



Polio NZ Inc
POLIO NEWS

August 2016



AGM! If Ever There Was a Year to be There, This is It!

With Polio NZ beginning one of its most exciting years ever, this is the time for polios to stand up and be counted, whether voting in person or by proxy.

President Barry Holland and Programme Manager, Gordon Jackman, are adamant that AGM 2016 is not to be missed.

“Yes, I know, AGMs are never the most exciting event on most people’s calendar, unless you’re expecting the announcement, of a special dividend!” said Barry.

“Well, Polio NZ has collected some special dividends this year, which could soon help ease the anxiety, frustration and pain of those of us enduring the late effects of Polio.

“It’s also the first AGM since our Programme Manager started his contract. He’ll outline the exciting progress he’s made



toward the goal of Polio NZ to provide greater support for polio survivors.

“Finally, it’ll be your once-a-year opportunity to quiz the President and Polio NZ Board members on the past year’s issues and plans for next year.”

Gordon is equally upbeat, citing the Polio NZ Retreat at Queen Elizabeth Health (Rotorua) August 12-14, the Orthotics Workshop with world-renowned Marmaduke Loke on September 13-17 (also at QE Health) and the Sydney Post Polio Conference from September 20-22.

“At this stage we have about eight health professionals from New Zealand attending the conference, which bodes well for the future,” he said.

On top of this comes news of several major grants that will do much to assist polios in different parts of the country. Information about these can be found in the inside pages

Polio NZ Inc.

Polio NZ is an incorporated society dedicated to seeking support for people who have had poliomyelitis. It does this through information sharing and where possible, assistance to Polio Society members and their families, whether or not they are experiencing problems at present.

The Society's Board of Management meets regularly, either in person or by teleconference, and the annual general meeting of members is usually held in September or October.

Polio News is published three times a year (usually April, August and November) and sent to all members.

Contributions are welcomed and the deadline for copy is the 15th of the month before publication. Ideally, it should be received well before that date.

Disclaimers: Opinions expressed in the newsletter are those of the writers and not necessarily those of the Society.

This newsletter is not intended to provide medical advice. For decisions about health matters, first consult your health professional.

Similarly, no brand name product mentioned in this newsletter has any formal endorsement by Polio NZ.

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The Society expresses thanks to the Lottery Grants Board for its assistance towards the costs of this newsletter.

Our President says:

Patience is a Virtue!

Every day I feel those suffering from the late effects of polio have patience in spades. We've waited and waited a long time and gradually had any hope of advances in care or resources, let alone recognition for polio sufferers, slip from our grasp. We were slowly disappearing off the NZ health system's radar.

Hopefully that's all about to change! Since the start of this year we've seen some positive moves. You will still need patience though, as the wheels turn very slowly in the public health domain.

Just over six months ago, Polio NZ contracted one of our members, Gordon Jackman, to be our full-time Programme Manager. Gordon was the excellent facilitator who led the setting up of our strategic plan at the 2014 AGM and conference. He's also very adept at organising, prioritising, researching and in nurturing relationships.

In the relationship area he's been outstanding. This is an important area for raising our profile with health professionals. It's slow going, but real progress is being made. He's renewed our relationship with QE Health in Rotorua, where many of our members have been in the past.

QE is keen to take a stronger role in assisting our members and creating a full assessment and rehabilitation facility. He's now working closely with physio Julie Rope who runs Rope Neuro Rehab in Auckland and is keen to set up a facility there for our members.

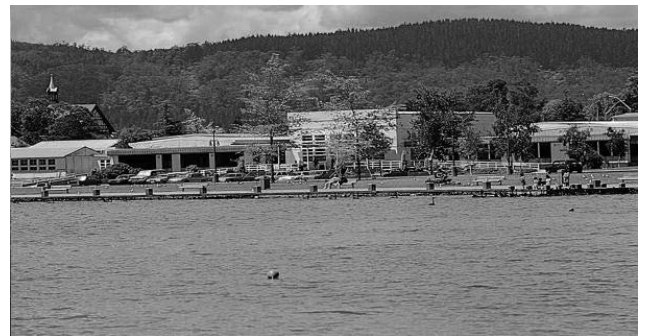
Gordon's also in exploratory talks for a clinic in Christchurch and has been successful in getting funding for a Polio Epidemiology study in Auckland to establish the number of polio survivors in New Zealand. The list of key personnel continues to grow.

There is more I could tell but space limits me this time.

Will this momentum continue? Yes. We have received funding for the Programme manager's position to continue for at least another year. This funding will come from the Sir Thomas and Lady Duncan Trust, to whom the Board and all our members are deeply, deeply grateful. They've been with us for over half a century and we are most appreciative of their sincere dedication to our cause.

PS. As I write this we've just been successful in getting a \$20,000 grant from the Freemasons Foundation to fund the Dynamic Bracing Fundamental Course to be run by world-leading orthotist Marmaduke Loke and to be held for orthotists in New Zealand in September. Sincere thanks to the Freemason Foundation for this grant.

Best wishes,
Barry Holland.



Queen Elizabeth Health as many polios who spent time there in past years will remember it. Polio NZ is renewing its relationship with the hospital which is undergoing changes of its own and will be the venue of the 2016 Retreat.

Mothers' milk cited as possible barrier to early polio

The College of Physicians of Philadelphia suggests that poliomyelitis might have been an early penalty for better hygiene.

In a report on the history of vaccines on its website, the College said:

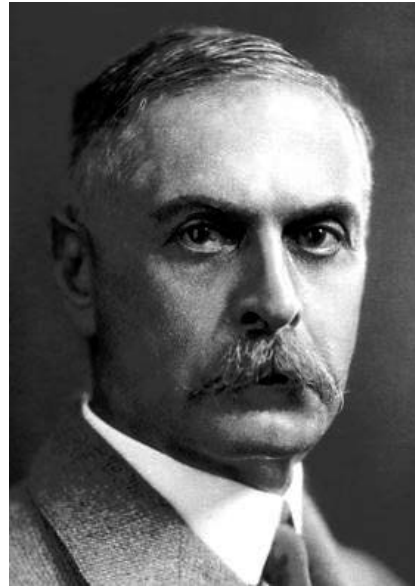
“Polio reached epidemic proportions in the early 1900s in countries with relatively high standards of living, at a time when other diseases such as diphtheria, typhoid, and tuberculosis were declining. Indeed, many scientists think that advances in hygiene paradoxically led to an increased incidence of polio.

“The theory is that in the past, infants were exposed to polio, mainly through contaminated water supplies, at a very young age. Infants' immune systems, aided by maternal antibodies still circulating in their blood, could quickly defeat poliovirus and then develop lasting immunity to it.

“However, better sanitary conditions meant that exposure to polio was delayed until later in life, on average, when a child had lost maternal protection and was also more vulnerable to the most severe form of the disease.”

The Philadelphia researchers said that although polio had been eliminated from the Western Hemisphere, vaccination was still recommended worldwide because of the risk of imported cases from infected areas.

“In the United States, children are recommended to receive the inactivated polio vaccine at two months and four months of age, and then twice more before entering elementary [primary] school,” the report said.



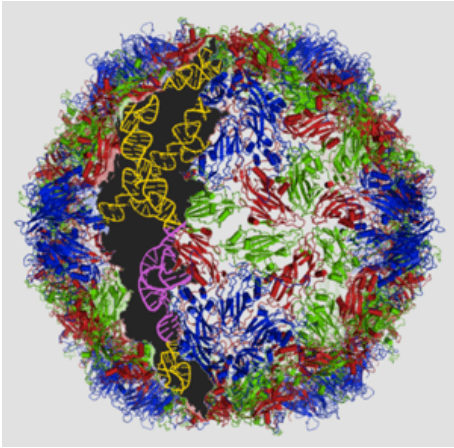
Karl Landsteiner, (June 14, 1868 – June 26, 1943).

Medical Pioneer Honoured

Hands up all those who took the time to read the bio of the above gentleman who was featured on Google's Homepage on June 14?

Karl Landsteiner, an Austrian and American biologist and physician, was a blood transfusion pioneer and the co-discoverer of the polio virus.

He is noted for having first distinguished the main blood groups in 1900 (however, Jan Janský described and distinguished main blood groups before him), having developed the modern system of classification of blood groups from his identification of the presence of agglutinins in the blood, and having identified, with Alexander S. Wiener, the Rhesus factor, in 1937, thus enabling physicians to transfuse blood without endangering the patient's life. With Constantin Levaditi and Erwin Popper, he discovered the polio virus in 1909. He received the Aronson Prize in 1926. In 1930 he received the Nobel Prize in Physiology or Medicine. He was awarded a Lasker Award in 1946 posthumously and is recognized as the father of transfusion medicine.



Scientists Might Use Polio Virus to Fight Cancer

Most of us have heard of snake venom being used as a cure for certain ailments, but it still comes as a shock to hear the polio virus could be used in the same way.

Is it true that the deadly virus, which laid waste to generations, could be about to find a new role as a slayer of cancer tumours?

On his website, Dr. Richard Bruno, author of *The Polio Paradox*, has struck an encouraging note.

“Dr. David Bodian showed in the 1940s that the poliovirus is a ‘silver bullet’ designed to kill brain neurons,” he said. “Damage to spinal motor neurons was an afterthought. There is no better way to kill brain cancer cells than with the ‘silver bullet!’”

When asked if the virus targeted cancer cells only, or attacked all brain cells, he was just as positive.

“Just cancer cells,” he said.

On the same site, the President of the European Polio Union, John McFarlane, had this to say:

“According to the papers from the FDA (Food and Drug Administration in the U.S.A.) and Dukes University the virus has been

genetically modified so it is incapable of causing paralysis.

“The extended trials will of course, in part, have to prove and verify these claims and assurances, together with looking at the perceived effect in acting as a carrier to attack the cancerous tumour. As Richard Bruno points out those involved to date at least are all vaccinated.”

Dr. Bruno responded to this by giving a brief background about PVS-RIPO, the name given to the modified polio virus used to fight cancer.

“To kill cancer cells, PVS-RIPO must not infect only cancer cells, but also it must be safe and not cause polio,” he said.

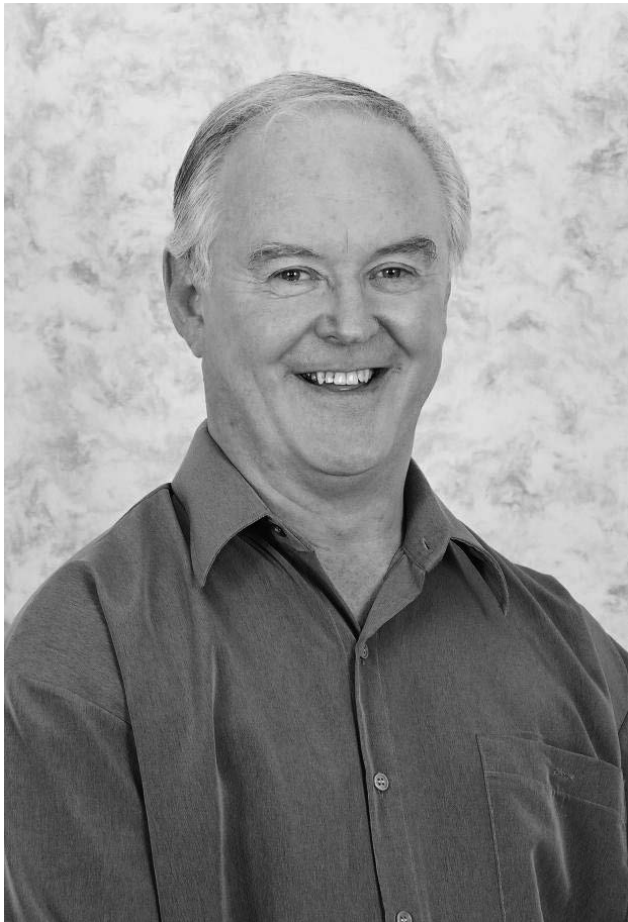
“Safety was achieved by genetically removing the code inside the poliovirus that causes paralysis and replacing it with a piece of the genetic code of a cold-causing rhinovirus.

“Safety testing in monkeys and human patients has shown no nerve cell killing, no ability to cause paralysis and no ability of PVS-RIPO to change back to the wild type poliovirus that can cause poliomyelitis.

“PVS-RIPO naturally infects almost all cancer cells because the receptor for poliovirus, which pulls the poliovirus into a cell, is normally present on most tumour cells. PVS-RIPO kills cancer cells, but not normal cells, because its ability to multiply depends on biochemical abnormalities that are only present in cancer cells.”

Says Dr. Bruno “To treat cancer, PVS-RIPO is injected directly into a patients’ tumour (e.g., in the brain). This assures that the maximal amount of poliovirus is delivered directly to the tumour. Once inside the tumour, PVS-RIPO infects and kills tumour cells. Although PVS-RIPO may kill tumour cells all by itself, the likely key to PVS-RIPO’s effectiveness is its ability to reveal the cancer cells to the patients’ immune system. The human immune system recognises viral infections so it can vigorously attack the poliovirus-infected tumour.”

Our President Features in QB Honours



Barry Holland, MNZM

President Barry Holland is a man who can keep a secret.

Some 10 weeks out from Queen’s Birthday in the first week of June, he was told he had been nominated for an award. But he had to keep the news to himself.

Then, at the beginning of May he was told he would become a Member of the NZ Order of Merit—but again it was Shhh!

Even his wife didn’t know until the night before when he called his family together to tell them.

When the public announcement was made the next day he was “overwhelmed” by the flood of congratulatory messages that followed.

“My first reaction to the award was one of complete surprise and being totally humbled by the fact that my peers thought I deserved some recognition,” he said.

While he had never thought he would get an award for his life’s work “you still enjoy them when you get them and I’m now looking forward to the investiture.”

Here is his citation, which mentions his involvement with Polio New Zealand:

“Mr Barry Holland has been involved with broadcasting for 53 years, specialising as a radio personality, a sports presenter and latterly as a newsreader.

“Mr Holland began his career at 1ZB in the 1960s and was the host of the television show ‘Break 21’ in the 1970s, co-fronted ‘Top Town’ for three seasons, hosted the ‘Superstar Series’ and the ‘On The Mat’ wrestling series. “He attended the 1988 Seoul Olympic Games and four Commonwealth Games to provide live broadcasts and commentaries back to New Zealand.

“He hosted a top rating sports programme on Saturday mornings on Newstalk ZB for 20 years, which included the popular ‘Buy, Sell and Exchange’ segment. He has been a sports producer for Peter Montgomery’s Sports World and Murray Deaker’s evening sports shows. He has tutored numerous broadcasting cadets at Newstalk ZB, tutors journalists at New Zealand Media and Entertainment and at the Whitireia Radio School.

“He served on the Board of Management of Polio New Zealand Inc for two years and was elected President of Polio New Zealand in 2014.

“He has been a voluntary member of the New Zealand Crippled Children’s Society.

“Mr Holland was a steward and Director of the Auckland Racing Club for eight years.”

Congratulations Barry!

Other Polios Making News

Wellington Coordinator Wins Volunteer Award

Polio New Zealand's livewire coordinator in Wellington, Claudia Mushin, has been named as a runner-up in the Minister of Health's 2016 Volunteer Awards.

The ministerial citation said:

"Claudia, a polio survivor, has coordinated the Wellington Polio Group for more than 10 years. She maintains regular personal contact with individual members, seeks out new members, works through accessibility and mobility equipment issues, organises events and provides information on polio, as well as making health warnings and advice available.

"She has become the 'go to' polio person for the Wellington area, assists the national Polio Board and is working with Massey University on a computerised accessibility information service to assist those with physical impairments."

Her hand is felt in many other areas of the community as well, extending her influence well beyond the polio community.

Well done Claudia!

Our Shirley's Got the Write Stuff!

Kaponga's Shirley Hazlewood, QSM, has made the national Stuff on-line news site after publishing a book about some of Taranaki's polios.

Entitled *We can do anything*, the self-published book is designed to raise awareness about polio and encourage those who are dealing with it.

She was only 14 months old when she contracted polio and she spent many of the

next few years in hospital, striving to come to terms with her situation.

Today, the title of the book is her creed.

"Polios can do anything – we're quite determined people," she told Stuff.

Shirley was seven years old before she was well enough to attend school and she withdrew from formal education five years later, using dictionaries and books to augment her education.

She worked as a post-polio field support officer for 22 years, is a life member of the New Zealand Polio group, a life member of the Taranaki Polio group, a Paul Harris Fellow and citizen's award recipient, and received a Local Heroes New Zealander Award in 2011.

Her book is available at any South or Central Taranaki library. It is also available at Puke Ariki. To buy, contact Shirley Hazlewood 06 764 6476. Books cost \$25.

But Wait, There's More . . .

Congratulations are also due to one of our southern members. Well done Doreen McCoard!

Christchurch City Council has given Doreen an award for Services on the Disability Advisory Board. Great to see our members being recognised for their commitment to the community

Let's Hear From You

We respond to our predicaments in different ways. Some of us try to be active in the wider world out there. Others withdraw behind the walls of our own homes and rarely venture forth.

But one way we can still link with other polios is through the pages of this newsletter. We'd like to hear regularly from all the polio groups around the country.

Designate someone to write to Polio News on your group's behalf, or drop the editor a line yourself. The contact details are on page two of each issue. Come on. You know you can do it!



A few months earlier these African polios might have been reduced to dragging themselves along the ground. Now dancing and football are favourite pastimes.

Standing Tall; Standing Proud

Free leg braces are bringing new hope and possibilities to young people in six cities in the Democratic Republic of the Congo (DR Congo).

A higher than average number of people there suffer from lower-limb disabilities.

Conflict and instability in the region have contributed to the problem, and much-needed medical treatment is scarce, particularly in rural areas.

Also, the DR Congo is one of the poorest countries in the world, so even where care is available, parents are rarely able to pay for the proper corrective equipment that could help their children dramatically.

Enter an organisation known as StandProud which has helped about 2500 children to date and carries out thousands of free brace repairs.

StandProud works in cooperation with a local partner, the Association Congolaise

Debout et Fier (ACDF) and more recently a UK StandProud counterpart.

The founder and chairman of StandProud, Dr. Jay Nash, said:

“Though our beneficiaries are primarily youth who were paralysed by polio during the first years of their lives, or who became paralysed as a result of ill-advised injections in their hips during treatment for malaria, StandProud also supports ACDF to assist youth suffering from the milder forms of cerebral palsy, those born with club feet, and some with spinal cord injuries (all of whom were previously confined to wheelchairs for many years).

“Most polio survivors have no way to move around except to drag themselves on the ground. Despite the high incidence rate of disability, the stigma associated with paralysis remains and serves as a barrier to education and employment for victims of paralysis.”

The braces allow youth to not only walk with greater dignity, but to be integrated into the same schools as other children.

“As visitors to the six StandProud/ACDF centres often remark, StandProud beneficiaries are also typically avid, unselfconscious dancers and soccer-players, comfortable with their disabilities and openly manifesting positive attitudes towards life,” said Dr. Nash.

At present, the organisation operates in six Congolese cities – Goma, Bunia, Butembo, Kalemie, Lubumbashi and Kinshasa.

It was founded in 1995 by Dr. Nash who initially either funded, or organised funding for the braces himself.

His involvement began when he was a US Aid worker and he has since founded the International Polio Victims’ Response Committee to direct international efforts to assist with the work.

Many of the braces are made by polio victims who received braces earlier and now help newcomers adapt to walking.

They make braces from salvaged steel and cut straps from old boots, handbags and other recycled leather materials.

One in Four Wearers of Orthotic Devices in Pain

One of the key concerns of many polios had was in getting good orthotics service from their District Health Boards, said Polio NZ programme manager Gordon Jackman.

“While the majority of people were happy with the services they got, that majority was slim,” he said.

“The most shocking finding was that about a quarter of the people who used orthotic devices, whether shoes or braces, were in daily pain from wearing them.

“Even more people were very unhappy with the way their braces and shoes looked and didn’t feel the importance of this was well understood.”

These findings were obtained in a survey of members conducted after concerns were expressed at the Polio NZ 2014 conference in Christchurch.

Mr Jackman said difficulties in getting access to orthotic shoes or braces orthosis, or getting them repaired or replaced was also a concern for many.

“Lack of coordination between orthotists, GPs and other health professionals was very obvious and could be greatly improved,” he said.”

Many people also felt that orthotists didn’t listen to them very well, didn’t give them all the information they needed, or didn’t treat them as a partner in the decision-making.

Mr Jackman said he would be speaking about the survey to the NZ Orthotics and Prosthetics Association’s annual conference in Wellington on August 4.

In addition, he would be working with each DHB’s director of allied health and the

Ministry of Health to see what improvements could be made.

Mr Jackman said the first stage of an epidemiological study of polio survivors in New Zealand had been completed. This showed that the number of people diagnosed as having had paralytic polio in New Zealand was around 11,000.

New Polio Vaccine

More than 150 countries have begun switching to a different polio vaccine - an important milestone towards polio eradication, health campaigners say.

The new vaccine will target the two remaining strains of the virus under a switchover 18 months in the planning.

There were just 74 cases of the paralysing disease in 2015 and there have been 10 so far this year.

All of the cases were in Afghanistan and Pakistan. Africa has been free of polio for more than a year.

Switching the vaccine from one successfully used to fight polio for more than 30 years is a huge logistical exercise.

Thousands of people will monitor the changeover in 155 countries during the next fortnight.

It is taking effect mainly in developing countries, but also in richer ones such as Russia and Mexico.

The new vaccine will still be given as drops in the mouth, so healthcare workers will not need fresh training.

It will no longer include a weakened version of type 2 polio virus, which was eradicated in 1999.

Dr Stephen Cochi, from the US-based Centers for Disease Control (CDC), said: “The current vaccine contains live weakened virus relating to three types of polio. But we don’t need the type 2 component, as it’s not in the world any longer. And in very rare cases it can mutate and lead to polio, through what’s called circulating vaccine-derived virus. →

(Ctd. From P9)

“So removing type 2 from the vaccine takes away that risk – and ensures we have a vaccine which will work better dose by dose.”

The planning involved in the switchover has included dealing with a global stockpile of 100 million doses of vaccine targeting just type 2, built up as an insurance policy in case of any outbreak.

The World Health Organization has denied some media reports that “millions” of doses of the old vaccine would need to be destroyed, by incineration or other approved means.

Manawatu Group Assisting With Polio Dinner

Terrace End Rotary Club in Palmerston North might have only 25 members, but it has helped to inoculate more than 12,300 children against polio in the last two years.

And it hasn't stopped there. A gala dinner at Massey University's Wharerata reception centre on August 17 will raise funds for even more vaccines.

This time two members of the Manawatu polio group will join the panel of three guest speakers – Mervyn Dykes and his wife Tina.

The lead speaker will be Bev Quinn, a nurse who has worked with polio patients. Merv will speak from the patient's point of view and Tina will describe her experience as a long-suffering spouse.

Afterwards, the panel will answer questions about their experiences.

Dr Bob Stewart, the organiser of the event, said the Club's fund raising would be matched 2:1 by the Bill and Melinda Gates Foundation as part of Rotary International's campaign to eradicate polio worldwide.

“It only costs 70 cents to inoculate a child under the Rotary PolioPlus programme,” he said.

Members of the public have been invited to join the club for the dinner and continue the fight against polio simply by having “an enjoyable night out with a meal.”

Major New Bequest to Aid Polios in Canterbury

Polio NZ has received an \$85,000 bequest from the estate of the late Almer Slack.

President Barry Holland said it was Almer's intent that this money be used to benefit Polio NZ Inc. members living in the Canterbury region.

“The administration of the monies is the responsibility of the Board of Polio New Zealand Inc. as one of the residuary beneficiaries of this estate,” he said.

“The final decision of how the money is administered is the responsibility of the Board, but we wish to work closely with our members in Canterbury to optimise the use of these funds for the benefit of Canterbury members into the future.”

At a meeting of the Board on July 19 it was resolved that the funds be used in the establishment of a polio clinic in the region and to help members attend the clinic. Details of how to achieve this will be determined at a later date.

JB Heads North

Long-time Deep South personality and community leader, J.B. Munro, QSO, has headed north to Christchurch to be nearer family.

JB and wife, Val, were farewelled by Dunedin polios on April 9 with an informal get-together at Diane Jackson's home.

“We just brought a plate and chatted,” said Patsy Kingston, the editor of Polio South.

JB was presented with a voucher and Val with a bouquet of flowers.

Polio NZ AGM 2016

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**Saturday, October 22
at 10.00 a.m.**

Sudima Hotel, 18 Airpark Drive,
Airport Oaks

Judy Says “Be There!”

This year's AGM will not be boring, promises Polio NZ Board member, Judy Lawley

But that is not all. Afterwards Gordon and Julie Rope from the Rope Neuro Rehabilitation Clinic will present progress on our first Polio Clinic.

Judy says to notify your attendance or apology to Jeannette Aldridge at secretary@polio.org.nz

Questions about accommodation or other matters should be directed to Judy at judy.lawley@xtra.co.nz or by telephone to 098180442 or 0272931747.

“Note that the airport venue allows us to offer transport to members who may be flying to Auckland.

“Nominations for the Board will be notified closer to the date.

“Talk to me, Jeannette, President Barry Holland, or any of your board members if you are thinking about it.

“Please think about it!

“This is your AGM. Please come if you can possibly make it.”

All members very welcome!

NOTICE OF ANNUAL GENERAL MEETING POLIO NZ INC.

10am – 10:30 am Morning Tea

AGENDA

1. Welcome by Chair
2. Apologies
3. Minutes of previous AGM and Matters Arising from Minutes
4. Life Membership presentation
5. Presentation of the Annual Report, including Financial report
6. Election of Officers, Board Members, and confirmation of Patron.
7. Remits
8. Motions
9. Any other business

Presentation by Gordon Jackman on achievements this year.

Presentation by Julie Rope from the *Rope Neuro Rehabilitation Clinic* on the pilot Late-Effects of Polio (LEoP) Clinic in Auckland.

Nomination Form and Proxy Form

Please find enclosed with this newsletter a Nomination Form and Proxy Form.

The completed, seconded and confirmed by nominee Nomination Form must be received by The Secretary by 5pm September 24, 2016.

Postal Voting

Introductions to the nominees and Postal Voting Forms will be sent to all members by **October 8** and postal votes need to be received by The Secretary by **5pm October 18**.

Postal votes can also be scanned and returned to The Secretary as email attachments to secretary@polio.org.nz

Duncan Fund Guidelines

The Duncan Fund programme of Polio NZ Inc. is made possible because of generous donations from the Sir Thomas and Lady Duncan Trust. Its purpose is to assist in addressing the needs of those living with the long-term effects of polio, for which no other funding is available.

The qualifying criteria for this assistance are as follows:

- The applicant is living with the long-term effects of having had polio.
- The applicant is in good standing as a member of Polio NZ Inc. (having paid their \$10 per year sub).
- The applicant shall produce evidence or otherwise convince the Duncan Committee that the purpose of their application is necessary in the management of their post-polio condition.
- Other avenues for funding need to be investigated before applying to the Duncan Fund. The Fund is for where there is no other funding available, or possibly where alternative funding would take too long as to make it impractical.
- The purpose of the grant must be for the personal benefit of the applicant in managing the effects of polio.
- The terms of the grant shall be determined by the Duncan Fund Committee of Polio NZ Inc. The Committee may decide to approve partial or full funding of the application. The approval or denial of any application is at the sole discretion of the Board of Polio NZ Inc. An application form for the Duncan Fund can be requested from:

**The Secretary, Polio NZ Inc.,
PO Box 791 New Plymouth 4340
or e-mail secretary@polio.org.nz**

The Last Word about the 2016 retreat

“The August retreat is not far away, and I for one am really looking forward to it,” says Vice-president Sue Griffin.

However, there are a few things of which we need to be aware.

“On Friday, August 12, there will still be patients in Queen Elizabeth. We will have a room to stash our luggage, and check in will be 3pm.

“During the day there are plenty of bathrooms and a ‘relax room’ for anyone wanting some time out.”

Sue says to please enter QE by the big door on the lakefront. It will be clearly marked and there is plenty of parking by the door.

“The first presentation starts at 10.30am on Friday,” she said. “Morning tea will be served along with some housekeeping, health and safety announcements at 10am.

“We have lots of time to relax and catch up. There are 53 people attending, so I am sure you will know someone.

“If you have any questions at this stage, please email me at vp@polio.org.nz”

The Retreat opens on Friday, August 12 and runs until Sunday, August 14.

“This is a time when we can meet and chat with others who have the same or similar issues, and we can feel totally relaxed.

“The programme has much that is informative, but leaves lots of time for mingling.

“Don’t forget to give me your travel details if you need transport on arrival. You can send them to me at vp@polio.org.nz

“And don’t forget to pack your swimming gear for the hot pools!”

See you there!