Polio Australia
Representing polio survivors throughout Australia

Volume 9, Issue 2

Polio Oz News

June 2019—Winter Edition

Next Generation Initiative

By Jake Malsbury
Administration Officer, Polio Australia

One of Polio Australia's goals is to reach out to younger, migrant polio survivors as part of our 'Next Generation' initiative.

Paul Cavendish (Clinical Health Educator) and Jake recently commenced this project and are now developing connections with refugee support groups in Melbourne that are possibly working with Australia's 'next generation' of polio survivors who were born overseas.

In terms of refugee immigration in Australia, Victoria is a state that welcomes large numbers of refugees each year. According to the Department of Health and Human Services, Victoria has the largest intake of refugees and asylum seekers in Australia, with roughly 4,000 refugees settling in the state each year.

Organisations like Polio Services Victoria—a post-polio clinic based at St Vincent's Hospital Melbourne—have reported encountering younger polio survivors of refugee background who are living in Melbourne.

Though Polio Australia hopes to work with more Next Generation polio survivors in the future, it is important to note the challenges of identifying refugee polio survivors in this specific context.

Many choose not to disclose their polio-related disability due to concerns that their condition will impact their opportunities in Australia and their ability to secure visas for family.

There have been a number of recent cases in the media highlighting the potential threat. See SBS News, ABC News, and The Guardian.

Despite this obstacle, Polio Australia is committed to supporting Australia's diverse polio population and plans to maintain contact with state refugee health networks in order to inform polio survivors who are in the transitioning phase of settling in Australia.

To help achieve this, Polio Australia has developed several useful resources including:

- A specific Facebook group page to facilitate peer support and information-exchange between younger polio survivors who are often busy with family and work.
- Polio Australia offers useful fact sheets on health topics related to living with polio.
- A new organisational brochure which better explains Polio Australia's resources and how we fulfill our mission to help polio survivors access appropriate health care and support.

Having listened to, and learned from, the experiences of our more senior polio survivors, Polio Australia decided that reaching out to this younger demographic was a priority. There may still be challenges ahead, but not having quality, accessible information shouldn't be one of them!

Australia's Next Generation:
Happy (India), Kim (Cambodia), and Vilas (India)

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Representing polio survivors throughout Australia

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Inside this issue:

"Sometimes, you need to revamp yourself over the winter, participate in things that make you appreciate what you have."

~ Hannah Teter ~

Polio Australia's Websites

Polio Australia
Representing polio survivors throughout Australia

Welcome to the Polio Australia website. Polio Australia is a not-for-profit organisation supporting polio survivors living in Australia. This website contains information about polio, the Late Effects of Polio, the work of Polio Australia and much more.

www.polioaustralia.org.au

Polio Australia
Improving health outcomes for Australia's polio survivors

The Polio Health website is a comprehensive resource for both health professionals and polio survivors. It contains clinically researched information on the Late Effects of Polio; the Health Professional Register; and where Polio Australia's Clinical Practice Workshops for Health Professionals are being held.

www.poliohealth.org.au

Australian Polio Register
Have you added your polio details?

The Australian Polio Register was established by Polio Australia in October 2010 to gather information on the numbers of polio survivors living in Australia today, whether or not they contracted polio in this country. To make the Australian Polio Register truly reflective of the unmet need for polio services throughout Australia, we urge every Australian polio survivor to join the Polio Register. Our strength lies in our numbers – please help us to get you the services you need by adding your polio details to the Register. You can register online or by downloading and completing a paper copy.

www.australianpolioregister.org.au

Polio Australia
Honouring Australia's polio survivors - "We're Still Here!"

Polio Australia's "We're Still Here" website is a hub for sharing people's stories, polio survivors in the media, polio awareness raising campaigns, events of interest, Rotary talks, and so much more. It is constantly being updated, so check in often.

www.stillhere.org.au

President's Report

Gillian Thomas

Now that the federal election is done and dusted, and the associated caretaker period is over, the government is getting back to business. We are very pleased that our five Parliamentary Patrons remain in the Parliament. In the House of Representatives, Greg Hunt, Catherine King, Steve Georganas and Mark Coulton all retained their seats, while Rachel Siewert continues her term in the Senate. Greg Hunt remains as Health Minister — we have had a very good working relationship with Greg, and look forward to that continuing over this Parliamentary term. Congratulations are due to Mark Coulton who has been appointed as the Minister for Regional Services, Decentralisation and Local Government. We are sorry, however, to see Catherine King leave her role as Shadow Health Minister as she has now taken on the Infrastructure, Transport and Regional Development portfolio in Labor's Shadow Cabinet. Catherine has been a supporter of Polio Australia since we first travelled to Canberra in 2007 to lobby for services for polio survivors. We wish her well in her new role.

The end of the caretaker period also means the Department of Health can now finalise the contract for our 3-year funding extension to conduct Clinical Practice Workshops, thus giving certainty to our staff working in this Program area, and facilitate our longer-term planning.

On the staff front, we will shortly lose two valuable members of our team, Jake Malsbury and Bonnie Douglas, due to the conclusion of two separate grants. Jake has been with us for the last 12 months, assisting Paul and Rachel in the administration of the Clinical Practice Workshops Program. Jake is currently studying towards his Masters of International Development Practice at Monash University, and as his contract with us draws to a close we wish him well with his studies — we are sure he has a bright future ahead. Bonnie has been working as our Financing Manager since December 2017, applying for philanthropic and government grants to help progress Polio Australia's programs. She is also studying family counselling and will be expanding into her own practice in due course.

The year is rushing past as usual, and it is time to turn our thoughts to the Polio Health and Wellness Retreat (see Page 7) and Walk With Me fundraiser, which is held in conjunction with the Retreat. This is our major fundraising event for the year, and we look forward once again to your support for our Teams across Australia.

Gillian

From the Editor

Maryann Liethof
Editor

Winter has hit Melbourne, which generally prompts a mass migration north to Queensland for those of us who have the means and luxury of time. That could be me next year, once I've retired! Until then, I have our ***final*** Polio Health and Wellness Retreat in Sydney to look forward to. So, if you haven't been to one of Polio Australia's Retreats yet, this is your last chance to join in the fun! Future education forums will take the place of one day conferences around the country, so stay tuned for that.

This edition highlights a number of the program areas Polio Australia is working on at any given time: locating and informing the Next Generation of polio survivors, which I'm sure people will agree is important at this time in their lives; the various websites to find self-management resources, stories, and more; tracking Paul's Clinical Practice Workshops, and the fantastic news of the Department of Health's contract renewal for this program; Steph's efforts to take information and self-management strategies to polio survivors around the countryside; and systemic advocacy in the form of submissions such as the Royal Commission Into Aged Care Quality And Safety (page 6).

Of course, all these activities need money; the DoH funding is modest, and only accounts for clinical education. If you would like to support the broader work of Polio Australia, please consider a tax-deductible End Of Financial Year donation (page 9). We GUARANTEE that all donations will go into maintaining and/or developing our programs.

Have you had 'a fall' lately? Of course you have! Many readers will find the *"After A Hip Fracture"* article (page 14) of interest. You might also consider some new 'assistive technology' to better mobilise you. If you're in Canberra, you could drop in to the FREE ATSA Independent Living Expo to see what's new.

Now I think I'll just settle down with a nice hot chocolate!

Maryann

Clinical Practice Workshops: Autumn Program Review

By Paul Cavendish
Clinical Health Educator

The autumn period was a productive time for our delivery of workshops to health professionals across Australia.

Tasmania
- North West Hospital (Burnie)
- St Giles (Launceston)

New South Wales
- Lismore Hospital
- Armidale Hospital
- Tamworth Hospital
- Royal North Shore Hospital (Sydney)
- Northcott (Parramatta)

West Australia
- Fiona Stanley and Fremantle Hospitals (Perth)
- Silver Chain Nursing Staff (Perth and Mandurah via video conference)
- Bodywise Physiotherapy (Perth)
- Neurological Council of WA (Perth; Geraldton and Bunbury via video conference)
- Silver Chain Allied Health staff (Perth; Mandurah and Bunbury via video conference)
- Rocky Bay Ascot (Perth)
- Geraldton Hospital
- Busselton Health Campus (and Bunbury via video conference)

A number of the workshops were conducted using video conference (VC). The VC will enable health professionals in the state health system to access the late effects of polio workshop at a convenient time in the future (without Polio Australia having to travel or coordinate events).

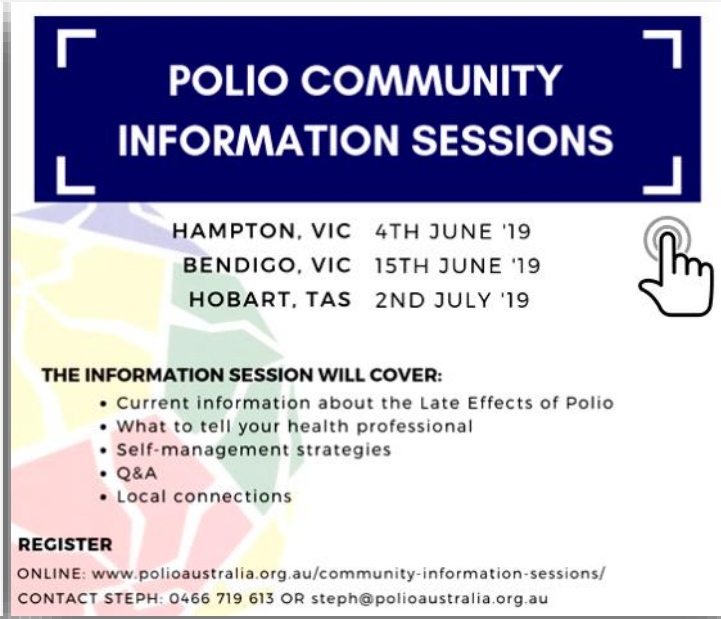
We will be in a position to use resources more efficiently and spend time in continuing to raise awareness of this content with health professionals in WA Health. We also were professionally recorded at 3 separate venues in West Australia. This will help us as we continue to develop online resources for health professionals — such resources will enable them to access the course information at a convenient time and not miss an opportunity to attend a workshop in their local area.

In West Australia, I was also fortunate to speak at Rotary events thanks to Jenny Jones (Treasurer, Polio WA and Polio Australia Board Member) and Ross O'Neil (President, Polio WA). It is an honour to attend these events. Rotary contribute plenty to our community. It is a great opportunity to acknowledge the long history and support Rotary International have played to ensure poliomyelitis does not have the impact it once did on so many lives, and hopefully never again in the future. These events provide Polio Australia with an opportunity to raise awareness on the late effects of polio.

I would like to thank the Gold Coast Polio Support Group for an invitation to discuss key aspects in managing the late effects of polio. It was great to see some familiar faces again and share information on what we are doing to try and address the inadequacies of services and support within aged care.

We will continue to work on spreading the message and increase understanding in the community that while polio may be gone as an immediate threat to our health, we cannot forget the polio survivors who are part of our society.

Upcoming Clinical Workshops And Community Information Sessions



Department Of Health Contract Extension

By Paul Cavendish
Clinical Health Educator

Last week Polio Australia received great news from the Department of Health, confirming an extended contract to continue education on the late effects of polio for health professionals. This was welcome news after months of uncertainty regarding program funding following the existing contract's termination in July 2019.

The Department of Health is still drawing up exact contract terms for a three-year period to continue our education efforts. We have had agreement that education can be delivered across the health, disability and aged care sectors. This will give us scope to educate disability support workers and carers, as well as a range of clinical health professionals, to increase their understanding of health management and care support needs for polio survivors.

A three-year contract gives us certainty to develop greater partnerships with peak bodies and providers across aged care, health and disability. Over the past year, we have conducted a range of surveys as we try to understand the current needs of polio survivors in Australia and update health professionals on this, along with current best-practice evidence from research overseas.

We also aim to develop greater links with universities to enable more research to occur in Australia to help improve the management of the late effects of polio. Secure funding also helps us to continue to develop resources for health professionals regarding assessment and management guidelines, with course information available through our face-to-face workshop or via our website.

Clinical Practice Workshops always feature 'lived expert' polio survivors:

Coburg, Victoria
Above

Dandenong, Victoria
Left

Hobart, Tasmania
Right

Community Engagement

By Steph Cantrill
Community Engagement Officer

It has been a busy few months of community information sessions, with two Melbourne suburban sessions, and regional sessions across West Gippsland, North-West Victoria, Berri SA, Broken Hill and Horsham. In Newport, in Melbourne's western suburbs, I was lucky enough to be joined by Helen Leach, the new Community and Membership Officer with Polio SA. This was a great way for Helen to meet a group of polio survivors and learn a bit more about how Polio Australia and the state networks can work together in providing up-to-date information and resources. Welcome to the extended post-polio family, Helen!

While attendance has been mixed in the regional sessions, they are always well-received. It has been great to be able to engage with people and connect them with each other. It's really heartening to see polio survivors giving each other advice on what's worked for them and which health professionals they've had good experiences with. One recent group has even started meeting informally, just to continue the connection.

Over the last couple of months, I've also attended a number of Rotary meetings, usually

accompanied by a polio survivor to share their personal experiences. As most people would know, Rotary International is a huge part of the push towards eliminating polio across the world. However, many Rotarians are not aware of the Late Effects of Polio, and presenting at their meetings has been a great way to raise that awareness.

In the coming months, I aim to continue awareness-raising (and fundraising where possible) through connecting with other clubs such as Lions, Probus and Country Women's Associations. I am also going to be working with Carers Victoria to deliver information sessions to the Bayside and Bendigo support groups.

Royal Commission Into Aged Care Quality And Safety

The Royal Commission into Aged Care Quality and Safety was established by the Federal Government in 2018 in response to growing concerns about the quality of aged care in Australia.

Polio Australia is making a general submission on behalf of polio survivors. However, Polio Australia encourages every polio survivor to make their own submission if they feel they have not received an appropriate level of support and/or support in the Aged Care system. It is important to have your voice heard, and for the Commission hear about the issues that face polio survivors, from as many people as possible.

Polio Australia has put together **a document** with some key experiences of other polio survivors and some of the points made in Polio Australia's submission. These examples may or may not be relevant to you; it is important to write only about your own experience.

What is the Royal Commission into Aged Care?

A royal commission is the highest level of public inquiry in Australia. Its main function is to investigate an issue, produce a report and make recommendations to government. This work is informed by extensive input from members of the community, who are invited to share their concerns about the matter/s being investigated.

Telling your story to the Royal Commission

If you or someone you know have concerns about the quality of aged care, the Royal Commission needs to hear your story. You will have until at least September 2019 to provide your story to the Royal Commission. There is no right or wrong way to tell your story. You can:

- Use **COTA Victoria Submission Template** *(clicking this link will download a word document)*
- Set out your submission as a **Standard Letter** *(clicking this link will download a word document)*
- Set out your submission as a list of numbered or bulleted points
- Complete your submission using the online form on the **Royal Commission website**
- Phone the Royal Commission Information Line on **1800 960 711** and provide your story verbally. The person you speak with can help you put it into writing.

Click here for more information on Polio Australia's website.

2019 Polio Health and Wellness Retreat

Registrations Now Open!

Body / Mind / Spirit

Thursday 17 to Sunday 20 October, 2019

St Joseph's Centre for Reflective Living

33 Barina Downs Road, Norwest (Baulkham Hills), New South Wales

Polio Australia will be facilitating its ***LAST EVER*** 4 day/3 night Polio Health and Wellness Retreat for polio survivors and their partners.

St Joseph's Centre for Reflective Living is a lovely, peaceful environment, and very conducive to sharing and learning new information. The venue is approximately 30 minutes north-west of Sydney CBD and approximately one hour from Sydney Airport.

Single occupancy = $400 / Twin or Double occupancy = $350 per person or $700 couple

All Registration documents can be downloaded here: www.polioaustralia.org.au/retreat-2019

Phone: 03 9016 7678 / Email: office@polioaustralia.org.au

Thursday 17th October

- Registration
- Welcome Dinner
- Guest Speaker
- Program Overview
- Introductions & Orientation

Friday 18th October (Body)

- Body Plenary
- Core And Posture For Polio Survivors
- Diet, Immunity And Inflammation
- Fatigue
- Arthritis: Pain Management, Complementary Medicines And Alternative Approaches
- Finding Your Feet: Pedorthics And Polio
- Exercise Guide Overview And Discussion
- Partnering Polio (For Partners/Carers)
- History Of Knee Ankle Foot Orthoses
- Looking After Your Shoulders
- Achieving Your Goals By Effective Pacing, Grading And A Little Assistive Technology

Saturday 19th October (Mind)

- Mind Plenary
- How To Increase Your Retirement Nest Egg
- Aged Care: Client Rights And Responsibilities
- Swollen Polio Legs
- Seated Yoga
- Trash Or Treasure (Craft Activity)
- Our Words
- Universal Design, Accessibility and Inclusion
- Partnering Polio (For Partners/Carers)
- Crafty Cards (Craft Activity)
- Early Polio Memories
- People Who Change The World

Sunday 20th October (Spirit)

- Spirit Plenary
- The Spread Of Buddhism
- Humanism: An Enlightened Life Stance
- Finding God In Christianity

Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from 1 February to 31 March 2019. Without you, we could not pay our rent, core operating expenses, or management staff!

Hall Of Fame
Jill Pickering for Office Rent and Salary
Marion and Mike Newman in Memory of Gavin Shakespeare
Total—$35,000.00

General and Regular Donations
Jill Burn Margaret Griffiths Christopher Salm Liz Telford Gillian Thomas
Ballarat Post Polio Support Group Closing Balance Information Session Donations
In Lieu of Flowers for Gavin Shakespeare Kew Junction Fundraising Donation
Total—$5,035.86

Rotary Donations
Rotary Club of Greater Dandenong Rotary Club of Drysdale
Total—$1,080.00

Grand Total—$41,115.86

The Entertainment Book and the Entertainment Digital Membership are your guide to the most popular restaurants, attractions, shopping, travel and more.

- Discover over $20,000 worth of valuable up to 50% off and 2-for-1 offers
- Exclusive Member rates at over thousands of hotels and resorts around the world
- Member-only priced cinema tickets, theme park tickets, flights, gift cards and more
- Access to valuable rental car offers you can book online with ease
- Easy online search, mapping and reviews of participating businesses

End Of Financial Year Donations

EOFY

Make your donation count in 2019 and help polio survivors living in Australia

Your donation helps to support the delivery of:

Resources

The publication of resources for health professionals and polio survivors, including fact sheets, videos and clinical practice guides

Australian Polio Register

Established to gather information on the number of survivors living in Australia today.

Clinical Training

Information, education and training to a range of health practitioners to help improve the diagnosis and management of the LEoP.

Self-Management Programs

The final polio health and wellness retreat for polio survivors and their families/carers addressing self-management strategies for the post-polio body.

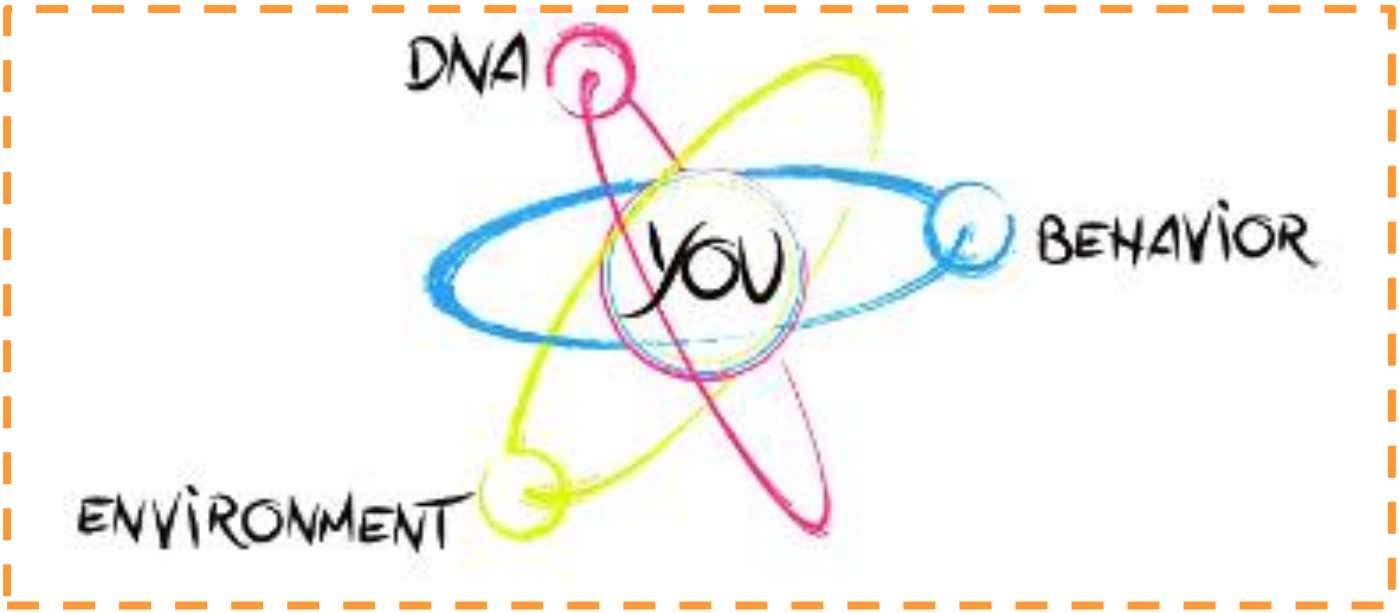
Community Outreach

Community activities to provide information and resources for polio survivors and their families, and to increase awareness.

CLICK HERE TO MAKE YOUR TAX DEDUCTIBLE DONATION

or visit www.polioaustralia.org.au/support-us

It's In Our Genes



By Paul Cavendish
Clinical Health Educator

Can we generalise personality traits to a specific condition? Often people who do have a condition, or those who work with a specific condition, discuss there are shared traits, but how far does this extend, and what may change these traits?

We don't need to tread over well worn paths of the type-A personality traits of many polio survivors. It is interesting to consider how this trait might influence the next generation of polio survivors.

At a recent workshop on the late effects of polio, an occupational therapist commented that she had been trained by a polio survivor, had worked with polio survivors for most of her career and she noticed something clearly from these experiences. *"Have you ever noticed that children of polio survivors tend to be high achievers?"*

I hadn't thought about it. Reflecting on different stories polio survivors shared with me, I started to notice, that, yes, their descriptions of their children did sound like they had strong work ethics and were successful in a range of professions.

The influence our behaviour has with our environment is an interesting area. Our genes, or DNA sequences, remain fixed (or inherited) but the environment plays an important part in how certain genes may interact.

For example, researchers in the United States have shown that teenagers living in poverty displayed greater gene structure activity in the brain to trigger a 'fight or flight' response. They also showed that these teenagers had significantly different levels of serotonin, the 'happy hormone'. These results have been supported by longitudinal studies of families in the Philippines, where children may or may not develop diseases based on the way the DNA sequences are regulated to act.

It is conceivable that if our genes can be influenced by our environment, it could change how we work in many settings. For example, do polio survivors develop creativity due to certain influences during rehabilitation which leads to these traits throughout life? The same may apply regarding independence. It is possible to conceive these changes would occur if our genetic structure can be moderated with events like acute poliomyelitis.

A recent book, *Diving into Glass*, written by Caro Llewellyn, is a reflection on her own experience with Multiple Sclerosis, diagnosed at 40, and growing up with a polio survivor parent. You can hear more on ABC Radio's *"Conversations".*

Polio survivors may reflect on the possibility of moderating genes being akin to a horoscope. Others may be more convinced. Whether your children have vigorously adopted type-A personality traits or maybe been moderated from other life experiences (or the other half!), we will leave it to you to diagnose!

The last point on our genes would have to go to an article published in *Nature Human Behaviour* at the end of last year. Despite the moderation our environment has on our genes, our mind can be incredibly powerful. Researchers demonstrated a series of outcomes from telling people they had a genetic ability to exercise for longer or eat smaller meals (and the opposite) to participants. Interestingly, the results for each person's capacity after being "told" it was in their genes was far different to what researchers tested in the laboratory!

Minister For The NDIS

Minister for the NDIS included in Morrison's new-look cabinet

By Luke Michael

Source: Pro Bono News – 27th May 2019

Prime Minister Scott Morrison has appointed the first ever dedicated minister for the National Disability Insurance Scheme, as part of a major cabinet reshuffle in wake of the federal election.

Liberal MP Stuart Robert will enter cabinet as the minister for the NDIS after the scheme was taken out of the social services portfolio. This appointment builds on Morrison's pledge to prioritise the NDIS, which has been beset by problems around access, pricing and implementation.

"Top of the list for improving services will be ensuring we deliver on the National Disability Insurance Scheme, working to our goal of the NDIS supporting 500,000 Australians by 2024/25," Morrison said. *"The NDIS is a major social reform and there is much work to do to improve the delivery of these services on the ground."*

[On the 27th of May, Stuart Robert tweeted], *"I'm incredibly honoured to be appointed Minister for NDIS & Government Services. I look forward to my new roles – especially working with people with disabilities."*

Robert has been beset by controversy in recent years, resigning as minister for veterans' affairs and human services in 2016 after a scandal involving a "private" trip to Beijing to oversee a mining deal involving a major Liberal donor and a Chinese vice-minister. In October last year, he was forced to pay back $38,000 following revelations he claimed more than $2,000 a month of taxpayer funds for his private internet use.

Labor MP Linda Burney attacked Robert's appointment on Twitter, questioning whether the appointment was a *"stunt". "This man can't even manage his Wi-Fi,"* Burney said. *"People who rely on the NDIS deserve a minister who genuinely believes in the scheme. Not six ministers in six years."*

But disability groups have welcomed Robert's appointment, as well as Senator Anne Ruston's appointment as minister for social services – replacing Paul Fletcher who becomes the new minister for communications.

National Disability Services acting CEO David Moody said he looked forward to working with the two ministers, so that service providers were able to provide quality services and supports for people with disability.

(Cont'd p12)

Minister For The NDIS *(cont'd from p11)*

"The decision to appoint a minister who will focus on the NDIS is positive news for everyone who is participating in and relying upon the scheme, and working to deliver quality supports for people with disability," Moody said. *"Minister Robert and Minister Ruston have work ahead to fix a range of issues with the NDIS. NDS will continue to support this great social reform that so many Australians wanted and now depend upon."*

Australian Federation of Disability Organisations (AFDO) CEO Ross Joyce also pledged his support for the new ministers, tweeting that he hoped to work with them to ensure people not covered by the NDIS received *"access to the services and supports they require to fully participate in society".*

The Australian Council of Social Service congratulated the members of the new Morrison government ministry. ACOSS director of policy Jacqueline Phillips urged Minister Ruston, Assistant Minister Howarth and Assistant Minister Seselja to strengthen the government's relationship with the community sector.

"ACOSS believes that the lifting of restrictions on the ability of government-funded organisations to advocate on behalf of the people they represent or assist is needed, to give a voice to people affected by government policies," Phillips said. *"We welcome the elevation of the NDIS to a ministry. Improving the roll out of the NDIS must be an urgent priority for the Morrison government along with the royal commission into violence against people with disability."*

Three Health Priorities For Government

By Mark Metherell

Source: CHF Media Release—27 May 2019

The Consumers Health Forum, Australia's leading health consumer advocacy body, congratulates the Coalition on its re-election and Greg Hunt on his re-appointment as Health Minister.

"The Government in its last term made encouraging steps towards improving the health system including in primary care and health insurance. Now we urge Mr Hunt and the Morrison Government to work with CHF and other national stakeholders to take further strides to build a health system that reflects 21st century needs," the CEO of the Consumers Health Forum, Leanne Wells, said.

CHF's top three priorities for action are:

- A national preventive health strategy aimed particularly at ending the high incidence of overweight and obesity in children.
- Building on existing primary health care trials for those with chronic illness to develop integrated, team-based care led by GPs and incorporating allied health professionals working in a system that supports patients to self-manage their health around Australia.
- Expanding the public dental system to reduce unacceptable prevalence of low-income Australians forced to live with the misery of poor oral health.

"These goals are vital if we are to have as many Australians as possible living healthy and productive lives.

"We were heartened by Minister Hunt's comments at the AMA National Conference this weekend where he signalled a commitment to a prevention partnership and a ten-year national primary health care plan as among his priorities during this term. It is essential that these are designed in close consultation with consumers and the community" Ms Wells said.

"We also propose a series of measures to ensure Australia's health system makes the most of the potential offered by its high standards and skilled health workforce.

"As recommended by the Government's expert review of pharmacy regulation and remuneration, pharmacy professionals need to play a more active part in mainstream primary health care extending beyond the retail pharmacy setting.

"On out of pocket medical costs, the Government has gone some way to introduce more incentives for transparency of medical fees through the proposed website listing, and through changes to health insurance policies to make them simpler and more comparable. The pressure of out of pocket costs on families is not going away. We seek urgent consideration of a mix of solutions such as more adequate safety nets, incentives for specialists to bulk-bill, and a national standard for informed financial consent. Without a more comprehensive approach we risk the universality of Medicare leaving those on low incomes waiting or going without the care they need, and declining effectiveness of private health insurance.

"Mental health services, including hospital and community care, remain out of reach of too many seriously ill people, and management of patients with both mental and physical illness too often involves inappropriate and inadequate

(Cont'd p13)

Three Health Priorities For Government *(cont'd from p12)*

care. It is time to better integrate services regionally so that co-morbid mental and physical health is better managed: continuing to silo care is not the solution.

"We applaud the appointment of Ken Wyatt as the first ever indigenous Minister for Indigenous Australians and his focus on a Closing the Gap refresh.

"On child and youth health, we thank the Minister for the $1 m pledge to allow us to roll out our Youth Health Forum. A strong voice for the issues facing young people in healthcare is critically important and we look forward to designing, in collaboration with the Forum, a youth health action plan for Government consideration.

"We welcome the establishment of a Ministerial portfolio dedicated to youth and welcome the opportunity to work collaboratively with Senator Richard Colbeck to advance the health of young Australians with advice from our Youth Forum.

"There are severe deficits in health services in aged care and these need urgent attention. This should not be held up until the Royal Commission

New Morrison Government—29 May 2019
Picture: Gary Ramage

reports and we also look forward to working with Senator Colbeck on a healthy ageing agenda.

"We acknowledge we are presenting a challenging to-do list for the Government, but these priorities are all achievable, necessary for a sustainable 21st century health system and, most importantly, for a healthier productive Australia" said Ms Wells.

Vaccine Doubts Spread Like Disease

Vaccine Doubts Spread Like Disease, Must Be Taken Offline – Vaccine Chief

By Tom Miles

Source: Medscape – May 23, 2019

GENEVA (Reuters) – Doubts about vaccines have spread across social media like a disease and false information that *"kills people"* should be taken down by the companies running digital platforms, the head of global vaccine alliance Gavi said on Tuesday.

Speaking at a U.S.–sponsored event on the sidelines of the World Health Organization's annual assembly in Geneva, Gavi CEO Seth Berkley said there was a strong scientific consensus about the safety of vaccines.

But social media algorithms favoured sensational content over scientific facts, rapidly convincing people who had never seen family members die from preventable illness.

"We have to think about it as a disease. This is a disease," Berkley said. *"This spreads at the speed of light, literally."*

WHO says poor vaccination coverage is causing measles outbreaks globally, with numbers spiking in countries that were previously almost free of the disease, including the United States.

Misinformation about vaccines, which the WHO says save two million lives annually, was not a freedom of speech issue and social media firms need to take it offline, Berkley said.

"I remind people that this kills people," he said.

U.S. Health and Human Services Secretary Alex Azar said complacency, misunderstanding and misinformation were causing vaccination rates to decline globally, with tragic results.

"In my country, social media conspiracy groups confuse well–meaning parents so they hesitate to get the recommended vaccinations," Azar said.

He rejected any criticism of U.S. President Donald Trump, who repeatedly and erroneously tweeted about links between vaccines and autism in the years before he became president.

"A study says @Autism is out of control – a 78% increase in 10 years. Stop giving monstrous combined vaccinations," Trump tweeted in 2012. Azar said Trump was *"extremely firm"* in support of vaccination.

"If you had been paying attention in the last month, you would know that the President of the United States, President Trump, was very clear and emphatic: get your shots, get your kids vaccinated, vaccines are safe," Azar said.

Canada's Chief Public Health Officer Theresa Tam said health authorities needed to *"up our game,"* adding that she was working with Twitter, Facebook, Google and other tech companies. *"You've got to get into the trenches . . . and begin to get engaged much more on a personal and emotional level, because people don't understand statistics and data. If you do that* (talk about data) *you've lost them."*

After A Hip Fracture

Reducing the Risk of a Recurrence
By Jane E. Brody

Source: www.nytimes.com – 15 April 2019

Following a fracture, patients should have a bone density test, evaluation of calcium and vitamin D levels and, in nearly all cases, medication to protect against further bone loss.

Just as lightning can strike the same target more than once in a given storm, hip fractures can and do happen again to the same person. Yet, more often than not, people who fracture a hip do not get follow-up treatment that could prevent another fracture.

Studies have shown that after a hip fracture is repaired, patients often fall through the cracks, leaving them at risk of a recurrence. The surgeon's job ends with fixing or, more likely, replacing the broken hip. It's then up to the patient's personal physician to recommend and prescribe measures to help prevent a second fracture.

However, the typical 15-minute office visit is often focused on current medical issues, like diabetes and high blood pressure, rather than on a possible future problem, albeit one that can be life-threatening. In many cases, experts say, practicing physicians don't even know which of their patients have had a hip fracture.

Anyone who breaks a hip, unless from a severe trauma like a car accident, is considered at high risk for further fractures, including breaking the other hip. To reduce the risk, orthopedic experts recommend that following a fracture, patients should have a bone density test, evaluation of calcium and vitamin D levels and, in nearly all cases, medication to protect against further bone loss.

Even without a bone density test, Dr. Douglas C. Bauer, internist at the University of California, San Francisco, wrote in an editorial in JAMA Geriatrics last July, *"There is almost universal agreement that individuals with documented hip or vertebral fracture have established osteoporosis, indicating that they are at high risk of future fracture, and appropriate drug therapy should be routinely offered."*

In an interview he said, *"Every patient with a reasonable life expectancy who has a hip fracture should be offered treatment."*

Dr. Bauer was reacting to what he called *"really depressing, shocking data"* revealing that only a small — and steadily declining — fraction of hip fracture patients are being treated with medication that might forestall future broken bones. *"Things aren't getting better, they're getting worse, despite the fact that there are quite a large number of treatments that have been proven effective and are now inexpensive,"* he said.

Image: CreditCreditGracia Lam

The distressing evidence comes from a national study of 97,169 patients who fractured a hip from 2004 through 2015. Published in JAMA Geriatrics, the study, by Dr. Rishi J. Desai, epidemiologist at Brigham and Women's Hospital, and co-authors showed a continuous decline in patients who started taking osteoporotic medications after the fracture, from 9.8 percent of patients in 2004 to a dismal 3.3 percent in 2015.

The decline in initiating treatment with any of the many medications known to reduce fracture risk is widely attributed to the outsize publicity given to the very rare risk of jaw necrosis and an uncommon fracture of the femur among patients who take bone drugs for many years. Yet the risk of a second hip fracture is far greater than either of these side effects, Dr. Bauer said. (The Food and Drug Administration just approved a new and different drug, Evenity, which builds bone, but it may have its own risks, this time a small increase in the chances of having a heart attack or stroke. Also, it is *very* expensive and may not be covered by insurance, and licensed only for postmenopausal women with a high risk of fracture.)

In Dr. Desai's study, treatment rates among those who broke a hip were even lower for men than for women, although men are nearly as likely to break another bone, including the other hip. In general, without preventive treatment, 15 percent to 25 percent of patients who suffer an

(Cont'd p15)

After A Hip Fracture *(cont'd from p14)*

osteoporotic fracture will experience another one within 10 years.

And with people living longer, hip fractures are increasingly likely. A report, published last year in the journal Osteoporosis International, revealed that, after a decade of declining rates of hip fractures, since 2012 the rates have plateaued in the United States, most likely because so many older adults, and their doctors, have turned their backs on bone-protecting medication. Among people enrolled in Medicare alone, Dr. Desai and co-authors wrote, this plateau *"may have resulted in more than 11,000 additional estimated hip fractures between 2012 and 2015."*

The side effects associated with bone drugs *"have gotten more hype than they should have,"* Dr. Desai said in an interview. *"People worry about them and with preventive therapy, they don't see the benefits right away."*

However, Dr. Bauer wrote, *"hip fractures represent only the tip of the iceberg; timely evaluation and consideration of drug treatment are appropriate for many other individuals at high risk of fracture."*

Many people at risk of breaking a bone because of osteoporosis are reluctant even to take vitamin D and calcium, nutrients critical to forming healthy bones. In a new national study reported recently by Dr. Spencer Summers, orthopedic surgeon at the University of Miami, to the American Academy of Orthopaedic Surgeons, fewer than one person in five known to have osteoporosis met the daily recommended intake of both vitamin D and calcium.

More than 10 million Americans have osteoporosis, and another 44 million are at increased risk of developing it. Osteoporosis, which means porous bones, is a chronic, progressive disease of increasingly fragile bones that can break from a relatively minor insult, like falling from a standing height.

Sooner or later, osteoporosis results in half of white women and 20 percent of white men breaking a bone (the risk is significantly lower in African-American and Hispanic adults); when that bone is a hip, the outcome too often is a tragic decline in quality of life, permanent disability or even death. Among elderly patients who break a hip, the mortality rate within a year is as high as 36 percent.

In a blog post last August, Dr. Farah Naz Khan bemoaned the fact that her grandparents' primary care doctor *"never bothered to do bone density scans to see if they had osteoporosis."* Dr. Khan's grandfather, then 89, fell in his home and broke his hip, which led to his death. Less than a year later, her grandmother fell in the same place at home, fractured her arm in three places and lost her ability to live independently.

I admit that, after taking the bone drug Fosamax for five years decades ago, I too resisted having my bones tested because I was reluctant to take another drug. But finally, in my mid-70s, I decided I should know how my bones were doing, and lo and behold, my left hip was on the cusp of osteoporosis.

The examining doctor, a specialist in this all-too-common disease among older people, said, *"I don't want to see you back here with a broken hip."* So I took her advice. I've now had three annual infusions of zoledronic acid (Reclast) and my bone density has stabilized. Hopefully, that will be all I need, but I will have annual bone density tests from now on to be sure.

Jane Brody is the Personal Health columnist, a position she has held since 1976. She has written more than a dozen books including the best sellers "Jane Brody's Nutrition Book" *and* "Jane Brody's Good Food Book."

Link to article here.

The ATSA Independent Living Expo will have over 100 exhibitors displaying a wide range of products and services in assistive technology, mobility solutions, pressure care, employment support, accessible recreation/holiday ideas, modified motor vehicles and a lot more.

ATSA Independent Living Expo is open to visitors of all ages, including those with a disability, seniors and their families, friends and carers.

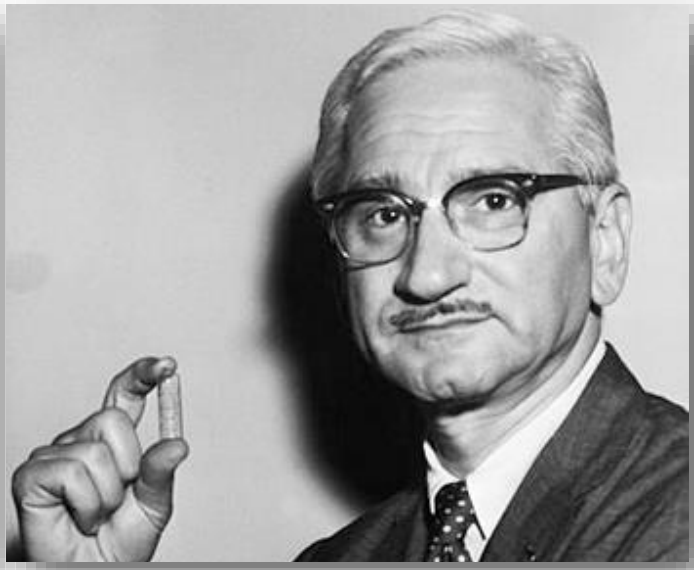
A key feature of the Expo is the FREE Conference Program – run in rooms conveniently located next to the exhibition floor. Admission is free to therapists, the general public, end users & ATSA members.

Free Registrations are now open.

Details at www.atsaindependentlivingexpo.com.au

Salk And Sabin: The Rivalry That Killed Polio

Jonas Salk



Albert Sabin

By Tim White

Source: www.theobjectivestandard.com
— April 26, 2019

Polio (aka poliomyelitis or infantile paralysis) is a horrific disease. Even though 99.5 percent of those infected exhibit no or minor symptoms, they are nonetheless contagious for up to several months until the body eliminates the virus naturally. The remaining 0.5 percent of those infected—a number that includes tens of millions of people throughout recorded history—either become permanently paralyzed or die.[1]

The first documented outbreaks of polio occurred in the late 19th century, but they were irregular and geographically inconsistent.[2] By the 1940s and 1950s, however, the disease killed more than five hundred thousand people worldwide each year.[3] In the United States, comparatively minor polio outbreaks were an annual occurrence from the mid-1910s onward, but in 1943, the yearly totals—for the first time—exceeded ten thousand new cases and one thousand deaths. With each subsequent year, these numbers continued to rise.[4]

In 1947, Jonas Salk—a medical researcher who, alongside his mentor, Dr. Thomas Francis Jr., had developed the first highly effective influenza vaccine—made it his personal mission to eradicate polio. He established a virology research laboratory at the University of Pittsburgh and began publishing papers on a variety of epidemiology topics, including polio. Before long, the National Foundation for Infantile Paralysis (NFIP, now known as the March of Dimes) noticed his work and asked him to isolate, identify, and study different variants of the virus, a process known in virology as "typing."[5]

Salk's influenza vaccine had included dead strains of the virus, which enabled recipients' immune systems to develop antibodies without having to fight the live disease. By the time he completed his polio typing project in 1951, Salk was convinced that a similar strategy would be effective against polio. Initially, he faced serious opposition from his peers, most of whom believed that a live vaccine could be developed more quickly—and thus save more lives. Doctors understood the risks of injecting people with weakened strains of polio—namely, a low but nonzero chance of infecting them with the disease. But such vaccines were based on well-established theory, whereas inactive vaccines were not.

In fact, by the time Salk began working on an inactive polio vaccine, Albert Sabin was already developing a live one. Largely because of their disagreements over this issue, Salk and Sabin repudiated one another—cordially at first, but with greater intensity as time went on. Although, reportedly, both were partly motivated by a desire to prove the other wrong, they shared a sincere and fervent desire to end the widespread suffering caused by polio as soon as possible.[6]

In 1954, Salk completed his prototype vaccine. By that time, polio had infected 130,000 Americans and killed another 6,000 in the prior three years alone.[7] Because polio disproportionately afflicts children, parents across the country were living in a near-constant state of panic and were desperate for a vaccine.

To allay concerns about his objectivity, Salk agreed to have his mentor, Dr. Francis, supervise the field trials. They were worried about the difficulty of raising funds in time to head off the next seasonal polio outbreak, but by spring of 1954, NFIP had solicited more than

(Cont'd p17)

Salk And Sabin: The Rivalry That Killed Polio *(cont'd from p16)*

enough money in private donations to finance the entire study.[8] The Food and Drug Administration, by and large, didn't interfere with Salk's efforts to expedite the trial—likely because the bureaucrats knew better than to incur the wrath of millions of parents by delaying potentially life-saving treatment for their children.

Nearly two million children participated in what would become the largest controlled medical study in history, a status it maintained until 2013.[9] Salk's polio vaccine trials also marked the creation of the still-used double-blind study method, in which neither patients nor researchers know whether the real drug or a placebo has been administered. More than three hundred thousand doctors, nurses, and administrators volunteered to conduct the trials, which makes it still the single largest peacetime mobilization of volunteers in American history.[10] Approximately six hundred thousand children received Salk's vaccine during the spring and into the summer of 1954, while another 1.2 million received either a placebo or no injections at all. Because polio epidemics were largely seasonal, parents waited anxiously for a full year to see whether the vaccine would protect their children from the disease.

In 1955, Salk's vaccine was widely regarded as a resounding success. Instances of new polio cases fell precipitously, decreasing by approximately 26 percent, 46 percent, and 66 percent year over year for the next three years.[11] The vaccine was 80 to 90 percent effective at preventing polio and carried no significant side effects.[12] Parents across the country breathed a collective but cautious sigh of relief; the threat posed by polio had been significantly reduced, but not yet eliminated.

Meanwhile, Sabin had completed his live vaccine and was ready to field-test it by 1956, but in light of the massive success of Salk's vaccine, he was having difficulty getting funding. His legitimate criticisms of Salk's vaccine—that, to be fully effective, it required three painful injections over the course of three months and was significantly more expensive to produce and distribute than his own single-dose oral vaccine—fell largely on deaf ears within the United States.

In 1957, the Soviet Union's Ministry of Health—which was failing to respond effectively to polio outbreaks among its one hundred million citizens—was impressed by Sabin's significantly cheaper vaccine and agreed to fund a massive field trial within its borders. Over the following three years, millions of people were inoculated successfully and painlessly with Sabin's live vaccine.[13] New polio cases in the Soviet Union declined just as rapidly as they had in the United States, although Sabin's vaccine did infect a small number of people in other countries with polio.

American pharmaceuticals manufacturer Pfizer caught wind of Sabin's incredible success overseas and, in 1959, entered into an agreement with him to manufacture and distribute his live vaccine. Due to its significantly lower cost and ease of administration, it quickly replaced Salk's vaccine in most of the world—except for America. Americans preferred Salk's vaccine, which could not infect patients with the disease and, as a result, could more effectively ensure its eradication. Between 1999 and 2009, American doctors conducted a study that re-evaluated the effectiveness of both vaccines. The study concluded that whereas Sabin's vaccine is superior for immunizing large numbers of people in developing countries, Salk's vaccine is better for permanently eradicating the last traces of polio because it can't possibly lead to new outbreaks.[14]

Salk and Sabin never worked side-by-side, but their combined efforts have made possible a world in which almost no one is paralyzed or killed by polio. In fact, thanks to them, the disease is nearing extinction. Although they never set aside their differences, today we can see that Salk and Sabin had much in common: Both were—and remain—towering heroes of medicine.

Cameroon Declares Polio Emergency

By Dinah Matengo

Source: Africa.cgtn.com – 1 June 2019

Cameroon has declared a public emergency after reporting a polio case in its far north, four years after the virus disappeared from the country.

Through a statement, the ministry of health confirmed that the polio type 2 was found in the Mada area in the remote north bordering Chad and Nigeria

It further reads we declared *"new polio epidemic following the confirmation of a case of poliovirus type 2 detected in samples."*

According to a source at the ministry, the outbreak may have been caused in part by a refusal of vaccinations and the cross-border movement of people in the area.

International polio vaccination efforts have run into problems in Pakistan and Afghanistan. Militants and religious leaders in rural areas often tell locals' immunisation is part of a shadowy conspiracy to weaken their faith.

Pakistan Demands Facebook Remove Vaccine Misinformation

Source: AFP / www.france24.com —4 May 2019

ISLAMABAD: Pakistan urged Facebook to remove harmful polio-related content from the social networking site on Friday (May 3), saying it was jeopardising eradication initiatives and putting the lives of vaccinators at risk.

Polio vaccination campaigns have faced stubborn resistance for years in Pakistan.

In recent months Pakistani social media has been inundated with fake news reports and videos—garnering thousands of views and shares in the last week alone—claiming numerous children have been killed by the polio vaccine.

Thousands of parents have refused to allow their children to be inoculated.

"The parental refusals due to propaganda on Facebook regarding the vaccine is emerging as the major obstacle in achieving complete eradication of the virus," Babar Atta, who is helping oversee the country's vaccination drive, said in a statement.

Atta has requested *"Facebook's management to block and/or manage the dissemination of such anti vaccination propaganda from their platforms operating from within Pakistan".*

At least three people were killed in the last country-wide anti-polio campaign in April.

The violence coincided with an outbreak of hysteria in cities across northwest Pakistan after rumours of children suffering from adverse reactions to a polio vaccine sparked panic, with tens of thousands rushed to hospitals.

[Watch video below.]

Last week, around 10,000 vaccination refusals were reported per day in Islamabad, compared to 200 to 300 during the previous campaign, according to figures from the country's anti-polio programme.

Opposition to myriad forms of inoculation skyrocketed after the CIA organised a fake vaccination drive to help track down Al-Qaeda leader Osama Bin Laden in the garrison town of Abbottabad, where US forces later killed the militant leader in 2011.

Some Taliban and hardline religious figures have been known to fan rumours that vaccines contain ingredients forbidden in Islam, such as pork derivatives, or that can cause infertility as part of a conspiracy to reduce the population.

Attacks by militants have also been frequent, with nearly 100 people killed in assaults targeting vaccine teams since 2012.

Despite the opposition, campaigners have reported progress with tens of millions of children vaccinated across the country along with a 96 per cent drop in reported polio cases since 2014.

But as Pakistan nears its goal of ridding polio from its territory, new headwinds have arisen amid a growing global movement against inoculation.

In addition to Pakistan, Polio is endemic in two other countries globally—Afghanistan and Nigeria—although a relatively rare strain was also detected in Papua New Guinea last year.

www.reuters.tv/v/Pwj$/2019/05/03/rage-and-rumors-hamper-pakistan-s-war-on-polio

Polio This Week

Source: Polio Global Eradication Initiative — as of Wednesday 29 May 2019

Health ministers and delegates attending the World Health Assembly this week in Geneva welcomed the new Polio Endgame Strategy 2019-2023, reiterating the need to fully implement and fund all aspects of the strategy to secure a lasting polio-free world. The five-year plan spells out the tactics and tools to wipe out the poliovirus from its last remaining reservoirs, including innovative strategies to vaccinate hard-to-reach children and expanded partnerships with the Expanded Programme on Immunization community and health emergencies.

Watch Coffee with Polio Experts: Sini Ramo, Gender Analyst as she talks about the role of gender in determining health goals—including access to polio vaccines— and GPEI's part in integrating gender equality and mainstreaming in its work to end polio.

Wild poliovirus type 1 and Circulating vaccine-derived poliovirus cases

Total cases	Year-to-date 2019		Year-to-date 2018		Total in 2018	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Globally	26	11	12	16	33	104
—In Endemic Countries	26	8	12	2	33	34
—In Non-Endemic Countries	0	3	0	14	0	70

Case breakdown by country

Countries	Year-to-date 2019		Year-to-date 2018		Total in 2018		Onset of paralysis of most recent case	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Afghanistan	7	0	8	0	21	0	3 Apr 2019	N/A
Democratic Republic Of The Congo	0	1	0	8	0	20	N/A	8 Feb 2019
Indonesia	0	0	0	0	0	1	N/A	27 Nov 2018
Mozambique	0	0	0	0	0	1	N/A	21 Oct 2018
Niger	0	0	0	0	0	10	N/A	5 Dec 2018
Nigeria	0	8	0	2	0	34	N/A	29 Mar 2019
Pakistan	19	0	3	0	12	0	5 May 2019	N/A
Papua New Guinea	0	0	0	1	0	26	N/A	18 Oct 2018
Somalia	0	2	0	4	0	12	N/A	21 Apr 2019

http://polioeradication.org/polio-today/polio-now/this-week/