



Chartered 29th May 1923

Rotary International Club 17787

BULLETIN 22nd APRIL 2024



OPENING: PE Angela Murphy (left) opened the meeting at 12.45 pm with 14 in attendance, including 3 guests (right): guest speakers Sasha Lewis-Driver and Bec Murrell (Vision Australia Regional Service Managers), and Paula Jones.

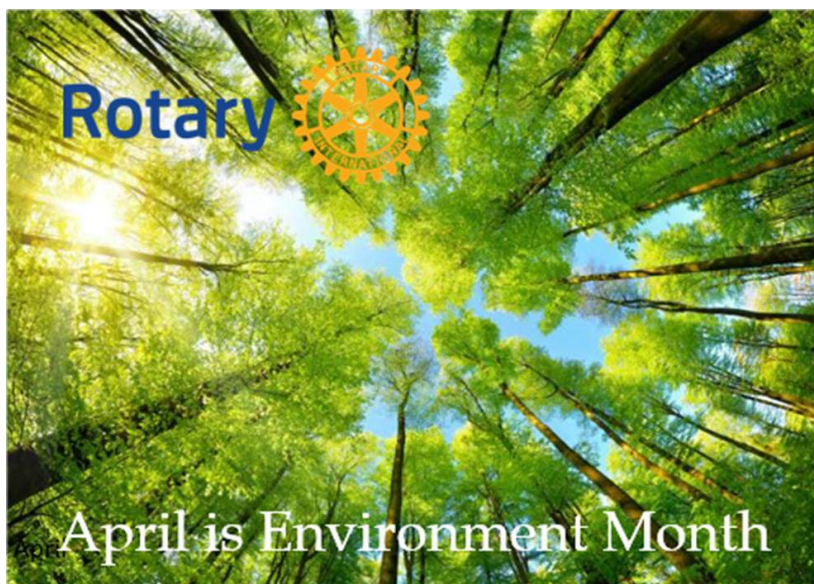


APOLOGIES: Bruce McNaught, Chris Muir, Celia Grenning, Ed van Goethem, Brian Kenny, Rick Tamaschke, James Dellahunty, Juan Laporta.

ACKNOWLEDGEMENT of COUNTRY We acknowledge the Jagera and Turrbal people as the Traditional Custodians of Meanjin (Brisbane), the lands on which we meet. We pay our respects to elders past, present and emerging.

*Mitchell River
Site about 2km
downstream
from Mitchell
Falls
Kimberley, WA*

TOAST to King Charles III and the People of Australia.



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*Rotary International
3501 Regional Annual
Conference.*

*Gather Strength To
Dedicate Love And
Hope.*



Christmas Eve 2023 FIRESIDE CLUB

*Eat and drink togeth-
er at the strawberry
garden.*

*A whole table of sea
and land food.*

*A big lineup - adults
and kids are on the
move.*

*The cold snap doesn't
dampen anyone's
enthusiasm.*

ROTARY INTERNATIONAL TOAST



Rotary International 3501 7th Annual Meeting.

Regional Annual Conference 7th April 2024.

Gather Strength To Dedicate Love And Hope.



Miaoli Sub-District Tree Planting Activities—9th April 2024 - In Rotary's Environment Month.



Hsinchu Fifth District 2nd April 2024.

Enjoy Square Blood Donation Public Welfare Activities.

ROTARY INTERNATIONAL TOAST



The Rotary Club and the Big City Department Store join hands and work together to do public welfare enthusiastically.



[扶輪、巨城攜手 為血庫血荒募1365袋熱血 \(youtube.com\)](https://www.youtube.com/watch?v=...)

ROTARY INTERNATIONAL TOAST



ROTARY INFORMATION SPOT

Rotary Australia World Community Service (RAWCS)
by John Smerdon



Rotary has been active in Australian communities for more than 100 years. RAWCS understands the need to be there for the long haul. By working in partnership with governments, the public and other agencies, RAWCS is constantly developing response strategies to enable the network of Rotary clubs to better serve the communities they live in.

THE HORRIBLE RAWCS ACRONYMS:

RABS ROTARY AUSTRALIA BENEVOLENT SOCIETY

RAM ROTARIANS AGAINST MALARIA

RARF ROTARY AUSTRALIA RELIEF FUND

RARE ROTARY AUSTRALIA REPURPOSING EQUIPMENT

Our passion is to help disadvantaged communities and individuals through humanitarian aid projects.

We Back Doing Good



RAM

We're **Rotarians Against Malaria** Australia. We're volunteers who are passionate about eliminating malaria in our partner countries.

RAM is an Australian registered charity, and we're part of RAWCS.



Rotary District 9620

RAWCS PROJECTS FAIR



All Rotarians are invited to attend this Projects Fair to get an insight into this Australian based program and its various activities as shown above.

All Rotary Clubs are encouraged to send at least one representative.

The Program will include a very brief overview of RAWCS and the various Activities with the main focus of the morning being the presentation of Potential RAWCS Projects encouraging Rotary Clubs to sponsor and deliver a Project in partnership with a local Rotary Club.

Venue and Date

**POSTPONED TO A DATE
AND VENUE TO BE
DETERMINED - POSSIBLY
EARLY IN THE NEW
ROTARY YEAR**

at the CENTRE
of Wacol

Wednesday 24th April 2024

For enquiries and Registrations to: qpaskin@bigpond.net.au 0400 032 131



RARF

ROTARY AUSTRALIA RELIEF FUND

DISASTER APPEALS - Drought, Flood, Fire.

RABS

Rotary Australia Benevolent Society

Last year supported 104 compassionate grants to Australians in need.



RARE

ROTARY AUSTRALIA REPURPOSING EQUIPMENT

Previously Donations in Kind and commenced by Rotary Club of Brisbane and James Delahunty.

PRESIDENT
Phil Saxby



Queensland Brain Institute Rotary Presentation Events



Induction of Winnie Chen.



Winnie Chen came from Taiwan, has studied in the USA and is now a permanent resident of Australia. Winnie has lived in Australia for the past 12 years.



Winnie Chen receiving her Rotary membership certificate from President Phil Saxby.

Wednesday 8 May 6pm – 7.30pm

RVSP for Rotary - QBI presentation Wed 8 May 6pm to 7.30pm

Saturday 15 June 2pm – 3.30pm

RSVP for Rotary - QBI presentation Sat 15 June 2pm to 3.30pm

Parking at UQ is always at a premium. Please consider public transport or car pooling options.

The Queensland Brain Institute is located at Uplands Road Past Union College.



Even before Winnie became a member, she was helping at RARE workdays.

<https://my.rotary.org/en/learning-reference/learn-role/new-member>

<https://vimeo.com/342831924>

SPOT THE MEMBER

ENTER YOUR OWN PHOTOGRAPH TO HIGHLIGHT MEMBER ROTARY ACTIVITIES
ALSO ACCEPTING PHOTOGRAPHIC MEETING APOLOGIES FROM ANY ABSENT MEMBERS



There are many Rotary Fellowships for building networks—golf, beer, railways, to name a few.



MEMBER SPOTS



Bruce McNaught reported that the Polio Plus evening was a success with over 50 people attending. Bruce expressed his thanks to all the members of the RCoB that attended.

GUEST SPEAKERS — Sasha Lewis-Driver and Bec Murrell— Regional Client Service Managers Vision Australia



Vision is a Spectrum

At Vision Australia, we use **low vision** to describe someone with some remaining vision but may need to be twice as close to an object as someone with normal vision in order to see it.

Blindness is when someone has little, or no sight, and needs to rely on their other senses like touch and hearing to understand and get around.

Although it is actually very rare for someone to experience no sight at all, 500,000 Australians currently have impaired vision and this number is expected to grow. The Client Services arm of Vision Australia provides assistance to infants through to seniors. 65% of their clients are 65 years or older.

Common Eye Conditions in Australians over 40:



Age-related macular degeneration

It's the leading cause of vision loss in Australians over 50.

Cataracts

One of the most common eye conditions impacting older people.



Albinism

A genetic condition that affects the body's ability to

produce melanin. Albinism comes in two forms: oculocutaneous and ocular. Oculocutaneous albinism affects both skin and eyes, giving people fair skin, white or red hair and pale eyes. Ocular albinism affects the eyes only. Both forms of albinism can cause low vision.

Diabetic retinopathy

A complication of diabetes that can cause damage to blood vessels in the retina at the back of your eyes. This can cause bleeding and swelling, leading to partial or even complete loss of vision.



Glaucoma

A family of eye diseases that damage the optic nerve. It leads to the gradual loss of sight, beginning with peripheral vision. There is often no pain or discomfort associated with vision loss from glaucoma.

Nystagmus

Rapid, involuntary eye movements that cause the eyes to flicker. The flickering of the eyes can be in any direction, and can be large, small, fast or slow. Abnormal function in areas of the brain that control eye movement causes nystagmus.

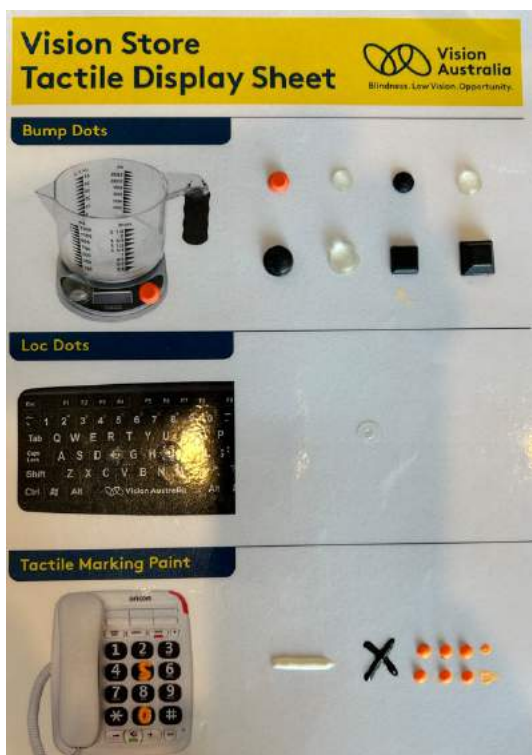
Retinitis pigmentosa

A complex hereditary eye condition with many variable outcomes. This condition causes cells in the light sensitive retina to degenerate. A variety of symptoms usually develop between the ages of 10 and 30.

Stroke

A stroke happens when the supply of blood to your brain is disrupted, meaning it doesn't get the oxygen and nutrients it depends on. In some cases, blood vessels spontaneously burst, causing a hemorrhage or bleeding on the brain. In addition to the key physical issues associated with a stroke, one third of stroke victims have some form of vision loss.

GUEST SPEAKERS— Sasha Lewis-Driver and Bec Murrell— Regional Client Service Managers Vision Australia

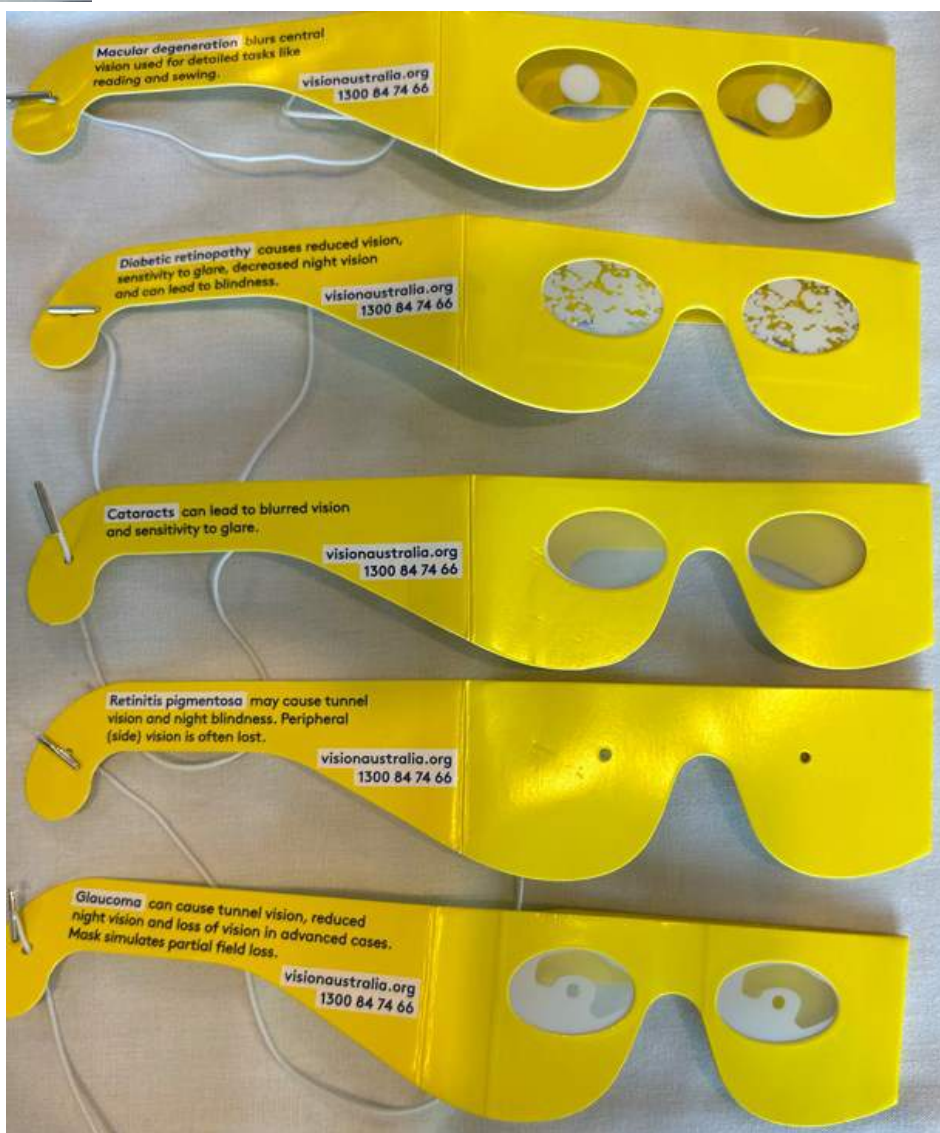


Bec Murrell (left) and Sasha Lewis-Driver (right) showed the meeting some of the devices available for the vision impaired during what was an excellent presentation..

Above: Tactile dots and paint used for aiding in location through touch.

Right: Spectacles used for simulating various vision impairment conditions. These are usually used at sit down lunch or dinner events. From the top, Macular Degeneration, Diabetic Retinopathy, Cataracts, Retinitis Pigmentosa, and Glaucoma.

Below: An audible clock which 'talks the time' when the large button is pushed.



GUEST SPEAKERS— Sasha Lewis-Driver and Bec Murrell— Regional Client Service Managers Vision Australia



Left: Magnifier.

Right: Remote control with large lettering.

Below Right: Keyboard with large letters.



Above Left: Device which emits an audible alarm when filling a cup. This prevents burns when pouring hot liquids and minimises the chance of overfilling which can lead to wet floors and falls.

Left: Phone with large letters.

Right: Wrist watch with large numbers.

Vision Australia operates a wood working facility for the vision impaired. This has enabled blind persons to make furniture.



Technology has resulted in major improvements over the last 10 years. A device is now available which clips to a person's spectacles and will read to them. These devices are also being developed with facial recognition technology. Google is now being used to turn lights on and perform other tasks.

GUEST SPEAKERS— Sasha Lewis-Driver and Bec Murrell— Regional Client Service Managers Vision Australia

Diabetic retinopathy



Normal vision



Diabetic retinopathy simulation

What is diabetic retinopathy?

Diabetic retinopathy is a complication of diabetes which can damage the tiny blood vessels inside the retina at the back of the eye. This can cause bleeding and swelling in the retina and seriously affect vision, and in some cases cause blindness.

Diabetic retinopathy is the most common cause of vision loss in people of working age in Australia.

What are the common symptoms?

There may be no symptoms in the early stages as the damaged areas may only affect the edge of the retina.

There may be blurred or distorted vision that makes it difficult to read standard print, watch television or see people's faces.

There may be increased sensitivity to glare and difficulty seeing at night. Peripheral vision may be affected so that driving is no longer possible and there may be an increased risk of falls.

Who is at risk?

Any person who has diabetes is at risk especially if they have:

- High blood-sugar levels or poorly managed diabetes
- High blood pressure, particularly if they also have kidney disease
- A long history of diabetes

Can diabetic retinopathy be treated?

There is a range of treatments available to minimise the vision loss associated with diabetic retinopathy. This includes laser and other surgical procedures and injections.

Early detection and treatment can slow the progression of the disease and greatly decreases the risk of vision loss.

How can people with diabetes reduce the risk of vision loss from diabetic retinopathy?

- See an eye care professional regularly because there may not be any symptoms with early diabetic retinopathy
- Take prescribed medicines as instructed and follow a healthy diet
- Controlling blood-sugar levels is critical to minimise the risk of progression

Cataracts



Normal vision



Cataract simulation

What is a cataract?

A cataract is a clouding of the clear lens in the eye and is one of the leading causes of vision impairment. While cataracts most commonly occur in those who are older, they can develop in younger people as well. Some people are born with a cataract.

What are the common symptoms?

Early symptoms include glare and sensitivity to bright light. However, as the cataract worsens some of the common signs include:

- Blurred, hazy and foggy vision
- Haloes around lights
- Distortion or double vision in the affected eye
- A feeling of looking through a film, veil or curtain
- Changes in the appearance of colours

Who is at risk?

Cataracts are part of the normal ageing process. However there is an increased risk of early onset for those people who have:

- A family history of cataracts
- Diabetes
- Sustained an eye injury
- Steroid treatment
- Excessive exposure to ultraviolet light
- Smoked for a period of time

Can cataracts be treated?

Yes, cataract surgery is one of the most common and successful surgical procedures performed in Australia.

The cloudy lens (cataract) is removed and replaced with an artificial lens implant called an intraocular lens (IOL). Many different types of IOL are available to suit different people. You can discuss cataract surgery with your ophthalmologist.

When surgery is not an option, the use of low vision aids, advice and information can assist.

How can Vision Australia help?

Vision Australia provides support and services to people of all ages and stages of life who are blind or have vision loss.

We work with people to achieve what's important to them such as studying, finding or retaining employment, leading an active social life or continuing to do the things they love.

GUEST SPEAKERS— Sasha Lewis-Driver and Bec Murrell— Regional Client Service Managers Vision Australia

Age related macular degeneration



Normal vision



Macular degeneration simulation

What is age related macular degeneration?

Age related macular degeneration is a degenerative eye condition caused by changes at the back of the eye (retina). It is the leading cause of severe vision impairment in people aged over 40 years in Australia. It is also referred to as AMD or ARMD.

Which part of the eye is affected?

AMD affects the macular region of the retina which is responsible for central vision. Activities which rely on the macula functioning well are reading, writing, close-work and watching TV.

What are the types of AMD?

AMD is described as either dry or wet. Dry AMD results in a gradual loss of central vision and wet AMD leads to a sudden loss of central vision.

Dry AMD can turn wet and subsequently result in sudden vision loss. Regular visits to an eye specialist are highly recommended.

What are the common symptoms?

- A gradual or sudden decline in the ability to see objects clearly
- Difficulty reading – that is not improved with new glasses
- Distorted vision in the central field and difficulty seeing people's faces clearly
- Dimming of colour vision
- Visual hallucinations (see Charles Bonnet Syndrome)

Who is at risk?

Those most at risk of developing AMD are people with a family history of AMD, people over the age of 75 and smokers.

Can AMD be treated?

Treatments are available for wet AMD and are aimed at maintaining the vision for as long as possible. In some cases, vision may improve. The desired outcome is to prevent the growth of new abnormal blood vessels in the retina.

Dry AMD treatments are not yet readily available to the general public.

However, a healthy diet rich in antioxidants and regular exercise is important in reducing the risk of macular degeneration and in slowing the progression of the disease.

Antioxidants are very important for the eyes and are found in a wide variety of vitamins and minerals such as Omega-3 (salmon, mackerel, trout and sardines), vitamin C (citrus fruits, berries, kiwi, tomatoes and capsicum), Lutein and Zeaxanthin (dark leafy vegetables-kale, spinach, broccoli, silver beet, pumpkin, peas, corn and beans), zinc (seafood), vitamin E (nuts and seeds) and selenium (brazil nuts, mushrooms, oats and brown rice).

Some eye specialists recommend vitamin supplements to reduce the progression of dry AMD. It is best to discuss this directly with your eye specialist.

Your eye specialist can also show you how to monitor your vision in each eye with an Amsler grid. It is very important to contact your eye specialist if any changes in vision are noticed or detected on the Amsler grid for potential sight saving treatment.

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With the support of our professional teams, people who are blind or have low vision can develop their skills and make use of technology and equipment that will enable them to live independently.

Glaucoma



Normal vision



Glaucoma simulation

What is glaucoma?

Glaucoma is a group of eye diseases in which there is progressive damage to the optic nerve which carries vision information from the eye to the brain.

Glaucoma is often associated with high intraocular pressure (fluid pressure inside the eye) resulting from a problem with the drainage system of the eye.

Early detection and treatment are crucial to minimise vision loss.

What are the common symptoms?

The most common form of glaucoma starts with the loss of side vision (peripheral vision). There is no associated pain or discomfort. The lack of symptoms makes early detection difficult.

GUEST SPEAKERS— Sasha Lewis-Driver and Bec Murrell— Regional Client Service Managers Vision Australia



As the disease progresses, symptoms may include:

- Painless blurred vision
- Difficulty adjusting to low light
- Poor vision in dim light which may lead to falls or a loss of confidence
- If untreated the continued loss of peripheral vision can lead to tunnel vision or blindness.

Who is at risk?

Those most at risk include people who:

- Have a family history of glaucoma
- Are aged 40 years and over
- Are short sighted
- Have diabetes
- Have had a serious injury to the eye
- Used steroids regularly over a long period of time
- Have hypertension.

Can glaucoma be treated?

Glaucoma can be treated with eye drops or other medication, laser treatment or surgery. Treatment needs to be ongoing and cannot restore vision which has already been lost.

Early detection and treatment of this condition can prevent or delay vision loss. Regular checks with an eye care professional are important for anyone over 40 but especially those in high-risk categories.

visionaustralia.org

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**Vision Australia can
help you. Call our Helpline
on 1300 84 74 66**

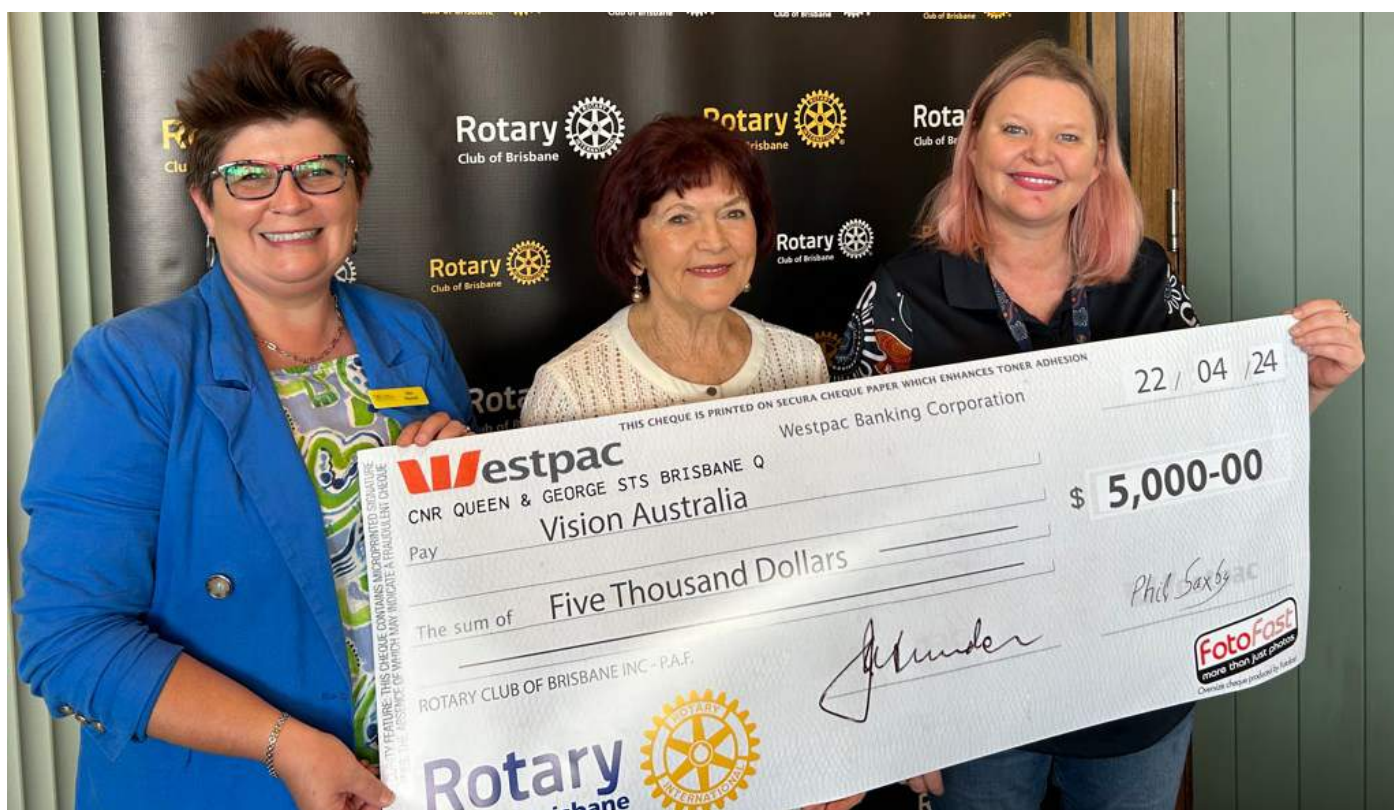
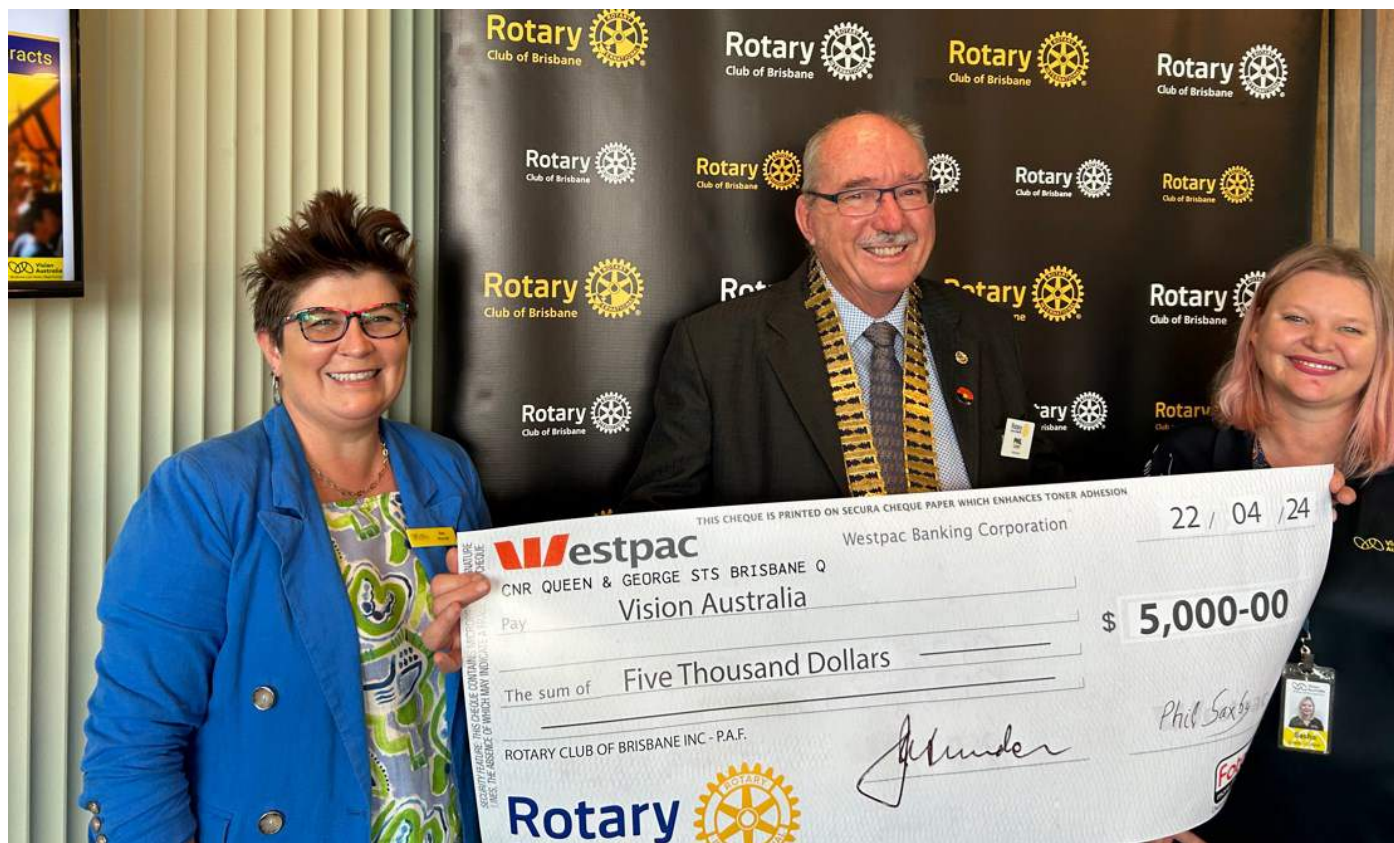
Vision Australia has 28 metro and regional centres around Australia. Call us or visit our website to find the one closest to you.

Find out more

visionaustralia.org
info@visionaustralia.org



**GUEST SPEAKERS— Sasha Lewis-Driver and Bec Murrell—
Regional Client Service Managers Vision Australia**



Bec Murrell and Sasha Lewis-Driver being presented with a cheque for \$5,000 by President Phil Saxby (above) and Denise Schellbach (bottom).

MEETING DATES

APRIL	Mon 29	12.15 pm	Meeting at Fridays
MAY	Mon 6		No Meeting—Labour Day
	Mon 13	11.30 am	QBI Meeting at Fridays
	Mon 13	12.15 pm	Meeting at Fridays
	Mon 20	12.15 pm	Meeting at Fridays
	Mon 27	11.30 am	BOARD MEETING at Fridays
	Mon 27	12.15 pm	Meeting at Fridays
JUNE	Mon 3	12.15 pm	Meeting at Fridays
	Mon 10	11.30 am	QBI Meeting at Fridays
	Mon 10	12.15 pm	Meeting at Fridays
	Mon 17	12.15 pm	Meeting at Fridays
	Mon 24	11.30 am	BOARD MEETING at Fridays
	Mon 24	12.15 pm	Meeting at Fridays
JULY	Mon 1	12.15 pm	Changeover Meeting at Fridays

MEETING ROSTER

DATE		PRESIDENTIAL DUTY	CHAIR	INTERNATIONAL TOAST	ROTARY INFO SPOT
APRIL	Mon 29	PHIL SAXBY	CAM GIBSON	MARK WILLIAMS	DENISE SCHELLBACH
MAY	Mon 6	LABOUR DAY	PUBLIC HOLIDAY		
	Mon 13	MICHAEL STEPHENS	MICHAEL STEPHENS	BRUCE McNAUGHT	CELIA GRENNING
	Mon 20	PHIL SAXBY	ED van GOETHEM	ANGELA MURPHY	PAUL CHOY
	Mon 27	PHIL SAXBY	CHRIS MUIR	MARK WILLIAMS	MILES MURPHY
JUNE	Mon 7	PHIL SAXBY	PETERSON WEI	DYMPHNA MUIR	KEITH WATTS
	Mon 10	PHIL SAXBY			

RAFFLE & SERGEANT



JOKER RAFFLE The raffle was drawn by Paul Choy and won by guest, Paula Jones. Unfortunately, the joker was not drawn and Paula ultimately lost.



SERGEANT Michael Stephens gave his apologies for today. There were no fines issued—very boring!!!!



MEETING CLOSED Angela Murphy closed the meeting at 1.45 pm.

NATIONAL ANTHEM



The Four Way Test

of the things we think, say and do

1. Is it the **TRUTH**?
2. Is it **FAIR** to all concerned?
3. Will it build **GOODWILL** and **BETTER FRIENDSHIPS**?
4. Will it be **BENEFICIAL** to all concerned?

GUEST SPEAKERS

APRIL	Mon	29	Michael Klatt of Mullins and Mullins	Wills and Estates
MAY	Mon	13	Zach Woodward	Eddie's Van
	Mon	20	Ron Baker OAM	Brisbane River (Part 2)
	Mon	27	Greg Elphinstone	Hear & Say
JUNE	Mon	3	Rotarian—Councillor Vicki Howard	TBC BCC Central Ward
	Mon	10	Michael Anthonisz	Senior Economist for Treasury Department
	Mon	17	Associate Professor Miguel Renteria	QIMR Berghofer—on suicide
	Mon	24	Warwick Willmott	Senior Geologist, Author, Qld Museum

CALENDAR DATES

MAY	Wed 8	6.00 pm	Rotary QBI Presentation at UQ	Cnr Upland Rd & Research Rd. RSVP
	Fri 17	6.30 pm	Waters Edge—Portside Reservations	Level 2, 39 Hercules St, Portside Wharf, Hamilton.
	Sat 25		Rotary International Convention	Singapore (25-29 May) Registration
JUNE	Sat 15	2.00 pm	Rotary QBI Presentation at UQ	Cnr Upland Rd & Research Rd. RSVP
JULY	Mon 1	12.15 pm	Changeover Meeting	Fridays

CONTAINERS FOR CHANGE

CONTAINERS FOR CHANGE: LOG IN and DELIVER YOUR EMPTIES TOWARDS FUNDING OUR CLUB ACTIVITIES

https://member.containersforchange.com.au/team-member/add/qld?team_link=qld/the-rotary-club-of-brisbane-inc-6420eda5a5afb

Rotary
Club of Brisbane



RC TAIPEI TATUNG

40th Anniversary

19th APRIL 2024

RI CONVENTION

SINGAPORE

25-29 MAY 2024



CREATE HOPE
in the **WORLD**