

## Background information for "Bobby walks to the table,"

by Nancy Kolb, printed in the April 13 Leader

Physician skepticism about Sister Kenny's unconventional methods continued, even though about 80% of her patients improved more than those treated by the established method. Kenny believed that polio was a disease of muscles and skin, as well as a disease of nerves. She believed the patient had to re-establish the interrupted link between the nerves and the muscles they controlled. At the time, established medical treatment for polio was immobilization and rest, oftentimes with disastrous results of muscle atrophy and permanent deformity. The University of Minnesota studied her treatments, gave her a ward at the University Hospital, and after four years, determined her polio treatment was effective.

Based upon Bobby's improvement, his parents, Pearl and Robert Gurney, were tireless advocates for Sister Kenny. Robert wrote many letters to President Franklin Roosevelt, a polio victim himself, asking for recognition for Sister Kenny and her treatment. He wrote to senators, congressional representatives, the U.S. Public Health Service, and the National Foundation for Infantile Paralysis, always asking for funding and recognition for the effectiveness of her therapy.

Eventually, Sister Kenny had a unit funded at Minneapolis General Hospital by the Minneapolis Board of Health, where she supervised the treatment of hundreds of children and young adults who had been stricken with polio. Her goal was to train a cadre of nurses and techni-

cians from across the country who would begin local therapy centers for polio victims. While many patients did not totally regain all function, they all left Sister Kenny's care with confidence, many with the ability to walk, to take care of themselves, and to go on to become productive adults. In 1942, the Sister Kenny Institute was established in Minneapolis to continue treating patients and training health care professionals. Her methods to restore muscle function became the foundation for much of today's physical therapy.

### Who was Sister Elizabeth Kenny?

Sister Kenny was a nurse, not a nun. During World War I, as a staff nurse in the Australian Navy, she cared for injured soldiers on troop ships. She was promoted to "Sister," a title for the next-level nursing position. During her service, she invented, then patented, a way to stabilize the troop ship bunks so injured soldiers weren't jostled. In 1926, she created and patented a new stretcher for land ambulances, the Sylvia Stretcher. Proceeds from these patents helped her finance her passion to treat polio victims.

Without an official nursing degree, she began her career as an Australian "bush" nurse. She lived in the outback, the Australian wilderness, where she provided medical care for patients from miles around – delivering babies, setting broken bones, helping when people had fevers; anything that needed nursing intervention.

### How Sister Kenny came to the United States

After working in Australia for several years, in 1940 Sister Kenny traveled to the United States, which had a severe polio epidemic. Letters of introduction from prominent Australian physicians did not open doors for her in New York and Chicago. "New York heard me, and sent me on my way. Chicago heard me, and also sent me on my way."

At Mayo Clinic, in Rochester, Minnesota, Dr. Melvin Henderson and Dr. Frank Kursen courteously received her. Unable to do any demonstrations at Mayo, in August 1940, they referred her to Dr. George Williamson and Dr. Wallace Cole of St. Paul, Minnesota, with whom she did rounds in several hospitals and visited patients who were not responding to treatment. After demonstrating that her treatment achieved results,

she was invited by Dr. Cole to meet the medical staff of the University of Minnesota Medical School. She demonstrated to two members of the staff, Dr. Miland Knapp, professor of physical medicine, and Dr. John F. Pohl, clinical professor of orthopedic surgery. They later became advocates and published articles about the Kenny Method's effectiveness.

### Author notes

*Bobby Gurney was my dad, Sister Kenny's first acute care polio patient in St. Paul, and one of her most dramatic success stories. From almost total paralysis, after nearly a year of therapy, he walked with a cane, he laughed again, and finished high school, graduating four years late, with skills as an engineering draftsman. His dream of being a professional baseball catcher faded. He never regained the stamina, muscle function and muscle strength for vigorous training. He became a passionate lifelong baseball fan and an umpire for his company's team.*

*Dad, my uncle Dick, and my grandparents, Pearl and Robert Gurney, revered and adored Sister Kenny. She had saved Bobby from a life of deformity, paralysis and dependence. He made many friends during his year of treatment.*

*Friends who, like him, were never able to walk normally, who had visible deformities, but who became professionals, married, had children and were productive members of society. Dad was fiercely independent and determined, even as his health deteriorated from post-polio syndrome, a recurrence of muscle weakness and fatigue, a common occurrence, with onset 10 to 40 years after the initial infection.*

*During her lifetime, Sister Kenny was a controversial figure. There is speculation about the truth of some parts of her life's story. A physically imposing woman, she was broad and almost 6 feet tall, with a commanding personality. She abhorred criticism, was cantankerous, and even managed to alienate some of her strongest advocates. In spite of widespread opposition from the medical community, she persisted to have the Kenny Method accepted as a valid treatment for the crippling effect of polio. By 1943 her story was widely reported, thanks to the support from her patients and their families. She was named the second-most admired woman in America, led only by Eleanor Roosevelt.*

*Sister Kenny's work lives on through the Courage Kenny Rehabilitation Center in Minnesota, an amalgamation of the Sister Kenny Institute and Courage Center.*

## *Bobby walks to the table Sister Kenny's first patient in St. Paul, Minnesota*

by Nancy Kolb

"Great catching, Bobby!" Earl called from the pitcher's mound. "Our team is a cinch to win tomorrow's tournament."

At 17, Bobby loved playing baseball. He especially loved summer when he could play every day, all day.

"I'm gonna be a professional baseball catcher," he told everyone.

On that August day in 1940, his life changed.

"Ma," he said at home. "I've got a headache."

"Here are two aspirin," replied his mother. "Take a nap."

When he woke, he said, "My back aches."

"Take a hot bath and go to bed," said Pearl.

The next morning, Bobby called from his bedroom, "Ma, I can't get up."

He could only move his right cheek and wink his right eye. A tear rolled down his cheek.

"I can't even wipe my tears," he cried.

Pearl called an ambulance "You might be contagious," said the driver. He covered Bobby's face with a rubber sheet.

"I'm going to suffocate," Bobby complained.

"We can't take any chances."

The siren drowned out Bobby's feeble efforts to breathe.

"What's wrong?" Bobby and his parents, Pearl and Robert, asked the doctors at St. Paul's Anchor Hospital.

"You've got infantile paralysis, also called polio, or poliomyelitis."

"He's healthy and a baseball player. None of the others players are sick. How did he get it?" asked Pearl.

"We don't really know," replied the doctor. "It strikes children and young adults, usually in the summer or early fall."

"I can't move," whispered Bobby. "I hurt all over."

Bobby's muscles had contracted with agonizing spasms.

The doctors applied casts and splints to straighten out his limbs.

"I didn't think the pain could get worse," said Bobby.

Pearl complained, "He's not any better. His pain is worse."

"This treatment is our best," the doctor huffed, and walked away.

Pearl wasn't satisfied.

"I saw in the newspaper that Sister Kenny is in Minneapolis. She treated children with polio in Australia, with



good results," said Pearl. "I'm going to get her to treat my Bobby."

Bobby's doctors scoffed. "She's only a nurse, a fool, and a charlatan. Our treatment is the most scientific."

Pearl persuaded Sister Kenny to treat Bobby.

When she entered his hospital room, Bobby gasped. "She carries herself like a queen. She's a foot taller than you, Ma," he said. "Her hat's big as an eagle's nest."

"Take off these casts," Sister Kenny commanded.

The intimidated orderlies complied.

"Cut up wool blankets, soak them in boiling water," Sister Kenny directed the nurses. "Wring them out, then wrap them around Bobby's stiff muscles to relax them."

The warm packs soothed Bobby; the pain subsided. He slept.

The next day, more warm compresses all over his body.

"I feel like I'm going to burn up," he said. "But it feels good."

Pearl saw it was hard work to wring out the compresses. "Here's something to help," she said, as she handed Sister Kenny a wringer, an antique device used to remove water from clothes.

The next day, after the warm compresses, Sister Kenny said, "I'm going to massage you."

Bobby winced.

"I'll be firm, but gentle."

The massage relaxed his stiff muscles more.

"Now I'm going to move your arms and legs for you," Sister Kenny said.

For several days Sister Kenny used heat packs, called fomentations, massage and muscle movement to keep Bobby's muscles flexible and restore his strength. She taught him the names of each of his muscles.

"You must think about moving your arms and legs," she said.

"I can't move anything," Bobby said. A tear slid down his right cheek.

"Talk to each of your muscles," said Sister Kenny. "Tell them how you want them to move."

Bobby thought hard. "Okay, left quadriceps. Move," he said.

His leg lay still. Bobby sighed.

"Start smaller," said Sister Kenny.

"OK, left big toe," he said. He thought really hard.

"It wiggled," he yelped.

"This will be my last day caring for you," Sister Kenny said. "I'm needed by my many patients in Minneapolis."

Ma decided Bobby should move to Minneapolis General Hospital. Bobby's doctors wouldn't transfer him.

"We're rid of that awful Kenny woman," the head doctor said, "We'll put your casts back on."

These medical men did not know Ma. She was short and stout. Out of the house, she always wore gloves, a hat, hose, a girdle, and her fox-head stole. She was also a fierce Mama Bear.

"Bobby needs Sister Kenny's care," Pearl insisted, pestering the doctors.

"Our methods are superior," said the doctors.

"He was getting better," Pearl persisted.

"He's probably going to die," said the doctor

"He needs the best care so he doesn't," proclaimed Pearl.

The doctors threw up their hands and transferred Bobby.

"Boy, I thought I knew how to train hard for baseball," said Bobby to Ma. "That was nothin' compared to how hard Sister Kenny worked us."

Bobby continued his therapy with hot packs, massage, exercises, and talking to his muscles.

"Look, Ma," he said one day when Pearl came to visit.

He was jerky when he walked across the room. Pearl cried. Bobby cried.

He wiped his cheek with his handkerchief.

After almost a year, Pearl and Robert took Bobby home.

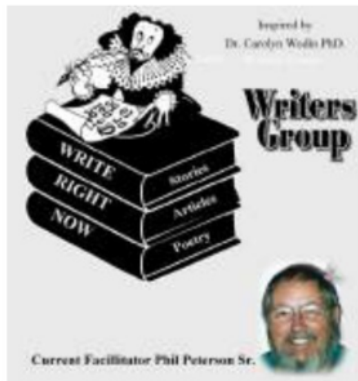
The next morning, Pearl called, "Breakfast."

That afternoon a local reporter interviewed Bobby about his experience with Sister Kenny.

"It was a very hard year," he said. "But this morning, I walked to the table. It was the best feeling of my life."

**About the writer:** After retiring from her professional life as a registered nurse, medical device industry marketing executive and reimbursement consultant, Nancy retired to her cabin in Siren where she writes books for kids of all ages. Visit her at [NancyAKolb.com](http://NancyAKolb.com).





## COVID and Polio – Similar epidemics decades apart by Nancy Kolb

The past two years of dealing with the fear and uncertainty of the COVID pandemic brought back memories of my childhood and another fearful virus – polio. Just like the initial COVID outbreak, polio transmission was mysterious. Just like COVID, there were multiple theories about how to treat polio, some not grounded in science. Just like COVID, polio victims had lasting effects from their infections.

In the 1940s and 1950s, summer was not always the season of being free from school and enjoying the sunshine. It was also the season where mothers feared their children would contract infantile paralysis, or poliomyelitis. It hit in the warm summer months and early fall, before the first frost. Many children were restricted from playing outdoors, had limited places they could go, or were limited to only a few playmates. I vividly remember an article in the St. Paul paper in the early 1950s about the drainage and closure of Highland

Park Swimming Pool after a boy who swam there had contracted polio.

My family was especially sensitized to news about polio because my dad, Bobby Gurney, was the first acute polio patient that Sister Kenny treated in St. Paul, Minnesota. Dad aspired to become a major league baseball catcher and loved to play ball throughout the hot summer months. In August, 1940, he returned home from practice, complained of a headache and backache and went to bed. When he awoke the next morning, he could only wink his right eye and move his right cheek. At Anker Hospital, the doctors informed his parents that Dad had polio.

My grandmother Pearl was a fierce “mama bear.” She was determined



This is a photo of Dad with Sister Kenny demonstrating some of her techniques to a group of doctors. He always remembered the loincloths the patients wore so their limbs were easy to move during therapy. – Photo provided

to get “my Bobby” the best care possible. In the morning paper, she’d read that Sister Kenny, an Australian nurse, was in Minneapolis and that she had successfully treated many children with polio. Pearl contacted Sister Kenny, who needed transportation from Minneapolis to St. Paul. Grandma, not an experienced driver, without a driver’s license, agreed to pick up Sister Kenny. “I’d watched my husband drive for years; it didn’t look that hard.”

Sister Kenny used hot packs to relax Dad’s spastic muscles, and massage. She also taught him all the names of his muscles and encouraged him to “talk to your muscles. Tell them how you want them to move.”

Because she had a large group of polio patients to treat in Minneapolis, Sister Kenny couldn’t continue to come to St. Paul. After much pestering and persistence, Grandma Pearl got Bobby’s reluctant doctors to transfer him to Minneapolis General Hospital. He stayed under Sister Kenny’s care for almost a year. At the end of his therapy, he was able to walk out with a cane. He went on to become an engineering draftsman, married, and had four daughters. Never able to become a professional ballplayer, he was a lifelong avid baseball fan and an umpire for his company’s baseball team.

As an adult I realized just how much Dad’s life had been impacted by Sister Kenny. “She carried herself like a queen,” he’d said. “She was about 6 feet tall and stocky. She was always

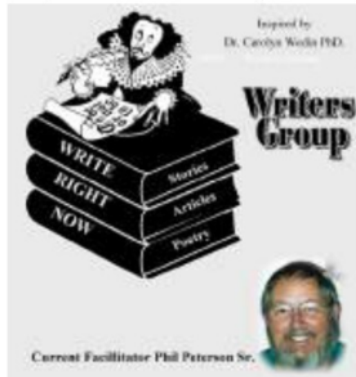
well-dressed and had hats about as big as an eagle’s nest.”

She had a commanding personality, which she needed. Her method for treating polio went against all the medical thought of the day. Doctors believed that spastic limbs needed to be immobilized with splints and casts, which increased the patient’s pain, and over time, the muscles lost their strength. Sister Kenny believed in warm packs, massage, and having the patient “think their muscles into movement.” After several years of research, the University of Minnesota determined that the Kenny Method was an effective treatment for polio.

Like COVID, an effective injectable polio vaccine was developed by 1956; an oral vaccine followed in 1962. Dad had all four of his daughters first in line to receive both of these vaccines. In 1994, the World Health Organization declared that polio was eliminated from the Western Hemisphere.

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### Swans in the mist: The return of P26P

With below-zero temperatures, the steaming mist rises from the unfrozen river, into the colder air. It softens the scenery and obscures the white shapes swimming. Each winter, dozens of trumpeter swans make the river their winter home.

Some of the families have become annual visitors. The adults usher fledglings and adolescents, called cygnets, along the shore, eating the plentiful weeds that populate the bottom of the river. One of the banded ones – 26P, has returned for the past five years. Citizens can report sightings on the Wisconsin DNR website, [dnr.wisconsin.gov](http://dnr.wisconsin.gov). We like to think that 26P returns to our shores because s/he believes it's where they belong.

We live on the northeastern edge of Lower Clam Lake, at the outflow of the Clam River. As the temperatures drop, the lake ice begins to form, coming closer to or receding from the river depending on the cold's severity and duration. In spite of its shallowness, the river, from our property then

downstream, never freezes. This provides open water and feeding sites for the swans who need ice-free water to survive.

We've learned they can be skittish when approached. It helps to wear the same jacket each day, which it appears they come to recognize. Some of the adult swans warm to human company more quickly, perhaps because they have returned to this river for many years. Several people along the river feed them corn, another reason that entices them to stay.

In the early morning they wait for the sun to rise on the west river's edge, with their necks curled over their backs and tucked under a wing. The warm rays bathe them in light that makes their white feathers glow. As the day progresses and warms, they become active – swimming from shore to shore, foraging for food, fighting, preening, and loudly squawking and vocalizing.

It's amazing to see the hierarchy within the family groups as they establish dominance. One may chase another, stretching out its long neck to bite at the other's tail feathers. They don't usually nip one another on the neck or head. It's usually the geese who encroach on the swans' food source who receive that penalty. The swans often rise to their full height, stretching their neck upward, and flap their wings in a display of size and might. A declaration of, "I'm here. I'm big. I'm ready to declare that I'm No. 1."

Trumpeter swans live for 20 to 30 years and most often mate for life. As spring approaches, they display elaborate greeting and courting rituals. One adult begins to call out to another, sometimes many yards away. They jockey back and forth, exchanging squawks, sometimes moving closer,



sometimes farther apart. Over many minutes, they gradually begin to move together, then swim in the water side by side, continuing to converse, ignoring the other nearby swans. The most dramatic moment is when they turn to face one another, heads bobbing up and down, mimicking each other's movements. Eventually we see them facing one another, their arched necks together, forming a heart.

It's always a thrill to see their elegant forms in the early morning emerge from the mist, ready to face another winter's day on the Clam River.

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Carolyn Wedin's  
**WRITE RIGHT NOW**  
**WRITERS' CAROUSEL**



*Making scents of the season*  
by Nancy Kolb

This is the time of year when I love the smells of the holidays. These familiar scents remind me of so many pleasant past holidays with memories of love and togetherness.

Why is smell so evocative of our emotions? There's a scientific explanation for it. Unlike our other senses of sight and hearing, fragrances and odors are processed through a different pathway in our brain. They bypass the more rational part of our brain and are registered in our limbic system, a more primitive brain area where they lodge. When we smell a scent associated with a past memory, we also remember the emotion attached to that event or experience. We may perceive a smell as either pleasant or unpleasant, depending upon the emotional impact of the experience we recall.

For example, I relish the aroma of baking cookies. It reminds me of my youthful days, spent making them with my mom and sisters. Over the past 40 years, my Cookie Club,

friends I met when we were all nurses together in the early 1980s, have continued the cookie baking tradition. Albeit, we now add generous amounts of wine, which we all believe enhances the experience.

Another very seasonal smell is pine. This always reminds me of the years when my family would trek through the snow to cut a fresh Christmas tree. We'd take a sled, a small saw, and try to find a tree that was tall and full, sometimes an almost impossible task out in the "real" woods. These trees grew naturally and weren't groomed, fertilized, and planted in rows to grow into the ideal Christmas tree as they are with commercial growers. When we found the perfect tree for us, one of us would brush away the snow, kneel, then saw through the exposed trunk. Each pass of the saw blade exploded more pine fragrance into the air. After we'd dragged the tree home and set it up in the living room, that fresh pine scent permeated the entire house. When I smell pine now, I'm transported back to those magical days of family time together.

A double delight comes when I eat a candy cane. Not only do I love the

pepperminty taste, but the smell of it feels like I can breathe it right up into my head. I remember Christmas morning as a kid, when we could open our stockings before we went to church. There was always at least one candy cane within. My mouth would water just looking at it, anticipating the taste when we returned after Christmas services.

The smell of a turkey or ham baking in the oven increases the pleasure as it continues to cook over several hours, releasing more tantalizing odors. The turkey, when done, has the added benefit of being beautifully browned, with that "this is Christmas" look.

To make the most sense of this season, I believe we need to enjoy the scents of the season. The smells we associate with our holiday memories can enhance how we celebrate the holiday now by adding a layer of pleasant memories from past celebrations.

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*Mom was a knitter*  
by Nancy Kolb

Mom was a knitter. I never knew what a great knitter she was until after she passed away last year.

Mom taught me and my three sisters to knit. I remember being about 5 years old when I first started knitting – a maroon sweater for my rag doll Franny Freckles. It was lopsided, had multiple mistakes, and hung limply from Franny's shoulders. I thought it was gorgeous. Mom said so too. Years later my sisters and I learned that Mom didn't believe knitting was a life skill every woman should acquire. She taught us to knit so we would be quietly occupied while she watched her afternoon soap operas.

Each Christmas there would be at least one new sweater for each of us under the tree. Some years they were colorful cardigans. Sometimes, complex fisherman knit patterns. Once, multicolored Fair Isle sweaters that Mom had knit *in the round*, using long, connected needles. Since they were eventually cardigans, she had to cut them down the middle, a potentially heart-stopping process. When we were older, she made each of us a uniquely designed fisherman knit afghan with large cables, popcorn stitches, and seed stitch edges.

Mine still resides on my sofa for snuggling with grandkids on movie nights.

One day, my older sister called. She'd finished going through Mom's apartment and had put aside some things for me – some presents I'd given Mom, a collection of family pictures, and some of Mom's knitting needles and other knitting gadgets. "I also found an envelope with her ribbons," said my sister. "I don't want to throw them away, but I have enough projects. Do you want them?" I did.

I awaited a business-letter-sized envelope to arrive. I knew she had entered items into the local county fair and into the state fair, but I didn't know how many nor how often. She'd frequently told us NOT to visit the Creative Arts displays. We learned this was because many of her competition entries were our Christmas present that year.

A few days later, a manila envelope arrived with my sister's return address. I opened the bulging envelope and a colorful plethora of ribbons tumbled out. I was stunned. I knew Mom had entered items into the fairs over many years, but I never realized she'd received so many first, second, third and fourth places. One year she won first through fourth place AND the championship ribbon at the county fair.

When I sorted the ribbons by years, I

realized she had been competing since 1965 – 50 years total. There were some years that had multiple ribbons from both the county and state fairs – 165 ribbons in all. It's one thing to have your mother make you hand-knit items as presents, it's an entirely different thing to have objective judges confirm that her work was also award-worthy.

When did she have time to knit all these things? She had four children, a household to manage, she worked part-time, was our Girl Scout leader, and volunteered at church. I do remember her sitting down after dinner dishes were done to take up her knitting. And when we went on long drives in the country, one of Dad's low-cost ways to entertain us, she always had her knitting bag along. I did notice that the dates on the ribbons showed more awards in the years after all the kids had left home, which I believe reflected more entries.

Mom was a knitter. I have the ribbons that prove just how great a knitter she really was.

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## *Hummingbird rescue*

Nancy Kolb

One of the joys of warm weather in northwestern Wisconsin is the return of a wide variety of birds. My husband, Jerry, and I love to watch the hummingbirds, especially the small ruby-throated species, the most common in Wisconsin.

Jerry planted a shepherd's hook just outside our front porch windows, where he hung a hummingbird feeder filled with red-tinged sugar water. Sitting in the porch, we watch the hummingbirds, just 10 feet away, feed at the cylindrical feeder. There are several faux flowers along the bottom where the hummingbirds perch and drink. Their wings beat up to 80 times per second, which allows them to hover to eat. They're also the only bird that can fly backward and virtually in any direction, even upside down.

One day, Jerry sat in the porch watching the hummingbird feeder and he noticed the hierarchy. An alpha hummingbird with an almost fluorescent ruby throat hovered near the feeder and chased others away. Jerry named him Hank.

After watching Hank dominate the feeder for several minutes, Jerry noticed that Hank was tiring and his defensive moves were noticeably less aggressive. Looking through his ever-present birding binoculars, Jerry peered at Hank. He was not able to drink from the faux-flower spouts because his lower beak was broken and prevented him from drinking.

Hummingbirds drink by thrusting their

long tongues between their upper and lower beak and pumping nectar into their mouths. Their hearts beat about 1,200 times per minute, and they flap their wings 10 to 80 times per second! That's a lot of energy expenditure for a small creature. They usually eat every 15 minutes throughout the day. Hank hadn't eaten for over an hour, so no wonder he was getting noticeably weaker.

Jerry slowly approached the feeder, one short step at a time, inching toward the now visibly tired Hank. When Jerry got close enough, he carefully reached out to Hank and gently closed his fingers around the bird's small body. Hank's heart beat wildly.

Closely examining Hank's beak, Jerry found the lower beak's tip was broken, so the tiny bird couldn't get his beak into the nectar port to drink. Using a fingernail clipper, Jerry gently clipped away the broken part of the beak. The entire surgery took only a minute. He placed Hank back on the feeder, then returned to the porch and picked up his binoculars. Voila! Hank was so exhausted, he stayed on the feeder, but he was able to put his beak into one of the faux flowers and lap up nectar. Within 10 minutes, he was back to protecting "his" feeder.

Over the next few days, we watched for Hank. He had survived. He still maintained his alpha bird status and defended his territory and his feeder. A successful surgery.

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