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Polio Perspectives

polio network victoria

Sharing our story this year – please help

Chair report
Bev Watson

I START this report extending my thoughts to those members of Polio Network Victoria living in NE NSW and SE Qld who may have experienced the effects of the recent cyclone. In the southern states we rarely have to deal with the difficulties of such a disaster but sincerely hope you are able to be supported in all ways that you require.

At the recent AGM of PNV, all committee members were nominated to continue in their roles as no election was required. I thank those who work with the committee for their continued support and attendance at meetings, some from long distance.

The committee decided to again present our annual Polio Day in October, 2025. We must highlight that due the low number of registrations for the 2024 event, PNV had to pay a cancellation fee of in excess of $3,500. This is not a situation we can afford to face again. So, I urge those able to make the effort to attend Polio Day this year in Bendigo. If there is not sufficient support other options will need to be considered to highlight World Polio Day and bring us together. We will advise about venue, cost and theme when details available..

May 20-21 PNV has an information space at the ATSA Independent Living Expo, at Melbourne Showgrounds. For nearly 25 years the ATSA Independent Living Expo has been Australia's foremost exhibition for assistive technology, rehabilitation and aged care equipment. This will provide a fine opportunity to promote the work PNV undertakes to support Victorian Polio survivors in so many ways.

Huge thanks go to those who make a contribution to the production and delivery of *Polio Perspectives*. Your assistance, whether large or small, makes a real difference since we do not receive any government funding for our activities. In this edition, we are celebrating our heroes for International Women's Day (Pages 3-7). PP is also introducing (Pp7-8) useful gadgets to make life easier and should be available through your NDIS or My Aged Care Package.

If you are aged 65 or over, I cannot stress enough the importance of making sure you are registered with My Aged Care to be eligible for assessment and assistance to remain at home with appropriate support keeping you safe and in good health. Please don't put off taking this vital first step of registering. To access My Aged Care, you can either call their contact centre at 1800 200 422 or visit their website at *myagedcare.gov.au*

Finally, my thanks to all Group Convenors for continuing to support local members and to the PNV committee for always being available. It was so pleasing to see recognised the role of Victoria's support groups in the study of hospitalisations of Polio survivors over 10 years. (article from P2).

Take care everyone.

Bev Watson, Chair , Polio Network Victoria

Contact PNV: PO Box 205, Woodend, Vic. 3442 Phone: 0407 227 055
E: polionetworkvichelp@gmail.com ***Please advise if changing address or email.***

Polios going to hospitals in Australia hard to quantify and why – new study

Key points:
- value of Victoria's two support groups and Polio Services at St Vincents
- Figures under represented owing to misdiagnosis of Polio;
- lack of clinical awareness of Polio,
- our reluctance to talk about Polio and face hospital again

A STUDY over 10 years of admissions to hospitals in Australia by people with post polio has revealed greatest risks were new respiratory problems and serious falls – but Victoria comes out of it well thanks to 'gold standard post polio service infrastructure' including support groups.

Carried out by researchers from University of Adelaide and Polio Australia's Michael Jackson, the study has just been published in the Journal of Public Health, Oxford University Press. It shows the polio affected population (diagnosed and undiagnosed) is estimated in Australia to number in the tens of thousands. While described as 'imprecise', this is based on historical records, disease reports and other recent studies.

Victoria's rate of hospitalisation was low, both raw and per capita, owing to "their gold standard post-polio service infrastructure. The State has a designated post-polio clinic which also provides a mobile clinic that travels to six regional cities annually, and the state has two active post-polio support organisations.

"These factors provide those affected by Polio in Vic with clinical and peer support to aid LEoP/PPS management. In addition, other specialist services are position centrally and close to the state's population".

The rate of hospitalisations was found to differ over the months. NSW had substantially greater raw numbers, South Australia had the most, and Victoria had the least hospitalisations per capita during the period. South Australia's high figures were put down to the capacity of community health or higher rates of comorbidities.

The data suggests those affected by Polio are spread relatively proportionally between capital and regional areas. QLD and Vic hospitalisations appear distorted towards regional services when compared to population. "This might be explained by the quality of or access to regional services or by health disparity in regional areas."

Rising hospitalisations for some neurodegenerative conditions may be attributed to increased disease prevalence due to an ageing Australian population, the study notes.

Hospitalisation rates were vastly difference reflecting inherent differences between conditions such as Post Polio, Multiple Sclerosis, Parkinsons and Motor Neuron Disease. "The rise also may reflect a gradual increase in use of hospitals by this population as they age and as conditions emerge or progress". The decade of the study "aligns with the development and roll out of the NDIS." It also included the Covid period when people were reluctant to go to hospital.

Those with PPS had the lowest hospitalisations of the four conditions for reasons we know only too well. "Those experiencing LEoP/PPS are difficult to identify and likely not fully captured in the data. Factors include misdiagnosis, low societal and clinical awareness of LEOP and psychological aspects (acute polio post-traumatic stress disorder, personality, disassociation, coping unpreparedness, false beliefs, health anxiety)".

"The majority of people living in Australia who have or are likely to develop LEOP are over 60. Australians aged over 65 are more likely to be hospitalised. The rate seen in

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Heroines of Polio recognised for International Women's Day

INTERNATIONAL Women's day 2025 saw online well earned tributes to women working to support polio survivors from Pakistan to Philadelphia. So after a 'ring around' for suggestions we added our own local heroes - doctors, physics ,patients, vaccinators, especially remembering our mothers who sacrificed so much.

Ayesha Raza Farooq - Pakistan's Minister overseeing Polio and children's health.

Sister Elizabeth Kenny

THE Pakistan Polio Eradication Program marked International Women's Day 2025 with a dedicated event at the National Emergency Operations Centre (NEOC) in Islamabad to recognise the critical role of female polio workers in polio eradication initiative across the country. The event highlighted the program's commitment to women's participation, protection, and acknowledging the dedication of more than 58.4% female polio workers who tirelessly serve communities in some of the most challenging environments.

Seventy deaths of polio workers in Khyber Pakhtunkhwa province, have been confirmed since 2012. The year 2021 started with a further shooting incident on polio teams and with parents refusing to vaccinate their children in Karak City of KPK province of Pakistan.

Ms. Ayesha Raza Farooq, Prime Minister's Focal Person on Polio, emphasised the government's unwavering assurance to creating a safe and empowering environment for female frontline workers. "Today, as we commemorate International Women's Day, I want to reaffirm our collective commitment to ensuring a safe, dignified, and enabling environment for every female frontline worker. The Pakistan Polio Program has developed a comprehensive Anti-Harassment Policy, aligned with the 'Protection against Harassment of Women at the Workplace Act' of 2010 and its 2022 amendment, to safeguard their well-being and professional growth. Every worker has the right to a respectful workplace, free from harassment," she stated.

Meanwhile in the USA, the International Centre for Polio Education the world's foremost centre for PPS research and education, posted a tribute to Australian nurse, Sister Elizabeth Kenny for International Women's Day. "Kenny was a Queensland nurse who as early as 1910 reported treating polio cases in the bush back 'to normalcy'," THE ICPE post said. "She was told by the orthopaedic surgeons of the time that her ideas violated the accepted rules for treatment, among which was immobilisation (e.g. splinting,

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plaster casting). In the 1940s, she wrote articles and visited the United States to promote her ideas regarding the use of warm moist packs to relax muscles, and to focus on re-educating the muscles that were left.

"Three years after her death in 1952, the Sister Kenny Foundation was formed by her supporters, recommending a trial of the oral vaccine in 1957-59 and later funded two worldwide conferences by the Pan American Health Organisation (PAHO) to discuss the pros and cons of the live oral vaccine. At this time, the NFIP was concentrating its energies on the inactivated Salk-type vaccine and the activities funded by the Sister Kenny Foundation were instrumental in the eventual licensing decision".

Sister Kenny memorial, Nobby, Qld.

Returning to Australia however, she was greeted with the report of a Royal Commission of leading Queensland doctors which damned her methods. However, she was given a ward at the Brisbane General Hospital and early cases of the disease to treat. Aubrey Pye, medical superintendent, stated that her patients recovered more quickly and that their limbs were more supple than those treated by the orthodox method. But the medical profession largely ignored her. Her work is remembered in Qld with a park and memorial museum at Nobby.

Not all Polio survivors celebrate the way her treatments were applied. New Zealander, now Victorian, Mike Tew, was sent to the Duncan Foundation Polio Hospital, Whanganui, which used the Kenny method. Mike recalls going into a doctor with one of his wrists badly twisted. He was asked to write his name on the board with that wrist. Then given Kenny hot packs, so hot they scalded young skins – as MP member the late Margo Ashton and others, experienced at the Hampton Polio hospital. After the hot packs, the doctor attempted to force-twist Mike's wrist back into the 'normal' position. Pain was excruciating of course. And not that successful. After more treatment he was asked to write his name again. Slighty better.

But there were many more women heroes of the Polio epidemics. Our mothers for a start, who did their best in wartime and with post war rationing and minimal understanding of what was happening to their children. There were doctors such as Dame Jean Macnamara, matrons such as Lois Ditchburn at Lady Dugan, some nurses and physios who didn't totally subscribe to 'tough love' such as Betty Fussell.

Dame Jean Macnamara DBE (1899–1968), medical doctor and scientist, was involved in crucial research into poliomyelitis during the 1920s and 1930s. Born in Beechworth, Victoria, she studied Medicine at the University of Melbourne, graduating in 1922. The following year, she was appointed resident medical officer at the Royal Children's Hospital, Melbourne and began to specialise in the treatment of polio. Awarded a Rockefeller Foundation Travelling Scholarship, between 1931 and 1933 she studied in the USA, Canada and England. Returning to Melbourne, she worked at the Children's Hospital and at the Walter and Eliza Hall Institute. Her work with Frank Macfarlane Burnet led to the identification of multiple strains of the polio virus and proved pivotal in the development of the Salk vaccine. She was honorary medical officer to the physiotherapy department of the Royal Children's Hospital from 1928 to 1951, and for her work with children she was made a Dame Commander of the British Empire in 1935. From the early 1930s, Macnamara campaigned for the introduction to

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Miss Betty Fussell, Polio Day 2006

Not forgetting our mothers.

Dame Jean Macnamara

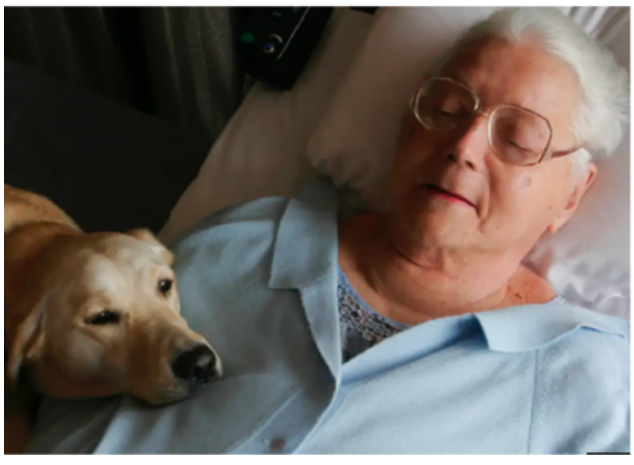
Australia of the myxoma virus. In the face of commercial opposition, she maintained that if the country was to be left with any topsoil, rabbits must be eradicated. Myxomatosis struck late 1950, and a year later rabbit numbers were so reduced that the national wool cheque was said to have increased by £30 million. In 1966, Dr Macnamara was the first woman awarded an honorary Doctorate of Laws by Melbourne University. Some families moved to Melbourne from interstate for her treatment, Pamela McArthur-Oleson now of Rosebud reminded.

Betty Fussell was appointed an itinerant physio in 1948, becoming Deputy Physiotherapist in 1953. She had worked at the Royal Melbourne and Epworth Hospitals, before being appointed lecturer in medical gymnastics to second year physiotherapy students. Initially responsible for the Gippsland region, she would travel to Orbost in the far East every fortnight, taking three to four days to cover the area. In the intervening week, she would cover the LaTrobe Valley in a day, a round trip of 300kms. Miss Fussell took over running Lady Dugan at Malvern in 1953. She retired in 1986 and died in 2008.

Miss Fussell spoke about Dame Jean at Polio Day in 2006: **“**Two stories to remind you of her dedication to the care of polios. She worked out a time table for one family with two children who had contracted polio, the day would need to have had 25 hours to carry out her very detailed instructions. “We physios at Lady Dugan set off to learn typing in desperation, as we only had a typist at Lady Dugan occasionally and our writing was getting harder to read. The Dame's letters of instructions were difficult to read — I remember hearing that some parents took them to the chemists to decipher, I hinted to the Dame that she might follow suit, getting the reply "I LIKE writing". I became quite expert in reading her writing in the end. Once I had to ask her to interpret a sentence that I read as an instruction to iron the carpet. Yes, she said, that is right, and described an exercise!”

Then there were and are hero survivors such as **June Middleton** who had polio aged 22, to spend 60 years in an iron lung. "It's hard to explain but it's what you gotta do, make the most of it, get over the obstacles on the way," she said. 'It doesn't pay to be miserable," she said.

June died in Melbourne in 2009, aged 83, her dog Angel ever by her side.



June Middleton and Angel.

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Memories from Rosslyn Pickaver

Like Shirley G. I thought of Dr J MacNamara. I met Dr MacNamara as a school girl attending the Yooralla school in 1962 I think. The school was in Pelham Street, Carlton, near the Children's Hospital. Dr MacNamara was on a tour of the school as an honoured guest. She had probably treated many of the students over the years.

There is also interesting material on the many dedicated physiotherapists who strove to get their patients up and mobile again. Many of them were quite young women graduates who made a career in working with polio survivors. One name that springs to mind is Jocelyn Towns. Polio Oz News 2014 has an article by a former patient about the wonderful help that Jocelyn Towns provided to her in the long rehabilitation struggle that so many experienced. Ms Towns became head of the physiotherapy department at Fairfield Hospital, I think, and was a great team leader.

These physios travelled around the suburbs and out across the state to visit families with a child recovering from polio to provide equipment and set up exercise programs that the parents could continue between visits. I heard of one physio, a young mother with a toddler daughter, who packed her car with splints, mats etc. strapped the toddler in and drove off to Gippsland visiting families on dairy farms or soldier settler blocks to provide therapy for their child as part of her country circuit lasting some days away from home. As a three year old just out of hospital I received physiotherapy at home (fortunately, in the suburbs) from Miss Van Senden, another determined young woman who dedicated her career to working with polio survivors.

As you say, so many of the heroes in polio rehabilitation were our parents, in particular, our mothers. In our Northern Region Post Polio Group members recalled the enormous effort their mothers made to get treatment for them. Two members recalled that as they were in the long polio prams, their mothers had to wheel them all the way from their homes in the suburbs to the Children's Hospital in the city, usually with the other siblings tagging along as the trip took all day there and back and they didn't have family or friends available to mind the rest of the family for the day. No wheelchair taxis or patient transport in those days. One family lived in Fawkner, a very outlying suburb in those years. They would set off early in the morning and didn't get back until sunset. Another member recalled how family members and local neighbours were vital help in maintaining the rigorous schedule of exercises for her rehabilitation. Led by her mother and grandmother, teams of helpers would make sure that the exercise program was thoroughly followed. Nothing was skipped or forgotten.

It's amazing what is shared just through chatting. In my local community two very elderly ladies in their nineties revealed their polio experience. One recovered from polio and regained full use of her limbs, helped by an extensive exercise program supervised by family and friends similar to the case mentioned earlier. As a busy mother with her own family she managed well, only noticing fatigue and a slightly weakened leg aching after a long day out or a particularly active day. The other was a surprising link to me. In 1954, aged three, I was admitted to Fairfield Hospital with acute polio infection. In 1954 this second neighbour was a young nurse at Fairfield Hospital, looking after the children in the polio ward. She went on to live a long and busy life, raising a family, being active in the community until frailty reduced her activities.

The occupational therapists – so many of them women – were another source of key information. An experienced OT with extensive knowledge of polio and its late effects can make all the difference between struggling with a tiring and unsuitable situation and enjoying a convenient, easily managed arrangement.

Then there was the Sugarbird Lady, Robin Miller, a nurse living in remote northern Australia. She realised the urgent need to get the polio vaccine out to remote Aboriginal communities. She learned to fly a plane and flew solo trips delivering the vaccine. It

Cont P7. 6

was given to the children in sugar cubes, hence her title of 'Sugarbird'.

They would have been using the Sabin vaccine as it is given orally. On a trip to Broome I was shown her grave, next to her father who was a leading aviator and formed an airline company in partnership with a Mr MacRobertson, known as MacRobertson Miller Airlines.

They provided a vital service in remote Australia from 1927 to 1993, according to Wikipedia. Even if this lady had aviation connections it was still a remarkable and courageous program to take on - especially flying solo!

Sugarbird Lady's story, available via Amazon.

Gadgets that may save effort

When fingers and hands fail to grasp small items, open jars, cans, pick up stuff from the floor, even pull on undies and trousers, help is available. We may not want to fill our lives with new gadgets, but if kept handy mind, they can save frustration and effort. The following selection is available from Independent Living Specialists, Bruce Street , Mornington, or Westernport Mobility, Victoria St, Hastings. Both have accessible catalogues on their websites to browse and order.

Easi grip scissors $76.99: lightweight with plastic handles and stainless steel blades. Require only a gentle squeeze to operate, can be used between fingers and thumb or fingers and palm of either right or left-hand.

This stainless steel cooking basket $129.99, allows vegetables to be cooked and strained without lifting a pan of boiling water. The large flame-retardant moulded nylon handle is easy to grip and provides heat insulation.

Cont P8....7

The Canpull Tin Opener $19.50, is a durable device designed for opening ring pull cans. Easy to use, hook the end under the ring, fold forwards and roll back. Suitable for users with arthritis or a weak grip. Also features a sodasnap, designed specifically for opening the ring pulls on cans of drink.

Sure Grip Bendable Utensils $18, designed to assist people with restricted mobility, diminished strength, limited hand and wrist dexterity. Sure Grip Bendable Utensils feature the ability to bend just above the handle at a more comfortable angle. also dishwasher safe.Note: knife is not bendable. handle prevents the utensil from slipping out

This device $19.99, helps make dressing and undressing simpler with two different ends to fasten buttons and zips. Easy to store and carry around in a bag. Plastic tipped wooden handle with steel hooks.

Easireacher, $56.99, means picking up objects doesn't have to include stretching and bending. An economical yet durable reacher constructed with durable wire-driven jaws.

Flexyfoot Tip: $36.99, dynamic rubber tip designed for confidence using a walking aid. Patented air sprung suspension provides cushioning and allows full contact of the rubber tip with the ground, improving grip and stability on all terrains, including slippery and uneven surfaces. Eases aches & pains associated with constant stress and impact on joints.

Polio Day, PP, and our support groups exist for us to keep in touch with fellow survivors. We have special relationships going back to childhood. We may not have known each other then, but that friendship today runs deep. Was there a pal from childhood polio days at Fairfield, Lady Dugan, Mt Eliza, Mt Macedon Golf House, Hampton, the various base hospitals, you'd like to talk to again? Let us know and we'll try to help that happen. E: *polionetworkvichelp@gmail.com*

Rate of Post Polio hospitalisations - from P2

this data appears unrelated to the estimated post-polio population size, health profile and risk, reinforcing concerns regarding population under identification.

However, Polio Australia's population estimate could have been seen to be high, the report states. Capturing additional data through community screening, awareness campaigns and a national patient registry, would improve accuracy of post polio prevalence. The research team concluded: "further examination of Australia's post polio prevalence may inform world-wide estimates".

Research team members were: Timothy J.H Lathelean, post doctoral research fellow; Akhilesh E Ramachandran, doctoral candidate; Michael Jackson, clinical educator, Polio Australia; Dr Nigel Quadros, SA Clinical consultant, sadly died during course of the project. He had run the only post polio clinic in South Australia.

For a full copy of the study contact e:polionetworkvichelp@gmail.com

Top: Michael Jackson, above Dr Nigel Quadros

Post-polio immune therapy aces human trials

by Paul McClure March 15, 2025

Recent human trials of a new one-year-long immune-based treatment for post-polio syndrome, have produced positive results.

Post-polio syndrome (PPS) affects between 25% and 40% of polio survivors years after the initial infection, characterised by new weakening in muscles previously affected by polio, as well as seemingly unaffected muscles. While there's currently no treatment other than symptom management, a recent clinical trial evaluating the effectiveness of a novel treatment for PPS has produced positive results.

"This study is great news since it proves that the ongoing decline in physical functioning due to post-polio syndrome, which was so far considered inevitable, can be halted, and even be improved," said Professor Dr Frans Nollet, Department of Rehabilitative Medicine at the University of Amsterdam's Academic Medical Center (AMC), and one of the study's principal investigators. "That is positive for all polio survivors, confronted with increasing disabilities as they age and for whom no effective medication was yet available."

Grifols, a global healthcare company, producer of plasma-based medicines, developed the novel intravenous immunoglobulin (IVIG) treatment called Flebogamma 5% DIF. IVIG involves injecting a concentrated solution of antibodies into a vein to boost the recipient's immune system's ability to fight infections and reduce inflammation.

The investigators recruited 191 participants for the clinical trial, to see if the treatment helped people with PPS improve their physical ability and if it was safe. In 95% of the participants, their legs were most impacted by PPS. The principal test was the two-minute walk distance, to test strength, endurance, and mobility.People who received Flebogamma 5% DIF injections once a month for 12 months walked an average of 12.75 m farther than before treatment. Compared to the placebo group, the IVIG walked an extra 6.07 m (20 ft) on average. The treatment was found to be safe and well-tolerated. The most common adverse reactions reported in at least 5% of adult trial subjects, were headache, fever, pain, infusion site reactions, diarrhoea, chills, and hives.

"These results show a meaningful physical accomplishment, providing patients with more freedom of movement and the ability to be more self-reliant," said Dr Jörg Schüttrumpf, Grifols Chief Scientific Innovation Officer. *Note, the trial results have not yet been peer-reviewed or published in a scientific journal.Source: Grifols*

Useful info

Contact PNV:

PO Box 205, Woodend, Vic. 3442
Phone: 0407 227 055
polionetworkvichelp@gmail.com
Contact Bev for any questions, venues of meetings, PP content.

Polio Services Victoria (PSV) 9231 3900
St Vincent's Hospital, ground floor, Bolte Wing, Fitzroy, 3065. Team of allied health professionals offers: access to a rehabilitation consultant (referral required); specialist assessment; referral to & collaboration with mainstream health providers to develop client service plans; information & education service to health providers, clients who had polio, & the wider community.
PSV online: www.psv.svhm.org.au\

Mobility Aids Australia
offers electric scooters, lift chairs, wheelchairs, walkers, electric beds, bathroom and toilet aids and much more. 1/820 Princes Hwy, Springvale
Ph: 9546 7700

Travellers Aid service
www.travellersaid.org.au/bookings
- Southern Cross station 9670 2072
- Flinders St Station: 9068 8187
- Seymour 5793 6210

Home & Community

My Aged Care
Australian Government website and phone line on aged care services available.
Ph: 1800 200 422

NDIS
If aged under 65 with a disability - requires assessment.
Contact 1800 800 110

Equipment funding
State Wide Equipment Funding – SWEP
Ph: 1300 747 937. Aids and equipment to enhance independence at home. Arrange through SWEP's physio or OT.

Leef Independent Living Centres
Ph: 1300 005 333. Stocks scooters, walkers, assistive technology, shoes and clothing. *https://ilsau.com.au/store-finder/*

Neuromuscular Orthotics
Phone:1300 411 666
25 Glendale Cres, Mulgrave, 3170.
Darren Pereira - Principal Orthotist.
w.neuromuscular-orthotics.com.au

Polio Support and Advocacy Groups

For all contact details:
Bev Watson: 0407 227 055
polionetworkvichelp@gmail.com

Bayside first Tuesday of month

Bendigo third Saturday bi-monthly

Hume second Saturdays

Lilydale/ Yarra Ranges meet second Wednesday, monthly social group.

Mornington Peninsula: second Saturdays, 11am @ Mornington Community House. Also luncheons, third Tuesdays, Sandwich King, High St, Hastings 12.30. All welcome.

Shepparton quarterly first Tuesday.

South Eastern Region second Saturday

Warrnambool fourth Tuesday.

Regional clinics PSV

venues and dates

March 26/27: Korumburra
June 4/5: SW Vic Colac
Aug 27/28: Shepparton
October 8/9 Traralgon
November 19/20 Horsham

Readers of *Polio Perspectives* have indicated willingness to pay $10 annually to receive the quarterly newsletter. No longer supported by an auspicing body, Polio Network Victoria relies on funding to print and email this newsletter, undertake other activities, so Dear Readers now is the time to send your $10. Address to The Treasurer, PO Box 205, Woodend, 3442, or by direct deposit to:
BSB 633 000 a/c 169 887320. A/c name Polio Victoria Inc. Be sure to put your name in the reference field and **provide email address** to save postage and paper. Thank you!

Life Skills for Polios – a light-hearted handbook

Everything you wanted to know about post-polio but were too afraid to ask? The ideal book for health professionals, friends, family and polios wanting to know how to manage not only post-polio symptoms, but how gracefully to:

- go shopping when supermarkets are too big;
- downsize home and life;
- demand the right chair;
- avoid falls and worse;
- manage the big four painful body parts;
- exercise without overdoing it;
- and find much needed sleep.

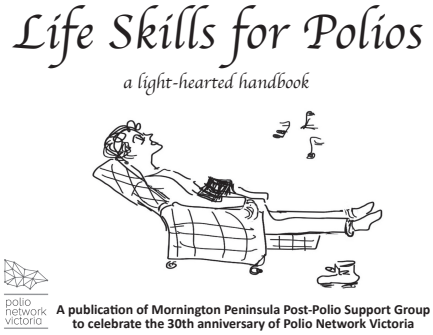
Cost $15 plus $9 postage and packaging.
As an e-book $US5**:** *www.postpolioinfo.com/lifeskills.php*

Iron Wills – Victorian Polio Survivors' Stories
Stories from schooling to later life, *plus* a history of polio and founding of Polio Network Victoria.Cost $20 plus $9 postage and packaging.

Polio Network Satchels - $15
Strong with strap for shoulder or scooter/wheelchair back. Also drawstring bags $5

The Polio Day Cookbook
– fine food for the fatigued $15 plus $9 postage packaging to purchase: olionetworkvichelp@gmail.com

Polio Perspectives Editor: Fran Henke



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