



# Polio Oz News

March 2021 – Autumn Edition

## Parenting After Polio

Polio in the Australian context is changing. While there has not been poliovirus transmission detected in Australia since the 1970s, transmission has continued beyond the 1970s in many nations.

A new generation of polio survivors is migrating to Australia from countries including but not limited to Afghanistan, India, Nigeria, Pakistan, Somalia, Vietnam and Russia. The Australian healthcare system is learning and adapting to meet the needs of parents and parents-to-be who have had polio.

Any new parent would know the challenges of dealing with baths, feeding, bedtime routines and so on, and the value of support at this exciting but overwhelming time. Many polio survivors have faced additional difficulties managing the tasks of being a new parent, and may not have known where to find the support they need.

Polio can have lifelong effects. We are mindful that cultural perspectives on the history of polio and the possible effects may vary. In the same way, we acknowledge that each person has a unique experience of polio and the responses of society and healthcare systems.

Knowing which health professionals can support you and connecting with them early in your pregnancy has been recommended by mothers



who have had polio. These mothers report that this has helped them to put NDIS funding plans in place, manage pain and fatigue, and prepare for baby's arrival, including feeding, bathing, and changing.

In late 2020, Polio Australia had the privilege of partnering with Polio Services Victoria and a member of Post-Polio Victoria's committee to supervise two occupational therapy students. Their project was to develop a resource for new parents.

After researching the issues, interviewing both parents and service providers, and examining the limited resources that already existed to support parents with disability, they decided it would be worthwhile to produce two

separate booklets. Thus, we now have access to a guidebook for new parents, and another for health professionals.

At present, the services and organisations listed in the booklets are Victorian-based. We aim to increase the reach of these resources by applying them to the other states as well. However, we hope that new parents or maternal health services anywhere will find benefit from these resources.

To download, go to Polio Australia's [home page](#) and click on the banner. 📄

*Featured image and some text taken from the Parenting After Polio booklet.*



## PARENTING AFTER POLIO

NEW RESOURCES FOR PARENTS AND HEALTH PROFESSIONALS

DOWNLOAD AT [WWW.POLIOAUSTRALIA.ORG.AU](http://WWW.POLIOAUSTRALIA.ORG.AU)



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Representing polio survivors

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“ **Autumn is the Season of change.**  
~ Taoist Proverb ~ ”

**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](http://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](http://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](http://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](http://www.stillhere.org.au)

## President's Report



Gillian Thomas OAM

Despite some lock-down hiccoughs towards the end of 2020, we entered 2021 full of hope that the team could get back on the road. It is therefore pleasing to note that Michael reports the scheduling of 11 Clinical Practice workshops in QLD, VIC, and NSW. While the vaccine roll-out has started, forward planning continues to pose some challenges, and with borders snapping shut on a seeming moment's notice, the possibility of team members being trapped in, or out of, their home state is still very real. However, we are taking our usual "glass half-full" approach and look forward to a growing number of in-person workshops and community information sessions being held over the coming months, complementing the popular Zoom sessions.

At the end of 2020 we closed the Kew office which had been the workplace of our Victorian team for 11 years. With Maryann's retirement and Darlene's contract concluded, Steph is currently our only team member in Victoria. Since COVID turned the world upside-down in 2020, everyone has been enjoying the convenience of working from home, so it made sense to save the rent dollars and put them to better use in support of our programs.

## From The Editor



Maryann Liethof  
Editor

As I collate information over the 3 month period between *Polio Oz News*, I'm constantly surprised at how much is still being done in the 'polio world', where many people would consign polio to the annals of history long-gone. Not so!

Granted, a lot of polio survivors from the 'Western' epidemics are now well past child-bearing age. However, it is good to see that new resources are being developed for the next generation of polio survivors who still need information about "Parenting After Polio" (p1). I'm sure a lot of older polio survivors would have appreciated this type of support at the time they were raising their own families.

Polio Australia's Clinical Health Educator, Michael Jackson, presents survey findings in "Polio Survivors' Response To Pandemic Changes" (p11), some of which may (or may not) be surprising. Whilst there were clear problems relating to access to services and isolation, many people also reported feeling less stressed. There have to be *some* silver linings in all of this.

Our phone number 03 9016 7678 remains unchanged, as does our general email address [contact@polioaustralia.org.au](mailto:contact@polioaustralia.org.au). Calls and emails are handled promptly by team members, even though they are scattered around the country. The major change is that our postal address is now PO Box 2799, North Parramatta NSW 1750 (shared with Polio NSW). Our bookkeeper, Shylie, works part-time out of Polio NSW's Parramatta office and efficiently deals with incoming snail mail.

You have no doubt heard that the Aged Care Royal Commission released its final report in March. Steph has written a detailed article (p6) on how the report's recommendations apply to older people with disability. In particular, you will be hearing a lot about Recommendation 72 this year. As diverse as the disability sector is, organisations are united in advocating for full implementation of this recommendation which addresses equity for people with disability who are not eligible for the NDIS but instead receive aged care services. To find out how to add your voice, check out Steph's article.

In her Editorial below, Maryann reflects on how much polio is still in the news. You may also be surprised to learn that there have been at least 17 post-polio specific research papers published in the last 12 months. Michael and Paulette regularly add the details of such articles to our growing research database which you can search [here](#).

Gillian

Members of the post-polio community have also been quite active. Dr Margaret Peel OAM had an article published in *Microbiology Australia* titled "Epidemic Poliomyelitis, Post-Polio Sequelae And The Eradication Program". You can read the Abstract and link to the full article on page 13.

Spinal Life Australia, who represents Queensland on Polio Australia's Board, has provided an update on their polio-related campaigns (p14). And if you are thinking about a wheelchair accessible holiday in Cairns, you might like to check out the Spinal Life Healthy Living Centre.

An interesting article in *The Washington Post*—"Pandemic Parallels" (p17) covers an interview with polio survivor, James Hartt, and highlights the correlation between polio and COVID-19 and vaccine development.

Fran Henke, author, artist and polio survivor, has had her polio story published in the new Australian anthology "Growing Up Disabled In Australia" (p19).

And, did you know that the artist who created the iconic "Tumbling Dice" Rolling Stones cover is a polio survivor? Ruby Mazur recently completed "Rock n Roll Last Supper", which took him 3 years to complete (p19).

So, there's always something happening! 🌟

Maryann

## 2021 Program Update: Clinical Practice Workshops



**By Michael Jackson**  
Polio Australia Clinical Educator

**Clinical Practice Workshops**  
The clinical practice workshops (CPW) are on the return in 2021, with one in-person workshop (9 attendees) being delivered in Warwick QLD in February, and three monthly Zoom workshops (15 attendees) hosted over the last three months. Various occupations attended, and due to the broad reach of the Zoom workshops, we had attendees from all large states (but not TAS, NT, ACT).

Eleven in-person workshops are scheduled up until the end of this financial year in QLD, VIC, and NSW. The Zoom workshops will continue monthly this year for professionals as a means to test the mode of delivery, and to supplement the live workshop reach.

While travel barriers related to delivering workshops are reducing, securing a workshop still relies on facilities being confident hosting a workshop in their local and state health environments. Continued hesitancy in scheduling within each state, and amongst facilities, persists. Amongst those attending the Zoom workshops to date, COVID-19 continues to weigh on clinical education decisions at the individual level. The risk of an outbreak interrupting travel for both the educator and attendees is still substantial despite the vaccine rollout being underway.

### Academic Partnerships

Our current audience for the CPW consists primarily of licensed health and medical professionals. By educating health pre-graduates (still at university), LEOp knowledge can be taken into the workforce to clinics and facilities that Polio Australia may not otherwise physically reach. Educating emerging health professionals also serves to reduce the low confidence polio survivors have with new health professionals being able to appropriately and safely treat LEOp. Universities engaged with the clinical educator to

reach their pre-professional audience include: JCU, UQ, ACU Brisbane, USC, UTAS, UWA and Monash. The first audience will be 4<sup>th</sup> year physiotherapists at JCU in September this year.

### Health And Professional Use Survey

Our second survey of 2020 was open for three months (Oct-Dec 2020), and 185 respondents completed the survey. 35% had not participated in the early 2020 survey, and a further 42% were not sure if they had. This means at least 800 unique Australian polio survivors responded to our surveys last year – quite impressive participation. Thank you!

The topics of this end-of-year survey were:

- Support service use
- Prevalence of other health syndromes
- LEOp symptoms (current, worst, improved, impact)
- Mobility device use and falls frequency
- Age of functional change with common tasks
- Professional utilisation, responsiveness, and effect
- Anticipated (10 years) professional use
- COVID-19 impact in late 2020

You can read about the findings from one topic in this issue on page 11 – *Responses to the COVID Pandemic*. Other topics will be reported on in future *Polio OZ News* issues and used for education of both polio survivors and professionals within Polio Australia's programs.

### GP Resource – Podcast

In late December the Clinical Educator was recorded as the guest speaker on the Healthed podcast: *The Clinical Takeaway: Post-polio survivors – a forgotten group still in need of care*, and published on 22<sup>nd</sup> January 2021. The information discussed in this podcast episode was oriented to GPs as a focus audience. The Healthed network reaches up to 25,000 health professionals, and has at least 500-1000 podcast downloads. Tell your GP to listen to it on their commute next week! Podcast link to send to your GP office:

<https://www.healthed.com.au/podcasts/the-clinical-takeaway-postpolio-survivors-a-forgotten-group-still-in-need-of-care/> 🎧

### Would Your Healthcare Provider Benefit from LEOp Education?

Polio Australia's FREE Clinical Practice Workshop can help them get up to speed! 🎧

Our Clinical Health Educator visits your provider's office or facility at a time of their choosing to deliver education on the topic: **Polio Survivors and Their Health Conditions!**

The FREE workshop visit and FREE resources includes:

*A comprehensive presentation on LEOp  
Resources tailored to their discipline  
CPD hours credit including a certificate*

*Their specific questions answered in-person  
92-page E-Book on LEOp clinical management*

For more information, have your healthcare provider contact Michael on 0466 719 013 or email [michael@polioaustralia.org.au](mailto:michael@polioaustralia.org.au) to arrange a visit.

## Community Programs Update



**By Steph Cantrill**  
Community Programs  
Manager

Welcome to 2021! I hope everyone is doing well and settling into the year and the 'new normal'. Community programs remain a little restricted at the moment, due to the unexpected nature of, well, everything! But we're

ploughing on as best we can, and online methods of engaging the community are proving to be a real asset. We look forward to returning to face-to-face events when we can, but for now I hope to see you online soon!

Please remember that we're also available for those that don't like online engagement. Call us on 03 9016 7678 if you would like information or resources on post-polio issues. We're only a phone call away!

### Webinars

At one of our recent Zoom chats, we realised it would be worthwhile to do an online version of the Community Information Sessions we usually do in-person. We have also talked numerous times about the challenges of making yourself heard when talking to health professionals. With that in mind, our first two webinars will be:

#### 1. Late Effects of Polio – 15<sup>th</sup> March, 11am AEDT

In this webinar, we'll talk about common Late Effects of Polio symptoms, health professionals and how to work well with them, and some self-management strategies. As this will give an overview of post-polio issues, it would be a very good session to bring a family member along to, even if you've heard it all before.

#### 2. Self-Advocacy – 5<sup>th</sup> May, 11am AEST

Liz Telford OAM was the first president of Post Polio Victoria, an advocacy group that raises awareness of post-polio issues. She also has a background in Social Work and family therapy. Liz will be drawing on her wealth of experience to talk to us about self-advocacy, particularly relating to the way we interact with our health professionals and advocate for our needs.

To register for either session, please go to [www.polioaustralia.org.au/community-information-sessions](http://www.polioaustralia.org.au/community-information-sessions).

### Zoom Chats

As well as our webinars, we want to keep the conversation going with regular informal chats. Join us on the first Monday of each month\* at 11am Vic/Tas/NSW/ACT time as we have a discussion loosely based around the topic of the month. All welcome. Register at [www.polioaustralia.org.au/community-information-sessions](http://www.polioaustralia.org.au/community-information-sessions). You only need to register once to attend any or all of the sessions.

\*12<sup>th</sup> April instead of 5<sup>th</sup> due to the Easter Monday public holiday.

### Social Media

Our social media community continues to grow. The latest change is our NDIS Polio Hub, a Facebook group for people who had polio and are either in the NDIS or eligible to join (living in Australia, under 65, have some degree of disability or functional limitation). If that's you, we'd love you to join us so we can all share and learn together: [www.facebook.com/groups/ndispoliohub](https://www.facebook.com/groups/ndispoliohub).

For everyone, there's also our [Facebook page](#) and [Polio Australia group](#). Come and join us!

And don't forget you can always view our videos on our [YouTube channel](#), and follow us on [Twitter](#).



In 2021, the ATSA Independent Living Expo is set to have more than 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.

Admission is free to therapists, the general public, end users & ATSA members.

**Melbourne: 18-19 May / Perth: 26-27 May / Canberra: 27-28 October**

[www.atsaindependentlivingexpo.com.au](http://www.atsaindependentlivingexpo.com.au)

## Royal Commission Into Aged Care Quality And Safety

**By Steph Cantrill**

Community Programs Manager

### Advocacy Update

On the 1<sup>st</sup> of March, the final report of the Royal Commission into Aged Care Quality and Safety was released. Many of you would have seen the list of recommendations already – if you would like to, you can view it [here](#). If you're interested in reading all 2,800 pages of the report, you can download it piece by piece [here](#).

### Why is this Royal Commission important?

Even before COVID-19 brought to light the many inadequacies in our provision of residential aged care services, problems such as long waiting lists for home care packages, insufficient funding for aids and equipment and an over-worked and under-supported workforce were emerging. As our population continues to age and the number of people requiring aged care services increases, the system needs significant improvements.

As many would agree, there is a lot of work to be done to ensure that aged care services are comprehensive and consistent, and that they uphold the rights and choices of the people at the centre of the care. The recommendations from the Royal Commission provide a helpful starting point.

### How does this apply to older people with disability?

Of particular interest to us at Polio Australia were the recommendations that focused on older people with disability. The exclusion of people over 65 from the National Disability Insurance Scheme (NDIS) has been a source of great disappointment to our community. We are pleased to see people with disabilities being specifically addressed in the recommendations.

Recommendations 30, 34, 72, 73, 109, 125 relate to people with disability and/or assistive technology (aids and equipment). But I'll draw your attention particularly to **Recommendation 72: Equity for people with disability receiving aged care:**

*"By 1 July 2024, every person receiving aged care who is living with disability, regardless of when acquired, should receive through the aged care program daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those that would be available under the National Disability Insurance Scheme to a person under the age of 65 years with the same or substantially similar conditions."*

At Polio Australia, we have campaigned on two fronts. The first is aiming to remove the discrimination against people over 65 with disability by allowing them onto the NDIS. Failing that, or until it happens, we've been joining with the Assistive Technology for All (ATFA) Alliance to call for fair, equitable and nationally-consistent access to assistive technology for people with disability of any age. In light of both of these campaigns, it's heartening to see Recommendation 72 acknowledge the need for equitable support for older Australians with disability.

### What can we do?

So, what happens now? While there's an element of "wait and see", here are a few things you can do:

1. Sign on to the ATFA petition to call for equality of access to vital aids and equipment: <https://assistivetechforall.org.au/take-action/>
2. Write to your local MP to express your frustration with the ongoing discrimination against older people with disability, and your hope that these recommendations will be heeded (we're in the process of producing a letter template with ATFA)
3. Join ATFA's [Facebook page](#) to stay informed on the campaign

To view Polio Australia's submission to the Royal Commission into Aged Care Quality and Safety, submitted in 2019, see [here](#).

## CPW Receive Endorsements From Professional Orgs



**By Paulette Jackson**

Administration Officer

Historically, our Clinical Practice Workshops have been endorsed by various professional organisations as an accredited professional development activity. Over time, these endorsements expire. Recently Polio Australia submitted applications for endorsement to the Australian Nursing & Midwifery Federation (ANMF), Australian Primary Health Care Nurses Association (APNA), Australian Orthotic Prosthetic Association (AOPA), and Exercise and Sports Sciences Australia (ESSA). We are happy to announce the ANMF, AOPA, and ESSA applications have been approved. Decision is pending on the APNA application.

These endorsements demonstrate to health professionals that we have met certain educational standards as well as validate the quality our workshops.

## Nutrition, Food And Dining Experience In Aged Care

By **Melinda Overall JP**

Nutritionist and Counsellor—[Overall Nutrition](#)



On 18 March 2021, The Australian Department of Health partnered with the Maggie Beer Foundation to host the *National Congress on Nutrition, Food and the Dining Experience in Aged Care* at the ICC, Sydney. The Congress was an 'invitation only' event. I was honoured and privileged to have attended the Congress on behalf of Polio Australia. I was one of about 120 attendees. Most attended in person and some attended the live streaming of the event. Invitees included dentists, speech pathologists, dietitians and nutritionists, chefs/cooks, aged care workers and managers and food supply companies, to name a few.

The goals of the Congress were to bring a diverse group of stakeholders together to discuss best practice and key issues in the provision of nutrition, food and the dining experience in aged care homes. Michael Jackson, Polio Australia's Clinical Health Educator, and Steph Cantrill, Polio Australia's Community Programs Manager, and I met prior to the Congress to ensure that polio survivors had a voice in the aged care space.

The timing of this congress was significant given it took place just prior to the release of the findings of the Royal Commission into Aged Care Quality and Safety. Food and nutrition was identified in the Commission's report as one of four key areas requiring immediate attention<sup>1</sup>. Malnutrition is a complex beast, but a 2017 report found that a staggering '68% of people receiving residential aged care are malnourished or at risk of malnutrition'<sup>1,2</sup>. This puts aged care residents at greater risk of falls, poor immunity, mild cognitive impairment, slower healing times, cachexia and sarcopaenia, to name but a few health risks increased by malnutrition.

The Congress had three main components. The first was a number of presentations from professionals working across diverse areas relating to aged care, and this included several panel discussions. The second encompassed group activities to identify specific issues in aged care and possible solutions (some of the suggestions may have been a little ambitious but it highlighted just how much work was needed to

improve aged care). The final component was a meeting of the working group on the following day. The working group was comprised of the Maggie Beer Foundation, government agencies, peak bodies, university representatives, ethics specialists and aged care organisations. Polio Australia was not a member of the working group.

A number of issues were raised in our brainstorming group and across the Congress more generally. Many of these were consistent with some of the issues that Michael, Steph and I had discussed in relation to polio survivors living in aged care homes. Issues raised at the Congress that were specific to polio survivors included:

- **Late Effects of Polio** (Post-Polio Syndrome) — these signs and symptoms can return after 'recovery' from poliomyelitis (at least post-polio 15 years for diagnosis) and can include: muscle weakness and sarcopaenia, joint and muscle pain and fatigue, difficulty swallowing, loss of overall physical function and arthritic and degenerative decline.
- **Swallowing issues** — swallowing issues are common in the general population especially in their 90s. For polio survivors however, swallowing issues are more apparent in their 70s and this may be due to the late effects of polio. Polio survivors may require more support from speech therapists earlier than the general population.
- **Fatigue** is more apparent in late afternoon or early evening for polio survivors — therefore main/largest meals might be best served at lunch time. This is especially important for polio survivors as generally their swallowing capacity may decline over the day so larger meals are better suited to earlier in the day.
- **Polio Comorbidities** — due to general lack of mobility, polio survivors can be more at risk of developing other health issues such as overweight/obesity, type 2 diabetes, cardiovascular disease, sleep apnoea, dislipidaemia, osteopaenia/osteoporosis, sarcopaenia and arthritis. This needs to be considered in menu planning.
- Polio survivors have a greater need for high quality protein to help prevent sarcopaenia than the general population. This is generally above the Australian recommended dietary requirement of protein and needs to be considered in menu planning.
- Australia was declared polio free in 2000. Whilst there is a large number of Caucasian polio survivors in Australia who might enjoy similar meals, there are also a number of polio survivors who have immigrated to Australia from a vast array of nations.

## . . . Dining Experience In Aged Care *(cont'd from p7)*

As such polio survivors are a heterogeneous group with significantly different dietary preferences and requirements including those pertaining to their religion/faith. This would also likely be the case in the general aged population and so we believe there is a need for greater individualisation of meals within aged care settings.

Other more general issues/suggestions raised during the Congress included:

- The need for more staff in aged care homes.
- Staggered mealtimes to support residents who require more support with eating.
- Improving the quality of food.
- Improving the presentation and palatability of food generally but specifically regarding texture modified food.
- Improving socialisation around meals — including family members in mealtimes and improving the look and feel of dining areas in homes.
- Promotion of choice in the dining experience including seeking input from residents for menu planning.
- Reducing reliance on nutritional supplementation.
- Improving dental hygiene and care for residents.
- Allowing dietitians, nutritionists, dentists and speech pathologists into kitchens.

No doubt there's a long road ahead for aged care but let's hope that Royal Commission will shape a new way forward.



*PHOTO: Maggie Beer (left) attended the Congress. She was lovely, open and chatting to everyone. This photo is of Maggie and me. We were just heading back from lunch I had a mouthful of tofu, was trying to speak, smile, swallow and take a photo all at the same time. I realised I'm not great at multitasking!*

References:

1. Royal Commission into Aged Care Quality and Safety (March 2021). Final Report — Executive Summary. Retrieved March 8, 2021 from <https://agedcare.royalcommission.gov.au/publications/final-report-executive-summary>
2. Iuliano, S., Poon, S., Wang, X., Bui, M., & Seeman, E. (2017). Dairy food supplementation may reduce malnutrition risk in institutionalised elderly. *British Journal of Nutrition*, 117(1), 142-147. 🍌





## Aged Care And People With Progressive Neurodegenerative Conditions

**The Neurological Alliance Australia** is an alliance of not-for-profit peak organisations representing adults and children living with progressive neurological or muscular diseases in Australia. The Alliance was established to promote improved quality of life for people living with these conditions and funding to support research. Members of the Alliance include Dementia Australia, Brain Injury Australia, Huntington's Australia, Motor Neurone Disease (MND) Australia, MJD Foundation, MS Australia, Muscular Dystrophy Australia, Muscular Dystrophy Foundation Australia, Parkinson's Australia, Spinal Muscular Atrophy Australia, Leukodystrophy Australia and **Polio Australia**.

NAA believes that people diagnosed with progressive neurodegenerative conditions must have access to early intervention, specialised planning, ongoing expert assessment, complex support coordination, assistive technology and a range of services to meet their needs irrespective of where they live, their age or which sector funds the service.

Below is the introduction of the Position Statement NAA submitted to the Aged Care Royal Commission. Read the full Position Statement [here](#).

### NEUROLOGICAL ALLIANCE AUSTRALIA



## Position statement: Aged Care and People with Progressive Neurodegenerative Conditions

December 2020

### The Neurological Alliance Australia (NAA) believes:

- People diagnosed with neurodegenerative diseases must have access to a range of services to meet their care and disability needs irrespective of where they live, their age or which sector or sectors fund the required services.
- Access to reasonable and necessary government-funded disability supports based on the age of a person when they acquire, or are diagnosed with, a disability is discriminatory and contravenes [article 19 of the United Nations Convention on the Rights of Persons with Disabilities](#), that the Australian Government has ratified.
- Investment in Home Care Packages (HCPs) to reduce waiting list for home care, as recommended in the Royal Commission into Aged Care Quality and Safety Interim Report<sup>1</sup>, will improve the lives of thousands of people, reduce the need for residential Aged Care and boost home care sector employment opportunities during a time of rising unemployment.

**The NAA will continue to advocate for access to the NDIS for all people with a diagnosis of neurodegenerative diseases no matter their age when diagnosed.**

## The NDIS Age Loophole That Leaves Thousands Locked Out Of The System

By Dr John Tierney AM

Source: [newcastleherald.com.au](http://newcastleherald.com.au)  
- 22 December 2020

A few years ago, I spoke to the Port Stephens Rotary Club about my life journey with the little-known *Late Effects of Polio (LEoP)*. I mentioned that polio is the only disease that attacks the body when you are young, but then its late effects inflict further damage as you age. A doctor in the audience jumped up and exclaimed, "that's not true; syphilis also follows that pattern!" Great to know that we are in such good company.

As I explained to the Senate Inquiry into the NDIS Bill in 2012, this double-edged sword of the polio disease was the reason survivors should be included in the new disability support scheme. The 65-age cut off should be removed because all 40,000 of Australia's paralytic polio survivors are now past this age. With this barrier in place, they will miss out on any assistance along with every other person with a disability in this age cohort. It seems that one of the foundation stones of the NDIS is blatant age discrimination, almost amounting to criminal neglect.

Gillian Thomas, my successor as President of *Polio Australia*, and I argued before the NDIS Senate Committee that polio survivors should be "grandfathered" in the NDIS. Gillian was living proof. She contracted polio at the age of ten months in 1950. For the last twenty years, she has been a wheelchair user because of LEOp. In later life this completely disabled three of her four limbs. Gillian has partial use of her right arm and hand.

Being over 65 when the scheme was adopted makes her ineligible. When the NDIS legislation reached the parliament, Senator Rachel Siewert (The Greens) moved two amendments to allow polio survivors like Gillian to be included. Both amendments were voted down by Liberal and Labor, to their everlasting shame!

Why did they do this? Back in 2013, it was the age of budget 'debt and deficit.' There was a race between the two major parties to prove they were the most fiscally responsible. Had they included people with a disability over 65 in the NDIS, it would have blown out the cost of the scheme by billions. The government took the advice of the *Productivity Commission (PC)*, "this cohort could be looked after by Australia's aged care system." Really?

The findings of the current *Royal Commission for Aged Care* show that this advice was misguided.

It has revealed shocking gaps in care, particularly for those with a disability. This includes 120,000 people on the waiting list for aged care packages. According to ABC News (15/09/20), "thousands have also died waiting for already approved packages." Access to the NDIS for people over 65 with a disability would dramatically shorten this list. So how was it even possible for the adoption of the PC recommendation, to block access to the NDIS if you are over 65? Australia has an *Age Discrimination (AD) Act*, to prevent this – right?

When the enabling NDIS legislation went through the Parliament, there was a related bill which created a 'temporary suspension' of the AD Act, to enable the passing of the NDIS. This was never reviewed after two years, as promised. The department had hoodwinked the minister, the parliament and the *Parliamentary Joint Committee on Human Rights (PJCHR)*, which inquired into the initial legislation.

When the PJCHR examined the Bills in 2013, it found that the reasons for the suspension of provisions to cut out people over 65, "not compelling". This is polite parliamentary committee language for 'bullshit'. I contend that the Department of Family & Community Services was probably under marching orders from Treasury not to blow out the Federal Budget any further. Now, in 2020, this suspension is still in place. This allows blatant aged discrimination to continue in Australia in defiance of the *United Nations Convention of the Rights of Persons with Disabilities (2007)*.

How can this age discrimination in the NDIS be ended? If there is a will in the current government, it can be easily fixed. All that is needed is an amendment to reverse the suspension of the *AD Act*, as the government had initially promised in 2013. Prime Minister Morrison was asked about this last week. He replied, "the government doesn't plan to change the current NDIS arrangements."

If you are as outraged as I am about this blatant discrimination against the aged with a disability in Australia, write to the PM and copy in your local Federal MP and NSW Senators.

**Newcastle East's Dr John Tierney AM is the former President and National Patron of Polio Australia.**

**In 2019 he was awarded an AM 'for significant service' to Australia's polio survivors.** 🇦🇺

## Polio Survivors' Response To Pandemic Changes

**By Michael Jackson**

*Polio Australia Clinical Health Educator*

In late 2020, 183 Australian polio survivors responded to a survey through Polio Australia. On this survey we included a variety of questions related to the health of polio survivors and their use of health professionals. We asked the following pandemic-related question to capture how Australian resident survivors were coping with the pandemic: "COVID-19 has caused many changes in how Australian society has functioned in 2020. What have been the most notable aspects of these changes – for you as a polio survivor – living through this pandemic?"

The question was open-ended and so there were no cues for the content of the responses, and no cues to respond positively or negatively. Responses were coded by the most emphasised aspect submitted by an individual. The question was not mandatory on the survey: 56% of the respondents chose to not answer this question, 36% reported negative experiences, and 9% reported positive experiences.

The most common positive notable aspects reported by polio survivors experiencing the pandemic were:

- Fewer deadlines and commitments, and so less stress
- Less pressure to travel or to participate in events
- Availability of online ordering and home deliveries
- More time for home and hobbies
- Better coping and well being

Polio survivors experiencing the Late Effects of Polio often experience varying degrees of fatigue, and yet the term *fatigue* was included in only one response. We are unable to say that these positive responses were related to respondents' fatigue experiences, but the character of these responses in context of the group being asked hint at such. There appear to be mental health benefits experienced by some polio survivors during this pandemic – perhaps by those who are

less energised by or reliant on social engagement.

The most common negative notable aspects reported by polio survivors experiencing the pandemic are shown in the pie chart. Reduced or difficulty with access to services was the most reported negative aspect, and this is easy to appreciate in context of how healthcare changed during the pandemic. Isolation, coping, or a change in social aspects was difficult for half of those reporting negative experiences; this may reflect those survivors who lean on social engagement for support, care, and mental health. Negative effects on physical condition was reported by 15%, this being annotated with concerns about losing strength, endurance and general fitness that was being maintained through regular exercise. A direct example of pandemic exercise disruption was the closure of

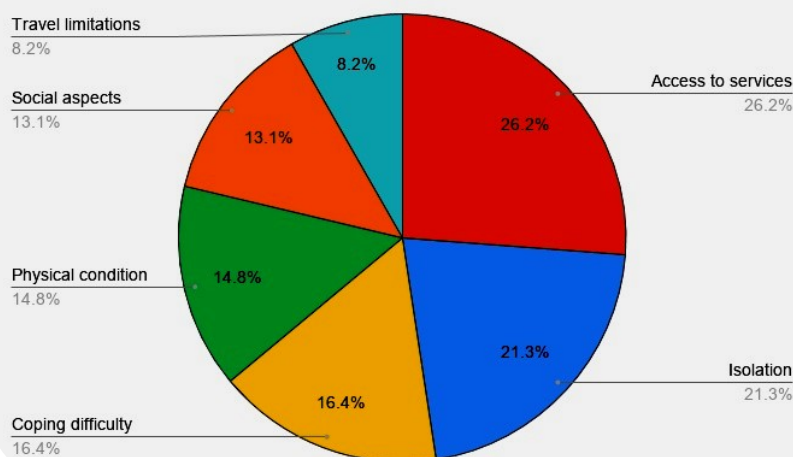
public pools, eliminating a known well-tolerated mode of exercise that could not be replicated in other environments.

It is worth comparing the positive and negative aspects reported. Themes around social preferences and needs presented strongly in both types of response. Removal from participation in

social events, ability to cope, and ability to travel were reported both positively and negatively. In contrasting the response types, positives included increased convenience of instrumental tasks of living and individual home activity, while negatives included accessing needed services and maintaining physical condition.

As is often the case with survey questions, and what we see here, is that asking a particular question can lead to other questions needing to be asked in order to gain a fuller understanding of a topic. It is unknown how these responses might compare to what may be observed in the general Australian population, in those with disabilities, or in the polio survivor population at large. The national pandemic strategies utilised in different countries, and the nuances of survivorship in each country, may additionally have an influence on the responses provided compared to this cohort. 🌐

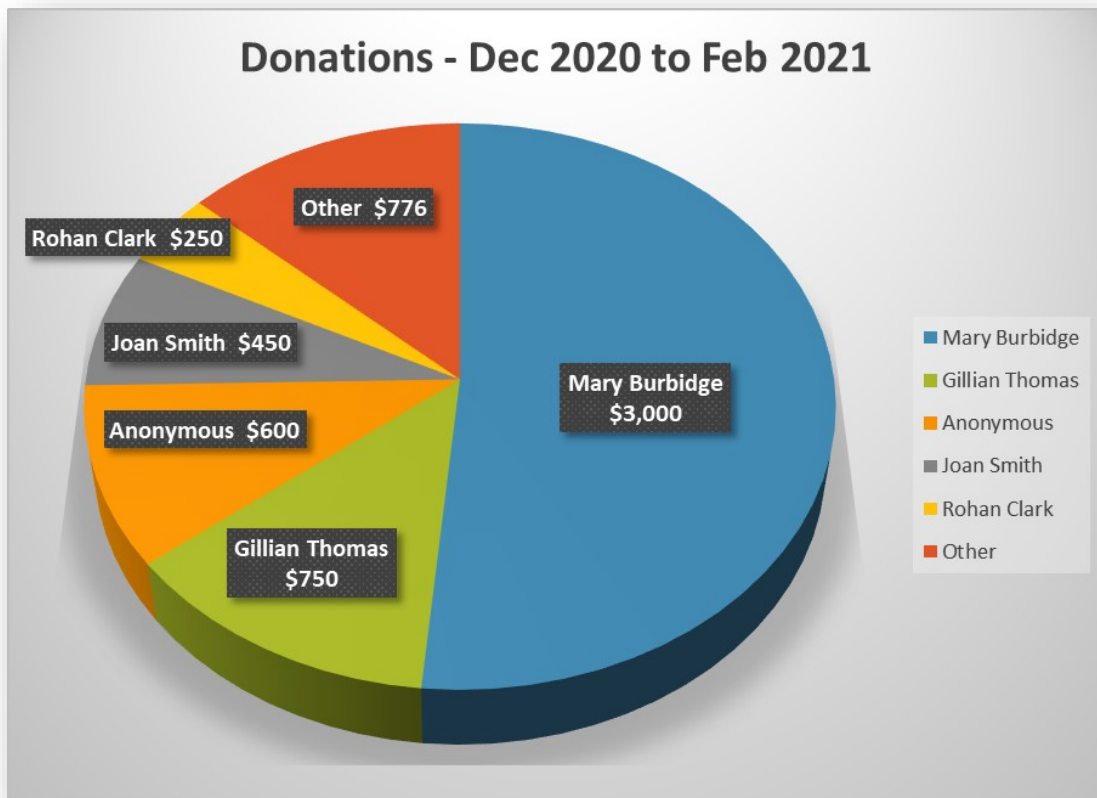
Negative Aspects of Pandemic on Australian Polio Survivors (n=64)



## Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from December 2020 to February 2021. Without you, we could not pay for our core operating expenses or for the staff to keep the wheels turning!

If you would like to see how your 'living bequest' can support polio survivors now, click on the following link: [www.polioaustralia.org.au/donations-bequests/](http://www.polioaustralia.org.au/donations-bequests/) or contact the Polio Australia office on Ph: 03 9016 7678 or Email: [contact@polioaustralia.org.au](mailto:contact@polioaustralia.org.au).



Although income increased and expenses decreased during this quarter, these outcomes were both the result of non-recurring events.

One-off subsidies and larger donations were gratefully received, while spending on travel in particular was curtailed due to COVID restrictions.

Efforts are continuing in 2021 to establish recurrent funding streams to support our education programs.



## Epidemic Poliomyelitis, Post-Polio Sequelae And The Eradication Program

By Dr Margaret Peel OAM

**Ref:** Peel, M.M. (2020) Epidemic poliomyelitis, post-poliomyelitis sequelae and the eradication program. *Microbiology Australia* 41(4), 196-200, 223. doi: 10.1071/MA20053  
Published: 20 October 2020

The full article relating to the Abstract below can be read [here](#).

### Abstract



Epidemics of paralytic poliomyelitis (polio) first emerged in the late 19th and early 20th centuries in the United States and the Scandinavian countries. They continued through the first half of the 20th century becoming global. A major epidemic occurred in Australia in 1951 but significant outbreaks were reported from the late 1930s to 1954. The poliovirus is an enterovirus that is usually transmitted by the faecal-oral route but only one in about 150 infections results in paralysis when the central nervous system is invaded. The Salk inactivated polio vaccine (IPV) became available in Australia in 1956 and the Sabin live attenuated oral polio vaccine (OPV) was introduced in 1966. After decades of stability, many survivors of the earlier epidemics experience late-onset sequelae including post-polio syndrome. The World Health Organization launched the global polio eradication initiative (GPEI) in 1988 based on the easily administered OPV. The GPEI has resulted in a dramatic decrease in cases of wild polio so that only Pakistan and Afghanistan report such cases in 2020. However, a major challenge to eradication is the reversion of OPV to neurovirulent mutants resulting in circulating vaccine-derived poliovirus (cVDPV). A novel, genetically stabilised OPV has been developed recently to stop the emergence and spread of cVDPV and OPV is being replaced by IPV in immunisation programs worldwide. Eradication of poliomyelitis is near to achievement and the expectation is that poliomyelitis will join smallpox as dreaded epidemic diseases of the past that will be consigned to history. 🌟

On the 10th of January 2021, Drs Margaret Peel and Pat Blackall were interviewed about polio by Jenny Davis on "Live Transmission", an episode aired on community radio RRR / 102.7 FM (Melbourne). To listen to this episode, click on the graphic below.

"Pandemic", "quarantine", "isolation" – all the words of 2020. But they're not new words and we're not the first to use them. Join Jenny Davis and guests exploring the microbes and diseases in Australia's past. From plague to polio, rabbits to rinderpest – learn it all on "Live Transmission" this summer. 🌟



Listen to Live Transmission

-



01:00:00 · 10 January  
2021

Play next · Share



## Spinal Life Healthy Living Centre

### Looking for a wheelchair accessible holiday in Cairns?



Located on the iconic and accessible Cairns Esplanade, the Spinal Life Healthy Living Centre is dedicated to supporting the health and wellbeing of people with spinal cord damage and other physical disabilities.

Everything about the Centre has been built to be fully accessible for wheelchair and mobility device users, from the accommodation to

the Active Gym, Café and Community Rooms.

SLA has drawn upon 60 years of experience in supporting people with spinal cord damage and physical disability to inform the construction and delivery of our flagship Healthy Living Centre and are proud to provide important services for residents and visitors of Far North Queensland.

Click the following link to the website: [www.spinalhealthyliving.com.au](http://www.spinalhealthyliving.com.au)

## Spinal Life Australia Update

**By Ross Duncan**

*Executive Manager, Member Services*



Over the past three years, Spinal Life Australia has been collaborating with Polio Australia, working to address some of the key issues affecting the lives of polio survivors, informed by personal feedback and experiences obtained from polio survivors.

We have achieved many of the goals we set out to reach, as detailed below, and we are now seeking input from people experiencing the late effects of polio as we plan the future activities of Spinal Life Australia in support of polio survivors.

[Click here](#) to take a short survey to share your thoughts.

Much of our previous campaign was aimed at raising awareness about the late effects of polio among health professionals, to increase their knowledge on supporting polio survivors as they age.

Our achievements so far include:

- creating an [information booklet for medical professionals](#), which was the first of its kind to be approved as an

accepted clinical resource by the Royal Australian College of General Practitioners (RACGP)

- working closely with leading experts in Queensland to develop Australia's first comprehensive [online education module for GPs about the late effects of polio](#), which was also accredited by the RACGP
- Participating actively on the Board of Polio Australia and assisting them to promote educational sessions to polio survivors and health professionals.
- Joining the [Assistive Technology for All Alliance](#) and advocating for more funding to be made available to polio survivors and other people over the age of 65 years.

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## Easing The Way For Drivers With Chronic Pain

By Sue Hewitt

Source: [www.racv.com.au](http://www.racv.com.au)  
—15 January 2021

### RACV launches new survey to address driving with chronic pain.

Many drivers can feel their muscles twinge after a long stint behind the wheel but for people with chronic pain, the challenge of driving for prolonged periods can impact their everyday lives. Experts say 14 per cent of Australians – 3.5 million people – suffer chronic pain, but many want to continue to drive.

*"Sometimes people find it difficult just getting in or out of a vehicle but want to adapt because they see driving as their independence",* says chief executive officer of Pain Australia, Carol Bennett.

She says there are many strategies and devices drivers with chronic pain can use to keep themselves safe and comfortable behind the wheel, including talking to health professionals.

However, [new RACV research](#) into Australian drivers suffering chronic pain has found health professionals need clearer guidelines on treating the issue to help motorists manage their pain.

Researchers interviewed 17 Australian health professionals and found they wanted specific training to better assess the subjective nature of pain and its effect on driving ability.

Researchers also conducted an online survey of 90 motorists, half suffering chronic pain and the rest being pain free, to assess the impact of pain on driving. They interviewed 23 drivers about their experience with chronic pain.

RACV's senior policy adviser on safety, Elvira Lazar, says this study is the first in Australia to seek strategies to improve safe driving among individuals with chronic pain.

She says the research shows motorists with chronic pain have difficulty with prolonged driving which can impact their daily lives.

*"The pain is often exacerbated after prolonged driving and there is an urgent need for better guidance to take the guesswork out of the best way to manage chronic pain in relation to driving",* she says.

Sometimes people find it difficult just getting in or out of a vehicle but want to adapt because they see driving as their independence.

The RACV research will form part of RACV's submission to the National Transport Commission (NTC) review into its national [Assessing Fitness to Drive guidelines](#).



The guidelines, which are used by state authorities including VicRoads to assess a person's ability to drive, do not currently address chronic pain.

The NTC is seeking input from the medical community, patient representative bodies, industry, public health and transport agencies on its review.

Pain Australia says chronic pain comes in many forms. It can be persistent migraines, arthritis or back pain, or debilitating pain after surgery. Sufferers may have multiple other health issues.

*"Chronic pain is often an invisible condition",* says Carol Bennett. *"But although the disability can't be seen in the form of a broken limb, the condition is so common that one in five GP consultations deal with some form of chronic pain."*

She says sufferers can help themselves through such self-management techniques as exercise and using driving aids like reversing cameras or lane-assist technology to minimise the need to turn their head.

*"Be practical; if you have back pain, use a lumbar support cushion, sit forward to reach the pedals and hold the steering wheel so it's comfortable."*

### Pain Australia's tips for driving with chronic pain

#### Talk to a medical professional

Your GP may suggest a range of strategies to help you deal with pain, including exercise, pain-management techniques, aids and devices. A physiotherapist can help with increasing and maintaining your movement and muscle strength through a tailored exercise program and pain-relief techniques. Staying active is key to continuing to drive.

#### Adjust your driving position

Sometimes simply adjusting your seat and mirrors can ease pain, but do it before you set out on a drive.

## . . .Drivers With Chronic Pain *(cont'd from p15)*

If you're suffering ankle or foot pain move your seat forward to ensure you're pushing pedals with your entire foot, not just the toes, and adjust the seat height so you can reach the pedals easily. Once the seat is adjusted ensure you have good visibility using your mirrors and windows.

### Know your medications

Check with your medical professionals and understand that medications can affect a driver's concentration, reaction time and coordination, or make them drowsy. People with multiple health problems may have different medications that adversely react with each other so check with your GP. Avoid drinking alcohol which can aggravate medication side-effects.

### Take a break

Long trips often aggravate pain and drivers should stop at least once an hour, get out and stretch or massage tight muscles. Build short breaks into a long journey and use the time to check out local sights. Pain is tiring and can lead to fatigue which will affect driving ability. Never drive if you're feeling fatigued or 'foggy'.

### Consider aids and devices

An occupational therapist can help advise on aids and devices to make driving more comfortable. They include:

- A swivel-seat cushion placed on top of your car seat. You sit down on the cushion with your body facing out and then swivel your body and legs around to face the dashboard.
- A lumbar back support pillow or a rolled-up a towel to support your lower back.
- A steering-wheel cover to make the steering wheel easier to grip if you have stiff, sore hands.
- A petrol-cap turner to twist the petrol cap on or off will also help those with bad hands.
- Grab handles and bars can be added to your car to make getting in and out easier.
- Reversing cameras and parking sensors are standard in many new cars and can be added to older ones. They make parking and reversing easier if you have problems twisting, turning your neck or looking over your shoulder. 🟡

## While We're Still Wearing Masks

This factsheet was prepared by the Australasian College of Dermatologists and the Occupational Dermatology Research and Education Centre, based at the Skin Health Institute in Melbourne. The factsheet will help you avoid skin problems so you can keep wearing a mask to reduce the risk of transmission of COVID-19. Click [here](#) to download this resource. 🟡



THE AUSTRALASIAN COLLEGE  
OF DERMATOLOGISTS



# Keep your face healthy during COVID-19

## Tips to avoid skin problems and allow you to keep wearing a mask

The COVID-19 pandemic has led to an increased use of face masks, not only amongst healthcare workers but also now the general public. Prolonged wearing of masks and goggles can cause adverse skin reactions such as acne, contact dermatitis and pressure effects, as well as exacerbating any underlying skin conditions.

Here are some tips from the Australasian College of Dermatologists and the Occupational Dermatology Research and Education Centre, based at the Skin Health Institute in Melbourne, that will help you avoid skin problems and allow you to keep wearing a mask.



## Pandemic Parallels

### Older adults remember polio vaccines

By Kathleen Shaw

Source: [www.washingtonpost.com](http://www.washingtonpost.com)

— 21 February 2021

HARRISONBURG, Va. — Like many kids his age, James Hartt as a teen in the '60s enjoyed passing the time with a bit of naive, reckless abandonment. One way Hartt found to amuse himself was leaping from a nearby bridge and sticking the landing on the other side, until one day, Hartt woke up unable to move his legs. Immediately, fear set in that it could be poliomyelitis — every parent's waking fear in the late 1940s and early 1950s.

Fortunately, a doctor deduced Hartt's diagnosis was two sprained legs as a result of his airborne adventures, but many children around the world were not as fortunate. When it became available, Hartt got his vaccine. Nearly 70 years later, Hartt senses a stark parallel to the excitement he felt then as he prepares to receive his second COVID-19 vaccine this weekend.

*"If you look back, polio and this thing is almost the same type of thing,"* Hartt said. *"Polio, they used iron lungs back then. Now they're using ... those air things that they run out of all the time. The symptoms are very close. The way they treated it was very close."*

Poliomyelitis — better known as polio — is an infectious disease that most commonly affects children, causing paralysis. Summer of 1894, the U.S. experienced its first polio epidemic, but it wasn't until 1955 that Dr. Jonas Salk's polio vaccine was approved for nationwide inoculation. Shortly after, a second vaccine option was approved for manufacturing with easier admission at a cheaper cost by Dr. Albert Bruce Sabin in 1961.

After cases peaked in 1952, with roughly 58,000 people diagnosed with polio in the U.S., the final case of wild-virus polio in the U.S. was reported in 1979.

With a tight-fisted grip around the nation, polio impacted thousands of children annually into the late 1950s, mercilessly attacking the nervous system. It was typically identified by paralyzed limbs, most frequently the legs. By 1957, there were less than 6,000 cases, and it had dropped to 120 cases by 1964, thanks to vaccines.

Today's pandemic of the novel coronavirus is harder to identify physically and largely plagues the lungs, which can lead to pneumonia, respiratory failure, septic shock or death, in severe cases.



Now those same children who were most vulnerable to the polio epidemic are grown and at greater risk for severe illness from COVID-19, but the fastest vaccine ever created is steadily being distributed in phases following the authorization of Pfizer's vaccine on Dec. 12 and Moderna's version six days later.

According to the Centers for Disease Control and Prevention, two doses of Salk's polio vaccine are 90% effective or more and three doses boosts the effectiveness to 99-100%. Both Pfizer and Moderna report their vaccines show approximately 95% efficacy at preventing both mild and severe symptoms of COVID-19.

*"I believe in these shots, and I believe they're doing the best thing they can,"* Hartt said.

According to the March of Dimes, the leading global agency fighting polio, up to 95% of people infected with polio were asymptomatic and less than 1% of infected persons experienced the virus attacking their nervous systems within the spine to result in partial or complete paralysis.

Salem-based Rotarian William 'Bill' Long is locally known as a polio expert. His father-in-law contracted polio in his youth, which stunted the growth of one leg. The connection inspired Long, who owns three iron lungs — a clunking beast of machinery that contracted lungs for those who could not breathe on their own — to allow the machinery to travel between Rotary clubs for educational purposes.

Long said the demand for hospital care was overwhelming, much like today's limitation of ventilators, and Memorial and Crippled Children's Hospital in Roanoke was the primary care facility for sick children in the southern Valley.

*"A whole floor with nothing but iron lungs on it,"* he said. *"Space between each iron lung, just wide enough for people to get through to work."*

## Pandemic Parallels *(cont'd from p17)*

In the Jan. 25, 1946, edition of James Madison University's newspaper, *The Breeze*, W. L. Baldwin, state chairman for the polio fundraiser, is quoted as saying, *"It is believed that over the last two-year period, Virginia has been hit harder by poliomyelitis than any other state in the nation."*

Following data reports Virginia's county and city goals that year were set more than 25% higher due to the cost of caring for over 1,100 polio victims over the span of 19 months. Infantile paralysis struck down children of every income bracket in 94 of the 100 counties of Virginia over the previous two years.

According to the CDC, there are 27 million total cases of COVID-19 in the U.S. and 486,466 total deaths, as of Wednesday.

Belmont resident Nancy O'Hare is scheduled to receive her second vaccine by the end of February, and she vividly remembers the fear that haunted her days and nights mothering a 5-year-old son and 2-year-old daughter while polio raged on.

*"I remember when Salk developed the vaccine. I remember when my children, who are now in their 60s, got the vaccine. ... It took them years to develop the one to defeat polio, so I'm thrilled we're able to do it so quickly now, develop this vaccine,"* O'Hare said.

Back then, O'Hare remembers going to doctor's offices to receive the polio vaccine while children received sugar cubes topped with Sabin's oral vaccine from schools or pediatrician offices.

*"We did not go to hospital, we did not go to vaccination stations. ... When it was released to be able to be consumed, it was fast. It was all over the country,"* she said.

Verona native Donn Meyer said he can remember his parents taking him to Fort Defiance High School at a very young age to receive the polio vaccine on a sugar cube in the '60s.

Back then, images of iron lungs were plastered on every screen, and harrowing stories of sick children written in papers. A nationwide vaccine campaign even featured Elvis Presley publicly receiving his vaccination.

*"We'd seen the pictures, we'd heard TV reports, we'd seen movies about it. And it was scary and that's why I think the world was so happy, or at least the United States was so happy, when the polio vaccine came out,"* O'Hare said.

An archived Associated Press article published in *Daily News-Record* on Aug. 13, 1955, reported that Southern states pioneered public programs to distribute the Salk vaccine shots to schoolchildren and tentative survey results showed a 46% drop in polio deaths compared to the previous year. By the time of publication, 191 deaths were recorded, compared to 355 within the same time the previous year.

While polio seems a thing of the past within the U.S., there is no cure for the disease and two countries remain endemic. Rotary International remains a leading agency in funding the end of polio, and members have contributed more than \$2.1 billion to eliminate the paralyzing disease since 1979.

With polio a shadow of a memory for most Americans today, those who endured the polio epidemic remember the clear parallels of quarantines, school closures and the dread.

*"Same things happened,"* Hartt said. *"I think they've come across something that's going to work, and I think everyone should get it."* 🌟

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Occupational  
Therapy AUSTRALIA



29TH NATIONAL CONFERENCE AND EXHIBITION 2021

### OTAUS 2021 NOW FULLY VIRTUAL WITH ENGAGEMENT HUBS

As we navigate the year ahead, your safety and quality of learning continue to remain our top priorities. With this in mind, allowing our association to move forward with confidence and purpose, the 29th National Conference and Exhibition 2021 will proceed as a fully virtual event taking place online 23-25 June 2021. While the conference will be virtual, we are also coordinating in-person engagement hubs in Adelaide, Brisbane, Melbourne, Perth and Sydney.

*For more information on the engagement hub locations [click here](#)*

## Author's Poignant Polio Story In New Anthology

By Mike Hast

Source: [www.mpnews.com.au](http://www.mpnews.com.au)—1 March 2021



HASTINGS author and artist Fran Henke (pictured above) has a chapter in the new Australian anthology *Growing Up Disabled in Australia*.

The 320-page paperback has been published by Melbourne publisher Morry Schwartz's Black Inc and is the fifth in a series of "Growing Up..." titles.

Released in early February, it has already been reprinted after attracting wide-spread interest and praise including for its editor Carly Findlay OAM, a Melbourne writer and disability activist who has a rare genetic disorder that affects her skin and hair.

Mrs Henke is an activist too – for polio survivors

who in later life experience post-polio syndrome and a wide range of symptoms that include new weakening of muscles including respiratory muscles, fatigue, joint degeneration and more.

She has advocated for polio survivors for more than 20 years both privately and publicly, and has written extensively on the subject.

Mrs Henke's essay is a matter of fact but also poignant story charting her life from when she contracted polio at age three when living in Gippsland to now aged in her 70s.

The condition has not stopped her having a varied career as a journalist in the United Kingdom and Australia as well as writing 23 books, gaining a visual arts diploma in her late 60s, and volunteering for many community groups. She is also an accomplished photographer.

*Growing Up...* contains contributions from 48 people, whittled down from more than 360 submissions.

Carly Findlay states in her introduction that *"the people in this book are disabled, chronically ill, mentally ill and neurodiverse, and inhabit the city, regional and rural regions and Aboriginal communities. They span generations – some are elders and some are still growing up – and genders, cultures and sexualities. I hope the book creates a sense of identity, pride and belonging to a community – for the contributors and for readers."*

The book includes interviews with high-profile Australians Senator Jordon Steele-John and Paralympian Isis Holt, both of whom are affected by cerebral palsy, as well as poetry, graphic art and more than 40 original pieces by writers with a disability or chronic illness.

RRP: [\\$29.99 \(book\)](#), [\\$12.99 \(ebook\)](#).

## Pop Artist Ruby Mazur Creates Rock's 'Last Supper'

By Ian Mohr

Source: [pagesix.com](http://pagesix.com)—15 February 2021

Pop artist Ruby Mazur (pictured right in 1993) is set to show his new work at Hawaii's Holle Fine Art Gallery this month. Getty Images

Pop artist Ruby Mazur — who created the Rolling Stones' famous mouth and tongue logo for the "Tumbling Dice" single — will show off his most recent work, "Rock n Roll Last Supper", as part of a new show at Hawaii's [Holle Fine Art Gallery](#) this month.



Cont'd page 20

## . . .Rock's 'Last Supper' (cont'd from p19)



**Ruby Mazur's "Rock n Roll Last Supper"**

The painting, which took three years to create, features 41 music icons from Elvis Presley, Jimi Hendrix and Jim Morrison to Johnny Cash, Freddie Mercury and Michael Jackson.

New York native Mazur has been living in Maui for the past 15 years. Decades after a **childhood bout with polio**, we hear that he was **recently diagnosed with post-polio syndrome**. A source said that the artist's daughter, actress Monet Mazur "has been very supportive of her dad, along with physical therapy and determination, as he continues to paint and create, with no intention of stopping anytime soon."

Also in the gallery show will be a new Mazur painting of the Stones' lips and tongue, plus new paintings of Keith Richards, Willie Nelson, Cher, Paul McCartney, Elton John, Billy Joel, Bruce Springsteen and others.

Mazur [notoriously feuded with Mick Jagger](#) over trademark rights to the iconic Stones image. He went on to design art for thousands of covers. 🎨

## Handmade Cards For All Occasions

If you are looking for that special card for the special people in your life, Melbourne-based polio survivor, Joan Smith, creates beautiful and unique handmade cards, which you can now purchase. Cards all come with individual envelopes and are protected by plastic sleeves.

Joan donates all proceeds from the sale of her cards to Polio Australia, for which we are very thankful!

These exquisite cards are sold in mixed packs of **5 for \$20** including postage and handling (within Australia only). There are also Christmas Cards.

Below is a sample of Joan's beautiful cards. Click through to Polio Australia's website to order yours today: [www.polioaustralia.org.au/giving-opportunities/](http://www.polioaustralia.org.au/giving-opportunities/) 🎨



# Polio This Week

## Global Circulating Vaccine-derived Poliovirus (cVDPV) as of 02 March 2021

	Country	AFP cases (Paralysis onset between 2016-2021)						Onset of most recent case	Other sources (Human) <sup>4</sup> (Collection between 2016-2021)						most recent collection date	Other sources (Environment) (Collection between 2016-2021)						most recent collection date		
		2016	2017	2018	2019	2020	2021		2016	2017	2018	2019	2020	2021		2016	2017	2018	2019	2020	2021			
cVDPV1 <sup>1</sup>	Yemen				1	29	25-Sep-20					1		07-Jul-19										
	Malaysia				3	1	14-Jan-20					1						12	8				13-Mar-20	
	Philippines				2		28-Oct-19							31-Oct-19					14					28-Nov-19
	Myanmar				6		09-Aug-19					6		21-Aug-19										
	Indonesia				1		27-Nov-18							13-Feb-19										
	PNG			26			18-Oct-18			7		2		20-Sep-18			7							06-Nov-18
	Laos	3					11-Jan-16							09-Feb-16										
<b>Total type 1</b>	<b>3</b>	<b>0</b>	<b>27</b>	<b>12</b>	<b>30</b>	<b>0</b>		<b>5</b>	<b>0</b>	<b>7</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>26</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
cVDPV2 <sup>1</sup>	Pakistan	1			22	135	6	14-Jan-21					15	2	11-Nov-20	4			40	135	10			15-Feb-21
	Tajikistan					1	1	17-Jan-21							29-Jan-21						1			14-Feb-21
	Egypt																			1	6		09-Feb-21	
	Kenya							22-Dec-20					1		20-Nov-20			1		1	1		13-Jan-21	
	Afghanistan					305	6	12-Jan-21					36		15-Dec-20					174	9			05-Jan-21
	Iran																			3 <sup>6</sup>				25-Dec-20
	DR Congo		22	20	88	78		24-Dec-20		19	15	29	88		28-Oct-20					1				29-Apr-20
	Liberia												2		21-Dec-20						5			01-Dec-20
	Sudan					57		18-Dec-20					10		01-Oct-20						14			09-Nov-20
	Congo					2		14-Nov-20													1			16-Dec-20
	Chad				11	99		15-Dec-20					6	17	15-Oct-20					10	3			13-Mar-20
	Nigeria	1		34	18	8		10-Dec-20	2 <sup>2</sup>		53	18	8		16-Nov-20	1		44	64	5				13-Nov-20
	Benin				8	3		30-Nov-20													5			04-Dec-20
	South Sudan					47		30-Nov-20					18		04-Dec-20						3			03-Nov-20
	Guinea					45		20-Nov-20					1		05-Sep-20									
	Sierra Leone					3		19-Nov-20																
	Burkina Faso				1	59		14-Nov-20						11	15-Jun-20									
	Mali					38		14-Nov-20					3		15-Aug-20						4			29-Aug-20
	Somalia			6 <sup>5</sup>	3	14		25-Oct-20					2	12	10-Nov-20		2	19	5	26				24-Oct-20
	Côte d'Ivoire					72		09-Nov-20						24	01-Nov-20						7	47		14-May-20
	Central African Republic				21	4		29-Oct-20				39	1		05-Oct-20					9	2			05-Feb-20
	Niger			10	1	9		25-Aug-20				4	6	2	13-Oct-20									
	Ethiopia				14	26		12-Oct-20					9	6	25-Feb-20						3	1		21-Sep-20
	Cameroon					7		11-Sep-20						4	29-Mar-20						4	8		29-Sep-20
	Ghana				18	12		09-Mar-20					16	10	22-Feb-20						17	20		17-Sep-20
	Togo				8	9		03-May-20					1	9	09-Jul-20									
	Angola				138	3		09-Feb-20					22		31-Oct-19									02-Dec-19
	Malaysia																			17				04-Feb-20
	Philippines				12	1		15-Jan-20					5		23-Nov-19						3	5		16-Jan-20
	Zambia				2			25-Nov-19					2		25-Sep-19						19	4		
	China				1	1		25-Apr-19					3		18-Aug-19			1						18-Apr-18
Mozambique			1				21-Oct-18				2			17-Dec-18										
Syria			74				21-Sep-17	1 <sup>8</sup>	66					12-Sep-17										
Myanmar							05-Oct-15																	
<b>Total type 2</b>	<b>2</b>	<b>96</b>	<b>71</b>	<b>366</b>	<b>1037</b>	<b>13</b>		<b>3</b>	<b>85</b>	<b>74</b>	<b>173</b>	<b>265</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>65</b>	<b>198</b>	<b>468</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>		
cVDPV3 <sup>1</sup>	Somalia			7 <sup>5</sup>			07-Sep-18				2			29-Jun-18			11						23-Aug-18	
<b>Total type 3</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Gender	Female (all sero type)	3	54	34	151	467																		
	Male (all sero type)	2	42	70	215	590	13																	
	Gender Unknown				12	10																		

■ Environmental surveillance for poliovirus in selected sewage sites established and working
 ★ Changes from previous week
   
★ Due to backlog reporting of viruses from member states, numbers in this table may increase without being notified as new case/specimen in the current week



### Polio Gender Champions

The GPEI gender workstream is supported by [Polio Gender Champions](#), who work to raise the voices of those engaged in the programme.

Champions include Senator Hon Marise Payne, Australian Minister for Foreign Affairs and Minister for Women; Wendy Morton, Minister of European Neighbourhood and the Americas at the Foreign, Commonwealth & Development Office in the United Kingdom; and Arancha González Laya, who is the Spanish Minister for Foreign Affairs, European Union and Cooperation.