



HEWRAG

NEWSLETTER MAY 2022



MAY 2022

Greetings

Learn more about HEWRAG at the Rotary International Convention in Houston June 4 -8. We invite attendees to an information session in room **381B on Sunday 5th June from 2.30 to 4pm entitled "**CerviCAL Action a partnership to Eliminate Cervical Cancer in the Americas**" presented by Dr. Walley Temple, Rotary Club of Calgary, Canada, and Karl Diekman , Rotary Club of Woodland CA, USA, followed by our Annual General Meeting.**

HEWRAG will again host a booth in the House of Friendship **Stand 985. Please stop by for a chat and current information and news about projects, events and opportunities to become involved in HEWRAG's activities.**

Contact us for details about volunteering in the booth. It's a great way to meet Rotarians with similar interests ready to contribute toward a healthier world.

If you have a project, event, or interest in one of our areas of emphasis, 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.

A heartfelt thank you too all the presenters at our on line meetings during the year. If you missed them please go to our website www.hewrag.org to see the recordings.

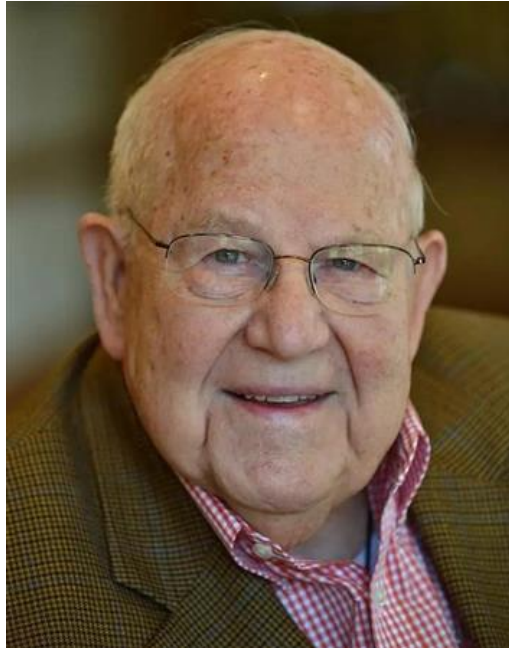
Hoping to see you in Houston

Stay safe and well

Josie Norfolk

Chair

HEWRAG



It's with a heavy heart that we announce the passing of Past Rotary International President Cliff Dochterman. He was a member of HEWRAG's advisory board from our inception.

It has been said that Cliff has spoken to more Rotary Clubs than anyone in the world. Over the past fifty years, he has served in almost every Rotary assignment, from Berkeley Rotary Club president to worldwide President of Rotary International in 1992-93. He has traveled the world on humanitarian projects and has been honored by the heads of state in many nations.

Cliff was also the author of the famous ABCs of ROTARY.

A CALL TO ACTION FOR ALL OF SOCIETY TO ACHIEVE UNIVERSAL ACCESS TO HAND HYGIENE

Three billion people – 40 per cent of the world's population – do not have a place in their homes to wash their hands with water and soap. Three quarters of those who lack access to water and soap live in the world's poorest countries and are amongst the most vulnerable: children and families living in informal settlements, migrant and refugee camps, or in areas of active conflict. This puts an estimated 1 billion people at immediate risk of COVID-19 simply because they lack basic hand washing facilities.

Hand hygiene facilities are lacking even in places where they are most needed: nearly half of all schools do not have hand washing facilities with water and soap, affecting 900 million school age children. Forty-three per cent of health care settings do not have hand hygiene facilities at points of care where patients are treated. With limited or no hand hygiene facilities and improvement programmes, health care workers' compliance with hand hygiene best practices can be as low as 8 per cent. This puts teachers, doctors, nurses, and patients – all of us – at risk

This must change.

The COVID-19 pandemic is a stark reminder that one of the most effective ways to stop the spread of a virus is also one of the simplest: hand hygiene. It not only protects us from contracting the disease, but also stops transmission to other people. To beat the virus today – and be better prepared for future pandemics – universal access to hand hygiene must become a reality for everyone, in all settings, especially in health care facilities, schools and crowded public spaces. This approach is reiterated in WHO's recommendations on ensuring universal access to hand hygiene and improving hand hygiene practices to prevent COVID-19 transmission.

To get there, we need to not only improve access through water supply and physical infrastructure, we also need innovative solutions to fit different contexts, and make soap, alcohol-based hand rub and hygiene supplies both available and affordable. And we need individual behaviours to change. Hand washing must become an integral part of our daily lives.

WHY HAND HYGIENE?

Saving lives

Access to hand hygiene in health care facilities, schools, public places and homes is essential to protect global health and reduce the risk of future outbreaks. Scaling up hand hygiene in all settings could potentially prevent an estimated 165,000 deaths from diarrhoeal diseases each year. Scientific evidence and experience from WHO has also shown that improving hand hygiene strategies in health care can reduce health care-associated infection and antimicrobial resistance.

Saving money

Hand hygiene is also one of the most costeffective ways to prevent the spread of infectious diseases. The cost of implementing hand hygiene strategies in health care facilities is low: estimated between US\$0.90 and US\$2.50 per capita per year, depending on the country. Improving hand hygiene policies can generate savings in health expenditure up to 15 times the cost.

Preparing for the future

Hand hygiene is key to stopping the spread of COVID-19 now – but smart investments now will also prepare us better for any future disease. Adopting strong hand hygiene strategies is the single most effective intervention to prevent disease and death due to antimicrobial resistance (AMR). Hand hygiene also protects against a range of other diseases, including common colds, flu, diarrhoea and pneumonia.



Drug-resistant infections: The silent pandemic that must be tackled now

The unchecked growth of drug-resistant infections is a silent pandemic with long-term implications for global health security. As the world reels from the impact of Covid-19, it would be a tragedy not to apply the lessons we are learning to the fight against drug resistance.

Drug-resistant “superbug” infections kill an estimated 700,000 people a year worldwide, a number set to rise exponentially as drug resistance grows and weaken our ability to treat even common infections.

A worrying number of infections are becoming harder – and sometimes impossible – to treat due to drug resistance.

The consequences of not addressing the silent pandemic of drug-resistant infections now could result in a future where we are unable to treat common infections like pneumonia, urinary tract infections and infections in newborns.

Africa is in a particularly precarious position. The continent has the largest burden of endemic diseases, such as HIV, TB and malaria and is faced with emerging infectious pathogens and a growing threat of antimicrobial resistance (AMR).

In a recent commentary, the Africa Centres for Disease Control and Prevention (Africa CDC) warned about the rising threat of AMR, given that AMR will cause an estimated four million deaths in Africa by 2050.

The cost of failing to adequately prepare for Covid-19 has been a global wake-up call and raised concerns about emerging pandemics, including the pandemic of AMR.

Antimicrobial resistance

Antimicrobial resistance (AMR) threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi.

AMR occurs when bacteria, viruses, fungi and parasites change over time and no longer respond to medicines making infections harder to treat and increasing the risk of disease spread, severe illness and death. As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spread to others.

Antimicrobials - including antibiotics, antivirals, antifungals and antiparasitics - are medicines used to prevent and treat infections in humans, animals and plants.

Microorganisms that develop antimicrobial resistance are sometimes referred to as “superbugs”.

WHEN MICROBES BECOME RESISTANT TO MEDICINES

The options for treating the diseases they cause are reduced. This resistance to antimicrobial medicines is happening in all parts of the world for a broad range of microorganisms with an increasing prevalence that threatens human and animal health.

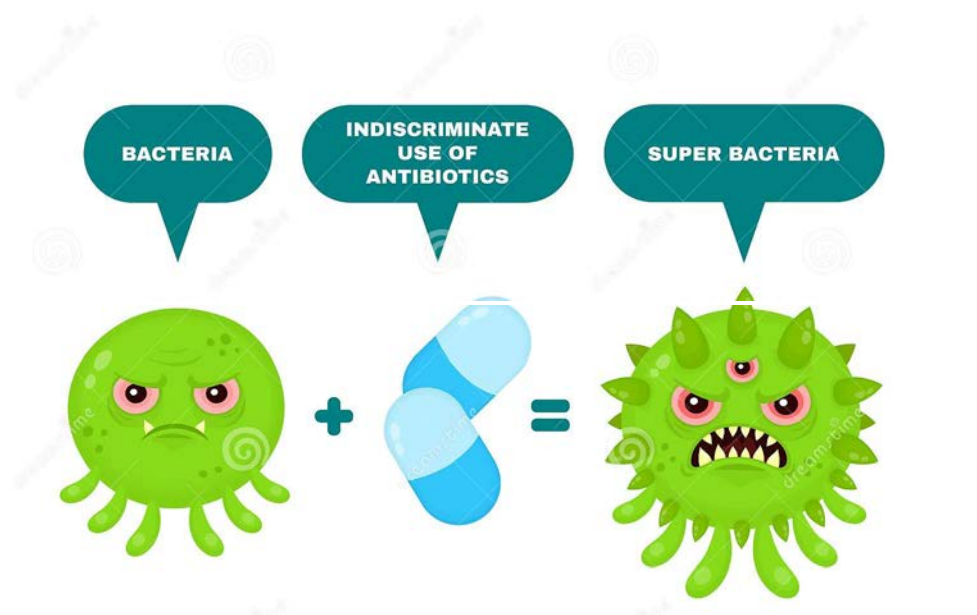
The direct consequences of infection with resistant microorganisms can be severe, including longer illnesses, increased mortality, prolonged stays in hospital, loss of protection for patients undergoing operations and other medical procedures, and increased costs.

Antimicrobial resistance affects all areas of health, involves many sectors and has an impact on the whole of society.

The indirect impact of antimicrobial resistance, however, extends beyond increased health risks and has many public health consequences with wide implications, for instance on development.

Antimicrobial resistance is a drain on the global economy with economic losses due to reduced productivity caused by sickness (of both human beings and animals) and higher costs of treatment.

To counter it needs long-term investment, such as financial and technical support for developing countries and in development of new medicines, diagnostic tools, vaccines and other interventions, and in strengthening health systems to ensure more appropriate use of and access to antimicrobial agents.



Antibiotic resistance develops when bacteria adapt and grow in the presence of antibiotics. The development of resistance is linked to how often antibiotics are used. Because many antibiotics belong to the same class of medicines, resistance to one specific antibiotic agent can lead to resistance to a whole related class.

Resistance that develops in one organism or location can also spread rapidly and unpredictably, through, for instance, exchange of genetic material between different bacteria, and can affect antibiotic treatment of a wide range of infections and diseases. Drug-resistant bacteria can circulate in populations of human beings and animals, through food, water and the environment, and transmission is influenced by trade, travel and both human and animal migration.

Resistant bacteria can be found in food animals and food products destined for consumption by humans.

Some of these features also apply to medicines that are used to treat viral, parasitic and fungal diseases; hence the broader term antimicrobial resistance.



Zoonoses

Key facts

- A zoonosis is any disease or infection that is naturally transmissible from vertebrate animals to humans
- There are over 200 known types of zoonoses
- Zoonoses comprise a large percentage of new and existing diseases in humans
- Some zoonoses, such as rabies, are 100% preventable through vaccination and other methods

A zoonosis is an infectious disease that has jumped from a non-human animal to humans. Zoonotic pathogens may be bacterial, viral or parasitic, or may involve unconventional agents and can spread to humans through direct contact or through food, water or the environment. They represent a major public health problem around the world due to our close relationship with animals in agriculture, as

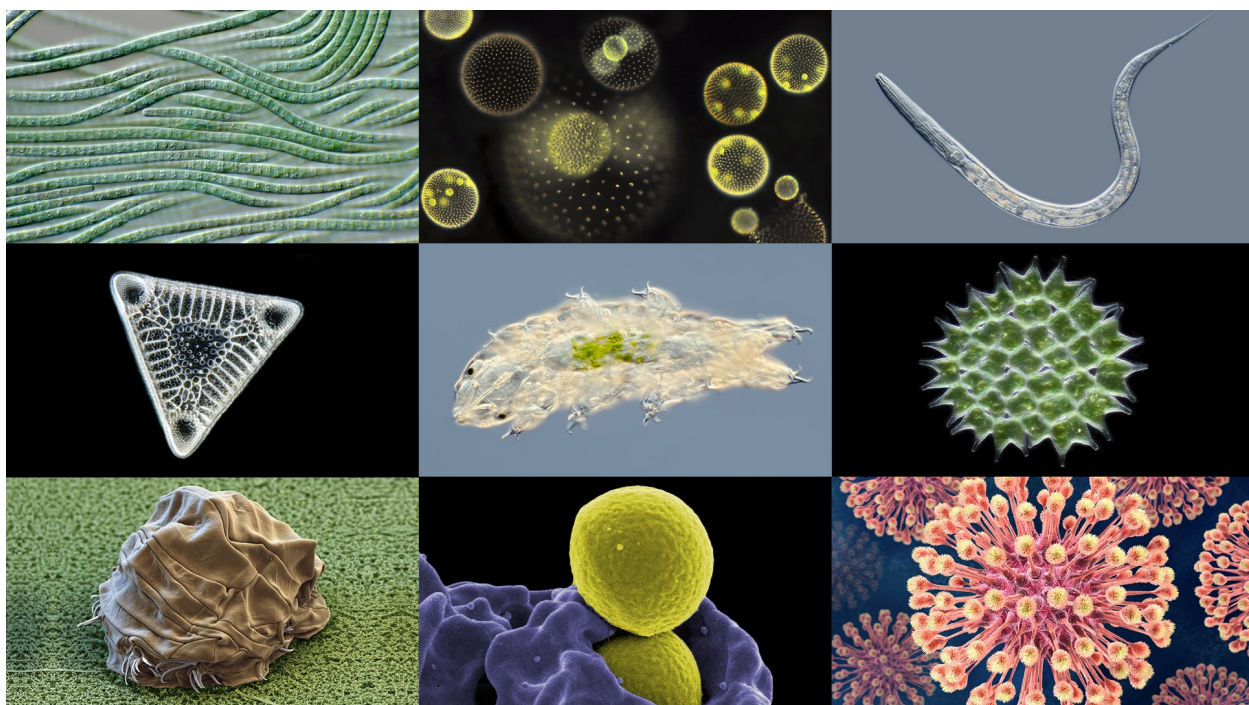
companions and in the natural environment. Zoonoses can also cause disruptions in the production and trade of animal products for food and other uses.

Zoonoses comprise a large percentage of all newly identified infectious diseases as well as many existing ones. Some diseases, such as HIV, begin as a zoonosis but later mutate into human-only strains. Other zoonoses can cause recurring disease outbreaks, such as Ebola virus disease and salmonellosis. Still others, such as the novel coronavirus that causes COVID-19, have the potential to cause global pandemics.

Prevention and control

Prevention methods for zoonotic diseases differ for each pathogen; however, several practices are recognized as effective in reducing risk at the community and personal levels. Safe and appropriate guidelines for animal care in the agricultural sector help to reduce the potential for foodborne zoonotic disease outbreaks through foods such as meat, eggs, dairy or even some vegetables. Standards for clean drinking water and waste removal, as well as protections for surface water in the natural environment, are also important and effective. Education campaigns to promote handwashing after contact with animals and other behavioural adjustments can reduce community spread of zoonotic diseases when they occur.

Antimicrobial resistance is a complicating factor in the control and prevention of zoonoses. The use of antibiotics in animals raised for food is widespread and increases the potential for drug-resistant strains of zoonotic pathogens capable of spreading quickly in animal and human populations.



Who is at risk?

Zoonotic pathogens can spread to humans through any contact point with domestic, agricultural or wild animals. Markets selling the meat or by-products of wild animals are particularly high risk due to the large number of new or undocumented pathogens known to exist in some wild animal populations. Agricultural workers in areas with a high use of antibiotics for farm animals may be at increased risk of pathogens resistant to current antimicrobial drugs. People living adjacent to wilderness areas or in semi-urban areas with higher numbers of wild animals are at risk of disease from animals such as rats, foxes or raccoons. Urbanization and the destruction of natural habitats increase the risk of zoonotic diseases by increasing contact between humans and wild animals.

POST POLIO SYNDROME

Post-polio syndrome (PPS, poliomyelitis sequelae) is a group of latent symptoms of poliomyelitis (polio), occurring at about a 25–40% rate (latest data greater than 80%). These symptoms are caused by the damaging effects of the viral infection on the nervous system. Symptoms typically occur 15 to 30 years after an initial acute paralytic attack. Symptoms include decreasing muscular function or acute weakness with pain and fatigue. The same symptoms may also occur years after a nonparalytic polio (NPP) infection.

The precise mechanism that causes PPS is unknown. It shares many features with chronic fatigue syndrome, but unlike that disorder it tends to be progressive and can cause loss of muscle strength. Treatment is primarily limited to adequate rest, conservation of available energy, and supportive measures, such as leg braces and energy-saving devices such as powered wheelchairs, analgesia (pain relief), and sleep aids.

Science fiction writer [Arthur C. Clarke](#) developed post-polio syndrome in 1988 after initially contracting polio in 1962

Symptoms and Signs of Post Polio Syndrome



Diagnosis:

There are no specific investigations to confirm the PPS. Only the history of the patient on polio, gradual increase in the symptoms such as weakness, and a latent recovery period suggest the condition. Muscle studies such as electrophysiology of the muscle and the muscle biopsies are conclusive at times. Computed tomography and magnetic resonance imaging can also be used for diagnosing the condition. Usually, the condition is not reversible, and so most of the care is palliative.

Treatment:

The medication for the condition can include only the basic line of drugs such as analgesics. No neurotic drugs could affect the patient. Weakness involving the muscles of speech, respiration, and swallowing could require extra management for the condition. The prognosis varies for each case. Inpatient involving the respiratory muscles, the prognosis is bad, but the prognosis is good in the case of limb muscles. PPS leads to complications such as instability and inability to walk; they acquire chronic infections of the lung and may develop depression. Long-term immobility can lead to weight gain and osteoporosis.

The exercise programs and supportive therapies are included for the treatment of the PPS. Exercise regimes include low-intensity muscle-strengthening exercise, exercising in warm temperatures, and not being involved in activities with too much exertion.

Supportive therapies include medicines to relieve pain and fatigue, occupational therapy to adapt to social life, speech therapy for difficulties with swallowing, mental health support, and the use of assistive devices such as crutches, braces, and wheelchairs.

FORGOTTEN BROTHERS

It is estimated that there are more than 3 million people worldwide both young and old who suffered from Polio in the past and have been left with severe life changing disabilities. Polio was eradicated from India in 2012 and the vaccine rollout continues to keep new infections at bay. However the children and youth badly affected by polio some with severe disabilities are mostly left without the required follow up and treatment, the levels of poverty are grave and treatments are very expensive.

The children affected are not attending school nor are they obtaining vocational skills leaving them without prospects of earning a living or of living independently. Oftentimes they resort to begging with the resultant loss of dignity.



Recent surgical methodologies have been introduced which makes the lives of some of these polio victims livable, with special surgeries and innovative braces ,followed by rehabilitation. Unfortunately most of these people live in deplorable conditions and the treatment is unaffordable.

The Rotary Club of Chandigarth Mid town in India have applied for a global grant to try and help between 50 and 100 patients of these patients every year. The project led by Dr Rita Kalrahas located a very distinguished surgeon Dr Suresh Bhola who runs a special hospital to help such patients the treatment was explained in great detail to all interested parties at a recent virtual meeting

Ten years ago Polio and Deformity Correction Centre (PDCC) was established at Bhola Hospital which dealt exclusively in various deformities. Dr. Bhola is interested in Musculo - Skeletal Loco Motor deformities and Gait related problems of Polio and Cerebral palsy. Dr. Bhola is member of Indian Orthopedic Association and ASAMI India. His work has been praised by no other than the Authority of Ilizarov, Professor V.I. Shevtsov, who awarded him the best paper award in National Ilizarov Conference and Course in Goa in 2013.

In his virtual presentation Dr. Bhola showed some of his polio patients whom he had treated surgically. He said that he called these patients forgotten brothers because polio has been eradicated in India but polio patients are still there who need proper treatment and care.

Dr. Bhola said that he is getting polio patients from all over India and also from abroad who have benefitted from his surgical treatment. Those who cannot afford the cost, the funds are arranged for their free treatment.

Dr. Bhola also explained in detail the surgical process that he has adopted for treating the polio patients with success. Deformities of bone and soft tissues are corrected by soft tissue surgery, plaster, internal fixation (by plates nails & wires) and external fixation with the help of Ilizarov apparatus, consisting of wires which pass through the bone and the wires are externally connected with the rings. By manipulation of rings, the bone fragments are mobilized, angulated, translated, rotated and lengthened. This is one of the best methods to treat or correct the deformities gradually. The results achieved by Ilizarov method are much more precise than the plaster or internal fixation. However, ilizarov apparatus is cumbersome as it is outside the limb.

The Hexapod is used to have correction by computer assisted programmer. Once attached to the ilizarov apparatus the calculation are made and are fed to the computer software to correct the deformity in one go, rather than step by step as used to be done by ilizarov. So the results are more precise than the results obtained by ilizarov alone



Dr Bhola



Dr Bhola in his clinic

WORLD MALARIA DAY

World Malaria Day on April 25 spotlights a disease that has plagued humans throughout history. In 2020, cases of malaria topped 241 million causing the death of over 627,000 people, most of them young children under the age of five. The prevalence of malaria, especially in sub-Saharan Africa, is a major obstacle to economic advancement and improved living conditions for the rural poor.

Rotary International, The Bill & Melinda Gates Foundation, and World Vision are hard at work implementing Rotary's first Program of Scale. As an example, Partners for a Malaria Free Zambia are training over 2,500 community health workers to diagnose and treat active malaria cases in their home villages. This is reducing the malaria burden, saving lives, and strengthening the health care system.

RAM-Global and its partners are working with governments and private sector partners in West Africa, Uganda, South America, and the Pacific Rim to eliminate malaria, a disease that is both treatable and preventable. Someday soon, we hope that vaccines currently in development will be widely available to help in the fight.

We believe that malaria can be eliminated through a comprehensive Rotarian campaign similar to Rotary's successful Polio Plus campaign. It is the goal of RAM-Global and many Rotarians around the world, that when polio is finally eradicated, malaria elimination will become the next Rotary-wide global initiative.

This year, take World Malaria Day personally.

Get involved. Be informed. Take action.

Together we can beat malaria



November 2021 International Conference

United Nations Sustainable Development Goals

"Connecting the Minds, Creating the Future"

"Rotary International Partnerships: Broadening Public Health Outreach"

Chris Laszcz-Davis, Past President of the Lamorinda Sunrise Rotary Club and a Public Health professional, chaired an International Conference on Public Health in mid-November 2021, with a focus on the United Nations Sustainable Development Goals.

Since Rotary International is not always perceived as a Partner in professional Public Health circles, the Conference leadership team purposely included a segment on Rotary as a Partner. Two of the three presenters are Rotarians doing great work in the public health wheelhouse. The third presenter launched her career with a Rotary International Scholarship.

From a broader community standpoint, Rotary International is a global network of 1.2 million neighbors, friends, leaders and problem solvers who see a world where people unite and take action to create lasting change across the globe and in our communities. Rotarians are the original citizen scientists with a multidisciplinary approach to issues, often applying business leadership and expertise to social issues.

Rotary members believe they have a shared responsibility to take action on the world's most persistent problems--35,000 Rotary Clubs addressing--disease, clean water, sanitation and hygiene, peace, mothers and children, education, the environment and growth of local economies. All of these emphasis areas align with the United Nations Sustainable Development Goals.

The following link provides a Conference presentation overview of the UN Sustainable Development Goals, crafted in 2015:

<https://www.youtube.com/watch?v=XToYuokKvV8&list=PLzB7dZx9sR5jod7mT20SIFBbXR45R45WE&index=2&t=190s>.

The following link takes you to the presentations titled "Rotary International Partnerships: Broadening Public Health Outreach".

<https://www.youtube.com/watch?v=dEoec12ebsQ&list=PLzB7dZx9sR5jod7mT20SIFBbXR45R45WE&index=5>.

This second link highlights:

- the roots of Rotary's 1985 global polio eradication efforts;
- recent initiatives (HOPE COVID-19) which take peer reviewed English scientific articles, translating them into Spanish and distributing them to over 250,000 recipients in Latin American countries who do not have the necessary COVID information today;
- a Montana based engineer's efforts in water sanitation and public health in the country of Guatemala; and

- An international rotary scholar's trajectory into occupational and environmental health and safety the profession.

Communities (often the underserved) without the necessary skills or resources needed to address various public health impacts need reliable help. The business leadership of Rotary International, jointly with Public Health professionals, can forge a strong partnership that can make a difference in people's lives. Unique and synergistic partnerships are needed to have a long-term impact in underserved communities.

TB to be eliminated by 2025 in India

A multisectorial MOU was signed by the Indian government and various NGOs on World Tuberculosis Day. Health Minister Mansukh Mandaviya reaffirmed the government's commitment to making India tuberculosis-free by 2025 and said this will be achieved by ensuring access to quality healthcare and advanced treatment. Together we can and we will eliminate TB," he said. More interventions for men like occupation screening for TB, nutritional interventions for malnourished, old age screening and interventions for promoting smoking and alcohol cessation needs to be scaled up for better control of PTB to address the factors which have more contribution towards the PTB burden," said the minister adding that there is a need to scale-up treatment of the infection as per the new TB preventive therapy guidelines.



Dr Rita kalra HEWRAG board member at the recent historic signing for the multisectoral coordination to make India TB free by 2025



WORLD HEALTH DAY

On World health day National health fest for Divyangjan was organized at Tau devilal stadium by District Health department for Special Olympics Bharat Haryana .On this call to Action by Honorable PM Narinder Modi 75000 special athletes were screened across India to make health services accessible and inclusive for all.

Rotary District 3080 with the participation of Four Rotary clubs of Panchkula, Panchkula Greens,Panchkula Midtown, Chandigarh Midtown and INNERWHEEL Chandigarh Midtown volunteered as Activity Partners ,for the biggest ever RYLA VISHESH in the country.

With over 460 special athletes from 3 districts of Haryana ie :Panchkula Ambala kurukshetra and Yamunanagar and equal number of parents and teachers, it was a vibrant and energetic event.

The organising team of Sh Virender and Sunaina with Dr Anju left no stone unturned in interdepartmental coordination and arranging kits for participants comprising of T shirts ,Brush pastes, and smiley balls .

The health volunteers arranged registration and checkups systematically while Rotary volunteers collaborated for activity workshops.

The volunteer T shirts and I cards were distributed at the start of the event District RYLA chair Rtn Naveen Gupta attended the entire event with enthusiasm .

The mindfulness meditation on arrival of special children was conducted by Mrs Jyoti Gupta, a clinical psychologist followed by dance and art therapy workshop by Mrs Charu Gupta ,a certified practitioner.



The art material was sponsored by RC Panchkula Midtown .



The Eggathon workshop was sponsored by Rotary Egg Bank RC Panchkula Greens and children were engaged in peeling of eggs and enjoying protein diet to become Shaktiman. The chilled thandai distributed to one and all was a relief from the heat.





Brushing workshop for special smiles by Smile express team was an enjoyment and engagement for all.

The brushing demonstration workshop was conducted by Rtn Sanjay kalra and Dr Ruchir kalra along with rotractor Miss Gupta .The purpose was to ensure healthy teeth and gums by brushing the right way.

The entire event was live and recorded on YouTube sponsored by Rotary Chandigarh



Flowing Karma band of Chandigarh Spinal rehab centre , performed melodius numbers which were patriotic and inspiring .The sponsorship promptly came from Innerwheel Chandigarh Midtown.

On arrival of Chief Guests Hble Health Minister Anil Vij and hble speaker Vidhan Sabha Haryana Sh Gianchand Gupta and Guest of honours ACS Rajeev Arora, Sports minister Sh OP Yadav , lamp lighting was done to inaugurate the event. The motivational messages by dignitaries were very enthralling.

The organizers presented tokens of Gratitude to all the partnering organisation's to assure future collaboration for the benefit of athletes in their sports career. All

participating clubs were represented by Presidents and secretaries along with a few members .

Total 35 Rotarians from 4 clubs and 5 innerwheel members joined.

It was very overwhelming to see the happiness in eyes of all special participants when they were being felicitated with gold medals by Rotarians on occasion of Azadi ka amrit Mahotsav at RYLA VISHESH .

The medals were sponsored by Rotary Chandigarh Midtown.

The celebration of Rotary day was made very special as it ended with special smiles to these specially abled children .

Our gratitude to all who contributed and all who joined to make the event special



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- Dr. Rita Kalra, Rotary Club of Midtown Chandigarh, District 3080 (India)
- Dr Rami Sarkis Rotary Club of Beirut, Lebanon District 2452

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- Dr. Richard Godfrey, Rotary Club of Niles, District 5170 (California, USA)
- Richard Clarke, Past District Governor, District 5020 (Canada)

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.

The Health Education and Wellness Rotary Action Group operates in accordance with Rotary International policy but is not an agency of or controlled by Rotary International

