

HEWRAG NEWSLETTER





Newsletter 3 2020-21 www.hewrag.org hewrag@gmail.com

Greeting from a very cold and wintery S Africa.

We recently held our AGM via Zoom and the present Board members and office bearers were re elected for a further year with the addition of AG Rami Sarkis from Lebanon and the newly formed HEWRAG Chapter from District 2452.

We have appointed PDG Karl Diekman as our Cadre with the necessary approval of RI.

We are in the process of initiating 2 new Areas of Emphasis into HEWRAG

We have updated our website and put into place an automated membership application.

The annual membership fees have been dropped and replaced with a voluntary donation if desired we did this as part of our recent membership drive as the fees were a significant barrier to increasing our membership in the less affluent parts of the world.

I hope the new format of the newsletter meets with your approval, any contributions will be gratefully accepted.

Best Wishes to all, Stay safe

Josie Norfolk Chair HEWRAG

Rotary Action Groups

Action Groups are independent, international, Rotary-affiliated entities. Each group oversees its own governance, membership, and activities in accordance with RI policies. Groups also independently elect their board of directors and executive officers based on the guidelines outlined in the Action Groups Standard bylaws. The average size of each Rotary Action Group's board is eleven members. Action Group boards represent five countries on average. .

Maintaining Status as a Rotary Action Group

To maintain its status as a Rotary Action Group, a group must:

- 1) Function in accordance with its recognized purpose and in accordance with RI policy.
- 2) Regularly collaborate with clubs, districts, and multidistricts on international service projects in their area of specialty.
- 3) Annually support at least three multi-club or district community development and humanitarian service projects. Groups shall maintain a record of their involvement and project outcomes.
- 4) Consistently distribute print or electronic communications to members of the Rotary Action Group.
- 5) Maintain a website with current information and resources.
- 6) Hold an annual meeting, in person or online, through which members can interact.
- 7) Submit an annual report of activities and finances, as requested by the general secretary, with a copy to its members by 1 October. Rotary Code of Policies 304 March 2021

8) Annual reports shall be reviewed by the general secretary to determine whether groups are maintaining their active status.

42.020.10 Rotary Action Group Chapters

A Rotary Action Group may form country or regional chapters to diversify involvement and increase its regional impact. The chapters must use the Rotary Action Group's RI_approved name and visual identity with a country or regional identifier. The Rotary Action Group shall oversee its chapters and be responsible for their compliance with RI's policies. Rotary Action Group may collect dues from its chapters to offset administrative expenses incurred as a result supporting chapters.

Updated bylaws were recently published by RI including the above.

We have used these new bylaws to form our first Chapter District 2452 Medical & Wellness Action Group.

District 2452 consists of 9 countries, Georgia, Palestine, UAE, Cyprus, Lebanon, Bahrain, Sudan, Jordan and Armenia. This group have plans to work in their communities as well as internationally on various projects and increase the impact of their 127 medical personnel.

Please go to our website to see the details www.hewrag.org

What is Tuberculosis?

Tuberculosis (TB), once called consumption, is a highly infectious disease that primarily affects the lungs. According to the [World Health Organization \(WHO\) Trusted Source](#), it's one of the top 10 causes of death worldwide, killing 1.7 million people in 2016. Tuberculosis is usually preventable and curable under the right conditions.

What are the symptoms of tuberculosis?

Some people are infected with the TB bacteria but don't experience symptoms. This condition is known as latent TB. TB can stay dormant for years before developing into active TB disease.

Active TB typically causes many symptoms that are most commonly related to the respiratory system, including [coughing up blood](#) or sputum (phlegm). You may experience a cough that lasts for over three weeks and pain when coughing or with normal breathing.

Other symptoms include: unexplained [fatigue](#), [fever](#), [night sweats](#), appetite loss, weight loss

While TB usually affects the [lungs](#), it can also affect other organs, such as the kidneys, spine, bone marrow, and brain. Symptoms will vary depending on which organ is infected. For example, tuberculosis of the kidneys can cause you to [urinate blood](#).

Who is at risk for tuberculosis?

According to [WHO Trusted Source](#), more than 95 percent of all deaths related to TB cases occur in low- and middle-income countries.

People who use tobacco or misuse drugs or alcohol long term are more likely to get active TB, as are people diagnosed with [HIV](#) and other immune system issues. TB is the leading killer of people who are HIV-positive, according to [WHO Trusted Source](#). Other risk factors for getting active TB disease include: [diabetes](#), [end-stage kidney disease](#), malnourishment, certain cancers

Medications that suppress the immune system can also put people at risk for developing active TB disease, in particular medications that help prevent organ transplant rejection. Other medications that increase your risk of getting TB include those taken to treat: cancer, [rheumatoid arthritis](#), [Crohn's disease](#), [psoriasis](#), [lupus](#)

Traveling to regions where TB rates are high also increases your risk of contracting the infection. These regions include: sub-Saharan Africa, India, Mexico and other Latin American countries, China and many other Asian countries, parts of Russia and other countries of the former Soviet Union, islands of Southeast Asia, Micronesia

According to the [Mayo Clinic](#), many low-income groups in the United States have limited access to resources needed to diagnose and treat TB, placing them at greater risk of active TB disease. People who are or have been homeless or in prison are at a higher risk of developing TB.

What causes tuberculosis?

A bacteria called *Mycobacterium tuberculosis* causes TB. There are a variety of TB strains, and some have become resistant to medication.

TB bacteria are transmitted through infected droplets in the air. Once they're in the air, another nearby person can inhale them. A person who has TB can be transmitted the bacteria via: sneezing, coughing, speaking, singing

People with well-functioning immune systems may not experience TB symptoms, even though they are infected with the bacteria. This is known as latent or inactive TB infection. According to [WHO Trusted Source](#), about one-quarter of the world's population has latent TB.

Latent TB isn't contagious, but it can become an active disease over time. Active TB disease can make you and others sick.

How is tuberculosis diagnosed?

Your doctor can use a [purified protein derivative \(PPD\) skin test](#) to determine if you're infected with the TB bacteria. For this test, your doctor will inject 0.1 milliliter of PPD (a small amount of protein) under the top layer of your skin. Between two and three days later, you must return to your doctor's office to have the results read. If there is a welt on your skin over 5 millimeters (mm) in size where the PPD was injected, you may be TB-positive. This test will tell you whether you have a TB infection; it doesn't tell you whether you have active TB disease.

Reactions between 5 to 15 mm in size can be considered positive depending on risk factors, health, and medical history. All reactions over 15 mm are considered positive regardless of risk factors.

However, the test isn't perfect. Some people don't respond to the test even if they have TB, and others respond to the test and don't have TB. People who've recently received the TB vaccine may test positive but not have TB infection.

Blood test

You doctor can use a blood test to follow up on TB skin results. The blood test may also be preferred over the skin test with certain health conditions or for specific groups of people. The two TB blood tests currently approved in the United States are Quantiferon and T-Spot. Blood tests results are reported as positive, negative, or indeterminate. Like the skin test, the blood test can't indicate whether or not you have active TB disease.

Chest X-ray

If your skin test or blood test is positive, you will likely be sent for a [chest X-ray](#), which looks for certain small spots in your lungs. These spots are a sign of TB infection and indicate that your body is trying to isolate the TB bacteria. If your chest X-ray is negative, you likely have latent TB. It is also possible your test results were incorrect and other testing may be necessary.

If the test indicates you have active TB disease, you will begin treatment for active TB. Otherwise, you will likely need to be treated for latent TB to prevent the bacteria from reactivating and making you and others sick in the future.

Other tests

Your doctor may also order tests on your sputum or mucus, extracted from deep inside your lungs, to check for TB bacteria. If your sputum tests positive, this means you can infect others with the TB bacteria and should wear a special mask until after you've started treatment and your sputum tests negative for TB.

Other tests such as a CT scan of the chest, bronchoscopy, or lung biopsies may be required if other test results remain unclear.

How is tuberculosis treated?

Many bacterial infections are treated with antibiotics for a week or two, but TB is different. People diagnosed with active TB disease generally have to take a combination of medications for six to nine months. The full treatment course must be completed. Otherwise, it's highly likely a TB infection could come back. If TB does recur, it may be resistant to previous medications and be much more difficult to treat.

Your doctor may prescribe multiple medications because some TB strains are resistant to certain drug types. The most common combinations of medications for active TB disease include: isoniazide, thambutol (Myambutol), pyrazinamide, rifampin (Rifadin, Rimactane), rifapentine (Priftin)

These particular medications can affect your liver, so people taking TB medications should be aware of liver-injury symptoms, such as: appetite loss, [dark urine](#), fever lasting longer than three days, unexplained nausea or vomiting, [jaundice](#), or yellowing of the skin, abdominal pain

Notify your doctor immediately if you experience any of these symptoms. You should also have your liver function checked with frequent blood tests while taking these medications.

What is the outlook for tuberculosis?

Treatment for tuberculosis can be successful, given the person takes all the medication as directed and has access to proper medical care.

If the infected person has other diseases, it can be harder to treat active TB. For example, HIV affects the immune system and weakens the body's ability to fight off TB and other infections. Other infections, diseases, and health conditions can complicate a TB infection, as can insufficient access to medical care. Generally, early diagnosis and treatment, including a full course of antibiotics, offer the best chance for curing TB.

How can tuberculosis be prevented?

Most people in high-risk regions around the world receive TB vaccinations as children. The vaccine is called Bacillus Calmette-Guerin, or BCG, and protects against only some TB strains. The vaccine isn't commonly given in the United States.

Having the TB bacteria doesn't necessarily mean you'll have symptoms of active TB. If you do have the infection and don't show symptoms, you likely have latent TB. Your doctor may recommend a shorter course of antibiotics to keep it from developing into active TB disease. Common medications for latent TB include isoniazid, rifampin, and rifapentine, which may need to be taken for three to nine months, depending on the medications and combinations used.

People who've been diagnosed with active TB should avoid crowds until they are no longer contagious. According to [WHO Trusted Source](#), people with active TB can infect 10 to 15 people through close contact per year if they don't take precautions.

People who are infected with active TB should also wear a surgical mask, known as a respirator, to keep TB particles from spreading through the air.

It's best that a person with active TB avoid contact with others and continuing wearing a mask until instructed otherwise by their doctor

Your parents told you to be nice to people.

Guess what? They were right. Here's why.

by **Arnold R. Grahl**

Doing good doesn't only benefit other people. It helps us, too.

Studies show that helping others boosts serotonin, a neurotransmitter that makes us feel satisfied. Another benefit to feeling rewarded when we do good: It lowers our stress levels. Who couldn't use that right now?

Facing the COVID-19 pandemic, people everywhere are feeling anxious about their health, their families, their jobs, and their futures.

"When we are all feeling lower than we are used to feeling, with some levels of situational depression, we all need a boost," says psychologist Mary Berge, a member of the Rotary Club of Johnstown, Pennsylvania, USA, who has led discussions with many Rotary clubs about coping during the pandemic.

"There has been a lot of research that when we are helping others, or when we are doing something for someone else, our reward centers light up in the brain and our stress levels go down as cortisol is released."

It feels good to do good

In a [2016 study](#), researchers asked participants about scenarios in which they either gave or received support. The study, published in *Psychosomatic Medicine: Journal of Biobehavioral Medicine*, found that MRI tests showed only the instances of giving correlated to reduced stress and enhanced activity in the brain's reward centers — which suggests that giving support ultimately had greater mental benefits than receiving it.

Many studies have established a connection between volunteering and improved health. In the brain, acts of kindness release powerful chemicals like oxytocin, serotonin, and dopamine, elevating our mood, increasing reward stimuli, and reducing stress. Compassion evokes lower heart rates and reduces coronary distress. Oxytocin is also connected to social bonding, so as it is released, the ties that bind us are strengthened.

Researchers at Oslo Metropolitan University in Norway and the Technical University of Dortmund in Germany explored the relationship between volunteering and well-being in 12 European countries, noting the relative lack of such studies outside the U.S. Their [2018 analysis](#) found that people who are or have been volunteers report greater well-being than people who have not.

And in a 2013 Canadian [study](#) posted by the National Library of Medicine, researchers looked at the effect on the cardiovascular health of adolescents who do volunteer work. The study confirmed that helping people reduced the volunteers' body mass index and other cardiovascular risk factors.

Coping during the pandemic

Berge, a training leader for Rotary, saw anxiety rising among her patients because of the pandemic and developed the [Staying Sane During COVID-19](#) presentation. She has delivered the talk by videoconference more than 70 times, mostly at Rotary-related events.

“Rotarians in particular have a high need for being compassionate,” says Berge. “In my Zoom meetings, I hear people say, ‘What can we do to help?’ They are desperate to get that feel-good feeling again. I think they see that in doing these things, it relieves our own stress, sadness, anxiety, and irritability.” Rotary member Jenny Stotts, a social worker, child advocate, and trauma specialist, has [written about](#) how we can increase our resiliency, adapt to adversity during the pandemic, and emerge stronger.

“When we express meaningful and intentional gratitude or engage in planned acts of kindness, we experience the benefits of serotonin and dopamine, which are two neurotransmitters responsible for us feeling pleasure or joy,” says Stotts, a member of the Rotary Club of Athens Sunrise, Ohio, USA. “Not only do we benefit others from this activity, but it has a way of recharging our batteries.”

Stotts notes that when we do acts of good repeatedly, something interesting happens in our brains. “If we engage in a regular daily practice of kindness and gratitude, we are essentially carving out pathways within our brain that make us healthier and a little more emotionally stable.”

Because of all this, Stotts tells her staff and clients, “You deserve to be your kindest self.” Rotary members may not realize the significant role they can play in changing how people think, Stotts says.

“When we, as leaders in our community, adapt a way of thinking — that level of intentional gratitude and intentional kindness — we have a way of setting a really good example,” she says. “I think it is a calming and stabilizing force. We can set that tone for our entire club and for our communities.”

Rotarians in particular have a high need for being compassionate. They are desperate to get that feel-good feeling again. psychologist Mary Berge

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NSAWO VILLAGE, UGANDA, MATERNITY CLINIC THRIVES AND EXPANDS WITH ADDITION OF PEDIATRIC WING

Larry Hutchings, Past President, International Service Director, Rotary Club of Clayton Valley/Concord Sunrise, California (District 5160)

Deborah Luyima, International Service Director, Rotary Club of Muyenga, Uganda (District 9211)

Four years ago, the writers reported on the creation of a new maternity clinic, enabled by a series of Rotary grants and the dedication of the residents of Nsawo Village, Luweero District, Uganda. [See May 2017 HEWRAG newsletter: "Nsawo Village, Uganda, Maternity/HIV Clinic Up and Running as Part of Adopt-a Village Model"].

The clinic was borne of the efforts of local residents who had been the beneficiaries of several global and district grants by international sponsors who "adopted" the village, to help residents pull themselves out of poverty by providing clean water, reduced malaria, and the means to achieve economic opportunity.

Realizing that one in 16 women in sub-Saharan Africa will die in childbirth and that 20% of disease in children below the age of 5 years is related to poor maternal health and nutrition, Rotarians in nearby Wobulenzi and Muyenga, with the assistance of international sponsors from the Rotary Clubs of Clayton Valley/Concord Sunrise, California, Durango, Colorado and Ashland, Oregon, joined together with the local citizens aided by the youth of the community to construct the building, to equip and supply it. Further donations enabled the purchase of a small ambulance that transports patients to the clinic and home, and if necessary, to the nearest hospital located eight miles away, as well as an ultra sound machine.

While the clinic's primary focus is the safe delivery of babies, plus four antenatal visits per mother that include HIV and STD tests and tetanus vaccinations--it also serves as the focal point for other basic medical needs for the community, such as treating high blood pressure, malaria, typhoid, snake and dog bites, vaccinations, HIV testing and referral, and education programs on sanitation, malaria prevention, and family planning. [See photo of a community service worker visiting a family.] On average, 120 patients are seen each month.

All of this has been accomplished with a staff consisting of two clinical officers, two midwives, a nurse, an administrator and a security guard.

The villagers have determined that to give the children an opportunity to thrive the clinic needs to grow in order to provide pediatric care. Fortunately, two angels have come to their aid, in the form of a generous gift of \$35,000 USD from Clayton Valley Rotarian Hugh Toloui and his wife Flor, for a pediatric wing, which is already under construction and is expected to be completed by July 2021. [See photo of architect's rendering of the completed building.] This amount is being supplemented by \$6,250 USD from Clayton Valley Rotarians for the initial equipment needed to begin operations.

Much more money will be needed, however, to fully equip the clinic, for a new generator, and to hire a pediatrician, as the clinic works to fulfill its mission to deliver medical treatment to the mothers and children of the Luweero District, and to expand service to include mobile maternal and pediatric services district wide.

Rotarians from the Rotary Clubs of Muyenga, Uganda, and Clayton Valley/Concord Sunrise are continuing to work together to outfit the new wing and to solicit support from new partners both within Uganda as well as elsewhere. Plans are under way to apply for a global grant. If you are interested in learning more about the clinic, and to support the grant, please contact: Deborah Luyima, RC of Muyenga, kimydala@yahoo.co.uk, Herbert Muyinga, PAG, RC of Muyenga, hmuyinga@yahoo.com or Larry Hutchings, RC of Clayton Valley/Concord Sunrise, lwhutchings@yahoo.com or (925) 935-0434.

HARD AT WORK



NEW BUILDINGS



AMBULANCE



COMMUNITY WORKER VISITING LOCAL FAMILY



Nsawo Village, Uganda, Maternity/HIV Clinic Up and Running as Part of Adopt-A Village Model

Larry Hutchings, Past President, Past District Grants Chair

Rotary Club of Clayton Valley/Concord Sunrise, District 5160, California, USA

A maternity and HIV clinic in Uganda is now in operation thanks to the most recent of three Rotary grants benefiting Nsawo Village, a collection of small villages of approximately 2,500 residents. Six years ago a partnership began between the Rotary Club of Clayton Valley/Concord Sunrise, District 5160 in Northern California, and Ugandan Rotary Clubs, including lead host club R.C. of Muyenga, R.C. of Nansana, and R.C. of Wobulenzi, District 9211, to adopt a village--that is, to do whatever was necessary to give the people in one village a hand to enable them to pull themselves out of poverty.

The first \$38,000 global grant in 2011 concentrated on reduction in disease and improving nutrition--by providing mosquito nets, clean water and improved sanitation with a new borehole, pit latrine toilets and hand washing stations at the main trading center and at a school; better breeds of beans and maize seeds, piglets, chicks, feed, and veterinary services, thus producing additional sources of protein. The incidence of malaria went down by 95%; other water borne diseases decreased substantially, and the overall diets as well as incomes of villagers improved.



The Nsawo Maternity/HIV Clinic with patients waiting their turn.

The second global grant of \$46,680 expanded the water supply and focused on trade education and business equipment: sewing machines and brick making machines, banana suckers for farmers; pigs and sheep; catering equipment to enable the women to engage in business; and maternal care kits for expectant mothers to promote safe deliveries. Incomes in the village continued to rise due to the farming, catering, and production of sewn items.

One of the benefits of the second grant was that the youth who received the vocational training in brick making and laying constructed a building on donated land in the center of the village for use as a medical clinic. With the building in place, the Rotary Clubs of Clayton Valley/Concord Sunrise, Muyenga, and members of Ashland, Oregon, Durango, Colorado, and Vallejo, California made more than \$15,000 in direct grants to the RCC to equip the clinic, as well as obtaining a donated microscope valued at \$10,000.

Several children have now been born at the clinic; many children and adults have received vaccinations, and it is now being used for wellness/diagnosis for the village at large. However, more assistance is needed to fund regular visits by the doctor and ongoing supply needs. All projects have been championed and overseen by Rotarian Deborah Luyima, club secretary of the Rotary Club of Muyenga.

For information on the adopt-a-village model and how to participate in further assisting the clinic, please contact Deborah at kimydala@yahoo.co.uk or Larry Hutchings at lwhutchings@yahoo.com.



Village children receiving immunizations at Nsavo Clinic.

Where Does Cholesterol Come From?

Most of the cholesterol in your body is produced by your liver.

The amount of cholesterol you have depends on many factors, including genetics, diet, age, activity, and other elements.

Managing cholesterol levels may include dietary changes, lifestyle changes, medication, or a combination.

Despite the negative press cholesterol often gets, this fatty substance isn't entirely bad for you. Whether cholesterol is friend or foe to your health depends largely on the type and amount in your body.

Cholesterol is a fatty substance that travels through your blood. Your liver makes all the cholesterol your body needs, but you can also take in cholesterol through the foods you eat.

You need some cholesterol to produce hormones and substances your body uses to digest foods. But too much of it can build up in your arteries and lead to a heart attack or stroke.

The kind of cholesterol you have matters, too.

Low-density lipoprotein (LDL) cholesterol is nicknamed "bad" cholesterol because it can clog your arteries.

High-density lipoprotein (HDL) cholesterol, nicknamed "good" cholesterol, transports cholesterol to your liver, which removes it from your bloodstream. It's like a drain cleaner for your arteries.

The ideal equation is to have high HDL "good" cholesterol and low LDL "bad" cholesterol. Knowing which foods are high in fat and cholesterol can help you make more heart-friendly dietary choices.

Where does cholesterol come from?

Cholesterol in your body comes from two main sources: your liver and your diet.

Your liver, other organs, and other cells in your body produce about **80** percent of the cholesterol in your blood.

The other 20 percent of cholesterol in your body is affected by the foods you eat. Foods high in trans and saturated fats can contribute to unhealthy cholesterol levels.

As you take in more of these fats, your liver compensates by reducing its own production of cholesterol and removing excess cholesterol. However, not everyone makes and removes cholesterol with the same efficiency.

Some people have genes that tell their liver to make extra cholesterol or to slow their body's cholesterol removal process. If you've inherited these genes, you may have high cholesterol even if you don't eat foods that are rich in fat or cholesterol.

Which foods raise LDL cholesterol?

Animal foods and products contain cholesterol, but it's actually the types of fats in foods that can have a more dramatic effect on blood cholesterol levels.

Decades of research has shown that saturated fats can raise your LDL "bad" cholesterol and increase your risk for heart disease.

A **study** from 2015 showed a decrease in saturated fats could lead to a "small but potentially important reduction in cardiovascular risk."

The researchers also found evidence that when saturated fat is replaced with polyunsaturated fats, not carbohydrates, heart disease risk decreases.

Foods that are high in saturated fats encourage your liver to make more LDL “bad” cholesterol. You should limit these foods:

full fat dairy products

red meat, including beef, veal, lamb, and pork

deli meats, sausage, bacon, and hot dogs

baked goods

processed foods

Foods that are high in trans fats also increase LDL “bad” cholesterol. These foods include:

cakes

cookies

crackers

fried foods

margarine

microwave popcorn

Which foods raise HDL cholesterol?

Other foods have a more positive effect on your cholesterol level. These foods can help improve the HDL-to-LDL ratio:

fatty fish like salmon, sardines, herring, mackerel, and sea bass

tofu and other soy-based foods

flaxseeds and chia seeds

walnuts and other nuts

green leafy vegetables

foods high in soluble fiber, like oats, fruit, vegetables, and legumes

olive oil

What happens to cholesterol and fat in your body?

When you eat, cholesterol and fats from the food get broken down in your small intestine. They combine with bile salts, then lipases, and eventually get repackaged with other components before entering the bloodstream as lipoproteins.

Though some cholesterol components are stored in the liver and gallbladder, the main storage area for excess lipoproteins is in fat cells called adipocytes.

When you have too much cholesterol, these cells swell up and you gain weight. Too much cholesterol can be caused by eating too much unhealthy fat or carbohydrates.

Your body also uses some cholesterol to make bile, the greenish-brown fluid your liver produces to aid in food digestion. Bile is stored in your gallbladder.

What does cholesterol do in your body?

Cholesterol isn't entirely bad for you. In fact, your body uses it to make a few essential hormones, including:

sex hormones, such as estrogen and progesterone in women, and testosterone in men, which help the sex organs develop and are involved in reproduction

cortisol, which helps your body respond to stress

aldosterone, which balances the number of minerals in your body

vitamin D, which helps your body absorb calcium to strengthen your bones

Cholesterol is also a component of bile, a substance your body needs to digest foods. And it's used to build the membrane that surrounds cells.

Cholesterol becomes a problem when you have too much LDL, and too little HDL. LDL "bad" cholesterol builds up in arteries and forms a sticky goo called [plaque](#)[Trusted Source](#).

Over time, plaque hardens blood vessels, making them so rigid that less blood can flow through them. This is called atherosclerosis.

When your arteries are stiff, your heart has to work harder to force blood through them. Over time the heart can get so overworked that it becomes damaged.

Plaques can also break apart, and blood clots can form on the surface.

If a clot becomes lodged in a blood vessel, the clot can cut off your heart's blood supply and cause a heart attack. If a clot instead blocks a blood vessel that supplies your brain, you can have a stroke.

[How much cholesterol should you have?](#)

A [2019 update](#) to cholesterol guidelines advises healthcare professionals to look at more than just cholesterol levels.

The update recommends taking into account other risk factors to more effectively treat and manage heart disease risk.

This means that your doctor will consider:

your activity level

your diet

your weight

your age

your sex

any conditions you have, such as Type 2 diabetes

whether you smoke

any medications you take for cholesterol

The ideal cholesterol ranges that were previously recommended are:

Total cholesterol	<200 mg/dL
LDL “bad” cholesterol	<100 mg/dL
HDL “good” cholesterol	>60 mg/dL

Your doctor will likely still check your HDL, LDL, and total cholesterol levels with a blood test called a lipoprotein panel.

If your cholesterol is high, you can start taking steps to lower it with lifestyle changes and possibly medication.

Tips for preventing high LDL cholesterol

If your cholesterol level is high, you may be able to successfully manage it with a few lifestyle changes.

Here are some recommendations:

Try to limit or cut out foods that are high in saturated and trans fats. Aim for no more than 6 percent of your daily calories to come from saturated fats, which are found in foods like red meat, margarine, cookies, cake, and fried foods.

Replace unhealthy fats with heart-healthy, plant fats whenever possible. Some sources of heart-healthy fats include avocados, nuts, seeds, and olive oil.

Reduce intake of refined carbohydrates, like those made with white flour and added sugars as often as possible. These types of easily digested carbs can increase weight gain and contribute to developing or worsening certain health conditions, including diabetes and heart disease.

Try to eat more plants like whole grains, fruits, vegetables, and legumes to increase your fiber and plant fats intake. These foods reduce the amount of LDL “bad” cholesterol in your bloodstream.

Aim to increase the amount omega-3 fatty acids in your diet. The omega-3 fatty acids found in fish, flaxseeds, chia seeds, and walnuts help protect your heart.

Try to exercise every day. Aim for at least 150 to 300 minutes of aerobic exercise a week.

Combining regular exercise with eating a nutrient-dense diet as much as possible can help in managing your weight.

If you smoke, consider quitting. Talk with your doctor about smoking cessation programs and other resources to help you quit and find support. Quitting smoking can dramatically improve your heart health.

If you try diet and exercise and they're not enough to lower your cholesterol, your doctor may add medications to your treatment plan.

Cholesterol-lowering drugs include:

- **statins**
- **bile acid sequestrants**
- **nicotinic acid**
- **fibrates**

Last medically reviewed on April 9, 2021

Tips to have that talk

Vaccine hesitancy

by **Elizabeth Schroeder**

As COVID-19 vaccinations are administered around the globe, you've probably seen your social media feeds fill up with joyful vaccine selfies and excited appointment updates. Chances are, you also have someone in your life who's . Most of us do — and that has public health officials concerned.

Vaccine hesitancy is often fuel for heated public debate, but conversations about vaccines don't have to be contentious. In fact, being willing to have them is one of the most impactful ways we can influence global health. As with many emotionally-charged topics, knowing how to start the conversation can be the hardest part. These tips may help you open up a dialogue and get your loved ones thinking differently about being vaccinated.

Find shared values. We all want similar things — healthy families, thriving communities, and a sense of control over our health. Demonizing vaccine-hesitant individuals only creates further division and exacerbates an “us vs. them” mentality. Try explaining why you choose vaccinations. Is it to protect the most vulnerable members of your community? To shield your children from preventable disease? Relatable motivations like these can help forge a human connection and get to the emotional heart of the issue.

Seek to understand. Just as there are many reasons to be vaccinated, there are many reasons a person might feel dubious. A prevalent one is misinformation, which is more contagious than ever in our digital age. Others are more complicated and riddled with an ugly history. Marginalized communities have spent centuries being mistreated by the medical establishment. Expecting these communities to immediately trust the same institution to have their best interest at heart is unfair and dismissive of historic trauma.

Know your “C’s.” The World Health Organization (WHO) has outlined three “C’s” that contribute to vaccine hesitancy: complacency, convenience, and confidence. We could also add a fourth: culture. Rates of vaccine hesitancy, as well as contributing factors, vary widely based on a person’s location, background, and community. Being cognizant of these differences can prevent us from making incorrect assumptions. If someone is skipping recommended vaccines due to religious beliefs, opening a conversation with safety statistics may not be helpful or relevant to them.

Lead with facts. Mythbusting can be tempting, but did you know that repeating misinformation can actually give it more weight? Instead of focusing on why that meme or blog post is incorrect, stick to simple statements of fact. For example: “large-scale scientific studies find no link between the HPV vaccine and auto-immune symptoms.”

Be the voice of the majority. Social norms are an incredibly powerful force, but the key is to keep it positive. If you try to convince someone that not enough people are receiving vaccines, they may feel that their hesitancy has been validated by others. A more effective approach is to focus on how many people are choosing to vaccinate and why. Remind them that large-scale inoculation is a group effort and we want them on the team.

Identify the problem and the solution. If you've ever stood at the edge of a diving board, unable to move, you know that fear can be paralyzing. Fear of severe illness can have similar effects. When we talk about vaccine-preventable disease, simply scaring someone is likely to backfire. Instead, it's important to acknowledge two facts simultaneously: these diseases are serious and being vaccinated is a simple and effective countermeasure. Help put power back into their hands by identifying an action they can take — being vaccinated!

Vaccines bring us closer to a world where everyone thrives, but it's a team effort. By having conversations, you can bring your friends and family along on our global health journey.

Ladies Protect Your Health

Women in the United States live 81 years on average, almost five years longer than men. Our bodies and minds are made to carry us for many productive decades—to school, to work, and to give birth to babies and raise families. But women are also prone to dangerous diseases including heart disease, cancer, and [stroke](#). There are so many different ways to keep your mind and body strong and healthy. Here are some streamlined tips for protecting a woman's physical and mental health at any age.

1. Avoid Tobacco

Half of all long-term smokers will die from using tobacco. Smoking has been linked to several diseases and negative health effects, including heart disease (the number one killer of women), stroke, women's infertility, and lung cancer. Lung [cancer](#) kills more women than [breast cancer](#). Fortunately, when you stop [smoking](#) (or never begin the habit at all), you greatly decrease your risk of developing these diseases

2. Maintain Close Relationships

Research studies show that social connections increase your likelihood of surviving physical health problems, increase your level of happiness, and may even help you live longer. In fact, one study has shown that connections to other people have as big of a positive effect on your physical health as quitting smoking. Strengthen the relationships you have, and make it a goal to make new friends.

3. Eat Healthy Food

It can be difficult to eat enough fruits and vegetables and prepare nutritious meals for yourself and your family every day. But when you develop a habit of eating too many of the wrong foods and too few of the right foods, you are more likely to develop serious diseases and conditions, including cardiovascular disease, [diabetes](#), cancer, and depression. Scientists are starting to find that unhealthy foods, such as fast foods and commercial baked goods, seem to increase your depression risk, and healthier foods, such as omega-3 fatty acids and cruciferous vegetables (like broccoli) lower your risk of [depression](#) and cancer

4. Get Physical

The right amount of physical activity makes you less likely to have [heart disease](#), stroke, diabetes, breast cancer, depression, and many more conditions. Exercise improves your bone health, sleep, and quality of life. To gain these health benefits, try to get at least two and a half hours of “moderate-intensity” physical activity every week. Moderate-intensity activities include brisk walking, riding a stationary bike, and playing with your kids.

5. Get Your Health Checkups and Screenings

Even if you feel well, yearly health checkups and screening tests can help women:

Spot signs of serious diseases and conditions early, such as diabetes, cancer, and heart disease, so that you have a better chance of successfully curing or effectively treating them

Find problems before they cause painful or bothersome symptoms

Live a longer and more active life free of disability Schedule a checkup from a primary care doctor or [Ob/Gyn](#) once per year,

6. Help Others

Studies have found that helping other people can decrease your blood pressure, decrease depression, decrease your stress levels, decrease effects of chronic [pain](#), and may even help you live longer. This is often because volunteering can give you a sense of purpose and perspective, especially when things in your own life aren’t perfect. Volunteering can also help you meet new friends. Helping can mean as little as picking up a friend’s children at school, gathering donations for a charity, or visiting your elderly neighbor for coffee.

7. Get Your Sleep

Sleep problems (including [insomnia](#) and nighttime pain) tend to affect women more often than men. Over time, not getting enough sleep is linked to [obesity](#), heart disease, depression, and diabetes. Sleeping seven to nine hours per night can improve your mood, your memory, your stress levels, your safety, and your body's ability to fight disease.

8. Practice Yoga and Meditation

The practice of yoga has stuck around for thousands of years for a reason! Yoga includes postures like downward dog, breathing practices, and meditation. These have numerous proven physical health benefits including weight loss, decreased blood pressure, decreased risk of heart disease and diabetes, resistance to disease, and [joint pain](#) relief. Mental and emotional health benefits include significant improvement in levels of stress, [anxiety](#) and depression.

Habits Are Powerful

The trick to a healthy, happy life is to develop the right ones: Habits like avoiding tobacco, maintaining good relationships, eating a healthy diet, getting enough sleep and exercise, and visiting the doctor regularly. They can help you maintain a healthy weight, manage stress, keep higher energy levels, and keep you out of the hospital. They are not always simple or easy, but they are A]

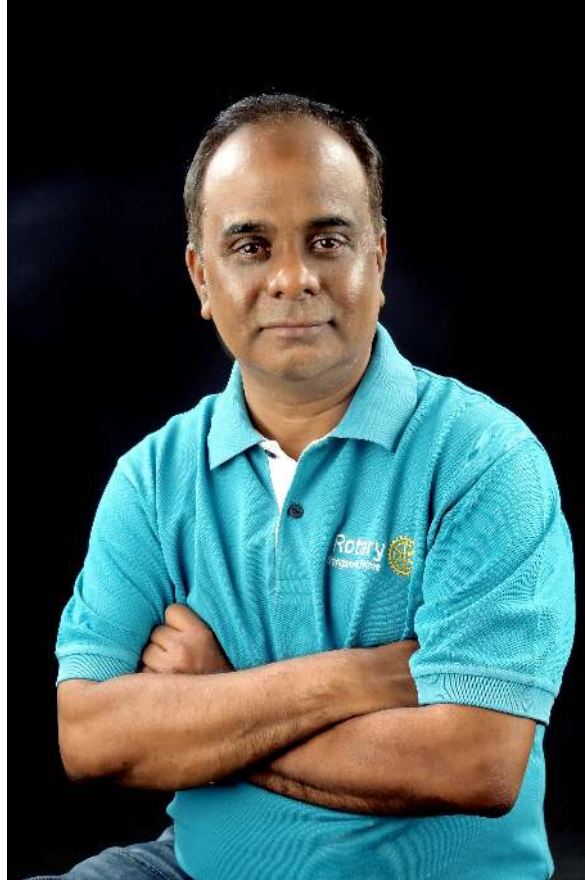
HEWRAGs NEW AREAS OF EMPHASIS Supply of Prosthetic Limbs

This new initiative has been introduced to HEWRAG by Mohan Kumar.

Mohan is the Charter President of Rotary Bangalore Prime, RI Dist 3190

Mohan Kumar

<https://consumerworldawards.com/winners/2020-winners/>



Mohan in his endeavor to do Good in the World, joined Rotary in the year 2005 and since then he has actively contributed in making a difference to thousands of lives. In particular he has played a key role in the artificial limb camp conducted by Rotary Bangalore Peenya. Over 40,000 + have been provided free artificial limbs, crutches, calipers, wheel chairs and tri-cycles. He was part of the polio corrective surgeries being done to over 875 people.

Some of the other projects, he played a key role include conducting over 70 + Hip replacement surgeries, providing 4 food distribution vehicles to The Akshaya Patra Foundation, construction of 17 compound walls to Government schools in Magadi Taluk, Karnataka.

As a Global LN-4 Ambassador in an honorary capacity representing The Ellen Meadows Prosthetic Hand Foundation, USA, he has enabled over 20,000 + beneficiaries being provided free below elbow mechanical functional hand. This involved in capacity building and establishing connects with NGO's across India. In the past two years before this pandemic, at an average of one camp a week is conducted across India.

In December 2020, he was invited by the Zambian Government to initiate the prosthetic hand project in Lusaka, Zambia. He was featured in ZNBC TV Channel in Africa. His efforts have resulted in provision of the prosthetic hand in countries that include Sri Lanka, Bangladesh and Mauritius.

As a Chief Strategy Officer for brand C-Gate, he is involved in Research and Design of Solutions that aide in reduction of transmission risk of COVID-19. A patent and trade mark have been filed for this. This product is adjudged as a Gold Winner in the Technology to Combat COVID -19 at the World Consumer Awards.

He has received Certificate of Appreciation from The Government of Karnataka as Corona Warrior.

He has received Certificate of Appreciation from The Ministry of Human Resource Development, Government of India as a Mentor to the participants of The Fight Corona Ideathon.

He has received Certificate of Appreciation from The Ministry of Human Resource Development, Government of India as a Mentor for the COVID-19 Samadhan towards solving the challenges posed by the pandemic.

He has completed a course on COVID-19: Tackling The Novel Corona Virus from The London School of Hygiene & Tropical Medicine and UK Public Health Rapid Support Team.

Very recently in India, he was responsible to set up 500 Oxygen Concentrator bank as a service to the needy through Rotary.

He is a Master Trainer for Rotary Leadership Institute South Asia, one among the 6 and its Joint Secretary for India, Nepal, Sri Lanka, Maldives & Bhutan. He has conducted training programs across many Rotary Districts in India Bangladesh & Sri Lanka.

He is the Founder member of Strategic Planning Fellowship Group (S-PROF) approved by Rotary International Board in consultation with the Global Networking Groups. He is S-PROF Champion for South East Asia. He has received a Paul Harris Fellow recognition from S-PROF for his dedication to Strategic Planning.

He is recipient of Indian Achievers Award 2020 in recognition of Outstanding Professional Achievement and Contribution in Nation Building by Indian Achievers Forum.

To mark World Health day on 7th April, Rotary International honoured six members who are building the foundations of good health at home and abroad. Mohan is one of the honorees.

Mohan is the Charter President of Rotary Bangalore Prime, RI Dist 3190. He was invited to join Rotary in the year 2005-06. He is a survivor of a Tsunami and Earthquake in Kathmandu and Corona.

Rotacare Free Clinics

This initiative is being brought under our umbrella by PDG Ron Sekkel from RC Scotts Valley D 5170



Ron Sekkel

Ron joined Rotary in 1977 at age 32. He's in the Rotary Club of Scotts Valley, was District Governor in District 5170 during Rotary's Centennial Year 2004-05, and had his 2 ½ minutes of fame when he presented the Fifth Avenue of Service at the Rotary Congress in 2010. He was the Dean of the District 5170 Leadership Seminar Program for 9 years, for the last 16 years has been the Talent & Script Coordinator for an internationally known Rotary Production Group, and is now on the Board of RotaCare Bay Area, Inc. & RotaCare Free Clinics. Ron was a recipient of The Rotary Foundation's Citation for Meritorious Service in 2008 and The Rotary International Service Above Self Award in 2019.

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.



Health Education and Wellness Rotary Action Group

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 Rotarian Action Group operates in accordance with Rotary International policy but is not an agency of or controlled by Rotary International

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