



# McKinney Sunrise Rotary Club Sunrise Sentinel

May 3, 2017

## Officers and Directors 2016 – 2017

President	Juli Smith
President Elect	Phyllis Davis
Secretary	Gary Taylor
Treasurer	Dennis Snavelly
Vice President, Fund Raising	Chuck Koehler
Club Service Director	Sandi Froese
Vocational Service Director	Bill Bilyeu
Youth Services Director	Larry Offerdahl
Community Service Director	Tom Parker
International Service Director	Trevor Castilla
Membership Chair	Bill Smith
Rotary Foundation Chair	Nathan White
Sunrise Sentinel Editorian/Webmaster	Gary Taylor
Sergeant-at-Arms	Ed Miles

## Club Meeting Time and Location

07:30 Wednesday Morning  
Eldorado Country Club  
McKinney, TX

## Today's Program

Michael Hasty



Saving Smiles  
Grand Prairie Rotary

## Past Presidents

2015-16.....	Larry Offerdahl
2014-15.....	Steve Mitas
2013-14.....	Bill Smith
2012-13.....	Gary Taylor
2011-12.....	Stacey Kemp
2010-11.....	Donas Cole
2009-10.....	Nathan White
2008-09.....	Pamela Zeigler-Petty
2007-08.....	Bill Bilyeu
2006-07.....	Tom Parker
2005-06.....	K. Lyle Froese
2004-05.....	Timothy Kocsis
2003-04.....	Scott Dillashaw
2002-03.....	Linda Paluga
2001-02.....	Steven Mitas
2000-01.....	Jeff Caserotti

## Rotary District 5810

District Governor.....	Bill Dendy, E Club
District Governor Elect .....	Rick Amsberry, Park Cities Rotary
District Governor Nominee..	Beverly Grogan, Grand Prairie Mtr

## Rotary International

President.....John F. Germ, Chattanooga, Tenn. Rotary Club

The Four Way Test  
of the things we think say or do....

1. Is It the Truth
2. Is It Fair to All Concerned
3. Will it Build Goodwill and better Friendships
4. Will it be Beneficial to all Concerned



Rotary Club of McKinney Sunrise, District 5810  
Club Number 28762, Chartered May 22, 1992  
P.O. Box 2244, McKinney, Texas, 75070  
[www.mckinneysunriserotary.org](http://www.mckinneysunriserotary.org)



# SAVING SMILES

A ROTARY CLUB'S LOCAL AND INTERNATIONAL PROJECT



**The Rotary Club of Grand Prairie shares their story of Saving Smiles in Grand Prairie, Texas and in Granada, Nicaragua.**

It started with a need to fight the Number 1 Childhood Disease that keeps children out of school, *Dental Decay*.

Since 2000, over \$2,000,000 of dental services, via the Grand Prairie Rotary Club's Dental Sealant Program, has been provided to 2<sup>nd</sup> and 7<sup>th</sup> graders in local Grand Prairie schools.

**What started as a Local Rotary Club Project, has now grown to an International Rotary Club Project in Granada, Nicaragua.**

Hear how a small team of Grand Prairie Rotarians, Dental and Non-Dental Professionals, travel annually to Granada, Nicaragua and work a week to provide emergency dental care to the children living in the barrios of Granada.



**The Rotary Club of Grand Prairie's Saving Smiles Team looks forward to sharing their story with you in the hope your Club will join in Saving Smiles in your community, and perhaps, in Granada, Nicaragua.**

To Book a Program, Contact –

Dr. Janelle Bicknell: [jbdds2@yahoo.com](mailto:jbdds2@yahoo.com)

Michael Hasty: [michaelehasty@gmail.com](mailto:michaelehasty@gmail.com)

Mike's Cell - [214-507-7681](tel:214-507-7681)

**Contact us at: [www.GrandPrairieRotary.com](http://www.GrandPrairieRotary.com)**

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## Where Polio Hides

### **The discovery of the poliovirus in Nigeria last summer shocked eradication efforts. Here's how Rotary is making sure it doesn't happen again**

For a 13-month-old boy whose family lives in northeastern Nigeria, escaping Boko Haram was only the beginning of a long, difficult journey.

When his family finally arrived at the Muna Garage camp for internally displaced people (IDP), they had walked more than 130 miles in three days. They were starving, and the camp was only a temporary setup with inadequate facilities, housing more than 15,000 people. But the worst news was yet to come. Health officials in the camp determined the baby had polio.

“It was heartbreaking,” says Tunji Funsho, chair of the [Nigeria PolioPlus Committee](#) and a member of the [Rotary Club of Lekki Phase I](#). Funsho met the boy on a trip he took in August to three of the country's IDP camps. “At least (the family was) able to escape Boko Haram. The child was able to walk but with a limp, and was quite malnourished.”

If it weren't for the polio surveillance system that the World Health Organization (WHO) has in place at every one of Nigeria's IDP camps, Funsho says, the boy's polio could have easily gone unnoticed. In fact, it was a shock to the entire polio eradication effort in the country that a case existed at all.

The country hadn't had a case since July 2014 and had been removed from the list of polio-endemic countries. But in August 2016, routine surveillance methods, which include sampling of sewage and wastewater to look for viruses circulating in the wild as well as monitoring and investigating all cases of paralysis in children, discovered two cases of polio in Borno state – one of them the 13-month-old. (Two more cases were subsequently reported.) Polio wasn't gone from Nigeria after all.

“The new cases devastated us. Even one case is unacceptable. It's very unfortunate we are in this position, but we are recalibrating our efforts to end this disease,” Nigeria's health minister, Isaac Adewole, told Rotary leaders during a meeting at Rotary International World Headquarters at the time. “We consider this situation a national emergency.”

#### **The importance of surveillance**

The polio surveillance system, carried out mostly by [WHO](#) and the [U.S. Centers for Disease Control and Prevention](#) (CDC), two of Rotary's partners in the [Global Polio Eradication Initiative](#), consists of several parts. First, doctors and other community health workers such as healers and traditional birth attendants monitor children for paralysis. “Most times cases are not discovered at a medical facility – they're discovered at home by the volunteer community mobilizers and people who are paying regular visits,” Funsho explains. “They find a child that is limping or unable to use a limb they've used before. They're trained and they know the questions to ask.” If they discover a paralyzed child, the health workers report the case to WHO, which sends a surveillance team to collect stool samples from the child and his or her siblings for testing.

The second part of the surveillance process involves local authorities collecting samples from sewage systems or, in places that don't have adequate sanitation facilities, rivers and bodies of water near large settlements. The samples are sent to a lab, one of 145 in the Global Polio Laboratory Network, which looks for the poliovirus. If it is found, the samples go on to a more sophisticated lab where scientists perform genetic sequencing to identify the strain and map where and when it has been seen before.

The worldwide scale of these surveillance efforts is massive and costs roughly \$100 million every year. For the most part, these activities take place only in countries that don't have adequate health systems already established. In the U.S., for example, if a child showing signs of paralysis visits the doctor, the necessary tests for polio are already a part of the working health system. But in countries that don't have such a robust system, WHO takes on that responsibility. That means investigating more than 100,000 cases of paralysis around the world every year to rule out polio.

In Nigeria's IDP camps, surveillance is more complicated. Before people enter, they are screened by security agencies (there have been several cases of suicide bombers trying to infiltrate the camps). Next, at the camp's health facility, doctors evaluate the new arrivals' overall health and screen them for polio. Volunteers then document what villages they have traveled from, using the information to track who is in the camp, where they are within the camp, and who their family members are.

### **The challenge of mobile populations**

Before the new cases were detected, the surveillance teams working in IDP camps were vaccinating and searching for suspected polio cases as usual.

But in the official documents, when they were reporting their findings, the teams weren't marking the displaced people as being located in their camps: They were being counted by their area of origination. However, surveillance teams and vaccinators weren't actually traveling to some parts of the state where the displaced people had come from because the presence of the Boko Haram terrorist group made it difficult.

"This gave the impression there was good surveillance (in those areas), when in fact there were major blind spots," says Mark Pallansch, director of the Division of Viral Diseases at the CDC. "We knew this was an area of concern, so we implemented additional measures to try to strengthen surveillance."

The extra measures included scaling up environmental surveillance and sampling healthy individuals – including adults – for the presence of poliovirus as they exited inaccessible areas. Teams also searched IDP camps and host communities more frequently and reassigned the acute flaccid paralysis cases by place of onset. It was in part thanks to such strengthened activities that additional polio cases were found.

But the surveillance situation remains volatile, Pallansch confirms. "This really underscores the dangers of any low-level residual polio transmission in the face of any subnational surveillance gaps," he says. "We still don't have an exact idea of virus transmission in some areas of Borno. Operationally, we have to therefore assume that it remains an infected area and our focus has to be on reaching the children with the vaccine, all the while plugging the surveillance holes."

A major part of the problem is that in the area where the cases of polio were discovered in Borno, the health system is decimated, impeding the discovery and reporting of the poliovirus. In December, WHO health monitors reported that 35 percent of 743 health facilities in Borno were destroyed and 29 percent were damaged. Sixty percent of the remaining health sites have no access to safe water.

But it's not just the breakdown of the health system that is causing the problem. Until recent military incursions by the Nigerian government, Boko Haram occupied

more than half of Borno. And, unlike the Taliban, which controls areas of Afghanistan (one of only two other countries that have yet to eradicate polio), Boko Haram does not negotiate with vaccinators who want to enter areas they are in.

Nigeria isn't the only area of the world that has regions with limited access. The GPEI has begun an extensive analysis of surveillance in other countries to ensure that the Nigerian "blind spot" isn't a problem elsewhere. "Boko Haram makes many parts of the area virtually inaccessible. Depending on where Boko Haram is, that can be inclusive of bordering countries," Pallansch says. "It will take some time to gather information and analyze it properly. But at a first pass it's not quite as worrying as some may think, except in those areas we already know are problems. In places like South Sudan and parts of the Horn of Africa, the border of Afghanistan and Pakistan, we're intensifying our efforts.

"In a sense, the situation in Borno is a good comparison to the global situation," Pallansch says. "Ninety-nine percent of Nigeria is polio-free. But unless you eradicate the disease completely, the rest of the country will remain at risk. The same holds true globally: 99 percent of the world is polio-free. But all countries remain at risk until we finish the job everywhere."

### **A surge in vaccinations**

Through genetic testing of stool samples taken from the new polio patients, the GPEI traced the poliovirus to a strain that emerged in Chad almost five years ago and circulated through Chad and parts of Nigeria. It had been eliminated from accessible areas, but it turns out that it never left parts of northern Nigeria.

The discovery triggered an increase in vaccinations in other countries that have similarly inaccessible areas. In Nigeria alone, more than 850,000 children were vaccinated in the first five days after the cases were discovered, according to the country's health minister. And



An estimated 15,000 people live in the Muna Garage camp, an informal settlement on private land.

Nigerian border countries coordinated efforts to increase protection of their own polio-free status.

The very nature of the GPEI's system being at once a very large network of worldwide organizations and small groups such as Rotary clubs made up of local residents is what helped the teams respond so quickly to the new information, Pallansch says. "The system itself means there is surge capacity. No one place has to stand on its own. There are always other places within the system that can help," he says. Because of that, the Polio Eradication Initiative continues on pace – revealing weak points where they may exist and fixing them – but still marching toward that day when polio is gone for good.

After certification, the polio surveillance network is likely to continue providing services. It has already been used to help contain other deadly diseases such as Ebola and measles, and there are ongoing discussions about what the surveillance strategy will be after polio, according to a spokesperson at WHO. The biggest question is how that network can be maintained so that it can go on hunting for other diseases.

## Area Meeting Makeup Locations

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<p><b>11:45</b> Farmers Branch Rotary Club, Holiday Inn Select Galleria Area 2645 LBJ Freeway Dallas, Texas</p> <p><b>Noon</b> Richardson Rotary Club Canyon Creek Country Club 625 Lookout Drive</p> <p>Edited 9/9/15</p>	<p><b>7:30 AM</b> Frisco Sunrise Rotary Club Randy's Steakhouse, 7026 W. Main St.</p> <p><b>Noon</b> Farmersville Rotary O.E. Carlisle Civic Center 201 Orange St.</p> <p><b>Noon</b> Plano West Rotary Greek Isle Rest. @ 3309 N. Central Expressway</p> <p><b>7:00 PM</b> Dallas Evening Rotary La Calle Dolce 415 W. 12<sup>th</sup> Dallas, Tx</p>	<p><b>7:30 AM</b> Prosper Rotary Club Cotton Gin Cafe@ 204 W. Broadway</p> <p><b>Noon</b> Allen Rotary Club Courtyard by Marriott @ 210 E. Stacy Road</p> <p><b>Noon</b> Prestonwood Rotary Club Prestonwood CC 15909 Preston Rd., Dallas</p> <p><b>Noon</b> Richardson East Rotary Club Canyon Creek CC 625 Lookout Drive.</p>	<p><b>Noon</b> Frisco Rotary Dave &amp; Busters Stonebriar Centre</p> <p><b>Noon</b> Hurricane Creek Rotary 1800 Fairway Lane Anna</p> <p><b>Noon</b> Plano Rotary Club Southfork Hotel 1600 N. Central Expressway</p> <p><b>7:30 AM</b> Melissa Rotary First Baptist Church 2101 E Melissa Rd</p> <p><b>5:15 PM</b> McKinney Sunset Hampton Inn 2008 N. Central Expressway McKinney</p>	<p><b>7 AM</b> Plano Sunrise Tino's Two Restaurant 2205 Avenue K</p> <p><b>Noon</b> McKinney Rotary Club Ricks Chop House 107 N Kentucky st.</p> <p><b>Noon</b> Richardson Central Hyatt Regency-North Dallas Hotel 701 E. Campbell</p> <p><b>Noon</b> Park Cities Maggiano's Little Italy 205 North Park Center, Dallas</p> <p><b>Noon</b> Celina Rotary 320 S. Preston Rd TX Star Bank</p>
<p><b>Online Makeup</b> <a href="http://www.rotaryclubone.org">www.rotaryclubone.org</a></p>				

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## Heads Up! Programs and Events

May 3-----Michael Hasty (Grand Prarie) Smiles

May 4-----Amanda Hall – Camp Craig Allen

May 10-----Sy Shahid

May 11-----James Skinner – Collin County Sheriff

May 17-----Davina Carstens – Rotary Youth Exchange

May 18-----Davina Carstens – Rotary Youth Exchange

May Basket Charity – Minuteman Disaster Relief Response Team

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## Today's Thoughts in Honor of ....

### Cinco de Mayo – May 5

Freedom is when the people can speak, democracy is when the government listens."

- Alastair Farrugia

### National Nurses Day – May 6

Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts.

- Florence Nightingale (1820 – 1910)

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A man was speeding down the highway, feeling secure in a gaggle of cars all traveling at the same speed. However, as they passed a speed trap, he got nailed with an infrared speed detector and was pulled over.

The officer handed him the citation, received his signature and was about to walk away when the man asked, "Officer, I know I was speeding, but I don't think it's fair. There were plenty of other cars around me going just as fast, so why did I get the ticket?"

"Ever go fishing?" the policeman suddenly asked the man.

"Ummm, yeah... so," the startled man replied.

The officer grinned and added, "Ever catch ALL the fish?"



<b>Member Name</b>	<b>Work</b>	<b>Home</b>	<b>Cell</b>	<b>Classification</b>
Fred Bahrenburg			469-506-3346	TV Cable Installation, ret.
Bill Bilyeu	972-548-4698	214-686-1329	214-686-1329	Collin Co. Admin
Jeff Caserotti	972-548-1199		214-850-4841	Auto Insurance
Trevor Castilla	972-569-9193	972-529-6534	469-371-5409	Civil Engineer
Weldon Copeland	972-548-3811	972-562-0838		Judge – Probate
Phyllis Davis			972-658-5800	Real Estate Broker
Ruben Delgado	972-548-3728	972-548-0326	214-686-6998	County Engineer
Lyle Froese		972-569-8843	972-523-8350	Ed Admin
Sandi Froese	903-815-4779	972-569-8843	903-815-4779	Ed Admin
Marc-Andre Gagnon		214-227-6744	469-247-1894	Leadership – Bus Consult
Joe Jaynes			469-853-8760	Educator
Stacey Kemp	972-548-4136	972-837-2534	214-356-4808	County Govt. Admin.
Tim Kocsis	972-547-6404	972-838-1808	972-670-3850	Comp. Programmer
Chuck Koehler	214-449-6868	972-529-1110	214-449-6868	Financial Mgmt
Brian Loughmiller	972-529-5554	972-529-9030	214-924-6900	Atty – Family Law
Ed Miles		972-540-1541	214-673-5284	Psychologist
Steve Mitas	972-547-6404	972-837-4474	972-670-1197	Comp. Software
Scott Oesterreicher			214-504-8668	Financial Manager
Larry Offerdahl		972-562-5722	806-672-0680	Retired Parks and Rec
Scott Parker	214-385-4142	972-727-9852	214-287-0737	Financial Consultant
Tom Parker	972-540-2180	972-540-2180	972-832-5590	Ed. Admin – Pers.
Bill Smith	972-731-4014	972-569-8811	985-774-4048	Financial
Juli Smith	972-562-6996	972-562-1866	972-658-9977	Non-Profit
Sy Shahid				Museum Director
Dennis Snavelly	972-771-2155	972-562-3796	972746-6920	Business Communications
Gary Taylor	972-548-5140	972-984-1052	972-984-0661	Groc. Store Mgmt
Kyle Therrian				Criminal Defense Atty.
Nathan White	972-979-9204	972-562-6445	972-979-9204	Judiciary
Shane Williams	972-548-4419			Law Enforcement/Constab
Bobbi Wright			707-245-8212	Escrow Officer
Pamela Zeigler-Petty	972-407-3643		214-471-3830	Bank Mgt – Bus. Banking
Connie Zeigler				Auto Finance Manager

### **Honorary Members**

Connie Yeager

*Note: Please notify Dennis Snavelly if there is a change in your phone number or e-mail address. Thank you  
Having your number here makes it a public record, please notify Gary if you prefer not to have it listed here.*