



Health Education and Wellness Rotarian Action Group (HEWRAG)

Rotarians Working Together To Improve World Health

Volume 6, Issue 1 – February 2020

www.hewrag.org hewrag@gmail.com facebook.com/HEWRAG

Newsletter Editors and HEWRAG Co-Chairs: Jane Little and Sheila Hurst

Greetings!

As we begin 2020, HEWRAG continues our emphasis on five areas of public health: Medical/Dental Missions and Health Fairs; Cervical Cancer Prevention and Elimination; Tuberculosis Awareness and Prevention; Autism Awareness and Empowerment; and Oral Health and Nutrition. If you are working in these areas or if you have another area of public health that you'd like us to consider adding, we encourage you to contact us.

Perhaps you'd like a HEWRAG program or exhibit about one or all of our areas of emphasis for your District Conference, Zone Institute, or another Rotary event. If so, HEWRAG has created a team of speakers ready to respond to your inquiry. Are you affiliated with a corporate entity? HEWRAG will be pleased to consider partnerships with corporate supporters related to our areas of emphasis or to other areas of public health.



Learn more about HEWRAG at the Rotary International Convention in Honolulu June 6 -10. We invite attendees to our Annual General Meeting on Saturday, June 6 from 12:30 to 14:00 in Room 325B. Also, HEWRAG will again host a booth in the House of Friendship. Stop by for 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.

Look for more detailed information about the Convention in our May Newsletter, and please enjoy this issue. It includes current, timely articles about our areas of emphasis and for the first time features a student's personal story that she wrote in both English and Portuguese.

With Warm Regards,

Jane Little and Sheila Hurst, Co- Chairs

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FEATURED ARTICLES

The Global Plan to End TB 2018-2022 – The Paradigm Shift A Renewed Commitment to Ending TB

Paula I. Fujiwara, MD, MPH, Scientific Director
The International Union Against Tuberculosis and Lung Disease
Chairperson, Global Plan Task Force

Is Cervical Cancer a Public Health Problem?

Karl Diekman
Rotary Club of Woodland, District 5160, California, USA
District 5160 Governor 2010-2011
Director, Health Education and Wellness Rotarian Action Group

Immunization against Human Papilloma Virus: A dream deferred

John J. Donnelly, Ph.D.
Immediate Past President, Rotary Club of Orinda, District 5160, California, USA
Principal, Vaccinology Consulting LLC

Rotary in Ethiopia: Commitment to Eliminate Cervical Cancer

Mengistu Asnake, MD, MPH
Rotary Club of Addis Ababa, Ethiopia, District 9212
Senior Country Director, Pathfinder International

Re-usable Sanitary Towels: A Rotary Women Empowerment Project

Dr. Tsimbiri P. Fedha
Rotary Club of Nakuru, District 9212, Kenya
Senior Lecturer and Consultant Obstetrician & Gynecologist
David Copp, Ph.D.
Rotary Club of Davis Sunrise, District 5160, California, USA
Distinguished Professor, Emeritus
Department of Philosophy, University of California, Davis, California, USA

RotaCare Free Medical Clinics Supported by Rotary Clubs In Three Rotary Districts in California, USA

Steven R. Polcyn
Past President, Rotary Club of Alamo, District 5160, California, USA
President, Board of Directors, RotaCare Bay Area, Inc.

Autism in the Feminine

Alberto Esteves Guerra
Rotary Club de Oeiras, District 1960, Portugal
Responsible for International Services and the Rotary Foundation Commission

Admitting that I am Autistic has changed my life!

Mariana Nolasco Ferreira
Age: 17, Student in Maristas Schools, the 12th year of schooling
English version Portuguese version



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The Global Plan to End TB 2018-2022 – The Paradigm Shift A Renewed Commitment to Ending TB

Paula I. Fujiwara, MD, MPH, Scientific Director
The International Union Against Tuberculosis and Lung Disease
Chairperson, Global Plan Task Force

According to the World Health Organization (WHO), an estimated 10 million persons with tuberculosis (TB) are diagnosed yearly.
(https://www.who.int/tb/publications/global_report/en/).

TB causes the most deaths per year of any infectious disease, although cost-effective treatment exists. To address this, in September 2018, the United Nations (UN) held the first ever High Level Meeting (HLM) on TB, which resulted in a political declaration ratified by the UN member states.

The countries pledged to address five key commitments by 2022:

- To reach all people by closing the gaps on TB diagnosis, treatment and prevention;
 - TB: 40 million for TB
 - Children with TB: 3.5 million
 - Multidrug-resistant-TB (MDR TB): 1.5 million
 - Children with MDR-TB: 115,000
 - TB Preventive therapy: >30 million
- To transform the TB response to be equitable, rights-based and people centered;
- To accelerate the development of essential new tools to end TB;
- To invest the funds necessary to end TB;
- To commit to decisive and accountable global leadership including regular UN reporting and review.



The Stop TB Partnership (stoptb.org), the global advocacy arm for TB activities, is the publisher of **The Global Plan to End TB 2018-2022 – The Paradigm Shift**. This fifth iteration of the Plan, which dates back to 2001, was updated in December 2019 to fully align with the new UNHLM targets and commitments. The update was needed to provide the latest information, to document the research tools already developed, and to include the revision of technical guidelines, the development of new initiatives and resource needs since 2016, when the fourth edition was published. Importantly, progress and momentum had lagged; the UNHLM highlighted the need for renewed commitment to end TB by the end of the Sustainable Development Goals in 2030.

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It is a costed plan that provides an estimate of the resources needed to provide TB care, prevention and research by 2022, when the Stop TB Partnership is due to report back on the achievements. To implement the Plan, \$13 billion/year, with an additional \$2 billion/year to develop new tools, are needed between 2018 and 2022. The UNHLM global targets are allocated to each country based on its TB burden to ensure an equitable sharing of responsibility. The Plan can be used for advocacy and resource mobilization, and a tool by civil society for community empowerment and an accountability mechanism on the UNHLM commitments and targets. By updating the Global Plan to align with the political commitments of the UNHLM, the TB community now has a more powerful, cohesive message and a renewed commitment to end TB.

To summarize, the following 16 words encapsulate the UNHLM political commitment:

**“Treat all people with TB well; use new tools.
Make the investment, and keep your promises.”**

For more information, please visit <http://www.stoptb.org/global/plan/plan1822.asp>.

Editor's note: Dr. Fujiwara and Past Rotary International Director and HEWRAG Director Yash Pal Das convened the HEWRAG Special Session on TB Awareness and Prevention at the Rotary International Convention in Hamburg, Germany on June 5, 2019.



To view their presentations, please go to <http://www.hewrag.org/wp-content/uploads/2019/06/Yash-Pal-Das-Hamburg-TB.pdf> and <http://www.hewrag.org/wp-content/uploads/2019/06/TB-Special-Session-Dr.-Paula-Fujiwara-Hamburg.pdf>

Is Cervical Cancer a Public Health Problem?

Karl Diekman
Rotary Club of Woodland, CA, USA
District 5160 Governor 2010-2011
Director, Health Education and Wellness Rotarian Action Group

That is what the World Health Organization (WHO) will declare later this year when it adopts a plan to eliminate cervical cancer as a public health problem. WHO conducted consultations in its various regions to receive member input in the draft policy. I am fortunate in that I found myself a participant at the consultation for the Pan American region that was held at the Pan American Health Organization (PAHO) Headquarters in Washington, D.C. early last fall. It was quite an experience to witness the careful attention that health officials, scientists, regulators, and others gave to the issue of cervical cancer.

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I was especially impressed with the scientific analysis of the issues and the follow up with carefully thought out solutions to real problems. As an invitee, I was able to participate in the discussion and to describe the challenges Rotarians face as they work to implement cervical cancer prevention projects.

I learned a few things worth sharing.

Immunization is a key strategy to preventing cervical cancer and a number of other cancers derived from HPV infections, but there are significant challenges, the principal of which is a shortage of vaccine now and for the foreseeable future.

Examinations of women for the HPV lesions that lead to cervical cancer remain a challenge because of a shortfall in resources needed for examinations. Fortunately, this is an easier challenge because HPV genetic testing is rapidly advancing, and most women can be screened without going through a physical examination. There are challenges to overcome, but one can easily imagine how many more women can be examined when 70% can be prescreened with a simple swab.

Treatment of HPV-caused precancerous lesions is getting simpler through the introduction of new technologies that are producing the instruments that make thermocoagulation a less costly and less cumbersome substitute for cryotherapy. I have mentioned improvements in testing and treatment, but these are what may be referred to as the tip of the spear. People are working around the world to solve the issues with vaccine, to create new technologies, and to raise awareness.

As Rotarians we have the ability to help our healthcare providers make the elimination of cervical cancer a reality by raising awareness, supporting training programs, and equipping clinics.

For assistance in developing a cervical cancer prevention project in your community, contact Karl Diekman, HEWRAG Director, kddiekman@aol.com

Immunization against Human Papilloma Virus: A dream deferred

John J. Donnelly, Ph.D.

Immediate Past President, Rotary Club of Orinda, District 5160, California, USA
Principal, Vaccinology Consulting LLC

Infection with the human papilloma virus (HPV) is now known to be the cause of most cases of cervical cancer in women. HPV infection also has been implicated in oropharyngeal and rectal cancers in both men and women. The cancers often do not become detectable by clinicians until many years after the viral infection. Currently, just two manufacturers (Merck and Glaxo Smithkline) produce the only vaccines for prevention of HPV infection. Between them, they produced about 50 million doses of vaccine in 2019.
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In 2018, the Director-General of the World Health Organization (WHO) called for the eradication of HPV through worldwide vaccination, which will require as much as 120 million doses of vaccine per year. A recent report from the WHO's Market Innovation for Access (MI4A) team underscores the supply challenges that are limiting progress toward this objective.

Currently, 90% of the world's High Income Countries (Annual per capita GDP \geq \$12,376) and 90% of countries in Latin America have introduced the HPV vaccine. Together these countries account for 22% of the world's burden of cervical cancer. In contrast, fewer than 40% of the world's low and middle-income countries, accounting for 78% of the world's cervical cancer burden, have been able to introduce the HPV vaccine due to high cost and supply constraints. The dire supply situation is made worse by expanded guidelines in high income countries recommending immunization of women up to 45 years of age with 3 doses of vaccine. (Currently, the vaccine is indicated for two doses for boys and girls 9 through 26 years of age.)

These expanded indications in high income countries compete with the supply needs of poorer countries. Price is another obstacle to vaccine availability in lower income countries. Currently a dose of the HPV vaccine costs between \$49 and \$131 in the US market, \$12 in most upper-middle income countries, and \$11 in Latin America. With this pricing, middle income countries may spend up to 56% of their entire annual vaccine procurement budget just to obtain the HPV vaccine.

What is to be done? The WHO and its supporting agencies are taking a two-pronged approach of increasing supply and managing demand. Three companies, the Chinese company Inovax in partnership with Xiamen University and Glaxo Smithkline, Shanghai Zerun Biotech, and Serum Institute of India are working to bring HPV vaccines to market specifically to meet the needs of low and middle income countries. Assuming there are no delays, these new vaccines are expected to reach the market beginning in 2022 and to increase global capacity to 150 million doses by 2026 and >200 million does by 2028. To manage the demand, the WHO Strategic Advisory Group of Experts (SAGE) has recommended that countries cease the use of HPV vaccine in boys, and in girls and women outside an age span of 9-10 years or 13-14 years. The SAGE also recommended an off-label use of the vaccine in 9-10-year-olds, extending the interval between the first and second doses to up to three years, versus the currently recommended interval of 6 to 12 months between doses.

The cumulative effect of these strategies would bring vaccine supply and demand into balance by approximately 2026. The long interval between immunization of teens and the later period of life when cervical cancer is commonly diagnosed will require the world's lower income countries to continue spending their limited resources for diagnosis and treatment of cervical cancer for many more years, while also paying for an expensive immunization program as an investment in the future.

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What can Rotarians do? Many of our members are working hard to help with cervical cancer diagnosis and treatment efforts in lower income countries. We all need to keep up this effort, without abating, because it will be another 20 or more years before disease rates in lower income countries begin to drop due to vaccination. In the meantime, the current generation of women will remain at risk.

For more information, see: MI4A Global Market Study 2019:

https://www.who.int/immunization/programmes_systems/procurement/mi4a/platform/module2/WHO_HP_V_market_study_public_summary_Dec2019.pdf?ua=1

WHO HPV Website: <https://www.who.int/immunization/diseases/hpv/en/>

Rotary in Ethiopia: Commitment to Eliminate Cervical Cancer

Mengistu Asnake, MD, MPH

Rotary Club of Addis Ababa, Ethiopia, District 9212

Senior Country Director, Pathfinder International

Cervical cancer is one of the world's deadliest - but most easily preventable and treatable - forms of cancer for women responsible for 270,000 deaths annually. Almost 85% of these deaths are occurring in developing countries with limited access to preventive services. Technological advancements have proven that the high mortality rate from cervical cancer could be reduced through a comprehensive approach that includes prevention, early diagnosis, effective screening, and treatment.

In May 2019, I had a chance to attend the Rotary District 9212 Conference in Mombasa, Kenya and met the Health Education and Wellness Rotarian Action Group (HEWRAG) Director Past District Governor Karl Diekman (Rotary Club of Woodland, District 5160, in California, USA) and HEWRAG Co-chair Sheila Hurst. The meeting was an eye opener for me to know the global level involvement of Rotary in Cervical Cancer Prevention programs that have been at the heart of my day to day activities over the past ten years.



Discussions in Addis Ababa to better understand cervical cancer, to develop a draft action plan, and to create networking with the Ministry of Health and other allies.

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Based on the meeting in Mombasa, my organization of Pathfinder International supported an orientation session in Addis Ababa in Fall 2019 for 25 leaders and members of the Ethiopia Rotary family with the objectives of creating a better understanding of Cervical Cancer; developing a draft action plan; and creating networking with Ministry of Health and other allies.



PDG Teshome, Country Chair Mulunesh, and orientation facilitators with Mengistu Asnake

ahead of the cancer before we remain behind the disease that is costing us a lot in all aspects of one's and family's life". The group ultimately agreed to work on priority areas that include prevention, support around treatment and care, and psychosocial support.

After an official address, an expert from Ministry of Health presented the general overview of cancer with a focus on cervical cancer, national responses, and areas of support needed in realization of the national goal. Additionally, an indigenous organization presented its experience around the support to cancer patients. The presentations were supplemented by educational videos on testimonies of cancer survivors.

Following the presentations, participants held interactive discussions that emphasized, "***We should be way***

Some of the ways to deal in achieving the aforementioned priority areas included

- creating social media groups to share the messages and create public awareness,
- developing and using message stickers,
- facilitating a story sharing of cancer survivors as a mechanism of psychosocial support and inspiring others,
- immediately starting of awareness creation from ease of access points (family, work area, and other closer and easily accessible groups),
- creating the awareness that every woman is at risk of cervical cancer,
- integrating cervical cancer prevention works to HIV prevention platforms,
- sharing messages using different Rotary platforms, and
- mobilizing resources.

As cervical cancer should concern everyone, the group formed a small task force to follow the priority activities and agreed to use a motto of "***Cervical Cancer concerns me***" throughout their work. Most of the participants oriented their club members following the national level orientation.

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Participants at the cervical cancer orientation session.

As members of the Rotary family, we are uniquely positioned through our worldwide network and have experience to make enormous leaps of progress. We have the knowledge, the know-how, the tools, and the will to stop this devastating disease from happening and the opportunity to eliminate cervical cancer from future generations.

To further the conversation, please write to masnake@pathfinder.org

Re-usable Sanitary Towels: A Rotary Women Empowerment Project

Dr. Tsimbiri Pamela Fedha

Rotary Club of Nakuru, District 9212, Kenya

Senior Lecturer and Consultant Obstetrician & Gynecologist

David Copp, Ph.D.

Rotary Club of Davis Sunrise, District 5160, California, USA

Distinguished Professor, Emeritus

Department of Philosophy, University of California, Davis, California, USA

Many girls in Kenya miss school during their menstrual periods because they cannot afford commercially available feminine hygiene products. They “make do” with pieces of cloth or toweling or whatever. Lack of affordable sanitary towels has too often led to embarrassing moments for some girls, leaving them stigmatized and with reduced self-esteem. Recently in Kenya, a school girl took her own life following an embarrassing moment.

The Rotary Clubs of Nakuru (Kenya, District 9212) and Davis Sunrise (California, USA, District 5160) are working together to try to alleviate this sad problem, at least in the Nakuru region.

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Objectives

By training women in the community in reusable sanitary towel production and marketing, the project aims to help them start a cooperative making reusable sanitary towels. Towels made by the women during the training period will be distributed to 1000 needy girls in schools in Nakuru and nearby villages.

Once the cooperative is established, it will provide access to affordable, hygienic, and high quality sanitary towels to girls and women in the community. This is our first objective. Our second objective is to empower women who participate in the cooperative by providing them a living, having in mind the limited opportunities of women living in rural and slum areas in Kenya. The project is intended as a pilot for similar projects that we hope will be carried out elsewhere in Kenya and Africa. District 5160 awarded RC Davis Sunrise a District Grant to help fund this project.

Key activities

- ▶ Members of RC Davis Sunrise formed a sewing team and worked for over a year fine-tuning and testing designs for re-usable sanitary pads. The team's design is being used in the project.
- ▶ The project committee of RC Nakuru identified three women's groups in Nakuru and two nearby villages who were interested in learning to produce reusable sanitary towels.
 - ▶ Nakuru Hospice in Nakuru town
 - ▶ Soar Kenya Widows Self-Help Group, Barut
 - ▶ Catholic Women's Association of St. Dennis, Piave
- ▶ The women were supplied with sewing machines and materials for sanitary towel production.
- ▶ A trainer was identified who has assisted in training and supervision of the women in pads production.
- ▶ We are developing a business model for a cooperative that will ensure continued sanitary towel production and provide income to the women.
- ▶ Three members of RC Davis Sunrise visited Nakuru in October 2019 and helped committee members from RC Nakuru distribute pads in local schools.

The project originally distributed more than 2000 pads to needy girls in 10 schools in the Nakuru area. We produced 2000 more pieces that were distributed in January of 2020. The response by some of the students has been unexpected and overwhelming.

One surprise is how important this project has been to the women who are sewing the pads. It has given them a sense of purpose and community. One of the women said (in translation from Swahili): "This project brings hope to many girls and women beginning to take charge of their feminine hygiene. We are also happy that our work is meaningful to so many girls. We are grateful to Rotary."

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Total Approximate Budget: \$10,200 USD
Rotary Club of Davis Sunrise: \$3,400, District 5160: DDF \$6,800

With questions about replicating this project, please contact dcopp@ucdavis.edu



Rotary Club of Davis Sunrise Sewing Team



A member of the sewing team of Soar Kenya Widows Self-Help Group



Girls received their own bags of items.



School girls learned about the pads



Dr. Tsimbiri giving a school girl a bag with 8 reusable sanitary pads, a washcloth, soap, and a pair of underwear.



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RotaCare Free Medical Clinics Supported by Rotary Clubs In Three Rotary Districts in California, USA

Steven R. Polcyn

Past President, Rotary Club of Alamo, District 5160, California, USA
President, Board of Directors, RotaCare Bay Area, Inc.

RotaCare Bay Area, Inc. is a 501(c)(3) non-profit organization. RotaCare was formed in 1989 when a local Rotarian and his Campbell, California Rotary Club identified the need of many local residents who had limited access to primary healthcare services. Today, there are 10 clinics located throughout the Greater San Francisco Bay Area that are supported by local Rotary Clubs spanning three California Rotary Districts (5150, 5160 and 5170).



Nurse Helene Glaser, RN, MSN, (center) reviews medical records with a patient at the RotaCare Pittsburg Free Medical Clinic (Pittsburg, California)

RotaCare Clinics are volunteer-led programs; with physicians, nurses, bi-lingual translators, health educators, social workers, specialty care providers and Rotarians volunteering their time and professional services to provide access to care for uninsured adults with acute or chronic medical conditions. Many of the patients being treated at the free clinics are presenting hypertensive, Type II Diabetic, and asthmatic medical conditions along with colds, sore throats, and other illnesses.

Due to the economic, social and cultural barriers that exist in accessing affordable healthcare, many of the uninsured and underserved adult patients are unable to afford proper medical treatment for their medical conditions. As a result of the RotaCare free clinic program, uninsured residents have access to health care, and health disparities are reduced for the vulnerable population served.

The RotaCare program provides access for uninsured patients to primary and specialty care and greatly enhances navigation for our low-income patients to utilize other services and obtain appropriate care from a medical home.



Dr. Minn meeting with a patient at one of the RotaCare Free Medical Clinics.

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Patients served at the free medical clinics receive comprehensive primary care in a culturally competent environment, laboratory services and diagnostic tests (MRI, Ultrasound and X-ray), at no cost to the patient.

RotaCare saves taxpayers money providing patients accessible medical care in our community clinics rather than expensive hospital emergency room care.

The RotaCare Free Medical Clinics are heavily supported through contributions from local Rotary Clubs, foundations and community organization grants, donations, and the hard work of our volunteers.

At RotaCare, we believe that health outcomes of patients with diabetes, hypertension and asthma can be improved with medical management and lifestyle modifications. With this goal in mind, The Rotary Club of Alamo, California, (serving as the host Club)



Nurse Practitioner Pamela Di Franco, RN, MSN, PHN, NP, examines a patient.

and the Rotary Club of Tiruchengode, India (serving as the international sponsor), developed a Rotary International Global Grant for Transitional Care Clinics in two D5160 communities in California, to improve health outcomes by providing first-line treatment for patients with these chronic medical conditions. The project was designed to produce both sustainable results and measurable outcomes. Funds were received from 16 District 5160 Rotary Clubs; Rotary District 5160; the Rotary Club of Tiruchengode, India; Rotary District 2982, India; the Rotary Club of Belur, India; the Rotary Clubs of Santa Catarina, Bahia de Jaitemba-La Penita, and Monterrey Cumbres, Mexico; and The Rotary Foundation. The Global Grant, which totaled \$167,050.00, has

been underway since early 2018. Patient participation in the Transitional Care Clinic is entirely voluntary.



MISSION STATEMENT

To provide free medical care in the Bay Area for those who have the greatest need with the least access.

For more information, visit: <https://www.rotacarebayarea.org/>
Or contact Steve Polcyn at stevep@rotacarebayarea.org



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Autism in the Feminine

Alberto Esteves Guerra

Rotary Club de Oeiras, District 1960, Portugal

Responsible for International Services and the Rotary Foundation Commission

In recent years the international scientific community has come to the conclusion that many Autistic girls have different characteristics from those normally associated with Autism, thus leaving several girls undiagnosed. The girls make an effort to go unnoticed in their difference, masking the symptoms of Autism. Many undiagnosed autistic women in their thirties and forties have developed other psychiatric disorders such as anxiety disorders, eating disorders, depression, or even suicide attempts. That is, the lack of diagnosis may be associated with a high level of suffering for Autistic girls and women over the years.

Most mental health professionals still do not know the characteristics of Autism in Women, leaving several children, young people, and women without the correct diagnosis. In schools, teachers and educators also lack the appropriate minimum training to identify in their pupils this developmental disturbance. This reality affects in Portugal about 5% of women (~250.000). Given the innovative nature of the "Clearly Autistic Association," the Rotary Club Oeiras considers that it can actively and jointly contribute to the continuation of training and awareness activities to be developed by the Association.



Members of the Rotary Club of Oeiras, District 1960, Portugal

So, we tested in a school a pilot procedure which consisted of first: convincing a young woman to take the attitude of explaining to her colleagues, that they were autistic and then, 2nd phase, to disclose the situation of these students to the teachers and the rest of the school community.

Here is the testimony of Mariana, written in English and Portuguese in the first person by the young autist who led the project.



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Admitting that I am Autistic has changed my life!

Mariana Nolasco Ferreira

Age: 17, Student in Maristas Schools the 12th year of schooling

I've lost track of how many times I told my friends or my teachers that my mom is autistic and they were shocked, saying that I shouldn't offend my mom like that, and that it was very rude of me. And when I answered that I wasn't offending her, she was actually autistic, they wouldn't believe me, and it took ages for them to finally understand that I wasn't joking.

The same thing usually happens when I tell people that I am autistic. People usually laugh, tell me that I shouldn't joke about that, or that it is impossible because I "looked normal".

I remember when I was younger I was always arguing with my teachers, they were always getting mad at me and I couldn't understand why. They would make me do extra work and when I got home, I always cried because they were mean to me and I didn't understand why they were so mean to me, like there was something wrong with me. Then my mom started explaining them that I was autistic and suddenly they stopped. From one day to another teachers started being nice to me.

Then my friends started to know too and it also got easier. Now they understand that when certain things happen, I need to get out of where I am and they help me and come with me. When I'm feeling really uncomfortable in a situation, they look at me and understand how I'm feeling and try their best to make it better for me. Or when I have certain attitudes that before they would think were rude, now they understand that I don't mean to hurt them, and instead of getting mad at me, they explain why I was wrong and help me understand how to behave the next time something like that happens.

Summing up, telling people I am autistic really improved my life. I used to suffer so much from situations that could have been avoided if everyone knew sooner. No one judges me, no one stopped being friends with me, and no one makes fun of me because of that. If anything, I have more friends now, because people understand why I have certain reactions and instead of stop hanging with me, they just understand that it wasn't my intention to hurt them.

So, if you're reading this and you are in the same position I was some years ago, I want you to know that there is nothing wrong with being who you are, and you don't have to be afraid to tell people you're autistic. In fact, you should be proud of it: you're unique and special, and no one will stop liking you because of that.



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Admitir que sou Autista, mudou a minha vida!

Mariana Nolasco Ribeiro
!7 anos ; Aluna do 12º Ano escolaridade
Escola Marista de Carcavelos - Portugal

Já perdi a conta de quantas vezes disse aos meus amigos ou professores que a minha mãe é autista e eles ficaram chocados, e disseram-me que não devia ofender a minha mãe assim, que estava a ser super mal-educada. E quando eu lhes respondia que não a estava a ofender, estava só a dizer a verdade, ninguém acreditava em mim, e demorava sempre séculos até perceberem que eu estava a falar a sério.

O mesmo costuma acontecer quando conto que eu sou autista. Normalmente as pessoas só se riem, ou dizem que não devia gozar com coisas sérias, ou melhor ainda, que é impossível eu ser autista porque “tenho um ar perfeitamente normal”. Mas quando, os meus amigos e professores começaram a perceber que eu não estava a gozar e acreditaram em mim, só o facto de eles saberem facilitou imenso a minha vida. Lembro-me quando era pequena, estava constantemente a discutir com os meus professores, eles estavam sempre a zangar-se comigo nas aulas e eu não conseguia perceber porquê. Eles obrigavam-me a fazer trabalhos extra, e eu quando chegava a casa chorava imenso, porque não conseguia perceber porque é que eles eram tão maus para mim, como se houvesse algo de errado comigo. Depois de alguns anos, a minha mãe falou com eles. Explicou-lhes que eu era autista. E de um dia para o outro, os professores começaram a ser simpáticos comigo.

Depois os meus amigos começaram a saber e a minha relação com eles também se tornou mais fácil. Agora eles percebem que quando certas coisas acontecem, eu tenho que sair rápido de onde estou e eles ajudam-me e saem comigo. Quando estou mesmo desconfortável nalguma situação, olham para mim e percebem como me estou a sentir, e tentam o seu melhor para melhorar a situação. Ou mesmo quando tenho alguma reação que antes teriam considerado rude, agora percebem que não tinha a intenção de o ser, e em vez de se chatearem comigo ou deixarem de me falar, explicam onde é que errei e porque é que o que fiz ou disse os magoou, e até me ajudam a saber o que fazer na próxima vez que algo parecido acontecer.

Resumindo, dizer às pessoas que sou autista melhorou imenso a minha vida. Eu costumava sofrer com situações que poderiam ter sido evitadas se as pessoas simplesmente tivessem sabido mais cedo. Ninguém me julga, ninguém deixou de se dar comigo, e ninguém goza comigo por causa disso. Aliás, até tenho mais amigos agora, porque as pessoas percebem porque é que às vezes ajo de certa maneira e em vez se afastarem, percebem que não era minha intenção magoá-los.

Por isso, se estão a ler este texto, e estão na mesma posição que eu estava há uns anos, quero que saibam que não há nada de errado convosco, nem em serem como são, e não precisam de ter medo de dizer às pessoas que são autistas. Aliás, deviam estar orgulhosos disso: são únicos e especiais, e ninguém vai deixar de gostar de vocês por causa disso.



Health Education and Wellness
Rotarian Action Group

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The goal of the Health Education and Wellness Rotarian 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.

One of the first 10 Rotarian Action Groups formed was World Health Fairs Rotarian Action Group (WHFRAG) which was reorganized, expanded, and renamed in 2014 as the Health Education and Wellness Rotarian Action Group (HEWRAG).

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

Comments and suggestions about HEWRAG and this Newsletter are welcome. With questions or for more information, please write to hewrag@gmail.com.

Readers are invited to submit an article about Health Education and/or Wellness projects and programs for consideration in a future issue. General guidelines:

- an article of up to 400 words (500 words maximum) and
- 2 or 3 high-resolution .jpg images (each a minimum of 1 MB to a maximum of 3 MB) with captions.

The next issue of this Newsletter will be published in May 2020.

To submit an article about Health Education and/or Wellness for consideration in the May issue, please write to hewrag@gmail.com by April 1, 2020.

To request adding someone to the mailing list, please send contact information including Rotary affiliation and e-mail address to hewrag@gmail.com.

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