



Christmas 2020

Editor: Ivan Jorgensen

Phone: 306-757-8051

Polio Regina Incorporated

ivan.jorgensen@sasktel.net

3344 Baneberry Drive, Regina, Sask. S4V 2V2

Season's Greetings

Message from the President

Carole Tiefenbach



Well, it is that time of the year when we bid farewell to another year. Many of us would like to say, Thank Goodness it is over, while others would

like to count their blessings for some great things that happened in their lives.

We certainly have been blessed with a wonderful snowfall that covered our perennials and grass (for those of you with grass), plus our shrubs that also need a good snowfall to survive our harsh winters. Our plants should be a lot happier in the spring of 2021!

Wilf and I certainly enjoyed our garden, flowers and shrubs this year! It gave us some much-needed exercise to keep our mind off the unsettling conditions throughout the world and in our own province. Hopefully, things will be close to normal in the coming year.

We have enjoyed being able to exercise in the pool since it has been reopened. We try to make it three times a week. I still enjoy going for a 25-minute walk with my walking poles, so my legs do not seize up.

We get out to get our groceries once a week or more if needed, also to our other important appointments. Wilf also is still able to go to the shop, on occasion, to price and bid on projects.

As we enter this Christmas Season to celebrate the birth of Jesus Christ, we all should remember the Reason for the Season! Giving thanks for what we all have and our many blessings that we do enjoy. Even though we cannot see our families, we can give thanks for the technology in our lives that allow us to text, Zoom or Facetime anytime. Wilf and I are blessed to have a warm home with plenty of food storage and each other's company to survive this pandemic. We also are looking forward to visiting Manitoba, if we are able to, as we miss our family there.

We will certainly miss our time in Florida this year, as many others will miss going to their southern destinations, but we will do our best to keep ourselves occupied and busy.

Wishing you all a safe and healthy Christmas, and a Happy and prosperous New Year in 2021!

With love from Wilf and Carole to all!!

See you all on Zoom and hope more members can join in with us next time!!



Editorial



A lot has changed since our summer newsletter. COVID-19 slowed us down during the summer, but it was manageable. We were able to spend time outside in the garden and carried on our daily activities relatively normally as long as we wore a mask and socially distanced. Now the second wave is here, and it gets worse every day and it is getting scary. We have to hunker down and follow health directives. Christmas may be different this year; we may not be able to have family gatherings.

Dr. Bruno says “Having had polio does *not* mean you had a compromised immune system. And having PPS has nothing to do with a compromised immune system.”

But most of us are seniors and many of us have other underlying medical conditions such as lung or heart conditions that put us at risk. So be careful; stay safe!

This summer we lost two members who used to be very active in Polio Regina: Jeanne Hoffman who passed away July 18, 2020 and Doc Bornholdt who passed away September 9, 2020. (Neither death was COVID-19 related.) Unfortunately, because of COVID-19, we are no longer able to attend funerals, which is incredibly sad.

Jeanne Hoffman moved from Regina to Calgary to

live with her son in 2012 when she was 90 years old. Prior to that she always attended our Polio Regina meetings and was very active in our group and livened up the meetings. After moving to Calgary, she always kept in touch with us by phoning regularly. She was always full of spunk and a delight to be with.

Doc Bornholdt was a very active member of the community in his hometown of Yellow Grass and was always promoting the town. He was a friend to everyone.

He would always faithfully drive to Regina from Yellow Grass and later from Weyburn to attend our Polio Regina meetings even when the weather wasn’t ideal. He always contributed to our meetings and would often arrange for a guest speaker. The following is a tribute to Doc that was on his obituary page from the funeral home by Ramona Iida who Doc arranged to speak at one of our meetings.

“Doc was not just a client for my husband and I but a friend. I was honoured to be asked by him to attend and speak at one of the polio meetings he attended in Regina. He was a man with a smile, big hugs and always kind words about everyone. He never complained and always had a positive friendly energy about him. I am deeply saddened and will miss him til we meet again. Our condolences to all his family who he always told stories of and spoke highly of every visit! Ramona and Taka Iida.”

Jeanne and Doc’s obituaries and Polio Stories follow later in this newsletter.

On November 18th three members of the Polio Regina executive attended a Zoom meeting that was hosted by the March of Dimes in Toronto. There were participants from across Canada and several from the USA. The participants introduced themselves and discussed how Post-Polio Syndrome was affecting them. The March of Dimes hosts these meetings every Wednesday at 1:00 p.m. Every other week they have a guest speaker. In addition, they send out an email newsletter every Friday with information about the meetings and lots of other relevant Polio and COVID-19 information. If you are interested in joining, email the following information to Bojan Stupar the Polio Co-ordinator at March of Dimes Canada, at bstupar@marchofdimes.ca full address, phone number, full name.

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On November 23rd the Polio Regina executive had a Zoom meeting to try out Zoom and get an idea of how it works. We decided to hold a general meeting on December 3rd so our members could find out what is happening with Polio Regina and to conduct some business.

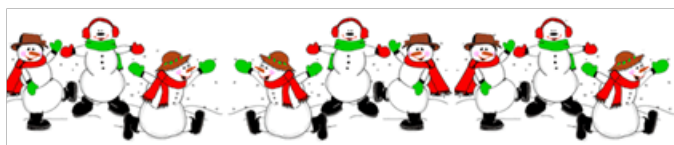
On November 3rd at 10:00 a.m. we held our Annual Polio Regina General Meeting by Zoom. Our treasure, David Cotcher, presented the annual financial statement for 2019 with comparative figures for 2018 and we elected the directors/executive officers for 2020-2021. The present directors/executive were asked if they would continue for another year. They agreed to stay. Ken Holliday agreed to serve as a director. We welcome Ken to the executive. There were no other nominations from the floor, so the nominees were elected by acclamation. The following are the Directors/Executive Officers of Polio Regina Inc. for 2020-2021:

- President** – Carole Tiefenbach
- Vice-President** – Wilf Tiefenbach
- Secretary** – Ivan Jorgensen
- Treasurer** – David Cotcher
- Phone Co-ordinator** – Carole Tiefenbach
- Web Master** – David Cotcher
- Post Box Editor** – Ivan Jorgensen
- Directors at Large** – Diane Lemon, Ken Holliday

Although the attendance at this meeting was disappointing, we decided to try more Zoom meetings. We decided to hold them the last Thursday of the month at 3:30 p.m. Since we don't have to go out in the cold, we decided to have our next meeting in January on the 28th, 2021. Diane lemon will try to arrange for a guest speaker from the Older Adult Response Unit of the Family Service Bureau to speak about the warning signs of elder abuse.

On behalf of the executive, I would like to wish all our members and their families a *Merry Christmas and a Healthy and Happy New Year!* Please stay safe!

Ivan Jorgensen



Jeanne Hoffman



Jeanne Hoffman (98) of Calgary, AB, passed away peacefully, surrounded by her family on Saturday, July 18, 2020. Jeanne is survived by her children, Roy (Amber), Beatrice Miller and Lorne (Patty); her grandchildren, Chris (Nadine) Miller, Jason (Rhamona) Miller, and Chad (Jenn) Miller; and great-grandchildren, Jade (Neil) Kay, Thomas (Rebecca) Miller, Mogen and Matthew Miller, Velesia and Violet Miller. She is also survived by her sisters-in-law Blanche Alain, Edna Alain, Irma Cox and Eva Hoffman; as well as numerous nieces and nephews. Jeanne was predeceased by her beloved husband Willie, of thirty-four years; her parents Eva and Bruno; sisters Alice (Roy), Yvonne (George) and Rachel (Bert); brothers George and Clem; and son-in-law Leonard Miller.

Jeanne moved to Regina and found Willy, the love of her life. They married in 1944 and farmed at Zehner, SK. In 2004 she moved from the farm into Regina where she made many new friends. In 2012 she moved to Calgary, AB, to be with her children. Jeanne's family and friends were her life.

She was the president of the Catholic Women's League, a gardener, a postmaster, a receptionist/sales lady, a volunteer, a game show contestant, a post-polio associate, a traveler, and granny to everyone. Jeanne was an amazing woman who will be loved and missed by all.

A PRIVATE GRAVESIDE SERVICE was held at Regina Funeral Home and Cemetery, 4001 East Victoria Avenue, Regina, SK on Monday, July 27, 2020. Flowers are discouraged; please give a chocolate bar to your neighbour or make a donation to a charity of your choice.

My Polio Story

Jeanne Hoffman has been a member of Polio Regina since the early 1990's. She has faithfully attended meetings and functions and has always been a contributor to our discussions. Jeanne celebrated her ninetieth birthday in September 2011. She has been an inspiration to all of us and we all wish that were as agile as she is. She will be moving to Calgary in January 2012 so we at Polio Regina would like to send her off with our best wishes. The following is Jeanne Hoffman's Polio Story.

Jeanne Hoffman



I was born and raised on a farm near Paradise Hill, Saskatchewan. In the fall of 1935, when I was 14 years old, I became ill with what the doctor said was Infantile Paralysis. I was at home sick in bed with a fever for about two weeks and missed a lot of school. The doctor said I was “gradually paralysing”. My mother took care of me. She was very meticulous in making sure the disease didn't spread. She even

scalded all the dishes.

Later that fall I was taken in a heated cutter to catch the train to North Battleford to see a doctor. He said that my muscles were receding. The Polio (Infantile Paralysis) had affected my muscles on my right side from my spine down to my hand. My hand was particularly weak. I also noticed that my hearing was not that good. The treatment that I received involved my mother massaging my muscles from my spine down my arm to my hand with camphorated oil.

In spite of these weaknesses I still worked on the farm like everyone else; I milked cows, which probably strengthened my hand, and did other chores.

I married my husband in November of 1944 and moved onto a farm in the Zehner area 12 miles North-East of Regina. We had three children, two boys and a girl. I have three grandsons, a great granddaughter and three great grandsons. My husband passed away in 1978.

After working on our farm doing heavy work like shovelling grain, before there was the convenience of a hoist on the truck, my arm got worse. My doctor sent me for physiotherapy which sometimes involved dipping my hand and arm in hot wax, wrapping them in hot towels and massaging my arm and hand.

In addition to working on our family farm, I also worked part time in the Zehner Post Office and I completed a typing course in Pilot Butte. In 1984 my son started RPH Distributors Ltd. which sells natural gas meters, regulators, risers, etc. I worked for him part time and he taught me how to do bookkeeping, invoicing and other office duties but sometimes I was left alone in the shop and had to help customers measure pipe and pick other supplies. I worked there for 17 years.

Throughout my life the affects of Polio made me feel a bit clumsy; I couldn't do things as well as my sisters, but it really hasn't held me back. I used to crochet and I still knit and sew. I can play the piano but not as well as my sisters. My eyes water and my legs become restless and twitch at night. My biggest problem has been that my hearing has gradually gotten worse. My ear canal is so small that it is difficult to put a hearing aid in my ear. It is difficult to say whether these symptoms are a result of Post Polio Syndrome or a part of natural ageing.

I have had good success in dealing with the medical profession. I had always had some back problems and later on in life my chiropractor told me that my right side was slightly shorter than my left. He sent me for therapy which helped. My family doctor has been very good to me.

I will be moving to Calgary in January. My son and daughter-in-law are building a new house on an acreage outside of Calgary. I will be moving into their old house in Calgary. My son will be living there on weekdays while he is working so he doesn't have to commute back and forth from the acreage.

I would like to say farewell to all my friends at Polio Regina. Count your blessings and do the best with what you have!

Doc (Ross Howard) Bornholdt



Doc (Ross Howard) Bornholdt, late of Weyburn, SK and formerly of Yellow Grass, SK, passed away September 9, 2020 at the age of 77 years.

He was predeceased by his parents, William and Margaret (nee Temple) Bornholdt; sister and brother-in-

law, Jean and Nelson Hay; nephews, Neil Hay and George Hay; niece Kathy Hill.

Doc is survived by his sister Margaret (Jack) Hill; his brother Dick (Jo-Anne) Bornholdt; nieces and nephews: Marilyn (Jim) Yourex, Diane (Rick) Muir, Mickey (Sandra) Hill, Dana (Kathy) Hill, Colleen Hill, Karen (Dale) Dixon, Jim Hill, Darla Bornholdt (Kim), Donna Bornholdt (Blair), Bill (Heather) Bornholdt and their families.

Doc was born in Weyburn, SK on February 2, 1943, the youngest of 4 children. In spite of health issues he endured as a young boy, he was able to live his best life. Following school, Doc worked various jobs namely in the meat processing industry. He took over the farm in 1969 when his Dad passed away.

The farm was sold in 2006.

Doc's life revolved around family and community. Although he did not have children of his own he was involved with his nieces and nephews and their families. He always knew who was doing what and where they were. You never knew when he would show up; usually at a sporting event. His involvement extended to his great nieces and nephews, until his health declined. He remained interested and always wanted to know how everyone was doing. Doc loved any family gathering—the food, card games and noisy socializing.

Doc was all about his community. He was a tireless volunteer selling tickets for every community fundraiser—the rink, church, Drop-In-Centre and many other local groups.

He loved to be involved in every aspect and served as a member on numerous community organizations. He also served on the Town Council and the RM of Brokenshell.

Doc was heavily involved with the Yellow Grass Lions Club during its active years. He had the opportunity to attend conventions near and far, meeting many people along the way. Because of his friendly, social demeanor, he left his mark wherever he went and whoever he interacted with. If you met him, you were now his friend. To this day, no matter where you are or where you go, everyone knows "Doc."

A Graveside Funeral Service was held Saturday, September 19, 2020 at 12:00 p.m. from the Yellow Grass Cemetery, Yellow Grass, SK with funeral celebrant Judy Beck. The cemetery is located directly south of Yellow Grass. Anyone attending the service, please bring your own chair.

The family extends their gratitude to the staff of Parkway Lodge and the Weyburn Special Care Home for the exemplary care Doc received during the past 4.5 years. He truly loved his "girls."

~ When the sun goes down, the stars come out ~

For family and friends so wishing, charitable donations in memory of Doc may be made to the Yellow Grass Wheatland Communiplex, please make cheques payable to: Town of Yellow Grass, Box 270, Yellow Grass, SK, S0G 5J0.

My Polio Story

April 2010

The following is Doc Bornholdt's Polio Story as told to Ivan Jorgensen. Doc has been a member of Polio Regina for 15 years or more. He faithfully drives in from Yellow Grass to attend almost every Polio Regina meeting or function.

Ross (Doc) Bornholdt



Doc was born in 1943 and raised on a farm near Yellow Grass, Saskatchewan. His family moved into town in 1950 but continued to farm the land which was only a mile and a half from town.

Doc contracted polio in the fall of 1953. He doesn't really remember much about it but there are a few things that he can remember. He remembers getting sick and vomiting. He was put into the new hospital in Weyburn, which had just opened. He was quarantined in a ward on the first floor with two other children. His parents were only allowed to visit with him through a window. Doc thinks he was only in the hospital for about two weeks.

The only lasting affects of the polio was a bent big toe and the one leg was weaker than the other but as he grew, the weak leg didn't grow as fast as the other therefore it became a little bit shorter, which resulted in Doc having a slight limp. Doc also had polio in the throat which affected his ability to swallow quickly.

Doc's parents took him to the Wascana Rehabilitation Centre in Regina for therapy several times after he had come home from the hospital. His parents also took turns helping him with therapy at home by holding his leg down while he tried to lift it in order to build up the muscles in his leg.

Since Doc was young when he had polio and didn't really know anything different, he grew up like everybody else. He played sports like hockey, curling, baseball, track and field, and he worked on the farm.

Doc took over the farm in 1974 which he operated as a grain farm. Doc retired from farming in 2000 and rented out his land. He sold the farm in 2006. Doc received the Century Family Farm Award in 1998 which acknowledged that the farm had been farmed by the same family for 100 years.

Over the past few years, Doc has noticed that he gets tired easily, his legs play out and he has trouble bending. Doing yard work has become a chore. He sometimes has problems swallowing; his throat seizes up if he drinks water too fast. He has gone for massage therapy and he finds that it helps his legs and back.

Doc had bypass surgery in March 2006 and now has a healthy heart.

Lots of people would like to know how Ross got the nickname Doc. Before Ross was born, his father worked as a nurse at the Weyburn Mental Hospital and the people there called him Doc. When Ross was a little boy he used to follow his dad around like a shadow so people also called him Doc and the nickname stuck.

Doc is a proud supporter of the town of Yellow Grass and has been involved in many community projects.



This Article is from the Toronto Star

Making a vaccine is not the same as mass-producing it. This Canadian scientist solved the problem for the polio vaccine — then she was largely forgotten

By **Karen Black** Special to the Star
Sun., Nov. 29, 2020



When American scientist Jonas Salk announced he had discovered a vaccine that could prevent polio he was hailed as a hero on front pages around the world. Parents had lived in terror of “thecrippler,”

which swept through Canada and the U.S. in waves during the first half of the 20th century, striking children and causing paralysis, permanent disability and death.

The promise of a vaccine even put “Polio Fighter” Salk’s face on the cover of Time magazine in 1954, and a year later the vaccine’s licensing would cement his scientific legacy. And yet Salk’s promise may have gone unfulfilled were it not for the groundbreaking work of Canadian scientist Leone Farrell toiling in obscurity at Toronto’s Connaught Laboratories.

Salk had invented a process to make a vaccine using a polio virus that he inactivated by killing it. But he had one big problem — scale. He couldn’t make enough of the virus for the millions of people who would need it or even for required field trials.

As scientists now scramble to ramp up COVID-19 vaccines, Robert Van Exan, a consultant in vaccine immunization policy who worked at Connaught for 35 years, talks of the challenge Salk faced and Farrell’s role in solving it: “How do you take it from the laboratory bench and make it in large enough quantities to supply the world? And that’s what Leone Farrell did. That is a huge contribution.”

At the time, no lab in the U.S. had the experience to mass-produce the live polio virus needed to make

the vaccine, says Christopher Ruddy, professor at the Dalla Lana School of Public Health and a medical historian. But Connaught labs had developed an international reputation for making vaccines. And so in July 1953, the U.S. March of Dimes asked Connaught to provide all the polio virus required for a field trial of Salk’s vaccine.

Enter Farrell, who led a team of scientists working in the bowels of the imposing University of Toronto Gothic building that housed the lab in the 1950s. There, she discovered that applying a simple rocking motion to bottles of the virus stimulated its growth, using monkey kidney cells and a synthetic nutrient base developed by Connaught in the 1940s.



In an incubation room, the bottles were placed in a custom-made rocking machine and gently rocked for several days to promote cell growth, explains Ruddy. Her technique became known as the “Toronto Method” and would be the standard for polio vaccine production until the late 1970s. Not only did Farrell develop the Toronto Method, she also took on the mammoth task of scaling Connaught for mass production of the virus, recruiting technicians, obtaining space and equipment and sourcing a supply of nearly 200 monkeys a week, says Ruddy.

And it was dangerous work.

In later years, she described the risks in notes on file with Sanofi Pasteur Canada Archives. “The danger of the virus was known but physical protection was inadequate,” Farrell wrote. “That no infection occurred at that time seems miraculous in retrospect. I believe everyone thought at least once that they had contracted the disease.”

Once the virus was produced, it was packed in ice, loaded into the back of a station wagon and rushed to laboratories in the U.S. for final processing into vaccines. By June of 1956 Connaught had produced enough polio virus to make 2.3 million doses of vaccine, thanks to the work of Farrell and her team.

When the field trials were over and the vaccine declared a success in April 1955, Salk became a household name while Farrell became, at best, a footnote. But Salk himself understood the enormity of Farrell's contribution to the vaccine's success, so much so that he decided to make a trip to Toronto to meet and thank her team in person — but there was a complication.

Salk was “gobsmacked” by the work done by Farrell, says 82-year-old Grace Darling of Lindsay, who worked with her in the 1960s, and would later go on to become Connaught's director of personnel.

The now world-famous scientist was to be feted in the dining room of U of T's School of Hygiene, a place where only men were allowed, recalls Darling. Salk was insistent on meeting the women on the team, so administrators came up with what they felt was a reasonable compromise: the female scientists could stand at the doorway of the dining room to shake the great man's hand. Farrell's answer to this offer, says Darling, was firm: “No thank you.”

And though Farrell never considered herself a feminist, Darling says, “she realized that she didn't get the recognition that she should have because she was a woman and not a man.”

In a lecture Farrell gave years later, she exhorted her students to work hard and added, “but all of this may not be enough, especially for a woman.”



Born in 1904 in Monkland Station, Ont., a small farming community near Ottawa, Farrell was raised in Toronto and graduated from Parkdale C.I. with a scholarship in science and the school's top prizes in English and history. She received a PhD in biochemistry from U of T in 1933 when very few women had advanced degrees, especially in science.

She started at Connaught the next year and worked on production of a cholera vaccine as well as a vaccine to prevent dysentery. In the 1940s she worked to improve the production of penicillin.

Sixty-five years ago when the world waited for the results of the massive field trial of Salk's polio vaccine — involving some 1.8 million children, the largest experiment in medical history, says Rutty — few people knew that it was Farrell's work that made it possible.

Farrell acknowledged the significance of her role in that critical moment in a speech she gave a few months later: “It was at this point that I found myself in a little spot in the enormous field of endeavour,” she told the University Women's Club in October 1955.

Van Exan, the consultant, says Farrell's contribution to making a polio vaccine can be compared to the challenges faced by leading COVID-19 vaccine candidates today — Pfizer/BioNTech and Moderna. Both, says Van Exan, are using new technologies and both had to have someone who could scale up for mass production. (AstraZeneca has also announced successful trials.)

“That would have been the role that Leone Farrell played. And she would have been working with a technology that had never been done before,” he says. “The difference is that today there are 235 vaccine candidates. Back in 1955 there was only one.”

Rutty says the backdrop to Farrell's work was Connaught's seamless integration of scientific research and vaccine manufacturing — something Canada could desperately use today as it faces second-in-line status for a COVID vaccine behind nations that make their own.

He calls the creation of Connaught in 1914, as part of the University of Toronto, “a bold commitment to public health” that resulted in an international

reputation for vaccine research and production capacity. The company was sold to the Canada Development Corp. in 1972. Canadian ownership ended in 1989 when the Mulroney government approved a sale to French-owned Institut Merieux. Several mergers later, it became Sanofi Pasteur Canada with head offices in Lyon, France, producing existing vaccines for Canadian and global markets.

After the success of the polio vaccine, Farrell continued to lead a team of technicians working to improve and expand the vaccine's use in the 1960s. Darling paints a picture of a woman who loved fashion, abhorred housework and preferred Swiss Chalet to cooking. She also loved to host bridge parties at her Avenue Road apartment. But most important, Darling says Farrell "was a great lady and a great mentor."

Darling recalls the time she got a call that her father was dying in hospital in New Liskeard, Ont.

She says Farrell "got on the phone and got the head of Connaught's chauffeur to pick me up and take me immediately to the airport. She had the tickets and she had cash for me. She said 'Maybe you can get there before he dies.'"

Farrell lived alone and never married. She retired from Connaught in 1969, but continued to write and publish research papers. She developed Alzheimer's disease and lived in a nursing home in the later part of her life. In 1986 she died of lung cancer at the age of 82.



For years her grave at Park Lawn Cemetery in Toronto would go unmarked. In 2008, relatives, after learning of her groundbreaking work, would correct that oversight with a detailed inscription on a family gravestone:

" ... Her development of the 'Toronto Method' of polio virus production in 1953 was essential to the success of the first polio vaccine saving millions from the crippling impact of this disease."

Karen Black is a Toronto freelance writer.

Why Am I So "Unbalanced?"

A Bruno Byte

From Dr. Richard L. Bruno, HD, PhD Director, International Centre for Polio Education

Question: My balance is not good when walking, turning, twisting or backing up. I must be careful as these activities can cause me to fall. Balance has slowly gotten worse. I now walk with cane but I often need a walker. My doctors don't know what to say, and have suggested that I have MS, or they say the balance and weakness is caused by my polio leg being smaller and weaker.

Dr. Bruno's Response: "Balance" is the key word. If you're stronger on one side of your body than the other, you're out of "balance" side-to-side and may be headed for a fall.

If you're walking on your arms with crutches and your arms get weaker you won't be able to hold yourself up front-to-back and maybe side-to-side.

Also, the importance of hip muscle strength in keeping you balanced is often overlooked by polio survivors and physical therapists.

Also, if a part of your body doesn't move (as with a spinal fusion) you can't compensate for a misstep by twisting just a little and down you go.

If you're a polio survivor, you don't need to have MS or some other condition to be out of balance. Every polio survivor will have a different set of weaknesses and strengths that need to be evaluated by a physical therapist to help find out what's causing you to be unbalanced. Then they can recommend assistive devices (e.g., rolling walker, rolling chair) to keep you upright and off the floor.

Revealed: Desperation during the polio epidemic brought troubling treatments

Derek Miller W5 Producer

Published Friday, November 27, 2020 7:00AM EST

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TORONTO -- You've probably heard about David Onley.

He is remarkable for lots of reasons. He was Canada's first news reporter with a visible disability. He's been a dogged advocate for accessibility, and of course he was Ontario's representative to the Queen as the 28th lieutenant-governor.

You probably haven't heard about the time a man held a knife to his throat and threatened to kill him.

When Onley was three-years-old he contracted polio, a virus that left thousands of Canadian children dead or with permanent disabilities. In Onley's case, it affected both of his arms and his legs.

He spent seven months at Toronto's Hospital for Sick Children. His parents could only visit once a week, and could only see him through a window. That separation had a lasting effect, perhaps as poignant as the virus itself.

"That was worse than not seeing them at all because after a while you just sort of forget about them," Onley said from his Toronto home. "It creates major separation anxiety."

When Onley returned home, a new anxiety set in – one that came from the doctor who was in charge of his physiotherapy.

"When he would arrive, it was like the scene out of the Exorcist," Onley recalled. "The man with the black bag on the poster and the silhouette. I was initially terrified."

As it turns out, it wasn't the black bag and imposing silhouette that Onley needed to worry about. It was the doctor's technique.

Onley was chosen for a controversial therapy, called "The Kenny Method." It was named after Elizabeth Kenny, who was an Australian self-taught nurse

credited by some as one of the pioneers of modern physiotherapy.

Her method was specifically meant for polio survivors and involved applying strips of hot, wet cloths to damaged limbs and then "exercising" them, which meant physically stretching them the way they should normally move. The premise was that it would prevent deformities and build up muscles.

It was painful. It was also effective.

Onley doesn't recall the physician's full name, but he certainly can see him when he closes his eyes. He was a local practitioner from Onley's hometown of Midland, Ont. and made the trip to Scarborough to administer the Kenny Method in the kitchen of Onley's grandparents' home.

On the first day, the physician began the exercises, which were extremely painful. The doctor stopped and asked Onley's parents and grandparents to leave the house. You might think it was because it would be traumatic to see their little boy in such pain. That wasn't the half of it.

"He didn't want them to see him when he pulled out his knife and put it to my throat and said, 'You move this leg or I'm going to slit your throat right now and let you bleed to death. Now move the leg,'" recalls Onley.

Onley was terrified. But the threat was effective.

"You know what? I moved the leg and I moved the arm and I moved whatever he wanted me to because I believed him," he said.

He never spoke a word of the violent threat to anybody at the time. The treatment lasted seven days a week for months. At the end of it, Onley could ride a tricycle, walk and even run a bit.

That sort of physiotherapy wouldn't fly today, of course. It would be headline news and result in the doctor getting his licence pulled. However, the "ultimate tough love," as Onley describes it, worked. His parents saw substantial improvement over the months of the unorthodox treatment.

Onley is not traumatized by the memory. In fact, he speaks affectionately of his time with the doctor, who he felt genuinely cared about his rehabilitation. He can even laugh about it.

“I’ve never had difficulty following orders from that time on,” he said.

Years later, as an adult, Onley met the doctor again.

“He could see that I had definitely recovered and I knew it meant a great deal to him. We had some great conversations. He’s a great man,” says Onley.

Two years after Onley contracted the virus, Dr. Jonas Salk developed a polio vaccine, saving countless children from the debilitating effects of the epidemic’s worst cases. The vaccine took decades to fully take control of the disease and Canada didn’t declare itself polio-free until 1994.

That’s been the same case for most of the world, where the virus has almost completely been eradicated. However, that’s beginning to change.

COVID-19 has disrupted immunization programs around the globe and now new polio cases have begun to show up in places where the virus was once held at bay by the vaccine.

Eighty million babies have now missed critical vaccines, prompting the World Health Organization to sound the alarm and ask countries to re-instate their vaccination campaigns.

If you’re wondering if your child can still be vaccinated during the COVID-19 pandemic, contact your family health provider.

Onley, now 70, can’t say enough about the importance of vaccinations.

“Had the polio vaccine existed in the Tuesday before Labour Day 1953, I would have got it and my life would be completely different,” he said.

Although he went on to have a long and successful career, Onley wants people to know that just like with COVID-19, polio has long-term effects.

For him, lifelong effects include post-polio fatigue and, of course, mobility challenges. He says when a vaccine for COVID-19 comes along, no one will need to threaten him with a knife to get one.

“As soon as the COVID vaccine comes out I will get my shot.”



Three-year-old David Onley is visited by his grandfather in 1953. (David Onley)



A senior citizen said to his eighty-year old buddy:

‘So I hear you’re getting married?’

‘Yep!’

‘Do I know her?’

‘Nope!’

‘This woman, is she good looking?’

‘Not really.’

‘Is she a good cook?’

‘Naw, she can’t cook too well.’

‘Does she have lots of money?’

‘Nope! Poor as a church mouse.’

‘Well, then, is she good in bed?’

‘I don’t know.’

‘Why in the world do you want to marry her then?’

‘Because she can still drive!’

The following is advice from the Government of Canada

Taking care of your mental and physical health during the COVID-19 pandemic

Need mental health support?

Visit Wellness Together Canada

If you're in crisis

If you're in immediate danger or need urgent medical support, call 911.

If you're experiencing gender-based violence, you can [access a crisis line](#) in your province or territory.

You may also access support workers, social workers, psychologists and other professionals for confidential chat sessions or phone calls by texting WELLNESS to:

- 686868 for youth
- 741741 for adults

For a wide range of resources and support for Canadians:

[Wellness Together Canada portal for mental wellness and substance use issues](#)

Fear, stress and worry are normal in a crisis

The COVID-19 pandemic has resulted in many changes. You might feel like you're no longer in control of things. It's normal to feel sad, stressed, confused, scared or worried. People react in different ways. Some common feelings include:

- a sense of being socially excluded or judged
- concern about your children's education and well-being
- fear of getting sick with COVID-19 or of making others sick
- worry about losing your job, not being able to work or finances
- fear of being apart from loved ones due to isolation or physical distancing
- helplessness, boredom, loneliness and depression due to isolation or physical distancing

Tips for taking care of yourself

Stay informed but take breaks from social media and the news.

Practise [physical distancing](#), but stay socially connected to friends and family through:

- email
- phone calls
- video chats
- social media

Practise mindfulness by:

- stretching
- meditating
- taking deep breaths

Try to:

- [eat healthy meals](#)
- exercise regularly
- get plenty of sleep

Follow [safe food handling and cooking practices](#) to keep you and your family safe by killing the virus and lowering your risk of infection.

Think about how to use any unexpected flexibility in your daily routine.

Focus on the positive aspects of your life and things you can control.

Be kind and compassionate to yourself and others.

If you can, limit your use of substances.

- If you do use substances, practise safer use and good hygiene.

More ways to get help

If you need help, you can call:

- your primary health provider
- a registered psychologist
- another mental health provider in your community

You may also find the following contacts helpful.

Kids Help Phone

Call 1-800-668-6868 (toll-free) or text CONNECT to 686868.

Available 24 hours a day to Canadians aged 5 to 29 who want confidential and anonymous care from professional counsellors.

Download the [Always There app](#) for additional support or access the [Kids Help Phone website](#).

Hope for Wellness Help Line

Call 1-855-242-3310 (toll-free) or connect to the [online Hope for Wellness chat](#).

Available to all Indigenous peoples across Canada who need immediate crisis intervention. Experienced and culturally sensitive help line counsellors can help if you want to talk or are distressed.

Telephone and online counselling are available in English and French. On request, telephone counselling is also available in Cree, Ojibway and Inuktitut.

Crisis Services Canada

If you or someone you know is thinking about suicide, call the Canada Suicide Prevention Service at 1-833-456-4566.

Available to all Canadians seeking support.

Visit [Crisis Services Canada](#) for the distress centres and crisis organizations nearest you.

Saskatchewan resources

- [Government of Saskatchewan: Mental health and COVID-19](#)

Pets, touch and COVID-19: why our furry friends are lifesavers

1-Dec-2020 8:40 AM EST, by [University of South Australia](#)



Pets have literally been lifesavers in 2020 as the COVID-19 pandemic has forced people into lockdown and social isolation.

Lockdowns, job losses and social isolation have been the hallmarks of 2020 as COVID-19 tightens its grip on the world, not only infecting millions and leaving a mounting death toll, but also denying humans the most basic sense – touch.

In the absence of human-to-human contact, in millions of households worldwide, animals have stepped into the breach for many people, providing much-needed comfort via cuddles, pats and a constant physical presence.

A new study published by University of South Australia researchers points to the lifesaving role that pets have played in 2020 and why governments need to sit up and take notice.

The *Journal of Behavioural Economics for Policy* (JBEP) paper outlines how pets have a crucial role to play in an era where human-human contact can be life endangering.

Lead author **Dr Janette Young** says physical touch is a sense that has been taken for granted – even overlooked – until COVID-19 visited our door earlier this year.

“In a year when human contact has been so limited and people have been deprived of touch, the health impacts on our quality of life have been enormous,” Dr Young says.

“To fill the void of loneliness and provide a buffer against stress, there has been a global upsurge in people adopting dogs and cats from animal shelters during lockdowns. Breeders have also been inundated, with demands for puppies quadrupling some waiting lists.”

Spending on pets was already hitting record levels, topping \$13 billion in Australia and in the region of US\$260 billion globally in 2020, but this is bound to be surpassed.

It is estimated that more than half the global population share their lives with one or more pets. The health benefits have been widely reported, but little data exists regarding the specific benefits that pets bring to humans in terms of touch.

“Pets seem to be particularly important when people are socially isolated or excluded, providing comfort, companionship and a sense of self-worth,” Dr Young says.

“Touch is an understudied sense, but existing evidence indicates it is crucial for growth, development and health, as well as reducing the levels of the stress hormone cortisol in the body. It is also thought that touch may be particularly important for older people as other senses decline.”

In interviews with 32 people, more than 90 per cent said touching their pets both comforted and relaxed them – and the pets seemed to need it as well.

Examples of dogs and cats touching their owners when the latter were distressed, sad, or traumatised were cited. Many people referenced pets' innate ability to just "know" when their human counterparts weren't feeling well and to want to get physically close to them.

"The feedback we received was that pets themselves seem to get just as much pleasure from the tactile interaction as humans," Dr Young says.

Not just dogs and cats either. Interviewees mentioned birds, sheep, horses and even reptiles who reciprocate touch.

"Animals, like people, are living, breathing others, with individual interests, styles and preferences. While culturally, animals are not seen as 'human', they are still seen as individuals with likes and dislikes.

"In the era of COVID-19, social distancing, sudden lockdowns and societal upheaval, our pets may be the only living beings that many people are able to touch and draw comfort from.

"Humans have an innate need to connect with others but in the absence of human touch, pets are helping to fill this void. They need to be considered from a policy angle, therefore, to help mitigate some of the mental and physical stressors that people are experiencing during this time."

Dr Young says hospitals, hospices and aged care facilities should be encouraging pet connections with residents.

"Residential aged care is yet to recognise the value of human-animal relationships. Had more pets being living with their owners in aged care when COVID-19 restrictions were applied, it could have helped people immeasurably," she says.



Dieting and PPS: Red Herrings and Low Blood Sugar

A Bruno Byte

From Dr. Richard L. Bruno, HD, PhD

Director, International Centre for Polio Education

Question: I have been having more weakness and fatigue, so I went to an orthopedist. He said that I'm "too fat," that I should lose ten pounds to take weight off my legs and I would get stronger. I am at the ideal body weight for my height. Would losing ten pounds cure my weakness and fatigue?

Answer: Weight loss is the "red herring" of PPS treatment, not the herring you eat but the herring doctors who know nothing about PPS try to feed you. Many polio survivors have been told that if they'd only lose weight their PPS symptoms would disappear. In her study of 125 polio survivors, Margaret Campbell found that weight was not related to any PPS symptom. A four-year study of US and Swedish polio survivors found that Americans were ten pounds heavier to begin with and gained eight pounds over the four years, compared to Swedes gaining one and one-half pounds. Still Americans had no greater loss in strength or increase in any PPS symptom as compared to the lighter Swedes.

Sure, if you're 5 foot nothing and weight in at 250 pounds, you need to drop some weight. But losing weight is not the cure for PPS. However, eating well is a front-line treatment for PPS. We asked polio survivors to list what they usually ate for breakfast and rate their symptoms on our 1998 International Post-Polio Survey. We found that the typical post-polio breakfast consisted of coffee, a slice of toast – and, sometimes, cold cereal -- which provided only about 9 grams of protein. The polio survivors weighed 160 pounds on average which means that their bodies needed to take in 75 grams of protein each day -- 25 grams at each meal -- to maintain that weight. So polio survivors in the study were missing 16 grams of protein at breakfast. We found that the more protein polio survivors were missing at breakfast the more fatigue, muscle weakness and pain they reported during the day plus the greater the number of cups of caffeine-loaded coffee or tea they drank.

We then brought polio survivors into our laboratory to measure blood sugar and attention. We found that the lower the blood sugar, the worse polio survivors did on attention tests. Attention was about 20% below normal even though their blood sugar was in the normal range. In fact, polio survivor's ability to pay attention was actually worse than in diabetics who had been given too much insulin! So, polio survivors' brains act as if they were hypoglycemic.

Why might this be true? There are receptors on the surface of your neurons that latch onto sugar molecules to pull them inside. These receptors are vital because blood sugar is your neurons' only fuel. And here's where the problem likely lies. Sugar receptors are made of protein. Studies have found that protein factories inside neurons are breaking apart in polio survivors who have new muscle weakness. So polio survivors may not make enough protein to manufacture all the blood sugar receptors they need to take in the amounts of sugar required for neurons to function properly.

What should polio survivors do to treat their hidden hypoglycemia? They need to eat three to five times a day and have protein at every meal, especially at breakfast. We recommend that polio survivors eat immediately after they get up, since they need to break their fast and fill their tanks for the day ahead before stressing hungry neurons by bathing and dressing. (For some breakfast and snack ideas go to the POST-POLIO "DIET" in the PPS Encyclopedia. We aren't recommending an "all protein, no carbohydrate" diet -- or a "diet" at all -- but for polio survivors to take in the amount of protein their bodies need to function properly.

Dieting and PPS Dr. Richard L. Bruno, HD, PhD www.papolionetwork.org Rev 2018 2 Our patients do worry that eating protein, stopping exercise and resting more will cause them to gain weight. One patient proved the exact opposite. Abby, a programming whiz at AT&T, charted on his computer the number of grams of protein he ate and weighed himself once a week. We had given him braces, crutches, a scooter and told him to rest. He religiously ate protein at breakfast and for snacks, limited portion sizes and reduced carbohydrates

and fats. Abby lost 1 1/2 pounds each week. Other patients have had similar results, or their weight has not increased when they slowed down. (But please check with your doctor and have your cholesterol, thyroid and blood sugar measured before changing your eating habits or trying to lose weight.)

And just a reminder that exercise isn't the answer for polio survivors wanting to lose weight. Folks don't realize how many calories they burn by doing everyday things. Look how many calories those without polio burn during 20 minutes of activity: sleeping or watching TV (21); talking or writing (42); typing (54); dressing or washing (74); walking slowly (80); preparing a meal (92).

Washing and dressing, walking around the house, answering e-mail, napping, making three meals, talking to a friend, balancing your checkbook and watching TV burns 500 calories each day — exactly the amount you must lose each day to drop one pound. If you want to lose weight, up your protein intake, talk to more people, send more e-mail and take a nap!



Web Site:

Check out our website for more information on Polio Regina and links to other useful related information at: <http://nonprofits.accesscomm.ca/polio/> or you can just Google **Polio Regina**. Our email address is: polio@accesscomm.ca

Disclaimer

Information published in the Polio PostBox may not represent the opinion of Polio Regina. It is not to be regarded as Polio Regina's endorsement of treatment, products or individuals. If you have or suspect you may have a health problem, please consult your health care professional.

You Are Invited

Polio Regina is inviting people who have had poliomyelitis and are now experiencing new symptoms such as fatigue, muscle weakness and cold intolerance, to join our self-help support group to learn how they can cope with post polio syndrome. Spouses and partners of polio survivors are also welcome. Polio Regina Inc. was formed to help people from southern Saskatchewan.

Our Objectives:

- To develop, promote and increase awareness of Post Polio Syndrome.
- To disseminate information concerning research and treatment pertaining to Post Polio Syndrome.
- To provide support to survivors of polio, other than financial aid.

Where to Meet

Due to COVID-19 we are conducting our meetings by Zoom until we are able to have meetings at a restaurant again. Our next meeting will be held January 28th, 2021, at 3:30 p.m. We will let you know the details prior to the meeting, or you can phone Ivan at 306 757-8051 or email him at ivan.jorgensen@sasktel.net .

Alternative methods of payment: Canadahelps.org

There is the option to use Canadahelps.org website which has a Polio Regina page. This will be arranged to deposit the membership/donation directly into the Polio Regina bank account.

1. Go to the website link www.canadahelps.org/charities/polio-regina-inc
2. OR on the Canadahelps.org website enter Polio Regina Inc in the charity search.
3. Enter the amount, your name, address, email address and payment information.
4. Canadahelps issues a receipt directly to the donor by email. They take 4% administration fee and deposit the net amount directly in the Polio Regina bank account.
5. The Polio Regina treasurer, David Cotcher will be able to access the information and acknowledge the membership/donation.

Bank e-transfer

We do not currently have the ability to directly deposit e-transfers in the Polio Regina bank account. However, some have sent e-transfers to treasurer David Cotcher and he takes that amount in cash and deposits in the Polio Regina bank account. Then a receipt will be issued and mailed for the amount. Please contact David Cotcher at email cotcher@sasktel.net or phone 306-949-1796 for these arrangements.

MEMBERSHIP APPLICATION POLIO REGINA Inc.

Name _____
Active () if you had polio Associate () New () Renewal ()

Address _____

Postal Code _____ Phone: _____

Annual membership fee: (Jan.- Dec.) *Membership Fees are due January 6, 2020*

\$10 Single; \$15 family \$ _____

My donation to Polio Regina Inc.:* \$ _____

Total \$ _____

Please make cheque payable to: **Polio Regina Inc.** and mail this application form and cheque to:
Polio Regina Inc., 825 McDonald St. Regina, Sk. S4N 2X5

*(Official receipt of donation for income tax purposes will be mailed.)