

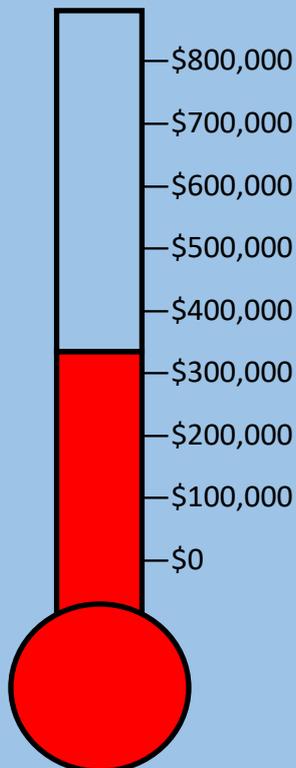


Rotary Club of Balwyn

NEWSLETTER

Sunday Market Funds Awarded to Grants

2016-2017



Meeting Report 21st March

At the club's meeting on Tuesday 21st March, we had two guest speakers.

Bob Lambert for RC Yarra Bend gave an informative presentation on Boroondara Cares (reference later in the bulletin). Bob explained how there is both a Foundation and a monthly forum and how these two groups interact within the existing club structure. It is a forum for like-minded individuals from the 8 clubs within Boroondara

Associate Professor **Doug Brown** from the Spinal Research Institute spoke with great passion about spinal injuries and detailed the range of secondary health complications with paraplegia and quadriplegia – it is so much more than not being able to walk.

He also explained how the researchers at the Institute are inter-acting with fellow researchers in other parts of the world. They have setup a Research hub which at this stage is partially funded and hoping that Balwyn may be interested in further assistance to this project.

NEXT WEEK

On Tuesday March 28th, our guest speaker will be Jim Beggs – ex- President of the Waterside Workers Federation Victoria He has written a book titled “Proud to be a Wharfie” Chairman for the Day will be **Gavin Wayland**.



Camberwell Sunday Market – Sunday 19th March

The Sunday Market team this week was made up of **Hugh Trumble** (OIC), **Andrew Miles**, **Clive Whittington** and **John Brock**. They enjoyed another of our “Indian Summer” days with temp was around 32 degrees by end of the day. A great job was seen by the expert team assembling the Marquees – just in time for the searing sunshine. Gate takings were around \$3,300 – a fine effort.

I was pleased to learn that the Camberwell Fresh Food Market is opening soon on Sundays and DOES include its own Toilets....!!!! Add this to the Toilets available in The Well and we may have a suitable solution to the chronic messy situation under Woollies.



OIC – **Hugh Trumble**

Board Meeting on Tuesday March 21st.

Your club Board approved the following motions at the last Board meeting

- \$1,000 Shepherds Arms Foundation, Bohol Philippines for concreting floors in one of the local schools
- \$3,000 Immune Deficiencies Foundation Australia – support 50 children & carers to attend the razzamatazz show.
- \$4,000 Servants – Solar panels at Carrical House
- \$10,000 Servants – Fourth House project – conditional on a lease being signed
- \$15,000 Swinburne – Welcome scholarship for Asylum Seekers

Board Meeting – February

At the club’s AGM in November, a motion was raised by Jim Cary and was deferred to the club’s Board to resolve - the following motion was approved in February

Sunday market funds shall be used to fund projects and schemes of a charitable nature promoted by the Rotary Club of Balwyn. We do not donate to individuals apart from the winners of open competitions such as RATSIS, Literary awards or Public speaking competition.

Moved: Jim Cary Seconded: Anthea Rutter Motion Carried

Our Talented Members

Do you know the Brunswick Street Gallery at 322 Brunswick St Fitzroy at the corner with Argyle St. Well it will be the place to visit from the 7th April through until the 20th April as well-known artist, **Bill Goodwin** has an exhibition entitled

That’s Life : Cartoons, Sketches & Paintings.

The opening hours are Tue to Fri 10am-8pm and Sat-Sun 10am-6pm.

www.brunswickstreetgallery.com.au

Football Season 2017

The club runs a football tipping competition each season via the www.footytips.com.au web-site. The competition name to join is called RCOB AFL.

The cost is \$25 per year and there is a weekly prize for picking the winners of all the games in a round. It is a bit of fun for all budding tipsters and you really don’t have to know much about football to succeed.

WE CARE:

Rotarian Sue King reported that RCB member Charles Smith was doing pretty well in his recovery from heart surgery.

However, Carol Imison had fallen just as she was preparing to have surgery on her knee and the fall painfully damaged her good knee. Prayers and best wishes to Carol.

ATTENDANCE:

45 Rotarians; 2 speakers
1 exchange student
1 partner 1 prospective member.

District Conference in Shepparton Mar 31st – Apr 1st

The schedule is available on the rotaryconference.org.au website

There are 36 representative attending from our club.

Donations in Kind Open Day – Saturday April 8th.

Did you know that the club donated \$10,000 to DIK when it started in 1998-2000 and in the last three years we have been giving an annual contribution of \$10,000 towards Container costs.

NEWS from other Cluster clubs

Here is some news and speaker information from the other clubs in the cluster

Camberwell

Wed March 29 – Anthony Klarica – Psychologist – Winning Ways through Sport

Canterbury

Mon Apr 3 – Carolyn Pethick – To Hell and Back – A Policewoman's Story

North Balwyn

Thu Mar 30 – Assoc Prof Sunil Bhar- Support for the Elderly

Numbers Hold Back Research Dollars

The incidence of spinal cord injury is relatively small compared with many other ailments but the consequences of it are wider spread than usually thought.

And that smaller number of sufferers meant it was harder to raise dollars for research to get statistically relevant numbers according to Professor **Doug Brown** of Austen Hospital and the University of Melbourne.

He told the Rotary Club of Balwyn that there was a plan to combine the numbers internationally to gain the attention of Governments and donors and boost research.

There was a problem with the interchange of information, too, where research was being done so an internet connection between researchers was seen as a way to swap information on research and treatment.

Cost to the community of the 12,000 sufferers – about 60-80 more joined the group each year – was very expensive – about \$2bn a year. This was about \$180,000 a year per person in Australia.

What was needed was sufficient numbers from research results to alter the standards of practice.

Part of the problem was that while the SRI sufferer's body functions were compromised, many of the sufferers gained their spinal cord injury when they were young and they lived with it for a normal length of life. Only about a quarter were able to work and 95 per cent were of working age.

Strangely, it was not a lack of mobility that was the major problem but other things people do not see. Getting up in the morning can take one to two hours when most are up and about and gone in 40 minutes.



Sufferers from spinal cord injury have very real issues using the smaller muscles of their arms rather than larger ones in their legs to move their bodies about.

“They are marginalised and do not get out to work like others and they have not had a change in that for 30-40 years,” he said.

Pain was another factor – and research being done was not just for this disability.

“Epilepsy drugs had serendipitously been found to help with neuropathic pain – and that meant about 80 pc of Spinal Cord Injuries. But pain does not respond to normal pain killers and research had not changed much,” he added.

Bone muscle wasting were also problems.

Pilot multi-centre studies for definitive outcomes – small studies in each centre – still produced small numbers for the results which were not statistically useful.

There was a gap and a need for multi-centre studies to come with significant outcomes which could lead to the establishment of a standard of practice. It needed research outcomes to change the standard of practice.

Common protocol multiple centres were needed to link similar work internationally – to boost the numbers for research outcomes.

Phase 2: The Online Hub

- Translation of definitive research outcome to clinical practice
- This usually takes 17 years
- The aim is to set international benchmarks for accreditation to speed change in clinical practice

An on-line hub was needed for the researchers to help network development research and set protocols and follow up.

Progress had been made despite the research dollars still being short of the amount needed. Face to face sharing of the research results was the aim.

Melbourne University had selected a person to be in charge but they were head hunted to the European Union by another small “orphan disease” research group.

An “orphan disease” was one were fewer than one in 2000 suffered from it.

There were moves in Canada and in the EU to hold a conference in Dublin in Ireland to bring clinical researchers together to change the outcomes of SCI.

Phase one would be the clinical research and then change in phase two to translate that to practice.

Benchmarks were needed to get clinical accreditation so to speed change in clinical practice

So far research had not gone from pilot study to benchmarks but there were plans to get the platform sorted and then move forward. Although there were large numbers of people around the world who suffered from SCI it was only one aspect of community health. Work on SCI sufferers’ problems such as getting to the toilet in adequate time may be helpful for sufferers of other problems.

Explaining differences in treatment of SCI, he said in answer to a question that were a nerve to be severed, the axons cells could not be repaired at the moment. The axons were protected – insulated – by myelin from the sheathing around them. However, olfactory cells from inside the nose regenerated after being damaged by toxic smells and had been used to restore some function through protecting the myelin coating of a nerve. It meant damage through crushing – as in a motor accident – might be ameliorated through better insulation. It restored a crude rather than fine function.

Underlying functions of the body were affected by the research – men rarely got bladder infections but with SCI they got bladder infections which was a breakdown of the body's defence systems. SCI research had shown the defenses were mediated through the spinal cord. So rare was it that bacteria in the bladder had never been cultured except by geneticists.

The autonomic system – breathing, blood pressure - worked below the neck and the rhythm was altered by SCI in ways researchers had never expected.

The normal flow of urine reduced during the night in response to lower blood pressure but not in SCI sufferers and the outflow from higher blood pressure might be greater at night. The SCI patient might wake dehydrated from a night of sleep apnea and faint before they could rehydrate.

While there may be strokes suffered all over Victoria and SCI is only in one place, the SCI research numbers are too small to make statistical value so far.

Central Boroondara Cares Group Has Five Point Plan

The surprise came early in Bob Lambert's talk to the RCB this week on the Boroondara Cares Foundation when he referred to helping the homeless in Camberwell.

"Homelessness was one of the five areas of activity of the foundation and, at 350, there were as many in Boroondara as there are in Frankston," said Lambert explaining the similarities of the aims of Boroondara Cares and Rotary.

A visiting Rotarian to the RCB, he said when people wanted help in Boroondara they could come to one point, the Boroondara Cares Foundation rather than having to go to eight different organisations making it easy to communicate with the groups helping the needy in Boroondara.

The other main areas of activity in Boroondara Cares was confronting family violence and a third social isolation which was a huge problem and appeared in so many different ways apart from old people.

A fourth area requiring help in Boroondara was drug abuse. Illicit drugs were a problem but a bigger problem was prescription drugs. These killed more than the roads.

The fifth area was educational disadvantage. You change a child's life forever and they are an asset to society. There was a Chances Scholarship foundation too. Charitable needs in Boroondara led to Boroondara cares and it worked a bit like the Rotary International Foundation. "That is our model," said Lambert.

The organisation was working for the good of Boroondara with emmebvers from various clubs and met once a month – the third Friday of the month – in Inglesby Rd. premises. Anyone could turn up and other associations which interact with Rotary to swap ideas and "see how effectively we can learn."

There was a part time three days a week professional – "who does nine days a week there" – helping organize skill or manpower projects rather than seeking money.

Boroondara Cares was formed in response to the drought at the Moira shire – "we helped out and we helped again when the rain came and it showed what we can do for our own," he said simply.

If anyone would like further information regarding Boroondara Cares Foundation or the forum meetings, please contact our club representative and Boroondara Cares Foundation Board member Di Gillies.(0438 002 749)



