



Volume 4, Issue 2



Polio Oz News

June 2014—Winter Edition

Always something new to learn

by Nola Buck



On Thursday, 8th May, I set out for the [St Joseph's Centre for Reflective Living](#). This Centre is not far from where I live and each time I visit it, I think of it as an oasis in the middle of suburbia. Its smooth expansive lawns, interspersed with trees, its beautiful gardens brightened by roses and tubs of Spanish Jasmine, could not help but lift the spirit, sharpen the mind and focus the body away from its deficiencies. It is an ideal venue for a Retreat concentrating on the Body, Mind and Spirit, especially the Spirit, as it is a former Convent of the Sisters of St Joseph and reminders of their founder, St Mary of the Cross MacKillop, (Australia's first saint) are everywhere.

Sixty people, the majority of whom had contracted polio, were gathered to hear many speakers and engage in various activities. Some were 'Retreat Junkies', a title they have given themselves as they have attended several Retreats, others were at their second retreat and others their first. Each person absorbed the Retreat in a different way, and this article will describe how I absorbed the Retreat with information gleaned from others during the final session.

On Thursday afternoon, after getting our bearings (the building has many floors, passages, small rooms and comfortable bedrooms), we gathered for a meal. Later in the evening we were welcomed by Dr John Tierney, President of Polio Australia, Gillian Thomas, Vice President of Polio Australia and President of Polio NSW, and Mary-ann Liethof, National Program Manager, Polio Australia. We then heard from Paul Galy, whom many of you may know as the maker of your shoes. Paul spoke about his book ["The 4th of May"](#). This book was reviewed in Network News Issue 83, and it is a story of a family's survival during a dark age of our history. Paul stated he felt so relieved after the events in his family's life had

poured from him in his writing but he felt strangely exposed in revealing so much of the family's (and his) experiences. Following Paul's talk, each attendee introduced her/him self and spoke about what she/he expected from the Retreat.

At the Retreat were John and Faye Powell. Faye had written a book, ["Matthew Pearce and The Howlong Connection"](#). John is a descendant of Matthew Pearce, a pioneer of The Hills district and who once owned the land on which St Joseph's had been built. Matthew built Bella Vista, a beautiful home maintained by Baulkham Hills Shire Council and also an oasis in a mixed residential and industrial area.

On Friday the hard work began, learning about the Healthy Body. As in each section of the Retreat, there was one Plenary session at

"On Friday the hard work began, learning about the Healthy Body."

cont'd p4

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From the Editor



Mary-ann Liethof
Editor

It's a very exciting time to be me! I've just completed running Polio Australia's 5th Health and Wellness Retreat which, by all accounts, was another successful event. More on that throughout this edition, courtesy of some of the lovely people who attended.

And the countdown is on for my trip to St Louis and Amsterdam for the two post-polio conferences being held in June 2014.

First up is Post-Polio Health International's 11th International Conference: Promoting Healthy Ideas, from the 31st of May to the 3rd of June. I will be sitting on a panel discussing 'Support Groups: What Works'. As the national peak body representing Australia's polio survivors, Polio Australia is not a 'support group', nor does it have 'support groups'. However, as my topic focusses on our Health and Wellness Retreats and how they have improved the health literacy of the participants, I can definitely demonstrate that they 'work' and 'support' those who have attended!

The European Post-Polio Conference: A Condition without Boundaries, takes place from the 25th to the 27th of June. Once again, I will be sharing the concept of our Polio Health and Wellness Retreats improving the health literacy and health outcomes for participants. This will take the form of a 'poster' which will be on display throughout the conference. Graphs clearly demonstrating the improvement in health literacy before and after

attending the Retreats were compiled from survey results received back from a questionnaire sent to all participants who had attended the previous 4 Retreats.

I will actually be one of several Australians attending this particular conference, and I am looking forward to both representing Australia's polio survivors and to learning about the latest on post-polio management techniques and research. Polio Australia's President, John Tierney, will also be there (see p3), and other Aussies making the journey to Amsterdam include Robyn and Hans Aulmann (Victoria), Sue and Graeme Mackenzie (Queensland), Jill Pickering (Victoria), and Merle Thompson (New South Wales).

I even get to have a couple of weeks off in between the 2 conferences to visit family in Montreal!

However, as I never travel too far without my computer, I will be doing my best to keep up with what's going on back home...

Why not join me on my USA and European sojourn by checking out my daily blogs. Click [here](#) for St Louis, and [here](#) for Amsterdam. 🌐

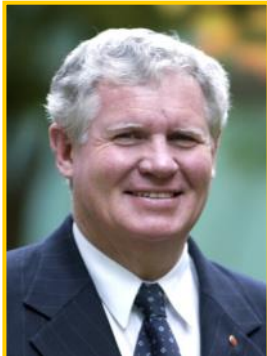
Enjoy!

**"In winter,
I plot and plan.**

**In spring,
I move."**

~ Henry Rollins

From the President



*Dr John Tierney
President*

The Health and Wellness Retreat that we just held in Sydney was of great benefit to all the polio survivors and their carers who we're present. Our special thanks to Mary-ann who as always did an outstanding job. If you haven't attended one of these life changing experiences, next year's retreat will be in Torquay, Victoria from 30 April to 3 May 2015.

Another Federal Budget has come and gone without any sign of government funding for our vital LEOp program's. The closest that we came this round was an indication from Health Minister Dutton that we were on his wish list, just before the 2013 election. Unfortunately this didn't make it through the toughest Budget in 20 years.

This underscores the point that for Polio Australia to be able to offer our information

and self-management services to a much wider range of polio survivors we need to diversify and intensify our fund raising efforts.

Another funding cornerstone is our developing relationship with Rotary. I would like to thank our speakers' panel and especially Sue Mackenzie from Queensland who usually walks away with a \$1000 dollar cheque from each Rotary talk. I recently applied Sue's formula and also received a cheque for \$1000 dollars from Singleton Rotary in NSW.

In June, a number of people from our post-polio community will be at international polio conferences in either the USA or Holland. Mary-ann and I will be presenting in St Louis and Amsterdam respectively. I'm sure it will be an interesting experience for all concerned. 🌟

John

**Dr John Tierney OAM
President and National Patron
Polio Australia**

Vale Neil von Schill



Funeral Service to Celebrate the Life of

Neil Von Schill

30th April 1947 - 16th May 2014

The Hume Chapel
John Hossack Funeral Services
435 Wilson Street, Albury

Friday 23 May 2014, 2.00pm

Officiating: Father Arthur Martin

On Friday 23rd of May, Gillian Thomas, John Tierney and Mary-ann Liethof from Polio Australia joined with family, friends and fellow polio survivors to farewell Neil von Schill, one of Polio Australia's founding members.

Our Polio Australia 'team' was hit hard after Neil suffered a major stroke in 2011, which completely halted him in his tracks. Since then, we have greatly missed his positive energy and unflagging dedication to the post-polio community.

As well as being on the Executive of Polio Australia, Neil was also on Polio NSW's Committee of Management and supported that states' numerous metropolitan and regional polio support groups.

Neil's was a life cut short but his legacy will live on. He is survived by his wife, Gail, and daughter, Bev.

A Guest Book for Neil von Schill has been set up with on [The Sydney Morning Herald](#) and will remain online until **19/06/2014**. 🌟

Always something new to learn (cont'd from p1)

the beginning, "The Polio Body", presented by Dr Stephen de Graaff, Senior Rehabilitation Physician, Epworth Healthcare, Victoria.

Dr de Graaff spoke on the initial polio infection and what occurred in the body, the advent of post-polio syndrome and the late effects of polio, and the difference and the management of both. His talk will be on the [Polio Australia website](#), along with other Retreat presentations.

Following the Plenary session were concurrent sessions, all based on the Polio Body. This was the format for the rest of the Retreat. Interspersed between sessions were massage sessions, displays from the Independent Living Centre NSW of assistive technology, a Barefoot Freedom Footwear Display and, of course, meals. The day concluded with a performance from the "Circular Keys Chorus", proponents of the art-form of barbershop harmony.

Saturday, The Healthy Mind, commenced with a Plenary session titled, "Healthy Brain Ageing", by Dr Loren Mowszowski from the Brain and Mind Research Institute, University of Sydney. This was one of the best sessions, probably because most of us could relate to it. She gave examples of incidents, losing our car keys and forgetting that word. She assured us that this is quite normal, because as the body ages, so does the brain, but it could also indicate something else is going on and to seek help if one is concerned about it. She gave us little exercises to illustrate her statements. By request, this presentation will not be on Polio Australia's Website.

Again, there were sessions such as Seated Yoga, Early

Polio Memories, Telling Your Story and a Family History Taster, with more massages and consultations interspersed between them. There was also a session for partners of a person who has had polio. [See full Program [here](#).]

The day concluded with a visit from the comedian, [Tommy Dean](#). This was a very enjoyable segment of the Retreat, made more so because of a discussion as to whether Tommy had contracted polio or [Guillain Barre Syndrome](#) as a child. After much discussion and advice to Tommy, we still don't know what he contracted, but he is certainly one of us - he has a disability.

Sunday - the final day of the Retreat. This day is always different. People are often sad to be leaving newly found friends, they are hurrying to pack and get their bags away, and they are distracted by the impending return to normality. The Healthy Spirit is not an easy topic, but it was well illustrated by Sr Annie Bond, previously Centre Director at St Joseph's, in her Plenary session.

Sr Annie spoke of how the spirit is intangible but an integral part of the body. She spoke of how beauty takes a person beyond mundane things - that is spirit. She spoke of the joy when she returns to St Joseph's, the beauty of the place, and the spirits which have been here - both the spirits of early pioneers and those of the religious order.

The day concluded with a closing Plenary where everyone spoke on what they had gained from the Retreat. To the first-timers, the knowledge they had gleaned from the various speakers and

how that knowledge could assist them in managing their new symptoms was invaluable. To the Retreat Junkies and others there was always something new to learn, but also the making of new friends and renewing friendships was also of high importance. We left on a high and looking forward to the next [Retreat at Torquay](#), Victoria in 2015. ●



Polio Health and Wellness Retreat picture highlights



Polio Health and Wellness Retreat feedback

"What a most worthwhile and inspiring retreat! I said to you prior to the retreat that I had never attended any of the functions mainly due to the demands of life/career and the fact that one just 'gets on with it'. I am really pleased to have attended and was more than impressed with all that unfolded.

Many of the sessions provided vital information and yes I appreciated the one-to-one with Dr de Graaff, the massage, etc. and above all else meeting and relating to a most remarkable and courageous group of individuals.

There were varying manifestations of the effects of polio but really in the truest sense of the word the retreatants are not disabled at all! I feel very blessed to have had the opportunity to be part of the retreat. There is a sense that we are all family!" - MH (NSW)

"Having participated in our third Polio Health and Wellness Retreat, this time at St Joseph's Convent in NSW, I have to say they just keep getting better! Each Retreat has left me feeling better able to make informed choices to manage my post-polio daily living.

Both my husband and I appreciate all the new knowledge and ideas to try as well as the reassurance that we are not alone.

The program was structured to cover the healthy body, mind and spirit. That 'whole person' approach is quite a contrast to our early polio years when the focus was all on the body bits that weren't normal, with little or no attention to our childhood needs of nurture, family contact, dignity and rights.

I was impressed by the three plenary speakers who put a new perspective on familiar topics. I also managed a few sessions based on meditation techniques, an informative exercise talk, travel tips **and bought a new pair of red shoes which I just love.**" - JS (Vic)



I just wanted to write & thank you for putting together such a wonderful program for this year's Polio retreat. Being my first, I was a little apprehensive about attending, but I'm so glad I did. I met a great bunch of people, learnt a lot, and really enjoyed myself along the way.

- RC (NSW)

Health and Wellness Retreat feedback (cont'd from p6)

"While there is often a feeling that there may not be much more we can learn or do to assist in our daily lives and ongoing mobility, it was generally agreed that we were leaving the Retreat richer for not only the information gained but also for the new friendships forged and the old renewed." JW (Qld)



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Polio Australia would like to thank the following individuals and organisations for their generous support from 1 March 2014 to 31 May, 2014:

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Anonymous	\$10,000
Jill Pickering	\$10,000
John Tierney	\$2,500
Mark Coulton MP	\$1,000
Total - \$23,500	

Significant Donations

Donation - General		
Anonymous	Second Look Examiners	J Burn
The G & D Nucifora Family	Polio SA	
Total - \$1,005.00		

Project Funding

Name	Donations - Walk With Me
<i>GSK Australia for 2014 Retreat</i>	\$8,000.00
<i>Mary MacKillop Foundation for 2014 Retreat</i>	\$8,000.00
	\$16,000.00

Rotary Donations

Name	Donations - Rotary
Rotary Club of Ross River (Qld)	\$2,000.00
Rotary Club of Thuringow (Qld)	\$2,000.00
Rotary Club of Townsville Central (Qld)	\$2,000.00
Rotary Club of Cairns-Mulgrave (Qld)	\$1,000.00
Rotary Club of Townsville (Qld)	\$1,000.00
Rotary Club of Mareeba (Qld)	\$750.00
Rotary Club of Townsville West (Qld)	\$500.00
Rotary Club of Cairns	\$300.00
	\$9,500.00

Become a Friend – Invest in Polio Australia and Make a Difference

Please invest in Polio Australia's work to help ensure that all polio survivors in Australia have access to appropriate health care and the support required to maintain independence and make informed lifestyle choices.

Polio Australia is endorsed by the Australian Taxation Office as a Health Promotion Charity and a Deductible Gift Recipient making all Australian donations over \$2 tax deductible. Polio Australia will issue an official receipt for all donations received.

Your Donation can be made via any of the following methods. Click [here](#) to see all the options.

Thank you for investing in us to make a difference – every donation helps polio survivors

Have Metro Traveller, will travel

by Jan Williams

I am a polio survivor from the 1950's and now, unfortunately, experiencing some of its late effects, most predominantly the inability to walk the distances I once could, without support. On trips to Chermside, my nearest large shopping complex, I rely on and am very grateful for the marvellous service provided by Westfield, ie a booked car park and a mobility scooter (power shopper) free of charge, available for 3 hours. An occasional trip to DFO and I rely on my "granny" walker – great because it has its little basket for my occasional purchases - but most importantly a seat, handy when shopping for clothes with my daughter, which can be an extended exercise! And, of course, my ever trusty folding walking stick for shorter trips.

None of these, however, are particularly helpful when flying. And whilst normally my flying trips are with my ever supportive husband Ray, who has been my main prop for the last 42 years, a little over a year ago I found myself in the predicament of flying to Melbourne alone. Hence my search began. I knew what I was looking for, but was there such a thing? I described my thoughts to Ray hoping he (being a very clever person) might be able to come up with a solution – a walker that folds to no larger than the size of a pair of Canadian (I thought we called them "French" way back when) crutches – light-weight material and small enough to fit in the overhead locker of an aircraft. A bit of an ask you may well say.

Ye ha! Thanks to Mr Google, I found the "Metro Walker". This very important addition to my "mobility fleet" is available from "The LifeStore" located at 15 Lathe Street, Virginia, Qld 4014. As I live nearby, I did visit their showroom and purchased mine in store. I would suggest, however, a visit to their website www.thelifestore.com.au to have a look for yourself. The site gives you all the good info including cost, \$149.00. They will deliver anywhere in Australia free of charge – and their service is amazing. After the success of mine, I ordered 2 online for elderly relatives in South Australia and they were on their doorsteps within 3 days.

Armed with my new "very best thing ever" I was ready to set off on my 3 day visit to Melbourne. There was still, however, one unresolved issue – how was I going to handle my luggage? With a little experimentation the problem was soon solved. I bought myself a

relatively inexpensive, very light-weight backpack. I packed the very bare essentials for my trip (not an easy task when travelling to Melbourne, given its unpredictable weather) and found that by placing the backpack on the front of the walker with the straps over handles, I had a very effective method of looking after my luggage.

Just be aware airline check-in staff are used to handling our "granny" walkers, ie you can use them to the door of the aircraft and then they are whisked away to be retrieved eventually at your destination. On my first few trips I had to explain that my "you beaut" walker folds to approximately the size of 2 crutches, only weighs 2.9 kg, and will fit in an overhead locker. This was accompanied with a demonstration of how it in fact works. Once seen, there has been no problem with taking it on board, although the ultimate decision is with the Head Steward on your flight. I have not yet been knocked back and, in fact, my walker has created a lot of interest on these trips.

Finally, and as a testament to the strength of this "very best thing ever", Ray and I embarked on a trip to Thailand last July and it saw me on my feet all the way. Admittedly its poor little glider feet were worn out by the time we returned. However, an easy fix – they are replaceable for \$5.00 a pair.

And no, I'm not on commission. I have just discovered something that has been an absolute God-send as my mobility decreases, and I hope that in sharing this, others may continue to enjoy travel as I do.

Happy Travelling! 🌟

Ready to Travel ➡



The Metro Walker fits easily into an aircraft overhead locker

Travels with a "wheelie"

by Lyn Lillecrapp

What wonderful memories were evoked by reading Alyce Pearson's story, "Alyce and the Kombi" (OTR, July 2011). I, too, as a single female, have travelled much of this wonderful country of ours, albeit using my "Mini Merc" (wheelchair) as well as a motor vehicle. "Wheelchair bound", "confined" to a wheelchair – certainly not!

Having a father who claimed his ideal "home" was camped under a gum tree, beside the Mighty Murray with the billy on the boil, I guess the travelling, camping lifestyle is in my blood.

My first foray into camping was in 2003 when, with borrowed equipment from seasoned hiking/camping friends (to see how/if I could/would manage before outlaying any cost), and having 3 weeks annual leave, I travelled through Victoria, via the Snowy Mountains to the New South Wales (NSW) South Coast, then up to Wollongong. The only problem incurred was when a Southerly Buster blew in at Narooma and the tent's stitching collapsed – a motel for the night, tent repaired the next day, then onwards and upwards!

During 2005 I continued travelling and camping in my 2WD station wagon (sleeping behind the driver's seat and storing equipment on the passenger side), travelling through NSW and Queensland (QLD) to the east coast then on to the Daintree Rain Forest. Over the next 2 years, having decided that with careful planning I could manage very well, I researched small 4WD vehicles, camping equipment, and subscribed to camping magazines – OTR being the only magazine with reports on any disability facilities – and started rigging out.

In 2007 I purchased a Nissan X-Trail (back seat laid flat for sleeping, a suitable size for me to handle, and 4WD enough for my needs, recognising that "Mini Merc" is not 4WD and, therefore, I would not be accessing really rugged areas) named it "Boris" after the croc in the ads for that model and, with a few adaptations – moving the under-the-floor spare wheel to a swing-away outside the hatch (with a detachable ramp for rolling the tyres up and down) and installing a release button to open the hatch from the rear compartment – I was ready to roll, having finally ceased full-time employment after 40 years.

My first trip in this vehicle was to the

Sunshine Coast, then up to Mackay, back to Kinka Beach for 10 days, meeting Queensland friends there, and experiencing Rocky's coldest winter day on record! Even for a southerner used to rather cool winters, it was cold. That same year was also my first trip to the Flinders Ranges – an easy day trip from my home town, Gawler [in South Australia].

The following year saw me planning a trip up through the Red Centre, leaving early June, arriving home – when? What an experience! Here I now was in areas I had only read about, viewing Uluru at sunset, the Olgas being just as majestic, meeting incredible (and incredulous – at my audacity of travelling alone as a "wheelie"!) fellow travellers along the way. I did all the things and visited all the places the "good" tourist does and visits – helicopter flights over Katherine Gorge, Kakadu Yellow Waters Cruise. On to Darwin, staying at Howard Springs (was anyone left down south) for 10 days, then across to Kununurra for 2 weeks, on to Broome, down the West Coast to Geraldton, then, as it was getting much colder, decided to head for home (promising myself to return to the south-west corner of Western Australia (WA) in warmer months). Over to Kalgoorlie, seeing some of the early blooming wildflowers for which the West is famous, to Norseman, then a wonderful trip across the Nullarbor. Boring? Definitely not! A drive I so much enjoyed, determining to one day again travel The Plain.

2010 saw me in Tasmania for 6 weeks, having sailed on the "Spirit" in late January. With careful planning and booking through a travel agent to ensure the correct procedure for "wheelies", the trip each way was a breeze. Again, a wonderful time travelling the east and west coasts including the Tarkine Forest road, and all through the middle, also catching up with friends in Deloraine. A few minor problems experienced with lack of access to some of the early buildings as, due to being heritage listed, they were not allowed to be adapted for access. Nevertheless, I was able to access so many areas and experience the beauty and history of the "Apple Isle".

Keeping my promise to myself to return to WA, I again travelled the Nullarbor in February of this year, swinging south from Norseman and travelling west, then north to Fremantle, not visiting Perth as I had previously done so on a number of occasions when working. I spent 4 glorious weeks in this area, again being awed at the majesty and beauty of various areas, and meeting some of

Relief for 'spider legs'

For about the last 30 years, as I recall, it may be longer, when I have gone to bed I have had pains in my legs and "spiders" crawling all over them. I was told it was typical. I had the pains most of my life, but not the "spiders" until about 30 years ago, or so. It drove me mad, night after night after night. I also developed Diabetes Mellitus.

The last time I saw my endocrinologist I was given a good report on all diabetes related problems, then she asked if anything else was wrong. I told her of the post-polio problems.

She prescribed an epilepsy medication, "Lyrica" also known as "Pregabalin", taken in the evening, which she said would probably stop the pain signals getting to the brain. She was correct! I now sleep at night.

The lack of sleep has caused enormous problems for me over the years. At one stage I had a complete breakdown. If only someone else had thought of this treatment. Maybe this could help others, if it has not been tried already. 🌟



John Murphy
LLB (Adelaide) GDThS (Flinders)

ED NOTE: Please discuss any medication with your GP or treating medical specialist to check for any possible contraindications. Polio Australia does not endorse or recommend any specific medication, deferring to informed doctors and expert literature/research. However, we do think it's important for people to be able to exchange information about what has worked for them.



Travels with a "wheelie" (cont'd from p10)

the friendliest folk, with some of whom I've kept in regular touch. Home across the Nullarbor, again a most enjoyable drive.

Mad to travel alone as a "wheelie"? Some have said, "definitely", others have been so supportive. Any troubles? Mechanically, no as I have always ensured my vehicles are in top condition, with appropriate adaptations I require for this type of travel. Safety? I was securely locked into my vehicle each night, so no problems here. Most "problems" have come from occasionally abusive fellow travellers who, for some reason, believe I have no right to be out and about. I pity them for their narrow mindedness and, perhaps, their lack of

being able to accept that many things can be done in different ways. Did they feel threatened by this, I wonder?

Yes, there are areas I cannot access or hike into, but by joining a 4WD Club I make up for this by taking delight in other members' trips, their stories and photos. What would I have not seen had I not gone travelling – so much. I enjoy what I can see/do, and don't worry about what I can't.

Future travels? Definitely! Next year I'm over to the Victorian High Plains - then maybe up the Centre again. But who knows where the mood plans?! 🌟

Victorian man with 'probable polio'

Source: [3AW News](#) - 22 May 2014



A Victorian man has been placed in isolation at the Austin Hospital after suffering a polio-like illness.

The hospital has promoted a warning to those travelling overseas to ensure they're fully vaccinated.

The man, aged in his 40s, had been working in the horn of Africa. The Health Department said the man became ill early in April while in Somalia. The man returned home earlier this month and was placed in precautionary isolation at the Austin Hospital with what has been described as a polio-like illness. He is in a stable condition.

But speaking with Ross and John, acting Chief Health Officer for Victoria, Doctor Finn Romanes, said the man had suffered 'probable polio'.

"The Australian expert polio committee has had a look at this case and they've determined that while he's probably not infectious for polio, he probably did have polio whilst in Somalia," he said. "He probably has polio. Unfortunately polio is on the rise around the world. I think this is a precautionary tale about the importance of getting vaccinated before you travel overseas."

LISTEN: [Dr Finn Romanes speaks with Ross and John](#)

In a statement the department said tests had not detected polio virus so there was virtually no chance of any infection being passed on. 🟡

Polio survivors to gather in St Louis May 31-June 3

Source: [St Louis Post-Dispatch](#)
- 25 May 2014

Judith E. Heumann, Special Advisor for International Disability Rights at the U.S. Department of State, will address *Post-Polio Health International's 11th International Conference: Promoting Healthy Ideas* at lunch on Tuesday, June 3, 2014 at the Hyatt Regency St. Louis at The Arch.

Ms Heumann will discuss several issues including her role as the Department of State's Special Advisor on International Disability Rights and her personal experience as a polio survivor. She also will discuss the Disabilities Treaty, also known as the Convention on the Rights of Persons with Disabilities, which has not yet been ratified by the U.S. Senate. Addressing about 200 survivors from 34 states, she will raise awareness about the treaty and its importance to those living with disabilities in America and across the globe.

Late Effects of Polio

An estimated 575,000 individuals are living and aging with polio in the United States. Dr Frederick M Maynard, experienced physiatrist and PHI Board Member, from Marquette, Michigan, will begin the conference with a "Review of the Late Effects of Polio & Your Health" on Saturday afternoon, May 31.

Polio has been in the news recently because of the new cases in ten countries thwarting the goal of eradication. Once eradication is accomplished there will be a need for information for those for whom the vaccine was too late. The purpose of this conference and of PHI is to educate polio survivors about living with polio by promoting healthy ideas and to bring awareness to the public about the lives and needs of the survivors of polio.

Read full article [here](#). 🟡

Primary health care

Scrapping Australian Medicare Local Alliance creates silos in primary health care - 13 May 2014

The coordination of primary health care has been severely disrupted following the Federal Government's decision to scrap the Medicare Locals' national body, the AML Alliance.

AML Alliance Chair, Dr Arn Sprogis said tonight the Government's plan for primary health care is to destroy what's already there only to re-establish another primary health care system – effectively primary health care 2.0.

"Between now and July 2015 as the Medicare Locals come to an end, it will be every Medicare Local for itself and any coordination will be via the health bureaucracy which is ill prepared and incapable of delivery," Dr Sprogis said.

"Health services at the frontline will be in disarray beyond 2015 as another primary health care system is re-built and re-established," he said.

"The losers tonight are patients, carers, health professionals and other Australians who need health services coordinated and supported now and not when they are re-arranged."

[Read more here.](#) ●

Creating inclusive and livable communities



20-21 August 2014 – Sydney Town Hall

Universal design is a world-wide movement that aims to create environments, products, services, and technology that can be used by as many people as possible. It makes things more useable, accessible, safer and convenient for everyone. The main beneficiaries of universal design are those who are currently excluded, albeit inadvertently, by design – people with disabilities, older people and sometimes children and their parents.

The concept of universal design is increasingly evident in Australian policy and planning documents at all levels of government. However, there is a paucity of information about the concept and where to go for information. This conference will focus on the built environment, which includes housing, public buildings, public spaces, parks, and transportation.

COTA NSW is proud to bring you the inaugural Australian Universal Design Conference which will be held on 20 to 21st August 2014 at Sydney's Town Hall.

Universal Design Conference will be organised by Interpoint Events, the face to face arm of the Intermedia Group. The conference will also have support from Intermedia news publications which include Government News, Australian Ageing Agenda and Freedom2live.

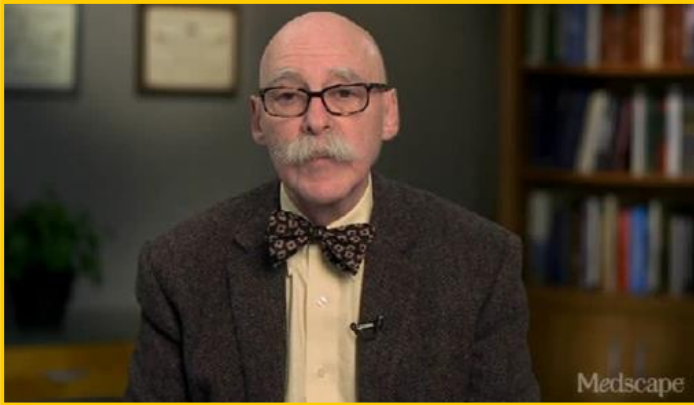
More information is available by calling 1300 789 845 or the Conference website [here](#). ●



Balancing hypertension drugs and fall risk in elderly

by **Henry R Black, MD**

Source: Medscape – 9 May 2014



Dr. Henry Black, Clinical Professor of Medicine at the Langone New York University School of Medicine and a former president of the American Society of Hypertension.

One of the great victories of the past 50-60 years is the success of antihypertensive therapy in preventing strokes, by 30%-40% in every trial when we look at the statistics. More recently, statins have clearly helped to reduce the incidence of myocardial infarction and heart disease.

There are appropriate concerns, especially with the antihypertensive agents, that we might be causing some harm with respect to falls. Falls are a major problem for older individuals, especially individuals with osteoporosis, in whom a hip fracture and subsequent hospitalization carries about a 50% 1-year rate of mortality. If antihypertensive agents are responsible for a patient becoming dizzy, falling down, and breaking a hip, then we have to start thinking about balancing the risk and benefit.

When we look at randomized trials, we don't see any evidence of increased falls. That may be partly related to the people who volunteer to be in randomized trials and how healthy they are. They tend to be healthier than the general population. Mary Tinetti from Yale University (a former colleague of mine), along with a multitude of outstanding statisticians, has tried to get a handle on this issue using Medicare data. They collected data on approximately 7000 individuals who were in that database. They had some inclusion and exclusion criteria, and they used a propensity-matched sample. This is a very interesting new statistical technique. When you don't have a comparative

cohort, as you do in a randomized trial, you try to create one using the characteristics of the people in the trial and you try to match them.

They created a propensity sample and then compared the whole cohort of almost 9000 with the propensity sample of almost 4500 to determine whether taking antihypertensive agents mattered in serious falls. *[Editor's note: Almost 7000 adults older than 70 years with hypertension met eligibility; the cohort comprised 4961 participants and the propensity sample comprised 2849 participants.]* Serious falls, fractured hips -- not just bumping your elbow, but fractures, head trauma, and death. The findings are quite interesting. They used a technique that the World Health Organization (WHO) devised to look at the doses of drugs and how these doses affect outcomes.

Twenty-five percent of the group who experienced a serious fall died compared with 16% of those who didn't have a serious fall. That's not very surprising. If you look at the antihypertensive doses, the people on no medicines had the fewest falls, but the people on increasing doses of medicine, using the WHO technique, didn't show an increase in falls that you would expect in a linear dose-response relationship. This was the case in the whole cohort as well as in the propensity sample. In fact, a group in the middle, who were taking medium doses of antihypertensive medication, had the highest rate of falls: 9.8%. The highest rate of falls did not occur in the group taking the highest doses of antihypertensive drugs. About one-third of people who were on antihypertensive drugs were taking a drug from a single class, one-third were taking drugs from 2 classes, and one-third were taking drugs from 3 classes.

What can we make of this? The important thing is to continue to be vigilant and to warn people about this risk. People who have a likelihood of falling have to be cautioned about this, and sometimes we have to adjust when the medications are taken. No particular class of drugs was associated with an increase in falls. It was the same, regardless of whether patients took a diuretic (which we think of as having this particular problem), a renin-angiotensin system blocker, a calcium channel blocker, or a beta-blocker. They were all about the same.

Latest Australian Bureau of Statistics on disability

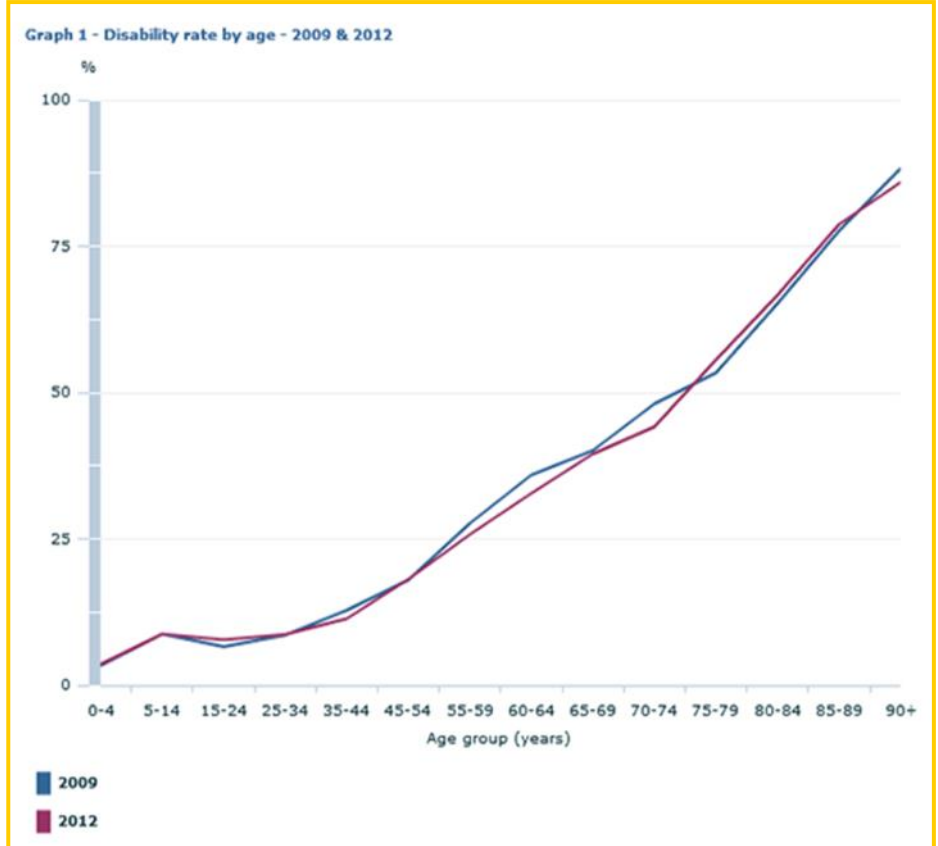
by **Kymberly Martin** in **News**

Source: [Freedom2Live](#)
- 23 April 2014

Just under one in five people or 18.5 per cent of Australians reported having a disability in 2012, according to the ABS. These figures show that disability prevalence has remained steady since the last survey was conducted in 2009. A further 21 per cent reported having a long-term health condition that did not restrict their everyday activities while the remaining 60 per cent of the population did not have a disability or long-term health condition. However, the majority of those with disability, 88 per cent, reported having a specific limitation or restriction.

When it comes to long-term health conditions, 19 per cent of people with disability said having a mental or behavioural disorder caused them the most problems with the type of condition varying with age.

- A child was most likely to have an intellectual and development disorder (38 per cent) or asthma (6.3 per cent)



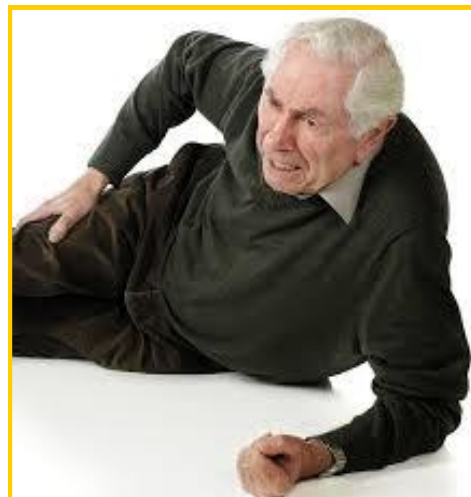
- Those of working age most likely reported back problems (19 per cent), disease of the nervous system (8.8 per cent) or mood affective disorder such as depression (6 per cent)
- Older people were likely to have arthritis and related disorders (21 per cent) or a disease of the circulatory system such as heart disease, stroke or high blood pressure (13 per cent)

Read full article [here](#).

Hypertension drugs and fall risk (cont'd from p14)

What are we to do? In the study the mean age was 80 years, and there was no difference between those over and under the age of 85 years in the risk for falls and the relationship with antihypertensive drugs. This is a strange finding, but maybe once you get to age 85, you are healthier than somebody who doesn't make it that far.

So beware, but let's not forget the benefits of antihypertensive therapy, which we have now demonstrated in all age groups that we have studied, especially with respect to strokes and myocardial infarction.



Evidence fruit and vegetables cut stroke risk

by Megan Brooks

Source: Medscape Medical News
– 8 May 2014

Eating more fruits and vegetables may help lower the risk for stroke worldwide, according to results of an updated meta-analytic review of studies conducted in Europe, the United States, and Asia.

For every 200 g per day increment of fruits and vegetables, the risk for stroke fell by 32% and 11%, respectively, across these studies, the study team found.

"The findings are consistent with the current knowledge that increasing consumption of fruits and vegetables should be encouraged to prevent stroke," Yan Qu, MD, the study's senior author, from Qingdao Municipal Hospital and Medical College of Qingdao University in Qingdao, China, told *Medscape Medical News* by email.

The study is published online May 8 in *Stroke*.

Positive and Negative Associations

In recent years, several prospective cohort studies have assessed the effect of fruits and vegetables consumption on the risk for stroke, yielding both positive and negative associations, Dr Qu explained. The magnitude of association also varies among the previous publications on fruit and vegetable consumption and the risk for stroke, she noted.

To quantitatively assess the effect of fruits and vegetables consumption on the risk for stroke, Dr Qu and colleagues did a meta-analytic review of 20 prospective cohort studies published to January 2014. The analysis included 16,981 stroke events among 760,629 adults.

Higher intake of fruits and vegetables (together and separately) were inversely related to stroke risk in multivariable analysis.

Table. Risk for Stroke With Highest vs Lowest Intake

Intake	Odds Ratio (95% Confidence Interval)
Fruits and vegetables	0.79 (0.75 - 0.84)
Fruits	0.77 (0.71 - 0.84)
Vegetables	0.86 (0.79 - 0.93)

The inverse association of total fruits and vegetables consumption with the risk for stroke was consistent in subgroup and meta-regression analysis, the researchers say.

The average serving was calculated as 77 g for vegetables and 80 g for fruits. *"A linear dose-response relationship was found, the more consumption of fruit and vegetables, the better for stroke prevention,"* Dr Qu told *Medscape Medical News*.

Stroke risk decreased by 32% (relative risk, 0.68; 95% confidence interval, 0.56 - 0.82) and 11% (0.89; 0.81 - 0.98) for every 200-g increment in daily fruits and vegetables, respectively.

Apples and Oranges

Asked for comment on these findings, Gustavo Saposnik, MD, director, Stroke Outcomes Research Center, St Michael's Hospital, University of Toronto, Ontario, Canada, who wasn't involved in the study, called the study *"interesting,"* and said the benefits seen are consistent with previous studies. A limitation is that in most of the studies vegetable/fruit consumption is self-reported, he noted.

"Two hundred grams of fruit per day may sound a lot, but this would represent 2 medium-size apples or a large 1 and a half," he told *Medscape Medical News*.

Dr Qu noted that *"citrus fruits, leafy vegetables and apples/pears were found inversely associated with risk of stroke. However, the effect of other types of fruit and vegetables on stroke risk still needs to be confirmed."*

A [recent bulletin](#) from the World Health Organization (WHO) estimates that increasing individual fruit and vegetable consumption to at least 600 g daily could cut the burden of ischemic stroke by 19% worldwide.

Dr Qu and colleagues say several biological mechanisms might explain the inverse association. *"Both short-term controlled intervention trials and prospective cohort studies have shown that an increase in fruits and vegetables consumption can lower blood pressure and also improve microvascular function,"* they point out. Favorable effects on other cardiovascular risk factors, including body mass index, cholesterol, inflammation, and oxidative stress, were also seen.

"Higher fruits and vegetables consumption increases micronutrient, carbohydrate, and fiber intakes, and possibly reduces fat intake."

Fruit and vegetables cut stroke risk (cont'd from p16)

Nutrients such as potassium, folate, antioxidants (vitamin C, β -carotene, and flavonoids), and fiber have been shown to be significantly associated with a reduced risk for stroke," they note.

The study was funded by the Qingdao Municipal Hospital. The authors have disclosed no relevant financial relationships.

Stroke: Published online May 8, 2014. 🌟



Fighting brain cancer with polio

Doctors Treat College Student's Tumor With Poliovirus

by [Lecia Bushak](#)

Source: [Medical Daily](#) - 30 April 2014

Stephanie Lipscomb, 23, is cancer-free after being successfully treated with PVS-RIPO, a genetically-modified poliovirus that destroys cancer. USA Today



Polio, despite being a deadly virus that we are attempting to wipe out for good, is also helping doctors fight cancer — at least in a genetically-modified form.

One 23-year-old nursing student from Spartanburg, S.C., became the first patient to receive a successful poliovirus treatment for her brain tumor. Diagnosed with stage four glioblastoma at age 20, Stephanie Lipscomb was told by medical professionals that she would not live long. *"The odds weren't good,"* Lipscomb told [USA Today](#). *"They didn't expect me to live more than two years, I don't think."* Despite undergoing surgery, chemotherapy, and radiation therapy, the tumor kept coming back.

In May 2012, doctors at Duke University Medical Center gave Lipscomb the chance to be a part of an experimental treatment that harnessed the use of the poliovirus in targeting the cancer. During a lengthy surgery, doctors

injected a genetically-modified version of the poliovirus (PVS-RIPO) into the tumor — and it hasn't returned since. Now, Lipscomb is able to celebrate her 23rd birthday cancer-free.

Polio is a life-threatening disease that slowly kills its victims through paralysis, leaving them to die once their lungs stop working, if they're not treated properly. Young children who aren't vaccinated — particularly in rural, remote areas of the globe — are the most vulnerable to the virus. Thanks to the polio vaccine, however, the disease has been wiped out almost everywhere in the world, except for three countries where it remains endemic — Nigeria, Afghanistan, and Pakistan — as well as Syria, where recently it broke out again in areas where the civil war ravaged the countryside.

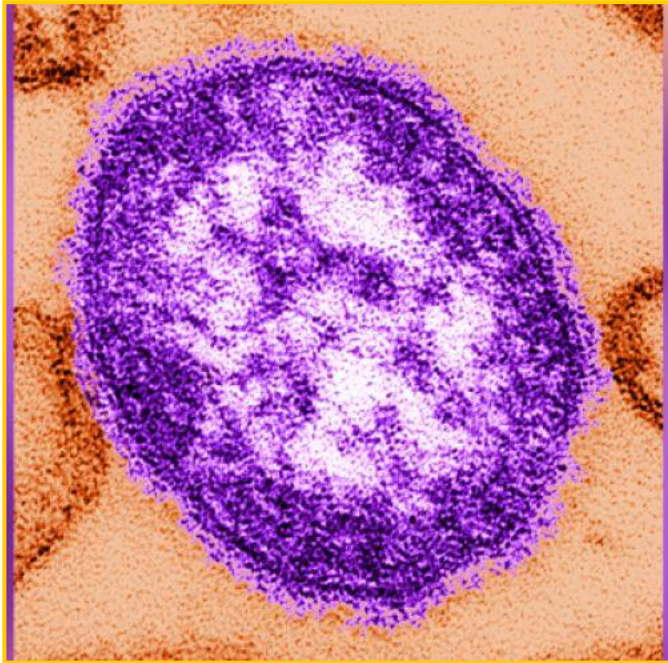
Doctors at the [Preston Robert Tisch Brain Tumor Center](#) at Duke University Medical Center hope to carry through more of these poliovirus-cancer surgeries. So far, they've completed several and followed up with two patients who are now living a normal cancer-free life.

Viruses engineered to kill cancer cells are known as "oncolytic viruses," and they must be able to target the cancer and destroy it, while remaining safe at the same time. *"Accomplishing this is very difficult scientifically and only very few viruses are suitable as cancer-fighting agents in the clinic,"* Duke University's PVS-RIPO website notes. *"We achieved this feat by genetic engineering to remove poliovirus' inherent disease-causing ability. PVS-RIPO naturally infects almost all cancer cells, because the receptor for poliovirus (which is used for cell entry) is abnormally present on most tumor cells."* 🌟

Can the measles or polio be the next cure for cancer?

by **Dr Manny Alvarez**

Source: FoxNews.com - 15 May 2014



This thin-section transmission electron micrograph (TEM) reveals a single virus particle, or virion, of measles virus—CDC.gov

Can viruses such as measles or polio be the next cure for cancer?

The answer is maybe.

Two recent studies from the Mayo Clinic and Duke University Medical Center detailed how researchers utilized the measles virus and the polio virus to destroy cancer cells.

The excellent news is that in these very small patient trials, there were some significant successes. One patient went into total remission from multiple myeloma after receiving a strain of the measles virus, and another patient, who suffered from brain cancer, was treated with the polio virus and seems to be in remission as well.

So how is this all possible?

This research is all part of a new medical field of oncolytic virotherapy. The “proof of concept” studies stem from many years of animal research, analyzing how viruses can penetrate certain types of cancer cells.

A typical cancer cell moves very fast and replicates very rapidly. Therefore, some viruses have an affinity to get into these cells and use them as incubators, so the viruses can multiply at a fast rate, as well. But once these viruses are attached, the cancer cells essentially explode and release the virus into the body.

With this mechanism in mind, doctors utilized very large doses of the measles virus and polio virus on a small number of cancer patients. Just as expected, the viral strains penetrated and destroyed the tumor cells, ultimately killing the cancer. After the therapy, the patient’s own immune system did the rest by ingesting the leftover cellular debris from both the cancer cells and the engineered viruses.

Though this is remarkable, let’s also look at the other side of the coin. These are extremely delicate trials, which must be conducted under very strict protocols, and we don’t know yet whether this will be applicable to all types of cancers.

One of the limitations of using viruses to kill cancer cells is that the patient should be void of immunity, as too strong of an immunity towards the measles virus will limit its effectiveness of multiplying in the cancer cells. However, many cancer patients are already immunosuppressed, so this may only be a partial problem.

The other potential complication revolves around the toxic effects of being exposed to enormous amounts of live virus. As was the case in these small studies, one patient developed nausea, vomiting and very high temperatures. Additionally, viral toxicity could lead to permanent damage of our immune system, creating other problems such as guillain barre syndrome – which causes the body’s immune system to attack the nerves.

The final word here is that these studies shine a bright light on the future of cancer therapy. I think that all of the scientists who participated in these historical trials should be congratulated, and I hope that these cases lead to larger human trials and, one day, clinical treatments.

Full article [here](#). 🌐

Green tea's impact on cognitive function now visible

by **Megan Brooks**

Source: Medscape Medical News – Psychiatry – 16 April 2014

Green tea appears to boost memory by enhancing functional brain connectivity, a new imaging study suggests.

A study led by Stefan Borgwardt, MD, PhD, from the Department of Psychiatry, University of Basel, Switzerland, shows that drinking a green tea extract enhances memory performance, a finding that researchers suggest may have important clinical implications for the treatment of neuropsychiatric disorders, including cognitive impairment.

This is "the first evidence for the putative

beneficial effect of green tea on cognitive functioning, in particular, on working memory processing at the neural system level by suggesting changes in short-term plasticity of parieto-frontal brain connections," the investigators write.

The study was [published online](#) March 19 in *Psychopharmacology*. ●



Tribute to a photographer who rocked our world

by **Jan Phillips**

Source: [Huffington Post](#) - 2 May 2014

I co-authored a coffee table book with a friend last year and we just found out it won the 2014 Nautilus Award. The announcement came when I was in the middle of a chapter on a new WHY-TO Creativity book. I'm trying to remind people WHY it's important that they give voice to their creative spirit - how it heals them, causes abundance in unforeseen ways, leads to better health and greater bliss. When I thought of my own creative heroes, Dorothea Lange came to mind, so I turned off the phone, locked the door to my studio, and spent 2 days making a video tribute to her.

Dorothea contracted polio as a child. She had a serious limp and a right heel that never touched the ground. Her father abandoned the family when she was 12 and she had to figure out how to make a go of things on her own. She started out with a portrait studio in San Francisco, but sold it and joined a federal program that was documenting the story of the Dustbowl exodus. It's her image of the Migrant Mother that we all know. Her images that moved John Steinbeck to write *Grapes of Wrath* and John Ford to direct the movie that caused thousands of Americans to lobby Congress and stand up for the poor. Her images

that are partly responsible for the institution of the Social Security program.

She never thought of herself as an artist, but her art moved mountains. Her pictures were worth millions of words. I discovered today that it's the anniversary of Jonas Salk's polio vaccine going public in 1956. And it seemed a good day to share Dorothea's brilliance with the world. This is my attempt to share her hope, and my own as well.

This is the link to my [digital tribute](#). ●



The Normal Heart

by **Elisa Lipsky-Karas**

Source: [The Wall Street Journal](#)
– 21 April 2014

Academy Award-winning actress [Julia Roberts](#) discusses her preparation for HBO's stage-to-screen adaptation of [Larry Kramer](#)'s acclaimed Tony Award-winning play THE NORMAL HEART, directed by [Ryan Murphy](#), as part of a new interview.

The project is not from the typical Julia Roberts playbook: There are no big laughs, no fairy-tale romance and certainly no big hair, which is coiled into a low bun as Roberts plays the tightly wound, wheelchair-bound Dr Emma Brookner, a polio victim who has become an AIDS doctor. It's a small but pivotal role in an ensemble piece, an unflinching movie about the 1980s AIDS crisis in New York City, adapted by activist playwright [Larry Kramer](#) and director Ryan Murphy (the creator of *Glee*) from Kramer's original 1985 play. The character of Dr Brookner—based on the real-life Dr Linda Laubenstein, also a polio survivor and New York City physician who treated early AIDS cases—is a vociferous campaigner for AIDS research funding and a proponent of the wildly unpopular, and at the time scientifically unsupported, recommendation of abstinence.

Roberts prepared extensively for the role, interviewing a doctor who worked with the late



Dr Laubenstein and bringing a 1980s-era wheelchair home for practice. *"It was the most actor-y I've ever been,"* she says. *"But you don't want to be bumping into walls and doorjambs and scraping your knuckles on things. I thought being in a wheelchair would be so easy and quiet, but it was actually quite tiring."*

Despite being shot mostly from the waist up, she wore a heavy orthotic shoe with a significant lift to mimic a polio survivor's leg. *"It was really just for me,"* she says. Roberts also studied the effect a slightly paralyzed lung would have on her breathing pattern.

Read the full article [here](#).🌐

Normal Heart a searing reminder of stigma

by **Kathi Wolfe**

Source: [Washington Blade](#) - 21 May 21 2014

"When I left the hospital, no one would come near me," my now deceased friend Sharon said to me in the 1980s during the AIDS epidemic. *"I got polio when I was 7, and people in my small Oklahoma town were scared as hell that they'd catch it from me. They wouldn't hug me or touch a glass that I'd had a drink in."*

William G. Stothers, chair of the board of Post Polio Health International, contracted polio at age 10.

"They knew it was a virus, but they didn't know what caused it or how to treat it," Stothers, a former ombudsman and city editor with the *"San Diego Union Tribune,"* said in a

telephone interview with the Blade. *"Many people didn't know that [polio] wasn't contagious after the initial period of contagion had passed. They were afraid to hang out with me or my family. They nearly shut down our family's hardware store."*

Cyndi Jones, Stothers' wife, who got polio as a child, was a poster child with the St. Louis area March of Dimes. *"One day, Cyndi's at school,"* Stothers said, *"and the teacher holds up a poster with a picture of Cyndi with her crutches and another picture of a child without crutches. Underneath Cyndi, it said 'not like this.' Underneath, the other little girl, it said 'like this.'"*

To this day, Jones remembers the stigma that she felt when she saw that poster, Stothers said.

Normal Heart reminder of stigma (cont'd from p20)

Why am I telling you this? Because, finally, (more than 30 years since it premiered at the Public Theater in New York City) a movie has been made of Larry Kramer's iconic, searing play *"The Normal Heart"*. And the film of the same name, which premieres on HBO on May 25, reminds me yet again of the parallels that exist between the polio and AIDS epidemics (as well as between the stigma that people with polio and AIDS have, and continue, to encounter).

I'd never want to say that polio and AIDS, or ableism (disability-based prejudice and homophobia) are the same. *"It's not a perfect match,"* Stothers said, *"the fear factor with polio wasn't homophobia"*.

Yet, being queer and disabled (legally blind), and having known over several decades people with polio and AIDS, I can't help but see connections in these communities. To begin with, many polio survivors and people with AIDS I've met have been scorned both by the culture at large and by their own groups. They've run up against discrimination in the workplace and in housing; been denied service everywhere from hospitals to restaurants and even turned away by houses of worship and funeral directors. At the same time, people with polio and with AIDS continue to be shunned by some within their own communities.

In *"The Normal Heart"*, Kramer castigated closeted gay people, including then-New York Mayor Ed Koch, who look away from and keep research funds away from people with AIDS.

Many people with polio tried to pass, Stothers said. *"They didn't want to associate with others with polio"*.

I wasn't surprised to learn that Dr Linda Laubenstein, a pioneer in AIDS research in the early years of the AIDS epidemic, had polio. Laubenstein was one of only a few doctors then who treated people with AIDS.

"She is incredibly important in the history of AIDS - a real fighter for what she believed," Kramer told *"The New York Times"*, when Laubenstein died at age 45 in 1992.

The character of Dr Emma Brookner in *"The Normal Heart"* (Julia Roberts) in the HBO movie is based on Laubenstein. *"Polio is a virus, too,"* Brookner says in *"The Normal Heart"* to Ned Weeks, a character based on Kramer. *"I scare the shit out of people. You've got to get out there on the line more than ever"*.

Laubenstein and Kramer are among life's few heroes. Check out HBO's *"The Normal Heart"*.

Read the full story [here](#). 🌈

Polio vaccine discovered

Source: BBC

American scientists announced they had discovered an effective vaccine against polio in April 1955. It would save millions of children from disability and death. The doctor who led the research was Jonas Salk. To hear from his son Peter and a nurse who worked with him, click on the picture below. 🌈

The screenshot shows the BBC Witness website interface. At the top, the 'Witness' logo is prominent, with navigation links for 'Witness Home', 'Episodes', 'Witness Films', 'Join us on Facebook', 'Follow us on Twitter', and 'Email Witness'. A 'Listen now 11 mins' button is visible next to a black and white photo of a young boy and a man. To the right, a 'Last on' section displays the episode 'Friday 07:50 GMT BBC World Service'. A vertical sidebar on the right says 'More episodes'. The main content area is titled 'Polio Vaccine Discovered'.

Australia commits \$100M to polio eradication

Rotary welcomes Australian Government's \$100 million commitment to polio eradication

Source: [Rotary Australia Website](#)
- 1 June 2014

Rotary welcomes Prime Minister Tony Abbott's announcement of \$100 million commitment for polio eradication and routine immunisations. Speaking today at the opening of Rotary International's annual convention in Sydney, Prime Minister Tony Abbott announced his government's commitment to end the crippling disease polio once and for all by committing \$100 million over 5 years.

Dr Robert S. Scott, MD, chair of Rotary's International PolioPlus Committee said, "We are proud to stand alongside the Government of Australia and applaud its commitment to protecting the world's most vulnerable children against polio."

Since the [Global Polio Eradication Initiative](#) began in 1988, the incidence of polio has plummeted by more than 99 percent, from about 350,000 cases a year to 416 confirmed in 2013. That same year, India – once the epicenter for the poliovirus – was declared polio-free and today only three countries remain endemic: Pakistan, Afghanistan and Nigeria. However, conflict and insecurity in

some parts of the world have elevated the risk for outbreaks and international spread of the disease, prompting the World Health Organization to declare polio a public health emergency last month. Funding of life-saving immunisation activities over the next several years remains critical to ensuring polio is eradicated by 2018.

"Rotary members in Australia have played a significant part in the history of polio eradication," said Dr Scott.

"In 1979, Sir Clem Renouf of Queensland – then president of Rotary International – spearheaded the effort to unite Rotary's entire global membership behind a single cause for the first time in the organisation's history."

"Many Rotary members travel internationally to join fellow Rotarians and health workers in polio-affected countries to immunise children," said Dr Scott. *"For example, Jenny Horton, a Rotary member from Brisbane and a registered nurse, has helped vaccinate children in eight countries, including Nigeria, Pakistan and Afghanistan."* said Dr Scott

Rotary's annual convention is taking place in Sydney 1-4 June. The event is expected to draw more than 18,000 registrants from 152 countries, injecting an estimated \$60.5 million into the local economy. 🌐

WHO declares 'public health emergency'

by South Asia correspondent Michael Edwards

Source: [ABC Radio Australia](#) - 6 May 2014

The WHO has declared polio a public health emergency of international concern after the virus is found in 10 countries, including Afghanistan, Nigeria, Pakistan and Syria.

The World Health Organisation has declared polio a public health emergency of international concern, after new cases of the crippling disease surfaced in a number of countries across the developing world.

"The conditions for a public health emergency of international concern have been met", WHO assistant director-general Bruce Aylward said in Geneva following crisis talks on the virus long thought to be on the road to extinction.

"If unchecked, this situation could result in failure to eradicate globally one of the world's most serious vaccine preventable diseases."

The WHO convened emergency talks in Geneva last week after the virus was discovered in 10 countries, including four where it is still considered endemic – Afghanistan, Nigeria, Pakistan and Syria.

The decision to categorise polio as a public health emergency brings recommendations for countries where the disease is endemic to implement vaccine requirements for anyone wishing to travel abroad.

Listen: NewsRadio speaks with WHO's assistant director-general

Polio is a crippling and potentially fatal viral disease that mainly affects children under the age of five.

WHO declares 'public health emergency' (cont'd from p22)

There is no cure for the disease, which can be prevented with a vaccine.

In 1988, the disease was endemic in 125 countries.

Health authorities had come close to beating the disease as the result of a 25-year-long effort with the number of recorded cases worldwide plunging from 350,000 in 1988 to 417 in 2013, according to the WHO.

Pakistan outbreak traced back to tribal areas

So far this year, 74 cases have been diagnosed worldwide, with 59 of them in Pakistan.

Dr Nima Abid, from the WHO in Islamabad, said the organisation was very concerned the disease's infection rate could rise significantly as the weather there becomes hotter.

"May-June, onwards until September to December - this is the high transmission (season), when the activities of the virus will be higher than during winter season or low transmission season", Dr Abid said.

The source of many of the outbreaks can be traced back to Pakistan's north-western tribal areas, where the Taliban has a strong presence.

Listen: [Michael Edwards's report \(AM\)](#)

Islamic extremist groups have a long history of opposing immunisation programs, with groups such as the Taliban carrying out a campaign of



A Bangladeshi health worker administers polio drops to a boy. The WHO has declared a public health emergency after new polio cases were diagnosed in 10 countries. (Credit: AFP).

violence to keep vaccinators out of these regions.

Amnesty International researcher Mustafa Qadri said Pakistan needs to get prominent scholars to publicly say that polio vaccination is a good and necessary thing. *"It's quite clear that polio has been generally rising in Pakistan because the Taliban and other groups, some religious clerics, claim that polio vaccinations are actually a secret attempt to sterilise the population,"* Mr Qadri said.

The situation got significantly worse after the CIA located Osama Bin Laden through the help of a vaccination program in 2011.

Since then, there have been dozens of deadly attacks on vaccination workers. 🇵🇰

One billion people still defecate in public

by Tom Miles

Source: Reuters Health Information – 9 May 2014

GENEVA (Reuters) - One billion people worldwide still practice "open defecation" and they need to be told that this leads to the spread of fatal diseases, U.N. experts said on Thursday at the launch of a study on drinking water and sanitation.

"'Excreta', 'feces', 'poo', I could even say 'shit' maybe, this is the root cause of so many diseases", said Bruce Gordon, acting coordinator for sanitation and health at the World Health Organization.

Societies that practice open defecation - putting them at risk from cholera, diarrhea, dysentery, hepatitis A and typhoid [and polio!] - tend to have large income disparities and the world's highest numbers of deaths of children under 5 years old.

Attempts to improve sanitation among the poorest have long focused on building latrines, but

cont'd p24

One billion people still defecate in public (cont'd from p23)

the United Nations says that money literally went down the toilet. Attitudes, not infrastructure, need to change, it said.

"In all honesty the results have been abysmal," said Rolf Luyendijk, a statistician at the U.N.'s children's fund UNICEF.

"There are so many latrines that have been abandoned, or were not used, or got used as storage sheds. We may think it's a good idea but if people are not convinced that it's a good idea to use a latrine, they have an extra room."

Many countries have made great progress in tackling open defecation, with Vietnam and Bangladesh - where more than one in three people relieved themselves in the open in 1990 - virtually stamping out the practice entirely by 2012.

The global number has fallen from 1.3 billion in 1990. But one billion people - 90% of them living in rural areas - "continue to defecate in gutters, behind bushes or in open water bodies, with no dignity or privacy," the U.N. study said.

The practice is still increasing in 26 countries in sub-Saharan Africa. Nigeria was the worst offender, with 39 million open defecators in 2012 compared to 23 million in 1990.

INDIA NO.1

Although the prevalence of open defecation is in decline, it is often common in fast-growing populations, so the total number of people doing it is not falling so fast, or is even rising.

The country with the largest number of public defecators is India, which has 600 million. India's relatively "hands off" approach has long

been at odds with the more successful strategy of neighboring Bangladesh, which has put a big focus on fighting water-borne diseases since the 1970s, Luyendijk said.

"The Indian government did provide tremendous amounts, billions of dollars, for sanitation for the poorest," he said.

"But this was disbursed from the central level to the provinces and then all the provinces had their own mechanisms of implementing. And as their own data showed, those billions of dollars did not reach the poorest," added Luyendijk.

India's government has now woken up to the need to change attitudes, he said, with a "Take the poo to the loo" campaign that aims to make open defecation unacceptable, helped by a catchy Youtube video. http://www.youtube.com/watch?v=peUxE_BKcU



"What is shocking in India is this picture of someone practicing open defecation and in the other hand having a mobile phone," said Maria Neira, director of Public Health at the WHO.

Making the practice unacceptable has worked in more than 80 countries, the U.N. says. The goal is to eliminate the practice entirely by 2025. Poverty is no excuse, the study said, noting the role of cultural differences.

In the Democratic Republic of Congo, 14% of the population are open defecators. But where the head of the household is an Animist, the figure is twice as high, at 30%. Among households headed by Jehovah's Witnesses, it is only 9%. 🌍

Polio This Week

Source: [Polio Global Eradication Initiative](#) - as of Wednesday 21 May 2014

Wild Poliovirus (WPV) Cases

Total cases	Year-to-date 2014	Year-to-date 2013	Total in 2013
Globally	82	34	416
- in endemic countries	73	32	160
- in non-endemic countries	9	2	256

Case Breakdown by Country

Countries	Year-to-date 2014				Year-to-date 2013				Total in 2013	Date of most recent case
	WPV1	WPV3	W1W3	Total	WPV1	WPV3	W1W3	Total		
Pakistan	66			66	8			8	93	01-May-14
Nigeria	3			3	22			22	53	19-Apr-14
Afghanistan	4			4	2			2	14	06-Apr-14
Equatorial Guinea	3			3				0	0	19-Mar-14
Iraq	1			1				0	0	10-Feb-14
Cameroon	3			3				0	4	31-Jan-14
Syria	1			1				0	35	21-Jan-14
Ethiopia	1			1				0	9	05-Jan-14
Somalia				0	1			1	194	20-Dec-13
Kenya				0	1			1	14	14-Jul-13
Total	82	0	0	82	34	0		34	416	
Total in endemic countries	73	0	0	73	32	0		32	160	
Total out-break	9	0	0	9	2	0	0	2	256	

Data in WHO as of 21 May 2013 for 2013 data and 20 May 2014 for 2014 data