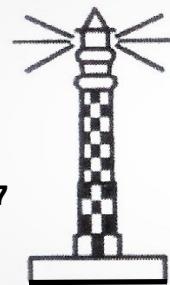




# INSIGHT



Enlightenment

To include articles in this newsletter please contact the Editor at:  
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U3A Bunbury Inc.

Vol 03, 2025

## NEWSLETTER OF THE UNIVERSITY OF THE THIRD AGE, BUNBURY. W.A.

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Well friends it's a **bumper** issue for you this time, covering a multitude of subjects.

Of course you haven't had your usual quota of newsletters, so that has something to do with it, but we have also had some fascinating speakers and I wanted to do justice to them including as much as I could of their talks.

I found it interesting, as I compiled this edition, that some of our subjects, so far, have complimented each other or enhanced ones from previous years - Medecins San Frontieres and Infectious diseases, with a previous talk on Democratic Republic of Congo for example.

This year has been a challenging one for many of us, myself included, and although I would never wish my life away, I must admit I will be glad to see the end of 2025 and hope for a renewed "lease on life" for the future.

I keep reminding myself, however, that we are in the best place, and our little corner of the world is free from wars and biased, misinformed governments. Sure, we all have little niggles when we think things are wrong or could be improved, but at the end of the day, we do not have the fear that US citizens now have, or the worry that Ukraine or Gaza have about being killed while lining up for a pitiful amount of food. We are free to express ourselves without expecting a "knock on the door", and that is what a critical thinking society can be like. All we have to do is teach our younger generations that it is OK to have a different opinion, but always RESPECT that there will be others with a different view, and allow them to express their view the same way we expect them to respect ours. That's what makes us lucky to be in Australia and we need to be able to keep our hearts and mind open to all our wonderful advantages. *These views are from the Editor and may not be shared by the U3A Bunbury membership.....L. Frings, Editor.*



# M.S.F. (Médecins Sans Frontières)

Claire Van Derlinden - March 14th, 2025



Lyn introducing Claire

Claire delighted us with her talk on M.S.F and her time with this very worthy organisation, which operates as a humanitarian medical service provider, often facilitating where governments are unable, or unwilling, to act due to conflicts and institutional constraints. Their core principles are neutrality, impartiality, and independence, avoiding alignment with political, economic or religious powers.

Claire was with the organisation from 1981, being introduced to it during the '77-'89 Afghan war against Russia. She had a colleague struggling on donkey through the snow and mountains to get medical supplies through and was inspired by their story. MSF recruits and deploys medical personnel to intervene in natural and man-made disasters, as well as wars, conflicts and public health crises. Claire's first job was in Egypt's slums, providing vaccinations to combat neo-natal Tetanus, caused by unsafe birthing practices. 35,000 Coptic Christians were living there, rejected by the majority Muslim. That slum was in the garbage collection area called Mokattam with the people there referred to as "Zabaleen," which translates to "garbage people". 45% of newborn babies born in those conditions, not in hospital, were getting Tetanus after 10 days and dying. The local midwives were just traditional and untrained, cutting the umbilical cords with tops off of tins, thereby creating Tetanus. Claire went into each little house one by one, with a little Eski, using all her vaccines, returning to the Distribution Centre replenishing supplies to then repeat.



M.S.F. relies on approx \$7M in private donations, maintaining independence from government funding. Trump's withdrawal from international aid has led to reduced support for many organisations. As others withdraw, MSF faces increased demand and a greater need for donors.

MSF Australian and NZ operations, in 2022, had 129 field positions, and while Sydney head office supports field operations it is dependent on European operational centres (France, Belgium, Switzerland, Spain). These centres manage large warehouses with emergency supplies ready for rapid deployment. Australian and NZ staff may also work under other centres (e.g. U.S., Japan, Hong Kong).

Claire had roles in different teams over the years from 1981; a vaccinator in Egyptian slums; creation of a dispensary in Burkina Faso, in West Africa; baby clinic in Hong Kong detention centre; pharmacy setup in Tibet; clinical nursing in an HIV clinic in Guatemala; Chikungunya, (virus carried by mosquitoes), clinic in Cameroon, (with a forced return after attacked with a knife by 3 people, being quite traumatised), and a coordinator of education and development in an HIV project in D.R.C., (Democratic Republic of Congo).

MSF conducts awareness campaigns by creating simulated refugee camps to educate the public on global humanitarian crises. These campaigns were in Canada, Australia, (Melbourne and Canberra), and Atlanta. "Fake refugee camps" were set up on a football field to raise awareness with different sets, like a cholera unit, or vaccination unit, a malnutrition unit, all set to look like a mini refugee camp. In Canada, in two months they had 80,000 visitors, including medical professionals, families, and students.

Claire asked us a question, "how many times do we hear about the war in Sudan?" The Sudanese conflict, has been raging for nearly half a century, with MSF supporting hospitals and health facilities amid widespread instability. The ongoing humanitarian crisis in regions like Darfur, with camps still active after decades, has severely impacted civilians—comparable to Rwanda's crisis. Escalation has led to predic-

tions of the world's largest food famine in years to come. Refugee camps are massive, with some housing up to half a million people. MSF supports maternity care in camps, which—though primitive—is safer than conditions refugees arrive from. Over 12 million people are displaced, with MSF operating in camps for internally displaced persons (IDPs). MSF has worked in Sudan for over 50 years, aiding hospitals and primary health facilities. Staff are paid volunteers, receiving fair compensation relative to local standards. MSF also provides incentives to Ministry of Health staff to strengthen local healthcare capacity, and they assist in Jordan and Egypt with refugees from Sudan.

Early MSF missions (1975–76) involved chartering boats to rescue refugees at sea—especially in SE Asia. They were focused on asylum seekers from Cambodia and Vietnam, post-Vietnam War. These people faced harsh policies and violence from Malaysian and Thai authorities, including torture and massacre. Sea rescue missions resumed just before COVID, paused, and restarted again. Currently, operations are focussing on the Mediterranean, rescuing refugees between Libya and Europe.



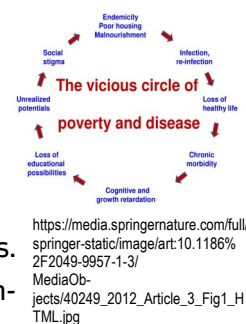
MSF tried to work in Nauru, but had to negotiate with the government, focusing mainly on mental health. Refugees were in psychological limbo, with high rates of suicide, psychosis, and trauma. Despite relatively decent accommodation, MSF was forced to withdraw after government opposition to their public reporting.

In refugee camps in Hong Kong, Claire worked in a camp housing 10,000 people, with sheds accommodating 450 people each. Many children were born in the camp, having never seen life outside its confines. Residents lived in limbo for years, with no legal status or freedom to leave. She worked with children, newborn to four years, finding the role deeply rewarding. Camps began closing 5–6 years before the 1997 handover of Hong Kong to China. Closure led to high suicide rates, as many feared returning to places of past trauma (e.g. Cambodia, Vietnam). Some asylum seekers accepted UNHCR financial incentives to return to their country of origin, but others refused due to fear and past persecution. Camp residents were asylum seekers, not officially recognised as refugees. Repatriation destinations included Vietnam, Cambodia, and China. Some families accepted return due to financial incentives but others faced mental health crises and suicide.



<https://iris.who.int/bitstream/handle/10665/376657/978>

MSF prioritises public health in areas with collapsed health systems. Common diseases treated include: Malaria, cholera, yellow fever and dengue fever, but they also address neglected tropical diseases, often overlooked by pharmaceutical companies. These could be any of the following and more, chikungunya, chagas, dracunculiasis, onchocerciasis. Diagnosis often relies on very basic equipment, (compared to today's instruments), such as microscopes and manual blood analysis.



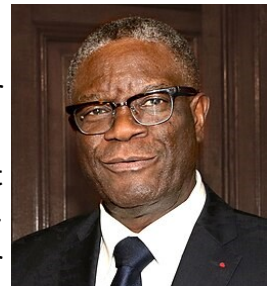
MSF collaborates with organisations like Oxfam. They distribute mosquito nets for malaria prevention, but the communities often repurposed these to use for fishing, reflecting resource scarcity! They focus on diseases affecting extremely poor populations, often neglected by mainstream research. MSF teams include diverse professionals: water sanitation experts, agronomists, pharmacists, and admin staff. In famine-prone regions, national agronomists advise on farming techniques, seed distribution, and crop improvement, with this fieldwork described as challenging and rewarding. Staff use various transport modes, including special vehicles for rapid deployment. However, these vehicles are frequently targeted by gangs, bandits, and armed groups. Staff are advised to carry \$200 USD for bribes or safety during

stops. Robbery and vehicle theft are common, creating a vicious cycle of insecurity.

Claire gave us a brief overview of the Gazan crisis from a MSF perspective: A corridor was opened between north and south Gaza, allowing half a million people to move—though nothing remains. 69% of Gaza is reportedly destroyed with the UN estimating there is 15–50 million tonnes of debris, possibly requiring 20 years to clear. The U.S. political interest in Israel, suggests they drive the media focus on Gaza. 45,000 Palestinians have been killed, including 13 MSF colleagues. Claire was personally affected by colleagues' families caught in terrorist attacks. She recommends watching MSF stories on YouTube to understand the mental and physical toll on the aid workers, and expressed frustration over the lack of legal authority to label atrocities as ethnic cleansing or intentional mass killings. She mentioned the ongoing devastation, severe injuries, and political barriers to that accountability.

Claire then moved on to clinics in the Democratic Republic of Congo. Multiple HIV clinics were set up in Gabu, with patients responding well to the treatment, often travelling long distances to get help. The MSF goal was to hand over clinics to the government, but health was not a national priority—mining resources were. There are many children with HIV, infected perinatally, through their parents. The Cholera camp Claire operated had strict hygiene protocols, where patients had to wash their feet before entering. Staff also exercised caution due to high contagion risk from contaminated water. Treatment involved rapid rehydration via oral fluids and perfusions, squeezing perfusions manually to aid drinking. Staff occasionally contracted cholera themselves due to heat and unsafe drinking practices. She travelled between Goma and Bukavu, regions which are still affected by ongoing conflict. Clinics were also established in remote areas, sometimes only accessed by plane. The presence of military forces required diplomatic communication to avoid any confrontation.

Claire talked about Dr. Denis Mukwege – Surgeon & Advocate. He performed over 50,000 surgical repairs for women raped as a weapon of war in the Congo and faced multiple assassination attempts and threats to his family due to speaking out about it. Together with the Yazidi activist Nadia Murad, Dr Mukwege received the 2018 Nobel Peace Prize for his “efforts to end the use of sexual violence as a weapon of war and armed conflict.” He eventually fled to the US, learnt English with his family, and received protection. However, he returned to the Congo after survivors pleaded for help, despite ongoing violence. He now lives under constant threat at Panzi Hospital in Bukavu, effectively a prisoner, due to the ongoing assassination risk.



[https://en.wikipedia.org/wiki/File:Denis\\_Mukwege\\_2018.jpg](https://en.wikipedia.org/wiki/File:Denis_Mukwege_2018.jpg)

MSF sometimes faces an ethical dilemma in authoritarian regimes, raising a critical question - Should MSF maintain medical operations in authoritarian contexts if it allows information gathering and public positioning, but requires silence to avoid losing access or provoking retaliation? This introduces the concept of “témoignage” (French for witnessing)—a core MSF principle about speaking out, which emphasises the importance of témoignage—bearing witness and speaking out about injustice. MSF teams are highly multicultural, including professionals from Venezuela, Lebanon, Congo, and beyond. Staffing ratio is typically 90% local staff to 10% international staff. Local staff with strong skills and perseverance are often promoted and given international training opportunities. Most MSF workers begin as volunteers with MSF covering accommodation, food, flights, and transport, but not a salary. After completing multiple missions, volunteers may become paid employees. Claire chose not to do back-to-back missions, unlike some younger colleagues. Returning home periodically is essential to maintain sanity and recover from trauma. Claire experienced post-traumatic stress after her attack, especially during a

subsequent mission in the Congo. She did take a long break after having children, then resumed work in 1992. Her children have since grown and live sedentary lives, contrasting with her global experiences. Returning home after witnessing global suffering can make local complaints feel very trivial, and with her last visit to France in 2008, to see her children, it seems they have chosen to stay there, possibly influenced by having stability and opportunity. There are risks in humanitarian work. Claire recalled a kidnapping incident involving a Dutch MSF doctor in Chechnya. Kidnapping is a frequent risk in missions, alongside attacks. MSF staff must sign agreements acknowledging that families won't hold MSF liable in such events. Despite MSF's best efforts to negotiate, the Dutch government ended up paying a ransom, which MSF officially avoids. This incident led to public criticism and temporarily impacted MSF's operations with their income dropping a lot. The Dutch people were appalled that a ransom had been paid, for good or bad reasons, but the doctor was released alive, although shaken, and then had to have a de-brief about the kidnap.

Claire concluded her enlightening talk with Sebastiao Ribeiro Salgado – Photographer turned Environmentalist, (*who sadly passed away in May this year, aged 81*). He was an early photographer for Médecins Sans Frontières, documenting the global suffering. His black and white photographs really show



<https://5287aa00874a313e299d-1850966fc307ff23e1e789aeafd2476b.ssl.cf5.rack>

the despair and suffering of the time, and honestly, nothing seems to have changed! He became emotionally overwhelmed by the trauma he witnessed, namely the Ethiopian famine in the Sahel Valley, in 1984-86. He returned to his native Brazil and began reforesting a deserted valley, planting millions of diverse trees as a personal healing process.

Thank you Claire for a most informative, sobering and enlightening lecture. If anyone wants to donate to **Médecins Sans Frontières**, their website; <https://donate.msf.org/> can help you.

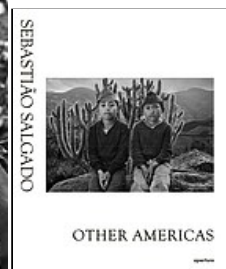
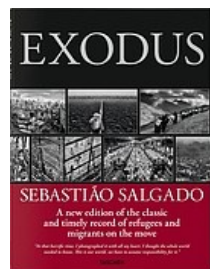
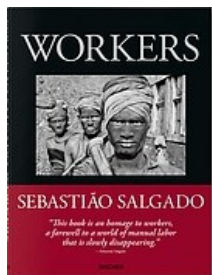


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For those interested, there is a documentary and book about his life as a photographer called “The Salt of the Earth” co-directed by his son. I found it on YouTube, but be careful there is a 1954 movie and several religious movies of the same name, as well as a movie about an Australian who invented chicken salt, also using same title!! Sebastiao also has many photographic “coffee table” books he produced in his lifetime, one called Genesis, which may have been his first. Some of these may be out of print now, but if you are interested in great photography they are well worth looking for. Here are some other titles .....Ed



**March 28th, 2025. Visit to Moorabinda Croquet Club.**

Sylia organised a visit to the croquet club, which commenced with a brief history of Croquet.



Croquet, in several forms started back in the 1300s, using a willow stick with a little tool on the end, almost like a hockey stick, to hit a little leather ball around. In 1856, it was played as a game in alleyways with a little wrought iron ring, hitting a wooden box using a willow stick with a crook on the end. It was called "pallie mallie", but the English called it



*Paille-maille* (pall-mall) illustrated in *Old English Sports, Pastimes and Customs*, published 1891; original image by Lauthier, 1717



"pall mall", and in 1868, the first croquet all-comers meet was held at Moreton-in-Marsh, Gloucestershire, with the All England Croquet Club also formed at Wimbledon, London the same year. In about 1857 it is believed it went to Ireland and was played in the format

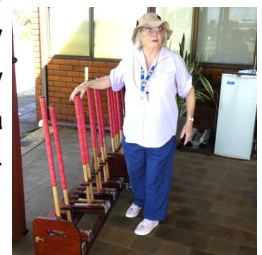
that we use today, hitting between the leg or the side. It came to Australia in the 1870s, over in Queensland, and then it spread worldwide. The invention of the "Victor" lawn mower increased the popularity of the game. Grass was quite thick and scythes were used to make the ball move easily, so it wasn't a very popular game, but the lawn mower made a "lawn" and the game increased in popularity.

The Moorabinda club was formed in 1904 at the bottom of Burry Hill, which is the big hill where the Church of England cathedral is, (Moorabinda means bottom of the hill), and was there for about 15 years before moving to Ann Spencer's house in Sampson Road. It stayed there for many, many years and then moved to the current site in 1980. They currently have approx. 100 members and this is the 121st year for the club.



We were then told about the Casual Play we would participate in. The Courts are numbered vertically: Court 1 (left), Court 2 (centre), Court 3 (right). The people who opted to play were matched by numbers on the board (e.g., John and Lyn C vs. Annette). Apparently, playing solo can be advantageous due to better control over strategy. Doubles play requires coordination — partners often need to clear balls or set up shots, thereby not able to play "their own shot". We borrowed the club Mallets and Moorabinda players guided us through the game. Many thanks to Colin and Helen for their patience with us newbies.

1	10	2	5	8	
2	4	3	9	7	
3	7	6	7	3	
4	9	5	10	3	8
5	9	7	10	1	6
6	4	3	8	2	



Is this our Mallet?



Practising our swing!!



Experience shows



Yay, Lyn and Jennie CAN get it through the hoop!! Here's proof!



Although it was quite a hot day, the Moorabinda club gave us a great time and great hospitality. Maybe we could try another outing when the weather is a bit kinder, but those that attended had a lovely time, followed by lunch at The Epicure Restaurant.

Jo Williams, April 11th, 2025

## The Canning Stock Route



Jo gave us a fascinating account of a trip she made in 1987, with her then boyfriend through this remote area. The Canning Stock Route spans 1,850 km from **Halls Creek** to **Wiluna** in W.A. It traverses the **Gibson, Little Sandy, and Great Sandy Deserts** which are some of the most remote and rugged landscapes on Earth. Surveyed and built in 1906 by Alfred Canning to break the West Kimberley cattle monopoly, and get the stock to southern markets and the Goldfields. It was used only 28 times to move cattle between 1911 and 1959. Originally 48 wells were constructed to support cattle droving, with some restored, but others are in ruins. The region had previously been explored by several pioneers, some names you will recognise as geographical names in the northwest:

- **Augustus Gregory** (1855)
- **Alexander Forrest** (1879): Explored Fitzroy, Ord, and Victoria Rivers; praised Kimberley for pastoral potential. This led to the establishment of **Argyle Downs, Fossil Downs, and Ord River Stations**
- **Ernest Giles** (1870s): Attempted westward crossing; death of Gibson led to naming of Gibson Desert.
- **Peter Warburton** (1873–74): Reached Indian Ocean from Alice Springs
- **John Forrest**: Travelled Geraldton to Adelaide
- **Lawrence Wells** (1896): Calvert expedition
- **David Carnegie**: 13-month, 1,413-mile gold-seeking journey.

Alfred Wernham Canning was born 1861 in Melbourne and educated in Carlton with his surveying career beginning with the NSW Department of Lands. He moved to WA in 1893, surveying between Albany and Eucla, before taking a 2 yr contract to survey and construct the rabbit-proof fence (Esperance to Wallal). His success and “fine leadership” made him the prime person to lead the stock route survey and construction. The Kimberley pastoralists had a cattle tick outbreak, from Java, which restricted movement of their stock into Broome and Derby, while south the Goldfields population boom increased a demand for food. These pastoralists proposed a desert route to avoid tick spread, with the original plan to go via Great Sandy Desert to Nullagine. This however, was altered due to objections from Pilbara pastoralists, so the route headed further south. The survey expedition began on 29 May 1906 with 8 men, 23 camels and 2 horses. Their goal was to find water every 20 miles, which was considered a days drive. They reached Halls Creek on 26 October returning back to Wiluna by the following February. Construction began March 1907, with a working party of 30 men who built 31 wells northward, reaching Halls Creek by Nov 1909. They had to delay their return construction because of unusually early monsoons, and built the remaining 21 wells on their return south (Feb–Apr 1910). Canning telegraphed the Undersecretary of Mines, “Work Completed. Canning.”



In 1983, David Hewitt and enthusiasts initiated restoration of a well to commemorate the 75th anniversary of the Canning Stock Route. David was an amateur historian with extensive experience in remote WA, especially Aboriginal communities, first visiting the Canning Stock Route in 1972 and witnessed the deterioration of the wells. He initiated discussions to restore one of the wells, with meetings at Eleanor Smith’s home (author of *The Beckoning West*, a biography of Hubert Trotman). **Well 26** was chosen for restoration due to its Central location; Proximity to fuel dump at Well 23 and nearby airstrip; Strong water yield (2,000 gallons/hour). The project aimed for historical authenticity using Public Works archives at Battye Library. A commemorative cairn for Canning and his men was also planned. Months were spent organising equipment, funding, and personnel.

Eventually, on July 2, 1987 a convoy of 7 4WDs and 2 army trucks with 19 people departed Muchea at 5 am to start the journey. Their original camp cooks had to withdraw due to a family emergency so Jo suddenly became camp cook with helper Paul. A mechanic and his wife planned to join later. They

travelled via Great Northern Highway and experienced tyre punctures. In those days people opted to use older tyres to avoid damaging new ones which they wanted for the “rough” stuff! Their first camp at Meekathara, the Army Captain decided one army truck was unfit for remote travel. The trucks returned to Swanbourne, swapped, reloaded and rejoined convoy after an overnight drive. A few hours sleep and everyone continued on their way. While in Meekathara they signed on with Royal Flying Doctor Base as a mobile station, which meant they would be part of the daily roll-call. An uneventful stop at Capricorn Roadhouse near Mt. Newman, (as the town was called in those days), but they had a mine tour offered by Mount Newman Mining Co. who were a sponsor.

Next day they left the bitumen, travelling on the Tallawanna Track via Ethel Creek Station, and camped at Oakover for the night. Two vehicles detoured to collect Aboriginal elders Mac, Charlie, and Willie as cultural guides and advisors. The track was heavily rutted and sandy due to rain runoff and they had a near accident with the Land Rover towing the food trailer nearly tipping in a washaway. The passengers bailed when it started to lurch, but others climbed on to stabilize the vehicle. That night they camped at Mackay Creek but the Aboriginal elders refused to cross the dry river due to spiritual warnings—“no one came back from there”

The next day they refuelled at Well 23, then took the airfield track to Well 26 (avoiding high, soft dunes near Well 25). They set up camp and surveyed the well site, then set up the Mess tent and got their cooking fire established ~100m from the well. The Army installed latrines: two dunnies facing each other behind a bush with strainer posts, and a hat on a bush to signal occupancy!!! Jo had some food challenges with the rough roads causing food trailer damage especially to fruit juice cans which had become punctured, leaked into red dust and jelly crystals, forming a concrete-like mess! She and Paul meanwhile organised the kitchen tent, reviewed supplies and studied menus. A large generator powered their fridges and tools and Jo prepared meals for the hardworking crew, including fresh bread. One night, however, the curry ran short after mistakenly using meat meant for the elders. This meant that she fed 19 people with steak for three!!

On the Sunday they had a half-day trip to some nearby hills to collect rocks for the commemorative cairn and Jo discovered some interesting minerals which she showed us. The day ended with a game of cricket.



This was followed by four days of non-stop labour around the well site. Their pump had failure which led to manual sludge removal—Harry was lowered by rope to bucket out all the muck. Once cleared though, the well produced clean water. The construction of the trough, wellhead, and cairn was completed with minimal breaks,



as visitors began arriving by Day 13. Their final day included packing, cleaning, and the official opening ceremony. David, Harry and Politician Bert Crane officiated with the water being ceremonially drawn by Bert Crane and Elder Mac. The convoy then headed south to the

fuel dump where they farewelled the elders as they returned to Jigalong. The remaining group continued south to Wiluna and home, deeming the trip a great success. Jo finished her presentation with a film documenting the journey, created by the W.A.I.T. film crew. Thank you Jo for a very interesting talk about some of W.A.'s history.



## TAG-A-LONG-TOURS - HOW WE GOT THERE!

Peter Williams, May 9th 2025

Peter started his talk with a suggestion we should imagine a scenario, which he proceeded to dictate -



*"You wake up on a chilly, brisk morning noticing frost on the tents and ice in the water of the washing bowls. The morning has a soft, yellow/orange tinge to it as the sun starts to rise in the crispness of the approaching day.*

*The air starts to warm up, you now swap into shorts and t-shirts, the skies start to turn a vivid blue above the advancing sunshine. The colours are now brash, bold and loud, even brassy in the harsh light.*



*Midday moves into an afternoon with the days' colours now starting to fade and again become softer and muted. The sky is making way for delicate yellows, dusky pinks and purples and pale tints of red before morphing into the final lights and the black night sky of classic outback weather."*

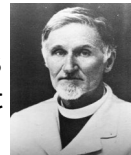
This, explained Peter, was what was often the case when camping out in the bush, which he has been doing since his children were small. They were lucky to see Uluru before they even started school.



Peter is a member of the Bunbury Catholic diocese, and does charity work for Caritas, a Catholic relief, development, and social service organisation. His area of work was throughout the Southwest, down to Esperance. He would spend time travelling throughout his area, talking to schools and other groups about the work of the Charity, hopefully receiving donations for the group. However, Covid put an end to all this work, and he was left in a bit of a quandary. How could he continue to generate donations for the group?

His idea, which he ran past a colleague for confirmation as a "good" idea, was to run a Tag-A-Long Tour for people who might be interested in joining others for a fortnight of interest and learning. The "joining fee" would be \$500 and people would be able to join in activities within the tour, as much or as little as they wanted. Peter and Jo were just about to commence their 5th Tour!!

Their first tour was called the Monsignor Tour, Geraldton. This was focused on Monsignor John Hawes, an English-trained architect turned Catholic priest, who was also a sculptor, poet and artist with many buildings around the Geraldton area having a history with this gentleman. Many people would be familiar with the Geraldton Cathedral, but Peter also included some little-known items in other country towns at Wonthella and Mullewa. Monsignor Hawes also built churches and cathedrals in the Bahamas, where he was eventually buried. After this tour, one of the participants came up to Peter and thanked him, saying, "I'd forgotten how to laugh."



<https://www.monsignorhawes.com/wp-content/uploads/2018/11/HawesMons.023.jpg>



<https://media-cdn.tripadvisor.com/media/photo-o/11ea2607/view-from-cathedral-avenue.jpg>



The second tour was named Goldfields, Ghost Towns and Unpronounceable Rocks. What a great title!! This is fairly self-explanatory as they "discovered" towns around Coolgardie, now long-forgotten, but also the town of Coolgardie itself, where Peter said a good coffee and breakfast was enjoyed at the Mining House, as well as walks in the historic cemeteries, one of which houses explorer Giles. He also reminded us why the streets of Coolgardie are so wide - Camels cannot walk backwards, so they required a lot of space to turn around.

[https://thvnext.bing.com/th?id/OIP.pPcCVbVpFH6gRHuOEZoE\\_AHaEv?w=254&h=180&c=7&f=0&o=7&cb=ucfimgc2&dp=1.5&pid=1.7&rm=3](https://thvnext.bing.com/th?id/OIP.pPcCVbVpFH6gRHuOEZoE_AHaEv?w=254&h=180&c=7&f=0&o=7&cb=ucfimgc2&dp=1.5&pid=1.7&rm=3)

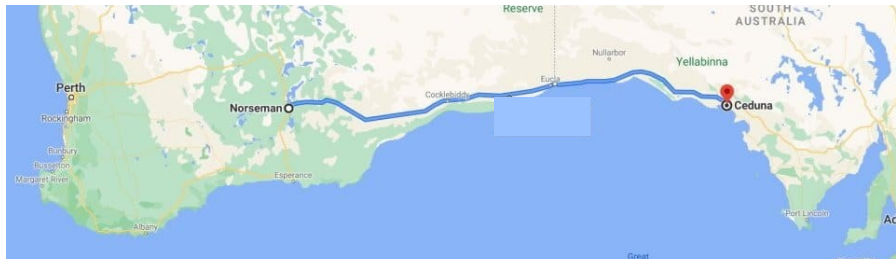
Tour number three was called the Silo Art Trail. This was different as they commenced from Hopetoun and travelled up to York, visiting all aged to time it in conjunction with visited. They moved on and had heard of a winery on the Lake and the owners made them lunch. interested). Some of the silo's are staying near them is a bit noisy. In easier to camp at the Bruce Rock forth. The caravan park had been



<https://irp.cdn-website.com/04106d26/dms3rep/multi/opt/Newdegate1-1054bd67-1920w.JPG>

the silo art along the way. They man- the Newdegate Show, which they also morning tea at Lake Grace, and then Grace-Kulin road, so proceeded there (Walkers Hill Vineyard, for anyone who's situated close to the main roads, so the Merredin and Northam area, it was Caravan Park and commute back and upgraded and is like a resort-style now.

Tour four took on a different style - they travelled across the Nullabor and toured the Eyre and Yorke



[https://www.letitbefood.com/uploads/1/5/19/5/15950970/yorke-peninsula-map-marked-up\\_1.png](https://www.letitbefood.com/uploads/1/5/19/5/15950970/yorke-peninsula-map-marked-up_1.png)



Peninsula's in South Australia.

This tour lasted 3 weeks, whereas the previous ones only lasted 2 weeks. One of the characters they met while over there was a real conundrum. He was a farmer and talked about what he had been out doing for the morning, and then turned around and sat at his piano and played some classical music!! The people you meet!! This year's trip will see them start off in Collie and travel through the Wheatbelt, with the tour titled, "Wheatbelt town you never visit", so we would love to hear about that trip on your return Peter. Thank you for an entertaining talk.

### ***Here's a few Travel Jokes to keep you laughing.....***

A hungry traveller stopped at a monastery and was taken to the kitchen where a brother was frying chips....."Are you the friar?" The brother replied "No. I'm the chip monk."

As a travel guru I have been in many places, but I've never been in Cahoots'. Apparently, you can't go alone. You have to be in Cahoots' with someone. I've also never been in Cognito. I hear no one recognizes you there. I have, however, been in Sane. They don't have an airport; you have to be driven there. I have made several trips there, thanks to my children, friends, family and work. I would like to go to Conclusions, but you have to jump, and I'm not too much on physical activity anymore. I have also been in Doubt. That is a sad place to go, and I try not to visit there too often. I've been in Flexible, but only when it was very important to stand firm. Sometimes I'm in Capable, and I go there more often as I'm getting older. One of my favourite places to be is in Suspense! It really gets the adrenaline flowing and pumps up the old heart! At my age I need all the stimuli I can get! I may have been in Continent, but I don't remember what country I was in. It's an age thing. They tell me it is very wet and damp there.



Why do koi fish travel in groups of four? To protect the group from predators. When attacked, koi's A, B, and C will go in one direction. The fourth one is the D koi.



# SEPTEMBER CALENDAR

DATE	Room/Location	Speaker & Title/Event
<b>Friday 12th September</b> 9.30 - 11.30 am	<b>Building 5.113/114</b>	<b>Alan Walker (U3A Donnybrook)</b> <b>Sixteen years at Sea</b>
<b>TUESDAY, 16th SEPTEMBER</b> 10am - 11 am	<i>Bunbury City Library, Programme Room</i>	<b>TOPICAL TALKING</b> <i>With John McKernan</i>
<b>Friday 26th September</b> 9.30 - 11.30 am	<b>Building 5.114/114</b>	<b>Angelika Bailey - Author of</b> <b>“Whatever happened to that Little Foreign Girl?”</b>
<b>TUESDAY, 30th SEPTEMBER</b> 10 am - 11 am	<i>Bunbury City Library, Programme Room</i>	<b>TOPICAL TALKING</b> <i>With John McKernan</i>

# OCTOBER CALENDAR

DATE	Room/Location	Speaker & Title/Event
<b>Friday 10th October</b> 9.30 - 11.30 am	<b>Building 5.113/114</b>	<b>Ted Johnson</b> <b>Conservation Volunteer with</b> <b>Leschenault Nursery</b>
<b>TUESDAY, 14th OCTOBER</b> 10am - 11 am	<i>Bunbury City Library, Programme Room</i>	<b>TOPICAL TALKING</b> <i>With John McKernan</i>
<b>Friday 24th October</b> 9.30 - 11.30 am	<b>Building 5.114/114</b>	<b>Wayne Elliott, Dist. Manager DCBA</b> <b>His Experiences in Zululand/South Africa</b>
<b>TUESDAY, 28th OCTOBER</b> 10 am - 11 am	<i>Bunbury City Library, Programme Room</i>	<b>TOPICAL TALKING</b> <i>With John McKernan</i>
<b>Friday 31st October</b> “Hallowe’en”	<b><u>OUTING</u></b>	<b>To Be ADVISED</b>



Dr Berni Cameron, Occupational Health Lecturer,  
School of Medical and Health Sciences, ECU Southwest Campus  
23rd May, 2025.

## FROM SPANISH FLU TO COVID - WHAT'S NEXT?

Berni gave us a very interesting and informative account of infectious diseases - Past, Present and even what might occur in the Future! Her working life started as a nurse, eventually transitioning into Occupational Health. She worked in Singapore with intense hours, assessing health safety measures, and loved the job in a clean and healthy city. However, the hours worked could be brutal, citing getting off the plane, heading straight to work and not leaving until 8 pm!! She also experienced FIFO (Fly-In Fly-Out) roles, and currently lectures at ECU to nurses, mental health practitioners, and physicians.

So, explaining some Terminology used in the Public Health system, Berni broke down some words: **Pandemic**: is from Greek “pan” (all) + “demos” (people) + English “ic”; meaning a disease affecting all people globally.

**Therefore, Pandemic is a disease, an outbreak across the world and very wide-spread.** (Berni mentioned it made her laugh when people said “worldwide pandemic” as pandemic means world-wide, thereby saying a “pandemic” pandemic!! She suggested if you hear anyone say this, you should correct them!!)

Some more words relating to the subject include:

- **Plaga** (Latin): Stroke or wound, linked to plague symptoms.
- **Pestibus**: Latin for pestilence.
- **Outbreak**: Higher-than-normal illness occurrence (e.g., annual flu).
- **Epidemic**: Disease spreading quickly beyond a localized area.
- **Endemic epidemic**: Disease specific to one population that mutates and spreads, leading to epidemic pandemic.

Berni then went on to explain some historical facts around pandemics.

### Historical Pandemics

- **430 - Present**: Some of these were diseases that probably gave birth to all that happens now, being respiratory, the most highly contagious viruses, because of droplet infection.
  - **430 BC**: Haemorrhagic fever – ~100,000 deaths, weakened Athens during the Peloponnesian War
  - **165–180 AD**: Antonine Plague – ~5 million deaths, weakened Roman military.
  - **541–543 AD**: Justinian Plague – 30–50 million deaths, similar to Bubonic plague.
  - **1346–1353**: Black Death – 75–200 million deaths, 30–60% of Europe’s population.
  - **1665–1666**: Great Plague of London – ~100,000 deaths, led to public health reforms.

**Widespread Epidemics**: These have occurred recently, and still can become an outbreak....

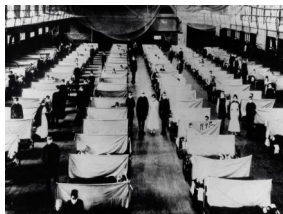
- **Smallpox**: ~500 million deaths; now eradicated.
- **Cholera**: ~3 million deaths; spread via poor sanitation, thought to have started in India.
- **Spanish Flu**: ~50 million deaths.
- **Asian Flu**: Affected 1.1 billion; ~1.1 million deaths.
- **HIV/AIDS**: Controlled with antivirals; but not eradicated.
- **SARS-Coronavirus**: Early death toll ~770,000.
- **Swine Flu**: ~550,000 deaths globally.
- **COVID-19**: - around 7M confirmed deaths, but probably 2 to 3 times higher
  - **??? Disease X**: Hypothetical future disease.

Historically, masks were worn that used herbs to combat “bad smells” (miasma theory), by people who helped the doctors attend the sick and diseased. Miasma is that foul smell which usually indicates

disease and maybe heralds death, although Berni pointed out if you pass by a boys toilet, that smell could also be classed as miasma!!?? These masks had nice smelling herbs inside them, which were supposed to help ward off any “evil” disease, rinsed out with vinegar after each use. Louis Pasteur later de-bunked this theory!

### **Pandemics specifically affecting Australia.**

**Spanish Flu’ 1919:** Brought back by the troops from the ravages of war and close proximity to each other. Once they landed in Darwin, it quickly spread throughout the country when they boarded trains and buses to get back to their homes. Australia lost 15,000 people to this epidemic, which doesn’t sound a lot, but remember there was



[cb724c1cf3db85a37ce-](https://commons.wikimedia.org/w/index.php?curid=29118578)

only about 4.9M people in the country. Spitting was a large cause of spread of disease, too.

Quarantine is derived from the Italian words “Quaranta Giorni” meaning 40 days. This originated from the Plague, as doctors had worked out once infected the disease lasted 37 days, so a 40 day quarantine was deemed satisfactory to control it. From the 1830’s to 1984 all migrant ships arriving in Sydney sent their passengers and crew to the Quarantine Station at Manly, to protect the local population. Now-

adays there are other forms of travel, e.g: Air travel, as well as more relaxed entry requirements. “Shut-downs” for Spanish Flu occurred State by State, and Western Australia shut down their borders, preventing anyone travelling to or from the State. In those days it was a lot easier to control, than during the 2020 episode, as roads were still rough and uneven and people did not have the freedom, or money, to be able to travel as they do today.

The vaccination programmes introduced into Australia nationally, in 1997, certainly helped with controlling some of the previous diseases to CoVid. Worldwide mass vaccinations were introduced in the 1930’s, understandably after the Spanish Flu’. Berni stressed to us all that she believed the steps taken during CoVid—thoroughly washing hands after touching things and going to the toilet; coughing into a tissue or your elbow; covering your face with a mask if you suspect or have a “droplet” infection; keeping your distance when not well, (or staying home!); etc., should be maintained because, in her words

***“we are just sitting ducks for the next pandemic, which will be bigger, better and worse and we are not prepared. I am worried, as a Health professional, and I think you should be, too.”***

She then went on to recall a recent episode where she had been at Karri Valley Resort while on a short break. After testing positive, her and her partner stripped all the bed linen and put into bags before handing over to the resort receptionist, saying to please tell the cleaners to wear a mask when taking them out of the bags. The receptionist blasély replied, “Oh they’ll be right”. Berni was not happy about this and sent a letter of complaint to the company stating this was not good enough. She also reminded us we should still be wiping shopping trolley handles and our car steering wheels, both magnets for nasty germs, as well as washing our hands as soon as we get home from a shopping trip or excursion where we could have come into contact with other peoples’ germs. Better to be safe than sorry!!

Berni asked us what was the major difference between COVID-19 and the Spanish flu?

**Vaccines** which helped reduce the illness and death rate comparing both viruses. The so-called “Herd Immunity” requires 70–75% of the population to be vaccinated, which means that when most people around an infected person are vaccinated, the virus struggles to spread. Therefore, low vaccination rates allow the virus to “slip through the cracks.” On a personal note, Berni mentioned that her partner avoided her recent infection despite close contact with her, due to a recent booster—highlighting vaccine effectiveness. COVID boosters should now be routine, similar to the annual flu shots. As of 2024, COVID case reporting has ceased and it’s now treated more like a seasonal flu. However, there are multiple variants (e.g., SARS-CoV-4/5/10/15) which can make vaccine updates challenging, therefore annual vaccination is recommended to keep up with all the evolving strains.



Measles is currently at epidemic levels and poses a serious threat. With so many overseas travellers, especially children, authorities are urging people to get the MMR (measles, mumps, rubella) vaccine. Two doses plus a booster are recommended for full protection. Measles can cause severe complications: brain inflammation, pneumonia, and respiratory issues for the rest of their lives. Adults who missed childhood vaccinations should consult their doctor about catching up, which includes our age group. Antibodies in the blood indicate immune memory for



Juan Antonio Ruiz Rivas - Enciclopedia Libre en Español, CC BY-SA 3.0, <https://commons.wikimedia.org/w/index.php?curid=29118578>

specific diseases like measles, but full immunity requires multiple doses, with one dose not providing lasting protection. We should use similar logic as applies to COVID—one dose without boosters offers limited immune support. Older adults, like ourselves, may still benefit from MMR vaccination if we've never had it. If you could be classed as a high-risk individual, (e.g. exposed to unvaccinated grandchildren) then you should consider immunology testing. Many of us in the older age group are likely to have natural immunity from past exposure, but testing is recommended due to rising measles rates. If in doubt, ask your Doctor for a blood test to see if a vaccination is best. Smallpox was eradicated through vaccination, but other diseases could return if immunisation rates drop. Berni expressed concern over the current vaccine hesitancy, especially regarding children. Anyone from the 50's was vaccinated with the Triple Antigen vaccine when at school. This helped our immune system cope with Whooping Cough, Tetanus and Diphtheria. She emphasised it was a personal responsibility to have a vaccine, but we should also think of the societal impact of vaccination choices. Flu vaccines are based on last year's strains, not future ones. Their development relies on data from the northern hemisphere, especially Europe. Australia receives updated vaccines before winter, based on northern hemisphere outbreaks. Timing is critical—vaccines can't be developed earlier than the data allows.



<https://pixnio.com/vintage-photography/history-photography-pictures/this-image-depicts-a-line-of-people-each-awaiting-a-new-jersey-influenza-vaccination>

### COVID Variants XCC and XEDC

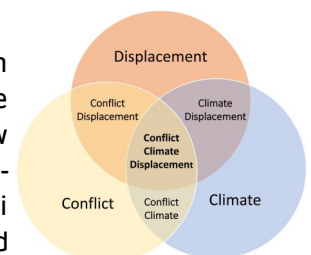
The XCC is a recombinant COVID variant first detected in Italy in May 2024. Recombinant means it combines DNA from two different virus strains to form a new one. This can result in a strain that's more infectious, more virulent—or sometimes unchanged. At this stage, XCC has outpaced other variants and is spreading rapidly, with anecdotal evidence suggesting XCC may be highly detectable and aggressive. The variant XEDC is currently the most prevalent and concerning COVID strain. It emerged around March 2025 and is being actively monitored, being described as “shocking” due to its rapid spread and strength. Our current Standard Test Kits only detect known and current variants of CoVid. If you have older kits, they can still identify coronavirus presence but not the specific variants, so they are still useful for basic diagnosis. If you are worried about the test results from an old test kit, you can always have a PCR blood tests to determine the exact variant.

### Disease X and Global Preparedness

“Disease X” refers to a hypothetical future pandemic-causing illness. W.H.O. and global experts met in March 2025 to discuss preparedness strategies. However, the consensus was the world was unprepared for COVID and remains unprepared for future pandemics. Another pandemic is considered inevitable—whether in this generation or the next. COVID highlighted systemic issues in healthcare, namely overwhelmed hospitals and under-supported staff. Hospital staff and nurses were praised during the pandemic but have seen little lasting improvement in conditions or wages. Regional hospitals, like Tom Price, are described as severely underfunded and poorly maintained. Berni expressed her continued frustration over the W.A. government's spending priorities (e.g. \$65 million on a rugby team vs. healthcare investment), as well as spending on non-essential items instead of pandemic readiness. Berni was asked if she felt concern that society still holds a complacent “it won't happen to us” attitude, with a comparison to rare natural disasters (e.g. the recent 500-year floods in Australia, even although we haven't been here for 500 years!) to highlight denial and lack of urgency. The U.N. Secretary-General Antonio Guterres has warned that the world is “woefully unprepared” for the next pandemic. Australia has set up a Central Disease Response Unit but lacks domestic vaccine manufacturing—we used to make our own vaccines, but chose to out-source for a cheaper alternative. Berni believes that because Australia is an island, we could be self-sufficient and pandemics could be better contained—if we invested properly.

### Climate Change and Generational Attitudes

Climate warnings have existed for years, but many still deny or ignore them. With all the recent natural disasters this seems foolhardy. Berni suggested that the younger generations lacked resilience and vigilance, expressing concern about how society would cope in a major crisis like war. She mentioned her personal plan - retreating to the bush in case of future disaster!! Someone asked what Berni thought about cruise ships and she described them as “floating petri dishes” and potential disease carriers. She appreciated that some of our members might love

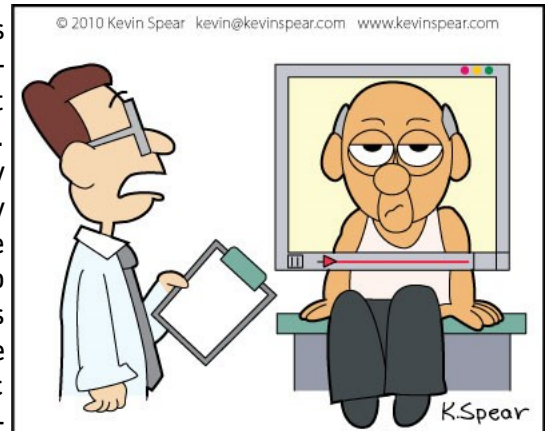


<https://bmjopen.bmj.com/content/bmjopen/13/5/e071557/F1.large.jpg>

cruising, but in her view they pose a public health risk and should be reconsidered or banned. Maybe because we have had success in eliminating diseases like polio this may have led to public complacency? Attitudes, not science, are seen as the root of the problem—people have become blasé.

## Media & AI in Education of Pandemics

Bernie said she had mixed feelings about AI. She admired its potential, but was fearful of its autonomy, especially Generative AI described as self-learning and capable of independent thinking. She made reference to sci-fi becoming reality (e.g. Star Trek androids). praising AI when it was used ethically (e.g. organ regeneration), but criticised when it was driven by profit. John McKernan cited an example that had been on the 7.30 Report, where Dr Norman Swan was falsely perceived to endorse products due to AI-generated content. Bernie said as an educator she faced challenges assessing students work due to AI-generated content. Apparently it can produce realistic videos mimicking students, making authenticity difficult to verify. Physical presence is increasingly necessary to confirm student identity & engagement.



"You've come down with a viral video."

It's now been five years since the COVID-19 outbreak and among Health professionals there are still concerns about future pandemic readiness. Australia is still poorly prepared for another pandemic, especially in a) Vaccine research and production, b) Hospital capacities and c) Coordinated public health responses. The COVID inquiry recommended establishing a national Central Disease Control, (CDC) as a top priority. The Federal government committed \$252 million and legislation to launch CDC by January 1. However, with the looming election and political uncertainty, especially support from opposition parties it was uncertain when this funding would be started. A CDC would provide: Centralised expertise; Global data translation into actionable policy and Coordination across states and territories. There is an increasing need of building trust with both politicians and the public, so that we can have effective pandemic responses like: Strong data systems; International collaboration; Training the next generation of public health experts and Public attitudes toward lockdowns depending heavily on government credibility.

Lockdowns led to widespread isolation: school closures, business shutdowns, disrupted education. There is a need to balance health protection with human development and social wellbeing. Future success depends on science-driven decisions, not speculation or political sway. We need ongoing engagement with both State and Federal Parliaments regarding a plan. The plan has been clearly communicated within parliamentary channels.

Bernie concluded her informative talk with an interesting up-date. Scientists in Sydney have discovered our immune system has memory cells that record vaccine history. These memory cells help the body respond more effectively to future vaccinations. As an example: receiving COVID and flu vaccines together (e.g. Samar) builds resilience. It's safe to get both injections in the same arm—less discomfort than using both arms. These memory cells will react to future flu shots based on previous vaccinations. Thank you Bernie for all your up-to-date information, it was gratefully received.

*Editors Note: We now have an Australian Centre for Disease Control, with legislation currently before the Australian Parliament and the government already looking for a Director for the new position. For current information about this go to <https://www.cdc.gov.au>. It is also a place to find alerts and information about infectious diseases and news alerts about things like whether to use anti-biotics for cold and flu' or how to protect yourself from respiratory infections or how data helps prepare us for disease threats and many other items. Quite an interesting site.*

# MICK BENNETT MAKE-IT SPACE

31st MAY 2025

## MICK BENNETT MAKE-IT SPACE

*supported by Lotterywest and Wespine*



Below is just some of the equipment available for members to use. NOTE: Some of our equipment requires an induction before use.

Cricut Machines  
Electronics Kits  
Sewing Machines

3D Printers  
C02 Laser Cutter  
CNC Router

A group of us braved the very windy weather to hear Rick Spooner give us a quick chat and walk through the wonderful space at the new Shire of Dardanup offices, talking about the Make-It Space. What a fantastic hub! Congratulations to the Shire for providing this for the Greater

Bunbury area. Rick explained that there were a bunch of people in the area that get together to talk all things “Techno”, (Rick is a space technician in his working life) and they asked the Shire if they would plan a Make-It space in the new Shire/Library building. Mick Bennett retired as Shire President in 2023 after 28 years of service to the community. Very apt that the “space” should be named after him.

So, what are Makerspaces? These have been set up all over the country essentially to provide a place where people can come together to use and learn about materials they can use, to develop and create projects of their own choosing. They aim to be places that combine creativity, collaboration and community. Designed originally to be used in schools, usually the Library, for students to explore creativity not just consumption, they have now evolved to include community-led enterprises, like the one in Dardanup. Rick has been amazed at some of the projects that have come from the Space, citing a young lady that came in and designed and made her own wedding dress using the sewing tools available. He mentioned he would like to learn how to sew and use those machines!! He ran through some of the requirements needed to use some of the more highly-powered ones, but a lot of them are easy to use. With computers available to look up instructions on how to use them, a lot of advice would be self-taught, although he did say the Space has fostered a lot of communication and collaboration between community members who use the space.

Our own U3A members, Ric Stacey and John Hamblin were on hand to talk about certain machines that the two of them had used, with John giving Rick some helpful pointers on where to access supplies locally. While all this was going on, one of the 3D printers was quietly “spinning” its magic, so our Ric explained what was going on. He showed us a sign with Leo written using the 3D printer. (Leo is his grandson!) The process was a quick-fire but typically takes around half an hour. This project was time-sensitive - a birthday party request. Ric had also made a small push-along vehicle for him, and the machine was making one of the tyres so we could see all the processes.



*Ric explaining some of the techniques and tools John Hamblin would have used to produce his intricate working models.*

Rick then continued on talking about the cost and accessibility of 3D Printing - Starting 3D printing is a very cheap hobby, but the costs can increase significantly depending on scale and materials. PLA (Polylactic Acid) quality is surprisingly good for low-cost projects. Designs can be adapted and remixed (e.g., embedding names like “Leo” into the design) and most free designs are released under Creative Commons licences. Plans can be purchased online, but many are available for free. Popular free design sites include: **Thingycat** (open-source business); **Thingiverse**; **Pringles**; **Makersworld**. Files are downloaded online, not via thumb drives and are 3D spatial models that must be converted into GCODE for printing. The design work can be done entirely online. Large 3D printers do exist; one example is 450mm x 450mm x 450mm, but large prints take a long time and may need to be split into parts. The Software allows splitting models (e.g., wings on radio-controlled airplanes) into halves for printing and reassembly. Models can include internal hollows and fillets using layer-by-layer printing. The software can auto-generate holes and supports for structural elements like carbon fibre rods. Minimal support

structures are used to hold parts during printing.



Ric then showed us a small plastic piece that he had. The object was a broken plastic part from a high-end pram, but a replacement part wasn't available, only full frame replacements costing ~\$1100. Ric used callipers to measure and recreate the part using Thinkycat (a free CAD program). Due to design limitations, the part had to be split and printed in two halves, but it works perfectly, and the pram continues to be used in the family as an heirloom. There were protruding features making a single-piece printing impossible without excessive support. Slicing the model in CAD allowed for flat surfaces and easier printing. Printing orientation affects the support requirements and material usage.

*Ric explaining about the printing technique he used to make a wheel for his grandson's birthday toy.*

**Printer Beds and Adhesion Techniques.** Different bed types used to secure your model while it is being printed include: Textured (grippy like sandpaper) and Smooth (glass-like finish). Adhesion aids include glue sticks and hairspray. Heated beds help the filament stick and calibration is crucial for a good first layer. The "bendy" beds allow easy removal of finished prints. PLA is non-toxic and a commonly used material, (e.g., coffee cup lids). Printing on glass beds was common in earlier setups. Unattended prints can fail, resulting in "spaghetti" (misaligned layers). Long prints (24+ hours) require supervision to avoid waste. Pausing is possible, but restarting requires re-heating and recalibration. New printers may support remote access and camera monitoring, but current printers lack modification options for remote features. Some of the more popular brands include Sketchpad and Multimaker (commercial-grade 3D printers), and printers are available for purchase online.

Rick then let us all have a wander around the place asking additional questions. Thank you Rick for an informative session, and to Kathy who made the visit possible. I'd like to add that the staff opened up for us for this visit, as the area is not usually open on a Friday, so many thanks for all your effort, everyone. After this we went and had a look at the new Library where Kate told us all about the numerous programmes that the Library puts on for the community, some on a regular basis and others just ad hoc. If you live in the Dardanup Shire, you should pop in to see the place, and if you think you would like to see or hear a particular thing, ask Kate if it can be achieved. She is very accommodating.

By the end of the session, it was definitely time for a bite to eat, so consensus within the group took us to Smalls Bar, where we enjoyed a nice meal and good conversation. If anyone is interested in going to the Make-It Space to use their machines, you will first have to become a member. This is free, so give it some serious thought, it's truly a great place to learn. Listed below is some of their equipment

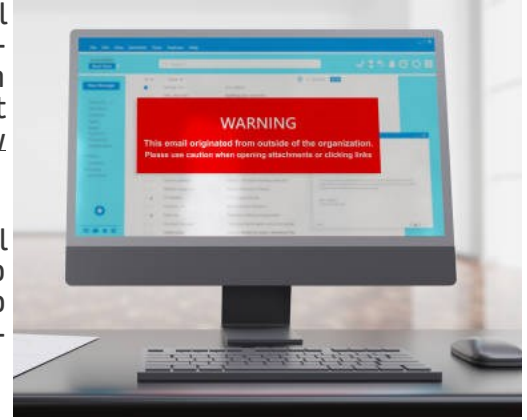
**Fabrication** • 3D Printers x 3 • CNC Router • Laser Cutter. **Workshop Bench** • Dremel • RYOBI Drill set • RYOBI Staple gun • RYOBI Hand Sander • Mallet • Vice Clamp. **Computers x 4** • All computers are powerful enough for 3D modelling/rendering, gaming and movie editing. • Sit/Stand Desks • Double Monitor displays • Headphones • *On Request: Webcam, Variety of adapters.* **Sewing** • Digital Sewing Machines x2 • Mechanical Sewing Machine • Overlocker • Misc Sewing tools **Cricut** • Maker 3 • Maker • Easy Press • Misc Cricut tools. **Electronics Workbench** • Soldering Iron • Helping Hands • Regulated power supply • Handheld oscilloscope • Wire strippers • Multimeter • Misc tools. **Electronic/Programming Kits** • Arduino Uno R4 Minima Board x 12 • Electronics/Programming starter kit x 12 • RaspberryPi 4B x 2 • MicroBit x 6 • 37 Sensor Kit for Arduino. **Media** • Podcasting Kit x2 • Streamer Deck • Midi Keyboard • Greenscreen (Large pullup) • Projector • Streamer lighting • Misc Media accessories

For any more information you can contact Kathy Blair, at the Shire of Dardanup, on 9724 0478 or <https://www.dardanup.wa.gov.au/our-community/library/mick-bennett-make-it-space.aspx>

**Opening Hours for the Space are: Tuesdays 3 - 7pm; Thursdays 3 - 7pm and Saturdays 10am - 3pm**

## Picture the following scenarios:

“Your laptop has an email application open and one email says: **“WARNING - URGENT OVERDUE NOTICE!”** A computer mouse pointer clicks this and a larger email screen opens. The email says: “So-and-So Business Ltd - Urgent Overdue \$ - New Bank Details”. At the bottom is a Pay Now button”.



“A hand holding a mobile phone scrolls through a social media app. The person clicks on an ad. The ad opens to full screen and says: “Invest in crypto. Limited time, no risk!! Contact us.” It shows a graph indicating that the investments produce high returns for your investment”.

“A message appears in your message app on your phone — This is your bank. There’s been suspicious activity. Here’s a secure account to transfer your money to, to keep it safe”.



“Your mobile phone rings and shows an unknown caller ringing. You tap the button to answer the call, saying “Hello”. The caller says, “This is the government. We intercepted an illegal package addressed to you and you need to pay \$5,000 or you could go to prison.”

What do all these scenarios have in common? They are all possible SCAMS, alongside Dating Scams; Job Scams; Product Scams; Phishing Scams; Social Media Scams.... the list goes on!

**Scams are everywhere, targeting people from all walks of life and costing Australians billions of dollars each year. Whether it’s fake emails, unexpected phone calls or online schemes, scammers always find new ways to gain your trust and steal your money or personal information. However, 3 small steps can help keep us all safe from scammers.**

**Scamwatch** data shows that reported losses to fake charities have increased by 94% on the same period last year. Recently it was **Scams Awareness Week**, with the Australian Charities and Not-for-profits Commission (ACNC) urging charity donors to **“Stop. Check. Protect.”** to keep themselves safe from scammers.

1. **Stop:** Don’t give money or your information to anyone if you are unsure. Scammers may pretend to be from charities, and will offer to help you or ask you to verify your identity with them.
2. **Check:** Is the message or call a fake? Never click a link in a text message. Only contact charities using information from their official websites.
3. **Protect:** Act quickly if something feels wrong. Contact your bank if you notice unusual activity or if a scammer gets your money or information.
4. **Seek help** and report the scam to **Scamwatch**. When you report scams, you help stop the scam and warn others.

One of the best phrases to use when you are unsure is, “If it sounds too good to be true, then it probably is!” Then go and follow things up as stated above!