



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**THE SENATE**  
**MATTERS OF PUBLIC INTEREST**

**Polio Eradication**

**SPEECH**

**Wednesday, 12 October 2011**

BY AUTHORITY OF THE SENATE

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## SPEECH

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**Senator URQUHART** (Tasmania) (12:42): I rise to support the End of Polio campaign in this, Polio Australia's Polio Awareness Month and Post-Polio Health International's 'We're Still Here' week. The End of Polio campaign by the Global Poverty Project seeks to raise the final few hundred million dollars required to fully fund the Global Polio Eradication Initiative in its efforts to wipe out this highly infectious, crippling disease. The global community is 99 per cent of the way there. Polio rates have plummeted to a level where eradication is achievable. We should make this final push because the continuing existence of this debilitating disease risks the livelihood and futures of vulnerable communities the world over, threatening to pull them deeper into the cycle of poverty. Eradicating polio gives the poorest people in our world hope of a healthier life. We are the wealthiest generation in human history and we need to grasp the opportunities we have to leave this world in a better place for every country and every child. The hard work of generations prior to us has given us this chance to eradicate polio—we owe it to them to finish the job.

One case of polio is a threat everywhere. While polio is endemic in only four countries, it takes only one infected person to spread the disease to thousands. A study published in the *Lancet* in 2007 found that eradication will save \$40-50 billion compared to the cost of containment; it makes moral sense, it makes economic sense, it is the right thing to do.

We can take another big step forward at the end of this month at the Commonwealth Heads of Government Meeting where leaders of Commonwealth nations, including leaders of polio-endemic nations India, Nigeria and Pakistan, will come together to discuss global and Commonwealth issues, and to agree on collective policies and initiatives. At previous CHOGM meetings, significant discussions and decisions have included majority rule and independence for Zimbabwe, sanctions against South Africa and the encouragement of the end of apartheid, nuclear testing in the Pacific, and Zimbabwe's suspension then departure from the Commonwealth. The theme of CHOGM 2011 is 'Building global resilience, building national resilience'. Commonwealth leaders should seize this theme and make Perth 2011 the CHOGM that resolves to make the final push to eradicate polio, where leaders stand together with those from India, Pakistan and

Nigeria and say: 'Together we can end polio. Together we can build global and national resilience through consigning this disease to history, building a safer world for all.'

In the first half of last century, polio was one of the most feared diseases in industrialised countries, paralysing thousands of children every year. The wards of infectious disease hospitals were full of kids on respirators, on iron lungs, because they could not breathe. Their diaphragms had been paralysed. By the early 20th century, much of the world experienced a dramatic increase in polio cases and frequent epidemics, with thousands of children and adults paralysed.

Like most Australians, I have family members who have suffered through and survived polio. My Aunty Veronica and my mother-in-law, Valmai, both contracted polio in their early childhood. Aunty Veronica contracted polio around 1948. She was three years old. She had fallen down a few stairs at an aunt's house and complained shortly after that that 'her leg wouldn't walk'. My grandmother took her to the doctor and she was diagnosed with polio. Von then spent the next 18 months in Launceston at the St Giles Home for Crippled Children, as it was known then, some 40 kilometres from her home at Meander. During her time in St Giles she spent many days in an iron lung.

My grandmother did not drive, so getting into Launceston to see Von was very difficult. The family home was fumigated, and the other children had to stay home from school for some time. When Von finally returned home, aged nearly five, she had to sleep every night in an iron frame, flat on her back. My mother, the eldest, recalls that in the winter they used to warm old jumpers at the fire and wrap them around Von's legs to help keep her warm. She eventually recovered to lead a reasonably normal life but suffered with a limp for the rest of her life. She passed away aged 48.

My mother-in-law, Valmai, was also three years old when she contracted polio, but it was during the late 1920s, many years before my Aunty Veronica. She was sent to the Latrobe Cottage Hospital from the family home at Penguin—again, a trip of about 40 kilometres, a great distance in the 1920s. Valmai was one of seven children and transport was difficult, and as a result she was separated from her mother for about 12 months

while in hospital, a very traumatic experience for a three-year-old. She even forgot who her mother was in that time. While in the hospital she was strapped to what her daughter described to me as an 'ironing board thing'—obviously a memory her mother never forgot. There was no rehabilitation available when she returned home, so her mother would massage her legs and her brothers—there were five of them at the time—shared the burden and would carry her to school on their backs. It was not until Valmai was in her mid to late twenties that her condition improved and, although she could never run, she chose to swim instead for activity. Valmai eventually moved to a warmer climate in northern New South Wales but continued throughout her life to suffer post-polio syndrome and all her life had great difficulty in walking and getting around freely.

My Aunty Veronica and my mother-in-law, Valmai, were just two of the many thousands of Australians who contracted polio during epidemics in the first half of the 20th century. This week, as I said, is Post-Polio Health International's 'We're Still Here!' week, which seeks to highlight that there are many thousands of Australian polio survivors. These survivors, who caught polio around the time of my relatives, or who have migrated to Australia, are now experiencing the late effects of polio, which have a significant and negative impact on their mobility and independence. I say to these people: your campaign to be heard is working. You are not alone.

Luckily for most of the current generations of Australians and the rest of the developed world, a vaccine for polio has been in full-scale use since the early 1960s. Unlike with most medical breakthroughs, its creator, Jonas Salk, did not patent his vaccine, famously saying, 'Could you patent the sun?' This vaccine, which had been developed through donations from the people, was in turn provided to the people free of charge.

While the developed world had rid itself of polio a decade earlier, the 1970s saw polio recognised as a major problem in developing countries. Routine immunisation was introduced worldwide as part of national immunisation programs, helping to control the disease in many developing countries. When the Global Polio Eradication Initiative began in the mid-1980s, there were 350,000 cases of polio across the world. The initiative, comprising the World Health Organisation, Rotary International through its groundbreaking PolioPlus Fund, the US Centers for Disease Control and Prevention and the United Nations, created the world's largest non-violent army to immunise as many people as possible, which has seen polio all but eliminated, with only 333 cases recorded worldwide this year.

But we must continue this effort until there are no cases recorded. We must do it to prevent people from having the pain of moving on all fours, from having to sit on skateboards to move about because their legs do not work, from being ostracised as they are unable to play, from being a burden on their family—the family that they were meant to provide for—and from being forced to beg for an income.

The final push for funding is being championed by the Global Poverty Project through its End of Polio campaign, which seeks to raise the final \$590 million required by the Global Polio Eradication Initiative. This campaign includes The End of Polio Concert at the Belvoir Amphitheatre, in Perth, on the first day of CHOGM, which will continue the push for Commonwealth leaders to use CHOGM 2011 to make a firm commitment to take the last steps in fighting polio.

As I mentioned earlier, this year's theme is 'Building global resilience, building national resilience', which ties in perfectly with the message of eradicating one of the biggest barriers to building resilience: the continued infection of the world's poorest children with polio. As CHOGM brings together three of the four remaining polio-endemic countries and representatives from a number of key donor countries, it presents a huge opportunity to focus global attention on polio, to secure a declaration of support from Commonwealth leaders and to encourage financial contributions from Commonwealth members. Australia, as host of CHOGM, should be leading this charge, just as we led the charge to eradicate polio from the western Pacific. It has been more than 10 years since the World Health Organisation's western Pacific region was declared polio free. But nations in our region must not rest on this, as the neighbouring South-East Asia region has still not been declared polio free.

India is in the South-East Asia region and, as I have reiterated previously, is a polio-endemic country. It is six months since a case has been reported in India—a great achievement for the eradication initiative—but one that must only strengthen the resolve of the Global Polio Eradication Initiative to provide all children with vaccination.

Indonesia, also in the South-East Asia region, originally ceased transmission in 1995, but then it faced a large outbreak of polio in 2005, which paralysed, or killed, 303 children that year. While it has not seen a case of polio since 2006 this outbreak demonstrates that, unless routine vaccination and strong monitoring systems are maintained, the virus can quite easily be re-imported.

While Australia reported its last case in 1972, only four years ago a young Pakistani man studying in Australia contracted polio while on a short trip to visit his home country. He developed polio symptoms and, once back in Melbourne, he was diagnosed. But thanks to Australia's strong immunisation and surveillance system the virus could not spread. The only way that the children of the Asia-Pacific will be free from the threat of polio is if polio is eradicated everywhere. Polio does not respect national borders and eradication requires international cooperation.

It is therefore vital that we support our friends in the Commonwealth—India, Nigeria and Pakistan — whose governments are contributing significant domestic financial resources: India, \$1.2 billion; Nigeria, \$55 million; and Pakistan, \$50 million. Sustaining this intensified effort is now critical for the success of the initiative. It is my hope that the final communique of CHOGM will include a strong statement in support of the campaign to eradicate polio.

It is important to consider the gravity of one person becoming infected with polio and therefore the necessity to continue the fight to eradicate polio. About 90 per cent of people infected have no signs of illness and are never aware they have been infected. These symptomless people carry the virus and can silently spread the infection to thousands of others before the first case of polio paralysis emerges. While there is no cure, the strategy is to immunise enough people in a community such that the virus will be deprived of hosts and die out. Polio affects only people; there is no virus reservoir in animals. We must maintain high levels of vaccination coverage and high levels of monitoring to stop transmission and prevent outbreaks.

There is a simple way that individuals can contribute to the fight to eradicate polio. If you log on to [www.theendofpolio.com](http://www.theendofpolio.com) you can join with over 13,000 others in signing the Global Poverty Project's petition on polio eradication. This petition has an extra bonus, though. For every signature recorded, the Rotary Club of Crawley, in Perth, Western Australia has committed to donating \$1, which is enough to vaccinate a child against polio, to the Global Polio Eradication Initiative. I congratulate this Rotary Club and other Rotary Clubs across the world for their ongoing support and tireless work to remove this tremendous threat to the world's poorest children.

I note that this issue was highlighted in motions brought to both houses by a group of senators, led by Labor senator Trish Crossin and by a group of members, led by Labor MP Andrew Leigh. I lend my support to their motions. I also note that Labor senators Claire Moore and Louise Pratt spoke in the adjournment debate last night on this issue. It is great to

see such strong support in this place for the eradication of polio.

Current Australian of the Year and Global Poverty Project director, Simon McKeon, said at the End of Polio campaign event in September:

... the fact that we haven't obliterated it, is actually a bit of a blight on us.

While I agree with Simon, I take hope from the fact that the development of an effective polio vaccine was one of the major medical breakthroughs of the 20th century and that the eradication of polio can soon become one of the major medical breakthroughs of the 21st century. (*Time expired*)