

THE UNLEY ROTARIAN: Meeting 3965 – 28 July 2015

Website: unley.rotaryclub.org.au

Our Last Meeting

Venue	Public Schools Club	
Occasion	Police Officer of the Year: Sgt Paul Scicluna	
Chairman	Stephen Westgarth	
Apologies	Graham & Patsy Beckett, Briony Casburn, Mavis Martin, Bob Mullins	
Guests	Dale Scicluna	
Visiting Rotarians	Australian Rotary Health Committee: PDG Roy Armstrong (Somerton Park) & Rotarians Andrew Benson (Encounter Bay), Margaret Blake (Hyde Park), Stuart Brew (Blackwood), Don Law (Yankalilla), Jenny Mills (Loxton)	
Departing Rotarians	None	
Attendance	20 members and 8 guests	

Rotary Club of Unley Inc.

District 9520 - Chartered 17 April 1935

President: Stephen Baker: 8379 7105 or 0403 687 015

..... Cres Mel eed, DI 10000 2000

Secretary: Greg McLeod: BH 8223 3999

or AH 8271 8409 or 0417 811 838

Address: PO Box 18, Unley SA 5061
Email: unley.secretary@rotaryclub.

Email: unley.secretary@rotaryclub.org.au

Meetings: Tuesdays at 6.00 for 6.30pm

Venue: Public Schools Club

207 East Terrace, Adelaide

President Stephen's Announcements

- 1. Reminder Rotary Club of Eastwood business breakfast with guest speaker The Honourable Bruce Billson MP, Federal Minister for Small Business 7am to 8.30am Wednesday 5 August at Adelaide Festival Centre. Cost \$45pp.
- 2. The Rotary Club of Glenelg cold plunge at 11am on 16 August at the Glenelg Surf Life Saving Club.....maybe I will increase the incentive from \$50 to \$75.
- 3. Rotary Board meeting 7pm Thursday at my place and Club Assembly next week.
- 4. Suresh Kumar an environmental protection officer who is interested in joining Rotary could not make it tonight but asked me to announce a quiz night by Amnesty International at 7.00pm on Saturday 8 August at Goodwood Community Centre...see me for further details.
- 5. Thrift Shop volunteers' afternoon at 3pm Sunday 16 August Unley Community Centre.
- 6. A special District End Polio initiative with a big red ute is being held in September and October across the State. We will be hosting the ute at Unley Shopping Centre 20-21 October.



President Stephen introduced six members of the district's Australian Rotary Health Committee who met at the Public Schools Club and joined us for the meeting. As you can see they appeared to be having a good time.



President Stephen Baker



Stuart Brew (RC Blackwood) and Andrew Benson (RC Encounter Bay)



Margaret Blake (RC Hyde Park) and Jenny Mills (RC Loxton)



PDG Roy Armstrong (RC Somerton Park) and Don Law (RC Yankalilla)

Guest Speaker - Sergeant Paul Scicluna (POOTY 2014)

Stephen W introduced Paul and advised that our Police Officer of the Year would be presenting material from the project that drew attention to him in Mount Gambier and undoubtedly led to his nomination. Paul for his part advised that he had joined the Police Force at the age of 26 and had been posted in Mount Gambier for the past 15 years. In that time he had a number of roles from working in plain clothes, to working in the courts, and in the past five years were spent working in the prevention of crime section.

One of the projects involved educating the Limestone Coast region, purportedly the ICE capital of the State, about the perils of the drug. The Rotary Club of Mt Gambier West got involved and facilitated the forum featuring Associate Professor Rebecca McKetin from ANU and others. Paul presented material that the professor had prepared for the forum.

ICE is a methamphetamine and while ICE and its cousin SPEED are illicit drugs, meth hasn't in the past, nor is it now, always illegal. Prior to their recent efforts to win the Nobel Peace Prize the Japanese used methamphetamines during WWII to drug up their Kamikaze pilots, and not to outdone, so did the Americans to keep their pilots awake. At various times it has been used by civilians as a stay awake medication and as a treatment for depression and menopause. And today it is regularly fed to children suffering from attention deficit hyperactivity disorder (ADHD) in lieu of previous treatment that involved beating them.

These licit uses have a purity of between 5-30%. SPEED has a purity of 45-55% and it can be ingested just as the licit drugs are, but it is most normally snorted and occasionally injected. Injection provides the quickest and highest level of impact followed by snorting. ICE has 70 to 85% purity making it far more addictive and it is most usually smoked. This form of application provides a result almost as effective as injection without the hassle or the pain. As a result of the strength and efficiency of use, 70 - 80% of users become dependent.

The drug is attractive because it makes users feel good. It pumps up dopamine levels. This can happen naturally through exercise and sex or by eating chocolate but you can get even more impact with ICE without the hassle, the pain, or getting fat. Lamentably addiction to ICE is not good for you. It can lead to serious skin disorders, dental issues and enormous psychological problems. It has the effect of dulling its own impact on the brain so that more is needed to get any impact at all. Typically it is used by people with identity issues and used, as it often is, in combination with sexual congress can lead to sexually transmitted health issues, a common one being unwanted pregnancies.

There is no drug replacement therapy for ICE and the only treatment is abstinence. Rehabilitation is possible but it is difficult and requires considerable time and access to resources. The free clinic in the Mount has recently closed due to a lack of funding from Jay. Rotary can help by sponsoring people through rehab.

There were several questions from Rotarians after which Stephen thanked Paul for his informative presentation.



Sgt Paul Scicluna with Stephen Westgarth

Spots

Bob Laws reminded us that the Thrift Shop Volunteers Afternoon Tea is on 16th August and had Rotarians indicate if they were coming and the taste sensation (savoury or sweet) they planned to accompany them. Those not present should report their intentions to Bob directly.

Sheila announced a meeting of the Vocational and Youth Committee after the meeting.

Jerry advised the barbecue at Bunnings had generated a net profit of circa \$850.

Lindsay advised that Sheila had stolen his meeting spot and that members of the Thrift Shop Committee who were also on the Vocational and Youth Committee would have to hang about. He was very good about it but a fracas ensued with President Stephen siding with Sheila and saying that Lindsay hadn't telegraphed his intentions. Lindsay asked what it was about the announcement at the previous meeting at the club that President Stephen didn't understand. The editor of the newsletter flew to Lindsay's defence advising that the meeting was planned and reported in the newsletter for this very evening. The meeting was in an uproar. In the end Sheila prevailed (as was always going to be the outcome) with the committee members in common attending both committee meetings (quite an accomplishment).

Closing Moments

Sergeant Joan efficiently parted members from their money. David Payne lucked out with the money.

President Stephen closed the meeting at an impressive but non record-breaking time of 7.53pm.

Rotary News

Nigeria sees no wild polio cases for a year

By Brian Hyland - Rotary News -- 24 Jul 2015

The 24th of July marks one year since Nigeria last reported a polio case caused by wild poliovirus, putting the country on the brink of eradicating the paralyzing disease.

The last case was reported on 24 July 2014 in the northern state of Kano. If no cases are reported in the coming weeks, the World Health Organization is expected to remove Nigeria from the list of countries where polio is endemic, leaving just two: Afghanistan and Pakistan.

Nigeria is the last polio-endemic country in Africa. The continent is poised to reach its own first full year without any illness from the virus on 11 August.

"Every Rotarian in the world should be proud of this achievement," says Rotary International President K.R. Ravindran. "We made history. We have set Africa on course for a polio-free future. But we have not yet reached our goal of a polio-free world. Raising funds and awareness and advocating with your government are more crucial than ever."

Progress in Nigeria has come from many measures, including strong domestic and international financing, the commitment of thousands of health workers, and new strategies that reached children who had not been immunized earlier because of a lack of security in the northern states.

"Rotary's commitment has been the number one reason for the recent success in Nigeria," says Dr. Tunji Funsho, chair of Rotary's Nigeria PolioPlus Committee. "We have infected political leaders with this commitment. The government has demonstrated this with political support and financial and human resources. And that went down the line from the federal level, to the state, to the local governments."

Nigeria has increased its domestic funding for polio eradication almost every year since 2012 and has allocated \$80 million for the effort this year.

Funsho also applauds religious leaders who championed the vaccination efforts to families in their communities.

Despite the historic gains in Nigeria, health experts are cautious about declaring victory. Funsho says the Global Polio Eradication Initative partners must strengthen routine immunization especially in hard-to-reach areas, in addition to boosting sensitive surveillance to prevent resurgence of the disease. If no new cases are reported in the next two years, Nigeria, along with the entire Africa region, will be certified polio-free.

"The virus can be introduced from anywhere where it is still endemic, particularly now in Afghanistan and Pakistan, into areas that haven't had polio in years," Funsho says. "It is important we keep the immunity level in Nigeria to at least 90 percent."

For instance, Syria experienced a sudden outbreak of the disease when 35 cases were reported in December 2013. None had been reported there since 1999. "Immunizations become imperative for history not to repeat itself in Nigeria," says Funsho.

In June, Rotary announced \$19 million in grants for continued polio eradication activities in Africa, including almost \$10 million for Nigeria. Since 1985, when Rotary launched PolioPlus, the program that supports the organization's polio eradication efforts, its worldwide monetary contributions to the cause have exceeded \$1.4 billion.

"We've come a long way and have never been so close to eradicating polio in Nigeria and around the world, but it's not a time to fully celebrate," says Funsho. "We have some grueling years ahead of us before WHO can certify Nigeria and Africa polio-free."

The lost girls of South Sudan and the Rotarian who found them

By Frank Bures - The Rotarian - 22 July 2015

The girls were alone. Their families were dead, or gone, or lost in the broken landscape of southern Sudan. They had nowhere to turn, and no one to turn to. Some lived in the market, others in the cemetery. When Cathy Groenendijk saw them, she couldn't help herself. She offered them tea, then some food, then a place to sleep in her guesthouse.

"In the morning, we would sit together and talk about what had happened the night before," Groenendijk remembers. "And what I heard I could not believe. I could not believe it."

One girl's father had died, and after the funeral, she never saw her mother again. She was living on the streets with some other kids when four men started chasing them. The other girls were faster. She fell behind and was caught and raped by all four men. Groenendijk knew a doctor who repaired the physical damage, saving her life.

Another three girls, ages eight, six, and one, lived with their mother, but they all slept in the open. Groenendijk helped them build a tarped shelter, but the hot sun ate it away. One night, a man snuck in and tried to assault one of the girls. After that, Groenendijk let them sleep on her veranda.

This was in 2006. A peace accord had been signed the year before, ending a 22-year civil war and paving the way for the independence of South Sudan. But the region was still broken in many ways. While the story of its "lost boys," who traveled hundreds of miles on foot to reach safety during the war, is well known, little has been written or said about the girls who stayed behind, and who were just as lost.

Groenendijk was born in eastern Uganda, where her father grew coffee and bananas on the family farm. She had three brothers and seven sisters, so when she was three years old, she was sent to the capital, Kampala, to live with an aunt. After secondary school, she went on to study nursing.

"When I was in Kampala," she says, "I used to take the food that was left from our kitchen in the training school and give it to the children who were without food. It was a very, very bad time under Idi Amin, and after."

It was a time of war, suspicion, and fighting. Between 1971 and 1979, about half a million people died under Amin's dictatorship. Another 300,000 died under Milton Obote before he was deposed in 1985.

When she finished nursing school, Groenendijk got a job at a hospital in the north of Uganda. "There were so many militias and armed groups, especially among the northern tribes," she says. "Even after the war, there were militias who were never fully disarmed. They were always fighting."

Not long after she arrived, she met a young Dutch missionary named Wim, who worked with a relief organization called ZOA that aids people trapped in conflict and disaster zones. The two fell in love, got married, and for 10 years remained in Uganda, mostly in Karamoja, the remote northeast corner of the country.

In 1993, the couple went to the Netherlands. Shortly after they moved, the genocide in Rwanda began to unfold. An estimated 800,000 to 1 million people were killed in 100 days. When the violence subsided, a colleague at ZOA asked if Wim and Cathy would be willing to go to the country. Groenendijk would run a health program, and Wim would do agriculture and food security work in the town of Nyamata, south of Kigali. One of the most devastated areas, it's now the site of a genocide memorial, at a church where 10,000 people who had gathered for protection were murdered.

Five months after the killing stopped, the couple arrived in Nyamata. Seeing how many children had lost their parents, they took in two foster children – girls who had lost their families. The girls still visit, and one will graduate from college this fall.

"The organization had little money to plan something positive for the children, like a party, to share together, to bring kids together," Groenendijk says. "So I did a lot of children's programs, in addition to working."

In 1998, ZOA asked Groenendijk if she would help establish a health program in Sudan, which, on the map, was the largest country in Africa. In reality, though, it had never been much of a country at all. The south and the north were very different, and since 1955, animist and Christian groups in the south had been fighting for independence from the primarily Muslim north.

During the first war, which lasted until 1972, more than half a million people died. The south gained some autonomy, but when oil was discovered there in the late 1970s, war broke out again. From 1983 until 2005, an estimated two million people were killed; four million more fled to other countries or to camps for internally displaced people. In a country of 12 million, no one was unaffected.



Cathy Groenendijk with some of the younger children

When Groenendijk and her husband arrived in 1999, the fighting was still intense. They lived in rebel territory, in a village called Katigiri. "There were areas with no medical care at all," she remembers. "Many people were dying." They'd lived in conflict zones before, but this time was different. Planes bombed areas that had relief operations. "When we first arrived," Groenendijk says, "we were bombed as were driving. Every house had foxholes, and when you heard planes flying over, you got out of the house and into the foxholes. We also had one large bomb shelter for everybody, but if a bomb landed on that one, there would be many casualties. So we used several foxholes to spread the risk."

For nearly five years, she ran the ZOA health program in Katigiri. She made sure health workers were trained, medicines delivered, new health units opened, and transportation arranged for patients. All the while, the bombs kept coming as the war dragged on. When the danger and stress grew unbearable, the couple went back to Rwanda.

In 2005, a peace accord was signed and the fighting stopped. A date was set for a vote on independence. Groenendijk thought of the people she knew there, especially the children who'd lost so much. In 2006, she and Wim decided to return.

Now people were flooding into Juba. In the future capital of the world's newest country, everything had to be built from scratch, including Rotary clubs. Michael Elmquist had been a Rotarian in Kastrup, Denmark, for more than 20 years when he arrived in Juba in 2008 to work for the Danish Ministry of Foreign Affairs. He could see that the area could benefit from Rotary's work. The country had only 200 miles of paved road. Barely 2 percent of children completed primary school. Infant and child mortality rates were among the highest on every ranking. Everything needed to be restored: families, villages, lives.

"Once in Juba, I realized that the whole country of Sudan [before South Sudan became independent] had only one Rotary club, and that was in Khartoum, over 700 miles away," Elmquist recalls. "I felt I could not live for three years without access to a Rotary club."

He started to round up prospective candidates. But because few people in Juba knew much about Rotary, most of the initial recruits were expatriates. And because the streets didn't have names, people listed their addresses as "the big house with the yellow roof opposite Equatoria Hotel." Nonetheless, Elmquist soon found the required 20 people. The Rotary Club of Juba was chartered in 2010, bringing the number of Rotary clubs in a country almost twice the size of Alaska, to two.

After she and her husband moved to Juba, Groenendijk started working for an NGO called War Child, but grew frustrated with the slowness of a big organization. She needed to keep pace with the brothel owners who were recruiting girls. So she started her own organization, offering what she had. First, she gave the girls tea, then one meal. Friends would help out.

"For two years," she says, "I was providing tea and one meal, which was better than nothing. Some of the kids had never had a meal apart from scavenging and eating leftovers from restaurants. Once a week, I would buy a proper meal for all of them."

She started going door to door, asking for funding. Help started to trickle in. As volunteers and donors appeared, her organization started to take shape. She called it <u>Confident Children out of Conflict</u> (CCC).

Elmquist heard about her work and invited her to join the Rotary Club of Juba. She accepted. "When they saw what I was doing," Groenendijk says, "they used every opportunity to support us. A lot of credit goes to Michael. I went there and showed pictures of a girl who had been raped, to show what was happening in Juba. After that, a lot of people started paying attention to what we were doing."

"The job she's done looking after these children has just been amazing," Elmquist says. "You can't believe the difference in the young girls who come in. They don't talk, they don't know how to hold a knife or fork or anything. And she trains them and gets them to school. She gets them dressed. She saves them from prostitution, which would be their only source of income."

Soon Groenendijk started looking for a piece of land. Eventually, she bought some property and built a dormitory that could house about 40 girls. She hired a small staff.

The Juba club continued to support her work, along with other rebuilding projects in South Sudan – which became an independent nation in 2011. At one fundraising dinner, the club auctioned drawings done by the girls at Groenendijk's center and raised \$3,000 for CCC, as well as an orphanage in Juba.

Cat up 0

Our Upcoming Meetings

					Set-up &		
Date	Venue	Time	Speaker/Occasion	Chairman	Welcome	Sergeant	Attendance
4 Aug	PSC	6 for 6.30pm	Club Assembly	S Baker	P Beckett	J Reed	J Singh C Sluggett
11 Aug	PSC	6 for 6.30pm	District Governor's Visit DG Dick and Liz Wilson	S Baker	V Bonython	J Reed	C Sluggett M Small
18 Aug	Café d'Vilis	6 for 6.30pm	Vocational Visit: Vili Milisits - Small Business Success Story + Dinner at 2-14 Manchester Street, Mile End	TBA	N/A	N/A	N/A
25 Aug	PSC	6 for 6.30pm	Dr Paul Griffin FRACS: "Interplast extends Helping Hands to Bhutan"	TBA	B Casburn	J Reed	M Small S Westgarth

Venue: PSC = Public Schools Club, 270 East Terrace, Adelaide

Apologies To: Wendy Andrews by e-mail to unley.attendance@rotaryclub.org.au or in an emergency on 8377 7830

Meeting Chair Enquiries To: Secretary Greg McLeod on BH 8223 3999 or M 0417 811 838 or email to unley.secretary@rotaryclub.org.au

Venue Set-up/Bar Enquiries To: Bulletin Editor - David Middleton on BH 8377 7795 or M 0417 835 564

Attendance Desk Enquiries To: Wendy Andrews by e-mail to unley.attendance@rotaryclub.org.au or in an emergency on 8377 7830

Diary Dates

Year	Month	Day	Date	Activity Details	Venue
2015	Aug	Sun	9	Tailem Bend Variety Show	Tailem Bend Pub & Community Hall
	Sep	Sun	27	Bay to Birdwood Classic	Starts at Barrett Reserve, Adelaide Shores

Saturday Thrift Shop Roster July 2015

Week	Dates	Early Shift: 10am to 12.30pm	Late Shift: 12.30pm to 3.00pm
1	1 Aug 15	David Middleton & Lalita Lopez	Bob Laws & Nathan White (sub for Stephen Westgarth)
2	8 Aug 15	Greg McLeod & Stephen Baker	Wendy Andrews & Mavis Martin
3	15 Aug 15	Glenys Ferguson & Joan Reed	Stephen Westgarth (sub for Nathan White) & TBA
4	22 Aug 15	Bob Laws & Pam Trimmer	Sheila Evans & Ken Haines
5	29 Aug 15	Bob Mullins & Reno Elms	Stephen Westgarth & David Pisoni

Rotarians, who are unable to attend as rostered, please arrange a swap or as a very last resort contact: Lindsay England (T) 8445 8552; (M) 0408 857 775; e-mail: lengland@senet.com.au

Bunnings Mile End Barbeque

ALL the Bunnings Mile End Barbeque dates are the last Monday of the month from 8am to 5pm

Next Date: Monday 31 August Morning shift: 8.30am – 12.30pm Afternoon shift: 12.30 – 5pm

The Back Page

Doctors' Comments on Patients' Charts

- "Patient has chest pain if she lies on her left side for over a year."
- "On the 2nd day the knee was better and on the 3rd day it disappeared completely."
- "The patient has been depressed ever since she began seeing me in 1993."
- "Discharge status: Alive but without permission."
- "Healthy appearing decrepit 69 year-old male, mentally alert but forgetful."
- "The patient refused an autopsy."
- "The patient has no past history of suicides."
- "Patient has left his white blood cells at another hospital."
- "Patient's past medical history has been remarkably insignificant with only a 40 pound weight gain in the past three days."
- "Patient had waffles for breakfast and anorexia for lunch."
- "She has had no rigors or shaking chills, but her husband states she was very hot in bed last night."
- "She is numb from her toes down."
- "While in the ER, she was examined, X-rated and sent home."
- "The skin was moist and dry."
- "Occasional, constant, infrequent headaches."
- "Patient was alert and unresponsive."
- "She stated that she had been constipated for most of her life, until she got a divorce."
- "I saw your patient today, who is still under our car for physical therapy."



"Your x-ray showed a broken rib, but we fixed it with Photoshop."

- "The patient was to have a bowel resection. However, he took a job as a stockbroker instead."
- "Patient has two teenage children but no other abnormalities."
- "Skin: Somewhat pale but present."
- "Patient was seen in consultation by Dr. Blank, who felt we should sit on the abdomen, and I
 agree."
- "By the time he was admitted, his rapid heart stopped, and he was feeling better."
- "The patient was in his usual state of good health until his airplane ran out of gas and crashed."
- "When she fainted, her eyes rolled around the room."
- "Patient was released to outpatient department without dressing."
- "The patient will need disposition, and therefore we will get Dr. Blank to dispose of him."
- "The patient expired on the floor uneventfully."



