

Rotary Club begins worldwide polio campaign

We conquered polio years ago, right?

Not quite. The disease has never been stronger in some parts of the world and is ravaging Third World children.

There is a vaccine for polio. That's why it isn't a problem in places like Canada and the United States.

But a lot of countries don't have ready access to that vaccine and children cannot be immunised against the disease. So the sickness and death proceeds unabated.

Henry Bisschop will sit in his office at James Keating Elementary School and tell you these things. He's the Publicity Chairman for Polioplus, a Rotary Club program which is just beginning to gear up in Huronia.

Rotary International wants to raise \$120 million. From the sounds of it, that figure is going to be surpassed.

For instance, Rotary only asked the Penetanguishene chapter to raise \$3,000. No problem,

they've got that already.

Penetanguishene Rotary has projected another monetary goal: \$10,125. Bisschop is certain that figure will be reached.

It doesn't cost that much to immunise one child: 12 cents. For a mere dollar, eight children can be spared.

The program is entirely organised and overseen by Rotary International. The headquarters in each country will see that funds are delivered to the proper authorities and not redirected into unrelated projects.

Bisschop says if Polioplus is successful, it could have all children immunised by the year 2010.

This is the first worldwide appeal by the Rotarians. It is also the most mammoth project in the history of the service club.

"Everywhere people are realising that children are their greatest resource for the future and to see them so limited in their productivity is starting to hit home with governments all over

the world," Bisschop says.

The Rotarians won't be banging on your door to demand money. The boat draw which you may have noticed in the Mountainview Mall has nothing to do with Polioplus. Exactly how the men plan to raise another \$7,000 is uncertain.

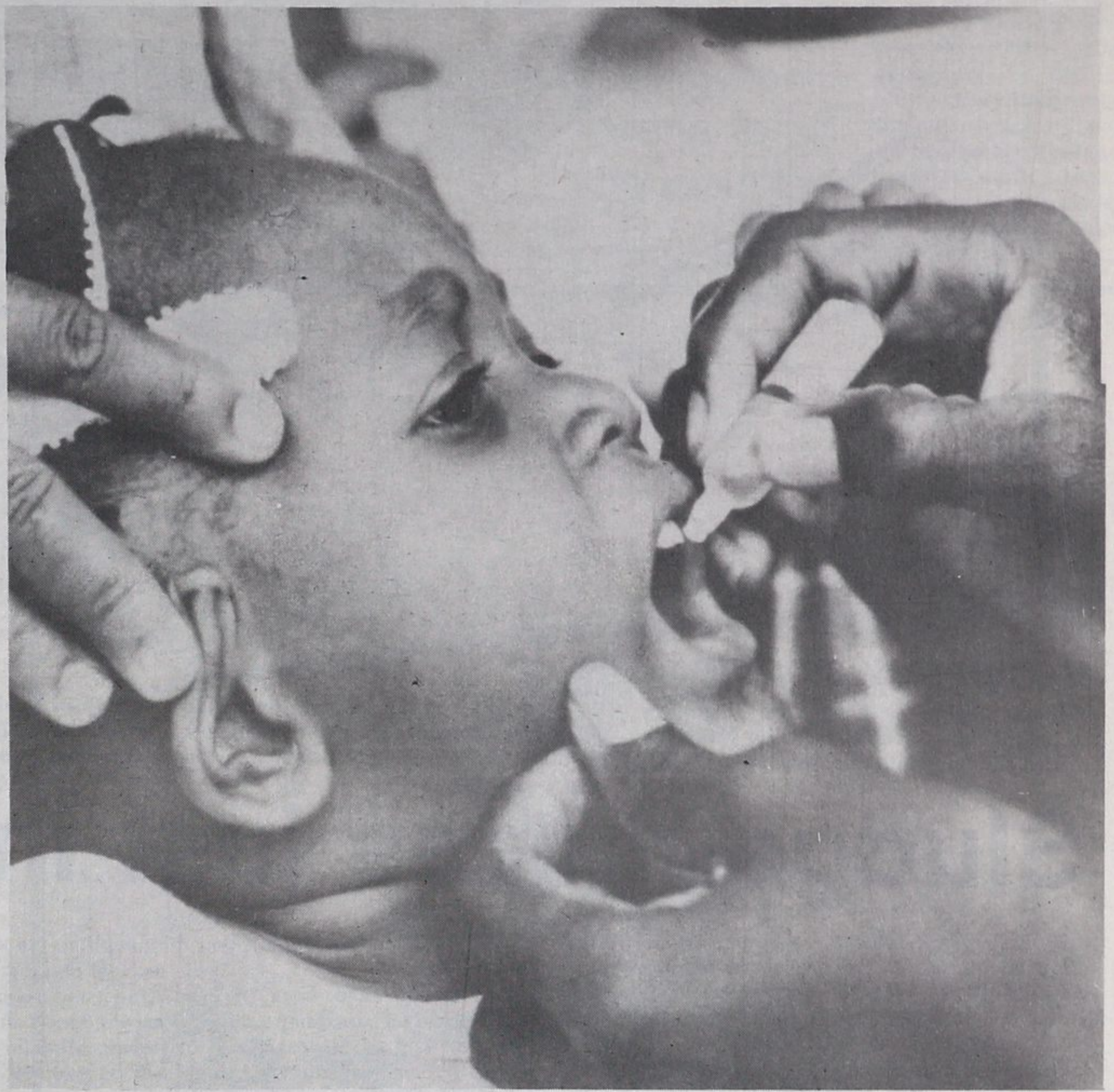
But Bisschop says, "We'll do it."

For some reason, there has been a tremendous response all over the country for Polioplus, even though the campaign is still gaining momentum.

"Within our own district, we have clubs which have far exceeded their goals."

Initially, Rotary's financial goal of \$120 million was considered optimistic. But when the club accumulated \$50 million, it realised donations were going to exceed the projected sum.

Anyone who donates \$1,000 or more will receive a Paul Harris Fellowship Award, an honor named after the founder of Rotary International.



It's this simple:

This is all it takes to save a child from polio. The disease is killing thousands of children in the Third World. Rotary International is stepping in with the

largest campaign of its history: it's called Polioplus and it hopes to immunize the world against polio.

Raffle for residents

Perhaps you haven't heard of the Residential Home for Special Care. You can't miss the house itself.

It's a massive place, the first house as you enter Water Street from Main.

The owner and operator is Ruth Haarer. She says the home has kept a "low profile over the years."

Well, no more. Proceeds from a recent bazaar reached \$356.21 and from a raffle, \$290.67.

That money is going towards a stereo system for the residents at the house. Those residents need supervision with the activities of daily life. What Haarer administers is a form of post-psychiatric care.

She and her daughter are

the only permanent staff at the home. There are always people willing to help out but Haarer says "it is not an organised volunteer group."

One of those volunteers, Irene Fulawka, says it's a bit "like the firemen." They fill in when it's necessary to furnish the little extras which Haarer can't otherwise provide.

The home has been operating under Haarer's guidance since 1971; before then her grandmother owned the house and she "got me started in this."

Government funding under Homes for Special Programs maintains the residents.

These people are usually sent over from the Mental

Health Centre's Social Work Department.

"A few ladies have been here longer than any other place where they have lived," Haarer states.

They are always willing to help out. For instance, when you walk up to the house after a snowfall, one of them might be shoveling the pathway. They also helped out with the bazaar and bake sale, making crafts and food products.

The home is not a place for nursing care, Haarer says, just supervision. Nor is it a group home.

Haarer worked at the Lakeshore Psychiatric Hospital in Toronto before settling down in Penetanguishene. That institution no longer exists.

Dealing with the pain of being old

by David Krayden

Dr. Jerry MacVittie raises his arm in the air and makes a sweeping motion over the ward on the sixth floor of the Toanche Building at the Mental Health Centre.

"Can you imagine what would happen if we ever had a fire here?" the doctor asks.

"We've got to move somewhere else."

And move they will. MacVittie will take you over to the Brebeuf Building about 300 meters from the Toanche where the Psychogeriatric Ward is currently located.

He nods silently as he surveys the location. It's on the ground floor, has an available garden in the back and a pleasant view of the water.

"This would be perfect for the patients," he insists.

Right now the Problem Drinkers Program is located there, but it is moving in the spring and MacVittie, staff and patients are going to take their place.

Whereas 30 beds exist for patients now, 50 beds will exist at Brebeuf.

MacVittie remembers the way psychogeriatric treatment used to be at the Mental Health Centre. When he came to the centre in 1964, things were slightly more primitive than today.

"There were four large wards located on the bottom floor of the old Administration Building," he recalls.

But this was an improvement from the place he worked before that.

"There, they were all lumped into one large room. Patients were restrained by what we used to call "wetpacks." These were simply sheets soaked in cold water."

Things are different now on the sixth floor. The people there are elderly and usually suffering from one of the many psychiatric disorders which afflict the old.

About 75 per cent of the patients are slowly dying from Alzheimer's Disease. The remaining 25 per cent must cope with what MacVittie calls "different types of dementia."

There are 30 patients on the ward right now. Most of these slowly walk around, sit silently watching old movies on the television or make vague movements to the staff.

Most of them are old. But Alzheimer's Disease does not just affect the elderly. MacVittie says that one patient on the ward was only 48 years old.

"He developed the disease at 45. The strange thing about Alzheimer's is that the earlier the onset of the disease, the quicker the death. The average period of time that a person can expect to live is eight to ten years."

Nobody knows what causes Alzheimer's. Yes, there are plenty of theories but as yet, no sure answers and unfortunately, according to MacVittie, "no breakthroughs on the horizon."

There is no cure either. It is a death sentence. "The only real way to diagnose it is through an

autopsy. The brain tissue has to be diagnosed and only by accumulating enough sets of similarities between victims can we hope to see what they all had in common," MacVittie says.

If the disease seems more common today, it is probably only because we are more aware of it. The affliction was first described by a German scientist named Alzheimer in 1907. Scientists have theorised that the condition might be the result of a virus, exposure to toxic substances, inadequacies in the immune system, lack of acetylcholine or an abnormal chromosome.

But answers just seem to lead to more questions as the search for a cure staggers slowly on.

So do the patients. They are not confined. MacVittie says that would be the "worst thing you can do. It's good to let them walk around."

Briane Cresswell, one of the nurses on the ward, agrees. The only time patients are in any way confined is at night or when they are in wheelchairs.

A light mesh keeps them from falling out of bed and blue belts secure their positions in the wheelchairs. "Safety is our responsibility once they're here," Cresswell says.

It is Cresswell's job to make sure patients are not wandering around at night. To do so, he keeps everyone as occupied as he may during the day.

"The meals come at 7:45 a.m. so we have to get them up early. They usually go to

bed at 8:30 p.m. You see we don't want to use medication to put them to sleep; it's not a natural sleep that way."

And incidentally, although the ward is accessible by both elevator and stairs, a key has to be used to gain entry to either.

Cresswell says it is difficult to categorise patients, since very few are alike. This is obvious when the patients undergo occupational therapy, where their ability to care for themselves is assessed.

"There's a real range of abilities there. Some patients can still remember recipes that they used 40 years ago and yet have trouble buttoning up their shirts. We try to work around the defects while emphasising their assets," Cresswell says.

The nurse can remember one patient with whom he had particular trouble. He liked to eat clothing: shirts, hats, socks, anything. "He'd have his whole shirt eaten except for the collar within a day."

Both MacVittie and Cresswell are fascinated by the number of people dying in Guam of Alzheimer-like diseases. There is a lot of aluminum in the ground in that country and the men wonder if this doesn't strengthen the linkage between exposure to toxic substances and the chance of getting Alzheimer's Disease.

"Is it hereditary? Is it contagious? Is it environmental?" Cresswell asks.

"Right now, we don't know."



It's in the bag:

Penetanguishene Councillor Frances St. Amant was on hand last week to help out with the Residential Home for Special Care's raffle. The owner/operator, Ruth

Haarer is on the right while one of the home's volunteers, Irene Fulawka, is on the left. The Water St. house has 12 full-time female residents.