

Swarthmore Rotary CogNotes

P.O. Box 4, Swarthmore, PA 19081



July 28, 2022

Jennifer Jones RI President 2022-23 Roger Taylor District 7450 Governor

Swarthmore Rotary Leaders

Heather Saunders President Greg Brown President-Elect **Brian Casey Club Executive Secretary** Patrick Gunnin Treasurer George C. Whitfield Jr. Secretary Jane C Billings **Youth Services Chair** Perri Ann Evanson Public Relations Chair Carr Everbach Membership Chair David Firn Service Projects Chair Betty Ann A. Flynn Club Director William Clinton Hale Past President Sergeant-at-Arms Anne C. Hansen International Service Chair Kathryn Jones iPast President Jeannine Osayande Youth Services Chair Hillard Pouncy

Club Programs Chair Joshua Twersky Club Director Barbara Whitaker-Shimko **Rotary Foundation Chair** Kenneth J. Wright Club Director Cathleen Darrell Attendance Secretary

Richard Shimko Bulletin Editor Karen Aleta Mazzarella Assistant Governor

Rotary Celebrations!

Birthdays

Sarah Pita July 28th Barbara Whitaker-Shimko July 31st Ann K. Seidman August 3rd

Wedding Anniversaries

Meetings and Events

July 28th

warthmore Weekly Club Meeting Speaker: Landry Kosmalski, Swarthmore College, Speaker: Sen. Tim Kearney, 26th District Head Coach, Men's Basketball Subject: Swarthmore Men's Basketball Team Culture

August 4th

warthmore Weekly Club Meeting Subject: Joint meeting with Media's Rotary Club, Fellini's Cafe, Media

August 11th

arthmore Weekly Club Meeting Speaker: Charles Hurst, DELCORA's Director of Engineering Subject: The Delco Sewer Tunnel

Service Quotation

Contributed by Greg Brown.

From President's Message, Rotary, August 2022.

"Embracing an experience where people feel included is more than just making our membership numbers more diverse. It's about making our meetings and event places where we can speak openly and honestly with each other, where our members feel welcome and safe. This means removing barriers for entry and opening doors for inclusion. Our values remain our strength - and our commitment to excellence requires us to maintain high standards for our members as well." - Jennifer Jones, President Rotary International

4 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?

Club News

Elizabeth Churche's Rotary Moment was about Women in Rotary. Women were not admitted into Rotary International until 1989. There was an immediate influx of applicants, with over 20,000 women joining Rotary in the next year. As of 2020, there are 277,000 women Rotarians world-wide, about 23% of the total membership. Elizabeth pointed out that this was not achieved without considerable turmoil. Interestingly, some of the first moves towards admitting women came from outside the U.S. It wasn't until the U.S. Supreme Court ruled

that Rotary clubs could not exclude women in 1987, that admittance was assured.

Locally, Ann Seidman and Gladys Snively believe Ruth Rahn was the first woman member of Swarthmore

Rotary.

Last Meeting Summary

By Sarah Pita

Swarthmore Chief of Police Raymond Stufflet gave an energetic, engaging presentation about the Swarthmore Police Department's brand new body worn camera program, which they launched one week ago. Chief Stufflet has been in law enforcement in Delaware County for 31 years, and has spent 29 of them in Swarthmore. He became Chief of Police in 2019.

Body Worn Cameras are being adopted by law enforcement agencies across the county, and represent part of a response to strained relations between law enforcement and communities they are charged to protect-particularly among marginalized groups. Swarthmore Police are adopting body worn cameras not because

William Clinton Hale July 30th Craig Fava July 31st

Years of Service

No Years Of Service Found

Happy Dollars

pledge \$227

Guests Last Meeting

they perceive that there is a problem, but as a positive gesture that demonstrates that the team is so confident in the integrity of their work, they have no problem having every single interaction recorded for posterity. Chief Stufflet describes a 100% buy-in from his team on the new system.

The new system is produced by Axon. The cameras are about the size of a deck of cards, and record audio and video The default setting is a buffer mode that stores in 30 second increments, and officers must tap a button twice to start recording in the case of a contact. At the end of the day, when officers dock their cameras, recordings upload to a secure Axon cloud. Officers have no ability to edit the footage that uploads. By default, the footage is stored for 60 days unless it is needed for ongoing legal proceedings. The PD conducts random reviews of the footage every month (it isn't enough just to record, someone has to watch the footage). Use of the footage can only be used in law enforcement contexts-- you can't use their body cam info for an insurance claim, for example.

Fun facts:

PA is the only state in the country that doesn't allow police officers to use radar to enforce speed limits. Swarthmore PD has been tracking demographic information about all contacts since 1999. Swarthmore PD is committed to accountability, and it is very easy to file a complaint in their office.

Polio Case in U.S.

You may have heard the news about a new polio case in the U.S. This is a long excerpt of a longer article from Statnews.com, July 21:

"New York State reported Thursday that it has detected a case of vaccine-derived polio in an unvaccinated adult in Rockland County, north of New York City, the first such case in the United States <u>since 2013</u>.

The unidentified individual developed paralysis, said Beth Cefalu, Rockland County's director of strategic communications. Polio paralysis is irreversible.

"I think it's concerning because ... it can spread," said Walter Orenstein, a polio expert at Emory University. "If there are unvaccinated communities, it can cause a polio outbreak."

"The inactivated polio vaccine we have is very effective and very safe and could have prevented this," he said. "We need to restore our confidence in vaccines."

The Centers for Disease Control and Prevention said in a statement that while the risk is low for people who are vaccinated, there is risk for those who have not had the recommended three doses of injectable polio vaccine.

"Most of the U.S. population has protection against polio because they were vaccinated during childhood, but in some communities with low vaccine coverage, there are unvaccinated people at risk," the statement said. "Polio and its neurologic effects cannot be cured, but can be prevented through vaccination."

The New York State department of health said in a statement that the person was infected with a type 2 vaccine-derived poliovirus, which would have come from oral polio vaccine used in a number of countries, but not the United States. The U.S. stopped using oral polio vaccine in 2000.

Cefalu told STAT the case is still being investigated, but it is believed the individual had not recently traveled outside the country to a place where type 2 vaccine-derived polio viruses are spreading. If that is the case, that would indicate someone else inadvertently imported the virus, suggesting there may be additional undetected transmission.

The oral vaccine contains live but weakened polioviruses, which immunized children excrete in their stools. In places where hygiene is poor, these viruses can spread from child to child, immunizing others as they do. But as they spread, the vaccine viruses can regain the power to paralyze. Such cases are called vaccine-derived polio. The United States uses injectable polio vaccine that contains killed viruses to teach the immune system to recognize and fight off polio. It cannot cause paralysis.

The United States used to have upwards of 20,000 paralytic polio cases a year in the early and mid-1950s. With the advent of effective polio vaccines, the disease retreated in much of the developed world. The last recorded case of domestically acquired wild polio was in 1979, though there was an imported case in 1993. But over the years there have been rare imported cases of vaccine-derived polio, from countries where the oral vaccine is still in use.

The world has been trying to eradicate polio for decades, with two of the original three types of polio — types 2 and 3 — having been driven out of existence. But the remaining version, type 1, has defied efforts to end its spread to date.

Wild-type polio cases are at low numbers; the viruses are only endemic at this point in Afghanistan and Pakistan, which have recorded a total of 12 cases this year. But recently it was discovered that viruses from Pakistan had made their way to <u>Malawi and Mozambique</u>, a highly unwelcome development.

Meanwhile, the numbers of vaccine-derived cases have exploded in Africa and some other parts of the world after <u>the failure</u> of an effort in 2016 to take type 2 viruses out of the oral vaccine.

It was felt that given the fact that wild type 2 viruses no longer existed, it was not ethical to use oral vaccine containing type 2 viruses, because of the risk they would regain the power to paralyze.

In a coordinated move called "the switch," countries around the world were told to stop using trivalent oral vaccine — vaccine that contained all three types of polioviruses — and begin to use a bivalent form that did not include type 2. In the years since, chains of transmission of type 2 vaccine-derived virus have spread to more

than 40 countries around the world and the polio eradication program has struggled to contain the spread. So far this year 167 children in 12 countries have been paralyzed by type 2 vaccine viruses, not including the individual in New York.

The Global Polio Eradication Program, which leads the effort to rid the world of polio, said in a statement that the discovery highlights the importance of countries continuing to be on the lookout for polio, noting "any form of poliovirus anywhere is a threat to children everywhere."

"It is vital that all countries, in particular those with a high volume of travel and contact with polio-affected countries and areas, strengthen surveillance in order to rapidly detect any new virus importation and to facilitate a rapid response," the statement said. "Countries, territories, and areas should also maintain uniformly high routine immunization coverage ... to protect children from polio and to minimize the consequences of any new virus being introduced."

The polio eradication program is a partnership involving the World Health Organization, the United Nations Children's Fund, the service group Rotary International, the Centers for Disease Control and Prevention and the Bill and Melinda Gates Foundation."