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Polio Regina Incorporated

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# Season's Greetings



## H1N1 Flu Information for Polio Survivors

## My Polio Story



The H1N1 flu virus has been a hot topic in the news lately. There have been numerous conflicting stories in the media and on the internet.

This is the fifth in a series of our member's Polio Stories. The commute for Jeanne Baldy is too far for her to attend our meetings – she lives in Inner Grove Minnesota, USA but she has been a faithful member of Polio Regina for many years and has always kept in touch with us. Here is Jeanne Baldy's Polio Story.

Dr. Mavis Matheson gave a presentation on H1N1 flu at our September meeting and also discussed it further at our October meeting. Here are the facts about H1N1 flu as they pertain to Polio Survivors. Thank you Mavis.

## Jeanne Baldy

*Adapted from the Public Health Agency of Canada Site by Mavis J. Matheson, MD*



The H1N1 flu virus is a new strain of pandemic influenza which is different than the seasonal flu. People under 55 have no natural immunity to protect against this virus. The H1N1 flu virus emerged in

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Eighty plus years ago, I was born in Shaunavon, Sask. Most of my early life was lived in the village of Scotsguard – (which has since shrunk to a population of four or five, with only a few of the original buildings remaining in the village).

In 1933, I became violently ill, with a stiff, painful neck, spasmodic limbs and hallucinations. The area doctor, Dr. Hookings, lived in Admiral, a few miles away. Upon being called, he drove to our home immediately. He was one of those amazing, inciteful country doctors, who defied all odds and made accurate diagnoses with the majority of his patients. He felt a spinal tap was in order. The procedure was quite frightening for a young child. The results were confirmed by return mail from Regina General Hospital lab, that indeed, I had contracted polio – or “infantile paralysis”, as it was then known.

Our Dr. Hookings drove me to the Isolation Hospital in Shaunavon, where I was placed under the care of the local doctors. A long, right-leg cast was applied, and I remained for a month, with no visitors allowed.

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## ***H1N1 Flu Information - Continued***

April 2009 and surveillance of its spread shows that it is affecting more young and healthy people than the regular seasonal flu, which normally affects seniors and young children. People with underlying medical conditions may be at a greater risk for severe illness.

The H1N1 flu virus is contagious and is spread the same way as regular seasonal influenza. This happens when an infected person coughs or sneezes and their germs enter the nose, eyes, or throat of another person. The germs can also rest on hard surfaces like counters and doorknobs, and can be picked up on hands and transmitted to the respiratory system when someone touches their mouth and/or nose. It is not possible to catch it by eating pork or pork products or through blood transfusions. It is believed that a person can be infectious (be able to spread the virus to others) for one day before the onset of symptoms and continues for approximately 7 days after symptoms have started.

Groups at risk of complications from the H1N1 flu virus include children under five years of age, especially those less than two years old; women who are pregnant; and people with chronic conditions such as heart/liver/kidney disease, blood disorders, diabetes, severe obesity, asthma, chronic lung disease, people with compromised immune systems, and those with neurological disorders like Post polio syndrome (especially those of us with respiratory problems.)

### **Prevention**

- **Get immunized** with the H1N1 flu vaccine and the seasonal flu vaccine.
- Wash hands often
- Keep common surfaces disinfected
- Cough and sneeze into your arm, instead of your hand
- If you are sick, stay home until your symptoms are gone and you feel well enough to participate in all activities
- If you get flu-like symptoms and have underlying health problems or if your symptoms get worse, contact your health care provider.

Take caution in crowds where you will have little control over personal contact. Be vigilant about hand washing and carry a hand sanitizer to reduce the risk of picking up a virus in these types of settings.

### **Immunization**

Getting the H1N1 flu vaccine is the best way for you to protect yourself and others from getting infected. If you have been immunized, you won't get the flu and pass it on to your family and friends. You cannot get the

flu from the flu vaccine. Vaccines used in Canada do not use live virus. Vaccines are safe. The dangers from vaccine-preventable diseases (like the flu) are many times greater than the risk of a serious reaction to the vaccine. A can of tuna fish has more mercury than the thimerosal in the H1N1 flu vaccine. With the H1N1 flu vaccine you will have some immunity to the current strain of the H1N1 flu virus within 10 days.

### **Symptoms**

People with H1N1 flu almost always have cough and fever. It is common to have fatigue, muscle aches, sore throat, headache, decreased appetite and runny nose. Some people have nausea, vomiting or diarrhea.

### **Antivirals - Vaccine for Treatment of Flus**

If you develop the flu, your health care provider may prescribe antivirals for treatment of the flu. Antivirals are prescription medications used to treat the flu. While they do not make you immune to the virus, if taken shortly after getting sick (only within the first 48 hours), they can reduce flu symptoms, shorten the length of illness and may reduce serious complications.

### **H1N1 Flu Virus: Signs of Severe Illness**

If you develop the following symptoms, seek immediate medical attention:

- High fever (more 39.5C)
- Shortness of breath, rapid or difficulty breathing
- Chest pain
- Bluish or grey skin colour
- Bloody or coloured sputum (spit)
- Sudden dizziness or confusion
- Severe or persistent vomiting
- Low blood pressure

So, if you want to avoid getting sick, get immunized, wash your hands or use hand gel and avoid sick people when possible. To avoid spreading H1N1 get immunized, cough and sneeze into your arm, instead of your hand and if you are sick, stay home until your symptoms are gone and you feel well enough to participate in all activities.

For more information contact Public Health Agency of Canada <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/index-eng.php>

***P.S.** As of November 24th anyone in the Regina Qu'Appelle Health Region who wishes to be vaccinated for Pandemic H1N1 can now receive the vaccine.*

*The Clinic in Regina is at the former Robert Usher Collegiate - 1440 - 9th Avenue North. The Clinics hours are: Monday to Friday - 9:00 am to 7:45 pm*

### *My Polio Story Continued*

During this period of time, my Father and sister were visiting relatives in Ontario. My Mother urged them to remain there, until the danger of contracting polio was safely over. Strangely enough, I was the only individual within a radius of five hundred miles, who contracted the virus at that time.

On release from hospital, adjustment to normal life was rather difficult. Walking was impossible, and use of my arms was limited. My Mother urged me to put one foot ahead of the other several times a day. Eventually, her persistence won out, and I learned to walk, with a decided limp. Hyperextension of the right leg necessitated a trip to Children's Hospital in Winnipeg, where the highly respected Dr. Deacon performed an osteotomy\* of the right femur. A full body cast was necessary, with changes to shorter casts over the course of six months.

Extensive physical therapy was given three times daily, to release the adhesions. On one occasion, the therapist was viciously forcing the right knee to flex, when the leg fractured at the area of surgery. Another cast was applied, with six more months of recovery. The painful therapy sessions will never fade from memory – made all the more vivid, since I did not see family members for a year. The depression was in full swing, making the luxury of travel from Saskatchewan to Manitoba impossible for those of modest means.

Upon being discharged from hospital, life took on a very challenging aspect. As a young teenager, trying to “fit in” socially and otherwise, presented many difficulties. It was humiliating having to use crutches and after much effort, a cane. I refused to wear the suggested orthopaedic shoes (an attitude that has since been adjusted!) and tried desperately to conceal any physical deformities that made me “different” from my peers. The one saving grace was my interest in music. My sister and I were fortunate in having European trained teachers. We often wondered what attracted these amazing musicians to the dust bowl of Saskatchewan! In any event, music dominated our lives, as a result.

In 1952 I married an American, and have lived in Minnesota since. Raising a daughter and son, and continuing to perform and teach piano have made for an interesting life. Post-polio problems, numerous fractures and surgeries serve as reminders of the polio experience. However, most post polio individuals are

type “A” personalities, and tend to carve acceptable lives for themselves. Time does heal many things and, as expressed by other contributors, along with reliance on Faith, life can be very good, indeed.

*\*An osteotomy is a surgical operation whereby a bone is cut to shorten, lengthen, or change its alignment.*

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## **Greetings from the President!**

As I am typing this up, I am so grateful for the ‘lack of snow & ice’! I say this because my last fall was a wipeout on a driveway that was covered with black ice. As many of you know, I seem to have a bad habit of flipping on ice, therefore, I am not missing it at all right now. I don't quite understand this, as I was an excellent skater in my younger days!



Our sad news last month is that we lost our past president, Norm Beliveau. We will surely miss his jovial ways as he always had a joke to tell or to pass on to us. Our sincere condolences go out to Bernice and her family.

I am now in the process of getting ready for the LIVE conference in Toronto, which will begin on November 16th until the 19th. There seems to be some very interesting topics and I do hope we have some good reports to bring back with us, for our next meeting.

I have booked the Chimney for our Christmas gathering this year. Thanks to Murray Grant for that suggestion. I have always liked that restaurant, and Wilf and I tried it again and were not disappointed at all!

I am very thankful for all the help I receive from the executive throughout the year. A big thank you to all who continue to come out to the meetings and I hope we all have a blessed Christmas, enjoyed with our family & friends.

See you at the Chimney, December 3rd, 2009 at 5:30-6:00 p.m.!

*The following article was printed in the November 2008 issue of the Southern California PPS Manager. Permission to reprint has been granted by the editor, Rick Van Der Linden.*

## **THE PPS BRAIN**

by Rick Van Der Linden

*[Originally published in The PPS Manager May 1999.]*

### **WHAT THE VIRUS DID**

To better understand how the damage caused by the poliovirus is affecting us today, we need to get a rough idea of how the brain is wired for action. Every action message sent out by the conscious or unconscious brain passes through the base of the brain. This primitive area of the brain which controls our basic animal functions (moving, breathing, sleeping, etc.) is connected to the top end of the spinal column. This structure, the brain stem, is shaped like a light bulb, the Medulla (socket area) topped off with the Bulbar region.

When the poliovirus enters the nervous system it causes an infection in the gray matter of the spinal column disrupting the signal from the brain to the muscle cells. Lesions (scars) from this infection can be detected by autopsy or by MRI and are seen as speckles throughout the gray matter. The resulting Paralytic Polio is partially overcome in rehabilitation but the lesions remain. In most cases (or perhaps all, but to varying degrees) these lesions continue upward beyond the spinal column and into the brain stem where sleep, breathing and swallowing are controlled - Bulbar Polio.

Usually the heaviest concentration of lesions is in the spinal column and they thin out as they progress upward into the brain stem with very few in the rest of the brain.

Doctor Richard Bruno has described the polio-damaged brain stem as looking like it was shot with a miniature shot gun.

### **THINK AND ACT**

Often we have trouble finding words, concentrating, staying awake and aware, remembering things. It's enough to make you think you're losing your mind. But why should this happen if the virus only damaged the action part of the brain?

To answer that question think about this: We are experts at compensating for weakness. If a muscle is weak, the one next to it works harder. It stands to reason that if an area of the brain is overworked, a nearby area tries to take up the slack. To put it in computer parlance, we create a much less efficient software solution in the thinking part of the brain to fix a faulty hardware problem in the action part of the brain. The result is a computer that is straining its capacity - Central Fatigue.

### **DO YOU REMEMBER?**

“So,” you ask, “If polio didn't directly hurt my thinking brain why do I have memory problems?” I can think of three reasons. Fatigue, poor quality or quantity of sleep, and PTSD.

**FATIGUE:** When I overuse my body, my brain is short changed in the energy department (see **THINK AND ACT**) and the resulting Central Fatigue causes loss of awareness. I can't remember things I never noticed.

**SLEEP DISORDERS:** Memories of the day are set in place during the three hours of REM sleep. This important segment of sleep can be interrupted by jumpy legs, side effects to a drug you're taking (including alcohol and caffeine), aches and pains, and so on. If, for example, during REM sleep you are reviewing my face and name and you suddenly wake up because... say you quit breathing... you may forget me.

**PTSD:** The third reason is perhaps a little more controversial. Post Traumatic Stress Syndrome (PTSD) can cause you to forget a particularly stressful event and make it hard to make new memories. We don't all respond to stress in the same way, but there could be a small percentage of us who suffer from PTSD.

### **CONCLUSION**

Although the poliovirus invaded and damaged part of the brain it was only the action parts that were damaged. The higher functions should work just fine if we manage PPS properly.

“The best we can do” involves saving our energy for creativity. Sing, paint, make photographs, write, garden ... share your vision. Even if it's just for a few minutes a day, it's the most human thing you can do.

Being creative is better treatment than any drug. It lifts you above your mortal problems and brings you closer to a purely spiritual state.

I'm thankful every day that, although polio hurt my brain, my mind was left untouched.

#### **UPDATE – NOVEMBER 2008**

In the above article I touched on the connection between mental function and sleep apnea. At the time, I had not yet learned of the effect weak breathing muscles has on sleep quality and therefore mental abilities. Here's more on that:

PPS remains the same strange and often illusive disease, though our understanding of it seems to keep evolving. Since writing "The PPS Brain" nearly ten years ago, I've added a very important piece to the puzzle. That piece is the negative effect of hypoventilation, which I later wrote about in an article called "Barely Breathing."

To summarize: many of us (some say "most of us") suffer from breathing muscles weakened by the poliovirus. Over years of slow deterioration of these nerve/muscle connections, we breathe less and less as we compensate for the weakness. Year after year it goes unnoticed as we learn to survive on less oxygen (O<sub>2</sub>) while carbon dioxide (CO<sub>2</sub>) builds up in our blood. As years go by CO<sub>2</sub> is stored in our muscles and organs. The presence of excessive CO<sub>2</sub> interferes with normal function, so we end up with things like high blood pressure, failing kidneys, liver failure, and so on.

Of particular interest to this article is the effect on the brain.

#### **CO<sub>2</sub> IN THE BRAIN**

I'm not a doctor and I don't know all the hows and whys, but I am an expert in the area of first hand experience in this matter. It happened to me.

I had polio at in 1953, PPS diagnosed in 1994. I'm now (2008) 61 years old. At the time of my diagnosis I was told that I may have been experiencing PPS symptoms as long as 10 or 15 years before problems became serious enough to cause me to seek treatment. At first I found it hard to believe. Now I see things differently.

My mind was changed by the fact that now, after five years of overnight ventilation, I still find improvement in certain mental abilities.

It seems that vent therapy corrects blood gas balance right away. After all, simply hyperventilating over the stress of having an ABG (arterial blood test for level of CO<sub>2</sub> in the blood) test at the hospital can remove a good portion of built-up CO<sub>2</sub> in the blood. However, the longer hypoventilation continues, and the more severe it is, the more CO<sub>2</sub> collects deep within body tissues. It takes time to clean up the mess.

Some of the early improvements included a clearing of the fog - I could actually think again. My memory seemed to improve, too. Depression was no longer such a problem as the increased endurance allowed me to accomplish more and therefore feel more useful. Decision-making is no longer a problem.

The most surprising delayed improvement is in the area of problem solving. I'm a Mr. Fixit. A machinist, a writer, a musician, plumber, electrician, carpenter, mechanic, inventor ... and yet, there are a lot of little glitches in daily activities I've put up with for years. In the last two years I've come up with several simple creative ideas to make repetitive tasks (or every day activities) easier or more efficient. On every one of these occasions I've asked myself, "Why didn't I think of that 20 years ago?" These are not complicated problems with complex solutions, they're little things that have bugged me or wasted time, and the solution was always something easy, cheap and only required a few minutes and materials on hand. The only answer I come up with is, "I must not have been thinking straight." And only two things have changed. I'm over 60, and I'm on overnight ventilation. I doubt that being over 60 could be the reason for this unexpected improvement so, by the process of elimination, I assume it has something to do with the latter.

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*While I sat in the reception area of my doctor's office, a woman rolled an elderly man in a wheelchair into the room. As she went to the receptionist's desk, the man sat there, alone and silent. Just as I was thinking I should make small talk with him, a little boy slipped off his mother's lap and walked over to the wheelchair. Placing his hand on the man's, he said, "I know how you feel. My mom makes me ride in the stroller too."*

Permission to reprint the following articles has been granted by Dr. Mary Westbrook of the **Network News**, the newsletter of the Post-Polio Network, New South Wales, Australia. Dr Mary Westbrook AM is a psychologist. Before her retirement from the University of Sydney she taught students in many health professions about the psychological and social aspects of disability and health care. Mary contracted polio when she was eleven and now uses a wheelchair due to polio's late effects. **Polio Particles** is compiled by Mary Westbrook as items in the press or professional journals catch her eye. Included in this series are brief reviews of books on polio or post-polio, updates on post-polio research, information about immunisation and the status of global polio eradication, and other items of interest.

## **Polio Particles 30**

Mary Westbrook

### **Effective Resting**

*Rancho Los Amigos Post-Polio Support Group Newsletter* June 2009 reported a talk given to the group by post-polio specialist, Dr Vance Eberly. In the course of his talk he discussed the overuse of post-polio syndrome muscles that causes muscle pain and twitching. He said that resting is very important both as a preventive measure and when you are suffering the effects of overdoing and emphasised the importance of lying down to rest. Dr Eberly stated that, "Many people need to break up their day; they lie down for 15 or 20 minutes, two or three times a day. That helps especially with back pain. Post-polio syndrome frequently affects your spinal muscles and your anti-gravity muscles. So sitting down doesn't help because you are using those muscles to sit upright. If you didn't use them you would flop over. Polio survivors need to get out of the chair and lie down to rest those muscles."

### **Research into Polio Virus Fragments in Polio Survivors**

Each year the Research Fund of Post-Polio Health International (PHI) in St Louis makes an award. The 2008 award of \$US25,000 was given to a group of researchers at the University of Insubria Medical Centre, Varese, Italy headed by Antonio Toniolo, Professor of Microbiology and Virology. The grant will fund a study *Persisting Noninfectious Fragments of Poliovirus in PPS patients: Virus Detection and Susceptibility to Antiviral Drugs*.

Past research has detected fragments of poliovirus in the cerebrospinal fluid of PPS patients. It is speculated that these may trigger a chronic inflammatory response in the body which may be responsible for PPS symptoms. If this is so an antiviral treatment may be possible. Toniolo and his team plan to investigate the genetic structure of the persistent poliovirus fragments found in people with PPS and compare them to wild-type polioviruses. They will then test the susceptibility of the fragments to antiviral drugs. The board president of PHI, Lawrence Becker, said that the research team impressed PHI "as having real promise for tracking down the etiology of post polio syndrome. And if it turns out that these viral fragments play a major causative role, the study will not only help develop an important diagnostic tool, but may point the way toward an effective treatment." This could benefit many people because as PHI points out there are over 20 million polio survivors worldwide and PPS is the world's most prevalent motor disease.

### **Finding Words to Describe Symptoms Like Fatigue**

Polio survivors often say that that they find it hard to explain to others what the fatigue they experience feels like; that it isn't just the same as what able-bodied people describe as feeling tired and furthermore fatigue comes in various forms. Are we right? Some support for the existence of distinct types of fatigue comes from a study comparing the way people with chronic fatigue syndrome (CFS) and the people in the general population perceive pain. This is relevant to polio survivors as a number of researchers have described the fatigue of CFS as similar to that of PPS and some have speculated that CFS is caused by a virus of a similar type to the poliovirus. The study was conducted by Leonard Jason and a team of researchers who reported their findings in *Disability Studies Quarterly*, 2009.

Using a questionnaire they developed the researchers found that people with CFS distinguished five types of fatigue. These were: 1) Post-exertional fatigue exemplified by statements such as you feel physically drained after mild activity, and minimum exercise makes you tired, 2) Wired fatigue eg it's hard to sleep because you are tense and agitated, your body feels

overstimulated when very tired, 3) Brain-fog fatigue eg thinking is hard work and muddy, you misplace items and cannot remember things, 4) Energy fatigue eg you do not have energy to do anything, you lack the energy to talk to anyone, 5) Flu-like fatigue eg you have muscle aches or pain all over your body, you feel like you have a high temperature or fever. In contrast the able-bodied participants' view of fatigue was that there is only one generalised type of fatigue, primarily a feeling of drowsiness or tiredness which may be accompanied by some of the symptoms the CFS group described but these were not experienced as separate types of fatigue.

My hunch is that polio survivors would make somewhat similar distinctions. The researchers consider that understanding the distinct types of fatigue patients may be experiencing will help health practitioners provide individualised treatment options. Understanding types of fatigue will help patients communicate with their family, friends and health-care providers. I remember that reading the distinction Dr Lauro Halstead made between various types of post-polio pain was a liberating experience for me because I now had a vocabulary to communicate with health professionals and family. Halstead distinguished three types of polio pain. He described type I pain as post-polio muscle pain which "is felt only in muscles affected by polio. It can occur both as a superficial burning discomfort or as a deep muscle ache...the deep pain is often characterised by muscle cramps, while the superficial pain is sometimes associated with fasciculations (twitching), a crawling sensation, or extreme sensitivity to touch" (*Managing Post-Polio; A guide to living well with post-polio syndrome*, page 38). At its worst I find this crawling pain almost unbearable yet none of the pain vocabulary I had learnt seemed to justify calling it pain until I read Halstead. [The second edition of Halstead's book is available from the Network office].

## **Polio Elders**

*Living with polio in the 21st century* was title of the 10th Post-Polio Health International Conference which was held in Warm Springs this year. Sunny Roller, a polio survivor and researcher, gave a talk on her research into polio elders' life experiences

of coping with polio. Elders were selected as being highly regarded role models within their PPS support groups in the USA. All were over 65 and more than 50 years past the onset of their disability. From her interviews with elders Roller found that:

- Major issues throughout these polio survivors' lives included: "Achieving and maintaining independence which requires diligent effort; fighting shame and creating a positive self-image with a disability; and reconciling social and functional losses."

- Elders' perception of being disabled from polio had altered over the years. "The years with polio during childhood, adolescence and as an adult were not comfortable....Before developing PPS in mid-life elders had worked hard using their 'lens of difference', a self-perception that rejected the shame and prevalent social stigma of disability. High achievement was crucial. Later in life they became more willing to look at their lives through the 'lens of disability', more fully embracing their disability as part of their overall personal identity. In doing so they became more content with this new self-perception and life in their retirement years."

- The main coping strategies survivors had used were "having a strong social support system, enjoying life, being optimistic, self-acceptance, assertiveness, education and spirituality."

"Ironically", Roller comments, "growing older with greater disability has offered this group a fresh sense of not only comfort, but also liberation....Once retired, there was no longer, a need to prove oneself in the mainstream workplace and keep up with non-disabled competitors....In many important ways, life was reported as better in old age than it ever was in youth."

Roller also commented on the wisdom of the polio elders but noted that "this group's strong suit was not necessarily sympathetic and compassionate love for others. It may be that for this group, because of their life experience with disability, survival skills often had to trump compassion. Early on they learned that they had to work through the pain they may have felt physically through the years and rise above it. They had no time to feel sorry for themselves if they wanted to make it in society....Rehabilitation

professionals and parents were tough on kids with polio because they were seen as having much weakness to overcome. Hence this study's subjects warned others about not associating with negative people too much. They would drag them down. Because they had to go beyond their own self-pity to overcome disability, they did not approve of self-pity in others and expressed low tolerance of 'whiners'. As one participant said, life with polio could make a person 'damn tough'."

## No Time for Tears

Roller's comments on the historical reasons for the polio elders' lack of compassion came to mind when reading *Bracing accounts: The literature and culture of polio in postwar America*, a book by Jacqueline Foertsch (published by Fairleigh Dickinson University Press, 2008). Various sections of the book discuss what women's magazines wrote about polio (titled, "A battle of silence"), what novels covered (titled, "Crippled by history") and what memoirs reported (called, "No time for tears"). *No time for tears* was also the title of Charles Andrew's 1951 book about his ten-year old son Chuck's attack of polio. Foertsch writes, "When finally allowed to visit [the hospital], Chuck's parents cheerfully invalidate his fear and sadness". Later when Chuck learns he may not be home for Christmas his father wrote, "He screwed up his face and began to cry... We remained immobile until he got under control". Foertsch commented that Andrews attributes Chuck's near-total recovery to his "blustering philosophies about 'ignoring handicaps'... while in fact Chuck may have done as well as he did despite his parents' emotional coldness and misguided doctoring". Many other memoirs Foertsch describes and many Network members' personal stories of their hospitalisation contain such incidents of ignoring or punishing children's distress.

Roller suggests that the wisest of the polio elders she studied (see previous particle) were "the ones who revealed that their experience with disability is now, in later life, making them more compassionate toward others with a disability, because they have grown in greater self-acceptance with their own disability"

## We Remember

Two friends of Polio Regina have left us since our last issue of Polio PostBox. We send our sincerest condolences to their family and friends.

### Keith Ball



Keith Wayne Ball (a.k.a. Uncle Woof) was born September 14, 1945 and died July 2, 2009. Keith was predeceased by his parents, Max and Mary (Lipp) Ball, and his father-in-law E.H.J. Gray. He is survived by his wife, Jackie; two daughters, Tara (Kevin) Garratt and Krista (Dave) Milliken; and granddaughters, Rachael, Olivia, and Maddison Garratt. He is also survived by his sister, Eleanor (Aloise) Szatkowski; brother, Alphonse (Alvina); mother-in-law Doris Gray; sister-in-law Wanda (Don) Hodgins as well as numerous nieces and nephews. Keith will also be mourned by his many friends, colleagues, business associates and customers. Keith worked with the Regina Police Service for 26 years and retired as a Sergeant in the Economic Crime Section. Keith was a dog trainer. He and Jackie owned and operated Uncle Woof's Pet Motel and Woof's Whispering Winds pet cemetery which are 12 miles north of Regina on Highway #6. Keith was a certified breeder of pedigree German Shepherd and Shetland Sheep (Sheltie) Dogs which he and Jackie trained and showed in competitions.

Keith and Jackie Ball have been long time members of Polio Regina. Jackie was president of Polio Regina for two terms. Keith and Jackie received honorary life membership in Polio Regina Inc. in 1999.

### Norman Beliveau



Norm passed away suddenly on Sunday October 25, 2009 at the age of 68 years with his loving wife Bernice by his side. Norm leaves to cherish his memory his wife, Bernice; son Chad (Lindsey); daughter, Penny; his two favourite "little ones", Gabrielle and Carter; numerous brothers, sisters, relatives and friends.

Norm was a great golfer, walking all 18 holes without a cart. He was also a big Regina Pats fan.

Norm and Bernice have been long time members of Polio Regina. Norm was president of Polio Regina from 1999 though 2003. Norm and Bernice received honorary life membership in Polio Regina Inc in 2002.



Jackie and Keith Ball receiving Life Membership from Norm Beveveau in 1999.

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## Congratulations

### Diane Lemon

Synchro Saskatchewan is happy to announce the renaming of our competitions to honour the four women who have been inducted into the Saskatchewan Sports Hall of Fame. Our inductees have been;

- Sadie Caulder Knight was inducted in March 21, 1981.

*Note: Sadie was the pioneer of synchronized swimming in Saskatchewan in 1941.*

- Sandra Roberts was inducted in June 20, 1992

*Note: Sandra is the granddaughter of Sadie Caulder Knight*

- Diane Lemon was inducted in June 15, 1996

Quote from Diane: *That is a great honour and I would be thrilled to have the meet named in my honour. This is a complete surprise and very nice of the Synchro Sask. Board to think of us and do this. A Sincere Thank you*

- Marnie Eistetter was inducted on June 13, 2009

The meets will now be referred to as:

Marnie Eistetter Figure Meet

Diane Lemon Invitational

Sandy Roberts Tier 6-7 Provincials

Sadie Caulder Knight Tier 1-5 Provincials

Diane Lemon has been a member of Polio Regina for many years. Congratulations Diane!

### Jim Allonby

Jim Allonby has recently been elected to the Board of the Canadian Paraplegic Association – Saskatchewan Division. Jim has been an active member of Polio Regina for many years. Congratulations Jim!

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## At the Meetings

### September 2009

#### New Treasurer

Due to ill health, Verna Copeland, Treasurer for 2009, asked to be relieved from this position. David Cotcher volunteered to step in for Verna and was declared to be our Treasurer for the remainder of 2009.

Verna has been our treasurer for what seems like forever. Thanks Verna for all your hard work and impeccable record keeping over the years. We were happy to see Verna looking well at the October meeting.

Thank you, David, for taking over the position. We know you will do a good job.

### October 2009

#### Nominating Committee

A nominating committee was struck to seek nominations for the executive for 2010. Blenda Ramsay, Verna Copeland and Elaine Cotcher volunteered to serve on the committee. Please contact any of the committee members if you wish to nominate someone for any of the executive positions. The Annual General Meeting will be held March 25, 2010.

#### Quorum Quandary

A motion will be put forward at the next Annual General Meeting to be held March 25, 2010. The motion will read: “I move to amend the Constitution of Polio Regina Inc. Article 8(a) to read: A quorum of five members must be present before business is conducted.”

Presently Article 8(a) of the Constitution reads: “A quorum of eleven members must be present before business is conducted.” There has been some concern about there being enough members present to hold a meeting. The April 2009 meeting was cancelled because the executive was afraid that there would not be a quorum.

The entire Constitution of Polio Regina Inc. is printed on page 10.

## **ARTICLES OF CONSTITUTION FOR POLIO REGINA Inc.**

Article (1) -The name of the group is Polio Regina Inc. and may hereinafter be referred to as P.R. Inc.

Article (2) The purpose and objectives of Polio Regina Inc. are:

- (a) To be a support to all members:
- (b) To provide information to members which will enable them to better understand polio and post polio syndrome.
- (c) To provide information which will assist members in coping with physical and emotional problems which have occurred or which may-occur as a result of polio.
- (d) To make the public aware of post polio syndrome.
- (e) To raise funds necessary to carry out our objectives,
- (f) To raise funds which can be used for research on post polio syndrome.

Article (3) Membership: The membership of P. R. Inc. shall consist of the following: Active Members; Survivors - Persons who have had polio. Associates- Persons who have not had polio: Life Members: Honorary Members.

Article (4) Provisions of Membership:

- (a) Active Membership is available upon payment of dues as determined by the membership for persons who are survivors of polio or who are interested in assisting polio survivors. Active members are entitled to vote on all issues at general meetings.
- (b) Life Membership may be conferred by the Active Membership upon any Active Member in recognition of extraordinary service to Polio Regina Inc. Life Members need not pay dues. They will have voting privileges and are allowed to hold office.
- (c) Honorary Membership may be conferred by the Active Membership upon any person who is not an Active Member in recognition of valuable service rendered to P.R. Inc. Honorary Members will not pay dues, will not have voting privileges and will not hold office.

Article (5) Meetings of Members:

- (a) There shall be a general meeting of the membership at least six times yearly.
- (b) There shall be an annual general meeting for the election of officers within one hundred and twenty (120) days of the year end which is December 31. All terms will expire at this time.
- (c) Notice shall be given to all members as to the time and place of each meeting.

Article (6): Executive Officers:

- (a) President This person will chair meetings, will arrange executive and general meetings, and will be informed of progress made by various committees.
- (b) Vice President: this person shall assist the president and take over for the president should the need arise.
- (c) Secretary: this person shall be responsible for the recording of minutes and the keeping of records.
- (d) Treasurer: This person shall be responsible for making our deposits, paying our bills and keeping our financial records.
- (e) Committee Co-ordinators: There shall be at least one, but no more than seven.
- (f) The entire executive shall not be less than five, nor more than eleven.
- (g) At least fifty percent of the executive will be polio survivors.

Article (7) Executor of Documents: All signing of cheques and negotiable instruments shall be done by two of the following: president, treasurer, secretary, vice president.

Article (8) Voting Procedure:

- (a) A quorum of eleven members must be present before business is conducted.
- (b) All voting members will have one vote.
- (c) All questions will be decided by a majority.
- (d) Members may vote with a signed proxy:
- (e) In the event of a tie the president or chairperson shall cast the deciding vote.

Article (9) Dissolution: In the event of the dissolution of P.R. Inc. all debts and liabilities will be paid and remaining funds and assets will be given to South Saskatchewan Community Foundation Inc.

Approved: 1995



## Spring Picnic

Our annual spring picnic was held at the home of Dr. Mavis Matheson on May 29th 2009. A short meeting was held followed by socialising and a great buffet of cold cuts and buns supplied by Carole and Wilf Tiefenbach and salads and deserts supplied by members. Our thanks to Mavis and Adam for letting us use your home, and thanks to everyone who brought food and helped with the picnic.

