

Rotary

OCTOBER 2025 MAGAZINE

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What community-led development looks like

October is Rotary's Community Economic Development Month, a time to spotlight our efforts to help communities build thriving, sustainable futures. This month's observance aligns perfectly with the Rotary core value of leadership.

Leadership means empowering people to guide their own progress. That is precisely what Rotary's economic development projects aim to achieve.

Take, for example, a recent initiative in southern India in which Rotary members unlocked the power of women of the Adivasi tribal groups through sewing training to earn a living and regain social inclusion. Historically, widows and abandoned women in this region lose social standing and are shunned by society or blamed for their misfortunes. Opportunities to support themselves or obtain training are minimal.

This year, the Rotary Club of Windsor-Roseland, Ontario, partnered with clubs in Districts 3203 and 3234 in India — and with the Indian organization Sevalaya Trust — to provide sewing machines and training to 80 Adivasi women. They learned to stitch saree blouses, kurta tunics, and salwar suits, enabling them to support themselves and their families. Each woman received a certificate for completing the program, and the sewing-machine provider offered free long-term maintenance for the machines. The project offered vital income and dignity to women ostracized by society after widowhood.

This story is one example of Rotary leadership in action: local people guiding solutions that address

their community needs. Our role is not to deliver charity or to impose outside models, but to foster self-reliance by investing in leadership, skills, and sustainable enterprise.

This October, I invite Rotary members worldwide to reflect on economic leadership in their communities. Who is stepping forward to lead local economic initiatives? Where is there untapped talent that could be supported with training or mentorship? How can your club catalyze opportunity through partnerships with local businesses, vocational schools, or savings groups?

Leadership is not always about being visible. Sometimes it means listening, working collaboratively, and amplifying the voices of others. That approach lies at the heart of Rotary's philosophy and our lasting impact on economic development.

By building capacity — whether through microcredit groups, vocational training workshops, or entrepreneurship programs — we enable communities to lead their own transformation. When people take ownership of their progress, change becomes sustainable.

Let us lead with good intention and provide support with heart. By nurturing local leadership, we can create opportunities that ripple through communities, empowering individuals, families, and societies.

Together, we can support economies that work for everyone and enact community development projects that last.

FRANCESCO AREZZO

President, Rotary International





YOU ARE HERE: Mears, Michigan

NATURAL WONDERS: Carved by glaciers and wreathed by four of the five Great Lakes, Michigan is home to sweeping landscapes, towering lakeside dunes, and the longest freshwater coastline (3,288 miles) in the United States.

THE PHOTOGRAPHER: This image of a fall storm darkening the sky over a yellowing asparagus field was captured by Steve Begnoche, a member of the Rotary Club of Ludington, Michigan. “I enjoy traveling back roads to find such quiet scenes,” says Begnoche, a retired newspaper editor and avid photographer.

BOUNTIFUL HARVEST: In addition to asparagus, Michigan is a top producer of cucumbers, tart cherries, black beans, squash, and grapes. Producing more than 300 commodities, Michigan is one of the most agriculturally diverse states in the U.S.

THE CLUB: Chartered in 1933, the Ludington club has more than 70 members. Notable projects include a mentorship program for high school students, college scholarships, peace pole dedications, and fundraisers for nonprofits.

Rotary

MAGAZINE

October 2025

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Inspiring Action, Feeding Communities

Empowering Clubs to Create a Ripple Effect of Hope



Born from the Rotary Club of Naples, FL, Meals of Hope has packed over 100 million meals across the U.S., addressing food insecurity while strengthening communities.

Clubs that host meal-packing events create lasting local impact:



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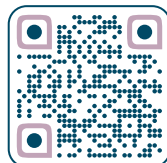
Build stronger bonds among members and the community.



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On the cover: A mother cradles her newborn in Papua New Guinea, where midwives build confidence with Rotary clubs' support.
Photograph by Mark Lehn



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With peer support, midwives in Papua New Guinea aim to lower maternal death rates

By Hannah Shaw

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In the Pacific islands, lovo starts with digging a pit



In this 2000 photo, Bill Gates gives a polio vaccine to Nikunj Kumar, 5, of New Delhi. As he begins to wind down his foundation, Gates remains committed to eradicating the disease with Rotary and others.

STAFF CORNER

Matt Hohmann

Manager, Corporate Governance

I grew up in the Chicago area. Like a true Midwesterner, I don't mind the winters and faithfully follow the Weather Channel. If I complained about the weather, my dad would say, "It's not the weather — you're just dressed wrong."

Much to my father's dismay, I majored in the "unmarketable" field of English with a focus on writing, at Marquette University in Milwaukee. An avid reader, I liked Hemingway, Chekhov, and Kafka, and fancied myself one day becoming a novelist. I've got several drafts pregnant with promise though depleted of potential, lost on old computer hard drives.

If one nonlucrative degree wasn't enough, I got two. I double-majored in German. My family had hosted an exchange student from Germany, which inspired me to study German in high school and then go through my own exchange program. I spent a year at the University of Bonn in Germany. When East and West Germany reunited in 1990, I attended a jubilant party in downtown Bonn. I remember calling my parents from a pay phone to share the historic moment.

Rather than becoming a great American novelist, I found myself exploring various professions, including, ironically, writing and photographing for an encyclopedia of careers. I worked for a European book importer and a university library, and even gave a go at becoming a chef, as cooking was, and still is, a passion of mine.

I got married in 2000 to a fellow Midwesterner. We dreamed of one day taking over her father's farm in northern Wisconsin. I did an eight-month apprenticeship program for new farmers and learned all facets of running an organic vegetable farm. I was glad to have done it, but ultimately, after broken fingers from melon-tossing and ruined knees from



harvesting long rows of baby lettuce, I determined the farming life was not for me. We now have two teenage children, who are unknowingly grateful they don't have to do farm chores.

In 2001, I found Rotary. After four years with The Rotary Foundation, I joined Corporate Governance, assisting the Board of Directors and Trustees. I can take credit for modernizing Board operations. Back then, we mailed a copious amount of paper materials to leaders before each meeting and then again provided paper copies at the meeting. At my suggestion, Rotary gave the leaders a then-fairly new tech tool — iPads. The adoption of tablets and a new governance software system, which I also implemented, helped reduce the Board's meeting schedule from five days to three and made a noticeable improvement in meeting preparedness.

Being in a rock band is all I ever really wanted to do. Day jobs and mortgages compromise one's rock 'n' roll fantasy. I've been writing songs and playing guitar in a band since high school. We've played in bars around the Midwest and have made CDs and a vinyl record of our music. ■

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Letters to the editor

FOLLOW THE LEADERS

What an inspiring July issue. I read all about our new leaders, an impressive group of talented individuals from all over the world. It's no secret that Rotary has made and is making a far-reaching impact worldwide. Thank you to our leaders for your tireless contributions toward the goal to *Unite for Good*.

Beverly Gonyea, Cle Elum, Washington

MESSAGE RECEIVED

Unite for Good is the best Rotary International presidential message I have seen in many years. It has a double meaning that's both inspiring and thought-provoking.

As Rotarians, we're committed to making a positive impact in the world. We *Unite for Good* by volunteering, donating, and advocating for causes that matter. But in doing so, we also become better versions of ourselves — more empathetic, more compassionate, and more connected to our communities.

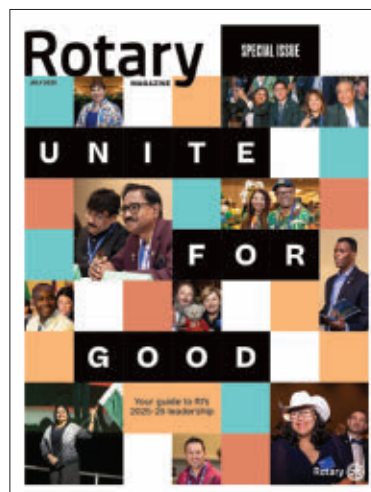
Unite for Good isn't just a message — it's a way of life. Rotarians must bring in more people to join us in this movement and discover the power of unity and service. Together, let's *Unite for Good* and become the change we want to see in the world.

Jagannath Santra, Jamshedpur, India

THINK BIG

I appreciated your June article "Projects designed to preserve planet Earth" [about environmental projects by Rotary clubs in the Philippines]. These Rotary efforts are valuable to many communities. At the same time, I recall the recent cuts to FEMA [Federal Emergency Management Agency] and to clean energy tax credits here in the United States. Rotary does not have the resources to make up for such cuts to important disaster relief and carbon emission reduction projects.

I do not argue for defeatism on climate solutions! But real problems require real solutions, and such solutions cost money. In our polio eradication effort, we tailored our solution to the



problem, rather than trying to fit the solution into our comfort zone. Our efforts on climate change could save even more human lives if we start with the truth.

Chris Wiegard, Chester, Virginia

Fellow Rotarians: I am stressed. Our world is on fire, our coasts are attacked by hurricanes, our ice packs are melting, and our planet is heating up and drying out. What are we as Rotarians doing about it?

Today, some clubs have implemented environmental projects and there is the Environmental Sustainability Rotary Action Group. But we need to do more.

Just as we have proudly supported the initiative to eliminate polio, every Rotarian must now consider ways to address climate change. We must use our influence to pressure communities and local and national governments to prioritize climate change initiatives. We need to support climate change research, youth education programs, and organizations that help reduce our carbon footprint.

We, as Rotarians, must find ways to help our planet survive. It is our future and the future of our children and grandchildren that we must protect.

Roger Powley, Kelowna, British Columbia

OVERHEARD ON SOCIAL MEDIA

In July, Rotary's website published an interview with RI President Francesco Arezzo. (A version of the article appeared in our September issue as "Out of the gate.")

Great interview. His view of Rotary as an active, dynamic experience is spot on. Wonderful!

Julie Boswell
► via Facebook

Love his words "Rotary is something you do." A visionary leader indeed ♥

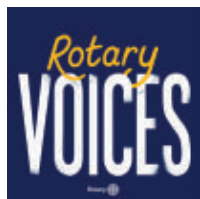
Victor Chukwuebuka
► via Facebook

Francesco Arezzo embodies the heart of Rotary: from opera to olive oil, from leadership to listening.

Daniel Marbot
► via LinkedIn

ON THE PODCAST

On a recent episode of *Rotary Voices*, Rotary General Secretary John Hewko and International PolioPlus Committee Chair Mike McGovern speak with NPR host Scott Simon about Rotary's history in polio eradication, its current on-the-ground efforts, and how the organization is adapting its strategy to ensure a polio-free world. Listen at on.rotary.org/podcast.





THE SPECIALIST

Saving lives is in his genes

A Taiwanese Rotarian helps his patients consider the benefits of genetic testing

During a class reunion, I ran into a friend who directed the Institute of Molecular Medicine at National Taiwan University. I had been working in respiratory medicine, but he encouraged me to go back to school and study genetics. I enrolled in a master's program in 2019.

A person's genotype is their genetic blueprint, and their phenotype is the manifestation of that blueprint. I use the two to guide the diagnosis, treatment, and prevention of diseases. For example, a young patient tells me that many of his family members died from ruptured aortic aneurysms. That would be the phenotype. To find out the cause, we run genetic testing and realize the patient does have a genetic variant associated with aortic aneurysms. I would advise him to start managing his blood pressure now and regularly assess the aorta's condition. These measures

may enable him to avoid the tragedies that happened to other family members.

One in every 1,000 Taiwanese men possesses a genetic variant that causes the heart muscle to accumulate waste products. This condition can cause unexpected heart failure. We discovered that this genetic mutation originated in a man from mainland China about 800 years ago. Many of his descendants, who are spread across Taiwan and elsewhere in Asia, are carrying this gene. Once we identify a person who carries it, we can clean out their heart muscle and prevent sudden deaths during marathons or sports events.

We are on the cusp of the “genetic era.” I spend time speaking to the media and Rotary clubs, sharing examples of how we can apply genetic studies to real-life situations. For example, the effect of your genes on medicines is important in Taiwan because many people have certain genetic variants that make them allergic to medications, with side effects that can include life-threatening skin ulcers. Now we can discover that genetic information easily and at an affordable price.

Many people might have viewed genetic medicine as something ominous — if you carry a disease-causing genetic variation, you'd rather not know. I'm now operating a clinic where I try to change people's thinking to something more positive. ■

Gene Jen-Feng Liu
Rotary Club of
Chungli Peace,
Taiwan

Geneticist and
pulmonologist



EVERY
ROTARIAN
EVERY
YEAR

HELP FIGHT DISEASE TO STRENGTHEN COMMUNITIES

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project, big
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of a polio
milestone

DISEASE PREVENTION AND TREATMENT

A renewed fight against an old foe

*In India, Rotary members dispel myths and
promote treatment for leprosy*

On the outskirts of India's capital of New Delhi, the satellite city of Gurugram is a bustling technology and financial hub that's home to some of the country's largest companies, upscale residential developments, and popular entertainment districts. In the shadow of that wealth, there also lies a community of people with leprosy — one of hundreds that persist in India even though the disease is not highly contagious and is easily curable today.

A Gurugram businessman and Rotarian, Tridibes Basu, first visited the settlement several years ago. He knew such places existed yet was unprepared for the scale of poverty and suffering he encountered. "People were living without access to health care, clean water, and basic sanitation," he says. "Most of them had to beg for a living, because the very mention of leprosy sparked fear. It was seen as a curse and no one wanted to hire someone suffering from it."

Global efforts to eliminate leprosy have made tremendous strides in recent decades, with a 95 percent reduction in symptomatic case prevalence and the disease's disappearance from much of the world. However, India remains one of the few strongholds of the disease, with around 100,000 new leprosy cases detected every year, roughly half of the 200,000 cases recorded globally.

Also known as Hansen's disease, leprosy is caused by a bacterial infection that often starts with

numb patches of discolored skin and can progress to destroy nerves and muscles. It's curable with a multidrug therapy donated by the pharmaceutical company Novartis and provided for free through the World Health Organization. But if not treated in time, even patients who are cured can be left with serious permanent disability and disfigurement, leading to social ostracism and stigma so intense that some people in India self-exile in the country's more than 700 leprosy "colonies."

"Leprosy is one of the world's oldest diseases, but in many parts of the world, the greater suffering comes not from the illness itself, but from the stigma and discrimination that follows. Though curable, those affected are too often isolated, misunderstood, and denied basic dignity," says Nayan Patel, a longtime Rotarian in England who is an ambassador for Lepra, a UK-based international charity that diagnoses, treats, and rehabilitates people with leprosy.

Because the leprosy bacteria cannot be cultured in the lab, it's a challenge to study and remains something of a mystery. Scientists believe it is spread by droplets from the nose and mouth. But it is not highly contagious and around 95 percent of the population is naturally immune and able to fight off infection. Still, stigma, misinformation, and fear remain.

Basu, a member of the Rotary Club of Delhi South, saw the outcomes of this firsthand on his vis-

Visit rotary.org/our-causes to learn more about disease prevention and get involved.



Ganga Kalshetty smiles at a friend in a leprosy settlement in New Delhi. At the time this photo was taken, in 2015, she had been diagnosed with early signs of the disease.

its to the leprosy settlement in his home city. There he became friendly with a man in his 50s who stood out for his cheerful disposition and the fact that he was one of the few people there with a well-paying job, as a security guard at a nearby establishment. One day, Basu learned the man had lost his job and started needing a wheelchair. Six months later, he was bedridden. “His condition had grown progressively worse,” says Basu, who became his Rotary district’s chair for leprosy control and alleviation in 2024. “I learned that once he started working, he had stopped taking his medication, a common problem we see among patients who just aren’t aware enough of how to manage their condition.”

In 2019, Basu’s club and two others, Delhi South End and New Delhi, formed an alliance with Lepra, the charity, to raise awareness about how to identify early symptoms, to advocate, and to support those with

disability caused by the disease. Soon the Rotary Club of Delhi Regency Next joined as well.

Deepak Kapur, a member of the Delhi South club who, as chair of the India PolioPlus Committee, played a pivotal role in India achieving polio-free status a decade

“In many parts of the world, the greater suffering comes not from the illness itself, but from the stigma and discrimination that follows.”

ago, was surprised during a meeting with Lepra representatives in 2019 to learn that leprosy was still a problem. “I had always thought that leprosy was relegated to the pages in history books, and the last I’d heard about it was in the film *Ben-Hur*,” says Kapur. “I was shocked.”

Working with Lepra, Rotary members began to tackle relief efforts in India under what Kapur calls “the four pillars.” First was an effort to create awareness of leprosy among the public and dispel myths to let people know it is curable and is not spread through casual contact. “We spoke about the nature of the disease,” says Kapur. “For instance, not too many people know that the government of India gives the multidrug therapy for free to patients. And within 72 hours of its administration, the person who’s taking it stops being a spreader of the disease.”

They extended their awareness drives to health care workers, in-



Through a center in the city of Noida, east of New Delhi, Rotary clubs have worked with the Leprosy Mission Trust India to train people affected by leprosy and other disabilities to work as IT professionals and cosmetologists.

cluding some doctors. So far, they have trained 500 of India's community health workers, the front-line force of trusted community members who deliver basic care, to identify signs of leprosy.

Finding cases was the next priority. Through clinics and awareness drives, they did community outreach to identify individuals with signs of leprosy who may have been unaware or afraid to seek treatment, encouraging them to get care. The disease can be hard to diagnose and is often missed. It also has a very long incubation period with symptoms sometimes emerging up to 30 years after exposure.

In the fourth pillar of the plan, the Rotarians helped those left disabled. For instance, they arranged for ulcer management and mobility aids like specialized footwear and wheelchairs, as well as reconstructive surgery, Kapur says.

The Rotary partnership expanded to collaborate with the Leprosy Mis-

sion Trust India, which runs 15 hospitals across the country, as well as residential homes and vocational training centers that help around 1,200 people find jobs each year.

Through a center in the city of Noida, east of New Delhi, the Rotary clubs have worked with the nongovernmental organization to train around 120 people affected by leprosy and other disabilities to qualify to work as cosmetologists and IT professionals.

One of the first students to enroll was Disha Santhosh, 17. She grew up in a leprosy settlement in the Dilshad Garden area of Delhi, one of the largest of its kind in India and home to thousands of people affected by leprosy and their family members. Here most households face persistent financial hardship. Her father was affected by leprosy, but he had long been the sole breadwinner, working tirelessly as a plumber to provide for the family. To meet even basic needs, her father

had to take out a loan, deepening the family's financial crisis. But through the training center, Santhosh completed certification in cosmetology in March and is now employed, offering a vital lifeline to support herself and her parents.

Though leprosy stubbornly persists, there is hope for prevention. A possible vaccine called LepVax is in development and has shown promising results in preclinical tests against the *Mycobacterium leprae* bacteria that causes the disease. But until a vaccine materializes, much support is required.

"As Rotarians, committed to service and inclusion, we must come together to raise awareness, support early diagnosis and treatment, and challenge the harmful myths that still surround leprosy. Let us unite to end both the disease and the injustice," says Patel. "Together, we can restore hope, dignity, and opportunity."

— KAMALA THIAGARAJAN

BY THE NUMBERS

200K
Annual leprosy cases globally

95%
Reduction in cases since the 1980s

121
Countries that reported new leprosy cases in 2023

Short takes

In April, Nigerian businessman and Rotarian Sir Emeka Offor committed \$5 million to Rotary's Together for Healthy Families in Nigeria program.

To show support for ending polio, over 86,000 people took part in a challenge on the fitness app Strava, logging over 120 million minutes of movement in one month.





PROFILE

Peace of mind

A Serbian naval architect sees a shift toward reconciliation

Tijana Ristić
Rotary Club
of Belgrade
International,
Serbia

It's been 26 years since the war between Serbia and Kosovo, but Tijana Ristić can still recall the scent of bomb shelters. "That moldy smell will always remind me of that period of time," she says. Her father was a Serbian air force pilot, and for months, Ristić and her family had no idea if he was alive.

But today, she says, it's not conflict on her mind, but peace. "The Balkans is a region with a lot of conflict. And what I see happening in my generation is that we are kind of over it," says Ristić, a naval architect and marine engineer. "When you Google Serbia and Croatia, they are 'sworn enemies.' But I have a lot of friends in Croatia."

Soon after joining Rotaract in 2019, Ristić participated in online training in nonviolent communication conducted by Tom Carlisi, a Rotarian in Ohio. At the end of the program, Carlisi gifted Ristić a membership in the Rotary Action Group for Peace. She was the first Rotaractor on the group's board of directors and is serving this year as its chair.

She urges interested members to contact the action group or the peace chair in their district — and to think broadly about what might constitute a peace project. She argues that digging a well, for example, doesn't solely provide clean water — it ensures equitable distribution of resources, preventing conflict. "Every single Rotary project is a peacebuilding project," she says.

As for bringing more peace to your daily life, Ristić offers this advice: "You have power, and peace starts from within. Read everything you can, educate yourself, and reach out for help."

— JP SWENSON

In 2024-25, The Rotary Foundation approved 1,424 global grants, 468 district grants, 74 disaster response grants (initial figures), and a Programs of Scale grant.

This month marks 100 years of Rotary in Austria and the Czech Republic, where the first clubs were chartered in Vienna and Prague, respectively.

The 2025-26 People of Action Honors will recognize young leaders ages 13-30 as Champions of Tomorrow. Submit nominations by 31 October at rotary.org/rotary-people-of-action.



People of action around the globe

By Brad Webber

Register your club's participation at endpolio.org/register-your-event

Rotary members and their partners in service come together each World Polio Day on 24 October to recognize progress in the fight to end the disease. Here is a sample of the ways members are taking action to make history and eradicate polio.



Canada

The annual Pub N Paint event by the Rotary Club of Edmonton Whyte Avenue raises money each November to fight polio. The Alberta club's regular meeting venue, the Rooster Kitchen, hosts the event. "I do a little spiel about the state of polio and Rotary's role in eradication," says Stan Bissell, a past president of the club who inaugurated the project. It's not unusual for visitors to remark how little they know about polio, he says. "We talk about it so much in Rotary, but people don't know and think it's a disease of the past." After his presentation, an art teacher distributes blank canvases and brushes, guiding Rotarians and guests in replicating landscapes such as Edmonton's cityscape and a mountain range. "There are some very talented people" among the club's members, reports Bissell. "But it's variable — mine is in the garage."

Rotary
Club of Edmonton Whyte Avenue

CA\$1 billion+

Total contributed by the Canadian government toward polio eradication

United States

In support of polio eradication, Ralph Zuke has raised more than \$57 million by pedaling his rickshaw bicycle from his Missouri home to recent Rotary International Conventions in North America: Toronto in 2018, Houston in 2022, and Calgary this year, a journey in which he braved hail, sleet, and snow, and even skirted a tornado. His next opportunity will be at the 2028 convention in Minneapolis. "If it's needed," Zuke adds, optimistically. "I hope we'll be done with polio by then." As governor of District 6060, Zuke rolls out the rickshaw for parades and on his rounds to clubs. "It allows me to tell my passengers about polio, Rotary, and what Rotary has done for polio. It's a captive audience for a couple minutes. That's all they need," says Zuke. "If they donate, that's great. If they don't, that's fine too, but at least they know the story of what Rotary's done with polio."

Rotary
District 6060

10,000+

Miles logged by
Ralph Zuke for
End Polio Now



Italy

There may be no better way to spotlight (literally!) polio awareness than through the can't-miss illuminations of global landmarks. Those monuments have included the Sydney Opera House, London's Houses of Parliament, Rome's Colosseum, the Egyptian pyramids, Scottish castles, and more. For World Polio Day 2024, the Rotary and Rotaract clubs in the Pisa area teamed up with community leaders to turn the floodlights on the Leaning Tower of Pisa. "This is a commitment that we wanted to share together precisely to reach a wider audience," the club presidents noted in a statement. They've showcased historic buildings for about 25 years and the city's signature tower over the past five. The clubs also had a video about polio eradication shown on monitors at the Pisa Airport.



2002

World Health Organization declares Europe polio-free



238,171

Participants in the world's largest charity walk, held in 2018 in the Philippines



Ghana

In the port city of Tema, more than 300 Rotarians, Rotaractors, and partners stepped out in October 2024 for a twilight World Polio Day walk. A campaign surrounding the action included a "polio tower" lighted for the occasion, signage, and a sea of End Polio Now T-shirts donned by participants. The Rotary Club of Tema-Community 25 led the effort, which was supported by the Rotary clubs of Tema and Tema Meridian, as well as the Ghana PolioPlus Committee. The involvement of 25 Rotaract and Interact clubs contributed to the sizable turnout, says club member Elizabeth Ahiagba. "Participants distributed educational materials, engaged commuters and residents, and advocated for vigilance, particularly among families with young children," Ahiagba says.



India

For World Polio Day 2024, more than 1,200 young people hoisted placards as they lined up in formation to spell out "Polio Free Bharat" (India) when viewed from above. Students performed traditional dances and skits during a program at the community sports complex of Dwarka, a neighborhood of New Delhi. The day concluded with a spirited rally. "There was a huge response from the public and youths, including members of Rotaract and Interact clubs," says Mahesh Trikha, then governor of District 3011. The district has sponsored similar gatherings for about a decade.



GOODWILL

Beyond the donation

4 ways small club projects can create lasting impact

By Claudia Urbano

Too often, well-meaning service projects focus on donating equipment — bicycles, computers, or even medical supplies. These efforts are generous and come from a place of goodwill. But what if your club uses the same resources to create a longer-lasting impact?

In Peruíbe, a coastal city in Brazil, declining childhood immunization rates have raised concerns about the return of eradicated diseases. The Rotary Club of Peruíbe didn't want children in their community to suffer from preventable diseases or face the risk of polio-related paralysis. They envisioned healthy children playing, smiling, and thriving.

The club first met with local health and education authorities to better understand families' barriers to accessing vaccinations. Members discovered that the issue wasn't a lack of vaccines; instead, the challenges were misinformation and fear of side effects, inconvenient clinic hours, and transportation, especially in rural areas.

With this information, the club partnered with the municipal health and education departments to develop a strategic plan to increase childhood vaccination rates. Key actions included surveying schools to find unvaccinated children ages 5 and under, reviewing students' vaccination records to identify gaps in immunization, requesting parental consent to give vaccines, conducting vaccinations at schools to guarantee convenience and access, and promoting the campaign through community health workers in neighborhoods.

Inputs: What the club contributed

Based on their meetings with community groups and health and education officials, the club and the PolioPlus subcommittee of District 4420 developed a Rotary district grant proposal to fund vaccina-

tion days in 31 schools, create flyers and videos to be distributed through schools and WhatsApp to counter misinformation, and donate 17 bicycles to the Municipal Health Department to help community health workers spread information about the importance of vaccines.

Outputs: What the project achieved

By working through existing systems, the project delivered strong, measurable outputs: 837 children had their vaccination records updated, 1,367 parents were informed about the importance of vaccines, and 5,000 flyers were distributed to raise public awareness.

Outcomes: What the project changed

More importantly, the project led to several outcomes, including improved vaccination coverage among children, increased parental awareness, and reduced vaccine hesitancy. Project leaders also saw an unintended positive outcome: Health agents began using the bicycles to reach older residents who need home care, expanding the project's reach beyond children.

FOUR TAKEAWAYS FOR CLUBS

This project shows that small-scale efforts can spark meaningful change when clubs move beyond a donation mindset and plan strategically. Here's how your club can do the same:

1. Start with a long-term goal and partner with those already doing the work

In this case, the members wanted to help improve childhood vaccination rates. Rather than stopping at donations, like giving bicycles or printing flyers, they asked who was already doing this work and how they could support them better.

That question led to a strategic partnership with the Municipal Health Department and other local institutions. The club didn't try to start from zero. Instead, it strengthened existing systems by building on local expertise and supporting the best-positioned professionals to make a lasting difference.

2. Assess the community strategically

Community assessments don't always mean hosting town hall meetings. In this case, understanding the "community" meant talking to local health and education professionals, the people closest to the problem.

Even small-scale projects — especially those with limited funding — can benefit from a thoughtful community assessment that begins by asking who is already tackling this problem, what gaps do they face, and how can we make their job easier.

3. Think beyond the donation

What's inspiring is that this project didn't require a massive grant or complex planning. By thinking beyond the donation, the club designed a project that supported existing health infrastructure, improved vaccination coverage, and sparked unintended benefits, like expanded access to care for older residents.

4. Measure what matters

The club tracked not just what it gave, but what changed. Measurement helps guarantee accountability and learning. It also strengthens your story when applying for future grants or engaging partners.

When clubs take the time to listen, plan thoughtfully, and partner with communities, even the simplest actions, like donating a bicycle, can have a lasting impact. ■

Claudia Urbano is an RI Service and Engagement staff member. Silvia Haick, 2022-25 chair of the District 4420 PolioPlus subcommittee, contributed.

The Rotary Impact Handbook can guide clubs in planning sustainable service projects. Find it at my.rotary.org/document/rotary-impact-handbook.



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ESSAY

From hope to history

How the Western Pacific region was declared polio-free 25 years ago

By Dr. Shigeru Omi



I still remember the book that changed everything. It was a quiet afternoon in Tokyo's Shibuya neighborhood, sometime in the early 1970s. I was a restless university student, unsure of my path, wandering the aisles of the city's largest bookstore. A slim volume caught my eye, a personal account written by a psychiatrist. As soon as I opened it, the idea of medicine, the calling of a doctor, and the dignity that it held hit me all at once. That night, I made up my mind. I would become a doctor.

Years later, after a decade of practice and sleepless shifts in hospitals and rural clinics, I found myself searching for something more. I desired work that was not only rewarding, but broadly impactful. I applied for a position at the World Health Organization. At the time, two posts were available: one, a high-ranking assistant to the regional director; the other, a lower-paid technical officer for polio eradication. I chose the latter. That's how I began my journey to help lead the charge against polio across WHO's vast and complex Western Pacific region.

When I started that work in 1990, most people thought the goal was impossible. The virus was still endemic in large parts of Asia. There was no money and no road map, just a ticking clock and a resolution passed by WHO to eradicate polio by the year 2000. It was, in a word, chaos.

The first thing I noticed was the absence of basic surveillance systems. Cases of acute flaccid paralysis — a category of disease that includes polio — went undetected and unreported and were not tested to be diagnosed. Official records showed only 6,000 cases per year, but we all knew that number was wrong. The virus wasn't hiding; we were simply blind to it.

Of course, there were more cases. In Cambodia and Vietnam, families lived on boats, drifting along rivers. They were unreachable, undocumented, and highly vulnerable to disease. In places like Mindanao in the Philippines, conflict made access nearly impossible. In China, children born outside the "one child" policy were often not registered at all. No documents meant no health services — and no vaccines. These unregistered children were the ones polio found first.

One of the greatest challenges was funding. Merely purchasing enough vaccine required millions of dollars — and that still left our operational costs and the money required to train health workers, reach communities, and acquire the resources needed to build infrastructure. I organized a major technical meeting in Tokyo in 1991, bringing together every expert in the region working on polio, hoping that some organizations, or some countries, would decide to give us money. We followed up with another meeting in the Philippines, but no one offered money, and we received not a single pledge.

In October 1992, I organized yet another technical meeting, which was held in Beijing. This time, something different happened. Hours before the meeting, three men visited me, Rotarians from Japan, India, and the United States. They were not strangers. They had attended previous meetings and understood the technical details. They came with an offer. They said, "If you agree to lower the target age for vaccination from under 5 to under 4, we will donate 1.5 million U.S. dollars immediately."

Their reasoning was practical. WHO's global policy was to vaccinate all children under 5. But in China, nearly all polio cases occurred in children under 4. Reducing the target age would make the campaign more focused and efficient. The Rotarians wanted their contribution to have the greatest possible impact.

I was thrilled. The logic was clear, and the funds could kick-start what had felt like a stalled campaign. But WHO headquarters in Geneva pushed back. It didn't want to change policy to match a donor's condition. I understood the concern, and yet I also knew what \$1.5 million could do. It was a catalyst.

I decided to take a risk. I asked a senior Geneva colleague — the most vocal opponent to changing the policy — to step out of the room. During his absence, the rest of us came to a consensus: We would accept Rotary's condition and proceed.

That single decision changed everything. The \$1.5 million was our first real pool of funding. Rotary members didn't just write a check: They showed up, and they stayed. They became true partners, a global network of committed individuals who would go on to advocate, raise funds, vaccinate, and build trust in places that even governments struggled to reach.

Momentum came slowly and then all at once. Rotary's initial funding unlocked attention and credibility. Other donors followed. Working with governments and visiting communities, we built surveillance systems where none existed. We mobilized lab networks to test all cases of paralysis and accurately diagnose polio. In Vietnam and Cambodia, we launched "vaccine boats," floating checkpoints on the Mekong River that ensured every child was vaccinated before passing through. In conflict-plagued Mindanao, we secured a temporary ceasefire to carry out immunization campaigns.

China posed a different challenge: undocumented children born outside the one child policy. I met directly with the Minister of Health. I didn't debate policy; I simply shared the data. Weeks later, at a national meeting, the minister publicly announced that "all children" would be vaccinated. That's when I knew we had a real shot. After three years, China reached polio-free status.

In 2000, we celebrated the certification of the entire Western Pacific region as polio-free. It was a moment we had earned in collaboration through tireless work. It was proof that eradication wasn't just a dream. It could be done.

But polio still exists in Pakistan, Afghanistan, and in places where health systems are fragile and conflict is constant. As we saw recently in Gaza, disruption can reopen the door, and it only takes one spark to undo decades of progress.

The last mile is always the hardest. It always has been, for every communicable disease we've fought. That is the nature of eradication. It demands that we renew and reconfirm our commitment, again and again.

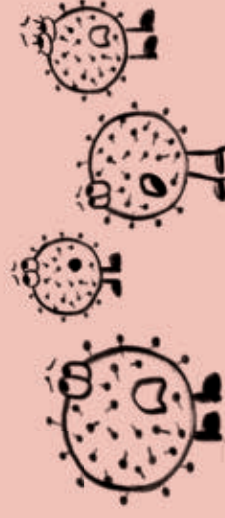
Rotary's role has never been more vital. You are not just funders. You are advocates, partners, and frontline agents of change. You helped make history once. Now, we must finish the story together. ■

A global health expert and the regional director of the World Health Organization Western Pacific region from 1999-2009, Dr. Shigeru Omi played a leading role in launching and completing the region's polio eradication effort, which led to its certification as polio-free in 2000. Omi currently serves as a Rotary polio eradication ambassador.

Can polio be

THE
INTERVIEW:
BILL GATES

24



A LEGACY IN
MINIATURE

30



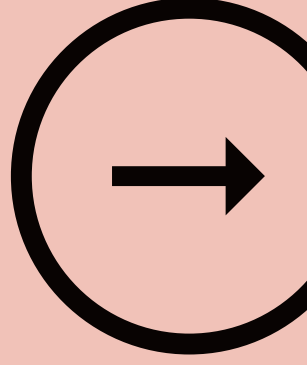
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For World Polio
Day, three stories
capture the
pride in progress
toward ending
the disease



32

THE
EPIDEMIC
OF '52



The optimist

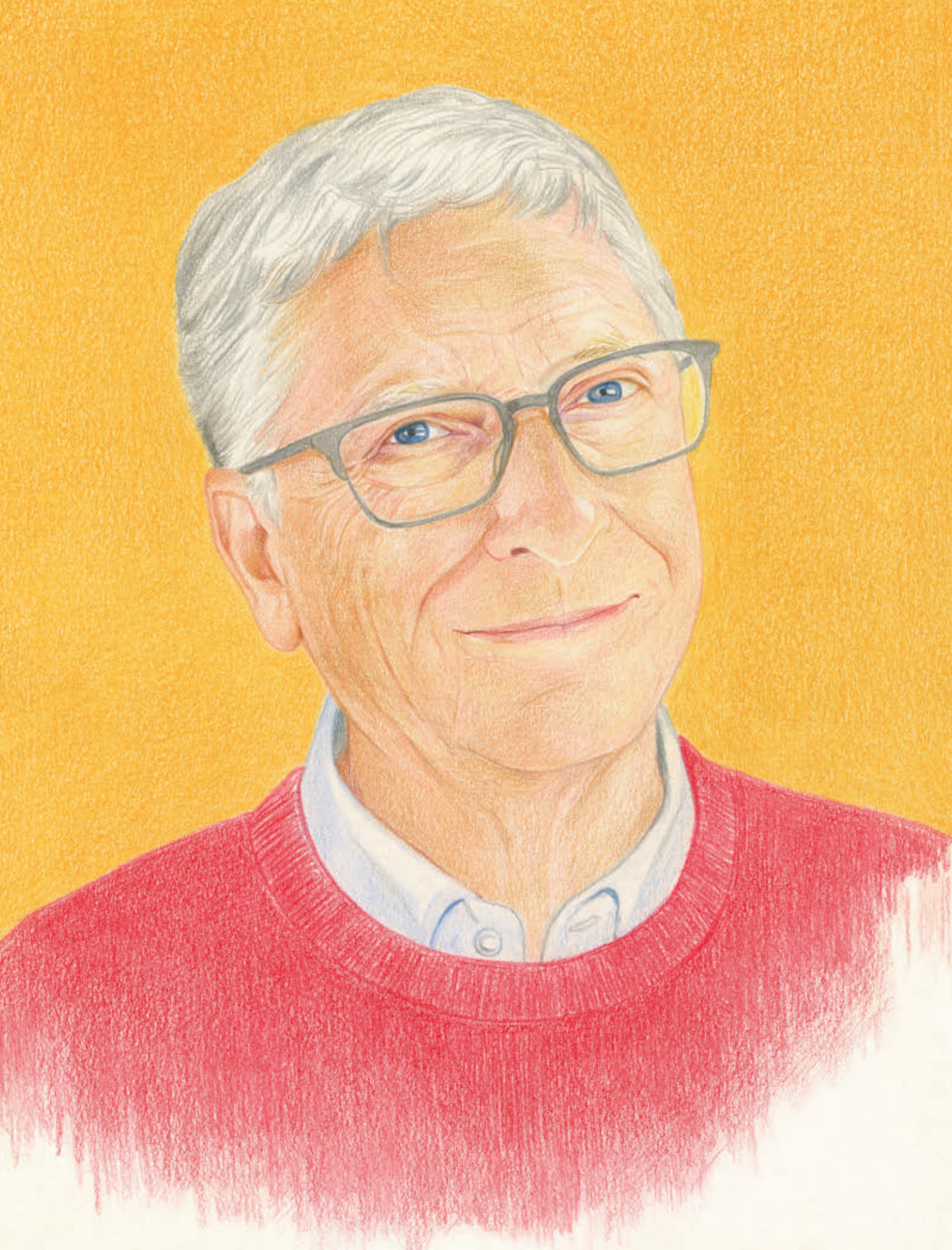


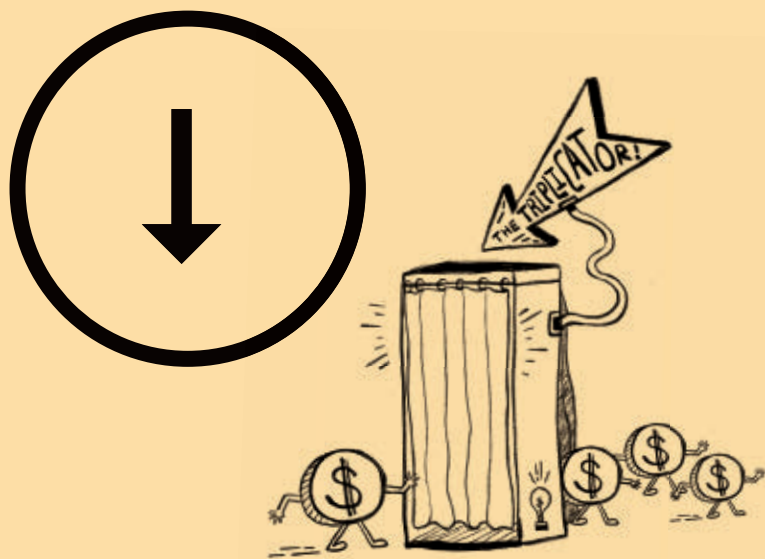
*As he begins to wind
down his foundation,
Bill Gates makes his
biggest plans yet*



Illustration by
Uli Knörzer

Interview by
Diana Schoberg





IN MAY, BILL GATES GAVE HIMSELF A BOLD NEW CHALLENGE AND A TOUGH DEADLINE: to give away virtually all his wealth in the next 20 years and close up his long-running philanthropic enterprise. The Gates Foundation, one of Rotary's partners in the Global Polio Eradication Initiative, has already given away more than \$100 billion in its first 25 years. But for the foundation to wind down fully it first needs to ramp up — in order to spend more than twice that amount before it closes its doors on 31 December 2045.

Polio remains a priority. At the 2025 Rotary International Convention in Calgary, Alberta, Rotary and the Gates Foundation announced a joint commitment to direct up to \$450 million over the next three years to support polio eradication, a renewal of their long-standing partnership. Rotary will continue to raise \$50 million per year, with every dollar matched with two additional dollars from the Gates Foundation.

To learn more about his decision, how he views the foundation's legacy, and what lies ahead, the magazine posed some questions to Gates, who turns 70 this month. These are the responses he sent in their entirety.

As the Gates Foundation celebrates its 25th anniversary, what are you most proud of?

Over the past 25 years, we've witnessed and contributed to more progress than we ever thought possible.

I'm proud of the partnerships that have contributed to saving lives — not only the Global Polio Eradication Initiative but also the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Gavi, the Vaccine Alliance.

Thanks to these programs, the price of lifesaving health care innovations — vaccines, treatments, bed nets, and diagnostics — has dropped dramatically.

The impact is mind-blowing: Thus far, these collaborations have reached 1.1 billion children with lifesaving vaccines, helped cut global child mortality in half, and saved more than 80 million lives. Hundreds of millions of people have risen out of poverty and into better lives.

As you wind down your foundation over the next 20 years, where do you think your money will make the biggest impact? What headwinds do you anticipate?

In spite of all of the progress I've just described, we are seeing the toughest headwinds in the history of our foundation. Countries are slashing tens of billions of dollars in global development funding, and the consequences will be deadly. In fact, this will be the first year in the new millennium when the number of kids dying around the world goes up instead of down — an unthinkable tragedy.

We need people who are committed to progress — like Rotarians — to stand against these deadly cuts and help us get back on a path to progress.

For our part, we will be accelerating our work over the next 20 years to solve urgent problems and save and improve more lives. We remain steadfastly focused on where we can have the most

▼
Help Rotary and its partners reach every child with the polio vaccine. Thanks to the Gates Foundation, your contribution will be tripled. Make your donation at my.rotary.org/polioplus-fund.

▶ In June, Bill Gates dedicated an award he received from the Nigerian president to Chief Ayuba Gufwan. Paralyzed by polio at age 5, Gufwan serves as the executive secretary of Nigeria's National Commission for Persons with Disabilities and CEO of Wheelchairs for Nigeria.

impact: 1) reducing child mortality, 2) eradicating or eliminating infectious diseases, and 3) lifting millions more people out of poverty and onto a path to prosperity.

We're placing our bet on human ingenuity — on the scientists, health workers, educators, and farmers whose tireless work has already delivered some of the most dramatic gains in human history. They haven't given up, and neither will we.

How do you ensure sustainability?

Our goal at the Gates Foundation has always been to solve problems, not manage them in perpetuity. That means helping communities build capacity to take on the challenges they face. That will be our priority for the next 20 years, and we hope it will be the priority for the next generation of catalytic philanthropists who will take up the challenges of their time.

New innovations will continue to give these communities better tools than ever before to invest in their own health and prosperity. So, despite the challenges we face, I'm optimistic. The past 25 years was one of the greatest periods of human progress in history, and I believe that we can make the next 20 years even more transformative.

Wild poliovirus case counts rose in 2024. What makes you optimistic polio eradication is still possible?

I am as confident as ever that the global polio program will end polio for good.

What keeps me optimistic, despite some challenges, are the innovation, frontline workers, and global commitment driving this effort forward. The next-generation polio vaccine, nOPV2, is helping to stop outbreaks, protecting children in under-immunized communities from paralysis. More than 1.6 billion doses have been administered as of July 2025 — that is an incredible number of children protected from this devastating disease. And we now have enough supply of this



new vaccine to protect children wherever it emerges.

In the countries where wild polio remains endemic, Afghanistan and Pakistan, the program is working closely with local authorities to tackle obstacles, improving cross-border coordination and strengthening community trust to reach all children with vaccines.

Despite the recent uptick in cases, we shouldn't lose sight of the broader progress, which really is remarkable: the Global Polio Eradication Initiative has eliminated wild poliovirus in almost every country in the world, reducing the number of polio cases by over 99 percent. With continued commitment and collaboration, including from Rotarians around the globe, I am confident we can finish the job.

How is the polio program pivoting given the current political and economic volatility? Is there any change to how your foundation is doing its work toward ending polio?

The polio program has a long history of adapting to stop polio in some of the world's most complex settings — working closely with governments and communities to protect routine immuniza-

tion progress and stay focused on eradication.

Take Pakistan as an example. Security forces sometimes provide support in conflict areas so that vaccinators can do their jobs safely. But in areas of the Khyber Pakhtunkhwa province where conflict has been on the rise, the presence of those security forces was actually keeping families from feeling safe enough to go get vaccinated. So local influencers stepped in to keep vaccinators safe without having to involve security forces at all. The approach has been working well, with a reported 80 percent of children being reached. It will be critical that the program independently monitor these areas so we can be confident in the results.

Today, amid competing health priorities and growing political and financial pressures, we know tough challenges lie ahead. Some major donors are reducing support for global health, but new donors are also coming in with contributions, which is so critical at this time. And we are continuing to adapt as we do best, staying laser-focused on what works and using financial and human resources where they will have the greatest impact to end polio for good.



What's the biggest lesson you've learned in your time working on polio eradication?

Progress depends on relentless collaboration. Success is only possible when polio workers, government officials, partners, and donors — including Rotary — all work together to reach children with life-saving vaccines, even in the world's hardest-to-access areas.

We observed the power of this kind of collaboration recently in Madagascar during an outbreak of variant poliovirus. The government came in with strong political leadership to halt the spread; community partners worked quickly to strengthen vaccination campaigns; and international partners like UNICEF and the World Health Organization surged support to bolster those efforts. Everyone worked to protect children with vaccines in some of the most distant and isolated regions of the country, and they succeeded in stopping the outbreak.

Ending polio for good will require more collaboration like this whenever and wherever the disease continues to emerge. Rotary members' roles as global advocates and civic leaders are critical to ensure polio eradication remains a top global priority.

The Gates Foundation has funded technical innovations in polio vaccines for two decades, including the development and rollout of nOPV2. What most excites you about what's in the research and development pipeline now?

Sustained investment in innovation is as critical as ever. As I mentioned, nOPV2 is already helping close outbreaks, and we continue to invest in more genetically stable vaccines to keep future generations safe from variant polioviruses. These advances are helping us stop transmission faster and protect more children with greater precision.

We're also excited about the hexavalent vaccine, which combines protection for children into a single shot against six diseases: diphtheria, pertussis, tetanus, Haemophilus influenzae type B, and hepatitis B, along with polio. This simplifies immunization schedules and strengthens early protection for children, especially in regions that have limited health care resources. In fact, in July, Senegal and Mauritania became the first countries to introduce this vaccine with support from Gavi, the Vaccine Alliance.

These innovative vaccines are giving frontline health care workers better tools to reach every child and

stop transmission of all forms of polio for good.

Why did you choose to have the Gates Foundation partner with Rotary? What does Rotary bring to the table?

Rotary was the first organization to envision a world without polio, and members' leadership has been essential in driving this global effort for over four decades.

As a founding partner of the GPEI, Rotary has helped vaccinate nearly 3 billion children across hundreds of countries since 1985. Rotary members have contributed numerous volunteer hours and significant funding, and their advocacy has helped secure billions more from governments to support eradication efforts. Their global network allows them to deliver vaccines and engage communities in the toughest settings, from India to the Philippines to Ukraine.

Because of Rotary's leadership, we are closer than ever to our shared goal of ensuring that families will never have to fear this disease again.

Why are you extending the Gates Foundation's 2-to-1 funding match with Rotary?

Together, we hope to mobilize up to \$450 million in new funding over the next three years. These funds will be used to support vaccine delivery, outbreak response, community engagement, and implementation and maintenance of polio eradication programs in affected regions.

This extension comes at a critical time. Over the past year, we have seen wild polio case numbers rise in the last endemic countries, Afghanistan and Pakistan. And the detection of polio in places that were previously polio-free is a stark reminder that polio anywhere is a threat to people everywhere. While transmission overall remains low, our hard-won progress is at risk. Reductions in global aid, vaccine misinformation, and rising conflict and politi-

This September 2000 photo captures Gates giving the polio vaccine to a child in India, an illustration of his long-standing commitment to ending the disease.

PHOTOGRAPH: GETTY IMAGES

cal instability are all contributing to polio's continued spread.

Continuing our partnership with Rotary will allow us to address these challenges and reach children around the world with lifesaving vaccines.

It is critical that we finish the job on polio. Eradication is the only way to make sure that continuing challenges don't mean an ongoing risk for children today and for generations to come.

In 2009, your father, Bill Gates Sr., suggested to Seattle Rotarians that they work on malaria eradication. Over the years, their work has grown into the Rotary Healthy Communities Challenge, which the Gates Foundation supports through a \$13 million donation and technical assistance and guidance. How does this project fit into your overall strategy for malaria eradication and preventing childhood deaths?

Our long-standing partnership with Rotarians has been critical to the progress we've seen against malaria in recent decades — and it's more important today than ever, in the face of shifting agendas and uncertain financing that are putting this progress at risk.

Over the past 25 years, 2.2 billion cases of malaria and 12.7 million deaths have been averted — thanks to innovation, generous aid, and political commitment. For the first time, eradication is within our view, and the pipeline of next-generation tools to bring that vision to reality has never been stronger.

Rotary's work is essential to building the networks of community health workers who will bring these tools to the people who need them. Through the Healthy Communities Challenge, Rotary is helping to train thousands of community health workers across the Democratic Republic of Congo, Mozambique, Nigeria, and Zambia who are treating malaria, pneumonia, and diarrhea in their own communities. These community health workers

know their communities in ways no one else could. They're the ones who will get us across the finish line in beating malaria in the toughest places — and in the process, they'll build the foundation for healthier, more resilient communities that can face multiple health challenges.

How will AI impact development? Paint us a picture of what health care, agriculture, education, etc. might look like in 20 years.

Artificial intelligence has the potential to help solve some of the world's toughest challenges. One of the key ways AI is helping to shape the future is by providing critical support to frontline workers — including community health workers, farmers, and teachers — who are using AI to reach people more efficiently and effectively.

In global health, AI-powered tools could significantly reduce pressure on overburdened health care systems by supporting frontline workers in diagnosing health problems and delivering better, more effective care. Imagine a nurse in a rural clinic using an AI tool to analyze a patient's symptoms, flag high-risk cases, and provide accurate diagnoses and treatment suggestions. This kind of real-time clinical support could improve both accuracy and access, bridging long-standing gaps in care and bringing lifesaving capabilities to those who need them most.

And this is just the beginning. In agriculture, AI is delivering tailored advice to smallholder farmers to increase agricultural production. In classrooms, AI-powered tools are helping teachers personalize lessons for students and improve learning outcomes.

If the world continues to prioritize equity and access at the forefront, AI can be a powerful force multiplier for development — expanding opportunity, reducing inequality, and improving millions of lives.

Rotary has been increasingly emphasizing measurable impact in

its projects. As someone who has long been focused on data collection, can you give our members any advice?

Quality, timely data is critical for everything from development of AI-backed tools to vaccine delivery to advocacy. Through advances in how researchers collect and analyze global health data, we now know much more about what kills children, where these deaths occur, and why some kids are more vulnerable than others. By putting those insights to work, we've been able to make incredible progress over the last 25 years, reducing child mortality and saving lives. Over time, better data has revolutionized how we understand health challenges, target resources, and measure impact — and remains one of the most powerful tools we have to drive future progress.

Investing in data is a smart, cost-effective way to create impact. Continuing to improve data-gathering and to invest in the collection of quality data will give us a fuller picture of where our investments and programs will have the greatest impact and help us build solutions to some of the world's toughest health challenges. Measuring impact and starting with quality data to design programs will make Rotary initiatives even more effective.

What message do you have for Rotary members?

Most importantly, thank you for your unwavering support to eradicating polio. Rotary's leadership, advocacy, and sustained commitment have brought the world to the brink of eradication — something once thought to be impossible.

To Rotarians everywhere: Thank you for decades of dedication and partnership. Because of your efforts, we will one day live in a world where all children are safe from this disease. We look forward to leaving polio behind long before our foundation closes its doors in 2045. ■



A legacy in **miniature**

A miniature scene of a polio vaccine delivery person on a bicycle. The figure is a small, blue-clad person with a white shirt and a blue vest, carrying a blue box with a red polio logo. They are riding a black bicycle on a path made of sand. The background features a small, stylized house with a blue roof and a tree. A large, red magnifying glass is positioned over the word 'miniature' in the title, which is written in a bold, black, sans-serif font. The overall scene is set against a bright, sunny background with a clear blue sky.

To honor the decades-long commitment to ending polio, Rotary invited artists to create tiny scenes of big moments in the global effort

● **DELIVERING HOPE**

DERRICK LIN

Physically delivering the vaccine requires challenging travel to remote parts of the world. The artist created this scene using everyday objects and dramatic lighting.



THE JOURNEY OF VACCINATION

RAPHAEL TRUFFI
BORTHOLUZZI

This re-creation of a rural vaccination site in Brazil illustrates the work of Brazilian Rotary members and health workers during a national vaccination campaign.



END POLIO NOW TEDDY BEAR

SALAVAT FIDAI

The teddy bear in an End Polio Now shirt is a recognizable unofficial mascot for polio eradication, and it is a reminder that at the heart of our work are the world's children.



UNTITLED

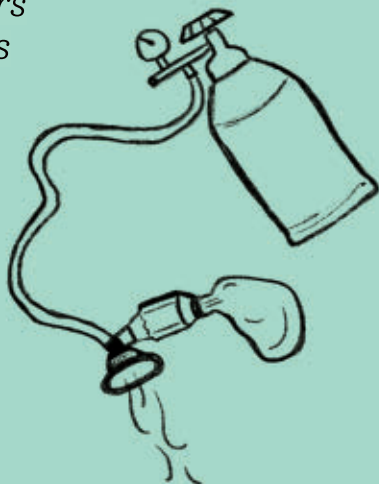
ROSA DE JONG

This piece shows how old shipping containers are used as vaccination clinics at major transit points such as border crossings and railway stations.

A polio parable



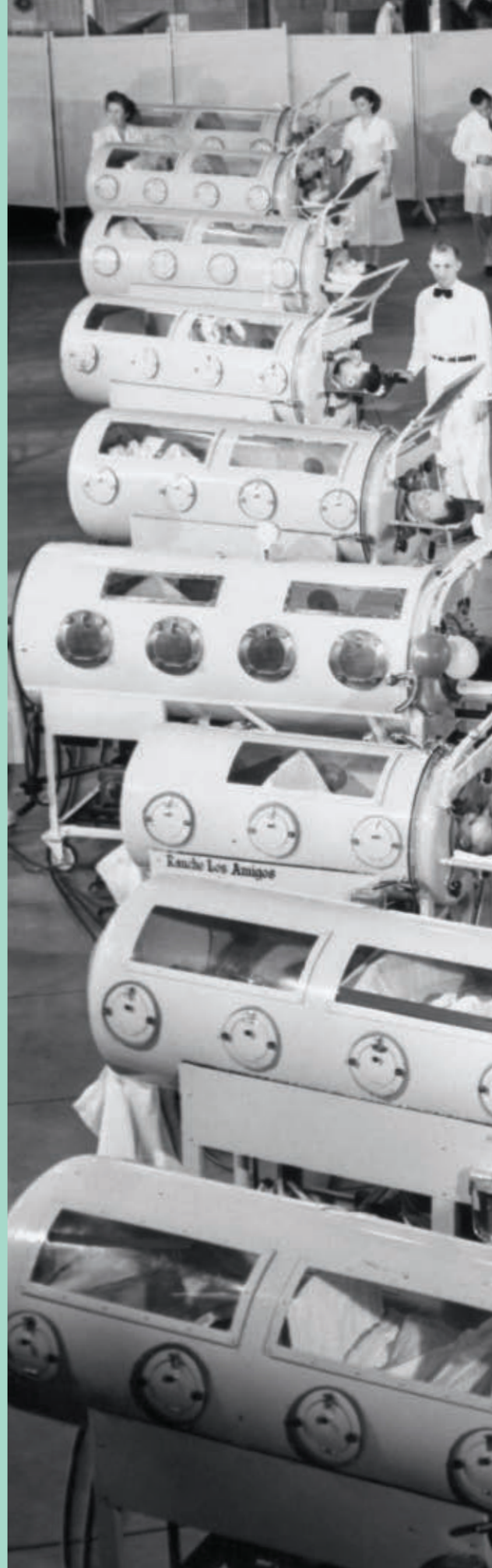
*The story of a
medical breakthrough
73 years ago offers
important lessons
for our time*



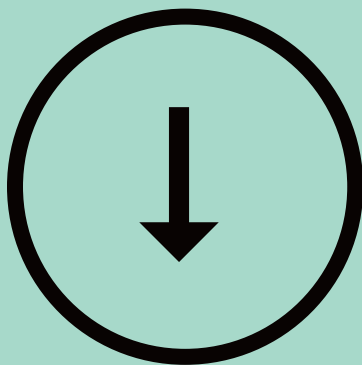
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By
Geoffrey Johnson

PHOTOGRAPH: GETTY IMAGES







THE POLIO EPIDEMIC that afflicted Copenhagen in 1952 was centuries in the making. Ancient Egyptian paintings and carvings, including an engraved stone slab at the Glyptoteket museum in Copenhagen, depict people with shrunken limbs, an indication that they may have been stricken with poliomyelitis. Fast forward to 1773 when Sir Walter Scott, while still an infant, was stricken with a fever, during which he (as the Scottish writer put it) “lost the power of my right leg.” Though he recovered to some extent, Scott would walk with a limp for the rest of his life.

Despite this evidence that polio had existed for thousands of years, it largely went undiagnosed for almost as long. The Greek physician and philosopher Hippocrates may be known as the Father of Medicine, but he failed to include polio in his list of infectious diseases. It would be more than 2,000 years before scientists first began to identify polio and catalog its impact on people’s health. “The disease is thought to have been ‘endemic,’ meaning that it was widely present,” writes Hannah Wunsch. “But because it seemed to cause little paralysis, it generally went unnoticed. ... There were no epi-

demics, but polio was lying in wait, biding its time.”

If polio was antediluvian, its remedy is of more recent vintage. A significant breakthrough occurred a mere 97 years ago, shortly after Philip Drinker visited a Boston hospital ward occupied by children dying from polio. A professor of industrial hygiene at the Harvard School for Public Health, Drinker had been investigating ways to resuscitate workers who had suffered occupational injuries, such as electric shock or gas poisoning.

The visit to the children’s polio ward, and the indelible images of “the small blue faces, the terrible gasping for air,” changed Drinker’s focus. He and his partner, Louis Agassiz Shaw Jr., made modifications to their respirator, and on 13 October 1928, Bertha Richard, diagnosed with polio and struggling to breathe, was placed in the machine. The 8-year-old girl was soon able to, as she said, “breathe bigger,” but after six days she succumbed to pneumonia.

One of the next polio patients to benefit from this new invention was a Harvard undergrad named Barrett Hoyt. In September 1929, after only a brief time in Drinker and Shaw’s machine, Hoyt, who moments earlier had been blue-faced and gasping for air, spoke two words: “I breathe.” Not only did Hoyt breathe, but, after four weeks in the machine, he recovered and lived another 44 years. “Suddenly, respiratory failure was not a death sentence,” writes Wunsch. “The monster metal device” — soon dubbed the “iron lung” — “was about to become synonymous with the treatment of polio. The relationship between human and machine had been irrevocably changed.”

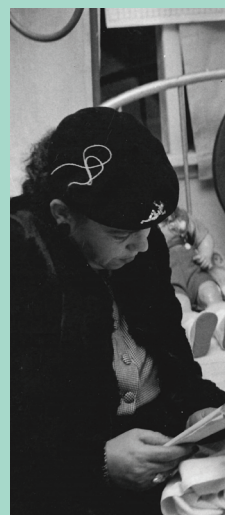
● **AS SHE WAS WORKING ON** what would become *The Autumn Ghost* — the book where all these polio stories appear — Hannah Wunsch had one perplexing concern. “I’m going to have to find a way to help readers figure out

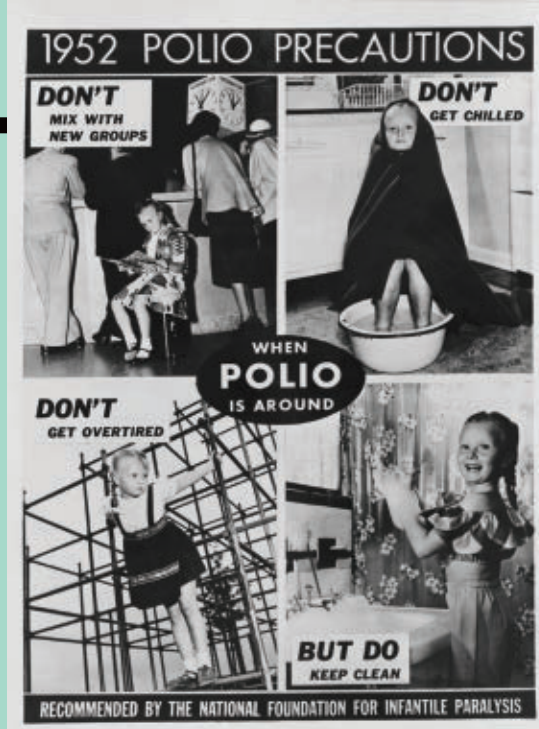
why this matters: why mechanical ventilators are important, why intensive care matters,” she says, thinking back to the days when she was still “doing research and sort of scratching around” on her book. “This whole world is obviously important, always there day to day, taking care of millions of people worldwide. But there wasn’t that sense of ‘Isn’t this incredible?’ I was writing this book that was in the dark crevices of medical history. That interested me, but how was I going to convince others that it was interesting too?”

And then, in 2020, the pandemic hit. “Suddenly,” says Wunsch, “this book felt so relevant because of the fact that everybody was focused on these resources and the people who delivered this care. The parallels were remarkable: the horror of living it and the fear of running out of ventilators. It felt extraordinary how close we actually teetered to the edge of essentially returning to pre-1952 care, where people were just put in the corner and given a bit of oxygen and that was all you could do for them.”

That 1952 touchstone is crucial for Wunsch. Though it ranges across several decades and artfully weaves together numerous “tendrils of events” (Wunsch’s phrase), *The Autumn Ghost* is primarily about the polio epidemic that descended upon Copenhagen in 1952. (The book takes its title from the fact that, in Denmark and other Scandinavian countries, the polio season began as summer concluded and the autumnal equinox approached.) But as suggested by its subtitle — *How the Battle Against a Polio Epidemic Revolutionized Modern Medical Care* — the book is also about the breakthroughs in patient care that followed and that today can seem so unremarkable. Chief among them is that essential place where “patients might seek a reprieve from death: the ICU.”

“Whenever I was in [the intensive care unit], I never took it for granted,” says Wunsch, an anes-





Previous pages: Patients in iron lungs fill the Rancho Los Amigos Medical Center in California in the early 1950s.

These pages, counterclockwise from top left: At

Copenhagen's Blegdam Hospital, a medical student hand-ventilates Vivi Ebert as her mother sits beside her; Dr. Bjørn Ibsen contemplates a medical problem; Dr. Jonas Salk

administers the polio vaccine; a cat in a hat diverts a young polio patient as the child is hand-ventilated; a poster from 1952 provides precautions that children should take to avoid polio.

PHOTOGRAPHS: (VIVI EBERT) COURTESY OF THE EBERT FAMILY, (DR. BJØRN IBSEN) COURTESY OF THE IBSEN FAMILY, (DR. JONAS SALK) COURTESY OF MARCH OF DIMES ARCHIVES, (POLIO PATIENT, POSTER) COURTESY OF MEDICAL MUSEION AT THE UNIVERSITY OF COPENHAGEN

thesiologist and professor at Weill Cornell Medicine in New York City. "I would hook up this machine and walk away and this person would continue to breathe. It would seem just extraordinary."

● **BESIDES HER MEDICAL** expertise and her capacity for wonder, Wunsch brings another crucial skill to *The Autumn Ghost*: She is a superb storyteller with a background in theater. (Based on the memoir of a World War II cryptographer, her play *Silk or Cyanide* got a staged reading in London this past year.) Those abilities serve her well as she unfolds a story packed with drama and inhabited by a vast cast of characters.

The primary setting for that story is Copenhagen's Blegdam Hospital, where the principal characters are two doctors: Henry Cai Alexander Lassen, the hospital's imperious chief, and Bjørn Ibsen, an insightful anesthesiologist capable of envisioning remedial possibilities that lie beyond the confines of his specialty.

When the hospital is overwhelmed by polio patients, many of them seemingly doomed to die, Ibsen, with Lassen's begrudging blessing, contrives a medical intervention that allows patients to continue breathing as they strive to overcome polio's initial onslaught (See "Vivi Ebert is going to die," page 36).

Aided by a squadron of medical students, who hand ventilate patients around the clock, the doctors at the Blegdam emerge from their polio ordeal better equipped to handle the next medical emergency, whatever it might be. Their innovations in care, tested on the frontlines, "spread across Europe and then into the rest of the world, changing the concept of who could be rescued," writes Wunsch. "The possibilities were suddenly endless."

While the Blegdam and its doctors and patients may occupy center stage, there are numerous other related stories in *The Autumn Ghost*. (It's one of the book's charms.)

“Vivi Ebert was going to die ...”



In Copenhagen, near the end of August 1952, Vivi Ebert came home from school saying she had a headache and went to bed. The next day she complained that she couldn't move her arms and legs well. On 26 August, she had a fever, headache, stiff neck, and some paralysis: the telltale signs of polio.

Vivi's mother called an ambulance, which took her daughter to the Blegdam Hospital. Vivi already had weakness in one arm, but much more concerning, she also had difficulty breathing. Since early July, the hospital had admitted many patients just like Vivi, and almost all of them had died. As her symptoms worsened, the doctors and nurses knew she likely had only a few more hours, or days at most, to live.

The following morning, a doctor examined Vivi, and he noted in her chart that her condition had worsened. A young girl with dark hair and a sweet smile, Vivi had extremely high blood pressure and, as an X-ray revealed, part of her left lung had collapsed. She was struggling more and more to breathe as polio took hold. Vivi was about to become another entry in the Blegdam's ledger of polio deaths.

With so little to lose, Dr. H.C.A. Lassen, the hospital's chief, decided that Vivi would be the test case for a new form of care proposed by Dr. Bjørn Ibsen. A skilled anesthesiologist, Ibsen had observed patients who had died of polio. He felt confident, based on his observations, that the majority of deaths from polio were not due to overwhelming infection of the brain (as doctors assumed) but rather the difficulties with breathing, what was termed “respiratory insufficiency.”

Ibsen's instinct was to do what he did in the operating room to keep people alive while they could not breathe for themselves during surgery. His plan was to bring the care he gave to surgery patients to the bedside of polio patients. First, Vivi would receive a tracheos-

tomy to “protect the airway.” This would avoid the aspiration — the sucking of secretions — into the lungs that was so common in polio patients. The second part to the plan was to give positive pressure ventilation: push air into the lungs, as he did for patients in the operating room.

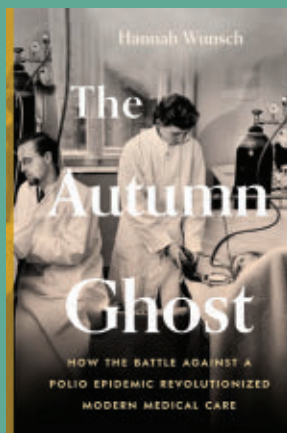
Crucially, Ibsen wasn't proposing the use of iron lungs, which use negative pressure to suck the lungs open. He felt those giant machines were not necessary. He knew from the operating room that he could provide someone with large and steady breaths using only positive pressure. The equipment to do this already existed: a rubber bag, hooked up to a supply of oxygen in a tank, and then connected to a tracheostomy tube in a patient. The anesthesiologist squeezed the bag, pushing oxygen into the lungs, and then on release, the patient exhaled.

Lassen had been skeptical, but he had nothing else to try. He told Ibsen that he could attempt his approach on a patient that he, Lassen, would select. That patient would be Vivi Ebert.

“A failure of a demonstration,” Ibsen wrote later, “would probably confirm the [infectious disease doctors'] belief that the situation was hopeless.” He had one chance to discredit just about everything the doctors and nurses of the Blegdam thought they knew about bulbar polio and the care of such patients.

From the time Vivi was wheeled into the room for the tracheostomy at 11:15 a.m. on 27 August, Ibsen cared for her for 18 hours straight, keeping watch and, at every crisis, bringing to bear all his expertise so carefully amassed over the preceding years of medical training and practice. What he was doing was outside of all textbooks. Seated at Vivi's bedside, Ibsen was running an experiment. He was determined to save the girl and convince the clinicians of the Blegdam, and in particular Lassen, that he could save many others.

At 6:40 the next morning, the medical record stated, “The patient's condition is satisfactory.” Ibsen had done it. A child thought to be dying had been stabilized with the use of a tracheostomy and positive pressure ventilation — and without an iron lung. “That I could save the patient's life with such a simple method was one of the most incredible moments of my life,” Ibsen said later. “We had our first polio patient under control.”



Adapted from The Autumn Ghost: How the Battle Against a Polio Epidemic Revolutionized Modern Medical Care, by Hannah Wunsch. Published by Greystone Books Ltd.

During Copenhagen's polio epidemic in 1952, Dr. Henry Cai Alexander Lassen, the chief of the Blegdam Hospital, used colored pushpins and a large map of the Danish city to mark each new occurrence of the dread disease.



Chief among these may be what Wunsch calls the “parallel story”: the pursuit of a polio vaccine. “All [the doctors at the Blegdam] wanted was something that would prevent this entire scenario,” she says, referring to a hospital besieged by polio patients. “We get this development of ventilators and intensive care and all of that only because the doctors don’t have what they actually want, which is

a vaccine.” Readers of *The Autumn Ghost* can expect to follow the race to develop that vaccine, though because, as Wunsch admits, it’s a story that’s been told before, it’s not the focus of her narrative.

● **DESPITE THAT, WUNSCH IS** quick to extol the polio vaccines developed by Jonas Salk and Albert Sabin as among the greatest of medical achievements. “Everybody

I spoke to who lived through that era would say, ‘Thank God for the vaccine,’” recalls Wunsch. “Even the people I interviewed who had polio in 1952, every one of them would say, ‘It didn’t benefit me, but thank God for that vaccine. My children and grandchildren don’t have to worry about polio anymore.’ The gratitude for that shift and that ability to eradicate a disease like polio was always there.”

Which is why Wunsch worries about the pervasive “nonchalance” about polio among some people today, particularly in countries where the disease no longer exists. “The idea that we’re not all interconnected is crazy,” she insists. “Everybody should care about the polio eradication efforts in Pakistan. Because all it takes is one person from that region getting on a plane and ending up in New York at the wrong moment and it all falls apart. It gives me nightmares, the idea that my hospital could see a case of polio. It’s just devastating — so you can’t let up on that vigilance.”

From Wunsch’s perspective, another newly arisen specter looms that also frightens her. “The questioning of basic facts that are scientific, the manipulation of data and studies to say something other than what they say: All of that is very, very scary,” she says. “It feels like we are getting into a sort of factless world where some of these basics are not being accepted.”

It’s not just the mistrust or misuse of science that scares Wunsch, but the potential repercussions of such attitudes and actions. “The world will turn into a very different place if organizations like Rotary, the Gates Foundation, and others that are working to eradicate polio can’t do their job because of too much pushback,” Wunsch says. “I really hope we can figure out a way to reach people and help them understand that vaccines are one of the most extraordinary achievements of the 20th century.”

Time spent reading *The Autumn Ghost* may help accomplish just that. ■

Buddy up

With peer support, midwives in Papua New Guinea aim to lower maternal death rates

By Hannah Shaw

**Photography
by Mark Lehn**



Mary Sitaing (left), president of the Papua New Guinea Midwifery Society, has called for more midwives.





Gwyneth Weuta is the only midwife serving a population of 12,000 in a rural part of Papua New Guinea. The area is a remote place where lush palms drink in the moisture that hangs in the air and forests are sonorous with the calls of shorebirds and tree frogs.

The isolation, as beautiful as it may be, is one of many challenges for the 37-year-old midwife: The clinic where she used to work, a single-story building tucked on a narrow island in the South Pacific nation, had no running water until she procured a grant a couple of years ago. A new health center where she's now stationed is more developed, but there's no reliable transportation to get there. Then there are the misconceptions and cultural barriers that lead many to resist birthing in a health care facility.

She recalls a teacher from a nearby village who had been under her care for nine months, a rarity, given that in rural Papua New Guinea many pregnant women don't visit a health care provider until they're in labor, if they visit at all.

The baby was overdue, raising the risk of complications, so Weuta urged the woman to deliver at the district hospital. But she soon returned home, either sent back by the doctors or by her own choice, Weuta isn't sure. More than three weeks past her due date and without transportation, the mother waited and went into labor. The next day, hours passed before a vehicle could be found to bring her to the more fully equipped provincial hospital five hours away. It was too late. By the time she arrived, the baby's heart had stopped.

The baby's anguished father was livid and blamed the midwife. "All the bad words you could imagine, he just threw at me," Weuta explains with a slow, melodic certainty.

Delays in seeking and accessing care threaten women's lives in Papua New Guinea, which has one of the world's highest maternal and neonatal mortality rates. Compared with women in nearby Australia, a woman in Papua New Guinea is 95 times more likely to die giving birth, and babies are 10 times more likely to die during or shortly after birth.



Universal access to midwifery care could avert more than 60 percent of all maternal and newborn deaths.



Only half of all births in Papua New Guinea occur in the presence of a skilled attendant.



Most of these deaths are preventable, and midwives are key. Worldwide, universal access to midwifery care could avert more than 60 percent of all maternal and newborn deaths and stillbirths — 4.3 million lives saved annually by 2035, according to the World Health Organization. And the lifesaving work of rural midwives goes beyond birthing: Like Weuta, they are often the only skilled health care workers for miles, supported by community assistants and occasional guidance from doctors over the phone.

In Papua New Guinea, more than 80 percent of people live in rural areas and only half of all births occur in the presence of a skilled attendant. With only 1,600 midwives in the country, the Papua New Guinea Midwifery Society estimates that five times as many are needed to serve the growing population. Mary Sitaing is outspoken about the challenges of giving birth in the country. When she became president of the society in 2022, Sitaing made a public call for more midwives, better support of midwives, and greater awareness of reproductive health care in her country.

Still, the solution isn't just more midwives. The country needs more well-educated, supported, and empowered midwives. "If they've got a voice, they can ask for the equipment, they can ask for the training," explains Judith Brown, a retired midwife and a member of the Rotary Club of Morialta in Australia. "They can ask for the womanpower that they're going to need to provide safe and evidence-based care for their women."

And that's where Rotary comes in.

Building the confidence to lead

It's April, the rainy season in Papua New Guinea, and midwives from across the country are gathered for a five-day leadership workshop in the capital of Port Moresby. They're paired with midwives from Australia, kicking off a yearlong program supported by Rotary members in the two countries. "Not only their voices come together, but their energy and their passion come together," says Brown, leader of the Papua New Guinea Midwifery Leadership Buddy Program. "They assist each other and support each other in a way that's not possible if they're in another land, never having met."

Brown, who has spent her career improving maternal standards from Thailand to Morocco to Afghanistan, crafted the workshop to build connection among the midwives. Each morning, the workshop begins with a song, led by a group of midwives from a different region of Papua New Guinea. When the buddy groups are announced at the end of the first day, the room erupts in cheers as the paired midwives excitedly embrace.

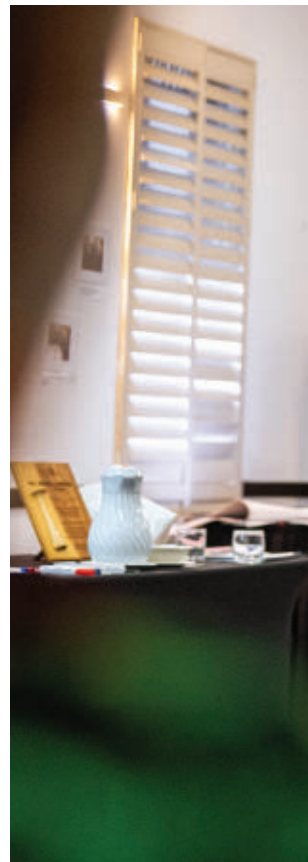
Attending the workshop in the city costs the midwives nothing but a week of their time. Airfare, food, and lodging are covered by Rotary, supported by district grants and two global grants from The Rotary Foundation. For participants like Weuta, who is never truly off the job — even here she fields calls from community health workers for updates on the expecting mothers in her care — the days full of learning and connection provide a much-needed respite. "I felt a weight lift off my shoulders," she says.

The initiative grew out of a twinning program between the Australian College of Midwives and the Papua New Guinea Mid-



Judith Brown

With only 1,600 midwives in the country, the Papua New Guinea Midwifery Society estimates that five times as many are needed.





1. Simon James Kopalua (left) is one of five male midwives in this year's buddy program. **2.** Helen Hall, midwife and program facilitator, joined the Rotary Club of Rosebud-Rye in Australia after working with Rotarians on this initiative. "The people I've met are the people I want to spend time with," she says. "They look locally, they look nationally, and they look globally at what they can do, and how they can bring their skills into it." **3.** As a buddy group in the program, (from left) Noah Noah, Xaviera McGuffin, and Gwyneth Weuta support each other. **4.** Afzal Mahmood, a member of the Rotary Club of Morialta, is a public health expert and workshop organizer.



wifery Society that started in 2011. In 2019, Rotary members from both countries joined the partnership in developing the buddy program to better support individual midwives. Rotarians in Port Moresby help with logistics and funding, giving the Papua New Guinea midwives a stipend to pay for nonessential trip expenses, while those from Morialta manage the overall project and its evaluation, and organize travel.

Organizers had planned initially for only three cohorts. But Brown says the program was so successful that at the end of the third workshop, the midwives pleaded for them to keep going. This workshop in April is the fifth of the program, with hopes to continue.

While parts of the program are information-dense, the primary focus is on building bonds and encouraging a perspective shift. “We’re not trying to go in there and teach clinical skills,” explains Helen Hall, of the Australian College of Midwives, the project facilitator. “Other groups have done that, and it’s important. What the buddy program does is build confidence to lead.”

During the workshop, the Papua New Guinea midwives establish a project that they will complete with the help of their buddies over the coming year. “You can see that they start to recognize their capacity,” explains Hall, who, impressed by her Rotary partners, decided to join a club in her semiretirement. “And then they’ve got a champion on their side that says, ‘We believe in you and let’s do a small little project together.’”

For instance, one graduate of the program developed a poster with a checklist for each prenatal and postnatal stage. It serves as a guide for community health care workers with less training than a midwife or a nurse. “That simple checklist, I have no doubt, will save some lives,” Hall says.

For each project, the Rotary Club of Morialta sets aside 500 Australian dollars (about US\$325) to help the midwives complete their work, but the midwife who generated the posters found another organization to cover the printing costs. So instead, the midwife used the Rotary funds to purchase life jackets. In remote regions of the country, midwives often transport women in labor via canoe. With the life jackets, they can do so more safely.

“As a midwife, you can create change.”

Weuta and her Australian buddy, Xaviera McGuffin, sit in the back of a bus, giggling and bobbing their heads to twangy banjo music playing from a cellphone. “We’re heading to the country!” Weuta laughs, as the bustling streets of Port Moresby turn into pastoral rolling foothills out the window.

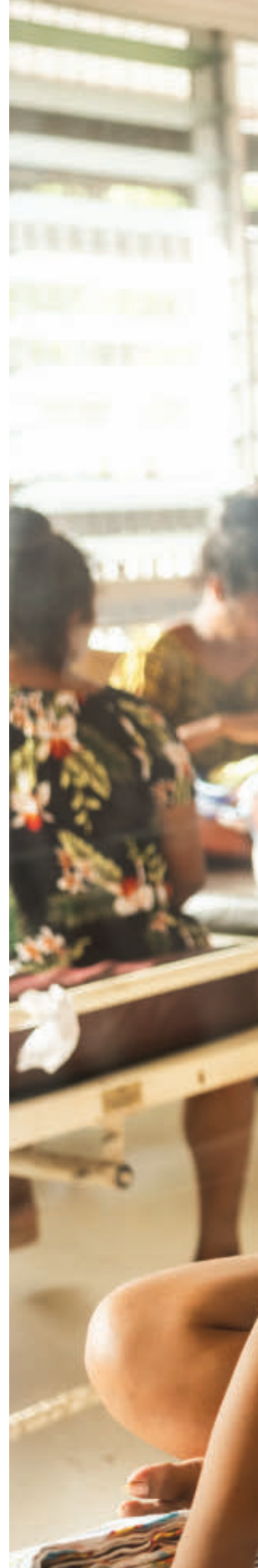
The workshop group is on its way to Pacific Adventist University, where many participants, including Weuta, received their midwifery training. After a day of touring medical facilities, the buddy cohort will meet midwifery students and deliver donated learning materials toiled in the Australian midwives’ luggage.

Geography and lack of resources are not the only challenges that midwives here face. Culturally, giving birth is a “family thing,” explains Sitaing of the midwifery society, so many women in labor stay at home without a trained attendant. To try to shift these practices, midwives work with the whole family and the whole community. They encourage women to come into the clinic early in their pregnancy to ensure healthier outcomes and welcome the father’s involvement throughout the pregnancy and the birth.

Increasing male partner involvement may also lower Papua New Guinea’s intimate partner violence rate, one of the highest in the world. According to a national survey, nearly two-thirds of women in the country who have been married have experienced spousal physical, sexual, or emotional violence. Anecdotally, midwives have seen that getting partners involved in pregnancy and birth helps prevent violence, enabling fathers to feel more connected to their children and see their partner’s strength in the delivery room.

Papua New Guinea has a greater share of male midwives than Australia, says Helen Hall. And male midwives often work in the more perilous regions. This year’s buddy cohort had five male midwives, including Simon James Kopalua.

Kopalua, who sports a button-up shirt and tie on this day, speaks with the measured



Mothers recover from
births at Port Moresby
General Hospital.



Over the first five cohorts, the buddy program has included 52 midwives from Papua New Guinea and 32 from Australia.



Mary Sitaing

cadence of a university professor despite being 29 years old. He is a midwife in the remote Highlands region of Papua New Guinea. Kopalua transitioned from being a nurse to a midwife after witnessing several maternal and neonatal deaths on the job. His own mother and sister almost died in childbirth.

His cellphone contains images of ambulances outfitted with off-road tires stuck in rutted rainforest mountain roads. Grinning with pride, he speaks of his work, from advising on family planning to building goodwill with the community to performing lifesaving procedures with only a cellphone flashlight. “As midwives, we must remember that we have multiple skills,” says Kopalua. “Most of the time, we focus on governments and people to create change. But as a midwife, you can create change too.”

Kopalua discusses common misconceptions about going to health care facilities: “Women believe that it’s not safe to deliver in the health facility because the baby might die, the woman might die, sorcery will attack them in the night. Staff attitude and behavior can also become barriers.” He continues, “In my culture and in most other cultures in Papua New Guinea, men are not supposed to touch the blood of a woman because people think that it will reduce their strength, make them weak, or infect them with diseases. It’s so challenging, but I break this barrier because I want to make a change and help people change their way of thinking.”

Weaving a network of supports

The final day of the workshop is a whirlwind of activity. The buddy groups spend time together discussing their projects. They walk on paths shaded by palm trees and huddle over their computers crafting presentations. There are impromptu roundtable discussions about their hopes for the future, and at dinner they discuss challenges they’ve faced working in their clinics.

For midwives working on their own, like Weuta, the buddy program has provided more than just a buddy. It’s woven a network of supporters. Over the first five cohorts, the buddy program has included 52 midwives from Papua New Guinea and 32 from Australia. Program participants represent all 22 provinces of Papua New Guinea. Some midwives had never left their province before, but now they’ve had the opportunity to visit medical clinics, hospitals, and universities. They’ve met other graduates of the buddy program who hold leadership roles in maternity wards and educational programs.

Weuta plans to focus on preventing teenage pregnancy in the region where she works. Each month, she says, she sees at least one teen mother-to-be. Her project will focus on pamphlets and a program to train educators to teach family planning.

Papua New Guinea’s maternal health crisis cannot be solved by midwives alone. But in between paddling laboring women in canoes and challenging generations of cultural norms, they are championing improvements to maternal and child health. With the help of Rotary, midwives are gaining tools, a voice, and a community. They are striving for a future where no woman labors alone or dies from preventable causes. Says Mary Kililo Samor, a technical adviser for the Ministry of Health who visited to champion the midwives’ work: “We have not done it yet. But we are doing it.” ■





Program facilitator Julie Kep (left) has worked as a midwife in Papua New Guinea for more than 40 years. Here, she speaks with Sania Ronnie and her child.



Weuta (second from left) and fellow Papua New Guinea midwives lead the group in a song.

OUR CLUBS

VIRTUAL VISIT

This ain't their first rodeo

Rotary Club of Starkville, Mississippi

As the chestnut-colored horse burst into the gravel-lined arena, its rider held on tightly with one hand, raising the other above his head. The horse bucked a wild zigzag across the ring, and the stands — packed with spectators in boots and kids in light-up cowboy hats — erupted with cheers.

The city of Starkville is no stranger to thrilling sporting events. The community of 25,000 in north-central Mississippi is home to Mississippi State University, where stadiums fill weekly for football, basketball, and baseball games.

But this wasn't a college game. It was the annual Classic Rodeo, put on by the Rotary Club of Starkville, which draws professional riders from across the country. Competitions include bareback riding, saddle bronc riding, bull riding, and steer wrestling, in which a rider leaps from their mount to land on and wrestle a steer. Over two days in February, 6,000 people turned out to cheer on cowboys and cowgirls while snacking on corn dogs and pulled-pork sandwiches.

Not only does the rodeo serve as the club's major fundraiser, supporting its service activities and grants for the entire year, it also provides an opportunity for Rotary members to connect with the community and each other.

"In a sense, it's given us an identity," says club member Ned Browning, who was vice president when the club first put on the rodeo in 2007.

Since 1924 when the Starkville club was chartered, Rotary has served as a bridge between the locals in this small city and people affiliated with MSU, the state's second-largest public university. Rather than splitting themselves between separate clubs, the groups weaved their communities together. Members say that union has helped grow and sustain membership, which currently stands at 167. The city's dual identities are built into the club's leadership structure; each year, the president's role alternates between a member with ties to the university and one from the wider community.

Even the rodeo grew from the alignment of factors related to that connection between the town and the university, according to Larry Mullins, club president in 2006-07. The university is home to a horse park facility, which already had been hosting a rodeo — a satellite event of the largest rodeo east of the Mississippi River, held each February in the state capital of Jackson, two hours south. But organizing the event was a challenge for the original management.

So discussions began to have the Starkville club take over running the rodeo as a fundraiser. At the time, the club didn't have a strong service program, re-

calls Mullins. But from the beginning, he says, members were eager to volunteer, mobilizing to find sponsors and handle ticket sales. "It engaged a lot of our club members, which is what we were trying to do," Mullins says.

Over the years, the club has taken on additional tasks, like running the concessions and a souvenir stand. Some items available at the most recent rodeo, such as light-up wands and purple cowboy hats with glowing rims, were a big hit with kids.

Selling concessions and souvenirs has not only raised more funds, notes Browning, it's fostered camaraderie within the club. Turns out flipping burgers, loading the popcorn machine, and pumping cheese on nachos is prime bonding time. "Suddenly you get to know people," he says. "You learn you can joke with them. You learn things about them."

From the outset, club members committed to making the rodeo family-friendly and affordable. On the second day, kids can ride ponies and visit a petting zoo. That's part of what keeps the crowds coming back, says 2024-25 Club President Kyle Jordan.

"You see all walks of life, different demographics, at the rodeo. We want it to be enjoyable for everybody."

Nearly two decades in, the organization runs smoothly. The event's biggest expense — hiring the livestock contractor that provides the animals — is covered through sponsorships by local businesses. The club also gets in-kind donations, ranging from beverages to a legally mandated ambulance service.

Throughout the weekend, more than 100 members volunteer, which rodeo committee

The Rotary Club of Starkville has run the Classic Rodeo as a fundraiser since 2007. Events include bull riding.



co-chair Matt Bowen sees as a benefit of the club's concentrated approach to fundraising. "We only do one event a year, and this is it."

Between ticket sales and concessions, the club nets about \$40,000 annually from the rodeo, which it puts back into the community through service initiatives. The event also provides an estimated \$750,000 economic boost for the area.

The club's longest-standing beneficiary is Boy Scout Troop 14, which it has sponsored since 1925. And eight years ago, the club helped launch Oktibbeha Young Leaders, a nine-month program that helps high school sophomores develop skills and get job shadowing experience in fields like medicine, engineering, and more. The club also awards grants twice a year to support a wide range of community causes, including a literacy program

at the library and an initiative to get dictionaries into classrooms.

Beneficiaries of these initiatives also play a part at the fundraiser. Scouts direct the parking, while Oktibbeha Young Leaders work the concessions. Grant recipients are announced during a break in the competitions.

Over the years, the rodeo itself has served as a Rotary recruitment opportunity — people have joined the club after learning about it through the event. And club members say it is a chance to connect with the people of Starkville and the surrounding area by providing an accessible and fun weekend.

"We are our community," Browning says. "And you want people to enjoy being in our community."

— ELIZABETH HEWITT

How to run a bronco-sized fundraiser

Work with what you have.

A key to success is assessing what the community already has — and responding to what it needs, notes 2024-25 Club President Kyle Jordan. The Rotary Club of Starkville never set out to launch a rodeo. But when the opportunity came up, he says, "we embraced it."

Less can be more. Hosting a single major fundraiser, rather than many little ones, can net big rewards. But it also comes with some risks. The club has built up a fund of cash-on-hand for "self-insurance." These savings will cover the costs in case of cancellation.

Wrangle all the volunteers you can.

Coordinating a large event requires lots of hands. But rodeo committee co-chair Matt Bowen says recruitment is a lighter lift without a long-term commitment. "Anything where you're only asking for two days of commitment, as opposed to year-round, is easier."



Running the rodeo has fostered camaraderie among members, including (from left) Kyle Jordan, Matt Bowen, Michael Kunkle, Larry Mullins, Christopher Berena, and Susan Seal.

WHERE ARE THEY NOW?

The social investor

For a tech executive turned angel investor, Rotary Youth Exchange nurtured a global curiosity

"It was life-changing, it really was," Hélène Barnekow says of her Youth Exchange year.

Hélène Barnekow spent her career leading teams at the forefront of emerging technologies, from the advent of mobile phones to cloud computing to the data centers powering artificial intelligence. Yet here she was talking whiskey. "I'm not even a big whiskey drinker!" she says.

After stepping down as CEO of Microsoft Sweden in 2022, Barnekow found herself researching a small distillery in western Norway on the island of Fedje. Founded by a woman whose ethos is to empower female investors, the distillery is fully financed by women. It was just the kind of startup Barnekow was looking to get behind. "So that's how I ended up a whiskey investor," she says with a laugh.

Barnekow is embracing new ventures as she shifts from a 30-year career in executive leadership to angel investing, which involves providing early-stage capital to startups, often in return for equity ownership. She brings with her a wealth of corporate leadership and international experience, having lived around the world, from England to Singapore to the U.S., and having navigated fast-moving business environments, often as the only woman in the room. In this latest role, her focus is on companies making positive social change.

"It's very fulfilling when you know you can make a difference, and you don't have to sacrifice your business or your results to do that," she says. "It's more fun when you can do both. That was always a very strong driving force for me."

Barnekow grew up in the small town of Kävlinge in southern Sweden, and long before her global career, it was a Rotary Youth Exchange experience that first took her beyond Europe at age 17. She lived for a year in the U.S. with a couple and their four children in New York. Barnekow became close with the family, soaking in the culture — 24-hour cable television, MTV, late-night pizza delivery — and generous praise for her soccer skills. And she enjoyed meeting fellow exchange students from around the world.



“It was life-changing, it really was,” she says. “I had grown up knowing relatives from different countries, and I learned French and English early. But the town I lived in was very homogenous. I was always curious about what was going on outside Sweden. After that year in the U.S., I was convinced that I wanted to do something internationally, to work in different cultures.”

Barnekow’s older brother stayed with the same New York family for a year, and the family’s daughter Erin spent two summers in Sweden with the Barnekows. “We just all meshed,” says Erin Welling. She and Barnekow were even in each other’s weddings. “She and I, we were truly like sisters.”

Four decades later, the families remain close, exchanging visits. “It’s the biggest blessing that we’re still in each other’s lives,” Barnekow says. The admiration is mutual. “We’re just so impressed,” says her former host father, Roger Triftshauser, beaming with fatherly pride. “The thrill of knowing what she’s done, and what she continues to do, is just mind-boggling for us.”

Back home in Sweden, Barnekow studied international business, and by the early 1990s, she found a role with a distributor for Microsoft, marking her first foray into technology. She was hooked. “I remember this vividly, thinking, ‘Oh my gosh, there’s so much happening here. This is completely going to change how we communicate, how

we can work, educate, and teach.’”

She joined Swedish telecom giant Ericsson in 1995, and just two years later was named to her first executive role. “I was the first woman to get promoted into a leadership position,” she says. “They said, ‘We’re so happy. We want more women, but we can’t find them.’ They weren’t looking in the right places.”

As she built her team, Barnekow put together lists of qualified candidates, both women and men, by searching different networks. “I ended up with 50 percent women, and I’m very proud of that,” she says. “This is a business challenge. We often think about it as a challenge for women, but we need to redefine it: You’re optimizing for business, and you want to make sure you’re looking at the whole talent pool.”

She adds: “My boss later said, ‘I don’t know what you’re doing, but you’re doing it right. Everyone wants to work with you.’”

Barnekow maintained that recruitment ethos throughout her career, which led her to become CEO of Microsoft Sweden in 2018. During her tenure, the company launched a data center hub powered by 100 percent renewable energy to be part of Microsoft’s Azure cloud computing network and committed to providing digital skills training to tens of thousands of Swedish workers. She remained CEO until 2022. “I’ve had so many fun jobs,” she says. And influential

ones: Barnekow was recently honored by the king of Sweden for her contribution to Swedish business.

Barnekow now coaches CEOs and serves on several corporate boards, including as chairwoman of Storytel, an audiobook and e-book platform, and Mindler, a health care startup that provides online therapy for young people in Europe.

She also supports Nordic Angels, an initiative to increase capital for startups in the region. And along with the Freddie Ocean Distillery in Norway, Barnekow’s recent investments include X Shore, a maker of electric boats that aims to reduce carbon emissions, and the Buddy Company, a clothing brand that promotes friendship and community.

As the tech industry continues to evolve, her advice for the next generation is to be curious and focus on education but also take time to find the right professional fit. She notes that it took her a few tries.

“Think about your life as a constant journey. It’s your responsibility to understand what technology does to your life: How do I learn coding? How do I learn about ChatGPT? How do I acquire those skills? That’s your own responsibility. So always have that learning path with you, all through your life. You can never stop learning.”

And always give back: “We have the responsibility to be a good citizen. When you have the privilege of being able to do more, to have some kind of impact, do it.” — ERIN GARTNER



Hélène Barnekow

- **Rotary Youth Exchange student**, 1982-83
- **Tech executive**, Ericsson, Sony Ericsson, EMC, Telia Sweden, 1990s-2010s
- **CEO, Microsoft Sweden**, 2018-22

During Barnekow’s tenure at Microsoft Sweden, the company launched a data center hub powered by 100 percent renewable energy.

DISPATCHES FROM
OUR SISTER MAGAZINES
ROTARY ITALIA

Concert for peace brings music and solidarity



↑
Karim Wasfi, founder of the Peace Through Arts Foundation, became known as the “cellist in the rubble” in Iraq.

Learn more about Rotary peacebuilder clubs. Visit rotaryactiongroupforpeace.org.

The Rotary Action Group for Peace Italian chapter organized a concert to celebrate the United Nations International Day of Peace and promote Rotary’s peacebuilding and conflict prevention area of focus.

Held last fall, the concert, featuring maestros Karim Wasfi, a member of the Rotary Club of Hub of Southern Wales, and Andrea Ceccomori, raised funds for the Peace Through Arts Foundation. Through the transformative power of music, the foundation has

helped thousands of people, especially children orphaned by war, to overcome trauma.

The action group’s Italian peacebuilder chapter brings together 16 Rotary clubs and two Rotaract clubs across five districts. The group hopes to establish at least one peacebuilder club in each Italian district and then create a network of peacebuilder clubs in the Mediterranean area. This network will enable clubs to collaborate to address the root causes of conflict:

poverty, inequality, ethnic tension, and a lack of access to education, clean water, medical care, and natural resources.

Wasfi, the founder of the Peace Through Arts Foundation, became known in 2015 as “the cellist in the rubble” after he walked into the wreckage of a car bomb blast site in Iraq and began playing his cello. Wasfi was the conductor of the Iraqi National Symphony Orchestra from 2007 to 2016 and is a fellow at the Geneva Center for Security Policy. With more than two decades of experience in cultural diplomacy, he uses the healing properties of music and arts to help facilitate stabilization, cultural understanding, and community solidarity. The Peace Through Arts Foundation provides programming in music and art therapy, orchestral performances, vocational and civic engagement, and deradicalization education through the arts.

Joining Wasfi in the concert was Italian flutist and composer Ceccomori, the founder of the Baton for Peace concert series. The concerts, including one held in China in 2019, often feature a musical exchange in the form of a duet, and at the end of each concert an olive baton is presented as a peace symbol to the local musicians. Ceccomori also was the flutist and composer of the Table of Silence Project 9/11 in New York City, which was a multicultural call for peace through a choreographed ceremony with 100 dancers.

For both musicians, promoting peace through the arts and creativity is also a step toward rehabilitation, reconciliation, and the empowerment of women. Their aim is to decrease tension, promote healing and cross-cultural integration, and counter extremism.

— GIAN MICHELE GANCIA



Burundi gold medalist finds sports have power to unite

Venuste Niyongabo, an Olympic gold medalist from Burundi, works with the organization Peace and Sport and started his own foundation in his home country.

Venuste Niyongabo's Olympic success made him a symbol of national pride in his native Burundi. He's equally admired for his commitment to helping his home country through the foundation he formed in 2022 and his work with the organization Peace and Sport.

Born in 1973 in the commune of Vugizo, the former long- and middle-distance runner is best known for his historic victory in the 5,000 meters at the 1996 Olympic Games in Atlanta, where he won Burundi's first — and still only — gold medal. He currently lives in Bologna, Italy, with his wife and children, and is a member of the Rotary Club of Milano Linate.

How did the Burundi civil war affect your life and career?

I come from a country torn apart by ethnic divisions. The Tutsi and Hutu people fought each other in a civil war in the 1990s, and it was a dark period. My victory at the Atlanta

Olympics was a light in the dark. I declared that I had won for my nation, and this united many people, regardless of their ethnicity. Even though I was thousands of kilometers away, the feat of the boy from Vugizo became a message of unification for the country.

What is the situation in Burundi today?

Ethnic conflicts have subsided, but economic and social problems have remained. The transport network is inadequate. There is no lack of food or water, but they are not adequately distributed. School dropout rates are high, and those excluded from training and employment look at distant Europe as a paradise, but they are uninformed about what awaits them. There is an emigration of desperate people.

How did you begin running?

As a child, I was not good at sports.

I was advised to run to fight a rheumatic condition. In 1989, I started to excel. I joined the national sports club and in 1992 I participated in the World Junior Championships in Seoul, Korea, and won a silver medal in the 1,500 meters. In Seoul they gave me my first running shoes. To me, used to running barefoot, it felt like flying.

In 1993, a sports manager invited me to Siena, Italy. It was my first time in Europe and I was disoriented. I joined an Italian sports club and eventually in 1996, I landed at the Atlanta Olympics. I ran the 5,000-meter race and won Burundi's first gold.

What is your role with the organization Peace and Sport?

Sport is a powerful tool that brings people together. The Peace and Sport organization, based in Monte Carlo, Monaco, was founded in 2007 by Olympic medalist Joël Bouzou. Since 2009 I have been part of its network of Champions for Peace — a group of athletes committed to promoting peace through sport. I am a spokesperson for the Friendship Games in the Great Lakes region of Africa (a series of sporting events that promote peace, cultural awareness, and friendship among young people from Burundi, Rwanda, and the Democratic Republic of Congo).

With help from Italian friends and the Monegasque Cooperation for Development, in 2022 I created my own foundation, focused on sport, education, and health. We have organized missions of Italian doctors in Burundi, created four children's sports centers and four schools, and trained educators.

How did you find Rotary?

I knew of Rotary in Burundi, but in Italy I approached the Rotary Club of Milano Linate, and I received a warm welcome. After knowing it better I appreciated it even more. I am especially interested in our Aquaplast clean water projects. It is important that the projects are multiyear so they can achieve concrete objectives and have a recognized identity.

— MARINA MANFREDI MAGILLO

POP QUIZ

How much do you know about Rotary's campaign to end polio?
Test yourself — or stump a clubmate.

START
HERE

1

In how many countries does wild polio remain endemic?

- (A) 1 (B) 2 (C) 3 (D) 4



Which vaccine is primarily used in countries where polio is endemic?

- (A) Inactivated polio vaccine
(B) Injected polio vaccine
(C) Oral polio vaccine
(D) Osmosis polio vaccine

How many children did polio paralyze each year before 1988?

- (A) 100,000 (B) 175,000
(C) 250,000 (D) 350,000

2

How many ways does the polio program do surveillance?

- (A) 1 (B) 2
(C) 3 (D) 4



4

When did Rotary launch the PolioPlus program?

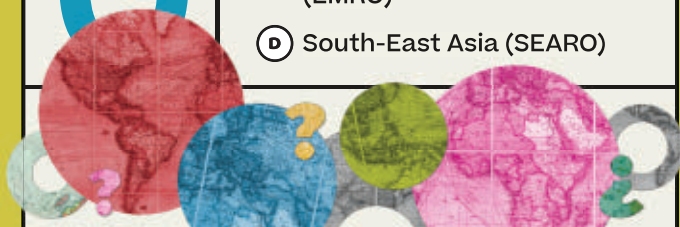
- (A) 1979 (B) 1985
(C) 1988 (D) 1990

5

6

Which WHO region was the most recent to be certified free of wild poliovirus?

- (A) African (AFRO)
(B) Americas (PAHO)
(C) Eastern Mediterranean (EMRO)
(D) South-East Asia (SEARO)



7

What is the name of the newest vaccine approved for fighting variant poliovirus?

- (A) IPV
- (B) nOPV1
- (C) nOPV2
- (D) OPV



11

How many core partners make up the Global Polio Eradication Initiative (GPEI)? Bonus point available if you can name them all!

- (A) 4
- (B) 6
- (C) 7
- (D) 8



Who developed the inactivated polio vaccine?

- (A) Marie Curie
- (B) Albert Sabin
- (C) Jonas Salk
- (D) Peter Salk

9

How much does Rotary have to raise each year in End Polio Now donations to get the full 2-to-1 match from the Gates Foundation?

- (A) US \$50 million
- (B) US \$70 million
- (C) US \$100 million
- (D) US \$150 million



Which types of wild polio-virus have been eradicated?

- (A) Types 1 and 2
- (B) Types 1 and 3
- (C) Types 2 and 3
- (D) Types 2 and 4

12

In what country did Rotary first do a polio vaccination campaign?

- (A) Brazil
- (B) Indonesia
- (C) Nigeria
- (D) Philippines

10

13

What is Rotary's primary role in the GPEI?

- (A) advocacy, research, and social media
- (B) fundraising, advocacy, and raising awareness
- (C) media relations, vaccinations, and documentation
- (D) vaccinations, fundraising, and research

ANSWERS

- 1. B (Afghanistan and Pakistan)
- 2. D
- 3. C
- 4. B
- 5. B (environmental surveillance and acute flaccid paralysis surveillance)
- 6. A
- 7. C
- 8. C
- 9. A
- 10. D
- 11. B (Rotary, the World Health Organization, UNICEF, the U.S. Centers for Disease Control and Prevention, the Gates Foundation, and Gavi, the Vaccine Alliance)
- 12. C
- 13. B



TRUSTEE CHAIR'S MESSAGE

Born of friendship

Friendship in Rotary often bears fruit that can change the world. When I was Rotary president-elect, I served on the Board of Directors alongside then-Vice President Olayinka “Yinka” Hakeem Babalola from Nigeria. My wife, Susanne, spent time with Yinka’s wife, Preba “Precy” Babalola. Yinka and Precy support The Rotary Foundation, not only as Arch Klumph Society members, Benefactors, and Major Donors but also as Rotary members who are deeply involved in Foundation projects.

Susanne and Precy’s friendship led to their clubs joining forces. For October, as Rotary marks Community Economic Development Month, I thought **Precy Babalola** could best capture the impact of their collaboration in her own words:

“Obuama, Nigeria, was hit hard by COVID-19. Many families, especially women and young adults, were left without stable income or opportunity. The community urgently needed practical support and long-term solutions.

My club, the Rotary Club of Port Harcourt Passport, decided to respond. We partnered with the Rotary E-Club of Hamburg-Connect and our districts to launch a global grant project focused on empowering people with skills that restore hope and dignity.

Over 250 women and young adults were trained in farming fish, poultry, and snails

as well as bead making. Local facilitators led hands-on workshops, equipping participants with skills to start enterprises.

Families are now generating income and mothers can send their children to school. Youths are earning, teaching others, and contributing to the local economy.

Women, once stuck, are now leading their own businesses, training others, and finding a new sense of purpose. The project continues to ripple, creating not just jobs but confident community leaders.”

This is what change looks like when dedicated Rotarians work together with the support of The Rotary Foundation.

Community economic development is an area of powerful projects for many reasons. We have experts in our clubs who know how businesses can strengthen their local economy. Such projects can be adapted nearly anywhere and often show early signs of success.

Our Foundation, too, provides the expertise of an engaged professional staff and the Cadre of Technical Advisers.

What began as dinner conversation led to a lifechanging global grant. Isn’t it remarkable that in Rotary, the friendships we make can create opportunities that transform lives for generations?

HOLGER KNAACK

Foundation trustee chair

SERVICE ABOVE SELF

THE OBJECT OF ROTARY

The Object of Rotary is to encourage and foster the ideal of service as a basis of worthy enterprise and, in particular, to encourage and foster:

First The development of acquaintance as an opportunity for service;

Second High ethical standards in business and professions, the recognition of the worthiness of all useful occupations, and the dignifying of each Rotarian’s occupation as an opportunity to serve society;

Third The application of the ideal of service in each Rotarian’s personal, business, and community life;

Fourth The advancement of international understanding, goodwill, and peace through a world fellowship of business and professional persons united in the ideal of service.

THE FOUR-WAY TEST

Of the things we think, say or do:

1. Is it the **truth**?
2. Is it **fair** to all concerned?
3. Will it build **goodwill** and **better friendships**?
4. Will it be **beneficial** to all concerned?

ROTARIAN CODE OF CONDUCT

The following code of conduct has been adopted for the use of Rotarians:

As a Rotarian, I will

1. Act with integrity and high ethical standards in my personal and professional life
2. Deal fairly with others and treat them and their occupations with respect
3. Use my professional skills through Rotary to: mentor young people, help those with special needs, and improve people’s quality of life in my community and in the world
4. Avoid behavior that reflects adversely on Rotary or other Rotarians
5. Help maintain a harassment-free environment in Rotary meetings, events, and activities, report any suspected harassment, and help ensure non-retaliation to those individuals that report harassment.

GLOBAL GOALS, LOCAL ACTION

ROTARY COMMEMORATES
THE UNITED NATIONS AT 80

11 December 2025

Veterans Building, San Francisco War Memorial

VISIT [ROTARYUN80.ORG](https://rotaryun80.org) FOR MORE INFORMATION

CALENDAR

October events

CLAWS FOR A CAUSE

Event: LobsterFest

Host: Rotary Club of Boise Sunrise, Idaho

What it benefits: Local youth nonprofits

Date: 3 October

For nearly two decades, the club has organized an annual fundraising dinner of lobster and potatoes. (Steak and vegetarian meals are also available.) The event, held at the Riverside Hotel along the Boise River, includes live music from an acoustic trio and silent and live auctions. Proceeds go toward five organizations that support youths; last year's event brought in more than \$450,000.

MEAT AND GREET

Event: BBQ Cook-off

Host: Rotary Club of Black River Falls, Wisconsin

What it benefits: Local organizations

Date: 11 October

In its fourth year, this culinary competition has become a must-attend fall event in west-central Wisconsin. Local chefs bring their barbecue talents to the Sand Creek Brewing Company, and attendees feast on the finger-licking fare. Those who sign up to be judges select the winner of the coveted championship belt. In addition to the food, there will be raffles and kids games.

GET THINGS DONE

Event: Do Days

Host: Rotary Club of Cincinnati

What it benefits: Local nonprofits

Dates: 16-18 October

The club launched this annual event in 2022 with the goal of mobilizing volunteers to help community nonprofits. Over



AW, SHUCKS

Event: OysterFest

Host: Rotary Club of Shelton Skookum, Washington

What it benefits:

Local nonprofits and scholarships

Dates: 3-5 October

Held annually since 1982, OysterFest is not just a fundraiser; it also promotes Mason County's shellfish industry and the issues that affect it. The celebration kicks off Friday night with a music-focused event, OysterFunk, for adults 21 and older. On Saturday and Sunday, attendees of all ages will enjoy watching oyster-shucking competitions, sampling seafood and other bites, and listening to live music. Local breweries and wineries serve drinks, and there are plenty of activities for kids.

three days, some 600 people support dozens of organizations in the Cincinnati area through hands-on projects such as meal packing, landscaping, cleaning, and envelope stuffing. The effort brings together individuals and groups to meet the critical needs of their community while fostering teamwork, connection, and a shared spirit of giving.

RIDE THAT TRIKE!

Event: Pedal for Polio

Host: Rotary Club of Franklin, Tennessee

What it benefits: End Polio Now

Date: 23 October

The club's annual World Polio Day fundraiser has evolved into a friendly competition between several Rotary clubs in Williamson County. Each club's participants, consisting of three past presidents, don costumes and race tricycles around a track. Other club members dress as cheerleaders and root for their teams. Trophies

are awarded to the club that finishes fastest, the one with the best costumes, and the one that raises the most money.

HAPPY CAMPERS

Event: Denim & Diamonds

Host: Rotary Club of Catalina (Tucson), Arizona

What it benefits: Send a Kid to Camp Fund

Date: 30 October

The Skyline Country Club, nestled in the Santa Catalina foothills north of Tucson, is the site of this social fundraising event. The money raised goes to a fund that helps children from low-income and active military families in southern Arizona attend overnight summer camps, including one for kids with special needs. Since the fund was started by the *Arizona Daily Star* newspaper nearly 80 years ago, tens of thousands of children have benefited.

Tell us about your event. Write to magazine@rotary.org and put "calendar" in the subject line. Submissions must be received at least five months before the event to be considered for inclusion.



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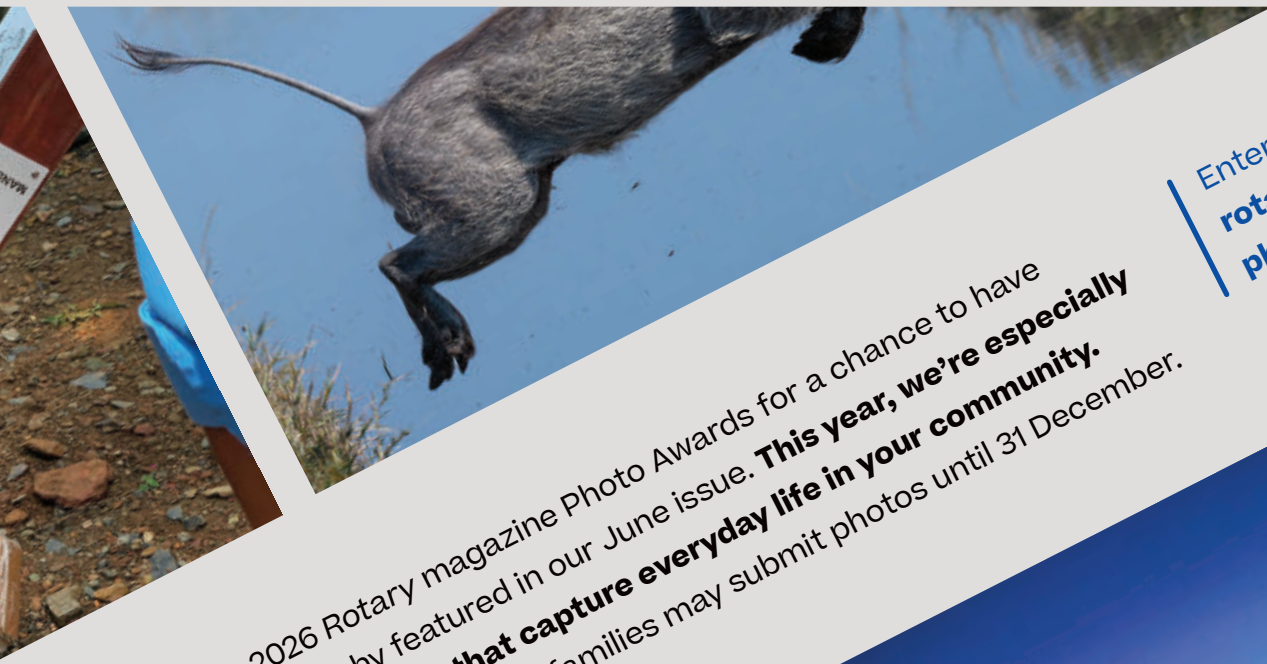
Nexus Exhibits
Seva Foundation



Give us your
best shot

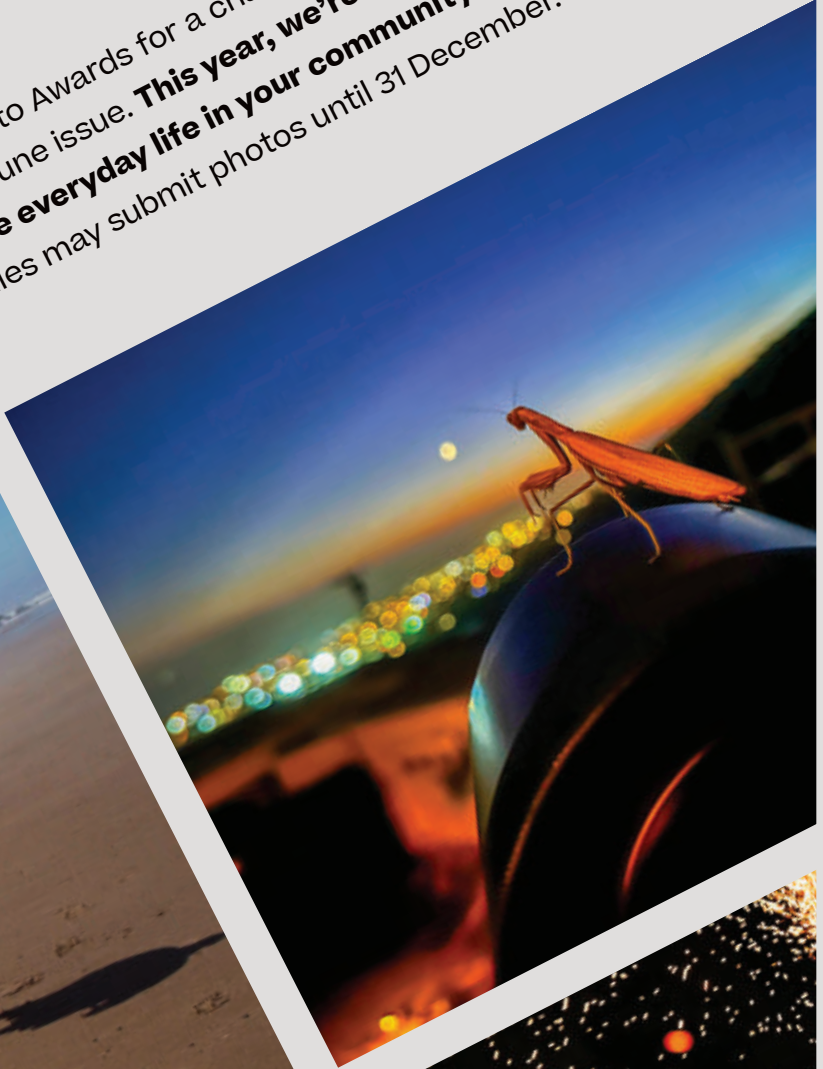
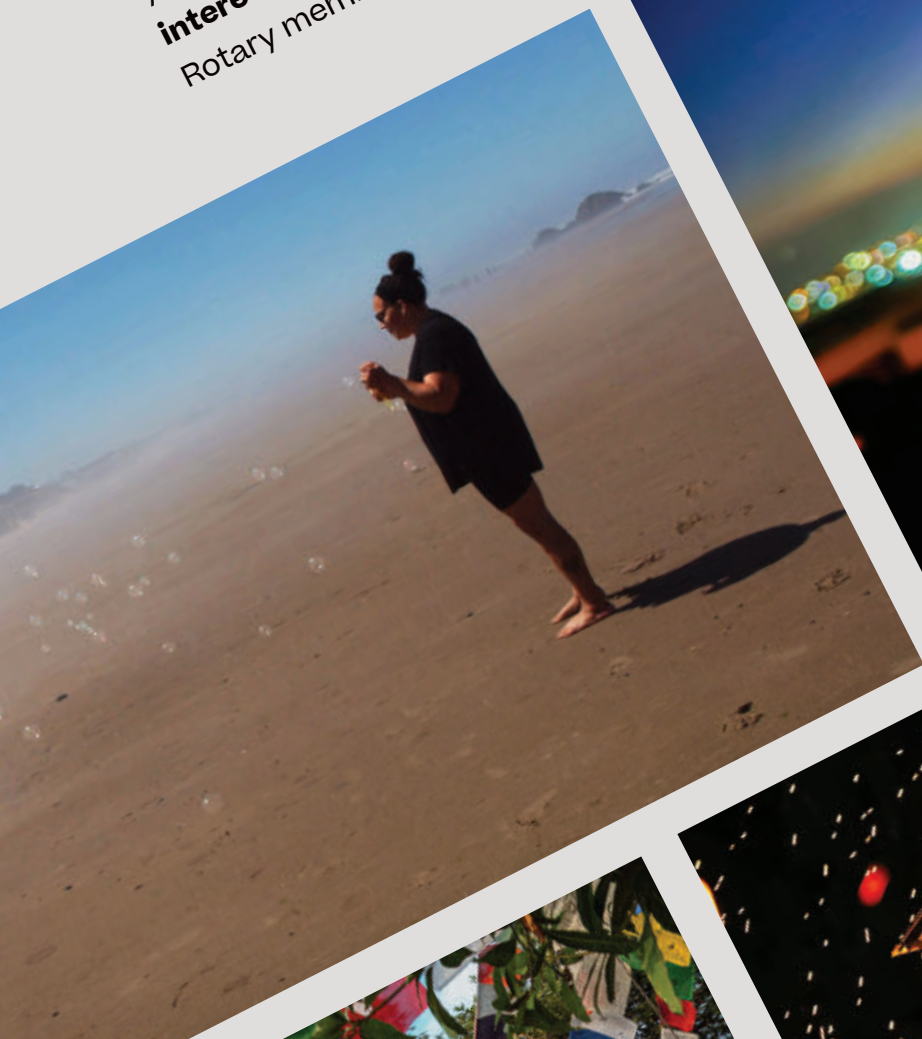
2026 PHOTO
CONTEST





Enter the 2026 Rotary magazine Photo Awards for a chance to have your photography featured in our June issue. **This year, we're especially interested in photos that capture everyday life in your community.** Rotary members and their families may submit photos until 31 December.

Enter now at
[rotary.org/
photoawards.](https://rotary.org/photoawards)



2026 CONVENTION

Young voices take the spotlight



Register now at convention.rotary.org.



Rotaractors and young Rotarians are leaders at Rotary International Conventions. The newest generation of members, including the ones pictured in Calgary, present onstage, share expertise, and shepherd service projects. They'll set the tone again in Taipei 13-17 June.

CROSSWORD

End it now

By Victor Fleming
Rotary Club of Little Rock, Arkansas

- ACROSS**

1 Dict. entries
4 Animal house?
8 Writes, but not in cursive
14 Fury
15 "If all ___ fails ..."
16 Old car's reception aid
17 Caustic soda
18 With 58-Across, a Rotary goal
20 Silences on Zoom
22 Band for toting bullets
23 Start of what Rotarians believe
26 Hosp. areas
27 11,000-foot Italian peak
28 Bread in a bar jar
30 Ally Financial's former name
33 Figure of speech
37 By way of
38 Like drumheads
39 Part 2 of what Rotarians believe
40 Col.'s superior
41 Like 1, 3, and 5
42 How actors should enter
43 Ural River city
44 Juan's half-dozen
46 Letter-shaped bolt holder
48 Be a suitor of
- 49 End of what Rotarians believe
55 Georgia capital, slangily
57 Digital app that makes a task easier
58 See 18-Across
61 Sabin's dose, initially
62 "Ad astra per ___" (Kansas motto)
63 Jackson ___, Wyoming
64 "Fore!" site
65 John ___ (certain tractors)
66 Bird-food ingredient
67 Abbr. on a golf scorecard
- DOWN**

1 Sprinter Rudolph who contracted this puzzle's theme as a child
2 Become free of moisture
3 Take care of
4 Runs, informally
5 "I'm ___ ears"
6 Metric start?
7 Steel rod for reinforcement
8 ___ d'Or (Cannes award)
9 ___ Man
10 1950 sci-fi book
11 Cairo waterway
12 Sudden declines
13 Coin opening
19 Parisian's soul
21 Campaign button word
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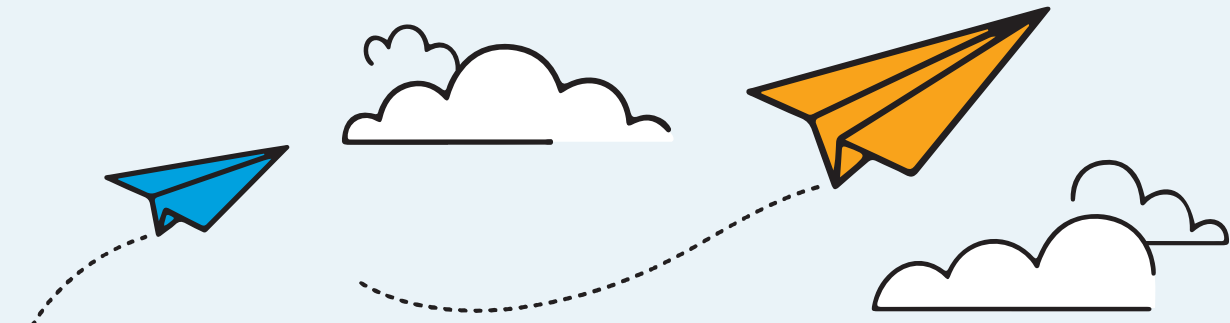
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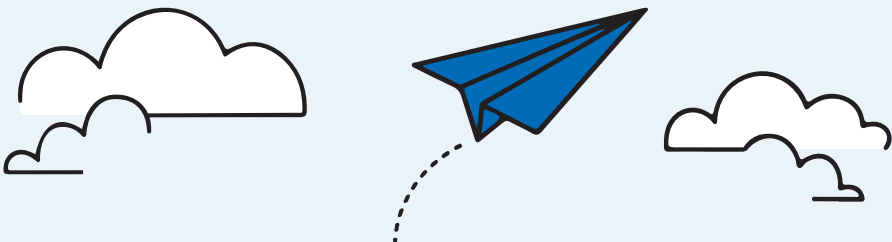
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Heavenly feast in an earthy oven

In the Pacific islands, lovo starts with digging a pit

In New Zealand it's known as a hāngī, in Samoa, an umu, and in Fiji, where Becky Giblin grew up, they call it a lovo. But whatever the name, the feast prepared in underground earth ovens across the Pacific signals more than a meal — it's a community affair.

Hot rocks in a pit are covered with green banana or palm leaves. Food is placed on top, covered with more leaves and sand or soil, and then left to cook for several hours. The whole process takes much of a day, and so the feast is reserved for special occasions, such as weddings, funerals, and family gatherings. "At the end of the day, this style of cooking is community focused," Giblin says. "It's never about one person in the kitchen on their own. It's about bringing people together."

HOW IT WORKS: Traditionally, men would dig the pit and tend to the proteins and more physical tasks like scraping out coconuts. Women work on the many side dishes. Even children get involved. "When I was a kid," Giblin explains, "we were made to run around the island and pick up coconuts."

LICK YOUR LIPS: Marinated pork, chicken, or fish is wrapped in more leaves and layered with vegetables like taro, cassava, and sweet potatoes, which all become infused with a smoky aroma. One of Giblin's favorite sides, called palusami, cooks in the lovo oven as well. The dish includes taro leaves with onions, chiles, and coconut milk, and comes out of the oven as almost a gelatinous square. "It looks terrible," she says, but "it's so good." ■

Becky Giblin
Rotary Club of
Global Action
District 5150

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Auckland City,
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