

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

Good Day Fellow Polio Survivors and Supporters

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I awoke this morning feeling great optimism for the New Year. I believe 2007 will be an auspicious year in terms of lucky number SEVEN and in terms of your new Board.

Thanks to the steady heads and helping hands of last year's board Wildrose Polio Support Society is entering 2007 on a positive note. As of the November AGM, I am blessed to be a member of your new Board which will work diligently to respond to your suggestions and needs.

“feeling great optimism for the New Year”

I, like many of you, have enjoyed the *WPSS News* and the comforting knowledge that I was not alone. But, for years I actually took the club for granted or was just a little condescending regarding its activities. That all changed in 2004 when I finally accepted that “old man Polio” had returned with a vengeance and I could no longer work after 26 years of steady employment. I needed support, lots of support, and Dr Sampson suggested I contact Wildrose Polio Support Society. Well, that was all the encouragement I needed. I tried out the swim program on a desperation basis and decided then and there to increase my contact and exercise regularly. The people, many on your current executive, were actually supportive and they weren't losers, they were doers. They encouraged me through my applications for

benefits, made exercise programs available and gave me the social interaction I greatly missed upon leaving work. I received so much from the WPSS that I felt I had to give something back. So, here I am your “Pres” for 2007.

I believe this new board will continue to work innovatively to assist all of you with whatever you may need. A listening ear, a word of encouragement or commiseration, an outing, an event, alternative therapies not paid for by the government and too expensive a burden to carry alone, are all available. Send us an e-mail, give us a call, write a note. We will do our best to be of support and advocate on your behalf.

We also need your support. You remember the sayings: two heads are better than one, or many hands make easy work. Attend a meeting or social event, send in your membership form, walk, wheel or sponsor someone in the Great Human Race. It is easy and fun to help yourself and others to a better lifestyle and acceptance of our reduced capacity.

I look forward to meeting and hearing from many of you, and to the silent majority, maybe next year.

Happy New Year,
Sharon Moffatt

2007!

Post Polio International Conference Miami, Florida April 9–11, 2007

“Partnering for a Better Tomorrow”

P Partnerships to enhance quality of life

P Pride in our history and power to improve our lives now

S Strength to survive

Hosted by:

The Post Polio Assn. of South Florida
&
The International Post Polio Support Organization

Our goals include the following:

- The latest in polio-related medical information, research and book reviews
- Ways to manage everyday tasks and chronic pain more easily
- Information about ongoing Rotary efforts for those with the late effects of polio
- Support for care-givers and polio survivors
- Continuing Medical Education credits (CME's) by PPS specialists to medical personnel
- Education on the Americans with Disabilities Act (ADA)
- Workshops to gather information and ideas, formulate new approaches and learn how to work together to enhance the quality of life of polio survivors. These to include:
 - ◇ Effective fundraising, enlisting media support and enhancing creditability
 - ◇ Learning teamwork and how to advocate for yourselves and others
 - ◇ Clarify key goals, identify key decision-makers and determine the best approaches to individuals and groups who can assist us in accomplishing our goals.

This 2-1/2 day Post Polio International Conference - *Partnering for a Better Tomorrow*, will be held April 9 -11, 2007, at the Radisson Hotel Downtown, Miami, Florida. Call hotel (800) 333-3333 - ask for “Post Polio International Conference” block room rate of \$119. Watch for more details at the websites: www.postpolioworld.com and www.ippo-world.org or email at postpoliomiami@aol.com.

Post Polio group cruise offered after Post Polio International Conference: A 7-night Eastern Caribbean Cruise will depart the Port of Miami on Saturday, April 14, 2007 aboard the Royal Caribbean ship “Voyager of the Seas”. If interested in joining them, contact Faye at: Toll free # 1-866-447-0750 or email to faye@travegroupint.com. Mention “Post Polio Conference Cruise” to get the group rate. Visit www.postpolioworld.com or www.ippo-world.org or email postpoliomiami@aol.com for more details.

Speakers Confirmed to date:

- Dr. Carol Vandenakker, Post-Polio Clinic at UC Davis Medical Center, California
- Dr. Khema Sharma, Medical Dir., University of Miami Post Polio Treatment Education, & Research Centre
- Dr. Ashok Verma, University of Miami Neurology, PPS Clinic
- Dr. Andrew Sherman, University of Miami Rehabilitation Medicine, PPS Clinic
- Cynthia Henley, P.T. & Kat Wollam P.T., PPS Clinic
- Ginger Irving, St. Catherine's Rehabilitation Hospital Administrator, PPS Clinic
- Professor Mike Kossove, Touro College, NY
- Dr. Hubert Rosomoff, Medical Dir., Rosomoff Comprehensive Pain Center
- Ann Lee Hussey, Rotarian Action Group for Polio Survivors and Associates
- Bill Norkunas, ADA Help, Inc.
- Phyllis Resnick, ADA Access Now
- Linda Wheeler Donahue, Polio Outreach of Connecticut
- Kimberley Dowds, Associate Director, Polio Canada

Transportation

Miami- Dade County is a great place to visit (very wheel-chair friendly).

- Many wheel-chair lift-equipped taxis
- 100% of the buses have wheel-chair lifts and tie-downs
- Metromover station is located right outside the hotels
- Para transit service honours requests from those registered for Para transit elsewhere
- Many beaches offer beach wheel-chairs

Preconference - on April 7th & 8th, the newly-opened Miami Carnival Center for the Performing Arts (one block from the hotels) will present the National Philharmonic of Russia. Website: www.miamipac.org

Postconference – 7-night PPS group cruise to the Eastern Caribbean. Royal Caribbean's Voyager of the Seas will depart on Saturday, April 14, 2007 from the Port of Miami (one mile from the conference hotels) visiting Nassau, St. Thomas, Puerto Rico and Labadee.

WPSS Board of Directors

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The president of a large corporation opened his directors meeting by announcing, "All those who are opposed to the plan I am about to propose will reply by saying, 'I resign'."

Global Polio Eradication Initiative Wild polio Virus Update December 19, 2006

Total cases	in 2006	compared to same period in 2005
Globally	1820	1670
• in endemic countries:	1707	735
• in non-endemic countries:	113	935

Case breakdown by country:

Country	Cases	Compared to same period in 2005	Date of onset of most recent case
Pakistan	38	24	25 November 2006
India	597	57	18 November 2006
Nigeria	1043	640	10 November 2006
Niger	12	8	23 October 2006
Ethiopia	16	18	16 October 2006
DRC	11	0	9 October 2006
Afghanistan	29	6	29 September 2006
Kenya	1	0	17 September 2006
Somalia	32	101	5 September 2006
Bangladesh	15	0	22 August 2006
Cameroon	1	1	22 August 2006
Nepal	2	2	1 August 2006
Angola	1	9	27 June 2006
Namibia	19	0	26 June 2006
Indonesia	2	295	20 February 2006
Yemen	1	477	2 February 2006

Headlines

- Pre-notification of new polio cases in Bangladesh, Kenya and Somalia received.
- Technical oversight bodies of all four endemic countries convene to discuss 2007 strategies.

Endemic Countries

Afghanistan

- No new cases were reported in the past week.
- The Ministers of Health of Afghanistan and Pakistan jointly addressed a historic health jirga of tribal leaders last week, urging support to ensure no Afghan and Pakistani child slips through the net.
- Both Ministers of Health personally immunized children

on both sides of the border, at a launch of SIAs held in critical border areas on 12-14 December.

- These high-level activities followed high-level meetings by both health ministers one week earlier, in Islamabad, to discuss increased focus for cross-border synchronization of polio campaigns.
- With most areas in both Afghanistan and Pakistan now polio-free, and cross-border polio transmission primarily affecting children to whom access is hampered (due either to insecurity or large population movements), both countries agreed necessary steps to increase coordination of both campaign and surveillance activities, at a Technical Consultation on Polio Eradication in Afghanistan and Pakistan, held on 6-7 December, in Muscat, Oman.

(Continued on page 5)

Global Polio Eradication Initiative

(continued from page 4)

Afghanistan's next Sub-National Immunization Days (SNIDs) will be held on 14-16 January 2007.

India

- 14 new cases were reported in the past week, the bulk (8) from Uttar Pradesh.
- On 10-14 December, SIAs using monovalent oral polio vaccine type 3 (mOPV3) were held in key districts with ongoing polio type 3 transmission.
- The India Expert Advisory Group on Polio Eradication (IEAG) convened on 11-12 December, in Delhi.
- Key recommendations from the IEAG include a new multi-pronged strategy aimed at rapidly closing the remaining immunity gap, which has now been limited to children aged less than two years.
- Central to this strategy will be a dramatic increase in the number of campaigns, specifically aimed at reaching children aged less than three years, in the highest-risk districts of western Uttar Pradesh and Bihar states. Large-scale campaigns with mOPV1 will now be held on average every four weeks.
- The IEAG concluded that given high population immunity and large-scale use of mOPV1, prospects for interrupting type 1 polio transmission in the country were significant in 2007.
- The next National Immunization Days (NIDs) will be held on 7 January 2007.

Nigeria

- 9 new cases were reported in the past week, from northern states.
- The Expert Review Committee on Polio Eradication (ERC) convened in Abuja on 7-8 December.
- Key recommendations from the ERC include the finalization of the supplementary immunization activity schedule for 2007, as well as a risk-classification for ongoing polio transmission of each geographical area, to drive focused prioritization of activities. All activities will now be state-driven, to ensure the most effective and targeted implementation of the ERC recommendations.
- Three states - Kano, Katsina and Jigawa - have been classified as 'very high risk', due to ongoing coverage gaps of greater than 25% during campaigns and the high number of polio cases reported.
- The next nationwide Immunization Plus Days (IPDs) will be held on 25-28 January 2007, using monovalent oral polio vaccine type 1 (mOPV1) in the south and trivalent OPV in the north.

Pakistan

- 2 new cases (a type 1 and a type 3) were reported in the past

week, from Sindh. The cases had onset of paralysis on 21 November and 25 November.

- Please see 'Afghanistan' section for overview of joint Pakistan/Afghanistan activities.
- Pakistan's next NIDs will be held on 16-18 January 2007.

Importation Countries

Bangladesh

- Pre-notification of 2 new cases (type 1) was received, from Sylhet province. The cases had onset of paralysis on 29 October and 4 November.
- Bangladesh's most recent NIDs were conducted on 25 November. The next NIDs will be launched on 23 December.

Democratic Republic of the Congo (DR Congo)

- 3 new cases were reported in the past week (type 1), from Bas-Congo province (onset of paralysis on 9 October), and Bandundu provinces (onset of paralysis on 2 October and 6 October).
- DR Congo's most recent SIAs covering these two provinces were held on 18 August (in Bas Congo, with OPV also added to a measles campaign held on 12 December), and 8 November (in Bandundu, in conjunction with a measles campaign).

An appropriate immunization response to these latest cases is currently being discussed.

Kenya

- Pre-notification of a case (type 1) was received. The case had onset of paralysis on 13 November, from North Eastern province (Garissa district - the same district as the index case from September).
- Kenya's most recent SIAs covering North Eastern province were held on 2 November. SIAs which had been planned for 2 December were postponed in North Eastern province, due to heavy rains and flooding.

Niger

- 1 new case (type 3) was reported in the past week, from Maradi. The case had onset of paralysis on 23 October. Niger's most recent SNIDs were held on 23 November.
- The next SNIDs will be conducted on 21 December

Somalia

- Pre-notification of a case (type 1) was received, from Togdher province. The case had onset of paralysis on 8 November. Two NIDs have been held since this latest case, in early November and on 10 December.
- Somalia's next SNIDs will be held in early January.

Source: <http://www.polioeradication.org/casecount.asp>

Visit-Able Homes, Visit-Able Communities

What Is Visit-Ability?

Most homes have steps at every entrance, and have bathroom doors that are narrower than other interior passage doors.

Visitable homes have:

- one entrance with zero steps
- 32 inches clear passage through all interior doors, **including bathrooms**
- at least a half bath (preferably a full bath) on the main floor

Visitable homes are deliberately designed with basic access by residents who do NOT have disabilities. Visitability is a campaign for these features to become standard in virtually all new homes, through legislation, voluntary implementation, market forces and strong advocacy from interested individuals.

What Are The Benefits?

Residents in the community can **welcome guests** who use wheelchairs or walkers, or have some other mobility impairment such as stiffness, weakness or poor balance. When Visitability is in place, mobility-limited people are **not isolated by architecture**.

If a family member develops a disability through illness, accident or aging, the person and their family are more likely to be **able to remain in their existing home**, rather than having to do major, expensive renovation—or move to another house, or a nursing home.

All residents find it easier to bring in baby strollers, grocery carts, heavy furniture.....

- Visitable homes **enhance sale and re-sale** in an era where the senior demographic is growing rapidly. Buyers are attracted to homes that welcome their aging parents and provide easy-use convenience for themselves.
- Visitability features **cost little up front**—unlike the much higher after-the-fact cost of widening doors and adding ramps.

Zero-step entrances on new homes are nearly always **easy to construct**, on flat *or* hilly terrain. The entrance can be at the front, side or back, wherever is most feasible for the topography. A zero-step entrance can usually be incorporated without a

“ramp” by grading so that the sidewalk meets a porch. For the 40% of homes built on a concrete slab, the zero-step entrance is typically extremely easy. For homes with basements or crawl spaces, solutions such as siting the home properly on the lot, using a porch as a bridge to the sidewalk, lowering the first-floor rim-joint, creative use of small retaining walls, constructing the zero-step entrance from the garage and other methods provide low-cost zero-step entries.

- Visitability features **make fiscal sense** for society as a whole. For instance, as of 2004, the average cost for one year of nursing home care exceeds \$50,000 per person¹ ? 62% of which is paid with public dollars.²

More On Doors

All interior passage doors need to be a minimum of 2'10", which leaves 32" clear space when the door is open at 90 degrees. Although 2'10" doors are not yet commonly stocked in home improvement stores, they are readily available from the door companies where professional builders buy their supplies. 3'0" doors are excellent where space permits. Pocket (sliding) doors are another way to obtain 32 inches of clear passage space. Special attention needs to be paid to the bathroom door because this is the one typically smaller than other doors on house plans

Usually a builder need not employ an architect to modify an existing house plan to accept wider doors; usually the existing plan already offers enough wall space for wider doors and the wider doors can be indicated by simply marking the plan

It's not essential (although it can be helpful) to have a large turning diameter inside a residential bathroom; in a small bathroom, the wheelchair user can roll in forward and roll out backward. But it is essential to have at least a 32" clear path to the commode. The bathroom door can be hinged to swing out rather than in to give a person using a wheelchair enough room to shut the door when inside the room.

Footnotes:

¹ GE Financial Survey, 2003, http://www.gefinancial.com/pressroom/releases/20030803_nursingcosts.html

² “Medicaid and Long-term Care,” Kaiser Commission on Medicaid and the Uninsured, May 2004

Do any developments already incorporate visitability?

Yes. For more information, contact Polio Survivor Eleanor Smith at info@concretechange.org. Also see the website at www.concretechange.org

B a n g l a d e s h t o I m m u n i z e 2 4 M i l l i o n C h i l d r e n

DHAKA, December 22, 2006 (Reuters) - Bangladesh hopes to have vaccinated 24 million children by Saturday as it strives to stamp out polio, the incurable disease which re-emerged in the impoverished South Asian nation in March this year, health officials said on Friday.

Bangladesh, declared polio-free in August 2000, now has 17 cases after a 2-year-old boy in a village near Sylhet, 350 km (219 miles) northeast of Dhaka, was found to have the virus.

"The Dhaka-based National Polio Laboratory has confirmed the case," said Shafi Ahmed Moazi, a medical officer in Sylhet.

The country's first instance of polio, which mainly affects children under five and can cause paralysis in a matter of hours, was discovered in March. It triggered national alarm and a widescale vaccination programme.

"Immediately after the detection of the first case, we started immunising children against polio by launching a nationwide programme," Adbul Karim Mollah, a director of the government's health directorate, told Reuters.

Assisted by the United Nations Children's Fund UNI-

CEF and World Health Organisation (WHO), Bangladesh has deployed 60 experts across the country to keep constant watch and take appropriate steps to monitor and curb the spread of the disease.

Most cases were in eastern areas on the border with India, one of four polio-endemic countries. Health officials believe the Bangladesh outbreak may have originated there after India reported 583 polio cases in 2006, fuelling fears it could undermine global efforts to eradicate the disease.

The Uttar Pradesh polio strain, named after the poor, populous Indian state which bore most of the caseload, spread to neighbouring Nepal and faraway Angola and Nambia as well as Bangladesh. All were previously polio-free.

Health authorities suspect the virus was carried by a traveller who was carrying it in his intestines where it can linger for up to six weeks.

Saturday is the 6th national immunisation day in Bangladesh, since April, Mollah said. Although incurable, multiple vaccines can protect a child against polio for life. (Additional reporting by Raju Ahmed in Sylhet)

Source: <http://www.alertnet.org>

Get Well Soon

A motorcycle cop was rushed to the hospital with an inflamed appendix.

The doctors operated and advised him that all was well. However, the patrolman kept feeling something pulling at the hairs on his chest. Worried that it might be a second surgery the doctors hadn't told him about, he finally got enough energy to pull his hospital gown down enough so he could look at what was making him so uncomfortable.

Taped firmly across his hairy chest were three wide strips of adhesive tape, the ultra sticky kind. Written in large black letters was the sentence, "Get well soon! Luv, from the nurse you gave a ticket to last week!"

GST/HST Information for Persons with Disabilities

Here are some of the goods and services used by people with disabilities that are exempt from or zero-rated for the goods and services tax/harmonized sales tax (GST/HST).

Health care services

Most health care services are **exempt supplies**, which means that they are not subject to GST/HST. An example of a health care service, which is exempt from GST/HST, is a homemaker service, funded by a government or a municipality that is provided to an individual in their place of residence. A **homemaker service** includes a household or personal service such as cleaning, laundering, meal preparation, and child care, which is rendered to an individual who, due to age, infirmity, or disability, needs help.

If a person receives subsidized homemaker services, all other supplies of homemaker services the person receives are also GST/HST exempt.

Personal care and supervision programs

An exemption is extended to all businesses that provide care and supervision to individuals who have limited capacity for self-supervision and self-care due to an infirmity or disability. This exemption applies to services provided mainly in the establishment of the provider.

An example of this exemption would be daytime or overnight supervision provided when the main caregiver is working or is otherwise unavailable.

Meals On Wheels and similar programs

A public sector body such as a charity, a non-profit organization, or a government may operate a program to provide prepared meals to seniors or persons with disabilities in their home. If so, the body does not charge GST/HST when it provides food and beverages under the program.

Recreational programs

Recreational programs offered by a public sector body that are primarily for people with disabilities are exempt from GST/HST.

Recreational programs may include board and lodging at recreational camps or similar places, as well as recreational services, including those provided on an ongoing basis at a community centre.

Medical devices and supplies

Medical devices and supplies that are zero-rated for GST/HST include:

- wheelchairs, walkers, and other similar aids to locomotion that are needed by people with disabilities;
- hearing aids;
- prescription eyewear supplied under the written order of an eye care professional;
- selector control devices designed to enable a person with a disability to select, energize, or control household, industrial, or office equipment;
- toilet-seat, bath-seat, or shower-seat designed for use by a person with a disability;
- patient lifter designed to move a person with a disability;
- cane or crutch designed for use by a person with a disability;
- supply of clothing designed for use by a person with a disability, when the clothing is supplied on the written order of a medical practitioner for use by the person named in the order;
- incontinence product designed for use by a person with a disability;
- auxiliary driving controls that enable an individual with a disability to operate a motor vehicle; and modification of a vehicle to adapt it for the transportation of a person using a wheelchair.

Guide and hearing-ear dogs – Guide dogs for blind persons and hearing-ear dogs for persons who are deaf or hard of hearing are also zero-rated for GST/HST.

Rebate for specially-equipped motor vehicles – You may buy a new or used vehicle from a dealer which is already equipped with either auxiliary driving controls to enable an individual with a disability to operate the vehicle, or with a device designed only to allow a wheelchair to be placed in the vehicle without having to collapse the wheelchair. If so, the GST/HST at 7% or 15% applies to the purchase price of the vehicle.

There is no zero-rating or exempting provision that applies to the supply of vehicles with these modifications already done. Instead, buyers get a rebate for the GST/HST payable on the part of the purchase price that relates to the modification of the vehicle and the installation of these devices, either from the supplier or by sending us a completed **Form GST518, GST/HST Specially Equipped Motor Vehicle Rebate Application** <http://www.cra-arc.gc.ca/E/pbg/gf/gst518/README.html>

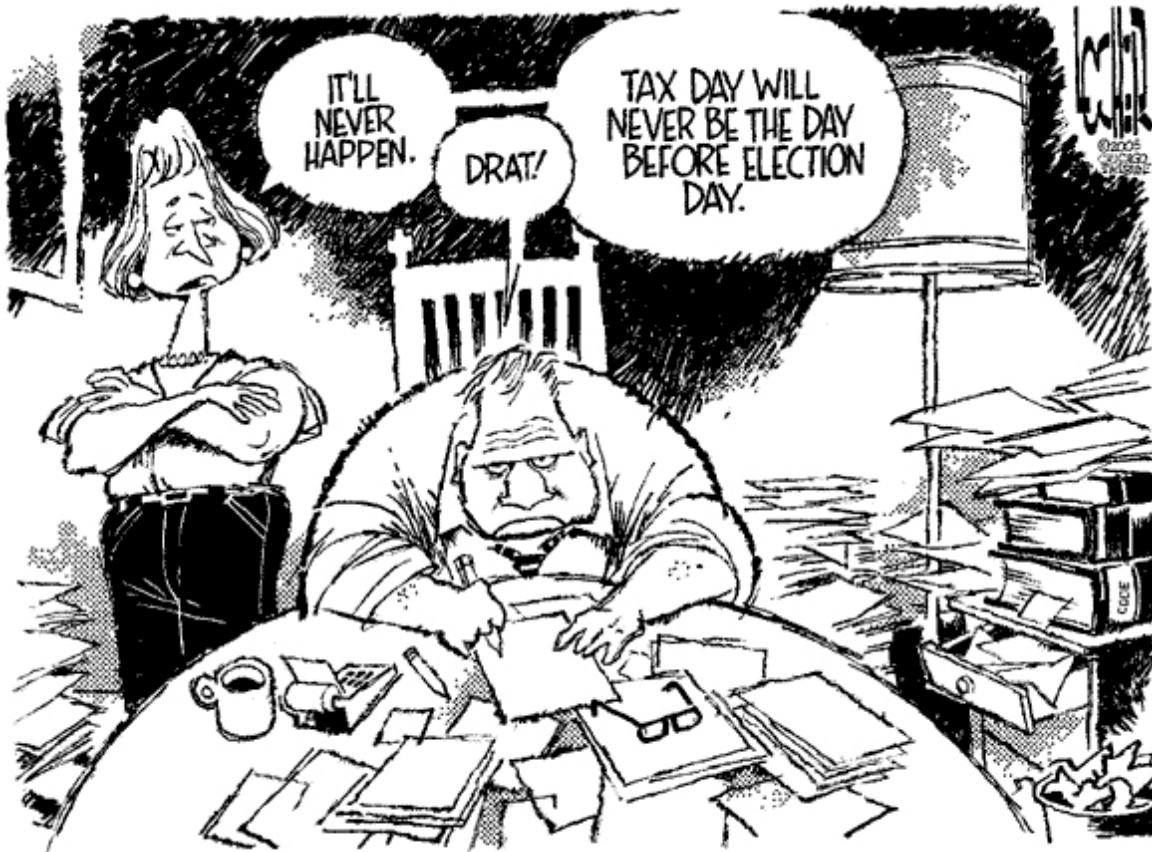
The rebate is also available if you paid GST/HST on modifications that were made to specially equip your vehicle outside of Canada.

(Continued on page 9)

GST/HST (Continued)

Forms and publications

- **Information Concerning People with Disabilities guide (RC4064)**
<http://www.cra-arc.gc.ca/E/pub/tg/rc4064/README.html>
- **Information sheet and form GST518, GST/HST Specially Equipped Motor Vehicle Rebate Application**
<http://www.cra-arc.gc.ca/E/pbg/gf/gst518/README.html>



Would you like to share **your** favorite recipe with us?

Please send it to

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or

Email: wpss@polioalberta.ca

Pecan Rice Recipe

- 3 cups brown rice
- 2 cups beef broth (and add water to make 6 cups)
- 2 tablespoon Worcestershire sauce
- 1 tablespoon butter or olive oil
- 4 ribs celery, chopped
- 1 medium onion, chopped
- 2 green onions, chopped
- 1½ cups, toasted pecans
- salt and pepper to taste

Measure broth, Worcestershire sauce and hot water to make 6 cups of liquid. Bring to a boil; add brown rice. Cover and cook 30 to 40 minutes, until tender. In a large skillet, heat the butter or oil and add the onions; cook until just limp. Add pecans and toss to mix; remove from heat; set aside until rice is cooked. When rice is done, add celery, onions and pecans. Mix well. Serves 4.

Recipe
 Corner

Ventilator Forum Project Completion Report

I am pleased to present the final report for the **Forum on Ventilator Assisted Living: Strategies for Living Well.**

The purpose of this event was to bring together ventilator dependent citizens of Alberta, together with their family members and/or caregivers, for the purpose of sharing information and coping strategies used by peers in a variety of areas including hospital, home and community. Topics discussed included, but was not limited to:

- Hospital - Home - Community - strategies for preparing for elective surgery
- Areas of concern during life transitions from youth to adult
- Caregiver and family health and wellness issues

This one day event was presented using three different panels, each of which was made up of four speakers, who shared their expertise on the topics through their personal or professional experiences. Each panel presentation, which ranged in length from 1 hour to 1 hour 45 minutes, was followed by a question and answer period with the audience.

The lone panel representative from the professional community was a pediatric pulmonologist who has a general practice and is currently head of the Pediatric Pulmonary Division in Edmonton. Ventilator dependent individuals living with spinal muscular atrophy, muscular dystrophy, spinal cord injury and polio were included. Family caregivers to ventilator users rounded out the rest of the panel representation.

After registration and a continental breakfast, the forum got underway with opening remarks from Rob Lougheed, MLA for Strathcona and Chair of the Premier's Council on the Status of Person's with Disabilities. This was followed by a history of assistive breathing services in Alberta. The first panel presentation on Hospital - Home - Community completed the mornings structured activities.

Time was included in the lunch break to network and view exhibits set up by MediGas, Wecare Home Health Services, Muscular Dystrophy Canada and the Wildrose Polio Support Society.

The afternoon concluded with panel presentations on Managing Difficult Life Transitions and Caregiver and Family Health and Wellness.

There were 90 registrants for the forum. During the wrap up at the end of the day, an Evaluation/Feedback form was distributed to all in attendance. 33 forms were completed and

returned. A detailed summary of those comments are attached and is part of this report.

The question and answer sessions at the conclusion of each panel presentation indicated there are a number of concerns that are shared by ventilator users and their caregivers. Some of these concerns are listed below:

- Caregiver burn out - especially when the caregiver is a family member. More help is desperately needed here.
- Better training for Personal Care Aids who are charged with the care of ventilator users.
- A financial compensation plan for Personal Care Aids that reflects the competitiveness of today's market place.
- Unhindered access to active treatment hospitals for ventilator dependent citizens.
- An answer to the question, "where do ventilator dependent citizens go when their caregiver is not able to care for them at home for an extended period of time?"
- Access to ventilators that are more compact, quieter and lighter in weight so they can be more easily transported when traveling.

Since the forum, steps have been taken to address two concerns that were raised by participants. Respite accommodation for ventilator users is now available in the Edmonton area and the possibility of acquiring more compact ventilators is being explored by the appropriate government department.

It is the writers hope that other issues mentioned here will be brought to the attention of the appropriate departments within government and the Capital Health Authority, in order that action be taken to address the concerns raised during this forum.

I would like to express my appreciation to the Alberta Paraplegic Foundation for the grant of \$5000.00 that contributed to the success of this 'first of its kind' forum on ventilator assisted living in Alberta.

Respectfully Submitted by
Bob DeFrain

On behalf of the Wildrose Polio Support Society
December 11, 2006

Ottawa eyes expanded benefits

GLORIA GALLOWAY, Globe and Mail Dec 29/06

OTTAWA — The federal government is examining ways of addressing a gap that leaves millions of Canadians affected by moderate disabilities and illnesses without income support.

A report for Human Resources and Social Development Canada, commissioned by the previous Liberal government but completed after the Conservatives took office last January, says workers and their families are vulnerable.

“Much more than a crack, the problem concerns the absence of a social-insurance program for millions of working Canadians whose work or earnings are interrupted because of illness or disability,” writes its author, University of Victoria professor Michael Prince.

The gap exists because employment insurance provides 15 weeks of benefits to people who are seriously ill but are otherwise able to do their jobs. The disability benefit offered through the Canada Pension Plan, on the other hand, is intended for people who are so incapacitated by illness or disability that they will not be able to return to work for at least a year.

But there exists a whole range of illnesses, Dr. Prince says — including arthritis, multiple sclerosis, AIDS, chronic fatigue syndrome, lupus and even some types of cancer — that create episodes of incapacitation followed by periods of good health. These sufferers don't qualify for CPP when their EI runs out because they don't fit the government's definition of disabled.

And for those who do qualify, there is often a lapse after the 15-week period of EI ends and before CPP disability benefits kick in.

Cheryl Elliott, a 40-year-old nurse from Kanata, a suburb of Ottawa, is glad to hear Ottawa is acknowledging the hole that has engulfed her and others with moderate or episodic disabilities.

In 1998, Ms. Elliott was diagnosed with relapsing MS that left her paralyzed and using a wheelchair. She received EI benefits and started to gradually get better. But the benefits ran out before she was well enough to go back to work full-time. And she had no long-term or short-term disability insurance.

“I tried to return to my predisability employment as a nurse but I was given a job that I clearly could not do,” Ms. Elliott said yesterday.

Although many workers have access to long-term disability insurance — either privately or through their employers — to help bridge the period between the two programs, more than 7.3 million do not. They include more than 62 per cent of those who are self-employed and more than 44 per cent of people who are employed by somebody else.

Dr. Prince recommends three options to address the problem: extending EI sickness benefits, introducing a benefit within the CPP program that would cover partial disabilities, or creating a program that would fall between CPP and EI.

A subsequent analysis of Dr. Prince's report points out that he made no attempt to estimate the costs of those options. Dr. Prince agreed, during a telephone interview this week with The Globe and Mail, that a full costing would have to be done before the measures can be fully debated.

But he pointed out that while the Conservatives were in opposition they were on record as supporting an extension of EI benefits by 35 weeks to those who suffer from a serious or prolonged illness.

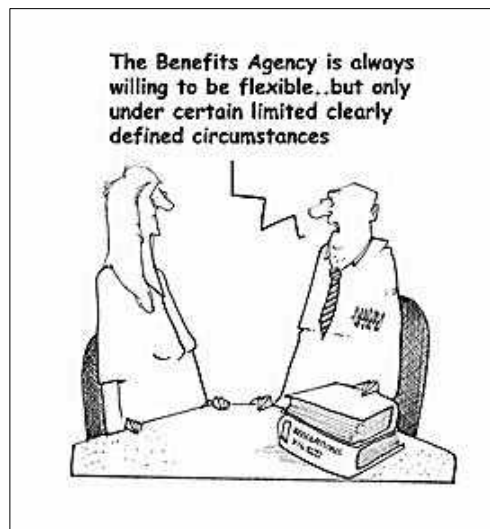
Colleen Cameron, a spokeswoman for Human Resources Minister Diane Finley, said yesterday: “We are aware of the concerns outlined in this report and that there are some persons with disabilities experiencing a gap in income supports. Our government continues to evaluate all programs and services to ensure they best meet the needs of Canadians. We are committed to supporting persons with disabilities and are looking into this issue.”

A departmental memorandum prepared for the assistant deputy minister in July of this year, and obtained by Ottawa-based researcher Ken Rubin, accepts the conclusions of Dr. Prince's report.

It says the objective of a new benefit policy would be to provide an incentive for people who have moderate or episodic illness to stay employed and to reduce the likelihood of disabled workers becoming fully dependent on income support.

The memorandum says more research must be done to document the gaps in coverage but it suggests that Dr. Prince's paper be shared with other sections of the department to develop a new policy.

Ms. Elliott said that she tried to re-enter the work force after her condition improved, but as soon as potential employers learned she had MS, the interviews ended. “It's not what I can provide to them,” she said, “it's, ‘How much of a liability are you going to be to me?’ ”



Niomi Pearson Alberni Valley Times

Published: Tuesday, March 14, 2006

After surviving a severe case of polio over 50 years ago, local resident Bonnie Morgan said that her difficulty with the disease is still not over, despite the fact that polio has been eradicated from Canada for decades.

Morgan, like many other polio survivors, experiences the after effects of polio, more commonly known as Post Polio Syndrome (PPS).

She said it is very possible that there are local residents who could be living with PPS, but don't know it.

Morgan, 60, was four and a half years old and living in Ottawa when she contracted polio. She explained that at the time there was very little known about the disease and so doctors had to keep the young girl strapped down in isolation, sometimes under hot, wet wool compresses.

"I can remember it because I couldn't move my neck and I was in the hospital and I had to learn to walk again, but I didn't have it as bad as some people," she said.

"Some people died. There were so many people with iron lungs and people with braces, so really, I had a mild polio virus."

In recognition of polio and post polio awareness month, Morgan spoke with the Times about the after effects and why it is so important for people to understand what the syndrome is all about.

"In the 50s when people had polio, a lot of people thought that they had the flu because they had a really mild form of polio, and other people were crippled," she said. "Now, people are wondering if they had polio, but there's no way to find out because their doctors aren't alive anymore, the hospitals don't keep records, so a lot of people don't know if they've had it or if it's just aging."

Morgan said PPS is a commonly used name for the late effects of poliomyelitis, which may appear anywhere from 10 to 60 years after the initial onset of polio.

The symptoms will vary from person to person, but they can include excessive fatigue not related to activity or relieved by rest, increased weakness in unaffected and previously paralyzed areas, muscle joint and pain, increased sensitivity to cold, or problems with breathing or swallowing.

Many people also don't know that they have to be very careful

with anesthetic if they've had polio, Morgan explained.

"I've been to the anesthetist at the hospital because polio survivors need a typical dose of anesthetic divided by two," she said. "Unless you tell the anesthetist that you've had polio, there can be drastic after effects."

And because some of the symptoms of PPS are similar to that of aging, Morgan said it could quite easily go undetected.

"A lot of people know they've had polio because they have the visible signs, but unless you're visibly handicapped, some people would never know, and wouldn't have a clue if they had polio or not," Morgan said.

Morgan said the problem in small communities such as Port Alberni is the lack of knowledge that is available about polio and it's after effects.

"All of the doctors that would have been in practice then are almost gone. They're dying out and there's only a few left. So, in medical school, they don't really teach you about a virus that's not here anymore. They touch on it, and they learn about it," she said.

"Now they are seeing the aging population, these are the people that have the after effects of polio."

Thanks to the Salk vaccine and Canada's immunization programs, the country is polio virus free, however the disease, which has been traced back to the 1300's, is far from dead.

According to a press release from the Post-Polio Awareness and Support Society of British Columbia (PPASS), the World Health Organization announced that Afghanistan, India, Nigeria and Pakistan still have endemic polio, meaning it has always been there. It is also present in eight other countries, including Indonesia, Yemen, Angola, Ethiopia, Nepal and Somalia, where it had previously been eradicated before being imported again from one of the endemic nation.

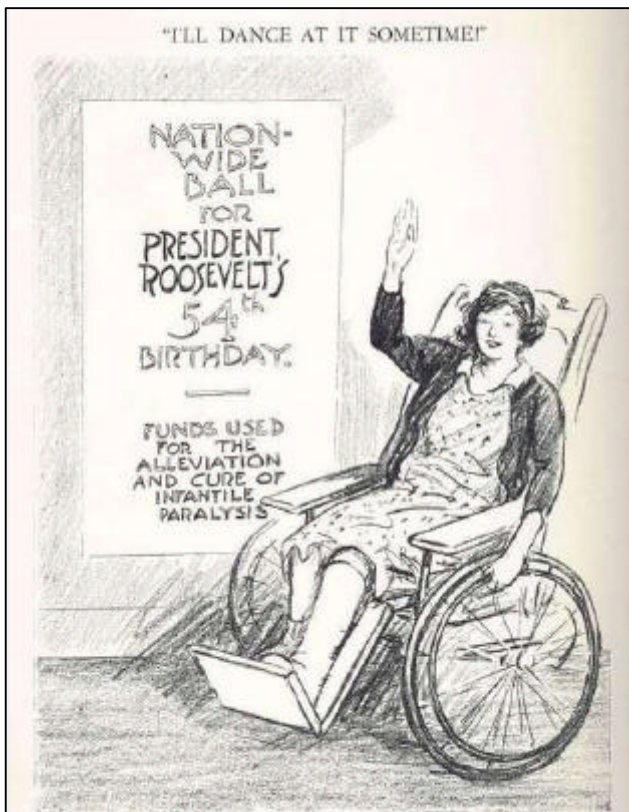
More information on PPASS can be found at www.ppass.bc.ca. Morgan is the local contact for PPS and can be contacted at 724-1695.

"If people have had polio and they would like to get a membership, it's \$20 a year and every six weeks we get PPASS news from Victoria," she said. "We only have six members in our local group."

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From the Polio Archives

Courtesy of the Roosevelt Warm Springs Institute



Title: "I'll Dance at it Sometime"

Original Caption:

Nation-Wide Ball For President Roosevelt's 54th Birthday. Funds Used for the Alleviation and Cure of Infantile Paralysis

Contributed by Rollin Kirby, famous New York World-Telegram Cartoonist; 350 Newspapers ordered mats from "The Bulletin" to reprint this cartoon.

Creator: Rollin Kirby (illustrator)

Date: January 30, 1936

Publication: The Birthday Ball Magazine

Publisher: National Committee for the Birthday Ball for the President to Fight Infantile Paralysis

Source: Franklin D. Roosevelt Library

Title: Arthur Carpenter's Hand Controls

Original Caption:

By pressing down on the button, the brake is engaged and by operating the lever with out pressing the button, works only the clutch, this is accomplished by the sliding bar shown in the illustration.

Operating Button

Sliding Pin

Flexible Cable

Arthur Carpenter's control allows choice of clutch and clutch-brake operation.

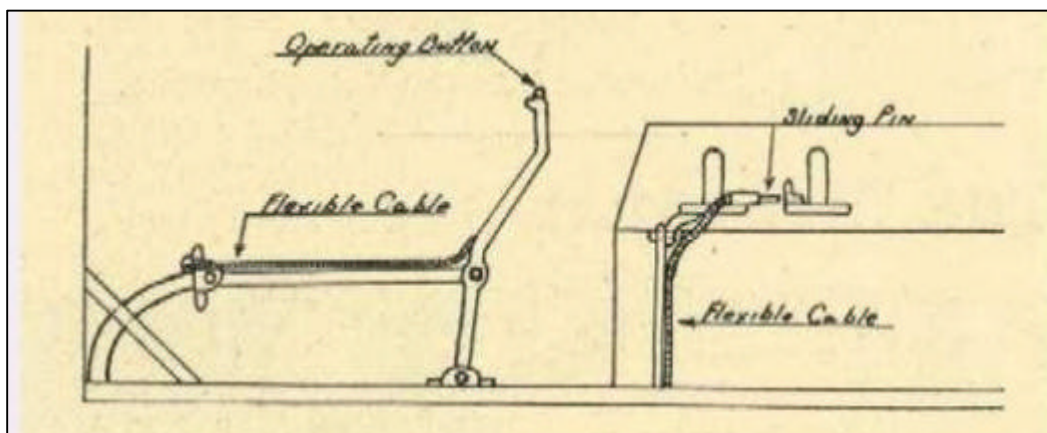
Creator: Architectural and Mechanical Hints Group (authors)

Date: October 1933

From: "Home, Franklin"

Publication: The Polio Chronicle

Source: Roosevelt Warm Springs Institute for Rehabilitation Archives



ANNOUNCEMENTS

Swim Schedule

ACT Aquatic & Recreation Centre

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

Note: Pool Closed For Renovations
Next swim date is Saturday January 27/07

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.

Happy Birthday!



- | | |
|-----------------------|-------------|
| Sharon Moffatt | January 13 |
| Seymour Neumann | January 22 |
| Dwight Robinson | January 26 |
| Eileen Fisher | January 28 |
| Lorraine Reeves | February 3 |
| Emily Leitch | February 12 |
| Cliff Cyr | February 18 |
| Gordon "Jim" Carswell | February 21 |
| Isabel Jack | February 26 |
| Ferne Hymanyk | March 5 |
| Catherine Strome | March 9 |
| Jean Adrian | March 25 |

The Great Human Race 2007

A United Way of the Alberta Capital Region event, the **Great Human Race** will be held at Churchill Square on Saturday May 5, 2007. Please be prepared to help the **Wildrose Polio Support Society** by walking, rolling or sponsoring a participant. Watch for further information!

Do you have an announcement that you would like us to publish?

Please let us know . . .

Email:
wpss@polioalberta.ca

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

Phone:
(780) 428-8842

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

**WILDROSE POLIO
SUPPORT SOCIETY**

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Fax: (780) 424-6313
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 other support as approved by the Board of Directors;
- 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.

Can't Jog? Not to worry . . .

It is well documented that for every mile that you jog, you add one minute to your life. This enables you at 85 years of age to spend an additional five months in a nursing home at \$5000 per month.

Membership

Member / Donor Form

NAME(S): _____
(For a couple membership, please circle name of polio survivor)

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: _____

Please mail to:

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

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*A clear conscience is usually a
sign of a bad memory.*