



FROM THE PRESIDENT'S DESK

October 24th is World Polio Day. The World Health Assembly met in Geneva in 1988, and agreed with Rotary to adopt the Citizen Polio Eradication effort. At the time there were 350,000 cases of Polio each year in 126 countries.

Led by Rotary, the challenge was real and many volunteers were involved in vaccinating children across the world. Poliovirus is carried in unclean water and sanitation and was present even in Australia throughout the 1950s. I met someone only last week who told me his mother had had it – and a friend's brother died from its complications. There was a boy in my kindergarten class who wore callipers from the effects of Polio. Some children ended up in an Iron Lung. So many lives cut short or ruined.

The aim was to eradicate Polio by the year 2000. Unfortunately, that was not achieved, mainly because of geopolitical issues. Afghanistan and Pakistan still have cases – about 50 per year. So why do we need to keep pushing this? BECAUSE ERADICATION IS DO-ABLE. Like smallpox, we are so close to eradicating it for good. But until it is completely gone, we must make sure every child in the world is vaccinated. Recently there has been a case each in South Africa and Germany – it only takes one to see it spread back in an unvaccinated country. And then we will have spent decades and billions of dollars, for what? It's ALL OR NOTHING. The following link is to an educational video put out by the World Health Organisation – not Rotary. It is interesting that even they acknowledge the leadership of Rotary in this effort.

We should be proud that our organisation leads the world in something so huge. The eradication of Polio will be one of the world's biggest achievements, and we are a part of that. Thanks to Rotary and WHO it is estimated 20 million people have NOT contracted Polio since 1988. We must support Rotary's continued efforts, by making donations to the Rotary Foundation in the name of Polio which we do each year as a club, and some members donate individually as well.

<https://www.youtube.com/watch?v=gFctXd-0X0w>

Julie

www.rotarytheentrance.org.au

RCTHEENTRANCE

MONTHLY BULLETIN
2026-27

Volume 56 Issue 3

Bulletin editor: Clive Denmark
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Meetings are held on 1st and 3rd Tuesdays (and sometimes 5th) at the Mingara Club at 6:00 for 6:30

Board meetings on the 2nd Tuesday on zoom and social nights on the 4th.

Attendance and apologies to
David: 0450 068887

Rotary



THE FOUR-WAY TEST
of the things we think, say or do

- I. Is it the TRUTH?
- II. Is it FAIR to all concerned?
- III. Will it build GOODWILL & BETTER FRIENDSHIPS?
- IV. Will it be BENEFICIAL to all concerned?

President	Julie Glover
Secretary	Greg Maloney
Treasurer	PDG Peter Ward

**ROTARY CLUB OF THE
ENTRANCE INC.**

Chartered 26th April 1972
District 9685

RI President
Olayinka H. Babalola

District Governor
Michele Ellery

**CREATE
LASTING
IMPACT**

Rotary 

Amanda Gray – Voluntary Assisted Dying (VAD) 6th October 2026

Amanda is a PHD Student from Newcastle University. She is a qualified social worker and is exploring the possibility of VAD being extended to people suffering from Dementia.

The Northern Territory has recently passed legislation for VAD which now covers all of Australia. However, current VAD legislation in Australia has very limited/strict rules. To qualify people must be over 18, diagnosed with a disease and be within 6 to 12 months of dying. It is also a strict and rather bureaucratic process with 11 steps:

1. 1st request for VAD to Dr
2. Co-ordinating Dr completes 1st assessment
3. another doctor does a consulting assessment
4. Complete a written declaration
5. Make a final request for VAD
6. Co-ordinating Dr completes a final review
7. decide how to take the final medication with support from your Dr
8. Dr applies for a medication authorisation. The VAD board grants approval
9. your Dr provides the medication
10. You take or are given the medication if and when you choose
11. A death certificate is issued

As a result its application means that people applying are mostly cancer sufferers and many people who are suffering incurable diseases such as Parkinsons, MND and the many types of Dementia, which are often painful and very debilitating in their later stages, find it almost impossible to meet the criteria.

If access to VAD is to become broader one of the measures that would assist is for the timeframe ascribed in the legislation to become longer and more flexible. It was noted that an encouraging sign is that the ACT have removed the 6 -12 month restriction in their legislation

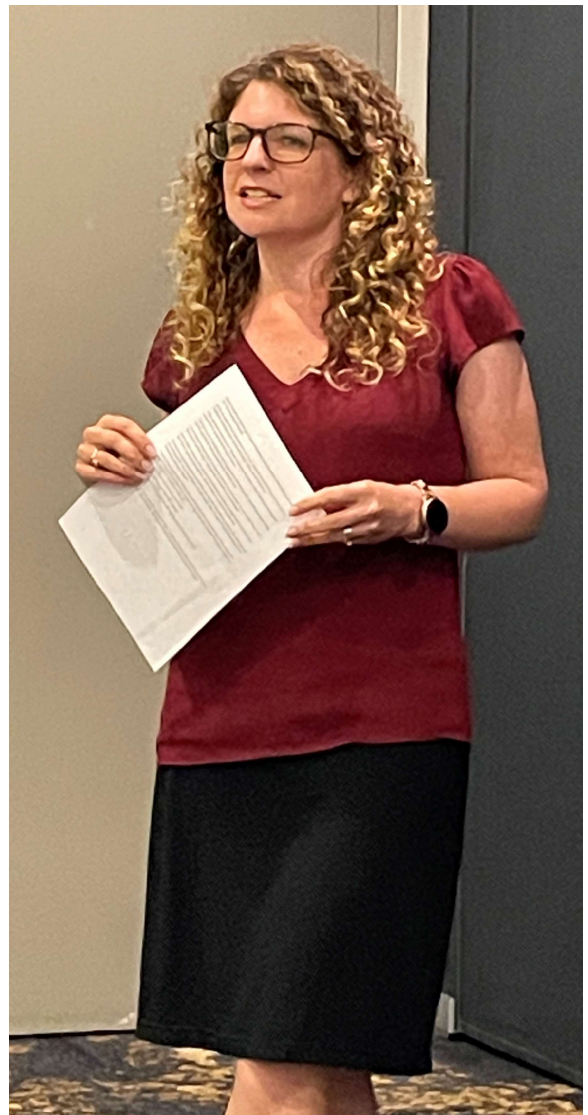
Amanda also referenced Advanced Care Plans where people are able to legally state their wishes formally such as “do not resuscitate”.

Amanda spoke briefly about Dementia which is definitely a terminal disease but one with a very varied timescale. With some people it progresses rapidly with others much more slowly. Lifestyle and some medication can slow the progress in some cases.

Amanda said that allowing a process like an “Advanced Care Plan” to cover patients’ wishes about how they would like to be treated as dementia advances could be a very significant move forward

In many types of dementia the patient eventually loses control of their lungs or the ability to swallow. For others they lose the ability to walk. For others the loss of recognition of their loved ones would be a milestone where quality of life disappears.

Amanda finished her talk with the story of Gunther a terminally ill husband and father who decided that his quality of life was not good and his pain increasing so wanted to explore VAD. He was able to do it in a timeframe that allowed him time to tidy up his affairs and assist his family to transition to life without him. He chose the day after boxing day so not to spoil the family’s Christmas and let him see the start of the Sydney to Hobart boat race. The whole process took him sixteen days. His story can be found here: https://www.gogentleaustralia.org.au/we_left_nothing_unsaid



By the end of the story I'm sure that I was not the only one with tears in my eyes.

We thanked Amanda for her talk and wished her well.

The initial VAD legislation took many years to implement, and it will take time and much advocacy for the legislation to be broadened to include diseases such as dementia. But with some 450,000 sufferers currently and numbers of over 80s expected to double over the next 20 years I believe it is something that needs to be addressed. I hope it changes before I reach the situation where I want to access VAD.

Olivia

When we had booked in Amanda to speak, we invited Erina Rotary to join us for this interesting evening. We needed to Get a bigger room for the evening, because we ended up with 26 people to listen to her. Everyone agreed it was a night not to be missed!

Thank you to Erina who made the trek north to join us! We enjoyed the opportunity to share with you!

Photo below courtesy of Erina!



Rotary



WHAT IS POLIO?

Poliomyelitis is a highly infectious disease that most commonly affects children under age 5.

**END
POLIO
NOW**



THE DISEASE



Polio spreads person to person, often through contaminated water.

It can attack the nervous system and cause paralysis.

There is no cure, but vaccination can prevent it.

Rotary and partners have immunized over **3 billion children** worldwide since 1988.



TWO FORMS OF POLIOVIRUS



WILD POLIOVIRUS (WPV)

Three types existed: 1, 2, and 3. Wild poliovirus types 2 and 3 have been declared eradicated; only type 1 wild poliovirus remains.



CIRCULATING VACCINE-DERIVED POLIOVIRUS (cVDPV)

Rarely, in under-immunized communities, the weakened virus used in oral polio vaccine can circulate for a long time and mutate. High vaccination coverage prevents outbreaks.

THE VACCINES



IPV — Inactivated Polio Vaccine

Injection; uses inactivated virus and protects against paralysis.



OPV — Oral Polio Vaccine

Drops by mouth; helps stop person-to-person transmission and is easy to administer at scale.

OUR GLOBAL EFFORT

Rotary, partners, governments, and communities have immunized over **3 billion children** in **122 countries** since 1988.



THE FACTS



Polio mainly affects children under 5.



There is no cure, but it is vaccine-preventable.



Only two countries remain endemic.



Cases reduced by **99.9%** since 1988.



Until polio is eradicated, every child remains at risk.



Rtn.PP.MPHF.V. Karthikeyan

Rotary Club of Tirupur Metal Town | Rotary District 3203

Yvonne Jager - Meet them

Where they are Today

21st October

We invited Yvonne to come along and talk to our DCaf volunteers and interested club members about dementia and what we should be doing at our Dementia Café. After eight months of operation, we felt it was a good time to introduce some new information to our team members, in the hopes that it could make our job easier and our guests feel more welcome and secure. We chose to meet during the morning at a similar time to the DCaf so most of our regular volunteers could be present.



We met Yvonne as a professional carer for one of our DCaf guests, and she has attended our DCaf since our second month. She is a trained nurse with further qualifications in aspects of Dementia, but her familiarity with our DCaf made her the perfect person to introduce some new ideas and aspects of the disease.



Introducing the subject, Yvonne explained that Dementia was not a normal part of aging but actual damage to the brain affecting not only memory but also thinking, communication, perception, emotions and behaviour. As it can change day by day, it is important to meet the person as they find them today, not how they were the visit before. They may be worse, but sometimes they may be better than you expect.

She walked us through some interesting misconceptions caused by the brain – like not stepping on a black mat which their brain is convinced is a deep and dangerous hole, or water being actually cold but perceived as hot. She talked about ways you might deal with such problems – but they are workarounds, never convincing a person living with dementia that they are wrong. It is their reality.

She spoke about the sorts of situations which might make a person agitated, and what a volunteer should do if confronted with situations. Work through possible problems – hot, cold, thirsty, needing the toilet, overstimulated, uncomfortable in some way. But in short – it would usually be to seek help from the accompanying carer, or the coordinator or another volunteer.

We learned many aspects of caring for people with Dementia, but Yvonne made it very clear that as volunteers we are already providing the carer and person living with dementia a gift – a place to go, activities and company for the guests while the carer has the opportunity to chat with others, or offload to a team member. And she told us that when she and her charge go home from the DCaf, that they are usually singing in the car, that the afternoon is usually happy and she sleeps very well that night. We should focus on the achievements, which are probably greater than we realise.

We all had a great morning, and felt we had learned much about how we should be greeting and entertaining our guests.





Anthea Dean - Life story - 20th October 2026

Anthea was born in the UK just after the war. Her family lived in the outer suburbs of London. In that era they knew all our neighbours and all the children played together. Her father worked in insurance and caught the same train to London every day! Times were tough. Anthea recalled going shopping with her Mum, who would put the bus fare in her pocket and spend to the last penny at the vegetable market.

Anthea didn't want to go to University like her siblings and left school as soon as she could. She first went into an Insurance Office in London and was quickly promoted – but to get ahead she decided to get a Secretarial qualification at Pitmans College.

She worked with CBC briefly and then decided to emigrate to Toronto. Her boss had written ahead and she was offered a job in the ABC Light Entertainment Office. She worked with some fantastic people and got a real taste for the TV and film industry. One project was going to EXPO which was on in Montreal, where she had time to explore. Being in the French speaking part of Canada she was able to try out her school French!

Anthea recounted her first experience of a Canadian winter. It was so cold one day that her landlady offered an old fur coat she had in the basement. It was the time of the mini skirt but she wore that fur coat which reached her ankles every day. Fashion went out of the window.

After only a year in Canada Anthea returned to London and got a job at the BBC. Her first job was in radio on a daily farm broadcast, then on Top of the Pops (with Jimmy Saville.) She worked for a long time on Sportsnight with Coleman and a programme called Man Alive and that involved studio work and film. She bought her first flat in the suburbs of London. It needed renovating which was a steep learning curve. Her boyfriend at the time was an electrician which helped! It was in such a bad condition that it needed everything doing. She worked by day and renovated by night, filling her car with the rubbish on her way to work!!

Five years later Anthea let the flat for a year and came to Australia. Freelance work took her to much of Australia. Anthea worked in continuation, meticulously checking that everything from the actors' makeup and dress to the sets was the same from one shoot to the next! She did a stint with the ABC on Patrol Boat in Sydney, who then offered her a permanent job. She sold the London flat which set her up quite comfortably in Australia.

Anthea took leave without pay to work on a feature film in Beaudesert where she met David, her future husband. He was working on the same movie. At the end of the movie David moved to Sydney with her!! They bought a house in Wahroonga and renovated that so they could both work from home. They became agents for high speed cameras, and travelled a lot as each year we had to travel to America for sales meetings. They always added a holiday - Alaska, Italy and many other countries in Europe.

David and Anthea ran the business together until Anthea developed symptoms of dementia. An MRI showed not dementia, but the worst case of hydrocephalus the technician had ever seen. She was successfully treated with a brain shunt.

Eventually David decided to retire, and they moved to the Central Coast and bought a unit at The Entrance. In 2017 David had a stroke but he was very determined and was getting better when he collapsed at home in 2022. It was then discovered he had cancer throughout his body. Anthea shared that she was pleased her successful treatment meant she was in a position to nurse David. David and Anthea had 38 good years together and she will always be grateful for that.

Join us in Mudgee!

2027 ROTARY DISTRICT 9685 CONFERENCE

Friday, 12 March - Sunday, 14 March 2027

PARKLANDS RESORT, MUDGEE

— Conference Highlights —



FRIDAY— CONNECT

Reconnect with fellow Rotarians and friends.



SATURDAY – COLLABORATE

A full day of ideas, learning and shared experiences.



SATURDAY AFTERNOON – COUNTRY FAIR

Enjoy local artisans, food and wine in a relaxed country setting.



EVENING BUSH DANCE

Prizes for the best decorated table, plus a Boot Decorating Competition.



SUNDAY – CELEBRATE

Celebrate Rotary, friendships and the year ahead.

— Join Us —



DISTRICT 9685 GOVERNOR

MICHELE ELLERY
AND HUSBAND DAVID

Book Now



TICKETS AND PRICING

Early Bird Conference - \$345

Available until 30 September 2026

Full Conference - \$395

Available until 28 February 2027

For accommodation options and special deals, visit the conference website:

rotarydistrict9685.org.au/page/conference

DON'T FORGET TO REGISTER – EARLYBIRD TICKETS STILL AVAILABLE!! SAVE \$50

Our Community Raffle tickets are currently being distributed. If you would like to participate in this year's raffle, please contact us, or consult our webpage for forms, and email them through to raffle@rotarytheentrance.org.au

We are indebted to the donors of the prizes this year. Please support them if you can!



NEPAL Update – where did our money go?

Our partners on the ground say the damage is far worse than the 2015 earthquake. One team witnessed families digging mud from their homes by hand. This particular project provides aid to an area where 400 people are sheltering with nowhere else to go and little aid is getting beyond the end of the road.

The Rotary Club of Rudramati and the Didi Foundation have received two grants from the Toukley-Wyong RAWCS project. (This is the project we put our \$2,000 into). The first has

funded three deliveries, with two more planned, supporting 191 families. Only families holding an official flood-affected status card received bedding, cooking equipment, water filters, clothing, a lockable chest and a hygiene kit. Children were also given soft toys, backpacks and schoolbooks.

One of the joys of Rotary is that we are all just like a big family, and if that is the case, we were visited by a cousin on Tuesday. Steve Roberts hails from Rotary Club of Laurieton, near Port Macquarie, but regularly visits the Central Coast.

Another place Steve visits regularly is Port Vila, in Vanuatu. He always attends Rotary there, and he will be back next week to tell us about an upcoming project they are undertaking in Vanuatu.

Pictured President Julie presenting Steve with our club banner. Welcome Steve!



Upcoming Program

October			2026	
25th	Sun	Bunnings BBQ		Tuggerah
27th	Tues	Steve Roberts RC Laurieton	Project in Vanuatu	MIngara
November			2026	
3rd	Tues	Social Meeting	Preview Restaurant TAFE	Ourimba
3rd	Tues	The Entrance DCaf	PCYC	Bateau Bay
7th	Sat	Spin & Win	Raffle Tickets	Bateau Bay
10th	Tues	Board Meeting in Person and DG	All Welcome	Mingara
17th	Tues	Internal Speaker		Mingara
17th	Tues	The Entrance DCaf	PCYC	Bateau Bay
24th	Tues	Social Meeting	???	
28th-29th	Sat-Sun	Christmas Trees		MIngara
December			2026	
1st	Tues	The Entrance DCaf Christmas	PCYC	Bateau Bay
2nd	Wed	Christmas Party with Erina		
5th-6th	Sat-Sun	Christmas Trees		Mingara
8th	Tues	AGM	Mingara	Tumbi Umbi
15th	Tues	Maybe pre-Christmas Social?		
22nd	Tues	No Meeting		
29th	Tues	No Meeting		





Rotary The Entrance
sincerely thanks our sponsors
and partners, appearing
throughout this Bulletin.



Better food today
A better world
tomorrow

Reminder, our "3R's" apply to any form of abuse
to women, men, children and our elderly:

1. **Recognise** signs of abuse
2. **Raise** your concerns "safely"
3. **Refer** victim to one of the many family violence
agencies OR Make the call yourself!



MEMBERS		Partner	landline	Mobile
	BEATON, Lenore	Wendy Beaton *		0422 212 170
PP PHF	BENNETT, John	Linda Trewern		0433 945 050
PP 2PHF	CAMPBELL, Duncan			0427 176 737
PHF	CANNINGS, Don	Shirley *	4339 9093	0421 838 504
3PP PHF	CRAWFORD, Gordon	Sue Kemp PHF *		0412 133 700
	DEAN, Anthea			0423 366 799
3PP 3PHF	DENMARK, Clive	Jenny		0400 425 210
PHF	GLOVER, Julie	Phil PP PHF *		0427 426 393
3PP 3PHF	HEARDER, Robin	Judi *	4333 8087	0404 160 548
	HECKENBERG, Julia			0420 734 893
	LIGHT, Pam			0407 483 355
PHF	PAUL, Louise	Shane Chisholm		0410 241 491
PHF	MALONEY, Greg	Ros		0414 389 590
	TERLATO, Corinne	Bob	4332 3662	
2PP 2PHF	WATERHOUSE, David	Dianne PHF		0450 068 887
PDG 4PP 6PHF	WARD, Peter	Anne Cantrill	4385 1277	0414 321 773



No birthdays in
November

*Family members