



## Meet Emily Grace Nabakooza, Founder and Executive Director for Assisi Centre for Social Justice and Peace and a Rotary Peace Fellow



Emily Grace Nabakooza is a former Rotary Peace Fellow and graduate from University of Queensland. Her humanitarian work in Uganda is being supported by Rotary in District 9705 with a District Grant and funding from Canberra

Rotary, Canberra East Rotary, as well as Paddington Rotary in Brisbane. Emily will make very good use of any resources she receives as she relieves extreme poverty and empowers women in her COVID stricken area of Uganda. We are fortunate to have the chance to assist her. Canberra Rotary can assist with secure transfer of funds to the Assisi Centre.



Emily Grace Nabakooza

After receiving support from Rotary, Emily wrote:

*I and my colleagues at Assisi Centre would never have been able to do all this without you and the team at RC of Canberra, RC of Canberra East and RC of Paddington. Every single donation together with the funds from the Rotary District 9705 are changing lives in some of the neediest communities in my home country in ways I cannot describe in words! Forever grateful to Rotary!*

Emily Grace Nabakooza landed a volunteering job with an emergency response space at one of the IDP camps in Northern Uganda during the civil war. It was here that the then 19-year-old's passion for social justice and peace was sparked. "I was able to connect how small changes such as; supporting camp residents with information on proper use of pit latrines and hand washing practices dignified their lives – and how assisting residents to access to food and clean drinking water in the broader sense, created healthier, efficient and productive communities."

The experience shaped Emily's conviction that helping people to move beyond their hardships was important to her, and that this was how she wanted to contribute to the world.

Cognisant that in order to realize her newfound dream, she needed to get professional training in peace and development through study opportunities, training and practice, Emily hit the ground running.

"However, it was my recent experience of working extensively with young people on multiple peace building initiatives that solidified the desire to start Assisi Centre for Social Justice and Peace. Between 2011 – 2017, I had the opportunity to witness young people lead and participate in important change processes that transformed their communities. Amidst prejudices and stereo-types that often dismiss and perceive young people as ignorant and simply drivers of conflict or negative forces of change – across different geographical locations, I desired to change this narrative through an initiative that would potentially mentor and train young people to show case their positive experiences and – to activate their potential to find their



own voices and positions in change processes of our interconnected world.”

Officially launched in 2019, Assisi Centre for Social Justice and Peace exists to accelerate inclusive actions towards an equal, just and peaceful Uganda society for all. In pursuit of their goal, the Centre focuses on four main pillars that include; working closely with individuals, institutions and communities to tackle root causes of violence in all its form against children, women and girls, advancing processes that fully utilise the potential of women and girls, and young people to challenge barriers that constrain their choice and agency, as well as scaling innovative interventions that build competencies for conflict resolution and abilities to drive sustainable peace and development among targeted groups.”



*Emily Nabakooza with one of the IDP Camp leaders in Kasese District during food distribution*

Barely a year following its launch, the Centre has registered several achievements through its different programs, mainly in emergence response, with support from Rotary District 9705 in Australia and Rotary Club of Canberra.

They include reduction in the prevalence of COVID-19 driven- hunger and malnutrition among highly vulnerable communities that has seen over 1,250 beneficiaries, providing women food vendors the opportunity to revitalize their businesses through the ‘AKABBO KA

BAKYALA’ (Women’s Basket) project. “A total number of 45 women food vendors from the districts above received cash assistance and so far report that AKABBO KABAKYALA initiative has given them a chance to restore their income earning opportunities and to support their families with essential basic necessities at this time of the COVID-19 crisis.”

Additionally, as part of the Centre’s efforts to protect highly vulnerable communities from COVID-19, Emily and her team have successfully conducted a rapid assessment to ascertain how the Centre could contribute towards local capacities to stop the spread of COVID-19 in highly populated areas like markets. “Preparations are underway to install two foot-pedal handwashing stations that will be access by more than 300 people in our first beneficiary community – Ggaba market.”

Like other organisations around the world, the Centre’s operations were adversely affected by the COVID-19 global pandemic leading to the abrupt suspension of its program activities that were at the take off stage. However, to cope with funding uncertainties, they have put in place cost cutting measures like working from home, reducing on travel and operating remotely through community volunteers. “Our internal and external systems of communication because of this measure were significantly affected especially as there is reduced face to face interaction with our beneficiary communities and ourselves as a team. Nevertheless, we are also navigating a few opportunities that this challenge presents especially in terms of how to adapt to what is increasingly becoming the new digital norm in order to engage with our stakeholders and to connect with new audiences.”



*Emily Nabakooza with colleagues during the 2018 Rotary Peace Seminar at University of Queensland*

Article first printed in *glim*, 12 August 2020



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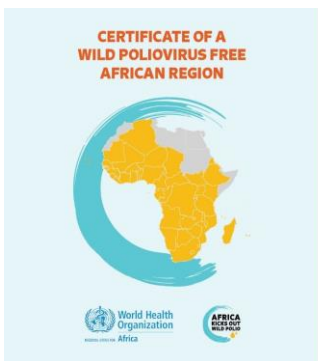


In 1996, the great African leader Nelson Mandela launched the Kick Polio Out of Africa campaign with Rotary International’s support, setting out a vision for a polio-free Africa. At the time, wild polio paralysed 75,000 children each year. To protect communities from this crippling disease, African leaders, health workers, volunteers, parents, global donors and organisations united to reach every child with polio vaccines.

On 25 August 2020, after four years without a single case of wild polio, the African region has been certified free of wild poliovirus. Decades of extraordinary investment has paid off.

Yet, the job is not finished. These efforts must continue to prevent wild polio from returning and to end all forms of polio for good – both in Africa and globally.

[#rotaryinternational](#) [#endpolionow](#)



We, the members of the Africa Regional Commission for Certification of Poliomyelitis Eradication, conclude today, Tuesday, 25 August 2020, that the transmission of indigenous wild poliovirus has been interrupted in all 47 countries of the WHO African Region.



## Echoes of the Past: Can we apply lessons from the polio era to the Coronavirus pandemic?

*Tara Haelle Senior Contributor, in Forbes magazine August 2020*



When I first visited India in 2005, the country still had 66 cases of polio. But when I flew to India this past January, I landed in a country that had been polio-free for nearly six years. India achieved its polio elimination milestone in 2014, along with the rest of the World Health Organization’s South-East Asia Region.

In fact, the whole reason I was flying to India was to observe India’s National Immunization Days, an initiative begun in 1995 by the Indian government with Rotary International and its Global Polio Eradication Initiative partners. Rotary had flown me there so I could see how a country of 1.4 billion people mobilised community leaders, healthcare workers, local volunteers and Rotary club member volunteers from around the world to administer the oral polio vaccine to every single child under 5 in the country.



*A child receives two drops of the oral polio vaccine in a village outside Delhi, India, on the country’s National Immunization Day January 19, 2020. Photo: Tara Haelle*

Four doses of the vaccine are usually adequate to protect children against poliovirus, but those who live in areas where polio thrives—regions with hot weather and poor sanitary conditions—often need additional doses for full protection, so even previously immunised children receive the vaccine during the biannual National Immunization Days. The only two countries where wild polio cases still occur are Afghanistan and Pakistan. As India’s neighbour, Pakistan could be a potential source of imported cases.



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Yet even while there, the idea of polio—the disease itself—felt remote. I saw evidence of polio’s destruction in some Indians I passed on the street, who had a halting gait or a missing limb, and we visited a polio ward not far from Delhi. But the ever-present fear of a disease that might ravage my community the way polio did in the US in the 1950s, the same fear that brought eager parents out with their children to get vaccinated during those immunisation days, wasn’t something I had ever personally experienced.

The irony, of course, is that I would, very soon. Even as I was flying home in late January, a new coronavirus that didn’t even have a name yet was silently making its way across the world too. I wouldn’t find out until months later how lucky I had been not to catch Covid-19 during my trip home. My memories of my recent India trip, specifically to observe nationwide polio immunization, are unavoidably entwined with the experience of descending into the largest pandemic in a century.

It’s no surprise then that I’ve frequently wondered about what parallels might exist between today and the polio epidemics my parents lived through. As I spoke with people familiar with those years, I discovered that trying to compare the eras is more complicated than I expected.

### Fear and Uncertainty

Some aspects are predictably similar, particularly the anxiety and uncertainty that accompany a serious but invisible threat lurking throughout a community that previously felt safe.

“There was anxiety always,” said **Ann Lee Hussey**, who was 17 months old when she contracted polio in 1955, just months after the vaccine became available. Though her four older siblings all developed a fever that was likely from polio, Hussey was the only one to develop paralysis.

“Friends would go home when school was out and were never allowed to see their friends in the summer,” she said. “Parks were closed, swimming pools were closed—they didn’t see their friends again until they returned to school, and there was always one seat that was empty because somebody didn’t come back at all.”

As with Covid-19, not everyone who contracted polio showed symptoms, but those “silent carriers” could still transmit the virus to others. And polio lacked a cure.

“I can especially relate to the fact that they didn’t know how to treat polio,” Hussey said. “They learned as they went, and that’s what we’re doing with Covid-19.”

Another similarity is the heart-breaking isolation that sick patients experience.

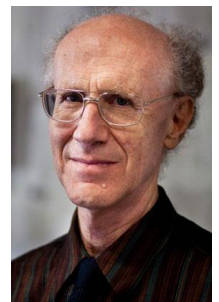
“I was in hospital for five months, and I can recall laying in my bed and looking out the window and seeing my brother on the other side, but they wouldn’t let him in,” Hussey said. And she worries about the potential for another similarity: long-term effects from the disease we don’t yet know about. “At the time people had polio, they didn’t know about post-polio syndrome,” she said, referring to the condition that can affect up to 40% of polio survivors decades after their infection.



*Ann Lee Hussey spoke at the Rotary’s World Polio Day event on October 24, 2018. © Rotary International*

**Peter Salk**, who was 10 years old when his father Jonas Salk developed the polio vaccine, lived in the country during those years and doesn’t remember as much about closures in the summer. But he does remember the summer his family stopped going to Lake Erie as they had for the previous seven years.

“My parents just wouldn’t take us because of polio,” said Salk, today president of the Jonas Salk Legacy Foundation and professor of infectious disease and epidemiology at the University of Pittsburgh. And he recalled stories from others who could not go to summer camp or the movies.



It was the town’s only movie theatre shutting its doors that **James Cherry**, MD, an infectious disease paediatrician and a professor at UCLA’s David Geffen School of Medicine, remembers most clearly. He was in medical school when the vaccine came out, but he recalls how big a deal it was when he was younger to go two miles to the

next town to see a movie—only to discover that theatre was closed too. He also remembers the swimming pools closing, since a major transmission method of polio was through water.

“Once there was polio, swimming pools would close,” he said. In the Pulitzer Prize-winning book *Polio: An American Story*, historian **David Oshinsky** describes how communities across the US tried to manage the invisible threat, including closing their borders, not allowing trains or buses to stop, or not allowing outsiders to disembark in the town.

### Today Is a Different World

But those scattered local measures differ vastly from the state-wide and nationwide shutdowns of March and April that remain in effect in many places. And aside from the fear that led the local theatre to close for the summer, “There’s really nothing similar,” Cherry said about today’s pandemic and past US polio epidemics. He focused especially on the viruses themselves: polio was an ancient enterovirus that people had lived with for millennia, whereas a brand-new coronavirus causes Covid-19.

The ages of those most vulnerable also differs, pointed out **Stanley Plotkin**, MD, a CDC veteran and vaccine developer responsible for the rubella vaccine. With polio, it was primarily parents terrified for their children, even though adults could catch polio too, but with Covid-19, it is older adults most at risk.

The biggest difference, however, has nothing to do with the virus itself.

“This is a different world,” Salk said. People today are not used to facing as much serious infectious disease as in the 50s, when nearly everyone caught measles, pertussis, rubella, chickenpox and other diseases. Even more profoundly, something has also changed in the way people think about science, business and government, Salk said. There has been an “evolution of scepticism” that has eroded people’s trust.

“There was some innocence, in a sense, in the 50s,” Salk said. He described the polio vaccine’s reception, “a huge gift given by science to the people of this country that was absolutely welcomed and wanted, but we’re living in a different age right now. People want a vaccine, but they’re suspicious,” he said, compared to the 50s when parents eagerly signed up 1.8 million children to participate in

clinical trials funded almost entirely through private donations.

Plotkin agreed, pointing out the rampant misinformation that has particularly thrived on platforms like Twitter, Facebook and Instagram.

“I do think that social media has allowed incorrect information and stupid ideas to circulate, which was not so easy in the past,” he said.

Disease outbreaks have always been fertile ground for conspiracy theories and outlandishly (or seductively) false ideas to thrive, and polio epidemics were no different: Word of mouth implicated everything from cats to ice cream during US polio epidemics. But never has there been so much misinformation and conspiracy theories traveling so widely so fast from so many different sources as today. And that phenomenon intersects with two other major differences today: politics and US journalism.

### A Lack of Trust in Authority

Cherry expressed frustrated with the intransigence of the Republican party in not acknowledging the reality of the virus for so long and still, in various states and communities across the country, not taking the threat seriously enough to enact measures to protect public health.

Plotkin was also concerned about how politicized the pandemic has become, particularly as the CDC, where Plotkin was an officer in the 1950s, has been side-lined.

“The CDC should have been the source of reliable information that everybody will listen to, but in the place of that, we have conflicting advice from politicians and governors, to say nothing of the president,” Plotkin said. “When the polio vaccine came out, you didn’t see Democrats saying Eisenhower is lying to us, the vaccine is going to kill us, that sort of thing. I think the distrust is much, much greater than it was, and it’s because society is so split.”

He attributes some of that to a shift in American journalism, a “regrettable loss of objectivity,” he said, where “we have papers on the left and papers on the right reporting things that are their opinions rather than what is factual.” Newspapers and radio news did not used to be as partisan as they are today, he pointed out. But the biggest problem is lack of leadership and trust.

“We need people whom the public will trust regardless of their political affiliation, and we don’t have that,” Plotkin



said. “People are not accepting advice from the same source. They’re accepting advice from the sources they trust and ignoring the sources they don’t trust.”

### Is the Unity of the Past Possible Today?

The confluence of rampant misinformation, political division and a confusing media landscape make it incredibly difficult for Americans to heed the biggest lesson the polio era has to offer: it takes everyone working together toward a common goal to overcome a foe this big.

“The main thing that strikes me, looking back to the polio experience, was the unity that existed in the public’s mind,” Salk said. “For the most part, it was a shared experience. People were terrified; polio was deeply ingrained in the public’s consciousness.”

That is what enabled the *March of Dimes* to raise the funds necessary to fund the polio vaccine trials. “It was the American public that rose to the occasion,” he said. The April 1955 announcement that the vaccine was safe and effective led to jubilation that had been welling up for years while the public remained riveted on the vaccine’s progress.

At first, Salk thought that might happen again.

“In those early days with the lockdown, I just was so pleased and impressed with the American people,” he said. “It was remarkable how people were cooperating, working together, acting together, faced with this thing that was spiralling into a critical situation.”

He recalled an article noting how many cases were prevented with lockdowns across the world and “how extraordinary it was that there’s never been a moment in human history where we made such a difference in such a number of lives than in those first weeks of the pandemic.”

And then “things started to rear their ugly head,” he said. Here came the armed lockdown protesters, the pressure to reopen states before it was safe, the devastating effects of the lockdowns on businesses and people’s incomes, the resistance of people to wearing masks, misinformation running wild...

“It was devastating to me internally to experience that level of discord,” he said. “Then, even before Memorial Day, I was feeling sick inside” knowing how cases would start climbing. Salk does not know how it’s possible to recapture that sense of unity the US had in the 1950s. “Can you translate that to today?” he asked. It’s too

simplicistic to say we should just all come together like we did back then while powerful power today are “fanning the flames of discord with the objective to divide and conquer, to fracture the unity of consciousness in the country, not bring people together,” he said.

Hussey also remembers a more community-minded America, not the “me society” she sees today, and is baffled at those who will not wear masks. “Please listen to the scientists and the public health experts,” she said. “I pray when the vaccine does come out, that people don’t fight it.”

Plotkin, too, worries about resistance.

“One of my concerns is that once there are vaccines, if a substantial number of people won’t get vaccinated, we won’t have the herd immunity effect that we get with other vaccines, and obviously that could mean that the virus would persist circulating in the US,” Plotkin said.

That concern may be premature when so many other challenges—manufacturing, distribution, prioritization of vaccine recipients—lay ahead, but the general unease so many feel about how a vaccine will be received is perhaps the most meaningful difference between the polio era and today.

But it’s also a difference that can be changed.

Hussey, a Rotary club member who has volunteered in 30 National Immunization Days in India, Nigeria, Chad, Somalia, Egypt, Bangladesh and Pakistan, is hopeful. She described the resilience she saw in places like Africa when it came to acting together for public health.

“They’re more willing to stay home, more willing to follow the orders of the doctors because they’ve lived through more disease outbreaks,” she said.

It is still unclear how long the pandemic will drag on and how long it will be until a safe, effective vaccine is widely available to anyone who wants it. When we think back on the polio era, it was truly an era, with years of fear that built up, summer after summer, and the maimed and dead children it left behind a constant reminder of its devastation. Perhaps we are asking too much to ask a country as headstrong, diverse and independently minded as the US to come together just six months after the virus. Maybe, frustratingly, it will take more suffering.

“Even these number of months later, the populace is still in shock,” Salk said. “We don’t have our bearings. We don’t know what we’re experiencing.” Perhaps, when the



shock subsides and everyone has begrudgingly accepted the reality of this disease and what it can do, maybe, just maybe, history could repeat itself.

### Some Foundation highlights from 2019-2020

- More than **USD20 million** was granted to assist communities respond to **COVID-19**
- For the first time ever the Foundation awarded **more than USD300 million** in grants (USD307.1)
- We surpassed our comprehensive fund raising goal of **USD400 million** by raising **USD408.6 million** in **new gifts and commitments**
- There was a **32% increase in contributions received online** and the number of online donors doubled

### Editor retires

After four and a half years and 29 issues, Rowley Tompsett is retiring as the Editor of the Arch Klumph Newsletter. Rowley was asked by PDG Rob Woolley, during his term as District Rotary Foundation Chair, to produce a Foundation Newsletter for District 9710; subsequently, the Arch Klumph Newsletter was born in October 2016. Rowley intended to retire as Editor at the end of his term as DRFC in mid-2019, but agreed to support his fellow Governor, PDG David Kennedy by continuing for a little longer.

With the retirement of David for health reasons, Rowley is also taking the opportunity to pack up his quill and ink. This is his last issue.



## SITUATION VACANT

The Foundation team has a vacancy for a

## Newsletter Editor

If you would like to be involved and contribute your skills and experience to developing the new District Foundation team, please contact PDG John McKenzie on 0402 018 318

### Centurion Program

How can you become a Rotary Foundation Centurion?

All it takes is a commitment to donate \$100 to the Foundation each year. You know, that's less than a cup of coffee a week!

To make it easy to be a Centurion, the District makes available Centurion money collectors at no cost; each collector will hold exactly \$100 in \$2 coins. If you add a coin each week you go to Rotary, you will be a Centurion in 50 weeks. If you add the odd extra coin, the time will be even shorter. Take the completed collector to your Club Treasurer ... it's that simple! Then you can start a new collector.



For more information, see your Club's Foundation Director.



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## POLIO IN NUMBERS

### Wild poliovirus in 2020 (2019)\*

**Global Total: 104 (84)**

### By country:

**Afghanistan 37 (17)**

**Pakistan 67 (67)**

AAAA

\*Data as of 23 September 2020. Numbers in brackets represent data at the same time in 2019. No new cases this week.

## Donor updates

The Global Polio Eradication Initiative extends heartfelt thanks to all Governments, donors and partners who have helped fund the journey towards wild polio eradication in Africa. This incredible milestone has succeeded thanks to your commitment and vision.

Many thanks to the **Bill & Melinda Gates Foundation** for providing a supplemental grant of US\$ 8 891 874 to support the Pakistan polio program, and a grant of US\$ 10 million to support the global staffing costs of the polio program.



## Your District 9705 Foundation Team

### District Rotary Foundation Chair

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### Centurions

Ian Tooke (Chair) 0409 590 547

Andrew Bevan 0412 211 504

### District Grants

Phil Armstrong (Chair) 0418 259 963

John McKenzie 0402 018 318

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