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## EDITORIAL

*Supplied by Don Lidgley*

### Polio provocation – the health debate that refused to go away

Rotary has been engaged in the eradication of Polio for the past 34 years. This article from recent research at Cambridge University sheds light on the understanding of the disease.

*For much of the 20th century, health professionals were locked in debate about one possible cause of paralytic polio. Some argued that the viral infection could be provoked by medical interventions; others hotly contested this theory. Historian Dr Stephen Mawdsley looks at the unfolding story of polio provocation.*

It is fascinating to look at how polio provocation, which some experts contested simply did not exist, migrated from being a theory to a clinical model. In 1980, public health researchers working in West Africa detected a startling trend among children diagnosed with paralytic polio. Some of the children had become paralyzed in a limb that had recently been the site of an inoculation against a common paediatric illness, such as diphtheria and whooping cough. Studies emerging from India seemed to corroborate a similar association between diagnosis of polio and recent immunisation.

These reports reignited a debate known as the theory of polio provocation that has waxed and waned since the early 1900s – and, at times, shaped immunisation policy. The theory of polio provocation argued that paralytic polio can be provoked by medical interventions, such as injections or tonsillectomy. The controversy that surrounded the debate forced medical professionals into the uncomfortable position of considering whether programmes and practices intended to prevent some illnesses might be also causing another.

In a blog published today by Oxford Journals, Cambridge University historian Dr Stephen Mawdsley looks at the ways in which the theory of polio provocation was debated in the US and beyond throughout the 20th century. His blog draws on his historical research, published in the Social History of Medicine, into the polio provocation debate.

Polio is a terrifying disease. Most infections of polio pass unnoticed but, in a small percentage of cases, the virus can enter the blood stream, where it targets the motor neurons of the spinal cord. Depending on the severity of the infection, the disease can cause paralysis of the limbs and respiratory muscles, which can lead to further complications or death. For those who survive the acute phase, the rehabilitation process is lengthy and some are left with lasting paralysis and health complications.

After over 50 years of debate, medical researchers have shown that polio provocation can occur in certain circumstances. Although the current danger

of contracting the disease through this route is likely to be slight, health professionals need to consider safeguards to reduce the risks even further. “Worldwide uptake of the polio vaccine is important since only through building herd immunity can the disease be eradicated. Research indicates that people who are not immunised against the disease and are living in polio endemic regions may face the risk of polio provocation,” said DrMawdsley.

“Awareness of this risk informs health policy today. Increasingly, health professionals are considering the importance of immunisation sequence (the order in which injections against childhood diseases are given), the type of vaccine to use, and the age at which children should be immunised. We will never know precisely how many people were exposed to polio provocation in the past, or how many contracted polio by this route, as there is no reference point from which we might measure a correlation.”

DrMawdsley’s research, based on records from the March of Dimes Archives in New York and historical medical journals, shows how successive generations of public health officials and policy makers made decisions with far-reaching consequences for the population. These professionals were obliged to debate whether polio provocation existed, and decide how best to balance the risks to individuals against the benefits of herd immunity, at a time when the mechanism behind the theory had yet to be understood.

Polio, which was first identified in the 19th century, was (and still is) a feared disease: haunting images of polio survivors with withered limbs or children housed in respirators (iron lungs) serve as potent reminders of the suffering caused and underline the importance of polio vaccination. In the US, outbreaks often peaked in the summer and children were particularly vulnerable. One Minnesota physician remembered the 1948 epidemic: “The people of Minneapolis were so frightened that there was nobody in the restaurants. There was practically no traffic, the stores were empty. It just was considered a feat of bravado almost to go out and mingle in the public.”

The first vaccine against polio, developed by Dr Jonas Salk at the University of Pittsburgh, was field tested in 1954 and subsequently licensed for use in mass immunisation programmes by April 1955. Polio incidence in the US and other developed countries plummeted from that time and polio was slowly eradicated from the list of life-threatening children’s illnesses. Immunisation offered protection and the debate about polio provocation slipped from public consciousness.

While parents in developed countries no longer fear polio, the disease remains a threat in some developing countries – such as Afghanistan, Pakistan and parts of Africa. Growing concerns raised by major aid organisations prompted a team at the State University of New York to unravel the mechanism behind polio provocation. In 1998 scientists Drs Matthias Gromeier and EckardWimmer were able to show that tissue injury caused by certain injections gives the polio virus easy access to nerve channels, thereby increasing its ability to cause paralysis.

“In the light of this discovery it is fascinating to look at how polio provocation, which some experts contested simply did not exist, migrated from being a theory to a clinical model – and trace its history and the waves of debate about it, both in the US and beyond,” said DrMawdsley. “At various junctures during the 20th century, health professionals were divided in opinion, which meant that it was difficult to establish a coherent public health policy. Medical scientists were also frustrated by the difficulties this debate posed to anyone conducting field trials using injections.”

One of the first procedures to be implicated as provoking polio was tonsil surgery. In 1910, doctors observed that children who underwent throat surgery during a polio epidemic faced an elevated risk of contracting polio within seven to 14 days of the operation. Supporters of the polio provocation theory warned fellow clinicians that operations to the nose and throat should not be performed during epidemics when the risk of contagion was highest. Medical opinion, however, remained split: while the US Army and some leading public health officials advised against tonsil

and adenoid operations during polio outbreaks, other health professionals continued to assure clinicians that the danger was minimal.

Anxiety about the hypothesis peaked in 1950 when a rise in tonsillectomy operations coincided with a spike in the diagnosis of polio. Once again, although clinical evidence suggested that tonsillectomies appeared to treble the risk of children contacting polio, not all doctors agreed – though many heeded the advice to postpone procedures until the summer polio season was over. In the absence of a consensus, doctors made decisions on a case-by-case basis.

Shifts in notions about the causes of polio outbreaks – which was first considered to be an infection spread by immigrants or poor hygiene, and later as an affliction targeting prosperous, active people – were accompanied by changing theories about the possible causes of polio provocation.

Along with tonsillectomy, implicated at different times were injections of a wide range of drugs and paediatric immunisations. By 1952, leading medical and health organisations in the US agreed that injections against common infectious diseases such as diphtheria, whooping cough and tetanus should be postponed during periods of high polio incidence, while other injections such as vitamins and hormones were thought to be safe.

“The decision to reform public health policy in the US was handled differently in various areas, but appears to have been taken with great care, since it was clear that withholding certain immunisations would jeopardise herd immunity,” said Dr Mawdsley. “Delaying injections until after polio epidemics subsided was an expedient means to achieve a compromise.”

Dr Stephen Mawdsley is the Isaac Newton-Ann Johnston Research Fellow in History at Clare Hall, University of Cambridge. His article ‘Balancing Risks: Childhood Inoculations and America’s Response to the Provocation of Paralytic Polio’ is published in the OUP journal *Social History of Medicine*. A blog by Dr Mawdsley ‘Polio Provocation: A Lingerin Public Health Debate’ appears today.

For more information about this story, contact Alex Buxton, Office of Communications, University of Cambridge, [amb206@admin.cam.ac.uk](mailto:amb206@admin.cam.ac.uk) 01223 761673

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## MEETING OF 19 SEPTEMBER

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### ATTENDANCE

<b>Membership:</b>	<b>24</b>
<b>Present:</b>	<b>11</b>
<b>Make Ups:</b>	<b>1</b>
<b>Apologies:</b>	<b>13</b>
<b>Attendance:</b>	<b>45.8%</b>

**Guests:** Speaker & Ambassadorial Scholar Marina Jessop, Rodney Mazinter (Sea Point RC), Gerrit de Haan (Sneek RC, Holland), Justin Schonegevel, John Moeur, Graham Gavin, Dirk du Plessis, JKNicoll, Kat Nicoll, Keela O’Driscoll, Stephen van Niekerk and Claremont Rotaract Club (Jean, Yenzi, Lwandiso, Nozi, Luc, Kate).

Attendance to Biffy 082 468 7504 or [aecon.e@mweb.co.za](mailto:aecon.e@mweb.co.za).

**Pres. Karen** opened the meeting by welcoming all present and guests, to which the members gave a warm Wynberg welcome.

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## **SLOTS:**

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### **Biffy:**

- Reminded us of the Rotaract District Potjiekos Competition on Saturday 5<sup>th</sup> October 2013
- Biffy suggested that Wynberg Rotary make a weekend away in Franschoek visiting the Open Gardens Festival and called for those interested to consult with her.
- Biffy mentioned the Constantia Wine Festival on Friday 18 October 2013, she'd organize tickets.
- William sends his regards to the Club

### **Jackie:**

- All the Book Prizes were delivered to our Interact Schools as is our Club's custom.

### **President Karen:**

- President Karen performed the pleasant task of inducting Justin Schonegevel into Rotary Wynberg. Justin, as most of us are aware, graduated through the ranks from Rotaract and has been a very active participant and much respected Rotary member and thus it was with joy that we welcomed him into our Club.



President Karen handing over Justin's Rotary Wynberg Pack  
after having inducted him into Rotary Wynberg

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## **SPEAKER:**

Our speaker for the evening was Ambassadorial Scholar Marina Jessop from the Rotary E-Club of SW USA. Introduced by her host here in Cape Town, SA, Rodney Mazinter of Rotary Sea Point had the following to say in his introduction: that it was a great pity that the Ambassadorial Programme has been discontinued as it has always thrown up young men and women of outstanding ability who had made a real contribution to Rotary in general and our district in particular. This year's bunch were no exception being in his experience one of the best intakes ever. Marina Jessop has been a great representative of the programme and it has been a privilege and pleasure to host her in Cape Town through her host Club, the Rotary Club of Sea Point.

Marina started by pouring warm praise and thanks on the Mazinters for being such warm and generous hosts, gave an account of her getting involved in Rotary and especially applying to come to SA on the Ambassadorial Scholarship Programme and her interest in Human Trafficking, a terrible and complex world wide problem affecting all countries in different ways, including South Africa.

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## HUMAN TRAFFICKING: THE FACTS

### THE HEADLINE FACTS

- An estimated **2.5 million people** are in forced labour (including sexual exploitation) at any given time as a result of trafficking<sup>1</sup>

Of these:

- **1.4 million** – 56% - are in Asia and the Pacific
- **250,000** – 10% - are in Latin America and the Caribbean
- **230,000** – 9.2% - are in the Middle East and Northern Africa
- **130,000** – 5.2% - are in sub-Saharan countries
- **270,000** – 10.8% - are in industrialized countries
- **200,000** – 8% - are in countries in transition<sup>2</sup>
- 161 countries are reported to be affected by human trafficking by being a source, transit or destination count<sup>3</sup>
- People are reported to be trafficked from 127 countries to be exploited in 137 countries, affecting every continent and every type of economy<sup>4</sup>

### THE VICTIMS

The majority of trafficking victims are **between 18 and 24 years** of age<sup>5</sup>

An estimated **1.2 million children** are trafficked each year<sup>6</sup>

**95% of victims experienced physical or sexual violence** during trafficking (based on data from selected European countries)<sup>7</sup>

43% of victims are used for **forced commercial sexual exploitation**, of whom 98 per cent are women and girls <sup>8</sup>

32% of victims are used for **forced economic exploitation**, of whom 56 per cent are women and girls<sup>9</sup>

Many trafficking victims have at least **middle-level education**<sup>10</sup>

### THE TRAFFICKERS

52% of those recruiting victims are men, 42% are women and 6% are both men and women<sup>11</sup>

In 54% of cases the recruiter was a stranger to the victim, 46% of cases the recruiter was known to victim<sup>12</sup>

The majority of suspects involved in the trafficking process are nationals of **the country where the trafficking process is occurring**<sup>13</sup>

### THE PROFITS

- Estimated global annual profits made from the exploitation of all trafficked forced labour are US\$ 31.6 billion<sup>14</sup>

Of this:

- **US\$ 15.5 billion** – 49% - is generated in industrialized economies

- o **US\$ 9.7 billion** – 30.6% is generated in Asia and the Pacific
- o **US\$ 1.3 billion** – 4.1% is generated in Latin America and the Caribbean
- o **US\$ 1.6 billion** – 5% is generated in sub-Saharan Africa
- o **US\$ 1.5 billion** – 4.7% is generated in the Middle East and North Africa<sup>15</sup>

## PROSECUTIONS

In 2006 there were only 5,808 prosecutions and 3,160 convictions throughout the world

This means that for every 800 people trafficked, only one person was convicted in 2006<sup>17</sup>

Sadly, Marina's talk was marred by IT problems making it difficult to give her talk as she'd planned.

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## JACKPOT:

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Graham Todd being AWOL there wasn't a Jackpot on the 19<sup>th</sup> September 2013 so the Jackpot remains at over R2000.00 I believe.

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## PROGRAMME

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<b>September 2013</b>	Committee: James, Danckwerts, Schreiber, Smith, Williams, Lidgley
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**28 & 29 September**    **Uncle Paul's work party**

**30 September**        **Board meeting**

<b>October 2013</b>	Committee: Barnard, Bird, Hovstad, Michalowsky, Wetmore, Jackson
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**3 October**            **Business meeting – Club Assembly**

**5 October**            **Rotary & Rotaract Potjiekos competition**

**6 October**            **Wynberg Rotaract Meeting**

**10 October**          **Kathryn Hoeflich, Cape Town Refugee Centre**

**12 October**          **Mini conference at Montague**

**12 & 13 October**    **Uncle Paul's work party**

**13 October**          **Retreat Rotaract Meeting**

**17 October**          **Elizabeth Daly – Public knowledge and stormwater quality in Cape Town: Implications for management.**

**18 October**          **Constantia Rotary Club – Wine Festival**

**19 & 20 October**    **Uncle Paul's work party (Our big one to fix ROTARY WALK)**

**20 October**          **Wynberg Rotaract Meeting**

**26 & 27 October**    **Uncle Paul's work party**

**27 October**          **Retreat Rotaract Meeting**

**30 October**          **Halloween Rotaract Social**

**31 October**          **Rotary social (maybe these two should be a joint one)**

## DATES TO BOOK:

**7 November**        **Meeting with representatives from both Haugaland and Oddemarka present**



8 November

NLC bursary award evening with Haugaland and Oddemarka present

These two events are the first time in history that both sponsors will be present together. Let's make it special!

23 November

Kids Beach Day out

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## DUTY ROSTER

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DUTY	3 October	10 October	17 October	31 October
Sergeant	Schreiber	Smith	Barnard	
Attendance Officer	Danckwerts	Danckwerts	Danckwerts	
Wynpress Editorial	Lidgley	Michalowsky	Munday	
Minutes for Wynpress	Cleveland	Danckwerts	Wetmore	
Compilation of Wynpress	Wetmore	Cleveland	Danckwerts	
Door Duty	Van Eeden	TBA	Michalowsky	
Grace	Schonegevel	TBA	TBA	
Loyal Toast	James	Schonegevel	TBA	
International Toast	Jackson	James	Schonegevel	
Speaker Introduction	N/A	TBA	TBA	
Speaker Thanks	N/A	TBA	Jackson	

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## PRESIDENT'S QUOTES:

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President Karen's quotes for the evening:

1. 'Imagination is more important than knowledge. For knowledge is limited, whereas imagination embraces the entire world, stimulating progress, giving birth to evolution.'
  2. 'The secret to creativity is knowing how to hide your sources.'
  3. 'Peace cannot be kept by force. It can only be achieved by understanding.'
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## TAILPIECE

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