



Summer 2020

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Enjoy Your Summer; Stay Safe



Editorial

I have been waiting for a rainy day to work on the Postbox but rainy days are few and far between in Regina, so I think it is time that I got to work. COVID-19 has turned our lives upside-down. We haven't been able to have any meetings this year and we don't know if we will be able to have any in the fall, but we can still communicate with each other by various electronic means like Zoom and email or we can phone each other and does anyone still write letters?

Judy and I are very fortunate in that we are comfortable in our home and able to stay in relative self-isolation but still be able to go out for groceries and medications and talk to our neighbours from a safe distance and thank goodness for a pension. Some people are not as fortunate. Some have mobility issues and have less access to transportation. Other people have lost their jobs and are in financial difficulty. But what could be worse than those poor seniors who died without proper care or any family near them in the nursing homes in Quebec and Ontario, or the ones that survived that were left abandoned, helpless and alone?

There have been many comparisons between COVID-19 and Polio but most people don't have a clue about Polio and they think isolation and quarantine are new things. Later in this issue, Diane Lemon writes about isolation with no phone, no TV and no computer; also in this issue Eleanor Anderson writes as part of her Polio Story, how she and her father both got Polio at the same time

and were sent home because there was no isolation ward at the hospital so her mother had to look after them as well as run the farm which included milking cows (thank goodness for cream cheques) feeding animals, baling, etc. without help from neighbours. It is incomprehensible the amount of work that mothers, particularly farm women did to cope with the devastation of Polio upon families. They were real heroes.



I would like to dedicate this issue of the Polio Postbox to Blenda Ramsay who passed away May 7th at the General Hospital. When I first joined our local Post-Polio support group, many years before we became Polio Regina, Blenda was the first person to welcome me. She made me feel at home within a bunch of strangers. Everyone at Polio Regina knew and loved Blenda. She was the face of Polio Regina. Throughout the years, Blenda and her husband Fred worked tirelessly informing people about Post-Polio Syndrome, whether it was as editors of the newsletter, organizing conferences or manning a booth at a mall.

When I first met Blenda she had a drop-foot which required her be careful that she didn't trip when she walked. Her physical abilities started to decline to the point where she had to use a wheelchair, then Fred developed Alzheimer's. After she was no longer

able to look after Fred, every day she would take the handicap bus to the care-home and spend most of the day with him. After Fred passed away, Blenda's Post-Polio Syndrome became worse and she had to give up her apartment and move to Harbour Landing Village. Even though she wasn't able to transfer herself from her power wheelchair back and forth to her bed or get dressed without help, she always carried herself with elegance, grace and dignity.

Although Blenda passed away during the CLOVID-19 lock-down, (but not of COVID-19) some family were allowed to visit her before she died. Her granddaughter was holding her hand when she passed away. A beautiful virtual funeral was held Wednesday, May 20, 2020 at Christ Lutheran Church in Regina. We miss her.

The following is Blenda's obituary:

Blenda Joy Ramsay

Our world is a little smaller with the passing of our mom, nanna and great-nanna. Blenda passed peacefully at Regina General Hospital on Thursday, May 7, 2020, where she was able to be with her family virtually and physically at the time of her passing.

Blenda was predeceased by her beloved husband of 57 years, Fred Ramsay; her parents Amanda and Peter Pearson; and her brother Jimmy Pearson. She leaves to celebrate her life, her three children Sheree (Dave) Richardson, Pam Uhl and Rob (Corrie) Ramsay; six grandchildren Sharla (Kevin) Blackett, Dustin (Aaron) Richardson, Jennifer (Dana) Richardson, Karly (Corbin) Bruce, Ava and Maisa Ramsay; as well as seven great-grandchildren Devstin, Audi-Rae, Kenley-Grace, Aralyn, and Liam Richardson, and Ramsay and Willa Blackett. Blenda is survived by her siblings Anita (Andy) Strilchuk, Sandra Sawatsky (late Henry), and Barry (Sandra) Pearson. She will also be deeply missed by her nieces, nephews, extended family and many special friends.

Born on October 11, 1935, and raised on a farm near Melville, Saskatchewan, Blenda was the eldest of five children. She and her siblings attended a one room school house aptly named "Success School" until the age of 16, when she was stricken by Polio. Blenda was hospitalized and quarantined for six months during her rehabilitation before returning home to find a new wheelchair which had been purchased by the Community. Through perseverance and determination, Blenda completed high school via correspondence and participated in Sunday school by mail. In the last few years of her life, when Blenda was again physically limited by Post-Polio, she became adept with social media and used it to stay in touch with family and friends.

Blenda never complained or let her challenges deter her from her goals. She worked tirelessly rehabilitating and eventually sold her wheelchair and with the proceeds from the chair she purchased a typewriter and soon found employment as a switchboard operator at the Times-Herald Newspaper office in Moose Jaw where she met Fred, a writer. It was with much fondness and humour that Blenda teased that Fred was initially attracted to her because of her typewriter. They married in 1957 and resided in Red Deer, AB for two years prior to moving to Regina, where they raised their family.

Blenda was a strong advocate for the disabled in her community. She was a productive member of an Access Committee for the City of Regina and volunteered many years with a Polio Support Group.

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Blenda helped to raise funds for the completion of an elevator and other features that made her church accessible. Her ongoing work for the disabled was honoured when she received an invitation to meet Princess Anne at a March of Dimes celebration.

In addition to raising a young family, Blenda wrote her own Cookbook and was an avid gardener spending many hours in her greenhouse that Fred built. Blenda's middle name was "Joy," which was something that she brought to all within her circle. Her infectious laugh and light heartedness brought "joy" to many. When her children were older Blenda commenced employment and eventually worked as a secretary at Christ Lutheran Church, where she stayed until her retirement in 1999. She was guided by a strong belief in God and her spiritual beliefs were evident in how she lived her life as an honest, loving and caring person.

Blenda and Fred travelled Canada from coast to coast. But, the greatest pleasure was when she was with friends and family attending weddings, funerals or family reunions. Blenda was known and appreciated for hosting numerous celebrations and family gatherings in their back yard or around the dining room table. We will miss you Nanna Banana and the Roughriders, Blue Jays and Curlers have lost one of their biggest fans. The family is very grateful to Blenda's wonderful caregivers at Harbour Landing Village.

A Celebration of life was held virtually through Christ Lutheran Church on Wednesday, May 20, 2020 at 1:30 p.m.

In lieu of flowers, the family welcomes donations to Christ Lutheran Church, 4825 Dewdney Avenue, Regina, SK S4T 1B7, or Polio Regina Inc. 825 McDonald Street, Regina, SK S4N 2X5.



The following is Blenda Ramsay's Polio Story which was published in the April 2008 edition of the Polio Postbox.

And The Beat Goes On! My Polio Story

By Blenda Ramsay



Summer 1953 and life for me was wonderful. I was 17 years old and had just completed my Grade 11. I looked forward to working as a "hired girl" on a farm at Balcarres, Sk. to make some money.

It was another hot sticky Saskatchewan summer and the headlines screamed that the polio epidemic was spreading across the country. Movie Theatres, swimming pools and maybe even churches closed as a precaution because we heard that the polio virus was a very contagious disease. Everyone was talking about it but I didn't give it much thought.

In the meantime I worked hard on the farm, getting up at 6 am and helping the lady of the house do cooking, house work and looking after four small children. I was homesick because I had never been away from home for that length of time, but I kept thinking of all the money I would be making. This was my first real job and I made \$100 for the two months of work.

At the end of August I returned home in time to get settled in school. I felt very tired after working all summer and when people asked how come I was so tired, I said "I guess I'm getting polio". Little did I know!

On Friday, September 25, 1953, I had planned to go to Regina for the weekend to attend an Anniversary celebration with some friends. I attended school all day, but as the day wore on, I developed a terrible

headache. I returned back to our farm after school and it became obvious that I had something very wrong with me.

I cancelled my trip to Regina and went to bed. Within hours my headache got worse, my neck was so very stiff I could barely move it and I spiked a very high temperature.

What kind of flu was this??? My siblings stayed away from me because they didn't want to catch what I had.

By morning, I was paralyzed and unable to get out of bed, so the doctor came (in those days they came to the house) and I was taken to the Melville Hospital. I was given a spinal tap and of course it confirmed that I had polio. At that point I was too ill to care.

The Air Ambulance came and took me to the General Hospital in Regina where I was put in Isolation. By this time I was paralyzed from my neck down to my toes.

I didn't know what was happening. Being in Isolation was like hell. The iron lungs made eerie sounds, nurses came and put hot rags on my legs, and people cried out in pain day and night. My arms were paralyzed and I don't remember how I fed myself. Of course no one could come to see me. Even the nurses and doctors were timid about treating us because they might become infected as well.

The little five year old girl in the next bed died one night and when I woke in the morning, she was gone. I was in and out on consciousness for days. I had a board at the end of my bed and the nurses kept propping my feet against that board, however, my right foot kept falling down and must have got stretched because I ended up having drop foot.

After a couple weeks on the Isolation Ward, they finally came and took me to a room on "B" flat. I thought I had died and gone to heaven. It was so much more peaceful on that ward even though we shared the room with 23 other people. They arranged sling over my bed so I could grab on it and pull myself to sitting position. I couldn't believe how weak I was and it took days before I managed to sit up.

After the initial virus subsided, I required months of physio therapy. Oh my, what pain that was! I

dreaded every minute of the stretching, pulling and straightening of tight muscles. My arms and legs would not co-operate without help. I would cry with pain until they returned me back to my room. While in physio, I tried listening to former radio host, Johnny Sandison, (the morning mayor) talk cheerfully on CKCK radio so I could ignore the pain I was going through. The only good thing about going to physio was the nice young porter who came and took me down in the wheelchair.

Christmas time came and I was allowed to go home for a few days. It seemed like a whole new world out there. It was good to be home, but it was hard on everyone because I was still in bed and they had to do everything for me. I remember going to my grandparents that Christmas Eve and they had to carry me into the house.

I received many cards and letters with good wishes that I would soon be fully recovered.

Over the months, I made friends with Georgina Heselton and Shirley Best (now Pawlikowski), who were also polio patients. We had great fun together and we still keep in touch. Who would want to walk when you could zoom 20 miles an hour in your wheelchair up and down the hallways, scaring everyone in our path!

My family were too far away to come and visit. My cousin Ivy lived in Regina and she would come and visit me on her days off. One spring Saturday, she even took me through the slush and snow in my wheelchair to a show at the Broadway Theatre. I felt I was back in the land of the living.

Finally, after being in hospital for six months, I was discharged and allowed to go home! Oh happy day! The first thing I wanted to do when I left the hospital was to go shopping at Eaton's. I'm sure it presented some challenges for my mom but somehow she managed to get me into the store and I still remember the new slacks I bought.

Once I was home, new sleeping arrangements had to be made for me as I could not go upstairs to my old bedroom. I was given several exercises to do and my mother put me through the paces daily. Persistence paid off and eventually I learned to walk with my brace and crutches. I remember walking around and

around our kitchen table, hanging on for dear life, but it was the safest place for me to practice. Exercise, Exercise! To this day the word Exercise is a bad word in my vocabulary! As days went by my legs were getting stronger, but progress was very slow.

It was great to be home, but I was jealous of my friends who were able to continue their lives by going to school or doing the things young people do. I had a couple of good friends who would visit me in the evenings and we would play cards - that was one thing I could do. My former landlord taught me how to do "Petti-Point" and he also took me to shows in town. The community bought me a wheel chair.

In the fall of 1954 some friends took me to Winnipeg where I had massage treatments from a doctor named Dr. Dobbie. By Christmas that year I came home from Winnipeg on the train and was able to walk on my own. No more crutches, no more brace! I surprised my family when I walked off the train. My arms recovered after polio, but my legs remained weak. Stairs and steps have always been a problem.

Eventually I forgot about how polio interrupted my life and I got on with life as best I could. I got married, raised a family, and worked at various jobs.

About 12 years ago I noticed new weakness, some joint pain, fatigue and I seemed cold from September to July. I say it's because of Post Polio Syndrome. I have gone from walking, to using a walker and now I am back in a wheel chair. I use a scooter when I go to the Mall or to the park.

I've decided to use a wheel chair now because it's much safer and I will not have to worry about falling and breaking a hip or my leg. Life does go on; you learn to do what you have to do and adapt your life accordingly. I am thankful for my wonderful husband, family and friends who have supported and helped me all these years and I hope and pray the polio epidemic never comes back to haunt us again.

*Blenda Ramsay
Polio Regina Inc*

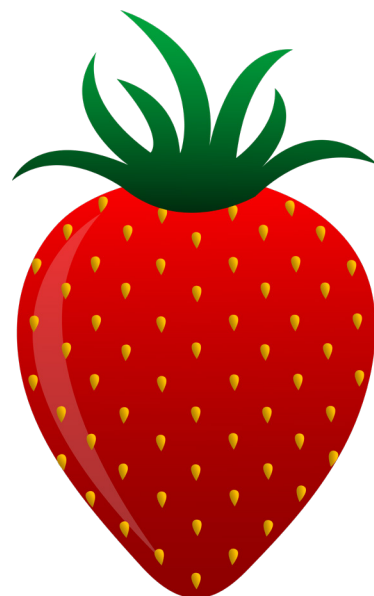
Tribute to Blenda Ramsay

One day many years ago I flipped TV channels and suddenly saw the word "Polio" among a list of coming events in Regina. We located the wife-and-husband team that brought many new members to join a polio survivor group in Regina. I was meeting Fred Ramsay of the PR staff at Sask Power and his wife Blenda, a secretary in the office at Christ Lutheran Church.

We soon realized we had much in common. Fred and I had been newspaper reporters. Now we both were editors of company magazines. Photography was our work and our hobbies. Blenda was born in 1935. A year later, I was hit hard by the polio virus and Blenda was stricken when she was 16. Fred gave total support to Blenda. In the same way, my wife Genevieve knew my polio problems. When personal computers became available, Blenda and Fred joined a discussion group that met each week at their church and brought me with them.

It was tragic that Fred began to face serious medical concerns that ended his constant help for Blenda. I liked to drive in rural areas and Fred joined me in taking our first digital pictures of scenic Saskatchewan. These were wonderful friends.

*Murray Grant
May 2020*



Message from the President

Carole Tiefenbach



After a wonderful time in Florida for a couple of months, with many interesting travelling experiences, we crossed back through the border on March 13th, certainly not knowing what would be in store for us.

The long drive is always tough on our bodies, but we have no other option if we want to continue to go south for a couple of months. Hopefully, we will get back there in January, 2021. The many pools we have access to are the real draw for both of us, and of course the warm sunshine and great weather.

A couple of days later, the lockdown started and we all know what that was like! Being isolated was really not that great for anyone as I am sure it was difficult on many of us, especially those isolated from family, loved ones and friends for so many months, that resided in care homes.

We were so looking forward to a visit with Blenda, as we kept in touch the entire holiday and I feared we would lose her before we got home. She had another lung infection before we left so we had not seen her since Christmas time. When we came back, she still was having a hard time with her continuous coughing and said she felt so weak every day. That is very understandable when you are coughing so much. she still continued her texting and skyping just about to her last breath. Her last text to me was, “you guys are killing yourselves with work. It’s lovely, but too hard to keep up. It’s lunchtime here but I just had breakfast, no lunch for me today. Have a good day in your backyard. XXXXX” That was on May 2nd. A few days later we heard she had passed away. The sadness was horrific.

I knew in my heart that it was much better for Blenda to be pain free and with her beloved Fred again. We have to imagine her having a dance with him again, having perfect legs, perfect lungs and so full of Joy, just like she always was, full of Joy! Her mother named her well! We shall all miss her very much as

she and Fred were such an asset to our Polio group. (Fred called me Elorac and I called him Derf, it was a continuous joke between us) I shall never forget that!!

At the very hour Blenda left us, I was blessed with my first great grandson, Ernest Heinz Einfeld!!! He couldn’t have arrived at a better time.

It is sad we are not able to meet up for our meetings at this time, but hopefully we can get back together by September! Right now, our yard and garden are looking lush and green, we are grateful that we were able to get it done and our bodies still work after trips to the chiropractor and massage therapists! I, for one, would not be walking without their professional care!

God Bless you all, as we continue on in our new world we live in!

Eleanor Anderson is our newest member. She has been able to convince a family member to drive her from Briercrest to Regina to attend our meetings and we appreciate having her with us. The following is Eleanor’s Polio Story.

My Polio Story Eleanor Anderson

My family came down with polio in the summer of 1953. First my sister (not diagnosed as polio at first) then I was sick, followed a week later by my father. In the middle of this my six-year-old brother had an emergency appendix operation.

We were the first family in the district to get polio so since the local hospital had no isolation ward, “they” determined that we should remain at home to be cared for by my mother, who had no nursing experience. (Soon after, others in our district who had polio were given a place in the hospital).

All in all, we were lucky. I was not paralyzed, just weakened, and Dad as well, though he was much weaker.

We were quarantined for three weeks. No one came to help Mom except the doctor, who came almost every day.

We lived on a small farm, so Mom had to look after two very sick people, milk 6 cows morning and night, feed and care for the pigs, cows and chickens, look after a large garden (to provide for next winter's food) with no electricity, and no running water and only a ten-year-old boy and a twelve-year-old (who had been weakened by polio) to help.

My youngest brother stayed at our uncle's place as the doctor thought his appendix operation might make him more susceptible to polio.

After 3 weeks in bed, I started to be up and walking around the house, starting to recover, when I got the mumps. This meant another 3 weeks of quarantine for everyone. Fortunately, no one else in my family got mumps.

The doctor's wife was a physiotherapist so we had good advice about exercises to do to help us recover, but no one ever explained that I might develop scoliosis.

That autumn I had planned to go to High School in Maryfield but "high school" was on the second floor of the school building and I couldn't climb stairs without a double hand-railing, so I took grade 10 by correspondence.

We slowly continued to recover our physical abilities, and I am grateful that my experience with polio was no worse.



The following was submitted by Diane Lemon.

I found these two articles which were in some papers my Dad had kept. Maybe they would put our present situation in a little perspective.

"When people ask me if I am bored or stressed, I say nothing compared to my episode with Polio. I know all about isolation!! As a 15-year-old I spent a week

in isolation and three months in a hospital ward with No phone, No TV, No radio and No computer." The following is the article I wrote shortly after discharge.

ISOLATION

Isolation still causes a dreadful feeling to come over me when I hear the word. What does isolation mean? You may have often pondered as to its real meaning. During the week I spent severed from friends and relatives, alone in a small room, I tried to define its true identity. Alone in the sterile, immaculate hospital room I lay, listening to the silent nurses glide softly through the halls, always hurrying to someone in need. The aides would scurry by, chattering and giggling, lost in their everyday gossip, while I lay unheeded. Now and then the treading of heavy heels on the floor announced the arrival of a doctor. Cautiously the door was opened, followed by the entrance of a gowned and masked doctor, whose never ending orders were "lift this, lift that, breath in, breath out" until you finally had the desire to tell him to do it himself! After the ordeal was over and before he left the room, the doctor would scrub his hands until they fairly glistened and remove his contaminated gown which had become this way by being in my presence. Finally, he would leave with the fervent promise to be back tomorrow. This solitary existence lasted for a week, then I was free, free to enter the other hospital.

With no sad misgivings I left the dreary world of isolation, with its meaning clearly imprinted on my mind "completely alone."

I also found a poem which a woman in my four-bed ward had written for me. It is short!!

THE GIRL IN THE CORNER

There she lay, night and day
Never a respite from the weary way
Pushed and pulled, knocked and rolled
Oh! what a dreary life
Yet she was game for it
She didn't mind the load a bit
In fact she was quite satisfied
To keep her place among the sick
Never a grumble, never say die
She was the one brave and true
Think of her often, as I do.

Richard Cuthbertson of CBC Halifax has graciously granted permission to reprint this story.

In the 1950s, Canada faced a terrifying epidemic. Here's how it was conquered

As the country battles COVID-19, some are looking back to another health crisis in living memory

[Richard Cuthbertson](#) · CBC News · Posted: Apr 02, 2020 6:00 AM AT



Poliomyelitis, also known as the 'crippler,' struck Canada in waves of epidemics from the 1920s to the 1950s, paralyzing many children. (University of Manitoba Archives & Special Collections)

Starting early each morning, Gloria Stephens would slowly make her way through the Halifax ward of young polio patients, wrapping their limbs in hot towels to loosen muscles and stave off paralysis. In the background was the headache-inducing swoosh of enormous breathing machines.

Her day would end 12 hours later by carefully removing the awkward gown, gloves and mask she wore, ensuring as she did that none of her clothes became contaminated. She would return to the former army barracks where she and other nursing students lived in isolation, their food delivered from the hospital cafeteria.

"It was quite an experience and one you won't forget," Stephens, 88, said of her time working as a nursing student in the early 1950s at the polio clinic next to the Victoria General Hospital.

"It's one of the things in your life, in your nursing career, it stays in your mind. It's hard to say, but we did lose some children. And that was very, very tough. It affects me to this day."



Gloria Stephens, the founder of the Nursing History Nova Scotia Society, is shown as a student nurse at the Victoria General Hospital in Halifax. She worked in nursing for 46 years. (Submitted by Gloria Stephens)

While the current COVID-19 pandemic has drawn comparisons to the Spanish flu of 1918-20, which killed millions worldwide, polio represents a more recent health crisis within the living memory of many Canadians.

Polio hit Canada in waves

Polio epidemics hit parts of the country in waves from the 1920s to the 1950s, peaking with a particularly bad year in 1953 with 9,000 cases and 500 deaths nationally.

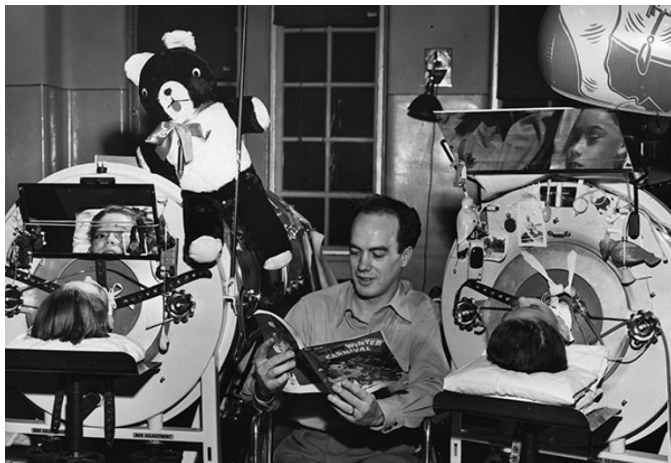
"It was kind of our last real national health emergency like this," said Christopher Ruddy, an adjunct professor at the University of Toronto who has studied the history of polio in Canada.

The economic and social toll of COVID-19 has touched every corner of Canada on a scale surpassing polio. But much like today's pandemic, the fear was real and some of the measures now all-too familiar.

During polio outbreaks, schools, playgrounds and movie theatres were closed in pockets of the country. Public health officials in some communities gave daily briefings on new cases and recoveries, according to social historian Leah Morton, and families of the infected were quarantined.

Nurses were recruited out of retirement to help with large numbers of patients, while health officials and governments scrambled for much-needed equipment. There was the push to develop a vaccine that would finally bring it under control.

Polio is a virus most often spread through infected fecal matter entering the mouth. Although many people didn't get sick, in some cases it infected the spinal cord and caused paralysis. Many cases involved children. In the worst scenarios, polio damaged the nerves that controlled the muscles around the lungs.



John Bryant, who was part of a club of recovering polio patients called Merry Menders, reads to children confined to iron lungs at the King George Hospital in Winnipeg in December 1953. (University of Manitoba Archives & Special Collections)

The treatment used to keep the sickest patients alive was extreme. They were placed inside a device called an “iron lung” that created a vacuum around their body, with only their head showing. A device called a bellow sucked air in and out, forcing the chest up and down to help them breathe.

COVID-19 can also make breathing difficult. And much like the current fears [that Canada will run short of life-saving ventilators](#), health officials dealing with polio struggled to secure enough iron lungs.

At one point, the old Sick Kids Hospital in Toronto was building them in the basement. The Royal Canadian Air Force flew mercy missions, bringing iron lungs to desperately-short communities. In Winnipeg, one hospital had 90

“It was a major challenge as epidemics worsened,” Ruttly said. “Especially in the 1950s, we had more and more iron lung cases and more and more adults.”

Widespread immunization needed for COVID-19: former PM

Immunizations were the great turning point in the battle against polio. First came the Salk vaccine in the 1950s, followed by the Sabin vaccine in the 1960s.



On April 13, 1955, technicians at the Connaught Laboratories in Toronto harvest the virus to be used in the new anti-polio vaccination developed by Dr. Jonas Salk of the University of Pittsburgh. (Fox Photos/Getty Images)

Former prime minister Paul Martin, who contracted polio when he was eight, noted his father, Paul Martin Sr., was instrumental in bringing the first vaccine to Canada when he was health minister in the 1950s.

- **Coronavirus: The latest in drug treatment and vaccine development**

He said the same sort of widespread immunization program [will be needed to bring COVID-19 under control, once a vaccine is developed](#). But he said it's crucial it happens not just in North America and Europe.

"Polio still exists in certain countries in Africa and some in east Asia," he said. "The fact is we've got to help those countries get rid of polio, otherwise it can come back. And it's going to be exactly the same thing with COVID-19."

Martin said most Canadians his age will remember classmates in grade school who were paralyzed by polio. He recalls an iron lung being wheeled into his hospital ward when he was sick.



Former prime minister Paul Martin caught polio when he was eight. His father, Paul Martin Sr., was instrumental in bringing the first vaccine to Canada. (Adrian Wyld/The Canadian Press)

"The fellow beside me said, 'That's an iron lung and that's where you're going to spend the rest of your life,'" said Martin, noting he never was actually placed inside one and eventually made a full recovery. "I never forgot it. That's when I suddenly realized, as an eight-year-old, that I was sick."

But there is one significant difference between polio and COVID-19, he said. Polio was predictable, coming in "invasions" summer after summer, he said, unlike the surprise of COVID-19.

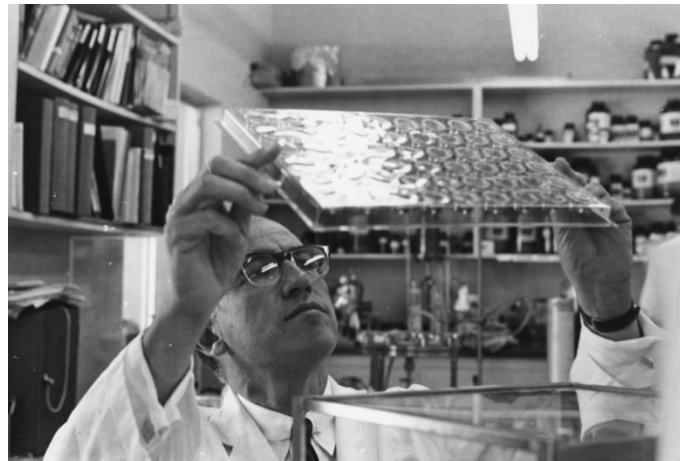
Martin said he contracted polio after playing in the dirty water of a ravine from which his mother had warned him to stay away. He later told her he felt like

he had a "plate in his stomach."

"When I got sick, my mother knew immediately what had happened and got me into the hospital," he said.

Leah Morton, an assistant curator at the Manitoba Museum who has studied polio epidemics in the province, said given outbreaks typically happened in the summer, debates raged over whether to close swimming pools and delay school openings in the fall.

Some doctors even discussed the same dilemmas faced by those in the worst-hit COVID-19 countries: which patients to save and which to let die because there was not enough equipment to go around.



Medical researcher Dr. Jonas Salk studies slides in his laboratory, following the invention of his pioneering polio vaccine, circa 1957. (Three Lions/Hulton Archive/Getty Images)

There was not, however, the same kind of large-scale economic impact, Morton said. Unlike today, many businesses remained open. There are lessons to be drawn from polio, she said, including how people supported one another.

"I think this kind of community togetherness that you see in times of epidemics is a really important lesson," Morton said.

"There's a lot of fear and we're being asked to socially distance ourselves from people, but we still need to work together as communities. You saw that with polio, and I think you're really seeing that today with COVID-19 as well."

Radon

David Cotcher

Radon is a radioactive gas that is released from uranium that is naturally occurring in soil and rock. Outdoors it is dissipated and diluted by the air circulation but when it is indoors it can build up to levels that are a health concern. The radioactive atoms release energy when they decay which can damage lung tissue. Over time this gives risk of developing lung cancer. Radon is the second leading cause of lung cancer, with smoking being the highest risk. More information about radon is available from Health Canada and the Lung Association at the links at the end of this article.

Radon makes its way into homes through cracks in foundations, sumps, and openings around drains. Air pressure is normally lower indoors than outdoors in the soil around the foundation, so the radon gas is drawn into the home through the foundation openings. All homes have some radon and many factors determine the levels. The only way to determine the amount of radon in a home is by testing. Tests have shown that southern Saskatchewan is an area with one of the highest levels of radon. Radon levels are measured in becquerels per cubic metre (Bq/m^3) which mean the number of radioactive atoms decaying per second in each cubic metre of air. The Health Canada guideline for radon is that it should be below $200 \text{ Bq}/\text{m}^3$.

The Lung Association, in partnership with the Saskatchewan Research Council, is selling radon testing kits. The link to purchase a testing kit is at the end of this article. We purchased a testing kit with a radon detector in October 2019. The test is to be done in the lowest area of the home that is occupied at least 4 hours per day. We placed the radon detector in the family room area of our basement. After 3 months, in January 2020, we mailed it to the Saskatchewan Research Council. A few weeks later we got our test result showing $680 \text{ Bq}/\text{m}^3$ which was well above the Canadian guideline of $200 \text{ Bq}/\text{m}^3$.

If tests show high radon levels, Health Canada recommends homeowners have a certified radon professional install equipment to reduce the radon level below the guideline. Certified radon professionals can be found for your area in the

references at the end of the article. In addition to this you should check reviews for the companies with Google and the Better Business Bureau.

Sealing foundation cracks and openings, as well as ventilation give some radon reduction, but the most effective solution is sub-slab depressurization, also called active soil depressurization. There are several variations of how this is installed shown in the references at the end of this article. A common system is a pipe through the basement floor and a fan which gives suction to draw out the radon gas from below the foundation and exhaust it outdoors.

We contacted Master Radon in Regina. Rather than an indoor pipe and fan in the basement, they proposed the most effective solution for us would be an outdoor system. They drilled a hole outside near the foundation down to the weeping tile and installed a plastic pipe with a fan and exhaust duct. The fan gives suction to draw out the radon gas from under the foundation via the weeping tile. They also put a sealed cover over our sump drain to maintain the suction pressure. A picture of the outdoor radon system Master Radon installed is shown below.



Outdoor radon system

Master Radon left a short-term radon monitor with a digital display for two weeks to monitor the effectiveness of the system they installed. The reading was $90 \text{ Bq}/\text{m}^3$ after two days and was progressively lower each day down to $27 \text{ Bq}/\text{m}^3$ after two weeks. This showed the system installed was effective in

reducing radon well below the guideline. They also left a long-term radon detector that will be in place for one year and then mailed to an independent lab to confirm the radon level. We are pleased we had the radon level tested and had a professional install a system to keep it at a low level.

References for more information:

Canada.ca Radon Information

<https://www.canada.ca/en/health-canada/services/health-risks-safety/radiation/radon.html>

(OR

www.canada.ca/radon)

Saskatchewan Lung Association Radon Information

<https://www.lungsask.ca/protect-your-lungs/radon>

Health Canada Radon Action Program

<https://takeactiononradon.ca>

Lung Association/ SRC Radon Test Kits

<https://www.homeradontest.ca>

Canadian National Radon Proficiency Program – Find a Radon Professional

<https://c-nrpp.ca/find-a-professional/>

David Cotcher

2020 May

To the Children of a Generation

Born in the 1930s and 40s, we exist as a very special age cohort.

We are the Silent Generation - “The Last Ones”.

We are the smallest number of children born since the early 1900s.

We are the last generation, climbing out of the depression, who can remember the winds of war and the impact of a world at war which rattled the structure of our daily lives for years.

We saved tin foil and poured fat into tin cans.

We hand mixed white stuff with yellow stuff to make fake butter.

We can remember milk being delivered to our house early in the morning and placed in the milk box on the porch.

We are the last generation who spent much of our childhood without television; instead we imagined what we heard on the radio.

As we all like to brag, with no TV, we spent our

childhood ‘playing outside until the street lights came on’.

We did play outside and we did play on our own.

To play in the water, we turned the hose on and ran through the spray.

Our Saturday afternoons, if at the movies, gave us newsreels of the war sandwiched in between westerns and cartoons.

Telephones were one to a house, often shared and hung on the wall.

Computers were called calculators, they only added and were hand cranked; typewriters were driven by pounding fingers, throwing the carriage, and changing the ribbon.

The internet and GOOGLE were words that didn’t exist.

As we grew up, the country was exploding with growth.

New highways would bring jobs and mobility.

In the late 40’s and early 50’s the country seemed to lie in the embrace of brisk but quiet order as it gave birth to its new middle class which became known as Baby Boomers.

We weren’t neglected but we weren’t today’s all-consuming family focus.

We entered a world of overflowing plenty and opportunity; a world where we were welcomed.

Based on our naive belief that there was more where this came from, we shaped life as we went.

We enjoyed a luxury; we felt secure in our future. Of course, just as today, not all peoples shared in this experience.

Polio was still a crippler.

The Korean War was a dark presage in the early 50s.

Russia built the Iron Curtain and China became Red China.

Castro set up camp in Cuba and Khrushchev came to power.

Only our generation experienced both a time of apocalyptic war and a time when our world was secure and full of bright promise and plenty. We have lived through both.

We grew up at the best possible time, a time when the world was getting better, not worse.

More than 99.9% of us are either retired or deceased, and feel privileged to have ‘lived in the best of times’!

COVID-19 Risk Levels

From hair salons to gyms, experts rank 36 activities by coronavirus risk level.

Four Michigan public health experts assess the risk various activities pose to spreading coronavirus. Dr. Matthew Sims, Beaumont Health director of infectious disease research, Dr. Dennis Cunningham, McLaren Health Care medical director for infection prevention, Dr. Mimi Emig, retired infectious disease specialist with Spectrum Health, Dr. Nasir Husain, Henry Ford Macomb medical director for infection prevention.

The list, below, assigns a score for activities from 1 to 10, with a 10 being the riskiest and a 1 being the least risky. The score is an average of scores given by the health experts, rounded to the nearest whole number.

Bars Risk level: 9	Pontoon boat rides Risk level: 6	Eating outside at a restaurant Risk level: 4
Buffets Risk level: 8	Movie theaters Risk level: 6	Getting groceries Risk level: 3
Sports stadiums Risk level: 8	Dinner parties at a house Risk level: 5	Camping Risk level: 3
Gyms Risk level: 8	Airplanes Risk level: 5	Hotels Risk level: 3
Amusement parks Risk level: 8	Backyard barbecues Risk level: 5	Golfing Risk level: 3
Churches Risk level: 8	Malls Risk level: 5	Libraries and museums Risk level: 3
Basketball Risk level: 7	Beaches Risk level: 5	Going for a walk, run or bike ride with others Risk level: 2
Public pools Risk level: 7	Bowling Risk level: 5	Getting fuel Risk level: 2
Casinos Risk level: 6	Dentist's offices Risk level: 4	Getting takeout from a restaurant Risk level: 1
Restaurants, indoor seating Risk level: 6	Walking in a busy downtown Risk level: 4	Playing tennis Risk level: 1
Playgrounds Risk level: 6	Offices Risk level: 4	
Hair salons, barbershops Risk level: 6	Doctor's waiting rooms Risk level: 4	



Exercise: Use it and Lose it

By Dr. Richard L. Bruno HD, PhD

Director, International Centre for Polio Education

www.postpolioinfo.com

Question: I read that you don't recommend exercise for polio survivors who are getting weaker. But if I stop exercising and do nothing, won't I lose muscle tone, get flabby and become deconditioned and even weaker?

Answer: You're asking a good question but are using buzzwords that Americans hear on infomercials. It's vital that polio survivors understand what the research really says about exercise for newly weakened muscles and know the definitions of "muscle tone" and "deconditioned." We never tell polio survivors to "do nothing." Both The Post-Polio Institute and Warm Springs long-term follow-up studies find the same thing. All PPS symptoms, fatigue, pain and muscle weakness, decrease when polio survivors stop exercising and follow The Golden Rule:

If anything causes fatigue, weakness or pain, DON'T DO IT! (Or do much less of it.)

Unfortunately, those who recommend strengthening exercise to polio survivors quote from the conclusions of half a dozen small studies of leg muscle strengthening, apparently without having read them critically. The studies' conclusions say that exercise programs "lead to significant gains in strength." However, when you look at the responses of individual subjects the "significant gains in strength" are hard to find. Just over half of the studies' subjects had an increase in upper leg muscle strength of about 26%. One quarter had no change in strength while 21% actually had a decrease in strength of about 10%. So almost as often as not exercise either had no effect or actually decreased muscle strength.

What's more, only two studies asked whether exercise affected polio survivors' fatigue and their ability to function in their daily lives. In one study, strength increased by 36% but muscle fatigue also increased by 21%. In the other study, although muscle strength increased by 30%, there was no improvement in polio survivors' ability to do daily activities, and muscle fatigue increased as much as 300%! You have to ask what good comes from any small percentage increase in muscle strength that is not related to improved functional ability and that actually increases muscle fatigue more than strength.

And what of "muscle tone"? Most people think that muscle tone means muscles that are firm and have a nice shape. Muscle tone actually means that muscle fibers are ready to contract. Muscle tone is lost when motor neurons are damaged and can't turn on muscle fibers. Loss of tone can happen when polio survivors exercise too much and muscles become weaker when poliovirus-damaged motor neurons fail. Remember, PPS researcher Alan McComas found that polio survivors who have muscle weakness lose at least 7% of their motor neurons each year. This is why he concluded that "polio survivors should not engage in fatiguing exercise or activities that further stress metabolically damaged neurons that are already overworking."

Polio survivors' muscles get smaller lose tone if they're overused and the motor neurons that turn on the muscle fibers die. Arms and legs get flabby because of increased fat deposits, not a loss of muscle tone. Exercise does burn fat and at first causes muscles to increase in size. But polio survivors don't want bigger muscle fibers because they "further stress metabolically damaged neurons that are already overworking." The best way to prevent flabby arms and legs is to stop overusing and abusing your motor neurons and to follow the higher protein, low fat and lower carb Post-Polio Diet.

And what does "deconditioned" mean? Many polio survivors believe that there are only two ways to live: overusing and abusing or being a couch potato and becoming "deconditioned." Deconditioning is something that happens when astronauts live in space or you put someone to bed for weeks, removing the pull of gravity and causing a decrease in blood volume and blood pressure. Deconditioning can only happen if polio survivors never leave the couch, not if they take two daily rest breaks on the couch, take a ninety minute nap, stop strengthening exercising or use a power wheelchair.

However, polio survivors may need to "condition" their hearts, especially if they have had a heart attack. Cardiopulmonary conditioning" uses exercise to strengthen the heart muscle (which was not affected by polio) and make it work more efficiently. However, there is no benefit to running on a treadmill or riding a bicycle to exercise the heart if you thereby stress and kill off poliovirus-damaged motor neurons. Some polio survivors can do heart conditioning by using their less affected limbs, usually their arms, in a carefully monitored program of paced and non-fatiguing exercise. But for many this type of exercise doesn't increase heart rate enough to get a conditioning effect and leads to fatigue and muscle weakness so it can't be continued for more than a few sessions.

The following posts are reprinted from Dr. Bruno's "Bruno Bytes"

Essential Tremors

Question: The neurologist diagnosed me with "essential tremors." Don't know why they call them "essential" because my shaking stops when I use my hands.

Dr. Bruno's Response: Essential tremor is when your hand or hands shake when you are using them to do something, like hold a cup. ET is the "opposite" of **resting tremor**, your hand(s) shaking when they are at rest and a symptom of Parkinson's disease.

Essential tremor is not the same as muscle "stuttering" in polio survivors. When you are asked to push against someone's hands during a manual muscle test, easily fatigued polio-damaged motor neurons can misfire and cause a muscle to rhythmically turn on and off. This misfiring is often confused with an essential tremor, but it is not. Misfiring happens in the spinal cord and essential (and resting) tremor comes from the brain.

Incorrectly diagnosing essential tremor in polio survivors not only overlooks underlying muscle weakness but often leads to the prescription of a beta blocker (like propranolol) that is a cause of increased fatigue in polio survivors and should be avoided.

Polio Survivors Having Lower Immunity

Question: A friend of mine insists that post-polio patients have a lowered immunity. I have never heard of this.

Answer: Polio does not cause lowered immunity. This is only an anecdotal finding but I have always been surprised that Post-Polio Institute patients didn't catch bugs floating around while non-polio survivors got sick. This doesn't mean that you shouldn't discuss with your local doc getting the flu and pneumonia vaccines.

Polio Survivors Having a High Threshold for Pain

Original Post: Can anyone in this group tell me where in Dr Bruno's book it explains why we feel pain twice as much as other people? Are there others who are always in pain?

Dr. Bruno's Response: Our 1984 study showed polio survivors are *twice* as sensitive to pain as non-polio survivors. You need to have a higher tolerance or you couldn't survive. (Bruno RL, Johnson JC, Berman WS. Motor and sensory functioning with changing ambient temperature in post-polio subjects. Late Effects of Poliomyelitis. Miami: Symposia Foundation, 1985.)

It has been known since the 1970s that we have receptors in our brains that respond to the body's own morphine-like, painkilling opiates, endorphins and enkephalins, and that these receptors increase in number to help us cope with long term, severe pain. The more opiate receptors there are in the brain, the higher the ability to withstand the pain.

The problem for polio survivors is that the poliovirus killed off the brain and spinal cord neurons that produce the body's own opiates. So, polio survivors can't "medicate" themselves against pain no matter how many opiate receptors they produce. It is like having ten, one-dollar bills (the endorphins and enkephalins) and 100 banks (the anti-pain opiate receptors) that want them. The ten, one-dollar bills only go so far; 90 "banks" are going to go without. That is why polio survivors need more pain medication than non-polio survivors to fill the empty opiate receptors.

