

October 2004

Polio Regina Incorporated

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Editorial

Not a day has passed when we didn't get a phone call or a personal visit from someone inquiring about Post Polio Syndrome. That's great because we (Blenda and Fred) enjoy hearing from our members and prospective members. Keep it up.

Thanks to President Carole Einfeld and her executive who spent a lot of time doing stuff for Polio Regina Inc. during the summer months. We spent a fair amount of our Polio funds sending out information to prospective members and that's good, especially when these new prospects join our club! Each mail-out costs about two dollars.



Special thanks to Murray Grant who came up with the idea of Polio Regina Inc. T-shirts and those public service messages printed in the Leader-Post and Sunday Sun resulting in several new members and more potential members. If you know of someone who had polio encourage them to join our group.

Also thanks to Brenda Brough, Massage Therapist, who spoke to us about the values of therapy. Keep her in mind when you need help. Her article is published in this edition.

Thanks for your overwhelming positive response to our 10th anniversary (April) edition. We slightly exceeded our printing budget but the positive response from readers was worth it.

We love getting letters and opinions on any topic from our readers and we encourage you to treat us as your own sounding board. Do you have a story idea or comment? Tell us.

Winter has arrived which translates into bad times for Polio Survivors; with treacherous walking conditions and bitter cold weather penetrating our bodies. Take care out there!

Blenda & Fred

True friendship is like sound health; the value of it is seldom known until it is lost.

Did you see this ad? We had a good public response

Just for the record I thought I would go through our Polio membership list to see how many information packages we sent out over the summer months. I counted 26 new names.

The people who called were all interested in getting information about polio and post polio syndrome. Our mandate as members of Polio Regina Inc. is to inform people what we know about polio and to help anyone who asks. Funds we received from the Lorne & Evelyn Johnson Foundation, associated with the South Saskatchewan Community Foundation are being used to educate and inform people about Post Polio Syndrome. The grant will go a long way in helping to offset our printing and mailing costs.

"A long time ago, I was a victim of POLIO and it's starting to hurt again!" Did you know there's a support group for survivors of POLIO question We meet at 7 pm on the last Thursday of each month in the Wascana Rehabilitation Centre. Our members report the late effects of polio – it's called Post Polio Syndrome and we share information. Family members can provide valuable support – bring them with you!Questions question Just call Blenda or Fred at: (306) 543-6380 and ask for a free copy of our newsletter: "Polio Postbox".



Let's tell everyone that we are supporters of Polio Regina Inc. by wearing our own choice of T Shirts and Sweatshirts imprinted with white words on Forest Green. Taxes are included. Please make cheque payable to Polio Regina Inc.

Mail to Murray Grant, 1037 Grace St., Regina, Sk. S4T 5M5 or phone (306) 545-1363.

Item Description
Approx. sizes shown
Add \$2.00 for size XXL

Price S M L XL XXL 34-36 38-40 42-44 46-48 50-52

Deadline is December 1, 2004.

3930AG A KF9010SP		\$ 25.00			
111 / 01 001	Total	\$	Taxes are included		
Name				_	
Address				_	
Telephone				Amount	\$

Request for research co-operation

Dear Members of Regina Polio Inc:

We are full time students attending our final year at the Wellington College of Remedial Massage Therapy and as a requirement in our curriculum, we are required to complete a thesis research report. As a member of Regina Polio Group, I believe it is an opportunity to conduct a study as to what benefits



massage therapy may have in affecting daily activities of a polio survivor.

The primary objectives are to select between five to ten participants for the study to perform massage therapy treatments and monitor these results to determine the benefits these treatments may have in performing your daily tasks; and secondly, to provide specific mild to moderate strengthening exercises and monitor these results to determine benefits in reducing muscle weakness.

We welcome all applications and will be selecting the participants based on similar health symptoms to part-take in our research study. We would like to emphasize for those applicants not selected for the study, we wish to give you an opportunity to receive a massage treatment as well. We further advise that all treatments provided will be at no cost to participants whether part-taking in the research study or not.

To apply for the study and/or an opportunity to receive a massage treatment or further information concerning the above matter, please contact Brenda Brough at 761-2582 after 6:00 PM.

Study group: Brenda Brough, Mechelle Rowe, and Jennifer Pristie. Gerin-Steward Podiatry Clinic

Regina has a new Podiatry Clinic

If anyone has problems with their feet, it may be something you are interested in. The clinic is called Guerin-Stewart Podiatry Clinic and it's at 1126-1130 15th Ave. phone 352-4899 if you are interested.

Saskatchewan Health Services does not cover the costs because the clinic is private, but costs are usually covered by private health insurance plans. You may get up to \$250 if you have Blue Cross or GMS. Check this out with your health plan provider. You pay up front and then send in your receipts. But check this with your insurer first.

The first initial treatment is \$55 and \$45 on return visits. The treatment centre is at in Regina one week, then at Weyburn the alternate week. The building is accessible and you don't need a referral. He said there's usually no waiting time either.

Do you have Polio Feet?

(Extract from Richard L. Bruno's book: The Polio Paradox)



Speaking about feet... there is a very interesting chapter in Richard L. Bruno's book (The Polio Paradox) about polio survivors and their propensity for cold feet.

"The first polio survivor we studied (more than 20 years ago) said her polio-affected foot turned purple when she was in a room that was comfortably cool to everyone else. I was shocked and worried when she removed her sock

to reveal a reddish purple calf and a deep purple foot."

"I was afraid she had a blood clot, maybe even a clogged artery. But her veins were clear, and she had bounding pulses in both feet."

"The real shock came when I placed an electronic thermometer on her skin. The room temperature was 75 degrees Fahrenheit. I watched as the red numbers on the thermometer dropped and dropped, until they stopped at 72 degrees. Her foot was actually colder than the room!"

"I put her foot up on a stool and covered it with a hot pack; it was half an hour before her leg began to warm even slightly. And when it did heat up, the skin became as red as a lobster. It didn't take a rocket scientist to see that there was something radically wrong with the blood flow in this polio survivor's leg" Dr. Bruno wrote.

Blue Blood and "Polio Feet"

"To figure out what was happening, the first thing I did was to go back through the medical journals from the polio epidemic years. There actually were a few articles describing changes in blood flow as a result of a poliovirus attack. Two articles from 1951 described exactly what I was seeing in 1982."

"They said that when polio survivors' limbs cool, skin color changes dramatically, becoming a blend of violet color varying from reddish violet to deep dark blue violet."

"Rehabilitation pioneer, Fredrick Kottke said that hours of warming were required to increase skin temperature. He said that polio survivors also felt burning in their cold limbs, which became super-sensitive to pain. Kottke and others thought that polio survivors' cold and purple limbs were caused by muscles surrounding the blood vessels going into spasm, narrowing the vessels, reducing the flow of warm blood to the skin, and causing the skin to get very cold. But that explanation didn't make sense to us," Bruno said.

"If polio survivors had blood vessel spasms, their legs and feet would be starved for blood and their skin would become white. The blue and violet hues of "polio feet" suggested that there was a lot of blood in the legs, or at least lots of deep blue, venous blood. And polio survivors having too much blue blood in their veins did make sense" Bruno said in his book.

Bruno says: "It was known in the 1940s that the poliovirus not only attacked the motor neurons, whose damage and death were responsible for causing paralysis of the muscles that move the

limbs, but also attacked and killed sympathetic nervous system neurons inside the spinal cord."

It's the sympathetic neurons that make smooth muscle surrounding each blood vessel contract and control how much blood can flow in veins and arteries.

The death of sympathetic neurons should result not in veins and arteries going into spasm, closing down, and stopping blood flow to the skin, but rather in veins being unable to contract and become too open, filling with lots of dark blue venous blood.

"To find out just what was causing polio feet, we performed our first laboratory study of polio survivors. We placed polio survivors who had one arm more affected by polio than the other and non-disabled subjects in a kind of walk-in refrigerator/oven"

"We measured both hands' skin temperature, blood flow, how quickly the motor nerves conducted electricity, as well as hand dexterity and strength, at 77 degrees Fahrenheit (25 degrees Celsius), then 86 degrees (30 degrees Celsius) and finally at 68 degrees (20 degrees Celsius)."

Control Of Skin Blood Flow

Bruno said: "we found blood flow was significantly lower at 77 degrees in the more affected hand in the post-polio subjects, as compared to their less affected hand or to either hand in non-disabled subjects. Blood flow dropped equally in both hands in both groups as the temperature fell; arteries did not go into spasm and clamp down in the polio survivors as the 1950s researchers had thought".

"However, as blood flow dropped in polio survivors' more affected hand, so did the ability of its motor nerves to function. At 68 degrees, motor nerve conduction became abnormally slow in 80 percent of polio survivors' more affected hands and in 60 percent of their less affected hands. In fact, motor nerves were functioning as if the room temperature were

about 20 degrees colder than it actually was."

"Why do polio survivors lose 70 percent of their strength at a room temperature of 68 degrees Fahrenheit? Why do their nerves function as if they were 20 degrees colder? Why did 60 percent of polio survivors in the 1985 Survey tell us that exposure to cold triggers muscle weakness and pain?"

"The answer is that the size of polio survivors' skin blood vessels can't be regulated because the poliovirus killed off the sympathetic neurons in the spinal cord that are responsible for making the muscles around blood vessels contract".

"Here's a typical day in the life of a "blue-blooded" polio survivor: You've been in bed all night, toasty warm, with your legs up so that blood is flowing equally to all parts of your body. In the morning your feet are a normal pink color, or maybe even a little red, because your arteries are wide open as a result of the muscles around the arteries being warm and relaxed."

"As your feet go over the side of the bed, gravity pulls blood through those open arteries into the warm and open veins in your legs. As soon as your feet hit the cold tile floor in the bathroom, the heat contained in the warm, venous blood near the surface of your skin is transferred to the floor. But your spinal cord can't tell your arteries and veins to contract to limit blood flow and stop the loss of heat."

"As your veins and skin get colder, the arteries also get cold and the muscle around the blood vessels contracts on its own, without the help of sympathetic neurons, decreasing blood flow to the skin and dropping its temperature even farther. Your feet get purple and maybe even dark blue as blood pools in your big, open veins since there isn't enough blood flowing from the arteries to push the blue blood back toward your heart thermostat."

What to do!

"Polio feet and cold intolerance can be easily treated and even prevented. The idea is to stay warm from the get-go. To hold on to your body heat you can get socks, glove liners, clothing-even long johns and leg warmers-made of polypropylene. Sold as Gore-Tex and Thinsulate, polypropylene is a plastic woven into a thin, soft fibre that insulates your skin from the cold but also breathes to prevent you from sweating. Right after getting out of bed or showering, you put on your poly garments and get dressed while your skin is warm and red.

"To stay warm all day, you can battery-powered socks or ski-boot heater insoles, which along with poly garments are sold at camping stores and ski shops. It also helps to keep your feet elevated during the day, making it easier for cold blood to flow back to your heart. Dress in layers, too, so that you can control heat loss by changing the amount of clothing covering your body. Whether you're being chilled by a northeast wind in November or by excessive air-conditioning in August, always cover your upper body, especially your neck, to prevent muscle spasms and headaches caused by cold air blowing on your muscles."

"It's also helpful to know that polio survivors can have even more trouble when the thermometer goes up and down from day to night and day to day-especially during the transition from summer to fall-than they do once a season settles in."

"The change of seasons brings increases in symptoms, especially muscle pain and headaches, when polio survivors' temperature challenged bodies complain as they sweat to lose heat during the day and shiver to conserve heat at night. Layering of clothing is especially important during changes of seasons."

Abandoned RR station transformed into exotic home

A derelict and deserted railroad train station has blossomed into an exotic family summer home at Regina beach; thanks to the hard work and ingenuity of Wilf Tiefenbach. He is the program co-ordinator of Polio Regina Inc. and an executive member of Polio Canada.

From the outside the "home" still looks like an ancient prairies train station with all the usual things like a baggage wagon loaded with old fashioned valises, metal milk cans, butter cases and other stuff such as a hand-operated railway jigger.

The old station name plate with "Abernethy" chiselled on wood hangs in place. Even the old wicker rocker probably sat on by the staid old station-master during lazy, hazy days of summer is on display.



Original Station

But the inside is unbelievable! It's an exotic museum and living quarters combined!

Historic pictures abound; maps, newspaper clippings, mementoes of bygone events, local gossip events, old settees for train-waiting customers and popular magazines of the era. A person could spend hours glimpsing into the past.

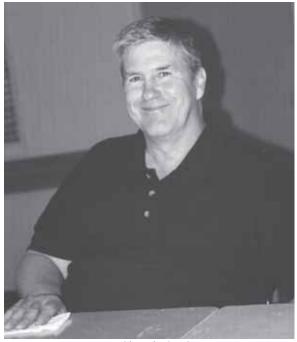


Present Station - 2004

The third phase of this spectacular home is an ultra-modern décor.

It has every modern kitchen appliance which you find in most homes, bath and shower facilities, guest rooms and home entertainment centres.

Wilf says he was bothered about the destruction of these old prairie sentinels. "I didn't like to see our Saskatchewan history being disseminated" he said.







Kitchen Area

After much thought and some misgivings, Wilf decided he would relocate the old Abernethy railway station to a more suitable area and chose Regina Beach. The problem was to move this monstrous building and peripherals over a distance of 80 miles. He contacted a building mover and after a bit of negotiation the project was on.

First a new foundation of 25 piles was built, earth excavation was done and some brush clearing was needed. The building move was completed in 1998.

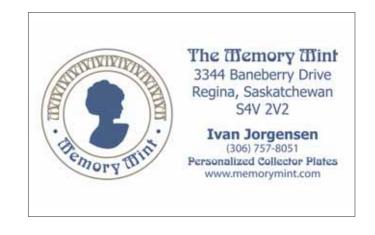
Since that date Wilf and his wife Doris, daughter Tami and sons; Joel and Troy, and son in law Jeff have worked on the project.

There was a lot of painting, exterior and interior to be done and lots of landscaping and earth moving was needed. Then there was the restoration of artefacts and research of historic events.

The project is a "living work in progress" and it certainly is a place of stunning beauty!



Cutting the 10th Anniversary Cake by Past Pres. Mavis Matheson and Pres. Carole Einfeld



It's not me..It's my shoes!

- by Hilary Hallam

The following excerpt was written by Ms Hallam of the Lincolnshire post polio network in England. Hilary has found a delightful way to help us accept the nasty affects of post polio syndrome:

It's not me that has the problem...it's my shoes!

My walking boots use to do nine miles three years ago, but they tell me now that they only want to keep my feet warm in bad weather.

My dancing pumps are nearly as bad; they should go all night long, disco-ing the night away. Now after one disco dance, where I barely move my feet, they start complaining and ask me to sit down again.

My flip-flops tell me they get so cold now they want me to wear thick warm socks to help keep them warm.

My flippers and ice skates have left me a note to say they have left home...but I think they are together up in the attic. Goodness knows what they are doing up there.

My trainers, well, they complain and moan if I use them too much, but you should see the smile on their little faces when I get on my scooter...great big grins, they sit up front looking out on the world and smile to all who pass.

Oh, and I forgot my walking boot socks...they seem to be happier now. They tell me they used to hate it inside my boots where it was dark, hot, sweaty and their fluffy bits were squashed. Now they can see the world and keep their fluffy bits fluffed as I wear them to walk around the house. They love keeping my toes warm as toast.

So you see folks...it's not me that can't do what I used to do...it's my shoes...but they do seem happier now that I have understood them.

Report on Aging says: Keep the Mind Busy!

A report on the internet by Lucille S. DeView of the *Orange County Register* entitled "Keep mind in shape to age successfully" urges that we should stay mentally alert, to read books and to keep the mind busy. In addition, learn new computer skills. "Don't merely sit and stare at the TV.

These tips are part of a book called "Successful Aging" that was co-written by Robert L. Kahn, professor of psychology and public health at the University of Michigan, and Dr. John W. Rowe, president of Mt. Sinai Hospital and School of Medicine. Some of the ideas urged by the two are that "regular exercise, weight training in particular, is the most important factor in sustained health for people over 65; and that "Nature is forgiving; it is never too late to benefit from positive changes in your lifestyle and habits." (from *Polio Epic* newsletter).

The Questioning Mind

- How do you know when it's time to tune your bagpipes?
- What was the best thing before sliced bread?
- What's another word for thesaurus?
- Why did they spell phonetic like that?
- Do they have reserved parking for people without disabilities at the Special Olympics?

S.O.S. Save Our Shoulders:

A Guide for Polio Survivors

Note: the following is a copy from Florida Newsletter – Sept.-Oct. edition

The comprehensive, colorful 32-page booklet is based on research at Moss Rehabilitation Research Institute. The investigators were Mary Klein, PhD, Mary Ann Keenan, MD (now at the University of Pennsylvania Hospital) and Alberto Esquenazi, MD.

Jennifer Kuehl, MPT, Roberta Costello, MSN, RN, and Janet Wechsler, PT; Moss Rehabilitation Research Institute, Philadelphia, PA.

Many polio survivors report new symptoms as they age. Some of the more common symptoms include loss of strength, fatigue, muscle twitching, cramping, and muscle or joint pain. These symptoms, combined with muscle weakness caused by the poliovirus, often lead to problems with activities like climbing stairs or getting up from a chair or sofa.

When muscle weakness and/or pain is present in one area of the body, people often compensate by putting more stress on another area of the body. For example, polio survivors who have weak leg muscles often rely on their arms to assist with mobility-related tasks such as pushing off of the armrests of a chair when getting up or pulling upon the railing when going up a flight of stairs. This behavior can increase the risk for symptoms of shoulder overuse. These symptoms can include pain, swelling, weakness, and loss of motion of function in one or both shoulders.

Facts about Shoulder Problems

- Shoulder problems are one of the most frequent complaints in the post-polio population.
- Shoulder issues are also common among older adults without a history of polio, occurring in about 30% of people who are 60 years and older.
- Shoulder problems can increase with age and changing levels of physical activity.
- People who are involved in sports are not the only ones to suffer from shoulder problems.
- Shoulder problems are common in those with long-standing medical conditions such as post-polio syndrome, arthritis, spinal cord injury, stroke (CVA) or multiple sclerosis.

Our research has shown that polio survivors who have weakness in their legs or who are overweight are at high risk for developing shoulder problems.

Shoulder Problem Treatment Options

- 1. Rest
- 2. Cold Pack or Hot Pack
- 3. Massage
- 4. Ultrasound
- 5. Aquatic Therapy
- 6. Electric Stimulation
- 7. Anti-inflammatory medicines or cortisone injections.
- 8. Pain Management at a pain clinic
- 9. Modifications (home/work; adaptive devices or equipment; lifestyle changes)
- 10. Surgery
 And, education and exercise

Post Polio Syndrome:

The Phoenix Affliction

According to Egyptian mythology, the Phoenix bird rose out of the ashes to live anew. This parallels in some respects the renewed symptoms experienced by former poliomyelitis survivors. From paralytic manifestations that had long been dormant, polio survivors began to experience elapsed symptoms. Not only were there reoccurrences of muscle pain, but some survivors also began to notice limited mobility. Although years had passed since the original paralytic onset, many survivors felt that resurrected symptoms might in some way be attributed to their prior illness.

Although the reoccurrence of weakness symptoms in polio survivors had been under study more that 100 years ago, it has only lately received medical recognition as a syndrome. The sudden onset of various symptoms seemed at first to have baffled physicians. Some confusion could be attributed to the lack of prior information in medical school curricula on the acute and secondary stages of poliomyelitis. Thus many healthcare providers were unable to correctly diagnose the symptoms.

Polio survivors' complaints received a wide range of misdiagnoses (hypochondria, depressive disorder, arthritis, etc.) to account for the sudden lifestyle changes. This often forced patients to undergo unnecessary testing, and in some instances, incorrect treatment. Some confusion in correctly diagnosing the syndrome may have resulted from the lack of terminology in assessing the wide range of symptoms. Finally, residual complaints by more that 650,000 world-wide polio victims provided the need for further research and analysis.

PPS documented in 1875

Post Polio Syndrome was documented in 1875 by several physicians in Paris. It was reported the new or dormant stage can occur 10-15 years after the acute infectious phase. Early studies of post poliomyelitis deterioration were reported in the Journal of American Medical Association (1915) and subsequent studies reported possible fatigue due in part to muscle overuse.

Current research hints that PPS symptoms have also been referred to as post polio muscular atrophy.

Medical research and science has responded by undertaking numerous projects to better understand the syndrome.

Just as important has been the post polio survivors own grass roots effort which has provided support from an advisory network on local national and international levels. The network and support groups give survivors information and provide meetings which often result in opportunities to obtain recommendations and exchange ideas. More importantly, the meetings strengthen their knowledge that they are not alone.

Reprinted from Paraplegia News, July, 1998

Some Good Reasons We Should Learn To Laugh A Whole Lot More

By John G. Carlson, PhD

- Laughter causes sleep muscle relaxation

If you have ever laughed so hard that you've wet your pants, you know what I am talking about.

- Laughter reduces stress

In addition to our bodies physically relaxing, we may forget our troubles, even if only temporarily.

- Laughter has health benefits

When we laugh, our blood pressure and pulse rates drop slightly, endorphins (chemicals that suppress pain and help you to feel better) are released into our bodies, and T-cells (key fighters in our immune systems) increase.

- Laughter is a universal language

Laughter is a unique human phenomenon that happens in every culture. It helps us to go beyond our cultural differences by emphasizing what we have in common.

- Laughter promotes creativity and is conducive to learning

Chances are good that students will learn more from teachers who use laughter and humour, people who are able to laugh at themselves. Laughter breaks up the routine and can illustrate points. It also helps us to see life from a different perspective.

How Laughter Improves Your Health

- Improves Mental function: Older adults who use laughter regularly should experience improved interpersonal responsiveness, alertness and memory.
- Exercises and Relaxes muscles: Laughter exercises 15 facial muscles as well as chest, abdominal, and sketetal muscles. It reduces muscle tension in the neck, shoulder, and abdominal area and can break the spasm-pain cycle patients frequently experience with neuralgia and rheumatism.
- Improves Respiration: Exercising the lungs and chest muscles through laughter conditions the lungs and improves respiration.
- Stimulates Circulation: Increased heart rate and blood pressure exercises the heart muscle and increases blood circulation following laughter, which assist nutrients and oxygen getting to tissues. When laughter subsides a brief relaxation phase occurs when the pulse rate and blood pressure drop below pre-laugh baseline levels.
- **Decreases Stress Hormones:** Harmful stress, or distress, produces hormones associated with the fight-or flight response that, if not dispelled, can contribute to or even cause disease. Laughter is associated with positive stress.

- Increases Immune Systems Defenses: Research has shown that laughter can increase the immune system's ability to fight viral and bacterial infections and buffer the immunosuppressive effects of stress.
- Increase Endorphins: There is supporting evidence that laughter may increase endorphins, and has been used as a pain management technique for terminally ill cancer patients and person with AIDS.

This & That

We extended "Get Well" messages to polio Regina members Javonne Miller, Betty Williams, and Carol Biberdorf who have all spent time in the hospital over the past summer months. If you or someone you know is going into hospital, please let us know.

Polio Regina Christmas Banquet will be held on December 4, Westminster United Church, (Cameron St. & 13th Ave) @ 6 pm. The cost is \$13.00 per person. Get your tickets before November 25th or call Verna @ 781-1314 for more information. There will be a raffle and lots of door prizes. Turkey and all the trimmings will be served.

Thank you to Inge and Lloyd MacPherson donating the cost of renting the Rotary Seniors Centre for our summer picnic which was held in June. There were about 25 in attendance.

The "Laugh & Splash" swimming program is in full swing at the Wascana Hospital every Saturday from 2-4 pm until December 9. It has become very popular and we understand there is a waiting list for the next session which starts after Christmas. Be sure to watch for times and dates and get your name in early if you would like to take part in a fun afternoon.

Polio Regina meetings are held on the **LAST** Thursday of every month at Wascana Hospital. Socializing starts about 6:30 pm and the meeting begins at 7:00. We have 25-30 attend our meetings and we always have interesting speakers. The next meeting will be November 25 and then the Christmas banquet is on December 4. The first meeting next year will be on January 27th. If you have suggestion for guest speakers, contact Wilf Tiefenbach (535-7744) or Carole Einfeld (761-1020) with your information.

Have you ever been locked out of your car? Try this. This applies to cars that can be unlocked by that remote button on your key ring. Should you lock your keys in the car and the spare keys are at home, here is the answer to your problem. If someone has access to the spare remote at home, call them on your cell phone (or borrow one from someone if your cell phone is also locked in the car). Hold the cell phone about a foot from the car door and have the person at your home press the unlock button, holding it near the phone. Your car will unlock. It works and saves someone from having to drive your keys to you. Distance is no object. You could be hundreds of miles away, and if you can reach someone who has the other "remote" for your car, you can unlock the doors (or the trunk, or have the "horn" signal go off).

Great idea for Cold Polio Feet: Cold is an enemy for people who have had polio. It seems I have cold feet from September until the next June. Last winter we purchased a wonderful invention called "a mattress warmer" from Zellers. It has dual controls and has various degrees of temperature to suit your needs. Now instead of taking the water bottle to bed, I just turn on the mattress warmer for half an hour and by the time I am ready for bed, the bed is cozy and warm. I prefer it to an electric blanket.

Identity Theft Increasing

Identity Theft is on the rise; it is the third most reported crime in Canada. Identity Theft occurs when someone "hijacks" another person's personal information, using it to get credit cards, loans, cell phone service or other financial gains at the victims' expense.

- -Never carry your Social Insurance Number with you unless you need it.
- -Do not carry your PIN number with your bank card.
- -Sign all credit cards in permanent ink as soon as you receive them.
- -Report lost or stolen credit cards immediately.
- -Avoid carrying extra credit cards. Cancel credit cards you do not use.
- -Shred or otherwise destroy all credit card and bank card receipts, bills, statement. that display confidential information when they are no longer needed. Do no respond to pre-approved credit offers.

Learn more about fraud prevention through the ABS's of Fraud, Scotiabank (306) 757-1898.

Corn-phone: Where are you?

(Just another darn yarn by Fred)

Some days I wonder about myself. There are so many activities going on in my life and so many new electronic gadgets on the market, I'm bound to miss a beat or two.

For instance, Blenda (my beloved wife) and I have been helping a widowed friend of our family to organize her affairs and home. She lives alone in a huge house with only three or four fat cats as company. At her advanced age she has trouble focusing long enough to do even routine chores such as making a meal, coffee, take out the garbage or making her bed. Her memory wanes and ebbs as the day progresses. She is definitely a candidate for sheltered support and we are working on that prospect. So. What's the corn-phone angle? You ask!

Well it was during one of these intense times of helping her that I carried a cell phone so that I can readily contact my wife about how I should do this and that at our friend's home. One day after a hard day I stopped to get groceries on my way home. Of course I got instruction over the cel-phone as I shopped.

The following day I couldn't find the find the cell phone. I searched the car, the whole house to no avail. Then Blenda suggested that I telephone my cell number! I did, and son-of-a-gun, we heard a phone ringing very faintly!! But where was the sound coming from? I searched the down-stair rooms, my outside work/ storage/shack/ greenhouse, the laundry basket (could it be my socks phoning again??) and I just couldn't pin-point the source of the sound.

I went upstairs and it appeared to be a decibel or two louder. Blenda yelled the sound seemed to be coming from the computer/laundry room where we also have a refrigerator and freezer. I opened the freezer: Nothing! At the refrigerator door the sound was slightly louder and it seem to be coming from a newly purchased bag of corn cobbs. Sure enough the phone was ringing in the corn bag!

When I answered, of course it was me calling myself, so I hung up and recharged the dying batteries. Thanks for listening. Now press on.

R.C.M.P Advisory – Please keep alert for people with cell phones in hand standing near you in the checkout line at retail stores, restaurants, grocery stores, etc. With the new camera cell phones, they can take a picture of your credit card, which gives them your name, number, and expiration date.

Identification theft is one of the fastest growing crimes today, and this is just another example of the means that are being used. So, be aware of your surroundings.

This warning has been taken from the September/October edition of Post Polio Awareness & Support Society of British Columbia. Thank you for informing us.

Africa Polio Work Resumes

Lagos, Nigeria (AP) - African leaders approved an emergency strategy to immunize 74 million children for polio in 21 countries, United Nations officials said.

The approval came amid signs that a heavily Muslim state in Nigeria is ready to abandon its boycott of the vaccine, which allowed the disease to mushroom.

Kano, in northern Nigeria, has been the global epicentre of a polio resurgence since it refused to allow children to be inoculated because of persistent rumours the vaccines are part of a U.S.-led plot to spread AIDS or infertility among Muslims.

Kano has finalized a deal to import polio vaccines from a company in Indonesia, Kano government spokesman Sule Ya'u Sule said.

State officials hope to permit children to be immunized in coming weeks once Kano government scientists approve the vaccines' safety, he added: "When we are sure (the new vaccine) is safe, we will immediately conduct polio immunizations," Sule said. "People will be debriefed to build confidence that it is safe to use."

UN officials say the boycott has endangered global efforts to eradicate the potentially crippling disease.

Polio, after smallpox, would be only the second disease known to be wiped out by man.

Nigeria currently has 119 confirmed polio cases, highest in the world and five times the 24 recorded one year ago. In that period, polio has spread from 10 to 23 Nigerian states and nine other African countries where it had previously been eradicated.

Polio Record Information:

If you had polio and you were a patient in the Regina General Hospital, you may want to call (306) 766-4332 and ask if they still have your records. I found my records at the Wascana Rehabilitation Centre in Regina.-Blenda.

MEMBERSHIP APPLICATION POLIO REGINA Inc.

Name	
Active () if you had polio Associat	te() New() Renewal()
Address	
	Postal Code
Phone:	_
Annual membership fee: (Jan Dec.)	
\$10 Single; \$15 family \$	
My donation to Polio Regina Inc.: *\$	
Total \$	
(If you require sponsorship for your fee, inform ou	ur membership chairman)
Planca maka ahagua payahla ta: Palia Pagina Ina	and mail this application form and sharps to

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.)