



MINUTES of the Lunch Meeting
held on Wednesday, 6th April 2016,
at The Trans Resort.

Members Present: President Barbara, 1st VP Leith, Sec. John, PE. Marie-Francoise, PP. Raphael, PP Anita, Rtns. Tim, Oliver, Detlev, Jeni, Giorgio, Gerry, David, Janelle, I Gusti Ngurah, Udo, Jurgen, Helmut and Yuki.

Visiting Rotarians: Rtn. Garth Allmand of the RC of Westbank, BC, Canada; PP. Ray Della Pollina of RC of Perth, Australia; Rtn. Deni Andesta and Rtn. Wibawa Suarchman of RC of Bali Kuta; President Ratna Juwita of the RC of Bali Kartika and Rtn. Iffon Alam of RC of Bali Taman.

Guests: Sebastian Tetschke and Alfred & Elizabeth Mair.

President Barbara opened the meeting at 12.30pm by -

- Greeting fellow Rotarians and Guests in the languages represented in the club membership - Good afternoon, G'day, Selamat Siang, Gudemiddag, Bon après midi, Buon pomeriggio, Guten tag, Kyo Wa, Dobar dan and Fuen-ying
- Asking everyone to turn to the neighbours and to say a BIG ROTARY Hello, as 'there are no strangers in our meetings only Rotarian friends we are yet to meet.'
- Asking Rtn. Jenni Kardinal to read The 4-Way Test.
- Asking SaA Raphael to introduce the Guests.
- Noting that April is Rotary... Maternal and Child Health Month.
- Remembering the Sri Lankan Tsunami tragedy – (short video also played).

What Kerstin Jeska Thorwart remembers is the silence. No birds chirping, no dogs barking, no car engines revving. Nothing. **"I've never heard such a silence before, and never since,"** she says. **"I knew something must have happened."**

It was 9:35 the morning after Christmas 2004, and in Sri Lanka, it was a Poya Day, a Buddhist public holiday held every full moon. Jeska Thorwart, a lawyer from Germany, was on vacation in Hikkaduwa, on the island's southwestern coast. Any other morning of her holiday she and her husband would have been on the beach, but today they stayed back at their vacation home, up a small hill about a half-mile from the water's edge, to clean and prepare for guests. After a few minutes, sound returned, as though it had been switched on. Now she heard people running, crying. She went down the main road to see what had happened. She saw people in swimming suits, shoeless, covered in blood. They told her there was a big wave.

The tsunami, as she later learned, was caused when an earthquake with the estimated force of 23,000 atomic bombs rattled the floor of the Indian Ocean. The seabed rose 10 feet, displacing 7 cubic miles of water. A wall of water, in some places up to 100 feet high, slammed into countries throughout Southeast Asia and as far away as Africa. All told, more than 230,000 people died in 14 countries, and 1.7 million were left homeless. More than half of the dead were in Indonesia, followed by Sri Lanka, where 35,000 people were killed.

The first city they came to was Galle, about 12 miles south. Conquered by the Portuguese in the 16th century and fortified by the Dutch in the 17th, the city had long served as the main port between Europe and the East. The tsunami killed 4,000 people in the city and damaged 12,000 houses.

Every minute that went by, Jeska Thorwart says of her Sri Lankan companions, **“they were more and more silent. They were completely shocked. They realized their country was destroyed”**.

On the edge of the city, directly across the road from the beach, the group arrived at a hospital. It was Mahamodara Teaching Hospital, the primary maternity hospital in the province of 2.5 million people. **“It was totally empty,”** Jeska Thorwart recalls. One of the women in the car had delivered four children there, and when she saw the devastation, she cried out: **“Where are the babies?”** When the first wave of the tsunami slammed into the hospital, deliveries had been underway. Although the 10-foot wall around the hospital could not stop the wave, it buffered its force, so the water was only 4 feet high by the time it reached the prenatal ward that faced the sea. The power failed, the backup generator failed, the water supply and sewer systems failed. By the time the subsequent waves hit Mahamodara, no patients or staff remained on site.

Upon learning that the patients and staff had been moved, Jeska Thorwart and her companions went to check on them. Only the most urgent cases had been transferred – others were sent home – and the maternity hospital had been squeezed into 70 beds in the male neurology wing and portions of two other wards at Karapitiya. Jeska Thorwart saw pregnant women sitting outside in the rain. They lay in beds to deliver and moved to the floor to recover. There were not enough toilets; there was nowhere to eat or drink. **“It was a horrible situation,”** she says.

She asked to speak to a doctor. Her first words to him were: **“Don’t worry. We will help you.”**

“Excuse me, may I know your name?” asked Dr Malik Goonewardene, the head of the Obstetrics and Gynaecology department at the University of Ruhuna in Galle and a consultant at Mahamodara Teaching Hospital. He eyed Jeska Thorwart, who was dressed in a T-shirt and shorts, like a tourist.

“I’m from Rotary. I want to help you.” Jeska Thorwart replied.

A decade later, Mahamodara Teaching Hospital’s only ward that has not been replaced or refurbished after the tsunami stands empty. Inside, pieces of plaster are falling off the walls. A couple of old bed frames are stacked in a corner, and wires hang from the ceilings. The building dates to the 1800s, when the hospital was built to quarantine South Indian immigrants arriving to work on Sri Lanka’s plantations and vaccinate them against smallpox. Within a few weeks of the tsunami, more than 6,000 German Rotarians had donated €1.3 million, and in 2008, The Rotary Foundation supported the project. Other partners included German-headquartered global corporations such as Siemens, Trumpf, and Ejot, as well as a foundation set up by former German Chancellor Helmut Kohl, who had been vacationing at a coastal resort southeast of Galle when the tsunami hit.

In the past 11 years, this funding has helped renovate or build 10 departments and wards, and provided equipment worth more than €1 million. The Rotary Club of Colombo, which partnered with District 1950 on the Foundation grant, managed much of the construction.

Since work started, 160,000 babies have been born and more than 2.5 million women have received gynaecological care. In 2014, a year the hospital saw more than 12,000 births, not one mother died – a statistic many Western hospitals would covet. **“That speaks volumes about what we have been able to achieve here,”** says RI President K.R. Ravindrani, a member of the Rotary Club of Colombo.

“Without all of this equipment, she would not have been able to survive,” says Sumith Manathunga, the hospital’s deputy director.

“Thank you very much ROTARY.”

- Gave Apologies for: PAG. Marilyn and Rtns. Maree, Steffen, Peter Erni, Sally, Christian, Florian, Manfred, Erika, Cok Raka and Jorge.
- Announced Birthdays: IPP. Doris 5th April, PP. Raphael 18th April, Hon Member Don Havig and Rtn. [I Gusti Ngurah](#).
- Announced Wedding Anniversaries for Manfred and Helen 24th April (3 years), Rtns. Peter and Patti 15th April (19 years).
- Rotary Joining Anniversaries: IPP Doris 15th April (6years), Rtn. Jenni 10th April (2 years), 1st VP Leith 15th April (1 year), Rtn. Janelle 1st April (1 year) and Rtn. Udo 16th April (13 years).
- Announced Rtn. Detlev’s and Lusi’s Sunday Brunch had raised IDR2 million last Sunday for the Smile Foundation.
- Reminded the meeting that Raffle tickets were still for sale. This week’s prize is a cake voucher kindly donated by Rtn. Helmut.
- . Introduced some of the 19 Disabled Children of Negara, so far located.

President Barbara said that she had already reported on Clubrunner upon her wonderful visit to the disabled children in Negara last Saturday. She and Rtn. Yuki found it a real eye opener. They had met up with President Ratna and members of the RC of Bali Kartika, RC Bali Kuta and RC of Bali Taman Mei and then they undertook house calls to the children that were in need. The children touched their hearts, especially the last little girl, who was 4 years old and suffering from cerebral palsy. Our club is hoping to do a joint venture with these other Rotary clubs and maybe also do a Global Grant for a van.



President Barbara then introduced Rtn. **Deni Andesta**, who with the aid of a Power Point, outlined the needs of the children in Negara. He also told the meeting that about-15% of the world's population lives with some form of disability, of whom 2-4% experience significant difficulties in functioning.



Rotary

Joint Project of:

RC Bali Kartika
RC Bali Kuta
RC Bali Seminyak
RC Bali Taman



ROTARY SERVING HUMANITY



Rotary

The result from Joint Visit Project in Negara / Jembrana Regency:

- ✓ Generally the children from poor family
- ✓ Lower education and knowledge
- ✓ Have poor health & facility



Providing Social Assistance for Children with Disabilities



Rotary

The result from Joint Visit Project in Negara / Jembrana Regency:

- ✓ Generally the children from poor family
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Eka – 22 years old
 Affected convulsion when she was 6 months. Eka could not walk back and got help by wheelchair but can not be used because of the access issue around the house. She have some activities like sewing and create something. She could talks and have good respond. Eka cant continue her school since she was at elementary school, its because the access road from home to school is far away.



Alit, 10 years old
Affected convulsion from 6 months and now he is able to walk a bit but still depend to others

(Needs: Physiotherapy , bench correction)

Dayu, 5 years old
(Requires therapy) Virus attacks the brain and congenital premature birth , can not hear , can not talk, walk has been rather difficult and will be the same as his brother

(Needs: Vitamin and Physiotherapy)



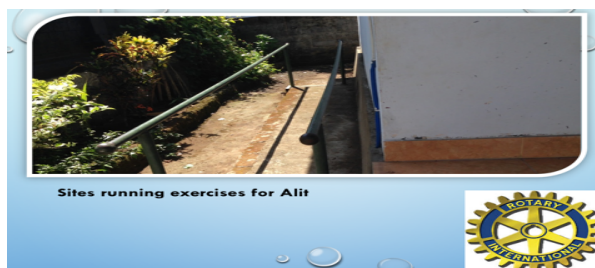

Kadek Sugi Dharmayasa-
Affected convulsion and injection from age 1,5 years.

(Needs: Physiotherapy and feet corrections and the possibility of medical rehabilitation.

Kayla – 5 years old
She got Cerebral Palsy (CP). She was birth normal, got convulsion when she was 9 months and was hospitalized at Sanglah hospital for a month. She diagnosed by genetically heart disorders and cognitif.

(Needs: Vitamin for heart and Physiotherapy)



The question: How do we take this on for a year and then leave? (because the first request was for a cash contribution from club)

SOCIAL ASSISTANCE USED
The grants will be use based on the existing social programs in the Rotary Club of Bali Kartika and will support finance activities that are directly related to the process of social rehabilitation, education grants and aids for the needy. The grants will not be used for operational costs of the club.

BUDGET ALLOCATION
The allocation of social assistance budget given only for persons with disabilities which is an integral part of the program objectives and Rotary Club of Bali Kartika and other clubs who support this program with planning that had been developed by teamwork from Rotary Club of Bali Kartika. This social assistance is not continuous and non-binding.

Answering the question: We will use the funds from the first plan proposal base on estimate budget.

**** The most urgent and immediate needs: Prosthetic limbs, braces, medicines & cost of immediate physiotherapy.**

Formulate a plan for adopting and continue project as a Pilot project to Global Grant for a further 2 years or more.

Why they need rehabilitation and medical care?
Its processes to enable children with disabilities to reach and maintain optimal physical, sensory, intellectual, psychological and/or social function. Rehabilitation encompasses a wide range of activities including rehabilitative medical care, physical, psychological, speech, and occupational therapy and support services. Children with disabilities should have access to both general medical care and appropriate rehabilitation services.

The goal from the rehabilitation
Enabling children with disabilities to remain in or return to their home or community, live independently, and participate in education to get better future.

Puspadi Bali: President Barbara also spoke about possibly of working together with Puspadi Bali , which assists people with physical disabilities to access rehabilitation services so that they can establish their place in society as productive citizens.

Established in 1999, Puspadi Bali is a local NGO committed to improving the lives of people with physical disabilities throughout Bali and Eastern Indonesia.

Puspadi Bali strives towards an inclusive society in which people with disabilities are treated equally and provided with the same opportunities as others. Once Puspadi Bali takes on a child, it is for life, offering the care and follow up required.

If it were possible to acquire a van for disabled children through a Global Grant, it would most certainly help the children of Negara secure the help they need. At the Aneka Linden Centre, accommodation for parents is also available.

In the meantime, it has been suggested that RC Bali Kartika come up with a short list of immediate needs.

- **Villa Sunset View** – “Life without limits at Sunset View”

Alfred Meir spoke of his son Micha, who had sadly been seriously injured in a construction site accident at the age of 15 years and made quadriplegic with only movement in his arms.

Micha had pushed through intense physical pain and mental anguish and moved to Bali where he was so inspired by the people, their creative energy, the beauty and the spirit of the island, that he was motivated to explore and embrace a ‘life without limits’. Tragically Micha passed away in Bali at the age of 22 years before he had the chance to realise his dreams.

His parents have built a beautiful villa, Villa Sunset View, in honour and memory of Micha, to motivate others and to provide a barrier-free accommodation (ie. disabled friendly) in Bali for handicapped holiday makers and their families. It has 5 bedrooms and plenty of space to laze around with mesmerising views over rice paddies and has easy access to a beautiful swimming pool.

The villa and its grounds are intended to make disabled people, who stay there, forget their disability and not to be constantly reminded of it as they would in usual hotels. (+62 361 849 5438).



- Announced that tomorrow PP. Raphael, Rtn. Garth Allmand from RC of Westbank, Canada, and she will be travelling to Nusa Penida to visit the HENSF students. (It is hoped that the RC of Westbank may decide to send a cash donation towards helping our club with the HENSF scholarship fund and this will be a good way for Rtn. Garth to actually see first hand the program in action).
- Congratulated PN. Alex and The Trans Resort team for receiving the 'Trip Advisor Award'.



Trans Resort Bali was recently awarded with the TripAdvisor Traveller's Choice Award 2016, showcasing its commitment in providing guests with excellent and distinctive Indonesian hospitality and services. The Trans Resort Bali has an assortment of luxury accommodations within the resort. In addition to 178 larger size rooms that all face the exclusive sandy beach pool, there are 6 Celebrity Suites, 15 One-Bedroom Villas with their own private pools and a stunning 3 bedroom Presidential Villa that offers the ultimate opulent experience.

Kerobokan – Seminyak Bali 80361 | Ph. +62 361 898 1234

- On Tuesday, 5th April 2016, PN. Alex presented a fascinating talk on HOTEL DEVELOPMENT to our Rotaractors and she (President Barbara) had also

attended the talk. She said that she never realized how much background work went into the setting up and running of the different star levels of hotels.

- Introduced the Guest Speaker – 1st VP. Rtn. Dr. Leith.



Dr. Leith is a Qualified Teacher, Education Specialist in learning difficulties and psychological dysfunction. He is also a Senior Researcher and writer on Autism, Self-Injurious Behaviour and Dyslexia. For relaxation, he loves to cook and play the guitar.

Personal Background:

He is a Qualified Teacher and an Education Specialist in learning difficulties and psychological dysfunction with over 30 years of clinical experience.

He is also a Senior Researcher, Lecturer and Writer on Autism, Self Injurious Behavior Dyslexia and Childhood Psychological Disorders.

His Tasks:

I 'Almost Happily Ever After'.

He has just completed a book and a card game. The book examines how divorce impacts upon families especially children. It was written as a response to questions that have been frequently raised by children experiencing a divorce in their family.

The book is coupled with a specially designed pack of cards that features the characters in the story. Whilst the cards can be used to play any typical card game, there is a game called 'Royals' (based upon the marital problems of the English Royal Family) that is played.

A primary focus of the card game is to encourage families to engage with each other using play and fun to stimulate conversation and interaction.

20 books will be micro-chipped and activated to invite the owner to a Royal Global Card Game in Bali.

His target audience is schools as a resource material.

II His Research Project.

This has been completed and he has been invited to present his findings in Chicago and in London in June 2016. His Research is titled: 'A Loss of Face: Asian Perspectives of Parental Denial and Autism'.

The aim of this research was to empower Asian parents of children with Autism to discern a valid and appropriate response to their child's needs, rather than one based on ego and the appropriation of blame. Furthermore, this research aimed to generate a rational and factual dialogue with all parents of children, who exhibit Autism, in order to extinguish feelings of isolation and guilt.

The participants in this research were predominately of Chinese descent living in South East Asia during the years 2012/2015.

Whilst it is a candid piece of work, it sought to evaluate their perceptions of Autism in regard to the concept of "Face" and to determine how Autism impacted upon them as parents, their extended family and in some cases the Family Clan.

The data presented in this paper was generated from seven case studies that were transcribed and in turn analyzed utilizing Qualitative Research Methodology. A Central Research Question and a series of guiding questions were designed, where upon the responses conveyed by the participants were coded to determine if any specific and/or overarching themes were prevalent in the data.

Whilst "Face" remains an elusive term, a number of scholars have defined it as -

'a means by which an individual, usually of Chinese origin, perceive themselves in terms of their social status and position within their immediate family and social network. Additionally, Face provides the means by which an individual can legitimately claim respect and esteem from their peers. However, Face can be tarnished and indeed lost by actions considered to be shameful and dishonorable. A loss of Face can even occur due to a scenario or outcome that was beyond the immediate control of an individual or family, such as psychological dysfunction and Autism.'

The findings from this research were generated by transcribing the verbal and non-verbal responses contained in seven case studies. Each

case study depicted a different perspective and understanding of Autism and described how Autism impacted upon the Face of the parent/s, extended family and the Family Clan. Specifically, each case study presented the parent's understanding of Autism and the mindset they had constructed that enabled them to manage it. They are presented as follows:

Case Study 1." He'll grow out of it....won't he?"

In this case study, the parent/s expressed a belief that their child's Autism was only temporary and that he would, in time actually grow out of his condition! This position reflects not only how little these parents understood about the fundamental elements of Autism, it also conveyed a genuine sense of desperation and misplaced hope.

Case Study 2. "She bought him into the world, she's responsible for this!"

This response viewed Autism as the result of a "female dysfunction" and utilizes blame appropriation. The father's intention is to sheet home the blame for this "less than perfect child" to the mother. Furthermore, the louder and wider he casts these dispersions reduces the chance that any suspicion may be directed at his own family and bloodline. (While it is uncommon for a couple to remain unmarried when a child is born, it acceptable for the male to have a number of concubines or surrogate wives and he may even establish a number of separate homes/families if he has the finances to do so. Consequently, the mother is under immense pressure to deliver a child that is free from any defect or she may be replaced or abandoned!).

Case Study 3. "We don't show him to anyone!"

This appalling scenario illustrates the depth of shame that some parents of Autistic children experience. These parents are so overwhelmed by what other family members may say about them, they isolate their Autistic child for its entire life in a self contained room (usually the bathroom) that is removed from other siblings, family members and definitely from the eyes of the wider community.

Case Study 4. "But he's going to take over the family business. You can fix it, right?"

The accumulation of money and power are pivotal factors for a Thick or Strong Face. It is not uncommon for a family dynasty in South-East Asia to stretch back over five generations, consequently the preservation and development of the family fortune is vitally important. Parents in these dynasties will go to any length to ensure a smooth and prosperous

transition of power. The last thing they want is their only male child in the succession line to be Autistic. That would be an economic disaster for the entire family because their power base would invariably be challenged or even taken from them. Should such a state of affairs occur, it must be “fixed” immediately and at any cost!

Case Study 5. “He's OK, I was exactly the same when I was his age!”

Some fathers of children with Autism utilize a strategy that endeavors to deflect or negate the diagnosis. They claim their male child, usually their only one, will be fine and indeed triumph because the father was just the same when he was a boy. The driving premise behind such a strategy is to say, “Look at me now! I’m a successful business man that lives in a big house and has two Mercedes Benz’ in the garage. My son will be able to do this too!”

Case Study 6. “No, you are totally wrong with your diagnosis!”

In this scenario there is absolutely no room for negotiation! The shutters are pulled down tight and the parent/s simply refuse to contemplate the idea their child exhibits the slightest learning difficulty, let alone Autism! These parents utilize the strategies of ridicule and aggression and will even accuse the practitioner of professional incompetence to preserve their Face.

Case Study 7. “I’ve always known something was wrong with him, but I didn’t know what to do?”

This response depicts an attempt by the parent/s to be transparent and conveys a definite element of vulnerability. Without exception, this comment is made by the mother of the child, usually in a moment of candor and emotion. She will then attempt to establish eye contact with her husband in an effort to obtain the “consensual nod” because his immediate response to this “exposure” of Face will determine the conversation’s direction.

A number of significant themes emerged from the data and are ranked in terms of prevalence namely: 1. Denial. 2. Blame. 3. Guilt. 4. Shame. 5. Victimization. 6. Aggression/Ridicule.

Data from the case studies also generated a single over arching theme, namely ignorance. It clearly depicts how little the participants actually knew about Autism. Moreover, what knowledge they did exhibit appeared to be based on hearsay or poorly formed opinions from close relatives. In a number of instances, their “understandings” could even be traced to a mystic and/or spiritual belief where Autism was perceived as a curse or punishment from God.

Conclusion: The concept of 'Face' has a profound and debilitating impact on the management of Autism. 'Face' becomes the vehicle by which parents of Autistic children mask their emotions, not only from their immediate family and social network but also from themselves.

Finally, 'Face' creates an anesthetized mindset that numbs the individual's emotions and facilitates the means whereby they can to detach from reality and tragically, the needs of their Autistic child.

III Teacher Training Project. (This project is now in progress).

He is working with schools in Bali and Kalimantan to develop a teacher exchange and skill enhancement program to manage students with learning needs and challenging behavior.

The 2016 Teacher Training Internship at Pelangi School, Ubud, Bali has been proposed as a way to support the Educational Program, Ransel Buku. The aim of the Ransel Buku Program is to bring books and better educational opportunities to children in remote areas of Central Kalimantan. <https://www.gofundme.com/ranselbuku>.

Also related closely to this campaign is Katimpun Library, a pilot program improving cultural and educational awareness to isolated communities, (intern teachers will return to this facility to continue their teaching practice: www.gofundme.com/katimpunlibrary).

In order to improve the quality of education, a teaching candidate will have an opportunity to study and learn from experienced teachers at Pelangi School, Ubud, Bali.

Interns would be expected to train at Pelangi School for six months (two terms). Pelangi School is able and willing to provide the training and mentorship for this internship, but lacks the funds to support the financial aspects of this program.

IV. Research Project. (This is in progress).

He wants to determine if there is a causal link between heavy metals e.g. Mercury, Lead or Zinc in the food chain that increases the prevalence of Childhood Autism in Indonesia. Typical prevalence of Autism is between 2.5-3.5%. In Surabaya and Central Java the prevalence of Autism is between 4-5%!

Initial hair samples taken from children in Surabaya and Central Java with Autism have been found to contain very high levels of Lead, Mercury and Zinc. These heavy metals have a profoundly damaging effect on a child's brain development during pregnancy.

He will also be taking extensive soil samples from in and around industrial areas that pump heavy metal wastes into water supplies and rice growing areas in order to determine the level and content of heavy metals. Blood samples of children with Autism and their parents will also be taken to determine the existence of heavy metals.

Recommendations will then need to be formulated in terms of planning and closure of factories/industries that contaminate the region with heavy metal waste products, and arrangements to make sure recommendations are adhered to.

President Barbara thanked 1st VP. Leith for his most interesting talk and presented him with a Rotary T-shirt as a token of our club's appreciation.

- PP. Anita announced that almost all the 5000 'Fight the Bite' Dengue fever pamphlets had been distributed with 98% being distributed in Bali. The mosquito trap on the 'U Tube' website has had 100,000 hits. She also said that there was a vaccination now being created in Indonesia for dengue fever and it should be ready next year.
- The Raffle was won by Sec. John.
- Raffle/Happy-Sad stories raised IDR 1, 045,000
- President Barbara closed the lunch meeting at 2:00 pm after thanking Rtn. Tim, Rtn. Helmut and Rtn. Jenni for the Administration work done, Rtn. David for operating the computer, Sec. John for taking the Minutes and PP. Raphael for being SaA.

PP. John Glass.
Club Secretary,
2015-16.