



**Rotary**

Health Education and Wellness  
Rotary Action Group



## NEWSLETTER FEBRUARY 2021

[www.hewrag.org](http://www.hewrag.org)   email [hewrag@gmail.com](mailto:hewrag@gmail.com)   Facebook Hewrag

### Greetings!

In these very trying times ZOOM has brought more of us together in the virtual world, if any Clubs would like to organize a virtual meeting our newly appointed Cadre member Karl Diekman's presentation on Cervical cancer is excellent, please contact Karl to arrange.

We are in the process of organizing monthly Zoom meetings for members of HEWRAG and notifications of these meetings will be sent out to all members as soon as we have finalized the arrangements.

RI hosted a ZOOM meeting a few weeks ago which brought Action Groups and Cadre leadership together to talk about collaboration opportunities. At this meeting it was decided to appoint a member from each RAG to act as a Rotary Cadre Technical Advisor. I recommended Karl Diekman be appointed as the HEWRAG Cadre and his appointment has been accepted by TRF. Our constitution will be amended accordingly. See details and recording of meeting and presentations here [www.rotary.org/actiongroups](http://www.rotary.org/actiongroups) .

Our goal is to keep you informed of HEWRAG's activities and resources and to provide opportunities to learn about other projects, events, and activities related to our areas of interest: Health Fairs & Medical Missions; Oral Health & Nutrition; Cervical Cancer Prevention; TB prevention / treatment and Autism.

If you have a project, event, or interest in one of these areas, we invite you to look to us as a well-informed and experienced source of support and information. If you would like a HEWRAG program or exhibit for your District Conference, Zone Institute, or another Rotary event, please contact us.

Josie Norfolk Co Chair

Email - [josie@beachroad.co.za](mailto:josie@beachroad.co.za)

The goal of the Health Education and Wellness Rotary Action Group  
is to promote good health and wellness  
through healthy lifestyle choices and disease prevention.

The emphasis is on building awareness, promoting education, and  
providing information to help achieve and maintain good health and  
to utilize effective prevention in an integrated way. Rotary members are encouraged to  
promote the action group in their districts and especially in their clubs.

Please share this Newsletter with your friends and family, other Rotarians,  
Rotaractors, Interactors, colleagues, and others who might find it interesting and/or  
beneficial. All issues are available online at [hewrag.org/publications](http://hewrag.org/publications).



WE HAVE JUST HEARD THE INTERNATIONAL CONVENTION  
WILL BE ONLY BE GOING AHEAD AS AN ONLINE EVENT AGAIN.  
SO HOPEFULLY WE WILL SEE YOU ALL ON LINE.

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## A DIFFERENT WAY OF THINKING

The Autism project mainly situated in Argentina through involvement in HEWRAG has two objectives, namely:

- 1) The development of a digital platform that allows the networking of the three groups involved in the autism disorder, namely families, professionals and related entities. The project includes four stages, the first stage being to develop partnerships with various companies in the Spanish speaking world and then to carry out a more exhaustive survey on the impact of the project in the Hispanic world, reaching an estimated 16 million beneficiaries and those directly and indirectly involved.
- 2) The second project whose objectives were discussed at the last Convention, is to provide didactic and other materials to facilitate the daily work of children with autism.

In addition, the project plans to deliver computers and tablets so that they can use and facilitate their sociological and communication development, as well as the expansion and improvement of the building facilities in the current Service Center. In this Rotary period, we plan a Global Grant with TRF and with this in mind we signed an agreement with the company INCLUSITE SA. from Spain, who wishes to create synergy with us and provide the funds for this project. The agreement is already signed and completed, and we are organizing the scope and future steps, to see if we can achieve our goals.

Should any clubs be interested in this project or require more information on Autism please contact our Board member Miquel on email [vajufe2003@gmail.com](mailto:vajufe2003@gmail.com)

*PDG Miguel A Martinez Pereyra*

*HEWRAG Director*

## A LIFE LESSON ON AUTISM

My experience starts early one morning 20 years ago when I was sitting in my garden. I started to hear a young voice on the other side of the wall. I had seen the removal van in the street the day before, so I knew I had new neighbours. By the tone of the sounds I gathered that this little chap was deaf. I decided to go and introduce myself to my new neighbours and welcome them to the neighbourhood. This is when I met this angel of a child who I am going to call Aiden. It was explained to me that Aiden was on the lower-functioning end of the Autism spectrum.

I found it staggering how his mother coped with a child who basically ran around her home constantly unpacking cupboards, moving things and only really gave his mother an opportunity to clean or sort the house if he was asleep or on his trampoline. I got into a routine of often popping around for coffee and after a while Aiden would greet me, in his way, as I arrived, by running up to me to poke my arm with his hand. I remember one day he ran in from the garden, launched himself in my arms I was so overwhelmed with the way he was acknowledging me until I realised I was standing near a kitchen cupboard and climbing up me allowed him to access the cereal cupboard.

I eventually had enough confidence with Aiden to offer to take him to my home for a bit allowing his mother to shop without waiting for her husband to come home from work. I took Aiden by the hand and walked home. As we entered my house he started to run around frantically, going room to room until he found the bathroom. I realised that he was unable to ask and needed to know that there was a toilet if he needed one. I learnt so much from Aiden that day, he was able to plan ahead, which I had never realised. Aiden unpacked just about every cupboard in the house. He was not like a toddler, he very rarely damaged anything. He was just looking, mostly looking for food, having a great weakness for cereal. After he went home, I understood, for the first time, just how difficult his mother's challenges were but I at least got to clear up my house without Aiden unpacking next to me.

The next morning, I woke up to another very interesting lesson from Aiden. There were lots of his toys in my garden. He had figured out his own way of asking to come for a visit. These almost daily visits continued for about two years. I even managed to teach him to swim, well doggy paddle, in my pool. My adventures with Aiden came to an end when his mother told me that they were returning to England as they felt the assistance they would receive with Aiden as he was reaching his teenage years would be far better.

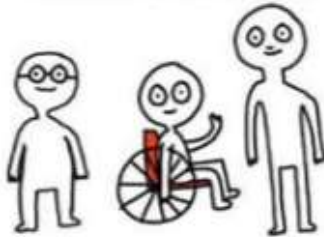
I had learnt so much from Aiden, my little angel and it was hard to say goodbye. Aiden had his challenges, yet he figured ways of telling us what he needed and had an amazing ability of making the people around him very happy as he learnt new things. I have read that "many of the biggest difficulties autistic people face don't come from their neurology. They come from the way our society treats them as a result." This is so true all Aiden ever wanted from me was love ..... and a little bit of cereal.

My Aiden was on the lower-functioning side of the spectrum and would only ever attain a certain level but children on the higher-functioning level, with support even though their 'operating system' is different to ours can reach great heights. As a society it is our duty to make sure that they and their families receive this support.

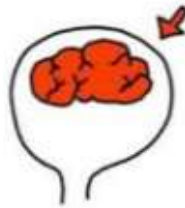
ANON

# WHAT IS AUTISM?

Everyone is different. Some differences are easy to see.



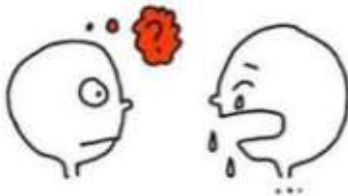
Others are less visible, like autism, which is a difference in how the brain works.



Autistic people express themselves differently. Some of them don't talk much; others don't talk at all, and some talk all the time.



Autistic people can have trouble decoding other people's emotions...



...or trouble expressing their own emotions like other people.



Some autistic people can find it easy to learn very complicated things...



...or they can have trouble doing simple things, like small talk.



They can have intense interests and passions that we may find surprising.



They can also have intense fears that we may find difficult to understand.



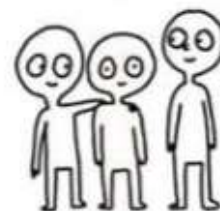
Autistic people sometimes display behaviors that are unique and surprising...



But it doesn't prevent them from having interesting lives and creating beautiful things.



Autistic people deserve to be loved and respected, just like everyone else.



©Elise Gravel



# AUTISTIC STRENGTHS

UNDERSTANDING THE POSITIVES TO "A DIFFERENT WAY OF THINKING" CAN SUPPORT THE DEVELOPMENT OF COMPASSION TOWARDS YOURSELF WHICH CAN HAVE SIGNIFICANT IMPACT ON WELLBEING AND MENTAL HEALTH



## VISUAL SKILLS

visual learning,  
detailed focus



## ATTENTION TO DETAIL

thorough &  
accurate



## CREATIVITY

unique way of  
thinking, novel  
solutions to problems



## INTEGRITY

honest &  
trustworthy



## EXPERTISE

in-depth knowledge,  
high level skills



## MEMORY

excellent recall and  
memory



## OBSERVATIONAL SKILLS

learn by  
looking/doing &  
self-evaluate



## ANALYTICAL

problem-solve,  
identify patterns



## DEEP FOCUS

concentration &  
responsiveness to  
structure



## CRITICAL THINKING

may question  
normative  
behaviour



## TENACITY & RESILIENCE

strength &  
determination, self-  
motivated



## KINDNESS

kind to others,  
acceptance of  
difference



Evidence-Based Therapy Centre

May 2019, modified based on Harriet Cannon  
Disability Services, University of Leeds, February 2018

AND SO MANY MORE...

## CERVICAL CANCER PREVENTION PROJECTS DURING A PANDEMIC

**By:** Karl Diekman, HEWRAG Director

As Rotarians we are action oriented and rarely let obstacles get in our way as we tackle projects, big and small. The Covid-19 Pandemic has created an environment for most of us where we are seriously restricted in our movements and relegated to communicating by means other than in person. For the most part Rotary projects that involve personal contact or travel are on hold for now, but that does not need to be the case for all projects.

If you are a Rotarian interested in a project that is guaranteed to eliminate the human suffering caused by cervical cancer now is a perfect time to start a project. The World Health Organization has recently adopted guidelines to “Eliminate Cervical Cancer as a Public Health Problem” and Rotary resources such as the “Community Assessment Tools” guide are easily acquired and are excellent project planning tools.

Using these two tools, you can devote your energy right now to learning about the cervical cancer problem in your area, work with local health authorities to identify needs, and design a project that can be implemented in a post-pandemic period. If you are like me and enjoy the adventure of learning something new there is no better time to explore a cervical cancer prevention project.

Please contact Karl Diekman, HEWRAG Director at [kddiekman@aol.com](mailto:kddiekman@aol.com) for assistance or additional information.

Resources: Check out the useful information below

**World Health Organization Cervical Cancer Prevention Resources** <https://www.who.int/health-topics/cervical-cancer>

**Rotary Community Assessment Tools** can be found on the Global Grants page on the RI website

CERVICAL CANCER PREVENTION PROJECT SEEKING PARTNERS: THE ROTARY CLUB OF ROTARY CHANDIGARH MIDTOWN, INDIA IS SEEKING AN INTERNATIONAL PARTNER ROTARY CLUB OR DISTRICT TO PARTICIPATE IN GLOBAL GRANT PROJECT.

**Project Location** - Barwala Village Panchkula: To eliminate cervical cancer in the region we have adopted a three-pronged approach as strategized by the World Health Organization.

The mobile medical van will conduct screening daily. Girls 10-13 years will be chosen for vaccination. Their mothers shall be screened with PAP test. The high-risk patients will be referred to higher centre for further investigations and treatment support. Services include biopsy, FNAC and treatment of non-



malignant lesions and surgery and post-operative chemotherapy in the District Hospital. Radio therapy shall be given at private hospital with support of Rotary. There are 1000 girls in the target age group in the entire block of 6-10 villages and shall be sustained for over five years. Similarly, 1000 women shall be screened in age group of 40-55 years every year. The health education campaigns for awareness, hygiene and prevention of Cervical Cancer shall be conducted from time to time by Rotarians of the host club. We welcome your participation and contribution through District designated funds for eliminating cervical cancer.

Please write to Rtn. Rita Karla at [rita.kalra5@gmail.com](mailto:rita.kalra5@gmail.com) for further details

## THE VERY REAL NEED FOR WHEELCHAIRS

Social isolation has been a way of life for many physically disabled people throughout the world. Over the last two decades The Wheelchair Foundation have been providing wheelchairs to those without access to them and creating awareness about the needs and abilities of people with physical disabilities. There are still so many people in need and a donation of \$21000 to the foundation will provide 280 wheelchairs for your Club or District to hand out in your area. We have been involved in these projects twice in the last couple of years and found them to be easy to organize, the recipients are always so thrilled and the club members humbled yet also educated by the plight of these people. **It was an amazing experience and the recipients were overjoyed to receive sturdy well made chairs**

For more details contact Eva Carleton at the Wheelchair Foundation email - [ecarleton@wheelchairfoundation.org](mailto:ecarleton@wheelchairfoundation.org)

## FIFTEEN YEARS WITHOUT A WHEELCHAIR – WHO PAYS?

**Elin Hem Stenersen,**

**Volunteer Physiotherapist, Canzibe Hospital**

A volunteer healthcare worker tells the story of a young boy confined to his bed since he was a young child, as a result of the shortage of physiotherapists and occupational therapists in the rural Eastern Cape. This is a first-person account of the rigours of rural health care, in which it takes extraordinary effort to secure even the most basic services.

Zukile is a 16-year-old boy with severe cerebral palsy who I met in June 2016, through the volunteer work I was doing at a rural district hospital in the Eastern Cape. He hadn't seen a therapist since he was a year old and was found to have a developmental delay. He had since been lost to follow-up in

the system, as rehabilitation services have been almost non-existent at this hospital for many years. Zukile had spent most of his days lying on a bed in his home, his body gradually growing stiff, asymmetric and skewed, with very limited options for interaction with his surroundings. He is an intellectually present boy trapped in a body that until recently was unable to move very much; but in September 2017, for the first time, Zukile was able to sit up in a wheelchair. Of course, he is not able to sit in the 'perfect' way, because of the years of lying in bed, and not having the proper positioning to stop his body from moving into fixed, asymmetrical positions. His mom now puts him into the wheelchair daily. He especially enjoys sitting outside, watching his brother work in the garden. A basic need such as sitting being met can have a profound impact on the life of a child who has been confined to a bed for so many years. Zukile's years of suffering could have been prevented, had he been seen sooner by an occupational therapist. Also, I was told that most of the wheelchairs required for children could not be ordered in this financial year, as there was no more money. This means that several children will not receive a wheelchair this year. Will the wheelchair that has been applied for actually fit the child when it finally arrives? I understand that wheelchairs are costly – especially the specialised ones; but I have witnessed the crucial impact an appropriate wheelchair has on a person's function and participation in family and community life. An appropriate wheelchair allows one to be in a supported position for eating and social interaction, and to have a chance to get outside and observe one's surroundings. It can also prevent complications, such as contractures, pressure ulcers and aspiration pneumonia – complications that would be costly for the health system and the family, and most importantly, for the person's general health and well-being. As the sole therapist, on a volunteer basis, for a catchment area of 143 000 people, I am aware that my efforts are a small drop in the ocean. I know my limits and know that I cannot see and meet all the needs there are; but I can make an impact for one person. I try to see what I can do, rather than what I cannot do. I think that focusing on hope instead of despair and frustration has helped me in many difficult times; because however hard I try, I will sometimes encounter my shortcomings – professionally, administratively, and with regard to time and capacity. That said, the appreciation and thankfulness I get from the people in the community is heart-warming. Hardly a day goes by without me feeling privileged that I get to be part of something so meaningful and rewarding. Working in a rural hospital has taught me to value the 'basics' – for example, the importance and impact of basic equipment such as a wheelchair or standing frame, and what it can do in the life of a child or adult with a physical disability. My efforts have been concentrated mostly on the elementary – positioning, with a focus on elements such as pressure care, prevention of contractures, and safe feeding for those unable to feed themselves due to sickness or disability. Applying, fitting, issuing and training users and caregivers in the use of basic equipment and assistive devices such as wheelchairs, standing frames and side layers has also been essential. I find appropriate positioning to be critical in creating opportunities for function and participation

An issue I would like to raise is my experience with the slow governmental process when it comes to assistive devices, especially wheelchairs. "The right service at the right place at the right time" is often

not the practical reality. When I see a patient in need of a wheelchair, that need is now – but the process, from application until the patient receives a wheelchair, can take between one and three years.

In the last quarter of 2015 and throughout 2016, I made about 60 wheelchair applications. Between January and November 2014 there had been no wheelchair applications made, as there were no employed therapists to make them. I am not sure how and when people in need of wheelchairs would receive this service, without having therapists in the area. In September 2017 I received the first special wheelchairs for adults – two of these had been applied for in December 2015. Before then, the only available adult wheelchairs had been the basic folding frame wheelchairs, which are highly inappropriate in an area in which the environment features gravel roads, paths and fields, with households on steep hills and in deep valleys, at times kilometres away from a basic gravel road. I visited two young men with paraplegia who are unable to get out into the community without assistance. Getting to town, the hospital or the clinic is a costly affair, as the few local taxis will not pick them up; they must book special transport, at a cost of about R200 one way. I have attended basic and intermediate wheelchair courses at the Western Cape Rehabilitation Centre, where there is talk of ‘the appropriate wheelchair’, and the human rights of people with disabilities, and that a wheelchair needs to be the right fit with the appropriate function. For me, this has created a dilemma: should I think of cost, and continue to apply for inappropriate, basic folding-frame wheelchairs for the many? Or apply for wheelchairs that have been designed for rural areas? Yes, they cost more – but they allow increased mobility for the user, and they last longer. A basic folding-frame wheelchair can last an active wheelchair user between six months and a year. A rural, rugged-terrain wheelchair, if looked after well, can last a user between two and three years. Power wheelchairs are even less accessible, as they are quite expensive; but if this is the appropriate wheelchair for someone in a rural area, why should they not have access to it? I was confronted with this dilemma when I forwarded my special-wheelchair applications to the regional administrator. Do you settle for the basic model, so that more people can get a wheelchair in a shorter time? Or do you apply for the appropriate choice, knowing that fewer people will receive wheelchairs? I cannot compromise! I will apply for the most appropriate model; because the purpose of a wheelchair is to provide support, facilitate function, and give hope to people like Zukile – who is now no longer confined to a bed, but sits proudly in the sun, part of his family’s daily life.

December 2017 spotlight #4 –



Examples of the type of chairs available from The Wheelchair Foundation

Delivering the chairs to a local care center for disabled children





9th October 2020 | Tiyese Jeranji Spotlight

People with COVID-19 and people with tuberculosis (TB) can experience similar symptoms such as coughing and breathing difficulties as both diseases affect the lungs. Exactly how these diseases affect the lungs, however, differs.

Professor Keertan Dheda, general physician, pulmonologist, and a critical care specialist who heads up the Division of Pulmonology at Groote Schuur Hospital and the University of Cape Town, explains that SARS-CoV-2, the virus causing COVID-19, infects the lining of the respiratory tract, including the nose and the cells lining the tiny air sacs of the lung (also known as the alveoli).

“Associated with each air sac is a tiny network of blood vessels which allow the transfer of oxygen from the lung air sac into the blood,” says Dheda. “The virus also directly infects the cells lining the blood vessels. Thus, there is infection of both the air sac and the blood vessel lining (also known as the alveolar-capillary unit). This initial infection,” he says, “results in fluid and inflammatory cells accumulating in millions of these tiny air sacs.” Dheda explains that this is what is called pneumonia.

“There are some special features of COVID-19 pneumonia. For example, the inflammation in COVID-19 pneumonia is also pathologically associated with membranes made up of cell debris and dead tissue lining the air sacs, which further compromises transfer of oxygen to the blood. This specific type of damage is called ‘diffuse alveolar damage’.”

This explains why COVID-19 patients often need oxygen therapy such as high-flow nasal oxygen and in more severe cases mechanical ventilation.

Dheda explains that the pneumonia can progress rapidly and can also be associated with the clotting of blood in the small vessels surrounding the air sacs.

“This phenomenon, also called microvascular thrombosis, occurs in many organs, including the kidney, the heart, and the liver. The infection can also hyper-stimulate the immune system, which is activated by the body as a defense mechanism. This immune hyper-activation (also called a cytokine storm) can also cause further damage,” he says.

“In some cases, the pneumonia is so severe that mechanical ventilation (use of a breathing machine) or ECMO (artificial oxygenation of the blood) may be required. Death may occur in about 20% of hospitalised cases or 1 to 2% of all infected cases depending on disease severity and the presence of co-morbidities. In such patients the lungs are heavy, full of fluid, and characterised by diffuse alveolar damage and clots in many of the small blood vessels,” he explains.



## Lung pathology in COVID-19 versus tuberculosis (TB)

Dheda says TB is also a form of pneumonia but the pneumonia is more chronic and also involves the airways.

“TB more often involves the upper regions of the lungs, progresses over weeks to months (and even years), and is characterised by breakdown of the lung (also known as cavitation), and with chronic production of thick sputum. The outer lung coverings (pleura) and airways can often be involved,” he says.

“COVID-19 on the other hand,” Dheda explains, “is associated with a rapidly progressive pneumonia (over a period of days), more commonly affects the lower parts of the lungs, is much more often associated with blood clots in the small blood vessels of the lung, and rarely affects the outer lung covering or the airways.”

Despite these differences, Dheda says at times it may be difficult to distinguish the two diseases.

“Interestingly, an acute form of TB presenting within a period of several days, for example, acute TB pneumonia, also occurs much more frequently than we think. It is now widely recognised in Africa and Asia that acute TB pneumonia is a common occurrence. Thus, in some cases, it may be difficult to separate out the two.”

Dheda says often COVID-19 may occur on “the background of active TB, which is often asymptomatic and slowly progressive”. “This is not unusual given that 400 000 new cases of TB occur per year in South Africa, and in some parts of the country 1 to 2 out of every 100 people have TB.”

This, he says, is a very high number of persons for a single infectious disease.

“Indeed, more than 60 000 people a year die from TB in South Africa and this occurs on a year-on-year basis (compared to roughly under 20 000 recorded deaths from COVID-19 in South Africa so far). The mortality from TB over previous decades has been astronomical,” he notes.

## COVID-19 and comorbidities

Dheda says how badly the lung is affected depends on the age of the person, pre-existing lung damage, comorbidities like diabetes, hypertension, previous TB, HIV, and the infecting dose among others.

“Genetic make-up also plays a big role because although those with comorbidities are likely more susceptible and also have more severe disease, most individuals with comorbidities are unaffected by COVID (in other words, of all those with a comorbidity that are infected, a sizeable majority will not progress to severe disease),” he says.

“The pneumonia and organ damage occurs directly from the virus and also from the reaction of the body’s immune system. It is for this reason that anti-inflammatory drugs like steroids are also used to treat the disease,” Dheda explains.

He says it is important to emphasise that this process, with the severity requiring hospital admission, occurs in fewer than 5% of all infected persons (or fewer than 20% of persons with symptoms).

Dheda says it is unclear why such severe disease only occurs in a small proportion of individuals but this may be due to a combination of factors such as age, comorbidities which relates to a less healthy endothelial lining (lining of blood vessels), the infecting dose, pre-existing organ damage, and the genetic make-up of individuals, which influences how the immune system will respond to infection in any one person.

### Post-infectious scarring

Though some COVID-19 patients recover from the virus, Dheda says post-infectious scarring of the lungs and non-resolving blood clots are the biggest problems.

“Other problems may include dysfunctional breathing (difficulty in people to settle back down into the normal rhythm of breathing). The lining of the small and large airways doesn’t seem to be affected too much by COVID-19 and thus symptoms are unlike those seen in asthma and chronic obstructive pulmonary disease (COPD). The severity of post-COVID lung disease will depend on several factors including infecting dose, age, pre-existing lung damage, and the severity of disease,” he says.

According to Dheda in South Africa, the picture is even more complicated.

“COVID-19 is only one of the many insults that the lung may have to endure. It is often the case that individuals may have previously had TB, HIV, and, or have been exposed to a number of respiratory insults including biomass fuel exposure (cooking over open fires for many years), tobacco smoking, exposure to mining dust, and poor respiratory health from a young age due to outdoor air pollution and lack of access to healthcare,” he says. In a South African setting, he says that having two or more of these diseases or risk factors is not uncommon. Dheda tells Spotlight it remains unclear if there is medium to long-term chronic ongoing inflammation in the lungs, but this is the basis of a research project they (Groote Schuur and UCT) are currently conducting. “Other organs, including the heart, may suffer from scarring and dysfunction, and this may also lead to breathing problems due to fluid accumulating in the lungs. Similarly, other organs such as the kidneys, the pancreas, and the liver may also suffer chronic damage in some cases,” he says.

### Challenges and lessons from COVID-19

Dheda says teamwork with frequent communication and levelling of hierarchies is essential in fighting a disease like COVID 19.

“The epidemic made us rethink how we deal with non-COVID conditions, and we should leverage what we have learnt from COVID 19,” he says.

“For example, screening Apps could also be used to screen for TB. Daily dashboards of TB numbers and deaths could also be very useful. The Department of Health is in the process of considering and implementing some of these approaches.”

Dheda says the decline in the number of TB cases diagnosed within the last few months is a major concern. “We need to think about going out into the community to actively find TB cases. We need to think more deeply about how we can deal with non-COVID conditions like TB, heart disease [and] diabetes when we get second waves, so these conditions are not substantially side-lined. In some ways, the fall-out and impact from a ‘second wave’ may be even higher from neglected non-COVID conditions than from COVID 19 itself,” he says.

Dheda also notes the anxiety among frontline health workers such as pulmonologists of getting infected. He says the risk with pulmonologists is often higher compared to other disciplines because they more frequently see individuals with respiratory symptoms and are also involved in the aerosolising procedures such as lung function testing and bronchoscopies (a type of lung examination). Like many other healthcare workers on the frontline, the shortage of high-quality appropriate personal protective equipment (PPE), including N95 masks, has been a major challenge for pulmonologists, says Dheda.

“There is now increasing evidence that COVID-19, in addition to direct contact and touching infected surfaces, may also be transmitted by aerosols (small particles  $<5\mu\text{m}$  in diameter which can remain suspended in the air for long periods of time). TB is another disease that can spread through aerosols. On the frontline, when patients present with acute respiratory symptoms, it can be very difficult to distinguish between COVID-19 and TB, thus making the use of appropriate PPE (N95 masks) mandatory,” he says.

Dheda notes the uncertainty that remains with COVID-19. “Uncertainty and not knowing how to optimally manage COVID-19, and lack of effective treatment tools has been a major challenge and a source of much frustration. There is still a lack of clarity about how to optimally treat COVID-19. For example, it remains unclear which anti-viral agent is the most effective, when these agents should be deployed in terms of timing, in what combination, and whether anti-viral agents should be combined with anti-inflammatory drugs like steroids, in addition to other agents such as anticoagulants (blood thinners). [So], there are many unanswered questions and more research is required to work out how best to treat patients with COVID-19.



Professor and pulmonologist, Keertan Dheda at Groote Schuur Hospital.

## COLLABORATIONS BETWEEN DISTRICT 9350 CLUBS DURING COVID TO FEED THE HUNGRY.

The Rotary Club of Atlantis found itself with a huge challenge on its hands a few days into lockdown when the children in the area were no longer receiving school meals and were therefore hungry.

With the help of other Rotary Clubs in the district as well as local farmers and companies they managed to pull together a team of wonderful people and started a feeding scheme which at the height of the lockdown was feeding over 5000 people a day.



PRESIDENT DANNY PIETERSEN FROM ATLANTIS ROTARY CLUB ORGANIZING FRUIT, FOOD AND VITAMINS DONATED BY LOCAL FARMERS AND ROTARY CLUBS.



They received donations from RC Newlands, RC Kirstenbosch RC E Club Cape Town. The children were also given daily multivitamins donated by the West Coast cluster of the Cape Town E Club. Books were donated from the Rotary charity shop for the children to read whilst waiting patiently in line for their daily food and the Club also started a project making eco bricks with the help of the E Club.

Due to the obvious lack of fresh vegetables the clubs next project will be plant food gardens to provide fruit and vegetables to the local schools and NGOs.



## INSTRUCTIONS ON HOW TO MAKE ECO BRICKS

### Instructions received from Biffy Danckwerts of the E Club of Greater Cape town

Take a relatively clean 2 litre cool drink bottle with a lid. They need to be almost uniform in size as you are effectively going to use them to build with, in place of bricks. Choose your softest plastic and use it first because this must be pressed down into the bottom bubbles of the bottle. Then you can use harder plastic in the middle sections and then softer plastic at the top again. Use a screwdriver to push the plastics in with. With kids I would suggest a wooden spoon or dowel. Keep pressing down as you go as you need to compress the plastic very tightly in the bottle. Use some strength. If the kids are very young, then get older folk to finish off the bottles or just help with the compressing along the way. Use relatively clean plastic if possible. Things that never decompose or can never be re-used are chip packets, sweet wrappers and ear buds. These can all go into eco-bricks as well as straws and any plastic

that you can cut up into small enough bits to get into the bottle neck. Roll them up and push them in. As you go along you will find more and more plastics that you can cut up and get into the bottle. You will also find that your rubbish decreases because of the amount of plastic that you can use in this way.

Soft plastic like plastic shopping bags or bread bags are used for the bottom and the top of the bottle

Harder plastics like coffee cups or plastic cups and sandwich containers etc. are used for the main body of the bottle.

You can also cut up plastic containers that have had fast food served in them once they have been washed.

You must push a lot of plastic into one bottle to get it full. Once full you should not be able to squeeze the bottle because it is taking the place of a brick.

I cut plastic into long strips and then it feeds into the bottle which is much easier and does not cause a bottle neck at the opening when trying to get this into the bottle.

When the bottle weights approximately 500g and cannot be compressed put the lid back on the bottle and it is ready for use.

You can encourage this in schools where they can use the eco-bricks to build something within the school grounds, e.g. a chair or pillars to build a shade area.

Your imagination is your limit. They have also been used to make flower bed edges or raise flower beds. The methods used often call for mud between the eco-bricks. When completed the built items can be plastered and painted.

You will see from the pictures that some folk also use sand to fill the bottles. This does make harder, firmer eco-bricks but is not always available and doesn't get rid of the plastic. The principle is the same whichever material is used.



## HOW TO MAKE AN ECOBRICK

### STEP 1

Collect clean and dry plastic waste at home



### STEP 2

Find a clean, dry 2-litre cooldrink bottle with a lid



### STEP 3

Compress waste into the bottle with a stick



### STEP 4

Pack tightly throughout the process to ensure it is compressed



### STEP 5

Put the lid back on and your EcoBrick is ready to be built with



Graphic: DTM/MyntLab







## HOW TO QUIET YOUR MIND



**BREATHE** WE do this all the time, but to use your breathing to find stillness, be more careful and conscious about it. Pay attention to the rhythm. If you take short, quick breaths, try to move toward slower, deeper ones. Put your hand on your belly: You should feel it rise and expand as you draw air in and fall as you let it out. Shoot for about six breaths a minute.

**WATCH FISH SWIM** People with home aquariums say they feel calmer, more relaxed, and less stressed when they gaze at their fish, and science backs it up. It isn't just the water, although that alone helps. A study using a tank hundreds of times larger found that the more types of marine life that were added, the happier people got. Heart rates and blood pressures dropped, too.

**EXERCISE** Just 5 minutes of aerobic exercise, like a brisk walk, could start to calm your mind. It releases endorphins -- chemicals that make you feel good and can help improve your mood, focus, and sleep. High-intensity interval training (HIIT) can give you a big dose of them in a short time. After warming up, alternate 20- to 30-second bursts of pushing yourself hard (like doing sprints, squats, or fast weightlifting) with equal amounts of rest.



**LISTEN TO MUSIC** It literally calms the activity in your brain. Fewer neurons fire in your amygdala (the part of your brain that responds to fear), which may lead to fewer signals sent to other parts of your brain. Music is a good thing to try if you're distracted by pain. Listen closely, not just as background. The more you notice, the less you'll dwell on your other thoughts.

**HELP SOMEONE** It lights up parts of your brain that make you feel pleasure and connection. Doing something nice for someone lowers stress and lessens feelings of loneliness. It may even boost your heart health and immune response. Fun fact: When you spend money on other people, your body releases more endorphins (the same chemicals from exercise) than when you spend on yourself.

**GO OUTDOORS** Being in and around nature often makes people think more clearly and feel more relaxed and refreshed. Your brain doesn't have to work as hard in a greener environment. In one study, after 20 minutes in a park, children with ADHD were able to concentrate better. Spending time outside can also bring down your heart rate, blood pressure, stress hormones, and even muscle tension.

**PROGRESSIVE MUSCLE RELAXATION** Use the connection with your body to soothe your mind. Pick a body part -- foot, leg, mouth, eyes -- and tense it for a few seconds. Then release and relax for 10 seconds or so. Notice how that feels different. Switch to another part and keep going until you've done your whole body. This can also improve sleep and may even ease headaches and stomach-aches.

**HANG OUT WITH A DOG** Whether it's a member of your family or a therapy dog, a friendly pooch can make you feel less anxious, tense, confused, and restless. When you pet and play with them, it seems to lower levels of stress hormones. One reason could be that your body releases oxytocin, a hormone that plays a role in bonding and trust. (Although not studied as much, cats can calm you, too.)

**GUIDED IMAGERY** Think of a favourite spot, real or imagined, that makes you calm and happy: perhaps a beach at sunset, a comfy chair in front of a fireplace, or a stream in the forest. Focus on details. Can you smell pine needles, for example? See bubbles in the water? Hear the gurgle and splashing? There are audio recordings and apps that can help you through this process.

**HATHA YOGA** This mix of challenging poses and controlled breathing helps you turn your awareness to being in the present moment instead of judging yourself and others. There's also evidence that a regular practice lessens anxiety and takes the edge off your natural stress response. Plus, it's exercise that builds your strength and flexibility. Go to a class, and you'll get the benefits of socializing with other people, too.

**GET CREATIVE** Activities like colouring books, knitting, scrapbooking, and pottery offer an escape for a busy mind. Simple, repetitive actions, especially -- like kneading dough -- can help you redirect your thoughts and tune out the chatter in your head. Let your inner child play! The key is to enjoy the process and not worry so much about the result.

**TAKE A BREAK** When you find your mind racing full-speed or spiraling down a rabbit hole, change your focus: stretch, daydream, walk around, get a snack, or chat with a friend. Take at least 5 minutes to recharge and reset. You'll be more centered and clear-headed. If you're going to be working intently, set a timer or use an app to remind you to stop every 90 minutes or so.

**DIG IN THE DIRT** It's not just the great outdoors and the exercise at work here. The soil itself has microorganisms that might help you focus and lift your mood. Gardeners are less depressed and anxious, and they feel more connected to their communities.

**BIOFEEDBACK** this technique teaches you to control your reactions to stress. Working with a therapist, you're hooked up to a computer that shows your brainwaves. You could track your heart rate, skin temperature, and breathing, too. This lets you see in real time what happens when you're triggered and when you try to counteract it. Over time, you'll figure out how to calm your body's response on your own

## A PARTNERSHIP WITH A LONG HISTORY

### SINCE THE UN WAS FOUNDED 75 YEARS AGO, IT HAS WORKED SIDE BY SIDE WITH ROTARY

In 2020, the United Nations celebrates its 75th anniversary. “You might ask, why celebrate this anniversary?” says Past Rotary International President Mark Daniel Maloney in November 2019

“For Rotary, it is entirely appropriate, because we played such a critical leadership role in the San Francisco Conference that formed the United Nations in 1945.”

Decades later, RI still has a voice at the UN through the Rotary Representative Network, which gives the organisation a seat at the table at high-level meetings.

Our connection to the UN also helps Rotary accomplish its most ambitious goals, including the eradication of polio.

Rotary’s dedication to making the world a better place means that continued involvement with the UN makes a great deal of sense. “No actor can address effectively and efficiently the most urgent problems of humanity alone.

A global coalition of governments, business and civil society organisations is needed to achieve the UN Sustainable Development Goals,” says Walter B Gyger, Rotary’s representative to the UN in Geneva. **“The achievement of these goals is the basis to maintain peace in the world, increase prosperity for all and to address the most urgent challenges.”** To mark the anniversary, here’s a look at Rotary’s relationship with the UN over the decades.

1914 - Chesley Perry, acknowledged as Rotary's first general secretary, writes, "Let Rotary make International Peace and Good Will its mission as an international organisation."

1942 - Rotarians organise a conference in London that inspires the creation of UNESCO, whose aim is to build peace through knowledge and communication

1945 - In June, representatives from 50 nations gather for a conference in San Francisco to finalise and approve the UN Charter. Rotary is one of 42 NGOs that participate in an official consultative role. Rotary members guide agendas, perform translations, suggest wording and help resolve disputes between the delegates.

1946 - Rotarians attend the first meetings of the UN General Assembly

1950s-70s - Rotary's relationship with the UN goes through changes and Rotary takes a break from its advisory role. Its official consultative status with the UN is restored in 1980.

1985 - PolioPlus launches, prompting Rotary to forge a closer connection with the UN, along with WHO and other agencies.

1989 - The annual Rotary Day at the United Nations is launched.

1991 - Rotary establishes a network of 30 representatives to the UN and other organisations.

2000 - Rotary partners with the UN Foundation to raise money for polio eradication.

2013 - Retired RI General Secretary Edwin Futa is appointed as the first dean of the Rotary Representative Network.

2013-2020 The United Nations celebrates 75 years since its charter was signed.

The Rotary Representative Network is made up of 32 members from a variety of countries who represent Rotary at the UN, at its programmes and agencies, and at other international organisations, enhancing Rotary's visibility within the international community.

Here is a list of UN entities where Rotary is represented:

United Nations (UN), New York City and Geneva

Food and Agriculture Organisation (FAO), Rome

International Fund for Agricultural Development (IFAD), Rome

UNICEF in New York and Nairobi, Kenya

UN Development Programme (UNDP), New York

UN Economic Commission for Africa (ECA), Addis Ababa, Ethiopia



UN Economic Commission for Latin America and the Caribbean (ECLAC), Santiago, Chile

UN Educational, Scientific and Cultural Organisation (UNESCO), Paris and Nairobi

UN Environment Programme (UNEP), Nairobi

UN High Commissioner for Refugees (UNHCR), Geneva

UN Entity for Gender Equality and the Empowerment of Women (UN Women), New York

World Bank in Washington, DC.

World Food Programme (WFP), Rome

World Health Organisation (WHO), Geneva

#### WHAT IS ROTARY DAY AT THE UNITED NATIONS?

Every November, Rotary Day at the United Nations highlights the humanitarian activities that Rotary and the UN lead around the world. In past years, members have spent the day at UN headquarters in New York City or one of the organisation's other offices, where they hear keynote speakers and share information



I will be sending out the next installment of Harry Wong's Covid 19 Diary as a separate document.

If anybody has any suggestions for the newsletter, please email me at [josie@beachroad.co.za](mailto:josie@beachroad.co.za)



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