

DISPATCHES



CALIFORNIA SOMEONE TO LOOK UP TO

Mentors recruited through a program of the Rotary Club of Los Altos, Calif., USA, have helped local students improve their attendance and grades.

In honor of its work, the club received the RI Significant Achievement Award in June.

The club started the Partners for New Generations program in 1995 to recruit elementary school tutors. Since then, the effort has grown to include high school mentors and youth advocates in the court system.

"We gave the students pre- and postmentoring tests, and their grades improved by almost one grade level. C students are now getting Bs," says Bob Adams, past club president.

Partners for New Generations serves many at-risk kids who attend continuation high school, says the program's chair, Mona Armistead. "Others are first generation in the U.S. The mentors allow them to see possibilities that they might not see at home, like going to college."

The program includes 40 elementary school tutors and 120 high school mentors. Sam Pesner says his club tries to get other area clubs involved. It now works with two other Rotary clubs.

The mentor-student relationship doesn't necessarily end when the school year does.

"Out of the 80 students we mentor in the continuation high school, 20 already graduated," Adams says. "Those 20 students continue to talk regularly to their mentors."

Learn more about Partners for New Generations at www.losaltosrotary.org.



MONGOLIA Just testing

Since 2005, more than 4,000 people in Mongolia have benefited from dental examinations and cervical cancer screenings sponsored by Rotary clubs in East Asia.

The cancer screening project, called Test for Life, took place across four provinces in July and August. Seven Rotarians and 13 non-Rotarian medical professionals traversed about 1,400 miles along some of the world's roughest paths to reach impoverished communities.

Sponsors included the Rotary clubs of Hong Kong; Cheonan-Dosol, Korea; Khuree, Mongolia; and Taipei Genius and Taipei Tin Harbour, both in Taiwan. The Rotary Foundation contributed a US\$23,000 Matching Grant.

Conducting a Pap smear, Rotarian Bayarsaikhan (right) swabs cervical cells onto a slide for examination.

Cervical cancer is the most prevalent cancer in Mongolian women, according to Bayarsaikhan Luvsandorj, a doctor and a member of the Khuree club, who was the driving force behind the screening initiative.

He notes that up to 40 percent of women in Mongolia are infected with human papillomavirus, a major cause of cervical cancer. The incidence of the disease is expected to rise among these women, 95 percent of whom have never been screened for it.

Bayarsaikhan explains that this growing threat, plus the deaths and misery that come with cervical cancer, motivated him to help establish Test for Life.

"I lost my grandma and many patients due to late cervical cancer," Bayarsaikhan says. "And for so many

times, I was thinking that if a patient [had visited] me a few years earlier, I could have saved her life."

Test for Life is a groundbreaking project. The inaugural 2005 initiative, which benefited 1,000 women, was the first cervical cancer screening program in rural Mongolia. This initial effort was sponsored entirely by the local Rotary clubs of Khuree, Niislel, Tuul, Ulaanbaatar, and Zuunmod.

Elkie Hon, the Rotary Club of Hong Kong's international service director, galvanized support for the 2006 effort. She heard about Test of Life when she traveled to Mongolia in May on a dental mission led by Past RI Vice President Gary C.K. Huang.

Hon got to work soliciting funds and volunteers for the cervical cancer screening initiative. "To me, there is nothing more important than saving a life," she says, "especially when it is almost so certain that we know how we can save a human life at a very

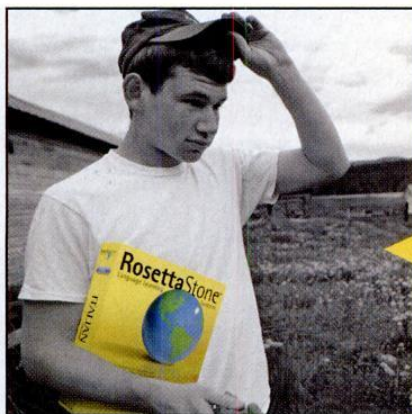


Women wait to be screened for cervical cancer. Because of limited resources, some were turned away.

reasonable cost [of \$10 per person]."

To quickly assemble support, Hon took a leaf from the book of the dental mission,

which involved 14 Rotary clubs from mainland China, Hong Kong, Macau, and Taiwan and treated more than 800 children.



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ELKIE HON

具有啟發的資料

Silent and unequal

In developing countries, cervical cancer still a major threat

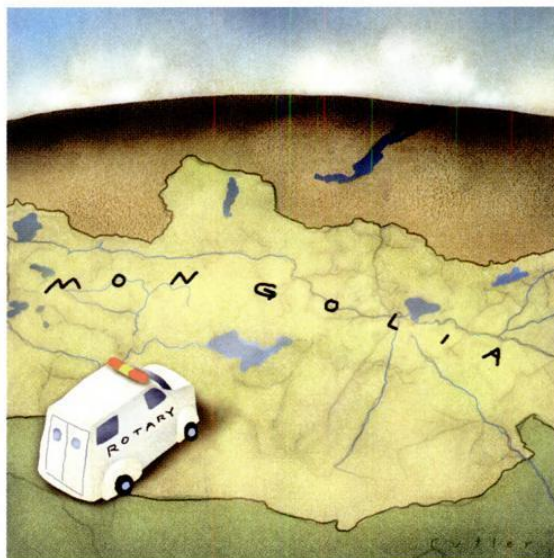
BY ANNEMARIE MANNION

Traveling through Mongolia on a three-week medical mission in 2006, Elkie Hon met women whose lives had been saved by a program started by Rotarians there. Test for Life, a mobile medical screening program that operates in Mongolia's vast rural regions, works to detect cervical cancer in its early, treatable stages and to provide follow-up treatment.

"Because of a lack of early screening, many Mongolian women die from cervical cancer without ever knowing they had it," explains Hon, a member of the Rotary Club of Hong Kong.

In Mongolia, cervical cancer is the second-leading cause of death among women, and not so long ago, it was just as great a threat in the United States. "In the 1940s, cervical cancer rates were pretty much the same around the world," says Scott Wittet, a senior program officer with the international health care nonprofit PATH. "We didn't know how to screen for it until the Pap test was developed in the '50s."

But the progress made in the detection and treatment of the disease in industrial-



ized countries – in the United States, the incidence has fallen by half in the past 30 years, and it is no longer among even the top 10 causes of cancer deaths – has not been replicated in the developing world. Globally, it strikes about 510,000 women each year and causes more than 288,000 deaths, with women in developing countries – many of them young mothers – accounting for 85 percent of those who die from the disease.

Cervical cancer originates in the cells of the cervix, the lower part of the

uterus. The primary cause is human papillomavirus (HPV), a sexually transmitted infection that can cause genital warts as well as other cell changes that can then turn into cancer. Treating all precancerous cases can prevent almost all cancers, and the Pap test, in which cell samples are removed from the cervix for examination under a microscope, is the most common way to screen for these cell changes.

Test for Life relies on Pap testing, says Bayarsaikhan L. Mongol, a gynecologist and past president of the Rotary Club of Khuree.

The program also provides free treatment for women who need it. Volunteers include medical students and staff members from the National Cancer Center of Mongolia and the Daffodil Clinic, a women's health facility.

"Every summer for three to four weeks, a medical team with about 20 people travels on a small budget and in four or five Jeeps for over 2,500 kilometers [1,550 miles]," says Hon. "They carry all medical equipment and supplies, and daily necessities, food, and water for the volunteers, to rural provinces to

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provide free screening, prevention education, and training for local medical care providers."

To date, Test for Life, begun in 2005 by the Khuree club, has screened 9,588 women and detected 589 precancerous cases. The Rotary Foundation has supplied two Matching Grants totaling US\$43,100 to support the program; with club and district contributions, the funding comes to \$102,300.

Though the Pap test is common in developed countries, it is rarely used in Mongolia. In Latin America, the situation is similar, says Silvana Luciani, project manager for the Pan American Health Organization, an international public health agency. "Each country has Pap testing, but the problem is that women who should be getting screened aren't getting screened," she says. The quality of the screening and follow-up treatment that do occur is often poor.

In rural areas, obstacles include a lack of equipment and of well-trained technicians and pathologists to administer and evaluate the tests, Luciani says. "In that whole process, there are many failures along the way."

Culture and customs also play a role. "In general, the culture of preventive health practices is not the norm [across Latin America]," she says. "Another barrier is having male examiners do the gynecological exams. There's also a concern about a lack of privacy and confidentiality in smaller towns."

Luciani and Wittet agree, however, that the future of detecting and treating cervical cancer looks promising. "There are new, simple methods that are very inexpensive and easy to do," Wittet says. One alternative to the Pap test that has been successful when resources are lacking is VIA testing, which requires training but no sophisticated equipment to carry out. The test involves visual inspection of the cervix and swabbing with an acetic acid such as vinegar. The results can be read immediately.

HEALTH

"It causes the precancerous lesions to turn white," Wittet says. "Then, with a simple freezing method, they are removed. It's a painless procedure. And we have enough data now to know it works."

Testing for HPV infection also holds promise for early detection. A recent study showed that a single round of HPV testing of women in rural India significantly reduced the incidence of advanced cervical cancer as well as mortality. Mongol says Test for Life will continue to rely on Pap testing, although he prefers the HPV test. "But you need lab equipment, which is costly," he says, adding that at this time, "there is no approved HPV lab in Mongolia."

Rotarians are also focusing on early treatment. In 2008, members of clubs around Portland, Ore., USA, traveled to Indonesia, where they learned of the need for cryogenic surgical units to remove precancerous lesions. The Rotarians received a \$7,250 Matching Grant (club and district contributions brought the total amount to \$16,550) to provide the units to four hospitals and to train midwives to use them.

PATH is taking another approach to preventing the disease: It is providing the HPV vaccine, which protects against the two most dangerous cancer-causing types of HPV, to adolescent girls in countries including India, Peru, Uganda, and Vietnam. Wittet notes, however, that the cost of the vaccine – about \$360 for the three-dose series – is "way out of the reach of most people we want to help."

Through prevention and treatment, Wittet says, the goal is to reduce the inequity of cervical cancer between the developed and developing worlds. "The exciting news is that there is potential for new technologies and treatments and new, promising vaccines," he says. "This is a cancer that is eminently preventable." ■

Annemarie Mannion is a freelance writer based in Chicago.

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Glossary

This article was edited by Herbert K. Lau (劉敬恒) on 15 December 2016

(1) Mongolian Project Test for Life

In order to provide health information to the public, with women in particular, about cervical cancer early detection, awareness and prevention, the Rotary Club of Khuree, Mongolia, started broadcasting 10-minute radio programs twice a week on FM stations in Ulaanbaatar, with the support of the Health Department of the Mongolian Radio. The initial funding toward this project was MNT 2 million (approx. US\$1,500).

The success of this beginning later led to the development of a “signature” health awareness project of the Club--- “Test for Life”---on-going since 2005 for a decade under the direct supervision of Rotarian obstetrician and gynaecologist Dr. Bayarsaikhan Luvsandorj. This was a mobile medical team of cervical cancer detection to serve women in the poor outskirts of Ulaanbaatar and the rugged wilderness of its surrounding steppes. Project “Test for Life” met the support of The Rotary Foundation of Rotary International as well as the international partners from Hong Kong, Taiwan, Korea, etc., contributing to the Matching Grants. There were also volunteer Rotarians from Hong Kong Rotary Club (香港扶輪社) of China participated in the clinical visits on vans and jeeps.

(2) Dr. Bayarsaikhan Luvsandorj

Bayarsaikhan Luvsandorj, a medical doctor, has 20 years of professional experience includes obstetric and gynecology, operative gynecology, gynecological oncology and preventive medicine. He earned his medical doctor qualification from Sechenov Moscow Medical Academy, Russia. He worked for Mother and Child National Research Center and National Cancer Center of Mongolia. His postgraduate training has been done in cervical cancer pathology by British Society for Colposcopy and Cervical Pathology. He is actively involved in community health services by his initiative on cervical cancer screening in remote rural areas and since 2005 served as coordinator for “Test For Life”---a humanitarian service on cervical cancer screening for rural women. The Project has served 24,824 women free by November 2012. He initiated and hosted the first public health TV talk show “Jargalan” from 2003 to 2008. He is a charter member of the Rotary Club of Khuree, Ulaanbaatar, Mongolia, and served as Club President and Assistant Governor of Rotary International District 3450, and received the Rotary’s highest award “Service Above Self”. Bayarsaikhan makes his contribution on health lifestyle of community by his founding the first hiking club “Mongol Hiking Club” in Ulaanbaatar in 2006 with more than 100 active members and regular day hikes. As a medical professional dedicated to serve people on cancer prevention, Bayarsaikhan is constantly seeking productive ways to provide the service to more underserved people in remote areas and to promote high quality medical care and continuous improvement.

(3) The Rotary Club of Khuree

Khuree is the former name of the capital city of the Mongolian Empire. The city today is known as Ulaanbaatar. Upon the supervision and guidance by Herbert K. Lau (劉敬恒), Rotary International District 3450 Membership Development Coordinator, there was the plan in the winter of 2001 to form the first Mongolian speaking Rotary Club in the world, or the second Rotary Club formed in the country of Mongolia. The Club was admitted to Rotary International on 27 February 2002

(4) Miss Elkie Hon = 韓青玲女士 = Member of Hong Kong Rotary Club, private banking profession.

(5) The Rotary Club of Hong Kong = 香港扶輪社

Suggested by Rotary International Extension Committee, the mission was carried out by Honorary General Commissioner James W. Davidson to form a new Rotary Club in the British Crown Colony Hong Kong located at the south China coast. James with wife and daughter visited Hong Kong in 1930. With the support of Hong Kong Governor Sir William Peel (香港總督貝璐爵士), the charter membership was compiled from the community leaders and was admitted to Rotary International on 20 February 1931. Since then, the Rotary Club of Hong Kong became the eldest or the longest age Rotary Club in the greater Chinese region of today with over 8 decades of continuous regular weekly meetings deducting the 4 years of suspension during the Pacific War (1941-1945). In February 1935, Paul P. Harris, Founder of Rotary, and Mrs. Harris, joined by Rotary International President Robert L. Hill and Mrs. Hill, visited the Club for a couple of days.



Mobile medical team carrying Rotary's health concern to the rural areas in Mongolia



Khuree Rotarian Dr. Bayarsaikhan conducting the "Test for Life"



The Rotarian mobile medical team in 2006 --- front row (L2) Elkie Hon, (L3) Dr. Bayarsaikhan



Cheonan Dosol
Rotary Club
District 3620



Hong Kong
Rotary Club
District 3450



Taipei Jen Ai
Rotary Club
District 3520



Khuree
Rotary Club
District 3450



TEST FOR LIFE 2011



“Амьдралын Төлөө Аян” 2005 оноос эхлэн Монгол улсын 21 аймгаар аялж, одоогоор 15588 эмэгтэйчүүдийг хавдрын эрт илрүүлэх скрининг эсийн шинжилгээнд хамруулж, олон зуун тохиолдлыг эрт үед нь илрүүлэн эмчилж, амь нас эрүүл мэндийг хамгаалснаар олон мянган ээж, гэр бүл, үр хүүхдийн элэг бүтэн, аз жаргалтай амьдралын баталгаа болсон сайн санааны хөтөлбөр юм

“АТА-2011” аян 7-р сарын 8-нд Булган, 13-14-нд Хөвсгөл, 16-17-нд Завхан, 20-21-нд Увс, 23-24-нд Баян-Өлгий, 26-27-нд Ховд 29-30-нд Говь-Алтай, 8-р сарын 1-2-нд Баянхонгор, 5-6-нд Өмнөговь, 8-9-нд Дундговь аймгуудад умайн хүзүүний хавдраас сэргийлэх эсийн шинжилгээ, үзлэг зөвлөгөөг үнэ төлбөргүй явуулж байна

Эмэгтэйчүүд эрүүл бол
Амьдралын Төлөө Аян үндэстэн эрүүл
Таны төлөө 7 дахь жилдээ бид үйлчилж байна

