



JOHN KENNY
Rotary International President

COLIN M. GERSON
District Governor

PAUL MANGELS
Assistant District Governor

LYNDA HAMMOND
Hamden Club President

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SLEEP IS FOR THE WEAK

And I must be pretty weak, because after I got home from the tag sale last night, I slept a total of 18 hours before heading off to Trumbull this afternoon.

I'm sure I'm not the only person who is exhausted. Saturday's tag sale was a huge success. I can't thank all of you enough for participating. We sold approximately 2/3 of everything we had available, plus another 87 raffle tickets, and registered 16 more kids for Amber IDs. And if that wasn't enough, I think we all had a really good time! (especially if you got your hands on a slice of that red velvet cake, Cathy's cookies, or Betsy's pasta salad)

Now whether we were delirious from sun stroke, heat and other forms of exhaustion, and/or dehydration or not I can't say, but we had so much fun that we're going to do another tag sale on or about June 5th!

Yes, that's right folks, we dragged half of everything we hadn't sold right back to Jackie's shop (bless her heart) so we can do all of this again! (The other half went to Goodwill.)

I have a long long list of thank yous to list out, but rather than type all of them out, I think perhaps this function would be better served by an epic stint at Happy Bucks tomorrow night, so for now, you all know who you are, thank you very very much!

For those folks I need to thank outside of the club, a hearty thank you to:

- Rick DiNorscia – President Elect, North Haven
- Chuck & Carol Beebe – President and Awesome Rtn. Wife, Beacon Falls
- Ozgur Yaglidere – President, Turkish Cultural Center West Haven
- CarolAnn Kinnaw – VP Elect, Quinnipiac Rotaract Club
- Meryl Dweck – Treasurer Elect, Quinnipiac Rotaract Club

Christina Bollwage – Club Svc. Dir. Elect, Quinnipiac Rotaract Club

Pari (パリさん) – Fabi's really terrific friend who helped us for two straight days while on vacation from Japan!!! ほんとに、どうもありがとうございます！

NEW ROTARACT CLUB AT SACRED HEART

I had the distinct privilege of attending the Charter event for a new Rotaract Club at Sacred Heart University today. Mohammad asked me if I could go in his place, but frankly speaking it was my pleasure to attend as a founding member of the Quinnipiac Rotaract club in 2005.

Although I only gave Joyce Barclay (President of the Oxford-Seymour club) about 15 minutes notice that I was there and what my Rotary/Rotaract background is, she took it upon herself to include me in the ceremony. It was very thoughtful of her to do so, and I'm grateful to have helped welcome these really terrific kids into the Rotary world.

And what a great group of kids they are! Even though they only received their charter today, they've done numerous service projects already in one semester, and have committed to helping out a Bridgeport soup kitchen on a weekly basis. These 25 or so kids are something to behold!

I gave out contact information to the new President (Dan Shaw) & Vice President (Annya White), as well as the Club Advisor (Dr. Kwamie Dunbar), and the dean of the business school (Dr. Bridget Lyons), and expect to be hearing from some of them soon. I've also offered whatever support I can provide, and suggested that our Rotaract club and theirs should venture to work together when the next academic year begins.

Colin Gershon was in attendance of course, and he mentioned to me that in addition to serving as PDG next year, he'll also serve as District Rotaract chair, and as such is planning to have a district-wide Rotaract conference sometime next year for all six Rotaract clubs in the district.

Although we don't have all the details yet, I think it would be magnificent if we could somehow invite ourselves to this event and support our future Rotarians (e.g. crash the party!).

MUST READ: "GATES RETHINKS HIS WAR ON POLIO"

The Wall Street Journal, April 23rd, Robert A. Guth

"Bill Gates walked into the World Health Organization's headquarters in Geneva—for a meeting in an underground chamber where global pandemics are managed—and was greeted by bad news. Polio was spreading across Africa, even after he gave \$700 million to try to wipe out the disease.



That outbreak raged last summer, and this week a new outbreak hit Tajikistan, which hadn't seen polio for 19 years. The spread threatens one of the most ambitious health campaigns in the world, the effort to destroy the crippling disease once and for all. It also marks a setback for the Microsoft Corp. co-founder's new career as full-time philanthropist.

Next week, the organizations behind the polio fight, including WHO, Unicef, Rotary International and U.S. Centers for Disease Control and Prevention, plan to announce a major revamp of their strategy to address shortcomings exposed by the outbreaks.

Nigeria is ground zero for the reemergence of polio. Now the country is making surprising headway against the crippling disease, in part thanks to an unlikely meeting of two leaders: Microsoft mogul Bill Gates, and the Sultan of Sokoto, the spiritual leader of Nigeria's 70 million Muslims. WSJ's Rob Guth reports.

Polio is a centerpiece of Mr. Gates's charitable giving. Last year the billionaire traveled to Africa, one of the main battlegrounds against the disease, to confer with doctors, aid workers and a sultan to propel the polio-eradication effort.

"There's no way to sugarcoat the last 12 months," Bruce Aylward, a WHO official, told Mr. Gates in the meeting in the underground pandemic center last June. He described how the virus was rippling through countries believed to have stopped the disease.

Mr. Gates asked: "So, what do we do next?"

That question goes to the heart of one of the most controversial debates in global health: Is humanity better served by waging wars on individual diseases, like polio? Or is it better to pursue a broader set of health goals simultaneously—improving hygiene, expanding immunizations, providing clean drinking water—that don't eliminate any one disease, but might improve the overall health of people in developing countries?

The new plan integrates both approaches. It's an acknowledgment, bred by last summer's outbreak, that disease-specific wars can succeed only if they also strengthen the overall health system in poor countries.

Fighting Polio in Nigeria

[View Slideshow](#)



Bill & Melinda Gates Foundation

This vaccinator went house-to-house in South Sokoto, Nigeria, in early 2009.

Global Pockets of Resistance

The battle against polio around the world.

[View Interactive](#)



Recent Outbreak

How a reservoir of poliovirus in Nigeria last year spread to other countries

[View Interactive](#)



If successful, the recalibrated campaign could shape global health strategy for decades and boost fights against other diseases. A failure could rank the effort as one of the most expensive miscalculations in mankind's long war with disease. Already, polio has evaded a two-decade-long, \$8.2 billion effort to kill it off.

Big donors have long preferred fighting individual diseases, known as a "vertical" strategy. The goal is to repeat 1979's victory over smallpox, the only disease ever to be eradicated. By contrast, the broader, "horizontal" strategy has less well-defined goals and might not move the needle of global health statistics for years.

The polio fight is a lesson for Mr. Gates's foundation, which is funding other vaccines that could face similar setbacks. In the polio fight, his foundation backed a program that was following an outdated playbook. Polio's resurgence last year forced a major rewrite.



The shift on polio was informed by Mr. Gates's trip last year to Nigeria, a nation with a history of exporting the virus to other countries. Mr. Gates was accompanied by a Wall Street Journal reporter.

Mr. Gates has forged himself as a global-health diplomat following his 2008 retirement from Microsoft. He is using his star power and \$34 billion philanthropy to try to push businesses, health groups and governments to improve health in developing countries.

In the Nigerian city of Sokoto, the dusty center of a once vast Islamic empire, Mr. Gates drove to a palace, walked past a row of trumpeters and found himself looking up at a man on a throne wearing a flowing robe and turban—the Sultan of Sokoto, spiritual leader of Nigeria's 70 million Muslims.

Just as Mr. Gates introduced himself to the sultan, the lights flickered out.

"I want to welcome you to the real world—to the real third world," the sultan said to Mr. Gates from his gilded chair in the darkened room.

Men like the sultan are important allies. In 2003, Islamic leaders in northern Nigeria spread rumors that polio vaccines sterilized Muslim girls. Leaders halted vaccinations, allowing the virus to spread. The WHO said the virus eventually infected 20 countries.

By the start of last year, Nigeria was home to half of the world's 1,600 polio cases. The sultan could help get the campaign back on track.

Speaking to Mr. Gates and a room of religious leaders, the sultan declared his support for the polio fight. "We want to show you our commitment," he said. "The time you have taken to come here will not be in vain."

But he, too, questioned the wisdom of targeting one disease. "Other health issues should be looked into," the sultan said, "instead of just facing one direction with polio eradication." He ticked off tuberculosis, HIV and AIDS, malaria, cholera and a parasitic infection known as "snail fever."

After the global victory over smallpox 30 years ago, a rush of energy went into similar "vertical" attacks on single diseases. The polio program followed that approach and made great gains. Led by WHO and donors such as Rotary, the campaigns by the year 2000 slashed the world's polio cases to under 1,000 from 350,000 in 1988. Polio fighters planned to eradicate the disease by 2000.

That date came and went. But polio persisted, eating up billions of dollars.

Critics argued for a shift away from killing polio to free up money for controlling multiple diseases. In some countries, polio campaigns became an example of a functioning vaccination system even as other diseases were missed. Mr. Gates saw that himself in Nigeria.

Arriving at a Sokoto health clinic in a Toyota minivan stocked with Diet Coke, Mr. Gates stepped inside and was soon leaning on a wooden desk, flipping through children's vaccine records. "Do you know if this child had the first dose of DPT?" he asked, pointing to a record of a diphtheria vaccination of a boy who appeared to have missed a treatment. A health worker beside him didn't have an answer.

The clinic also had no hepatitis B and yellow fever vaccines, the workers said, because the government's system for supplying medicine wasn't working.

By contrast, in front of the clinic, a polio campaign was in full swing. Health workers tended coolers filled with vials of vaccine for children gathered there.

At a meeting the next day in the capital, Abuja, Nigeria's head of primary health care, Dr. Muhammad Ali Pate, reopened the vertical-vs.-horizontal debate. Even if Nigeria lowers polio cases, he said, the gains "can't hold" without a broader health-care system, he said.

Mr. Gates listened, seated behind a name tag that read "Our Guest." Dr. Pate showed a slide of a cartoon steam-engine train with cars labeled "Education" and "Disease Control." Polio should be just one car in that train, he said.

Mr. Gates didn't disagree—certainly Nigeria needs a functioning health system, he said in interviews. But it was a matter of priorities, he said. With the world so close to killing polio, countries like Nigeria should make eradication a top priority, he said. Victory would free up millions of dollars to pay for broader health improvements.

"So the benefit of finishing is huge," he said.

On the plane, Mr. Gates strategized about what else would help win the fight, balking at one religious leader's suggestion: forced vaccinations. "Strap 'em, down, I say! Let's make it illegal" to not take the vaccine, Mr. Gates joked. Then he got serious again, citing failed attempts in the U.S. to enforce compulsory vaccinations.

In many respects, Mr. Gates remains a tech geek at heart. Aboard his plane, he expounded on an array of scientific topics: From developments in genotyping, to research showing that Bangladesh's high disease-immunity rates are due to "oral-fecal" transmission (when people build immunity by ingesting contaminated food or water).



In Nigeria, Mr. Gates scored a diplomatic triumph. He won commitments from the sultan, and from Nigeria's governors, to take a more active role in polio vaccinations. "We really stand at the threshold of global health success on polio," he told the assembled governors at the close of the trip.

However, just three days later, a new front opened 2,000 miles away in Uganda. There, a woman walked into a hospital to say her son couldn't move his left leg. It was Uganda's first polio case in 12 years.

Cases also popped up in Mali, Togo and Ghana and Cote d'Ivoire, which hadn't reported polio for four years. A girl in Kenya became that country's first polio case since 2006.

Polio, which spreads through water contaminated by human feces, paralyzes just one person for every 200 infected. Discovering just a few cases could mean that thousands have been infected. That demands massive vaccination campaigns.

On Feb. 28, 2009, Mr. Aylward, the WHO official, was grocery shopping in Geneva with his wife and son when he got an urgent email about the Uganda case. For 30 minutes, Mr. Aylward stood next to a spinach display, working his phone and setting in motion a plan that 10 days later vaccinated 48,000 children in Uganda.

Costly emergency responses like this became increasingly common last year. The Gates Foundation had set \$47 million aside for emergencies, Mr. Aylward said. By early June, the money was running down.

That month, Mr. Gates flew to Geneva for the meeting in the WHO's underground room.

Mr. Aylward came with good news to offset the bad news about polio's resurgence, he recalled later. After describing the outbreaks, he shifted to Nigeria's progress against polio and described positive results from a trial of a new vaccine.

But those positives didn't offset the risks of polio's revival, say several attendees of a follow-up meeting. "It was becoming evident that the virus almost knew no bounds," said Dr. Steve Cochi, senior adviser at Centers for Disease Control. "It kind of confirmed some of our worst fears."

A month later in Seattle, Gates Foundation officials paused at a PowerPoint presentation showing the foundation's polio grants were approaching \$1 billion. It was a staggering amount for a program that appeared to be stalling. "We can't go to Tachi and Bill and ask for more money," without reviewing the program, one person said, referring to Mr. Gates and Tachi Yamada, a top foundation official, according to an attendee.

In August, experts commissioned by the WHO landed in Angola, Pakistan, Afghanistan, India and Nigeria to evaluate the polio program. In Africa, a team found that once polio had been ended in some countries, weak health-care systems let it return. In northern India, bad sanitation, malnutrition and other intestinal issues are believed to hurt the oral polio vaccine's effectiveness.

These findings echoed the message to Mr. Gates in Nigeria, and marked a turning point among the Gates Foundation and other backers of the polio fight in the debate over whether the strictly "vertical" polio strategy could succeed.

In October, the Gates Foundation summoned backers of the program, including Unicef, CDC and Rotary, to its Seattle headquarters for a major rethink. Two weeks later it called in independent experts for help. The outcome of those meetings will be reflected in the revamped plan coming next week. Polio backers say they are buoyed by reports of just 71 polio cases worldwide this year, vs. 328 in the year-earlier period.

If approved in May by member nations of the WHO, the new strategy will set ambitious goals for getting close to eradicating polio by the end of 2012. The plan bolsters the core "vertical" approach of polio program but also adds a "horizontal" strategy, including training for health workers on topics such as hygiene and sanitation.

Nigeria will be a key testing ground. The country has made strong progress against the disease since Mr. Gates's visit. But stopping polio there, and in at least one of the three other countries where it's deeply rooted, will be the main challenge in the next three years, Mr. Aylward says. Failure to achieve that goal will raise questions over whether the program continues, he says.

A big hurdle is money. The polio program is \$1.4 billion short of the \$2.6 billion it needs over next three years. The Gates Foundation will continue its polio grants, but says it can't make up the shortfall.

But funding is just one worry for Mr. Gates in his new career. He built his foundation on the promise of life-saving vaccines, reflecting his penchant toward finding technological solutions to problems. As polio shows, technology can be hampered by political, religious and societal obstacles in the countries where he's spending his money. He's still learning how to navigate through those forces.

In Nigeria last year, Mr. Gates sat on the lawn behind his hotel reflecting on that. Science can simplify the job, he said, but "the human piece is the ultimate test."

Write to Robert A. Guth at rob.guth@wsj.com



ERADICATING POLIO IS FEASIBLE, SAYS SCOTT

Rotary International News -- 23 April 2010

Robert Scott, chair of Rotary's International Polio Plus Committee, responds to a 23 April [Wall Street Journal article](#) about polio with the following letter:

Dear Editor,

Your April 23 article documents the myriad complexities inherent in the effort to eradicate polio.

Yet, despite challenges both ongoing and emerging, tremendous progress continues to be made. The incidence of polio has plummeted by more than 99 percent since 1988, when Rotary International partnered with the WHO, the CDC and UNICEF to launch the Global Polio Eradication Initiative.

We are especially heartened by the recent progress in Nigeria, arguably the most challenging of the four remaining polio-endemic countries. Increased efforts to reach all of Nigeria's children under age 5 with the oral polio vaccine are paying off, with only two cases recorded so far this year, compared with 193 cases this time last year.

The current outbreak in Tajikistan dramatically underscores the necessity of staying the course until the crippling disease is vanquished permanently. It shows how quickly polio can rebound and reclaim territory, and why "99 percent" is not good enough.

Rotary and its partners have been at this for more than 20 years, achieving successes that demonstrate the feasibility of polio eradication. The partners' commitment and tenacity were recognized in 2007, when the Bill & Melinda Gates Foundation stepped in to provide major crucial funding.

Finally, in a timely perspective in the April 17 issue of *The Lancet*, University of Toronto researchers made the case for "an ethical obligation" to finish polio eradication. "We are on the last kilometre of a marathon," they conclude. "Surely it is worth crossing the finish line?"

Dr. Robert Scott
Chair, Rotary's International PolioPlus Committee

ROTARY RESPONDS TO POLIO OUTBREAK IN TAJIKISTAN

Dan Nixon Rotary International News -- 23 April 2010

Rotary International and its partners in the Global Polio Eradication Initiative -- the World Health Organization, UNICEF, and the U.S. Centers for Disease Control and Prevention -- are responding to a recent outbreak of wild poliovirus in Tajikistan.

Rotary is providing a total of US\$500,000 in emergency grants to UNICEF and WHO for immediate polio immunization efforts throughout the country. Neighboring countries are also increasing their surveillance efforts.

Seven children in Tajikistan have been stricken with polio, the first cases of the disease reported there since 1997, and the first in the WHO European region since it was certified polio-free in 2002.

"Polio importations such as the Tajikistan cases demonstrate our global vulnerability to infectious disease," said Carol Pandak, manager of RI's PolioPlus program. "It highlights the fact that polio 'control' is not an option, and only successful eradication will stop polio in resource-poor countries."

Outbreaks of imported cases are not uncommon during eradication efforts, underscoring the critical need to stop polio transmission in the remaining endemic countries: Afghanistan -- which borders Tajikistan -- Pakistan, India, and Nigeria.

"Our experience shows that where polio transmission has been stopped before, it can be stopped again," Pandak said. "A fast, large-scale, high-quality immunization response and strong surveillance are absolutely critical."

Global polio eradication is achievable, and stepped-up efforts to end the disease are paying off. As of 20 April, Nigeria has reported two polio cases in 2010, compared with 193 cases for the same period in 2009. India has reported no cases in the past five weeks. Multicountry synchronized immunization campaigns are continuing in West Africa, and the outbreak that affected the entire region in 2009 now appears to be confined to the westernmost part.

According to a *Wall Street Journal* article, Bill Gates talked about the challenge of eradicating polio during a trip to Nigeria last year. "The benefit of finishing is huge. ... We really stand at the threshold of global health success on polio."

A [video](#) accompanying the article illustrates Rotary's vital leadership role in the Global Polio Eradication Initiative. Rotary's commitment to end polio represents the largest private-sector support of a global health initiative in history. Since 1985, Rotarians have contributed more than \$900 million to polio eradication, volunteered their time and personal resources, and helped immunize more than two billion children in 122 countries.

MATCHING GRANT SUPPORTS LIFESAVING HEART SURGERY

By Dan Nixon Rotary International News -- 23 April 2010

A 1996 Group Study Exchange (GSE) spawned a project that today is providing lifesaving heart surgery to 100 low-income working women in Coimbatore, Tamil Nadu, India.



Many of the women contracted rheumatic fever, which can cause abnormal heart function, as children. They are receiving heart valve replacements through a Rotary Foundation Matching Grant project supported by the Rotary clubs of Coimbatore Metropolis and Pontllanfraith, Gwent, Wales.

“The women are the daily providers for their families. Their failure to provide such support would leave their children as orphans,” says Mike Parry, governor-nominee of District 1150 (Wales), district Foundation committee chair, and a former GSE team leader to North Carolina, USA.

Three physicians from the Coimbatore Metropolis club are participating in the project, and the Pontllanfraith club is providing financial assistance through District Designated Fund allocations.

The effort is one of five Foundation Matching Grant projects that have grown out of the relationship between the two clubs since the GSE. All have focused on meeting people’s health needs while protecting their livelihoods. The others are as follows:

- ℞ A recently completed project enabled 83 industrial workers injured on the job to regain the use of their hands through reconstructive microsurgery. The effort was headed by S. Raja Sabapathy of the Coimbatore Metropolis club, who had observed pioneering techniques in microsurgery as a GSE team member to Denmark in the 1980s. Sabapathy applied the techniques at a Coimbatore hospital, helping the facility develop a reputation for excellence in the field. He also encouraged two other surgeons to become GSE participants.
- ℞ While carrying out the microsurgery project, the medical team also encountered many children who had injured their hands in nonindustrial accidents. The two clubs obtained a Matching Grant to help fund the cost of surgery for 67 young people.
- ℞ A “womb to cradle” project provided prenatal care to pregnant working mothers, helping them return to their jobs in good health after childbirth.
- ℞ A neonatal intensive care unit, established through a project to promote the health of newborns, is protecting infants’ lives while allowing their mothers to continue working.

A visit to Coimbatore in February proved rewarding for Parry; Richard Bullen, leader of the 1996 GSE team to India; and Pontllanfraith Rotarian Allan Martin.

“We were present for the launch of the heart valve replacement project, to attend the Rotary Club of Coimbatore Metropolis’s 25th anniversary celebration, to share experiences with an incoming GSE team from District 5190 [parts of California and Nevada, USA], and to observe preparations for a polio National Immunization Day,” Parry says. “This reinforced how Rotary is a family and one Foundation program affects other programs.”

COUNCIL GETS READY TO MEET IN CHICAGO

By Arnold R. Grahl Rotary International News -- 22 April 2010

Delegates from Rotary’s 531 districts will be convening in downtown Chicago next week to debate changes to the policies governing Rotary International and its member clubs.

The Council on Legislation, established in 1933, meets every three years to consider changes to the RI Constitution, RI Bylaws, and the Standard Rotary Club Constitution. Over the years, the Council has evolved from an advisory body that convened during a convention plenary session into an independent legislative arm of Rotary International.

This year’s Council meets 25-30 April and will be considering more than 200 pieces of legislation submitted by Rotary clubs, districts, and the RI Board of Directors, and compiled by RI staff.

Look for news stories, daily roundups, and vote totals from the Council at www.rotary.org beginning 26 April.

Among other items, delegates will be determining the fate of e-clubs, Rotary clubs that meet online. A [select number of e-clubs](#) were chartered as part of the Rotary E-Club pilot project set to expire 30 June.

The proposed legislation would allow up to one e-club per district. E-clubs would hold a regular meeting once a week by posting an interactive activity on the club’s website. Rotarians would be counted as present at an e-club meeting if they participated in the interactive activity during the week it was posted.

If the legislation is not approved, pilot e-clubs would be required to become traditional clubs or terminate their membership in RI.

Delegates will also be considering a proposal from the RI Board of Directors seeking a slight increase in the per capita dues Rotary clubs pay to RI. Per capita dues are presently set in the bylaws at \$50 for 2010-11. The proposal would affect the subsequent three years.

Delegates will also consider legislation that would

- ℞ Alter the requirement that all members receive a subscription to *The Rotarian* or another Rotary World Magazine Press publication
- ℞ Affect the frequency of meetings
- ℞ Create a new category of membership for corporate members
- ℞ Add youth service as a fifth Avenue of Service
- ℞ Request that the Board consider promoting EarlyAct, RotaKids, and Elderact as structured programs of RI

[See a full list of proposed legislation.](#) Download a list of [delegates.](#) (PDF)



ECO-CLUBS ATTRACT YOUNG MEMBERS

By Arnold R. Grahl Rotary International News -- 21 April 2010

A growing number of Rotary clubs have found that focusing on the environment helps them bring in new members and gain visibility in the community.

The [Rotary Club of Duluth Superior Eco](#), Minnesota, USA, was chartered in November 2008 with the purpose of attracting younger people by being project oriented and environmentally minded.

Club president Marti Buscaglia says the club founders reasoned that young people would be more likely to have time on their hands than disposable income, and would be more engaged if they could take part in hands-on projects for a cause they felt strongly about. The club now has 54 members, most under the age of 40, and mostly women.

"The eco brings them in, and then they learn more about Rotary," says Buscaglia. "It's a good introduction to Rotary for younger people. They know they are going to be involved in something they personally care about."

Buscaglia says conducting green projects has also given the club increased media coverage. "It's a hot topic right now, something everyone is reporting on," she says. For Earth Day, 22 April, the club is planning a large beach-cleaning project. Members have also planted trees and pulled buckthorn.

The Duluth Superior Eco club has caught the attention of other clubs. Kay Biga, secretary and cofounder, says she has heard from several clubs interested in following its model. The success is contagious, she says.

"Having eco in the name sends a message that we are different from other clubs in town," Biga says. "We are going to attract more younger people because the environment is very appealing to them. I also like themes. It seems people really gravitate to something if there is a theme involved to direct your activities."

Robert Hunt, who now lives in Florida but often attended club meetings in Duluth, took the concept with him to the Rotary Club of East Manatee, where he serves as club president. Hunt says that being green has helped the club attract members, make a lasting impact on the community, and gain exposure for Rotary.

"Prospective members who have the same mindset will naturally be drawn to the prestige of what an eco-club can offer them," he explains. "As we build more awareness, education, and identity, the membership will naturally increase."

The East Manatee club conducts a road cleanup every three months, sorting out anything that can be recycled. It also held a successful shred-a-thon in March, encouraging community members to bring in old documents to be shredded and recycled. During a fall festival, club members collected

hundreds of disposable plastic bottles in special containers they provided for the event.

Biga sees more and more service organizations adopting an environmental slant. "Green products are everywhere," she says. "Everyone is becoming environmentally conscious. Service organizations have to be on board with the trends and with what's appealing to people."

Does your club conduct environmental projects? What is your club doing for Earth Day? Share your projects in our comments section below.

[Find clubs or districts to partner with through ProjectLINK](#)

JOKE OF THE WEEK

A guy has a girlfriend whose cat he hates. It climbs on the sofa and gets fur on his pants and it makes him sneeze and he hates it!

One day he goes to the girlfriend's apartment. The cat is there. The girlfriend isn't. He grabs the cat and takes it to his car. He drives ten miles to an abandoned lot, rolls down the window and throws the cat out the window. When he gets back to his girlfriend's apartment the cat is there!

The next week the guy goes to his girlfriend's apartment. The cat is there. The girlfriend isn't. He grabs the cat and takes it to his car. He drives twenty miles to a remote area near the next town, rolls down the window and throws the cat out the window. When he gets back to his girlfriend's apartment the cat is there!

A week later, the guy goes to his girlfriend's apartment. The cat is there. The girlfriend isn't. He grabs the cat, takes it to his car and drives a hundred miles on the interstate. He gets off the interstate, heads into the 'hood and turns onto a maze of twisty side streets. At the end of the twistiest side street, he turns into an alley, rolls down the window and throws the cat out the window.

An hour later the girlfriend's phone rings.

"Hello?" she says.

"Is the cat there?" he asks.

"Why -- yes -- he is!"

He says, "I'm lost. Put him on the phone."



MEETING SCHEDULE

Day	Date	Event
Mon	Apr 26 th	Kyle Torres, Student @ St. Martin's de Porres Academy - Community Service Project to Address the needs of kids in foster care. <i>DG Colin Gershon will also be attending this meeting.</i>
Fri-Sun	Apr 30 th -May 2 nd	District Conference – Burlington VT
Mon	May 5 th	Board Meeting
Mon	May 10 th	Student of the Month
Mon	May 17 th	Eli Whitney Night
Mon	May 24 th	Top 10 Scholars
Mon	Jun 14 th	Athlete Night
Sun-Wed	Jun 20 th – 23 rd	International Convention Montreal
Mon	Jun 28 th	Fiscal 2010-11 Officer Installation Night

CAN'T MAKE THE MONDAY MEETING?

Town	Day	Time	Location	Address
Branford	Mon	12:15 PM	Italian-American Club	40 Hamre Lane
Hamden	Mon	05:45 PM	The Playwright	1232 Whitney Ave
North Haven	Tue	07:15 AM	Breakfast Nook	448 Washington Ave
New Haven	Tue	12:15 PM	Graduate Club	155 Elm St
West Haven	Wed	12:15 PM	App's Ristorante	283 Capt. Thomas Blvd
Orange	Fri	12:15 PM	Race Brook Ctry Club	246 Derby Ave
Woodbridge	Fri	12:15 PM	Coachman Square	21 Bradley Rd
E-Club (Dist. 7890)			http://www.rotaryclub7890.org/	

“In truth, people can generally make time for what they choose to do; it is not really the time but the will that is lacking.”

~Sir John Lubbock 1834 – 1913 British Statesman, Banker, Naturalist

Of the things we think, say, or do...



Is it the TRUTH?
 Is it FAIR to all concerned?
 Will it be BENEFICIAL to all concerned?
 Will it build GOOD WILL and BETTER FRIENDSHIPS?