obvious good news is that you'll have to eat quite a bit of microwave popcorn to consume a significant amount of PFOA.

And I'm afraid the good news ends there, because at this point it's impossible to say how much PFOA might be required to present a cancer danger. But here's the really unsettling part: The FDA team estimates that blood levels of PFOA from microwave popcorn may account for only about 20 percent of the average level found in blood samples of U.S. consumers. So whether you eat two bags of Jolly Time per day or none at all, you're probably getting plenty of PFOA exposure from a wide range of other sources.

Unfortunately, there may be more than just a carcinogen in the popcorn bag.

In the e-Alert "Could Popcorn be Worse for Your Lungs than Cigarettes?" (11/7/01), I told you about an incident at a Missouri microwave popcorn plant in which two-dozen workers developed a rare and potentially deadly disease that destroys lung tissue. The culprit: According to a report from the National Institute for Occupational Safety and Health (NIOSH), the disease was triggered by exposure to artificial butter flavoring.

The initial report noted that 130 plant employees had twice the national average rates of bronchitis and asthma and more than three times the rate of obstructed breathing. Ironically, the effects were even

Popcorn (continued from page 8)

worse for people who had never smoked - their rates of obstructed breathing were almost 11 times higher than the national average.

NIOSH officials believe that a single ingredient in the artificial butter flavoring is to blame for this rash of respiratory diseases. It's called Diacetyl, and it's the chemical compound that gives most artificial butter its flavor and aroma. The widely used (and FDA-approved) additive is also found in many wines, beers, cookies, candies, and cheese-flavored products.

In November 2005, the last of 54 former workers at the popcorn plant settled their lawsuits out of court. Four other cases involving seven workers went to trial and resulted in verdicts that totaled more than \$50 million dollars in compensation for the workers.

According to the Wall Street Journal, NIOSH officials believe it's "safe for consumers to eat microwave popcorn and other artificially flavored products that have received FDA approval."

And if you feel reassured by that statement then I have a beautiful bridge in New York that I'm willing to let go at a bargain price. But between Diacetyl, PFOA and trans fatty acids (oh, you KNOW they're in there), it may be time to pass on the bridge deal and purchase an air popper instead.

To Your Good Health,

Jenny Thompson



ITALIAN PASTA DIET	
1. You walka pasta da bakery.	3. You walka pasta da Ice Cream shop.
2. You walka pasta da candy store.	4. You walka pasta da table and fridge

<p>Would you like to share your favorite recipe with us?</p> <p>Please send it to</p> <p>WPSS News 305 Hys Centre 11010 101 St NW Edmonton AB T5H 4B9</p>	<div style="text-align: right; font-weight: bold; transform: rotate(-45deg);">Recipe Corner</div> <h3 style="text-align: center;">Yogurt Pancake Recipe</h3> <p style="text-align: center;">Makes 8 medium pancakes</p> <ul style="list-style-type: none"> • 1 large egg • 1 cup (250 mL) all-purpose flour • 1 cup (250 mL) milk • 1/3 cup (75 mL) plain yogurt • 1 tablespoon (15 mL) sugar • 2 tablespoons (25 mL) melted butter • 3 teaspoons (15 mL) baking powder • 1/4 teaspoon (1 mL) salt <p style="text-align: right;">... Bob & Kathy DeFrain</p>
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Writing a \$200 Letter Keith Dixon



Problem-solving beats whining any day! Let me tell you why.

Just over a month ago I decided that it was time to replace the stainless steel forearm crutches I had built for myself over twenty years ago.

I knew that AADL might pay part of the cost of a new pair, and so I phoned to ask about the procedure. First I needed an appointment with their nurse. When Sharon Petkau visited me she explained that I could select the crutches from an approved list of Alberta stores, pay 25% of the cost and the store would bill AADL for the balance. Simple? Well, yes, but rather limiting.

The reason I had originally gone to custom crutches was that all the commercial ones had movable parts that wore out in two years, the hinges rattled, the height-adjustment holes let rain and snow in (which then stained white carpets when laid down), and usually were very ugly. I had used them for several years, but after trying custom made crutches had vowed never to go back to the old kind.

I checked the internet and found that *Thomas Fetterman Inc* built a custom made crutch, starting at \$900 US. That was out of my range. Besides, when I asked an AADL approved supplier if they could order custom-made crutches they told me they could do that only through an already contracted wholesaler. No special orders to non-approved dealers.

Looking for alternatives, I dropped by *Glenco Metal Fabrication*, just a five minute drive from my house. I asked them if they could duplicate the crutches I was using.

“No problem” they assured me.

“How much?” I queried. After a few calculations the estimator quoted “\$200”. That was much better than \$900 US. I had to decide between following AADL procedure and living with crutches I found unacceptable, or departing from that procedure and possibly having to pay the whole bill myself. Making a snap decision I ordered the crutches from *Glenco*.

The crutches were ready within ten days, plus a few days for making adjustments so they would fit perfectly. I bought a pair of crutch tips at a pharmacy and took my new crutches to a bike shop to have hand grips installed. When I got the crutches home I got out the steel wool to do a bit of polishing. They now have a wonderfully wicked gleam to them!

Since I had departed from AADL procedure, I phoned Sharon to ask if special appeals were allowed. She said they were and suggested I write to Muriel Roggensack. Sharon doubted that anything would come of a special appeal, but I could lose nothing in asking.

I sat down to write a letter explaining the circumstances. I was careful to be factual, without sounding hard-done-by or angry or whining. I deliberately chose a “professional-to-professional” tone. I’ve used crutches for 57 years, so I consider myself a professional consumer. Muriel heads up a department that provides services to consumers and does it professionally. My attitude was that we are equals and dependent on each other.

I’m also a professional writer so I re-read and revised that letter several times. Three days after I mailed it I got a phone call from Muriel. Her first words were, “That was a great letter that you sent me!” She accepted my argument and was recommending that I be paid for the cost of the custom made crutches. I could expect a cheque within three weeks. She went on to say that her department had a problem with the fact that forearm crutches seem to wear out in two to three years, and that she liked my solution. I don’t know if she’s in a position to make sweeping changes, but \$200 for custom crutches that will last twenty years is a lot cheaper than \$100 for the replacement of commercial crutches every three years. I’m sure that kind of saving is of interest to any government service.

Next time I’m tempted to whine rather than act, I’ll remember that \$200 letter.

We'll See YOU in the Pool!



Swim Schedule

Tuesdays	5:00 pm to 6:00 pm
Saturdays	4:00 pm to 5:00 pm

RATES:

No charge to members during WPSS scheduled times.

Location

ACT Aquatic & Recreation Centre

In the heart of Rundle Park
 2909 113 Avenue NW
 Edmonton Alberta
 (780) 496-1494

Open: 9 am to 9 pm daily

ACT is easily accessible to families, seniors and persons with disabilities.

Amenities include:

- 25 metre gradual depth swim pool
- Shallow water teaching pool
- Whirlpool
- Regular change rooms
- Family/disabled change room
- Gymnasium/auditorium
- Boardroom, open studio, lounge, party room
- Cafeteria

Why Water Exercise?

- The soothing warmth and buoyancy of warm water make it a safe, ideal environment for relieving arthritis pain and stiffness.
- Immersing in warm water raises your body temperature, causing your blood vessels to dilate and increasing circulation.
- Water exercise is a gentle way to exercise joints and muscles.
- Water supports joints to encourage free movement, and may also act as resistance to help build muscle strength.

My Polio Experience

Elsie Priest (1923 - 2006)



I was born on a farm in Alberta near the small town of Metiskow. If you were traveling and blinked your eyes you would surely miss it. I was the middle child of a family of nine. My dad used to tell people he had three and a half dozen children.

On the evening of November 10th, 1955 I became very ill. My doctor came to the house and decided I was having my baby one month premature. So like most doctors he gave me two aspirins and told me to call him in the morning. The aspirins did not stay down very long.

In the morning I arose and went to the kitchen to make breakfast for my children, but my legs would not allow me to stand. With the help of my nine-year old daughter I managed to crawl to the bedroom and into bed. She phoned her dad, a city policeman, at work. He in turn phoned his mother and an ambulance. His mother also phoned for an ambulance and they both arrived in about ten minutes. I was taken to the Royal Alexandra Maternity Hospital. The doctor came and asked some questions, by this time my legs were paralyzed. He did a spinal tap and it proved I had polio.

The maternity ward was quarantined for two weeks and I heard I was not very popular. They then transferred me to the isolation unit and into an iron lung. That evening Dr. Parlee did a caesarian section and Dr. Dafoe did a tracheotomy. The last I remember was being put in the lung and being told to relax and let the lung breathe for me. They said there were around eight doctors in the operating room, some of whom were Dr. Parlee, Dr. Dafoe, Dr. Sherman, Dr. Ross and Dr. Taylor.

My baby girl had respiratory polio and died shortly after birth. They did not tell me until nearly two weeks later even though I kept asking how she was. I should have had the Salk vaccine because I was expecting, but my doctor neglected to give it to me.

The hospital staff phoned my husband quite a number of times to tell him to come if he wanted to see me alive. By the time he got there I had fought back. I kept praying God would let me live so I could raise my children. It seemed as if I was walking on a very narrow path and someone was holding my hand. The pain at night time was excruciating. The only way they could relieve it was to wrap me in chamois which was wrung out of really hot water.

I also was allergic to penicillin and it was the only antibiotic that worked for polio. There are two kinds - cloudy and clear, and I was only allergic to the one. Thank God for the alternative.

One night at the Royal Alex Hospital I had a nurse who would not turn the pressure up on the lung. She said I was okay and I fought for air all night. In the morning when the day nurse came on, she couldn't believe I was still alive because the pressure was so low. I also had a tube down my nose and into my stomach by which I was fed.

Mr. Littlefair, a physiotherapist from the U of A Hospital, came over to the Royal Alex and pounded my back to loosen the mucus in my lungs. I sure hated it when the nurse would suction out my lungs because I couldn't cough. When the isolation time was over, I was transferred to the U of A Hospital by ambulance. I had only been there a short time when I got phlebitis in my one leg. I also got pneumonia. Dr. Dvorkin and Dr. Lakey stayed with me all one night. They kept putting ice cold towels on me to bring the fever down. I had just got better and one of my kidneys stopped working. Dr. Metcalf did not want to operate so he said to try forcing fluids. It worked and my kidney started functioning again. Dr. Metcalf came in on rounds and I had drank a tremendous amount of water. The nurse told him how much I had drank and he said "What! ... in the morning... how much in the afternoon?" The nurse just stood there with her mouth open.

My polio Experience

(continued from page 12)

I spent about four to six months in the lung, then onto the rocking bed. When I was able to sit up in the wheelchair for a short time, my children came to see me. My eight-year old son wanted to put my slippers on me and I told him I couldn't lift my feet. He said, "You could if you really wanted to".

We had a very efficient English nurse who would turn me in the iron lung. The sponge collar would catch on my trach and I would tell her it hurt. She would call me a big baby. The one day when she turned me I passed out. She was very careful after than.

My arms and hands were the only part of me that was not paralyzed, so I would knit in the lung even though I couldn't see what I was doing. More movement returned as time passed. I had a complete body brace, leg braces and even a brace that extended to the top of my head with a band around my head because my neck was too weak to hold my head up. I had water therapy and I was put on a swing. I felt like a puppet when they hooked me to the ceiling and made me walk by pushing my legs.

Sometimes the therapist would come to our room and do therapy on the bed. It hurt so much I would bury my face in the pillow and cry. Other times I was put on a standing board and they would make me stand up and the room would spin because I got so dizzy. The first time I tried to eat on the rocking bed I got so sick I couldn't even swallow. Dr. Dvorkin always introduced me to the interns that came with him on his rounds as his "miracle" patient.

I took eight different medications. The cough syrup tasted like iodine and should have cured anything. There was one medication that made me hallucinate with creepy, crawly things on the ceiling. I asked Dr. Dvorkin about it and he said it was a pain killer. I asked him if he would take me off of it and he said sure, but he had never had anyone ask to be taken off of it before.

When we needed something we clicked on the roof of our mouth with our tongues as we could not use our hands to use the call button and could not talk unless we could cover the air hole in the trach.

I was laying on a bed eating peanuts and I choked on one. Not being able to cough or sit up I was in a bad way. Jean Mark, a young patient, saw what was happening and yelled loud enough until a nurse came and suctioned the peanut out.

After I went home, which was almost a year to the day of admittance, I used a respirator for a while at night. My left diaphragm did not return to normal and still hasn't. The first time I peeled potatoes my hands ached for about a week.

I am very thankful that none of my family got polio.

I dreamed one night when I was in hospital that I got up off my rocking bed and walked the length of the room, which had six or seven beds on one side and the iron lungs on the other side. It really happened. Mr Stoffer, the brace man, came one day and put braces on me and with him on one side and a nurse on the other, they held me up so I couldn't fall and they moved my legs. Boy, was I glad to get back on the bed.

There was a day when I was in the lung and still unable to breathe on my own the electricity went off. There were nurses and doctors and orderlies who came from all over the hospital to pump the iron lungs by hand, and use what we called the bagger on those who were on the rocking beds. ■

"I felt like a puppet when they hooked me to the ceiling and made me walk by pushing my legs."

**Someone asked C. S. Lewis, "Why do the righteous suffer?"
"Why not?" he replied. "They're the only ones who can take it."**

ANNOUNCEMENTS

PRIEST, Elsie Irene

On Wednesday May 24, 2006 Elsie, a valued member of the Wildrose Polio Support Society, passed away peacefully surrounded by her family.

She is survived by her five children: Shirley (Chris) Taylor, Vern (Paula), Marilyn (Wally) Kuzyk, Robert (Dianne), Ron (Donna) along with 19 grandchildren and 10 great-grandchildren. She is also survived by her sister Myrtle Hamre, brothers Bill (Dorothy) and Wally (Hilda) Bevan.

YOWEK, Betty Winnifred

A valued member of the Wildrose Polio Support Society, Betty passed away after a short illness on May 20, 2006.

Born in Edmonton May 30, 1926 she lived her whole life in this city she loved so much. Betty is survived by John, her loving husband of 51 years and their three children Bettyanne, Janet (Doug) and John (Val). She also leaves behind her beloved grandchildren Ryan, Colin, Jason, Thomas and Tara. Betty will be greatly missed by everyone who was lucky enough to know her.

WPSS Family BBQ Registration

Saturday Sept. 16, 2006 11am-4pm

ACT Centre, Rundle Park

Entertainment by Mr. "Ma" Fletcher 1-2:30 pm

NAME(S): _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

PHONE: _____ **NUMBER ATTENDING:** _____

Number of Adults: _____ X \$12.50 each = \$ _____

Number of Children
7 to 12 years: _____ X \$6.00 each = \$ _____

Number of Children
Under 7 years: _____ Free

Total amount enclosed (payable to Wildrose Polio Support Society): \$ _____

Please mail to:
by Sept. 5, 2006

Wildrose Polio Support Society
305 Hys Centre
11010 101 Street NW
Edmonton AB T5H 4B9

Enquiries:
(780) 428-8842

WE'RE ON THE WEB
<http://www.polioalberta.ca/wildrose/wpss.htm>

**WILDROSE POLIO
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E-mail: wpss@polioalberta.ca



Providing support for Polio survivors

The Wildrose Polio Support Society (WPSS) was formed in 1999 to provide information and support to Polio survivors.

The objects of the WPSS are:

- 1 To provide education to members in respect to post polio syndrome;
- 2 To provide group support and therapeutic support to polio survivors and to provide support to polio survivors other than through direct financial aid and assistive devices;
- 3 To disseminate information concerning research and treatment about post polio syndrome;
- 4 To raise monies for research into post polio syndrome and to donate same to such institution that is conducting research into post polio syndrome as the members of the Society shall decide;
- 5 To develop awareness, communication and education between the Society and the Community.

.....

• Do you know of a member who is ill, hospitalized or perhaps recovering from surgery?

• If so, please let us know and we'll send out a card or short message of support. Call our office at (780) 428-8842 and leave a detailed message if no one is there to take your call.

.....

.....

Whoever said you can't buy love
has never owned a puppy.

... Anonymous

.....

Membership

Member / Donor Form

NAME(S): _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

PHONE (DAY): _____ **PHONE (EVENING):** _____

FAX: _____ **POLIO YEAR:** _____

E-MAIL: _____ **BIRTHDAY MONTH:** _____ **DAY:** _____

MEMBERSHIP:

Individual (\$15.00) \$ _____

Couple (\$25.00) \$ _____

DONATION: \$ _____

TOTAL ENCLOSED: \$ _____

DATE: _____

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Wildrose Polio Support Society

305 Hys Centre

11010 101 Street NW

Edmonton AB T5H 4B9

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A man was telling his neighbor, "I just bought a new hearing aid. It cost me four thousand dollars, but it's state of the art. It's perfect."

"Really," answered the neighbor. "What kind is it?"

"Twelve thirty."