



# NEWSLETTER

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THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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DECEMBER 2021



*Caribbean Former Staff 2021 Christmas Party*

## Contents

1 Editorial	23 Belonging to PAHO/WHO Toastmasters club, Before and After Retirement
3 Welcome to New AFSM Members	26 Musings of an Ageing Woman (Part 3)
4 Summary of the XXXII AFSM General Meeting	29 Health, Lifestyles and Severe COVID-19
7 Summary of Dr Etienne's remarks at the 2021 AFSM General Meeting	34 Caribbean PAHO Former Staff Members 2021 Xmas Party
9 Staff Health Insurance and Pension Update	35 Development of the Colombia Chapter of AFSM
11 Letters to the Editor	39 Where are they now, Stanislaw Orzeszyna
12 Health Tips: Recognizing Ageism, Fighting Ageism, a Personal Reflection	42 Obituary: Jorge Litvak
15 Politically Correct Vaccines	43 AFSM Focal Points
18 Warning about Medicare Fraud	44 Board of Directors and Volunteers
19 Report of the AFSM Survey on Ageing	45 The Back Page
22 In Memoriam	

## Editorial

### *Report of the President to the General Meeting 2021*

*By Gloria A. Coe*



In September 1990, AFSM pioneers published our first Newsletter. They identified that the purpose of the Association would be to maintain a link among members and PAHO/WHO, and importantly, to create close ties among fellow members.

Across these three decades, the priority mission of AFSM continues to be to:

1. increase membership and participation
2. create solidarity
3. strengthen information exchange and communication
4. reinforce our link with PAHO and other organizations.

In addition to these priorities, our pioneers affirmed that *“Our years of work together are like a life lived with a ‘family’ which we cannot and should not erase from our hearts.”* These are the words, thoughts, and commitments that kept us together across the years and that we again reaffirmed in December 2021.

This has been a productive year for AFSM. Our committees continue to be the main drivers of the Association’s work:

- **We added a Healthy Ageing Committee** coordinated by Juan Manuel Sotelo, with an accompanying section on our website. In August, we implemented a survey to assess how former PAHO/WHO staff members are ageing. The Report of the Ageing Survey by Focal Point Yvette Holder is on our website and a summary is included in this newsletter. [https://www.afsmpaho.com/files/ugd/6814f4\\_102340b7b40f4549a107a387e2dc0850.pdf](https://www.afsmpaho.com/files/ugd/6814f4_102340b7b40f4549a107a387e2dc0850.pdf)  
A panel discussion on healthy living took place during this meeting. Throughout 2022, it is envisioned that the Healthy Ageing Committee will present a series of webinars on topics such as planning for short- or long-term care, retaining our independence, and ensuring our wellbeing when we can no longer take care of ourselves.
- **Health Insurance and Pension Committee**, coordinated by Carol Collado, guided us to establishing a strong working relationship with Cigna and Navitus for members in the US, and it supported SHI educational efforts online. As relates to Pension, the Committee recently presented a webinar tutorial on the various ways to transmit our Certificates of Entitlement. This excellent tutorial was presented by our Focal Point in Lima, Haydee Olcese. The tutorial in Spanish and the slides in English are available on our website at <https://www.afsmpaho.com/copy-of-documents-2>.
- **Publications Committee**, coordinated by Marilyn Rice, our Editor-in-Chief and German Perdomo, Editor of our Spanish Newsletter, edited our correspondence and publications and

published four Newsletters in English and Spanish. Our Newsletters are now circulated to all global AFSMs and are available on our website at <https://www.afsmpaho.com/copy-of-newsletters-bulet%C3%ADn-1>.

- **Membership Committee**, coordinated by Hortensia Saginor, maintains a data base and our Directory, and sends letters of invitation to prospective members.
- We replaced both the Elections and External Relations Committees and asked the coordinators Rolando Chacon and Hernan Rosenberg to assume these responsibilities.
- **Communication Committee**, coordinated by Antonio Hernandez, made both design and content changes to our AFSM website, with special thanks to our Webmaster, Stanislaw Orzeszyna. Our attractive and engaging website is updated almost weekly with information of interest to our members. The Board invites you to frequently visit our website at <https://www.afsmpaho.com/>.

Our **website** has a section of work opportunities received from WHO Geneva, inviting former staff members to apply for short-term consultancies. The work is virtual, generally does not include travel, and the announcements present both background requirements and salary range. These can be found at <https://www.afsmpaho.com/copy-of-documents-4>.

AFSM members recently completed the referendum to modify our AFSM Bylaws, and the new ones are on our website at [https://132841a6-d1df-0751-6868-a8ae5dadd191.filesusr.com/ugd/6814f4\\_70e2539e04a14ee8aa6d96fef6fe29f5.pdf](https://132841a6-d1df-0751-6868-a8ae5dadd191.filesusr.com/ugd/6814f4_70e2539e04a14ee8aa6d96fef6fe29f5.pdf).

Until recently, the AFSMs of the WHO Regional Offices were limited to their geographic location. During the past year we established the Global Council of AFSMs composed of leadership of AFSMs in Geneva, AMRO, AFRO, EMRO, EURO, and SEARO. On 6 October, AFSM Geneva convened their annual meeting. In his welcoming remarks, Dr. Tedros, WHO Director General, specifically referenced the increasing collaboration between the AFSMs in the Regional Offices with AFSM Geneva, and thanked AFSM members for their willingness to remain part of the WHO family.

Also in October 2021, and at the request of the UN General Assembly, WHO assumed the leadership for bringing together representatives from governments, civil society, international agencies, professionals, academia, the media, and the private sector to implement programs for the UN Decade of Healthy Ageing. AFSM is, of course, grateful for the concerted global action to benefit older people.

AFSM will program activities for the coming year as a protagonist for healthy ageing. We envision being actively involved to support our members through healthy ageing programs and initiatives. We are also working in concert with PAHO to strengthen its programs and to combat ageism or prejudices against older people. As Former Staff Members of WHO, we can do no less.

A major concern of the Association has been to incorporate members outside of the DC area into our activities. To this end, we provided electronic voting and opened the public section of our meetings through zoom. But most importantly, we encourage country activities through either country chapters or focal points, including in the US.

A few of our challenges for 2022 will be to highlight the excellent work of our AFSM Committees with a focus on increasing AFSM membership, and to increase our efforts to enhance AFSM in the countries, by strengthening and expanding the outreach of our Focal Points. We continue to recruit Focal Points and invite you to join us and become more involved. Our vice-president, Hernan Rosenberg, made a more detailed presentation about this later in the General Meeting.

To conclude, I would like to repeat that AFSM is for all of us and is shaped and created by all of us. We are always searching for new opportunities to support our members. To this end, we continue to ask for your participation, your ideas, and suggestions on how to strengthen our Association.

On behalf of the AFSM Board and our Focal Points, all the Best to each of you, and to your Families and Friends. We wish you a Wonderful Holiday and the Very Best of New Years.

Thank you.

Gracias



### *Welcome to New AFSM Members*

**Fernando Zacarías, from the Washington DC area, in USA**

**Adeniyi Ogundiran, from Connecticut, in USA**

**Carl James Hospedales, from Trinidad & Tobago**

# Summary of the XXXII AFSM General Meeting

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*By Marilyn Rice and Sylvia Schultz*



The AFSM 2021 General Meeting was held on Thursday 9 December 2021. There were 88 members who connected virtually to the meeting from countries across the Americas, the Caribbean, and a few from Europe.



Gloria Coe, AFSM President, welcomed all participants, and she was pleased to have had the opportunity to virtually return to jointly facing challenges, developing programs and strategies, and working collaboratively for the benefit of the health and wellbeing of the peoples of the Americas. On behalf of AFSM she extended a special welcome to our guest speakers and thanked them for accepting our invitation to contribute to the meeting. After she reviewed the agenda, Jose Ramiro Cruz was elected as Chairperson of the meeting. He then presented the 2021 AFSM General Meeting agenda, which was approved. A copy of the agenda can be found on the AFSM website.

Dr. Carissa Etienne, PAHO Director, addressed our meeting participants via a pre-recorded video. A summary of this presentation is included below in this newsletter and the full presentation of the Director's speech s in our website under AFSM General Meeting 2021 at <https://www.afsmpaho.com/afsm-general-meetings>

Enrique Fefer presented the list of Former Staff Members who passed this year, reminding us that these people were members of our family, they were our friends and colleagues. A minute of silence then followed.

Gloria Morales, AFSM Secretary provided a summary report of our 2020 AFSM General Meeting that was approved by the members. A copy of her 2020 Minutes of the General Meeting is on our AFSM website under AFSM General Meeting at <https://www.afsmpaho.com/afsm-general-meetings>

Gloria Coe, President of the Association, presented her report that is summarized in the Editorial section of this newsletter.

Sylvia Schultz, AFSM Treasurer, presented the financial statements for the period 1 October 2020 - 30 September 2021. She went through the Income and Expenditure Report as well as the Balance Sheet and informed us that we are in good standing as approved by our auditor, Mr. Fredy Burgos. She also mentioned that the Colombia Chapter's financials are in good standing as approved by the Chapter's General Meeting held in October 2021 as well as by their auditor. The Treasurer's report was approved by the members.

Hernan Rosenberg, AFSM Vice President and Coordinator of the Focal Points (FP) and Chapters, shared that the AFSM Board has been making a major effort to include members who do not reside in the vicinity of Washington, DC in the activities of the Association. Many changes occurred over the last year, due to COVID and new technologies. 1) The elections are held online to allow



everyone to participate regardless of their place of residence. 2) The Bylaws were modified, so that a Board member does not need to reside in the DC area, since meetings are now held virtually. 3) To strengthen activities of the members in the countries, the formation of a chapter was encouraged, meaning an organized body to manage the AFSM activities of the country; and where chapters were not formed, FPs for each country were solicited and so designated. Chapters and FPs were also helpful when members did not return to the Pension Fund their Certificates of Entitlement (CEs); they were mobilized to help locate some of these members to ensure that all CEs were returned on time to avoid interruption of receipt of the pension. Some of them organized directories and solidarity activities in the countries. The FPs participate in the AFSM monthly Board meetings, and they serve as our contact point in the countries. A copy of the list of FPs is on the AFSM website at <https://www.afsmpaho.com/afsm-board>.

Rolando Chacon, AFSM Coordinator of Elections, indicated that there were three vacancies on the Board and the three candidates were Rolando Chacon, Gloria Morales, and Marilyn Rice. All three were approved by acclamation to remain on the Board for another term.

The Panel on Healthy Living generated a number of questions and comments. Yvette Holder provided the results of the PAHO/AFSM Healthy Ageing Survey. They are summarized below in this newsletter. Helena Restrepo described where she is living as a model home for active and healthy living that includes 1) designing space for older adults, 2) providing for healthy diets, physical exercise, and cognitive conservation, and 3) offering health vigilance and health care when necessary. A copy of her PPT in English and Spanish is available on the AFSM website at <https://www.afsmpaho.com/afsm-general-meetings>. Matilde Maddaleno said how lucky she felt to be a PAHO retiree in Chile, with the best health insurance in her country. She learned that successful retirement involves health, fitness, spirituality, and good relationships at home and in the community. Her expert financial advice for a worry-free retirement is to accumulate enough money to be able to retire, leave work, and achieve financial independence while continuing to engage in the work one loves. Part of preparation for retirement is to have a healthy eating plan, as well as a balanced personal and psychological portfolio. She strengthened social ties and friendships, and she revitalized family relations and cultural activities. Inflation in Chile is real, and health care spending and property taxes are of concern, so she puts aside a pool of funds to respond to these concerns. And finally, she recognizes that it is important to make peace with her body, weight, joints, hair, slowness on the stairs; and she does what she wants and continues learning. She will be writing an article about this for the March issue of the AFSM newsletter. James Hospedales spoke about imagining the future as we age. He said there are three keys to healthy ageing: 1) Keep an interest in life; keep engaged with hobbies, research, teaching, a small business, starting a NGO; 2) stay physically active; The Grim Reaper walks at 2mph/3kph, and 3) be resilient in face of illness and setbacks. He challenged us to think about “old” not as a number but as the capacity to lead a socially and economically productive life. After reflecting on what path, he would like to take in “retirement” from PAHO, he decided to convert his woodworking hobby into a small business and donate the profits to the NGO he started “to mobilize health professionals to wake up and act on the climate crisis”. His PPT presentation can be accessed at: [Imaging the Future: Ageing in a New Age](#), and the March AFSM newsletter will have a more complete description of his experience. Maria Teresa Cerqueira thanked all the panelists for their participation.

Chris Saenz, Omarys Nieves, and Giovanna Davis handled the session on PAHO's Health Insurance and Pension benefits. We were pleased to know that our new CIGNA and Navitus insurance providers offer online systems to help us search for the best price on drugs and to identify providers within the network covered by our insurance. Because of the large retiree deficit in this Region, largely due to the high costs in the USA, WHO HQ Secretariat asked PAHO to find ways of lowering this deficit. One possible consideration that was considered was to increase the premium of the retirees in the Americas. We were also excited to learn that PAHO generously stepped forward to pay an additional amount so that we could keep our premiums the same. At the same time, WHO HQ is still studying the effects of Medicare premium reimbursement for both parts A and B as it is not totally convinced that there is a cost savings. We can begin now to file with PAHO our requests for 2022 Medicare premium reimbursement, though reimbursements will not begin to be processed until January. Related to Medicare, PAHO is working on a case-by-case basis to enroll people who missed the August 2020 deadline for people born after January 1944. January to March 2022 is the next enrollment period for Medicare. There have been issues with CIGNA related to reimbursement for vision testing and lenses as well as delays in reimbursements for dental payments. Members can go to

<https://my.cigna.com/web/public/consumer/registration?lang=en>

put in their number (533+PAHO staff number) and copy Omarys and Giovanna on the messages of concern. The UN Joint Staff Pension Fund now has a new service available online to calculate payments via the two-track system. If one retired after August 2015 this can be done online but if retirement was before August 2015, then a form needs to be completed and returned. This should only be done if one is certain that the second currency will stay consistently strong (like in European countries) as once the change has been made to the two-track system and the second currency selected, it cannot ever again be changed, not even if the country of residence is changed. Also, completion and return of CEs can now be done digitally using an app from Google Play or the Apple App Store, thereby avoiding the slower mail system. This feature can also be found on the Fund's web page.

Miguel Boluda, CEO of the PAHO/WHO Federal Credit Union (FCU), shared with us that the FCU now has assets of about \$292 million and it is looking toward crossing the \$300 million threshold in 2022 as a significant milestone. The biggest highlight was the merger with Georgetown Federal Credit Union that now serves the faculty and staff of Georgetown University, the MedStar Georgetown Hospital employees and faculty, and practice groups throughout the Maryland, DC, and Virginia areas. In 2021, the FCU increased loans by 17 1/2%, and mortgages by 15%. This speaks volumes about the trust the members have in the FCU. In 2021, the FCU was recognized regionally and nationally by the credit union trade groups; it has received awards for its communications and digital marketing strategies. **N**

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## Summary of Dr. Etienne's Remarks at the 2021 AFSM General Meeting

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*By Marilyn Rice and Sylvia Schultz*



Dr. Etienne addressed our meeting participants via a pre-recorded video. She reminded us of PAHO's 120<sup>th</sup> anniversary in 2022 and asked us to join current PAHO staff in celebrating the Organization's major accomplishments, achievements to



which she recognized we retirees have contributed through our hard work, commitment, and dedication. She kindly recognized that current staff stand on our shoulders as they continue to adapt and grow to higher heights, always with a firm focus on the health and well-being of all the peoples of the Americas and rooted in PAHO's foundation principles of equity and solidarity.

PAHO must constantly reflect on the changing context of its work - the opportunities, and challenges - with an eye to remaining the premier public health agency in the Americas.

It is recognized that 2020 and 2021 brought unprecedented difficulties for PAHO, the COVID-19 pandemic being one of them. However, PAHO's long history has made it resilient, and it was able to support its Member States in responding to the worst pandemic in 100 years, serving with excellence, vision, and the indomitable spirit that has characterized PAHO's staff over the years. They partnered far and wide and advocated ceaselessly for the Region's needs, including equitable access to vaccines, supplies and other technology.

The organization has gained the respect of governments inside and outside the Region, and it is well recognized in the regional and international arena. Through it all it has remained fully engaged, transparent, and neutral. She expressed her gratitude to the staff, who gave its best under trying circumstances.

She proudly informed us that PAHO has retained its positioning as the leading public health organization in the Americas, stating that "Over the almost 120 years of PAHO's existence the Organization has remained relevant, adapting to changing circumstances" and seeking opportunities to "build back better and fairer". History is made of experience and learning, and the Association of Former Staff Members



represents the legacy of the Organization. She acknowledged that our knowledge, contributions, and participation in the organization's life has made PAHO what it is now and what it will be in the future. PAHO recognizes the contributions of the former staff members and strives for ensuring that our well-deserved benefits are maintained and accessible to all retirees.

She also congratulated us on the active leadership of the Association, saying that the Organization is committed to supporting our initiatives and noting that PAHO has collaborated with the creation of a platform for the virtual communication of retirees. Furthermore, because of her meeting with our President Gloria Coe, the Office of the Legal Counsel is working on the agreement that will ensure a clear understanding of the Organization's support for the activities of the Association.

Seeing that Organization's most important asset is its staff, she suggested that both current and former staff members deserve recognition for their commitment and determination. All of us throughout our professional lives have adapted to new ways of working, learned how to handle new technology, and more recently embraced virtuality. All of us are part of the PAHO's history and we should feel proud of it.

She closed by wishing us happy holidays and a healthy and blessed 2022.

On the AFSM website you can find a **complete written version** of her remarks **here** and the **video** of her presentation **here**.

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# Staff Health Insurance and Pension Update

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By Carol Collado



Greetings to All as we move into the end of the year holiday season, hoping that everyone is continuing to care for their mental and physical health as we near the second anniversary of the pandemic.

## Health

Since this message started out by reminding us of COVID, we will bring that to the forefront. As has been said before, we - the population and the public health workers - continue learning more and more on this subject on a daily basis, and each new bit of information brings us closer to being in a position to overcome or at least healthily manage this disease.

The news of a new Variant of Concern (VOC) named Omicron, first seen in South Africa, caused immediate reactions. Because this surge in cases has occurred just when many countries were relaxing their precautions, hoping for a more relaxed vigilance, and because this is occurring when holiday seasons are beginning in many countries with increased travel, shopping, and contact with persons not in one's household, the danger was perceived as important. Both travel and personal protection measures were immediately put into place by a number of governments both as precautionary measures as well as for both economic and political reasons. The reality is that, as of this writing (end of November), we have spotty scientific data regarding this virus mutant!! What is known a week after it appeared and was reported to WHO are the following facts: a) Its mutant forms involve a considerable number of "spikes" in its physical makeup. Spikes are those points where the virus attaches to the host cell. Having a higher number increases the chances of it attaching, hence the conclusion that this mutant is probably highly contagious. b) The velocity with which it has spread both within the initial sites and to other countries and regions of the world is rapid. c) However, there is not sufficient information to conclude that in vaccinated people there may be more "breakthrough cases" than with other variants. On an optimistic note, the information from South Africa would seem to be that cases are less severe than the Delta and other variants at the beginning of the pandemic. As stated before, this is an ongoing developing situation, and the real data is not yet sufficient to make any new decisions except for the already known protective measures (see below). The information available at the time of this writing is at <https://www.who.int/news/item/28-11-2021-update-on-omicron>. We will continue to inform you as we receive more information.

Additionally, some of the more recent achievements include: the development of drugs which, if administered promptly, appear to diminish the severity of the disease; research into additional medicines which provide high boosts to the body's T cell reaction, thus boosting the person's immune response; the identification of populations most needing a "booster" dose of the vaccines; and the encouraging news that those "breakthrough" covid cases (the occurrences of the disease in vaccinated people) are less likely to cause "Long

Covid” (the situation in which disease symptoms and sequelae linger for long periods, sometimes demonstrating neurological and organ damage).

However, there are also reasons for concern. It has been shown, for example, that up to 80% of the local deer population in one study was affected. This opens an increasing possibility that new variants might develop, such as the one identified in England as a cause of a recent upswing in case numbers. Even before Omicron, Europe and several other western countries demonstrated drastic increases in the numbers of cases identified daily, so much so that a number of the European Union countries are reinstating draconian measures, such as the total lockdown announced by the Netherlands. Many public health measures, such as obligatory masking, lockdowns, and social distancing, have brought about extreme reactions, and in a number of countries it has resulted in polarization of the population at a time when solidarity is sorely needed. However, solidarity has been shown in some areas: vaccine production has been increased exponentially in the attempt to assist towards global levels of protection; and at least one pharma company has opened its production processes to permit generic manufacture of these drugs.

Although there is good news, we are also learning about additional consequences of what living within a pandemic for extended periods brings - to us as individuals, families, and nations living within this global environment. Being in an environment, for many one that is “altered from the normal,” and especially the social isolation involved with working at home, or in an environment where one confronts on a daily basis how the worst part of the disease is taking its toll, has high-cost consequences. In US studies, up to 1/3 of the population claimed at least one person in the family showed signs of depression, anxiety, or uncertainty.

On 29 November, WHO convened a special session of the World Health Assembly (WHA) to discuss preparation for the next epidemic. A lot of preparatory work has gone into this meeting and the hope is that there will be a convention, agreement, or other instrument on pandemic preparedness and response. There is even talk about using an article of the WHO constitution (Article 19) which allows the WHA to adopt a legally binding instrument which would give the agreement much more strength.

Finally, the recommendations for you individually and your significant others include:

1. COVID is with us for the foreseeable future, so preventative measures will continue to be important.
2. Vaccination is the surest means available to protect the individual against severe cases, hospitalization, and death. It is not however a free pass and with the number of “breakthrough cases” increasing with new variants, those vaccinated should continue to use protective measures.
3. Masks can prevent the penetration of the virus into the nasal passage and mouth, and thereby provide less opportunity for the virus to make itself at home. They must, however, be worn correctly: full coverage of nose and mouth and tight-fitting borders. There are many online videos which show the details of this.
4. Social distancing: keep at least 1-2 meters/3-6 feet of distance from anyone not sharing immediate living conditions, thereby diminishing the possibility that if someone is contagious without knowing it the disease could be transmitted.

5. Health is holistic and therefore, in these strange times, it is critical that we maintain our mental health and acuity: create telephone checkups, read, learn something new, etc. Keep your mind active and do not fall into isolation.

On another subject, WHO broke ground in November for a WHO Academy in Lyon, France, and named Dr. Agnès Buzyn as the Academy's Executive Director. She has been serving since January as the WHO Director-General's Envoy for Multilateral Affairs, during which time she has also supervised the Academy Project. The goal of this institution is to provide the global health workforce with expanded access to life-long learning, health guidance, and competency-building. It will build on and take advantage of new technologies, permit recognition of competencies gained by issuing "digital credentials" and offer major educational programs. When it is fully open (estimated in 2024), it will offer both in-person and digitally enabled multilingual personalized learning programs, including "collaborative research spaces, educational research, and innovation and will host a health simulation center using high fidelity technologies to enable health workers to sharpen their competencies amid realistic scenarios, including mass casualties and disease outbreaks."

Our Global Oversight Committee (GOC) met in November and reviewed the changes proposed for 2022. Their recommendations are now in front of the Director General (DG). Presently, we do not expect any significant changes in the Rules. There are a few recommendations for new services covered, as well an increase in limits to other provisions. Once the DG has made decisions, we and Geneva will be informing you.

A final note on health care. You will remember that our insurance is self-funded, meaning we are continually monitoring the balance between benefits and costs. Globally COVID has been a draining factor for many insurance providers and the trend is for considerable increases. Fortunately for us, at this point, this is not on the agenda for 2022. We can help to maintain that. This region has the highest costs of any in the WHO network, and it behooves us to do everything individually to reduce costs. Comparing costs in your locality among providers and pharmacies may help. Several participants who have tried this were amazed at the differences in prices for the same services or medications.

## **Pension**

The second mailing of the Certificates of Entitlement (CE) has gone out at the end of October to the almost 16,000 persons whose first mailings were not on record in the UN by mid-October. As was reviewed in the last Newsletter, there are now three ways to complete the obligation of returning the CEs so that pension funds are not suspended. Also, there is a great amount of information about this on our website at <https://www.afsmpaho.com/>. We highly recommend, if you have not done so already, that you open your Member Self Service (MSS) Portal. Instructions are available on the Fund's website at <https://www.unjspf.org/member-self-service/>. Once opened, you can check a lot of information, including whether or not the Fund has received your CE. The Fund's annual report is now posted on their website where it is available with more detailed information.

In that the Fund is a United Nations Agency and therefore doubly aware of its role in setting examples, it reported that this year it has exceeded its goal in reducing carbon emissions. Furthermore, goals have been set for the next few years, with a pledge to reduce the absolute greenhouse gas footprint of its Equities and Corporate Bonds' Portfolios by 29% in 2021 (the higher end of the recommended sub-portfolio target by the Alliance<sup>1</sup> by 2025) compared to the 2019 level. By 2025, the Fund targets a 40% greenhouse gas emissions reduction from 2019. Those targets will be achieved through divestment and engagement in companies of the UNJSPF portfolio. This provides a real example for everyone!

I wish you all a healthy and happy holiday season and the very best for the new year! Stay safe, stay healthy! **N**

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## *Letters to the Editor*

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### *"Gratitude for the Newsletter"*

Thanks, Marilyn for another great Newsletter, full of good and very helpful articles and information. I have read it from cover to cover and just reading it brings back many beautiful memories of my work in PAHO. I believe, because of the leadership and encouragement that you and Gloria are providing, not only the quality of the Newsletter but also the active participation and interest of PAHO Retirees is increasing. Congratulations and keep up the good work.

With love and warm regards,  
Sumedha Mona Khanna



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<sup>1</sup> The Net-Zero Asset Owner Alliance is an international group of institutional investors committed to transition their investment portfolios to net-zero greenhouse gas (GHG) emissions by 2050 that was launched at the Secretary-General's 2019 Climate Action Summit.



# Recognizing Ageism, Fighting Ageism

## A Personal Reflection

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*By Martha Pelaez*



In an interview with Bill Moyers of PBS, Archbishop Desmond Tutu referred to the impact of racist language saying: “Language is very powerful; language does not just describe reality, language creates the reality it describes.”<sup>1</sup> This statement made me aware of the importance of recognizing that what we say about old age matters because it reflects not only what we think but also what we do or don’t do, thus creating a “self-fulfilling promise.” This is true not only of ourselves but of our family, our community, and the institutions responsible for promoting public health.

By the end of this decade (2030), 1 in 6 people in the Region of the Americas will be 60 years of age and older<sup>2</sup>. Stereotypes about who we are and what we can do come in different forms. Here are just a few “ageist” policies and behaviors: restricting access to health services because of age; restricting someone’s driver’s license because of age; mandatory retirement because of age; among others. When age and not function is seen as the driver of our actions, we are adopting dangerous ageist practices.

Older people are not only victims of ageism; we are sometimes ourselves adopters and promoters of ageism. We are ageist when we avoid the celebration of birthdays because age is seen as a stigma; when we believe that in order to be accepted, we have to avoid the word old and adopt youthful language when referring to our age group, such as: “We are not old, we are simply adolescents with a lot of experience” or “Accumulated Youth.”

We are ageist when we adopt the concept “old” simply to justify our unhealthy behaviors. An ageist person might say: “I can’t meet the evidence-based guidelines for physical activity because I am too old” – rather than saying: “meeting the guidelines for physical activity is difficult for me because of my arthritis”. If we blame ‘old age’, there is nothing we can do; but if we identify the cause of the problem, we may find ways of dealing with the problem and thereby improve our health.

By not facing who we are, we stop fighting for our rights and for equitable access to health. We stop fighting for a society where we all count. So not being ageist is not enough. We need to become anti-ageist in all its forms: in our personal lives, in our families, in public institutions, and with our elected officials.

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<sup>1</sup> [https://www.pbs.org/moyers/journal/archives/tutu\\_ts.html](https://www.pbs.org/moyers/journal/archives/tutu_ts.html)

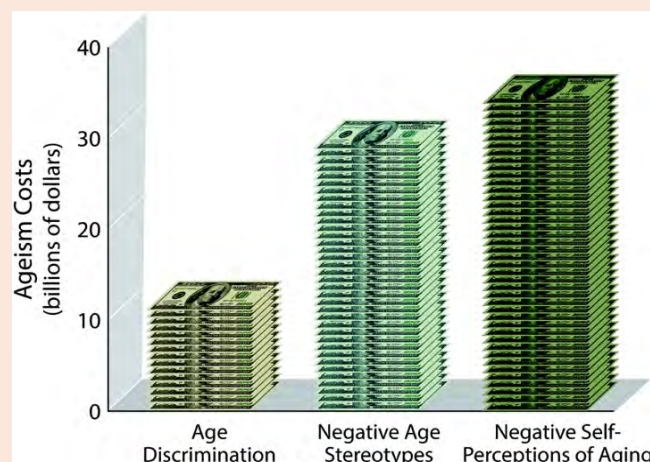
<sup>2</sup> <https://www.paho.org/en/healthy-aging>

An anti-ageist believes in the power of “Identify Politics.” The Oxford dictionary defines ‘identify politics’ as “...*activism based on an aspect of ‘identity’ (in this case “age”) shared by a group that feels that its concerns **are not adequately represented.***” Without a constituency, policy makers do not adopt a cause. Without a constituency of older people visibly documenting inequities and becoming actors in the push for Action during the UN Decade of Healthy Aging, the cause of Healthy Aging will continue to be invisible in national and local budgets.

What can be done to fight ageism? First, document that it exists, that it matters, that it is costing money to the system and to the wellbeing of older persons.

Becca Levy and a group of researchers at the Social and Behavioral Sciences Department at the Yale School of Public Health have published their research in an article titled: “Ageism Amplifies Cost and Prevalence of Health Conditions”<sup>3</sup>.

The Levy research group used a number of age-discrimination measures that have been used in the USA Health and Retirement Survey (HRS), including the “Everyday Discrimination Scale,” “Expectations Regarding Aging Survey”, and “Attitude Toward Own Aging Subscale of the Philadelphia Geriatric Center Morale Scale”. The following figure speaks for itself wherein a science-based protocol calculated the cost of ageism.



**Figure 1. Health care costs of age discrimination, negative age stereotypes, and negative self-perceptions of aging in 1 year**

Levy writes “*This study helps to give visibility to the damaging results of ageism*”. The study shows that “*Overall, USD 63 billion, or one in every seven US dollars spent on health care for the eight most-expensive conditions during one year in the United States was due to ageism.*”

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<sup>3</sup> Becca R. Levy, Ph.D. et al, “Ageism Amplifies Cost and Prevalence of Health Conditions” in *The Gerontologist*, 2020, Vol. 60, No. 1, 174-181. <https://academic.oup.com/gerontologist/article/60/1/174/5166947>

The study also shows that the health condition that resulted in the highest excess cost among the three predictors of ageism was cardiovascular disease.

The good news is that people's positive beliefs about and attitudes toward older persons appear to boost their mental health. Levy found that older adults exposed to positive stereotypes have significantly better memory and balance, whereas negative self-perceptions contributed to worse memory and feelings of worthlessness. *“Age stereotypes are often internalized at a young age --long before they are even relevant to people”*, notes Levy, adding that even by the age of four, children are familiar with age stereotypes, which are reinforced over their lifetimes. There is also evidence that negative age stereotypes and negative self-perceptions of aging can be made significantly more positive with interventions<sup>4</sup>.

**Call to Action for AFSM and its members:** Let us document existing inequities in the delivery of preventive services and primary care for older persons in our communities:

- Are physicians providing care to persons 80 years old and older without any expertise in geriatric medicine?
- What is the training required of primary care physicians serving an older population?
- Is there a list of ‘preventive services’ funded specifically for older persons?
- How extensive is the falls-prevention program in my community?
- Is there an age friendly mental health program within my reach?

The core question is whether the lack of age-appropriate services is caused by systemic ageism. Should the AFSM Healthy Aging Committee create a task force to identify the root causes of ageism in public health and promote health equity along the life course?

I think as an Association that represents people who have dedicated their active lives to the work of public health, we could propose specific Public Health Strategies to be adopted, funded, followed with data for accountability, and supported with appropriate human resources to ensure that during the UN Decade of Healthy Aging there is a significant amount of research in our Region to identify and fight Ageism in Health and to ensure that the Decade is ACTION driven. **N**

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<sup>4</sup> Chonody, J. M. (2015). Addressing ageism in students: A systematic review of the pedagogical intervention literature. *Educational Gerontology*, 41(12), 859–887. <https://doi.org/10.1080/03601277.2015.1059139>

## Politically Correct Vaccines

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*By Hernan Rosenberg*



“You have reached *MeVacuno*, the Central Authority for vaccination in Chile. We understand some of our requirements may seem difficult, but it is the state of the art in terms of stopping the spread of COVID. The demand on our lines is very high, so please be patient if you want to talk with an official. Otherwise, press 1 if you want to know what are the requirements to enter the country, 2 if....”

Ana Maria’s mind started wandering. She really needed to talk to a human. After the menu of ten options was finished, the Chilean folk singer Violeta Parra’s voice came through the phone with her classic “*Gracias a la Vida*” (“thanks to life”), followed by another song, and then another. After some 10 minutes, “*Gracias a la Vida*” started again. But Ana Maria figured she was going to lose her position in the cue if she hung up and called again, so she put the phone on speaker and continued the tally of goods she was doing. By the time the good Violeta started the third round, Ana Maria could hear some clicking on the line. She grabbed the phone:

“Hello this is Maria with *MeVacuno*, how can I serve you?”

“Oh, thanks Maria. Finally, a human, let me explain the situation...”

“Sorry to interrupt you but we have to follow protocol. I will be entering the information in the computer to have a record and to access our data bases if needed, unless you object, of course.”

“Of course, not”. She knew better than to argue with protocols.

“Name?”

“Ana Maria Kalogerea. Let me spell it out, it is in Greek K A L O G E R E A”.

“Thanks, much appreciated.”

Tap, tap, tap.

“ID number?”

“You mean mine?”

“Of course.”

“Well, it is 489678-K.”

Tap tap tap.

“I’ve found you. *Pueblo Originario* (Indigenous Village or Population)?<sup>1</sup>”

Ana Maria had to think about this one. Not wanting to alienate Maria and her protocol, she ventured:

“My father was from Akropolis.”

Tap, tap, tap.

“Sorry, I don’t have anything spelled like that.”

“Well, my mother was from Thessaloniki.”

Tap, tap, tap.

“Sorry, I don’t have that either.”

“Try the Spanish spelling Salonica.”

Tap, tap, tap.

“Sorry, not there either.”

On the verge of panic, Ana Maria said, “Why don’t you tell me what the valid options are.”

Tap, tap, tap.

“Well, I have Aimara, Diaguita, Mapuche, and seven more, or you can choose None.”

Ana Maria had heard all the fuss about getting the native populations into the country’s operations, so she figured it was safer to belong to one of them. It would assure that she be paid more attention.

“Oh, I see. Put Diaguita.”

Tap, tap, tap.

“I have to ask this question, although the answer is obvious. Will you need someone to translate into Diaguita?”

“No, my Spanish is fine.”

“Good. That would have taken a couple of days. So, what can I do for you?”

“Well, this is not for me. You see my mother passed away last Wednesday.”

“Oh, I am very sorry.”

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<sup>1</sup> For my English readers. The word “pueblo” can refer to a place (like a village or a town) or an ethnic group (like the French)



“Thanks, she was in bad shape, so it was a blessing. Anyway, on a trip to our parents’ home in Greece my sister Anitra fell in love with an engineer in Petras near Sparta and stayed there. Since we have dual nationality, she had no problems getting her resident papers. Why am I telling you all this? You probably are not interested. Anyway, a few weeks ago, when it became clear that mother was not going to make it, we decided that Anitra better hop on a plane to come and see her one last time.”

“But you cannot just hop in a plane with the COVID situation...”

“She found that out very quickly. She went to the *MeVacuno* site as indicated in the Chilean consulate and found the form to validate her Greek COVID vaccines as requested. It said there that it might take a couple of weeks until the vaccines are recognized. So, she waited, and waited, and waited. She has finished all her other papers and tests, but they don’t let her board the plane with just the acknowledgement of receipt of the request, which is all that she has. They want the actual approval of the request online. It has been almost six weeks with no response. And meanwhile our mother passed away. But there is a lot to do that requires Anitra’s presence here. That is why I am calling.”

“So, this is for your sister?”

“I tried to tell you that at the beginning, but we went straight into the protocol.”

No reaction to the last statement.

Tap, tap, tap.

“Okay, let’s start again, this time with your sister. Name?”

“Anitra, and the ID is 60897-K.”

“Thanks.”

Tap, tap, tap.

Apparently, the protocol was smart enough to assume that if one sister was from Diaguaita stock, the other would also be, because this time she was not asked to ascertain this topic. After several more tappings Maria was back.

“I found her file, and indeed all you have stated is correct. She has not received an answer because she requires an individualized answer rather than an electronic one, and we are overloaded, as you know.”

“What do you mean an individualized answer?”

“Well, she entered by hand that her vaccine was a *faisier*, and we do not have such an option in the protocol.”

“Yes, you do. I myself got that vaccine and could process my authorization.”

Tap, tap, tap.

“No, Ms. Ana Maria. You have a *feezzer*, which is a valid one”.

Ana Maria was baffled for a couple of seconds, until it hit her.

“But you see it is the same thing. It is in English and spelled Pfizer. It is pronounced *faisier*.”

“So why didn’t she spell that way?”

“You see the Greeks use a different alphabet. So, in Greek they transliterated the name the way it sounds, *faisier*, and Anitra simply wrote that in our Latin letters. But it is the same.”

“I believe you, but we cannot enter a vaccine other than the way we get it from the customer. You can imagine the mess that would cause.”

Ana could not really but was smart enough to choose her battles.

“So, what can we do? She has the right vaccine; it is just a matter of spelling.”

“Let me check. Hang on.” *Gracias a la Vida* was back for only two rounds this time.

“My supervisor says that the Chilean Consulate will need to certify that *faisier* is the same as *feeser*.”

“Okay, thanks.”

“Anything else we can do for you?”

Ana thought, “You have done enough already,” but actually said, “No thanks, I guess we will have to wait until the first anniversary of the death. Maybe by then COVID will be over.”

A few more Tap, tap, taps and the hanging up of the phone indicated the call was over. **N**

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### **WARNING ABOUT MEDICARE FRAUD**

For those of you who receive Medicare Health Insurance, please make sure you review the quarterly statements you are sent as soon as you receive them. My last statement had thousands of dollars charged to my account and subsequently paid by Medicare. Evidently someone obtained my Medicare Health Insurance Number and used it to run up huge charges. When I called Medicare to report the fraud, I was told that Medicare is the largest victim of fraud in the United States.

# Report of the AFSM Survey on Ageing

*By Yvette Holder*

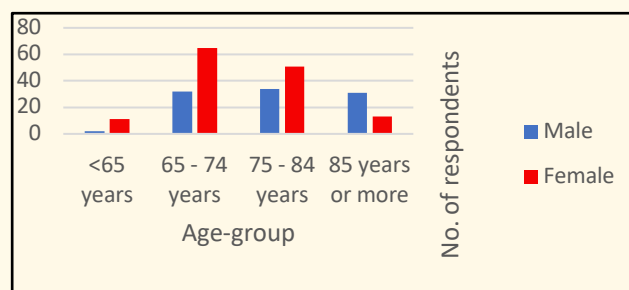


In support of the United Nations Declaration of this Decade on Healthy Ageing, AFSM decided to conduct a situation analysis to assess how former PAHO/WHO staff members are ageing with the view to identifying different ways to support this process that affects us all. Since the UN has asked WHO to take the lead in the implementation of activities across the globe, AFSM took this initiative to support PAHO with baseline information on which to plan its interventions.

To this end, former staff members were surveyed via a Google Forms questionnaire which was completed online. The questions sought to determine the extent to which the most common chronic conditions were prevalent among this population and the degree of functionality of its members related to how well they performed normal activities of daily living as they aged.

Of 554 questionnaires sent out, 243 responses were received to yield a response rate of 43.8.%. Most responses were from the United States of America (56%). 7% were from Central America, 23% from South America (with more than half of these from Brazil, Colombia, and Peru) and 10% from the Caribbean.

There were more female respondents than male (58% vs. 42%) overall and within all age-groups except for the group aged 85 years or more. This may be a reflection of the pattern of hiring practices rather than of survival (**Graph 1**).

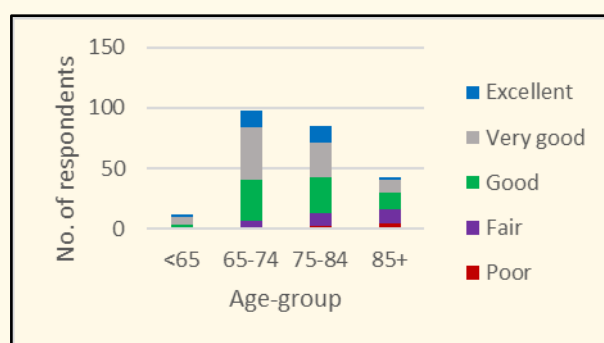


**Graph 1. Distribution of respondents by sex and age**

The majority of respondents lived with someone (71%) while a little more than one in four (29%) lived alone.

### Health status

Half of respondents (50%) thought that their health was excellent or very good, just over a third (35%) rated it as good, while 15% considered it fair (12%) or poor (3%). How this changes as former staff members age can be seen in **Graph 2** as the percentage of those not in good health increased from 0% among the youngest through 7% and 17% to 37% in the oldest age-group.



**Graph 2. Distribution of respondents by health status**

Despite this overall perception of good health by the majority of respondents, just one in five had no health issues. Of the remaining four who suffered at least one of a variety of chronic health conditions, one would report three or more conditions. Approximately 2/5 of all respondents suffered from hypertension, 1/3 from arthritis/arthrosis, 1/7 from diabetes, 1/8 from cancer (including survivors) and 1/10 from obesity and heart disease.

These conditions did not interfere with the ability of the majority (approximately 60%) of respondents to conduct normal social activities, engage in hobbies and recreational activities, perform household chores, and run errands. The number of respondents who were challenged by their health condition to undertake these activities in some way (i.e. moderate, quite a bit or almost total interference) ranged between 33 and 48 persons, less than 20%.

### Exercise

Nearly 3/4 of respondents (73%) exercised three times a week for at least 20 minutes, the exercise being mainly walking by more than half of these. Others gardened (10%)

or engaged in a variety of exercise regimes, including gym and machine workouts - Pilates, aerobics, Zumba, Tai Chi, and yoga.

### **Functioning ability**

Again, most former staff members could perform everyday living tasks with little or no difficulty. Climbing steps was the daily activity with the most responses for “unable to do it” and not surprisingly, with the least responses for “no difficulty”, while bending down and washing/drying the body had quite a few responses of “unable to do it”. Nearly everyone could turn faucets on and off and could lift a cup or glass. Few respondents found home-based activities very difficult. The activity which generated the lowest response for ease was finding items and the greatest difficult response was using the kitchen. Recreational/physical activity was the most challenging of all general activities while accessing health care and shopping were the least difficult.

### **Planning for the future**

Just under half (49%) of respondents had a care plan, should they become incapacitated. Indeed, anecdotally, respondents said that the survey awakened their awareness of this need.

### **Summary**

This survey was a first step, to gain an overall snapshot of the status of former staff members post separation from the Organization. With a less than 50% response rate of what should have been a census, and no knowledge of how representative the survey respondents were of the population of former PAHO/WHO staff members, there may be biases such as the increased likelihood that persons who are less incapacitated would complete the survey. Nevertheless, the findings of the respondent population were:

- 1/5 had no health issues, while the most prevalent conditions among the other 4/5 were hypertension, arthritis and diabetes;
- 85% rated their health as good or better than good;
- The other 15% tended to have three or more health conditions – 1 1/3 times as much hypertension, four times as much heart disease, and 2 1/2 times as much diabetes and depression;
- Nearly 3/4 engaged in some form of physical activity;
- At least 3/4 could perform the basic tasks of daily living with minimal difficulty;
- For those experiencing some difficulty, the most challenging activities were climbing steps, bending down and, to a lesser extent, engaging in physical activity, probably due to the prevalence of Musculo-skeletal disorders, especially arthritis;



- Half of all respondents had no care plan if incapacitated.

Although former staff members appeared to be in reasonably good health, the study identified a few areas for possible intervention. Musculo-skeletal conditions affected all groups, and with it the ability to navigate the physical and social environment to varying degrees. The trifecta of high blood pressure, diabetes, and heart disease with attendant depression, increased with age. Interventions that would stave off the onset of these conditions, or at least mitigate their most severe consequences to improve the lot of former staff members need to be promoted pre-retirement. Finally, just as staff are encouraged to plan for retirement, so too should they be encouraged to plan for ageing and possibly failing health.

Nevertheless, the survey described the respondent population, suggested some interventions to support PAHO/WHO retirees to better age, and pointed the way forward to some next steps that could include extending the study to other members of the UN family of former staff members. A more rigid and in-depth investigation into the issues should be conducted using a survey of a smaller but representative sample of former staff. *N*

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## *In Memoriam*

DEATHS INFORMED IN 2021  
NOT PREVIOUSLY REPORTED

**Alejandra Espinal**

**12 October 2021**

**Irene Pino**

**11 November 2021**

## Belonging to PAHO/WHO Toastmasters Club, before and after retirement

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*By Patricia Torres, VP Public Relations*



Milestones and memories... By the time you reach retirement age, you've already experienced many milestones and accumulated lots of memories. And the members of the Association of Former Staff Members PAHO/WHO surely know about that, if they were active staff at PAHO's 110 anniversary, to mention just one milestone. However, how many know that the [PAHO/WHO Toastmasters Club](#) (TM) celebrated 30 years of uninterrupted activities last year? Some may know about it, while others may have never heard of it. To explain it from the point of view of a retiree (or a soon-to-be retiree), I asked Clara Rodríguez, Linda Pereira, and Karen Gladbach for help -Clara retired in 2003, Linda in 2014, and Karen will retire next year.

First, the basics: [Toastmasters](#) is an international organization with a worldwide network of more than 16,000 clubs in 145 countries, and one of those clubs is at PAHO. What do we do, specifically? The club meets every other Tuesday, from 12:30 to 1:30 pm (since the pandemic, virtual meetings). [Each meeting has two parts](#): in the first part, two or three members make a presentation (usually 5 to 7 minutes long) and is evaluated by other club members; in the second, they practice answering questions without having prepared an answer. Thus, the club is a practice lab that, as Linda explains, "provides many opportunities to hone speaking and leadership skills."

Linda fondly recalled how she joined the PAHO/WHO club. "I can answer with info that brings back many fond memories," noted Linda, before explaining her initial association with the club. "In 1999, working as a consultant, I shared an office space with two colleagues. There, I overheard Clara Rodriguez, founder and President of the TM club for many years [and still an active member of the club], talking to staff about membership and meetings. It intrigued me so I asked her about it. Then, I made a promise to her and myself to join once I became hired as a staff member".

What about Clara? She recalls. “Even though I was extremely shy at the time—but also extremely eager to improve my proficiency in the English language— or, maybe because of it, I conquered my fears and joined the George Washington University (GWU) Toastmasters Club on 1986. After experiencing the benefits Toastmasters offered, I realized that it would be a valuable tool to bring to the PAHO staff. With the help of the GWU Club and my mentor there, Sharon O’Brien, we chartered a club at PAHO in June 1990”.

Karen, on the other hand, was already involved in another club when she started working at PAHO in the late 1990s, so when she learned that PAHO had a club, she joined it. Karen has been uninterruptedly participating in the club since 2014, and after some health problems (the kind of problems that make us think deeply), she decided that Toastmasters was among the important things she wanted to keep in her life.

That idea is also in Linda’s mind. "Joining TM was one of the best choices I've ever made because it transformed my life. Immediately I was welcomed and so impressed with the professionalism and strict adherence to a carefully planned agenda. The rest was history for me as I gradually overcame my fear of facing a group of people to speak. My fellow members provided such encouraging written and oral evaluations to highlight what I did well and most importantly how I could improve my speeches and delivery by using gestures, pauses and other powerful techniques. I learned the art of persuasion, negotiation and even how to lead panel discussions. Slowly I gained confidence that helped me deliver presentations at WHO/HQ, representing PAHO at regional meetings as well as regularly at WDC.”

As Karen says, Toastmasters members learn to avoid clichés and repetition, to use pauses, to evaluate in a positive way, and to organize meetings and projects, all of which can be applied beyond work, as evidenced by the fact that retirees have always participated actively in the club.


So I asked Linda, what do you do with what you learn in Toastmasters after retirement? Linda explains, "Outside of PAHO, I became certified as an English as A Second Language (ESOL) teacher for adults at the intermediate and advanced levels. That transitioned into continuing part-time work after retirement, as I serve as a lead teacher for the program in Fairfax County. Without my Toastmasters experience, I'd never have dreamt I'd be able to stand in front of a classroom of adult students".

Clara says that all the skills learned while participating as a member and as Officer at the Club and Area Levels, plus the dynamic, reciprocal and positive interactions with fellow club members has given her skills and confidence that have helped her deal with matters in her everyday life. She says that all the skills learned at a Toastmasters Club are transferable to the professional and personal life.

The same question was asked to Karen, a few months ahead of retirement. "I plan to remain active in Toastmasters, especially if we continue in the virtual format or if we move to a hybrid modality." Karen explains that sometimes she has practiced in Toastmasters some presentation before doing it at work, and has learned to organize the contents to present them in 5 to 7 minutes applying good communication skills. She anticipates that after retirement she will apply everything she has learned to something different, probably projects she volunteers on. "Pathways [Toastmasters educational program] is great for doing projects. For me, it's important to continue growing personally and professionally."

Linda also mentions the added value of belonging to Toastmasters: "Although I have not actively participated in the club since about 2007, I have developed lasting friendships so far with several members. Besides, it also provides a wonderful platform for veteran/retired members to mentor new members and staff, plus the camaraderie of multi-talented members with fascinating backgrounds and experience."

Clara, who has been involved in the management of the club since 1990, says she feels the calling to continue spreading the benefits to everyone and to continue learning from members in the club, as well. "I see the club as people building people. We help each other grow and be successful in achieving our goals. That is the reason why after more than 30 years I remain active at the PAHO/WHO Toastmasters Club."

That said, please join us in one of our meetings, currently in virtual mode (via Zoom) to participate as a guest. It will be an enriching experience. You can contact me via email, at: [torrespat@paho.org](mailto:torrespat@paho.org) 

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## Musings of an Ageing Woman

### (Part 3)

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*By Yvette Holder*



The ageing process with respect to mobility was longer, slower, and far more subtle and sinister than I expected it to be. The signs were there and though they were small and slight, they surely added up! As I reflect, I think the first hint would have been the panty hose. In those days, (I would have been in my 30's), the well-dressed female wore stockings to work. And so I did. But after a while, the left stocking leg would be twisted, and I would have the dickens of a time to get my heel into the stocking heel and smooth the leg and thigh. As a right-hander, I would put the right leg in first, so I thought that changing the order would fix that problem. It helped, for a while, but then it became too much trouble. So eventually I stopped wearing pantyhose. It was an expense anyway.

Then it was church, where genuflecting is a ritual, performed by old and young alike, upon entry and exit from the church. I could go down, but I used the side of the pew to give a little boost on the way up. After a while, that was not enough and a little hand (only a little!) from the children did what was necessary. But there came a point when the hand was not enough, and I resorted to a respectful bow. But seeing elderly priests bob up and down during the Consecration did nothing for my ego. I thought that it was lack of exercise on my part, especially when the fellow choristers on my bench would groan in unison as they tried to arise from a kneeling to a standing position, with an intermediary semi-sitting position on the pew. Being the youngest in the group, I was determined that this would not be my fate, so my swimming became more earnest, not just for fun (more about that anon).

The next hint came from the pedicures. After a sublime experience in Managua, I was constantly disappointed in subsequent pedicures, until I decided to do my feet myself for, although I could not match my Nicaraguan tutor aesthetician, I was certainly an improvement on any other nail technicians. This satisfactory arrangement was first threatened as I found it increasingly difficult to have a smooth



polish on the nails of the last two toes of the left foot. Then it became a challenge to cut those nails and an even greater one to pumice the outer side of the left sole. I finally conceded defeat and returned to the nail salon. I needed to be pampered anyway, was my consolation.

Of course, there was the Chikungunya bout when I could not get my feet over the edge of the bathtub and had to shower outside of the tub. That's when I built the drive-in shower and the step-in-the ground "bathtub", in the event of dengue, zika, or any other insect-borne virus condition that might affect my joints. I had long since given up on traditional bathtubs for, while I could get into the tub, getting out was a struggle. Even with a hand grip, it was not worth the trouble. Indeed, showering in a bathtub was an extremely nerve-wracking experience every time I did it, for I was in constant dread of falling in the tub. This fear recently became a reality when I really did slip in the tub and in the slow-motion descent, as I tried to find a perch for my hand, I managed to bang my head on the wall, the toilet tank, and the faucet, ending up with multiple swellings on my head, not to mention the sore shoulder, hip, and knees.

And then there was the horse-riding adventure. Someone thought that a horseback ride should be something that I should cross off my bucket list. Now I never had it on MY bucket list – it was put on for me. So, one of the activities for my 60<sup>th</sup> birthday celebratory cross-USA family road trip was a horseback ride on an Arizona trail. We got to the ranch, and I was assigned Doc, a seasoned horse who was actually the guide's personal horse, supposedly very docile, and he was. I had not realized how tall horses are – no wonder they measure them in hands and not feet! Fortunately, the event planner, who shall remain nameless, thoughtfully arranged to have a mounting box for me. I climbed the three steps (back then I could climb steps easily), got to the top, and attempted to throw my right leg over the horse and get into the saddle, as I had seen our guide, a diminutive woman of more than 70 years, do with graceful ease on a horse taller than mine, and without a mounting box! The attempt was a futile one – my right leg could just get to the height of Doc's back, but I could not get it extended to swing it over his back. I felt that I could get that extension with the left leg, which I tried, only to learn that one does not swing a leg over the horse's head. Of course, had I succeeded with the left leg, I would have been facing the horse's rear. But I figured that once up, I could easily swivel to face the correct direction. So, the next attempt was with the left leg, but mounting from the horse's right side, which meant climbing down, moving the mounting box to the other side, and climbing up again. This time, I could not lift the leg even halfway up to the

horse's back, for the left leg had extension, but not height. So back to Doc's left side we (I, the guide's assistant, and the mounting box) returned and the guide and my son-in-law gave me the extra hand to get into the saddle to begin my horseback riding adventure – a tale for another time.

The penultimate clue came from the garden. I love to weed. There is something very therapeutic about weeding, as if one were rooting out some of life's little annoyances, one by one. Usually, I would see one errant plant, bend to pluck it out, and end up clearing a plot. I thought, rather than bend (I had given up squatting a long time ago), I would get one of those cute, foldable garden chairs with pockets at the side for the gardening tools and look quite professional while saving my back. The problem was that with my height, I was still bending to weed and garden. Not only that, but I would have to get up, move the chair, and navigate to a new spot to weed – too much trouble. So, I forwent the gardening chair and opted to just flop onto the earth and weed away. The contact with the earth was invigorating and moving to a new spot to weed simply meant bum-shuffling. The challenge was getting up at the end. Because it was a hillside, I could push off into a standing position or find a sturdy branch to haul myself upright. Eventually, however, this too became problematic, so I got someone to help with the weeding and contented myself with feeding and pruning plants and cutting blooms.

Finally, I noticed that I was tripping a lot, over a loose stone or a jutting tree root, or sometimes just an uneven road surface would be enough to send me sprawling if I could not recover my balance in time. A physiologist/chiropractor friend informed me that as we age, we don't raise our legs enough when we walk. Instead, we tend to shuffle and that is why we trip and fall. That darned left leg again! The remedy, he said, was to walk in sand, preferably wet sand. So now, I had another reason to go to the beach, and it worked. Walking at the beach is good, bathing in the sea is even better, but until I can find a way to exit the water gracefully, I shall restrict myself to walking on the beach.

So that is the current state of affairs. I can't squat but I can bend. I can't run but I can walk, though slowly and stiffly. And I can still smell the roses. **N**

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# Health, Lifestyles and Severe COVID-19

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*By Gloria A. Coe*



AFSM Member Jose Ramiro Cruz published an article in September 2020<sup>1</sup> on the interactions between COVID-19 and the body's defense system with a focus on prevention and reducing severe COVID. Jose Ramiro has degrees from Harvard University in both Tropical Public Health and Virology and Immunology, and he worked for PAHO in Laboratory and Blood Services from 1994-2011.

His article details the multiple organs and cells in the respiratory and immune systems explaining how they work individually and in unison to defend the body against disease. It discusses the interactions of SARS-COVID-19 with the respiratory defense system, specifically focusing on the threat of the virus and the ability of the body to defend itself. After 11 pages of analysis, the next to last sentence of his article reads: *"Until an effective and safe vaccine is found, preventive measures should continue to focus on human behavior."*

In private correspondence with Jose Ramiro, he responded unambiguously to the question "What would be the key message of your article for those over 65 years?" He replied saying:

*"I believe it is important that people understand that the severity of COVID-19 is not directly due to the etiologic agent, SARS-CoV-2, but to host factors that may cause chronic inflammation, such as obesity, smoking, exposure to polluted air, or to immune deficiencies. The implications for personal behavior and measures to prevent COVID-19 have to do with social distancing, mask wearing, and getting vaccinated. . . To prevent severe disease, it is important to be fit, which means adequate physical exercise and diet, and good oral health."*

Also, in 2020 a fascinating worldwide observational study<sup>2</sup> was undertaken to, among other objectives, assess the cumulative effect of lifestyles on COVID-19 mortality. The study analyzed data from 186 countries and divided them according to the number of

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<sup>1</sup> Jose Ramiro Cruz. Interacciones entre SARS-CoV-2 y el sistema de defensas del aparato respiratorio: consideraciones para la prevención y el manejo de las infecciones. Ciencia, Tecnología y Salud; 7(3) 2020, 113-133. <https://revistas.usac.edu.gt/index.php/cytes/article/view/974>

<sup>2</sup> Wang J, Sato T, Sakuraba A. Worldwide association of lifestyle-related factors and COVID-19 mortality. Annals of Medicine 2021, 53; 1:1528-1533: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8405104/>

lifestyle-related risk factors in each country; that is countries with 0-1, 2-3, 4-5, and 6-7 risk factors. In essence, the study showed that those countries with “more risk factors demonstrated greater mortality due to COVID-19.”

This article briefly reviews the latest information of five lifestyle risk factors in relation to COVID-19.

**SMOKING TOBACCO:**<sup>3</sup> A 2020 UK study of 421,469 participants sends a clear message to smokers, as summarized by the lead researcher:

*“Our results strongly suggest that smoking is related to your risk of getting severe COVID, and just as smoking affects your risk of heart disease, different cancers, and all those other conditions we know smoking is linked to, it appears that it’s the same for COVID. So now might be as good a time as any to quit cigarettes and quit smoking.”*

**ORAL HEALTH:**<sup>4</sup> In general, good oral health practices include brushing and flossing our teeth each day, regular dental visits, and frequently use antimicrobial mouth rinses, especially in patients with heart illnesses. An 8 October 2021 US News<sup>5</sup> report lead sentence reads: *“Good dental hygiene may well be a weapon against severe COVID-19: A new study shows that taking care of your teeth and gums may lower your risk of serious infection, especially if you have heart disease.”* The researchers studied 86 Egyptian patients with heart disease who had a positive COVID-19 test. Their findings were that there is an association between poor oral health and more severe COVID-19 and longer recovery from the disease.

**BODY WEIGHT:**<sup>6</sup> Individuals with good or normal weight are more likely to have less pain in their muscles and joints, better blood pressure and heart circulatory system. Being overweight or obese puts one at greater risk of diabetes; heart disease; osteoarthritis of the hips, knees and ankles; and many other medical problems including COVID-19. The severity of COVID-19 increases as one’s body mass index (BMI)

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<sup>3</sup> Medical Research News, Disease/Infection News. Study shows link between smoking and COVID-19 severity, death, 2021: <https://www.news-medical.net/news/20210928/Study-shows-link-between-smoking-and-COVID-19-severity-death.aspx>. Clift, A.K., et al. (2021) Smoking and COVID-19 outcomes: an observational and Mendelian randomisation study using the UK Biobank cohort. Thorax. doi.org/10.1136/thoraxjnl-2021-217080..

<sup>4</sup> American College of Cardiology News Release, 7 Oct 2021: Poor oral health may impact COVID-19 severity, especially for cardiac patients. <https://www.acc.org/about-acc/press-releases/2021/10/07/12/57/poor-oral-health-may-impact-covid-19-severity-especially-for-cardiac-patients>

<sup>5</sup> Preidt R. Brush & Floss: Better Oral health Keeps Severe COVID at Bay. US News. Oct 8, 2021: <https://www.usnews.com/news/health-news/articles/2021-10-08/brush-floss-better-oral-health-keeps-severe-covid-at-bay>

<sup>6</sup> Centers for Disease Control and Prevention. Obesity Worsens Outcomes from COVID-19. <https://www.cdc.gov/obesity/data/obesity-and-covid-19.html>

increases. People who are obese are at three times higher risk of hospitalization, admittance to the intensive care unit (ICU), invasive ventilation, and death. On 27 April 2021 the section “News” from the website of the CDC states: “The greatest risk of developing severe COVID-19 . . . was in patients with the highest BMI scores.” Key to controlling our body weight is exercise and a healthy diet.

**EXERCISE:**<sup>7</sup> Physical activity and exercise are critically important across our lifespan. Numerous body systems work better when we are consistently physically active. The importance of exercise during the time of COVID-19 is particularly important as measured in a 2021 article in The British Journal of Sport Medicine. In essence, the study measured admission to the ICU, mortality data, and physical activity based on self-reporting of the COVID-19 patients indicating if they:



- were consistently inactive, defined as less than 10 minutes/week
- performed some activity - 11-149 minutes/week, or
- were consistently meeting physical activity guidelines - 150+ minutes/week.

The study results were clear.

“Patients with COVID-19 who were consistently inactive had a greater risk of hospitalization, admission to the ICU, and death . . . than patients who were consistently meeting physical activity guidelines.”

Additional research has shown that the association between physically inactive individuals and poor COVID-19 outcomes were robust. Moreover, the harmful effects of COVID-19 were higher among inactive individuals than those with obesity, diabetes, hypertension, coronary vascular disease, and cancer.<sup>8</sup> **A HEALTHY DIET:**<sup>9</sup> The lead sentence of the 10 September 2021 issue of the Harvard Gazette reads: “*Study links healthy plant-based foods with lower risks of getting COVID-19 and of having severe disease after infection.*”<sup>10</sup>

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<sup>7</sup> Sallis R, Rohm Young D, Tartof SY, Sallis JF, et al. Physical inactivity is associated with a higher risk for severe COVID-19 Outcomes: a study in 48,440 adult patients. British Journal of Sport Medicine; 2021: 55: 1099-1105. <https://bjsm.bmj.com/content/bjsports/55/19/1099.full.pdf>.

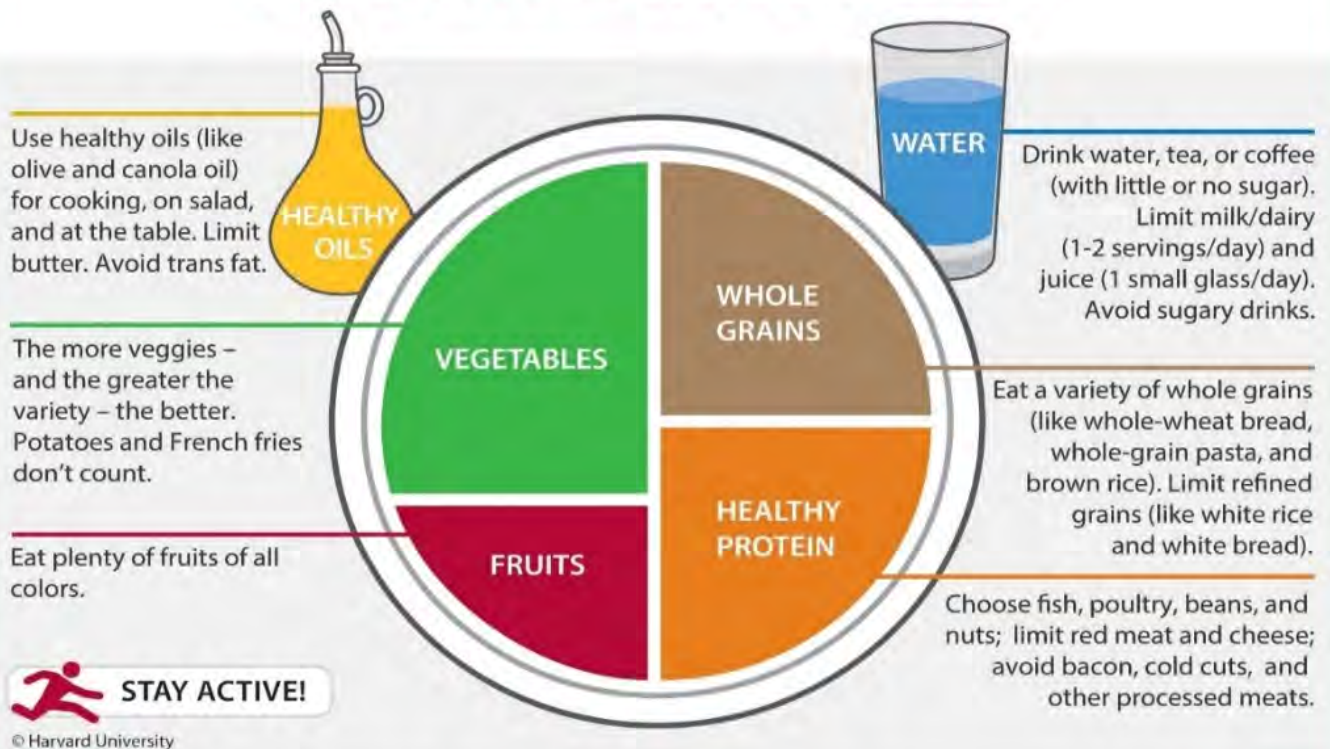
<sup>8</sup> Despres J-P. Severe COVID-19 outcomes – the role of physical activity. Nature Reviews / Endocrinology, 2021:17, August: 451-452. <https://www.nature.com/articles/s41574-021-00521-1>

<sup>9</sup> Hampton T. Diet may affect risk and severity of COVID-19. Harvard Gazette, Health & Medicine. September 10, 2021. <https://news.harvard.edu/gazette/story/2021/09/diet-could-affect-coronavirus-risk-according-to-mgh-study/>.

<sup>10</sup> Please also see AFSM Newsletter, June 2021, Vol XXXII No. 2: Let’s Eat 30 Different Plants Each Week.



# HEALTHY EATING PLATE



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Harvard T.H. Chan School of Public Health  
The Nutrition Source  
[www.hsph.harvard.edu/nutritionsource](http://www.hsph.harvard.edu/nutritionsource)

Harvard Medical School  
Harvard Health Publications  
[www.health.harvard.edu](http://www.health.harvard.edu)



The objective of this study, published by the British Medical Journal Gut,<sup>11</sup> was “to investigate the association of diet quality with risk and severity of COVID-19. . .”. The researchers used data from 592,571 participants and documented 31,815 cases. Diets with a healthy pattern a higher composition of salad, oily fish, cheese, fiber-rich cereals, and lower consumption of alcohol, fast food, and processed meats. While diets with an unhealthy pattern had lower intakes of fruits and vegetables and higher intakes of crisps, snacks, sweets, and processed meats. The findings indicated that individuals with low-quality diets were associated with a higher risk and severity of COVID-19.

<sup>11</sup> Merino J, Joshi AD, Nguyen LH, et al. Diet quality and risk and severity of COVID-19: a prospective cohort study: <https://gut.bmj.com/content/gutjnl/early/2021/09/06/gutjnl-2021-325353.full.pdf>. Mazidii M, Leming E, Merino J. Impact of COVID-19 on health behaviors and body weight: a prospective observational study in a cohort of 1.1 million UK and US individuals. Research Square, 2021: <https://gut.bmj.com/content/70/11/2096>



The Harvard School of Public Health promotes the Healthy Eating Plate<sup>12</sup>, recommending that fruits and vegetables fill half the plate.

**A Call to Action for Healthy Lifestyles:** The previously mentioned study assessing the cumulative effect of healthy lifestyles and COVID-19<sup>13</sup> mortality suggested each lifestyle-related factor has a different degree of influence on COVID-19 risk.

*“Furthermore, countries with higher burden of lifestyle-related factors suffered greater casualties due to COVID-19. The burden of lifestyle-related factors reflects the lifetime cumulative effects of unhealthy lifestyles,”*

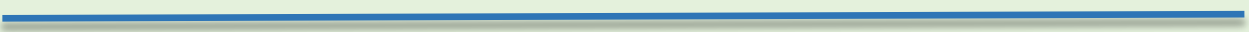
Recognizing the cumulative benefits of healthy lifestyles, the researchers issued the following Call to Action:

*“Global and governmental leaders need to urgently work on improving the behaviour and lifestyle of the citizens and promote healthy lifestyles because the pandemic is far from over and may last for a few years”* (emphasis added).

It is fascinating to reaffirm and act on an insight stated by Hippocrates, the Father of Western Medicine, more than 2400 years ago:

*“Without exercise, a good diet alone is not sufficient and eventually medical treatment will be needed.”* (460-370 BC)

**Let Us Agree - Adopting Healthy Lifestyles Is Important. We urge you to embrace these healthy lifestyles slowly and surely, one by one, recognizing that the cumulative effect they have on your health has many benefits, adding healthy years to your lives and preventing and reducing severe COVID-19. N**



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<sup>12</sup> Harvard T. H. Chan School of Public Health, The Nutrition Source, Healthy Eating Plate:  
<https://www.hsph.harvard.edu/nutritionsource/healthy-eating-plate/>

<sup>13</sup> Please see reference 2.

## Caribbean PAHO Former Staff Members' 2021 Xmas Party

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*By Yvette Holder*



On Sunday, 12 December, former staff of the Caribbean PAHO offices and centres met virtually by Zoom to share Christmas cheer. Thanks to the Zoom facility of the Association of Former Staff Members which afforded a meeting time of more than the usual 45 minutes, 26 friends and colleagues were able to re-connect and catch up on each other's lives. Given that quite a few of us had retired twenty years ago or more, it had been some time since we had seen each other. But it all seemed like yesterday since everyone still looks the same – obviously retirement is most agreeable. This was stated repeatedly, even as most former members are still very active, with consultancies, church work, charities, volunteering, and hobbies, especially gardening. Some have written books and started non-profits, but whatever the activity, it was always reiterated that they were enjoying the freedom to do it on their own terms - what they wanted, when and with whom.

After the initial sharing, led by Peter Carr, we paused to remember all the persons with whom we had worked, who are no longer with us. They are:

<i>Paul Ellis</i>	<i>Ron Aarons</i>	<i>Linda Campbell</i>	<i>Kanta Khipple</i>
<i>Hal Dyer</i>	<i>Mardy Mohammed</i>	<i>Manuelita Zephirin</i>	<i>Harry Drayton</i>
<i>Mervyn Henry</i>	<i>Barry Whalley</i>	<i>Homero Silva</i>	<i>Lenore Harney</i>
<i>Guillermo Troya</i>	<i>Wilton Conliffe</i>	<i>Dorothy Blake</i>	<i>Bob Evans</i>
<i>Mung</i>	<i>Seymour Barnes</i>	<i>Phillip Boyd</i>	<i>Claire Forrester</i>
<i>Jonne Warner</i>	<i>Knox Hagley</i>	<i>David Taylor</i>	<i>Wynante Patterson</i>
<i>Peter Diggory</i>	<i>Rosalind St. Victor</i>	<i>David Bassett</i>	<i>Ron Williams</i>
<i>Patrick Hamilton</i>	<i>Ken Antrobus</i>	<i>Norma Andrews</i>	<i>Arthur Maul</i>
<i>Ethelbert Roget</i>	<i>Neville Foster</i>	<i>Manuel Peña</i>	<i>John Williams</i>

After the sobering reflection, and a toast for everyone's continued good health during the season and into the new year, COVID notwithstanding, the "party" began in earnest. Led by Sam Rawlins' melodious voice, we, former staff members and some spouses, sang Christmas carols - karaoke style, lustily and joyfully, even if not tunefully. As one participant remarked, while we may have been very good at our professions, our choral ability was questionable. After singing, Ton Vlugman was teased about his Santa Claus beard, and he promised to come with real gifts when next we can have an in-person Christmas party. Henry Smith assured us that his skill at dancing with his bottle on his head has not dimmed with age, although this led us into a discussion of how we are all dealing with the tell-tale signs of "advancing youth". And so, the teasing continued until we signed off. As Mona Khanna stated, PAHO made us into one big family. It was great to be together again, and to remember old "relatives", present and departed. **N**

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# Development of the Colombia Chapter of AFSM

## History, progress, achievements, challenges

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*By Alberto Concha-Eastman*  
*President of the Chapter's Board of Directors*



On 1 October 2021, colleagues and friends of the Colombian Chapter (CC) of the Association of Former PAHO/WHO Staff Members (AFSM) chose me as President of the Board of Directors for the period 2021-2023, a challenge that I have taken on as a call to continue being a public health worker. It has been a lifelong decision that has given me satisfaction and has placed me in complex and truly comforting situations, even when the planned goals were not fully achieved.

So, when Gloria Coe contacted me, on 14 October, to ask me for a brief presentation on how the AFSM Colombian Chapter (CC) works and why it is somehow considered successful, I understood that she did it because I had been chosen to be President just a few days before. I took on the task of talking with and interviewing colleagues about their memories of the history of AFSM. I asked them about their impressions and experiences since the time that the Colombian Chapter had been created. I learned that it was meant to join together a group of former PAHO staff, coming from different professions but linked to each other through friendship and affection for public health, in an organization whose benefits were expected to support each member in the basic needs of any professional person in retirement, like their pension and the health services benefits. Serving the community of former PAHO staff offers an opportunity to continue to be linked to PAHO/WHO from this shore.

This is an account of what the CC has been and continues to be. I hope and we hope that it will be useful to other former staff in the chapters that exist in other countries throughout the Americas. I am grateful to the colleagues who helped me collect information and be faithful to the history and the achievements and challenges of the AFSM CC.

### **Brief historical notes**

It was in Buenos Aires, Argentina, in 2006, when former leaders in public health for PAHO/WHO and in our own country - Helena Restrepo, Gustavo Mora, and Germán Mora - met to discuss the regional AFSM and accepted the initiative to create local groups. This decision was detailed in a proposal to create the Colombia Chapter. Upon their return to Colombia, these ideas were supported by others. Due to the credibility and trust others had in this leadership, interest of other colleagues was achieved. A facilitator was selected and focal points were designated in Colombian cities where former staff resided, and the participation of spouses from the start helped to keep the chapter alive.

There were a series of meetings to strengthen the initiative, and in that same year of 2006 the creation of the CC was formalized in Cali. In Cartagena (2007) the Statutes and a

minimal Action Plan were proposed, and later, in the town of Subachoque (near Bogotá) the first Board of Directors (BD) was appointed and an annual fee was agreed upon, apart from the regional AFSM fee. That same year, at the AFSM International Reunion, the presentation of the "Why and wherefore of a Colombian Chapter" was presented by Helena Restrepo. It was enthusiastically welcomed as a model and it helped to advance the CC.

In June 2009, in Bucaramanga and Bogotá (September 2009 and January 2010 respectively), progress was made in strengthening the relationship of the CC with the PAHO/WHO Country Office in Colombia and access to the Documentation Center was given to CC affiliates. Significantly, and as a product of its public health vision, the CC supported the "Héctor Abad Gómez" National School of Public Health in Medellín (June 2010) in its discussions underway at that time of reforming the country's public health system.

In July 2011, a meeting was held with the United Nations Association of Pensioners in Colombia (ASOPENUC), in the city of Ibagué, where the two-track pension payment system to which some former staff belonged was clarified. In December 2011, a CC delegate was sent to the AFSM General Meeting in Washington DC. In 2012, in the Colombian Coffee Region, the CC again brought its members together, including the participation of Colombians residing abroad and former staff from other countries. Since 2006, there have been 15 national, virtual, and face-to-face assemblies, along with monthly meetings of the Board of Directors. This consistency has engendered an organizational balance to the seriousness and continuity of the CC.

## **Components of the development of the Colombian Chapter**

The development and functional maintenance of the CC has several components that allow us to see the dynamics and bases upon which it sits. They can be classified in this way:

### ***1. The intangible***

- The permanent values of camaraderie: the desire to preserve friendship and companionship, strengthen long-term bonds of affection, support those who require it due to grief or crisis; the planting of trees in remembrance of the deceased; and the participation of spouses in activities and meetings.
- There is a "sense of belonging" to the AFSM due to those ties and previous work experience in a group, in a team.
- The CC, as we consider it, works because it does not respond to formal obligations with PAHO itself, but to our own sense of belonging and solidarity, while maintaining ties with the PAHO/WHO Country Office.
- Although all the members of the BD have been active and organized during the times they served, the Secretary and the Treasurer have been critical in achieving the effectiveness and daily survival of the CC.

- The members recognize that having current statutes, revised when required, has made it possible to strengthen the CC, and adherence to them has also helped in maintaining its cohesion.
- Contacts with other agencies of the UN System, such as with ASOPENUC, when necessary, has made it possible to strengthen the CC.
- A high value has been placed on interpersonal communication, whether virtual or face-to-face, enabling colleagues to interact either to support friendships or to obtain answers to specific questions,

## ***2. The tangible, interests of daily living or of being a former staff member***

- It is imperative that the members of the CC be kept updated and oriented on the rules and changes related to health insurance, reimbursements, and care in emergencies; in short, on knowing that age requires more health care. This is essential for everyone.
- The same thing happens with the monthly payment of the pension and returning the necessary annual Certificate of Entitlement in light of the current electronic option, that may require virtual orientation and updating.
- The link and relationship with the Credit Union (CU) are also part of the constant topics of interest, such as account management, orientation and advice on credit or debit cards, as well as the resolution of conflicts that are generally quickly and efficiently addressed by the CU.
- Campaigns are constantly being conducted to attract more members. Happily, the Assembly held on 1 October was successful. 37 of 48 (77%) active members residing in Colombia or abroad participated.
- The annual fee is reviewed each year by the Assembly, the only opportunity to approve the amount. The payment of the approved amount is done by most members. Those over 90 years of age and the disabled are exempted from paying it.

## ***3. Experience with and lessons learned from PAHO/WHO***

There are some fundamental aspects of our recent past as PAHO/WHO staff, and accordingly we share some common values.

- With a background in being public health workers, with experience and ethical and humanistic training, we are strengthened and reinforced by solidarity as an intrinsic value. We are interested in our community, as well as in our social and collective lives. After all, public health is a collective, interdisciplinary action.
- We share the objective of maintaining a high level of interest and information in public health on national, regional, and global levels. A live example of this is the COVID-19 Pandemic caused by the SARS-CoV-2 virus.

- The good use of the experience of former staff is also considered as a constant value.
- The interaction with the PAHO/WHO Country Office in CC meetings has been another value that has been maintained with various PWRs.

#### ***4. Cultural and social activities and national meetings***

Of special interest is participation in activities of a different nature. For example:

- Annual face-to-face meetings (pre-pandemic), have been integrative and motivating, accompanied by walks and cultural events.
- The Film Club, organized by a movie-fan member, is already part of the CC Action Plan.
- The recently inaugurated WhatsApp conversation group called “Breakfast with history”, is held virtually and on a daily basis. It is an initiative started by another member, and it offers a series of history notes that enrich our knowledge and refresh our memories of all kinds of events that have occurred in many different places. The colleague who enriches this activity has the ability to expand this network.
- For years, the CC has contributed modestly with financial resources given to social projects that are maintained and approved at the annual Assembly, accompanied by a budget of expenses. These are primarily aimed at the elderly, destitute and needy.
- Intellectual and technical discussions are encouraged in forums of interest, either organized by universities, scientific associations, or the CC itself.
- It cannot be ignored that the rational and good use of social networks, such as WhatsApp, has facilitated and maintained communication.

#### ***5. Constant challenges include:***

- Knowing the members’ interests and needs,
- Responding to member requests, complaints, concerns or proposals in a timely manner,
- Keeping the CC out of political or religious differences,
- Maintaining a high level of information available from truthful and suitable sources on topics of benefit to the CC and its members, and
- Strengthening the relationship with AFSM WDC. **N**





# Where are they now?

## Retirement: Its Joys and Challenges

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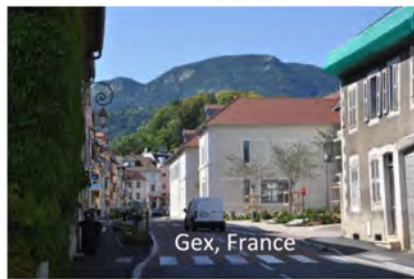
*By Stanislaw Orzeszyna*



I always imagined that retirement for me would be a time to rest after many years of work, an opportunity to do nothing more than enjoy pleasant travels to distant, exotic countries and partake of delicious meals. It was supposed to be quiet and boring. The 21st century was about to begin, and we expected it to bring with it a century of civilized development, one where international conflicts would be diminished, and the world's economy and cooperation would be strengthened. Low-cost airlines carried passengers for half-fare between countries and continents. I lived in the tiny town of Gex, France, 10 miles from Geneva's Cointrin Airport, with convenient connections all over the world. However, as with the previous 60 years, my life turned out a bit differently than I expected. Three months after retirement, the terrorist attack in New York took place and security measures were introduced that were burdensome for passengers travelling by air.

My 20 years of retirement can be broken down into two very different periods. We lived in France for the first ten years, and in 2011 we moved to Montreal, Canada.

The first months of retirement were difficult, something that probably every pensioner feels. Fortunately, some organizational issues had to be settled, and this took a long time. Then, I began



to feel a great emptiness; a surprise that came from not needing to follow the old daily routine to which I had become accustomed during several dozen years of work: driving to the office, preparing for business trips, writing reports, studying professional literature, attending meetings, etc.

And so, I slowly returned to work as a consultant. I started to do mainly short-term consultancies in the field of public health. I was well prepared for this after studying at the London School of Hygiene and Public Health, and thanks to the experience I gained over several decades working at the World Health Organization, at medical universities, and in health administration.

This is how the entire first decade of the 21st century proceeded. I accepted consulting missions in the Americas, Africa, Asia, and Europe. The work on the development of medical reporting systems in Bosnia and Herzegovina, Haiti, Iran, Kyrgyzstan, and Zambia were particularly interesting.

Preparing for retirement requires reflection on where to spend the last years of life, a time when we usually need the support of our loved ones. My wife and I only have one daughter who studied at Harvard and completed her medical studies at McGill University in Montreal. After graduation, she chose to stay in Canada. So, we decided to settle in the vicinity, leaving behind the beautiful surroundings of the countryside near Geneva, between France and Switzerland. Thus, after living in France for ten years, we moved to Montreal, Quebec, in Canada. We live now in the town of Mont-Royal which is a small garden town with villas in the styles of New England, French Canadian, and English Manor.

An important aspect of our retirement life is contact with our family. Our daughter, her husband, and our two grandchildren live in a house less than one mile from our apartment. The grandchildren are growing up now, one is in middle school and the other is about to go to university. During their childhood, we had sweetest contact with them when we took them to kindergarten and school, and to football games, fencing, and piano and cello lessons.

My wife, Marianna, looked after one of our grandchildren in Chisasibi while our daughter was there on an internship in the Chisasibi hospital. This place is in the far north of Canada, on Hudson Bay, where the sky is lit by the northern lights and uninvited bears visit the backyard. The town of Chisasibi is inhabited by the First Nations Cree. It was fascinating to get to know the social and cultural life of the Cree. Also, the flora and fauna are different there than in Montreal. The Chisasibi River is enormous and flows into James Bay at the southern part of Hudson Bay.

I liked Montreal immediately. It is a large metropolis, multicultural, and multilingual with a predominance of two languages - French and English. It has a well-developed infrastructure, an excellent (for North America) public transport network, many universities and medical schools, an opera house, and excellent concert halls. Climate wise, Montreal is obviously different from the town of Gex. The winters in Montreal are cold and snowy, the summers are hot and humid, and spring seems to be the shortest time of the year. But autumn is very beautiful, long, warm, and fabulously colorful. The autumn red maple leaf is on the Canadian flag, on its coat of arms, on banknotes, on balconies, on T-shirts - everywhere.



Importantly to us, our local authorities take great care of seniors. A special agency of the local government organizes social and cultural events for seniors, such as trips to theaters, restaurants, and visits to towns near Montreal and nearby US states. Living in Montreal has allowed us to visit interesting places in Canada and the entire Western Hemisphere. In Canada, we focused on visiting interesting places in the province of Quebec.

Shortly after arriving in Montreal, I contacted WHO's Retirees Association, based in Washington, DC. It created an opportunity for me to connect with a thriving organization of former employees and colleagues whom I knew from my work, first as chairman of the Staff Health Insurance Headquarters Committee, and then as a board member of the Association of Former WHO Staff Members in Geneva. I am now privileged to work on the Board of PAHO AFSM as a Volunteer.

It was with great joy that I undertook this task, and now I am happy to be the PAHO AFSM Webmaster.

After studying medicine in Poland, postgraduate epidemiology at the London School of Hygiene and Tropical Medicine, postgraduate medical statistics at the University Libre de Bruxelles School of Public Health, I am determined not to interrupt my continuous learning process. It is a real pleasure for me to check the National Library of Medicine/National Institutes of Health (NLM/NIH) website every morning. There I search for current items that were recently released and that are important to me due to my own extensive multimorbidity. I make notes if I am interested in something, and, if it is important, I complete the corresponding Wikipedia entry. It is a great stimulating and useful activity. I follow courses at McGill University's School of Continuing Learning. It gives me an excellent opportunity for continuous education in various interesting areas.



My wife and I maintain close contact with groups of professionals of Polish origin: biologists, doctors, and engineers. Members of one of these groups meet every month to discuss current cultural, social, political, and other important and interesting issues and events.

A cruise we took on the Caribbean Sea was a fairy-tale journey on the huge cruise ship The

Princess of the Seas. We have visited 11 islands in the Caribbean, and we spent a few holidays in Cuba where we especially enjoyed Varadero Beach that is beautifully situated on a peninsula on the northern coast of the island. We also traveled to Europe. One trip was to Italy where we plunged into the beauty of Tuscany, its nature, history, architecture, food, and local wine. Tuscany turned out to be a wonderful region, with charming nature and historical monuments and works of art. We visited the countryside and marvelous cities of Florence, Certaldo, and many others. But what we liked the most was our base in San Gimignano, and its exquisite beauty.

These past 20 years of retirement have provided me with an uninterrupted period of active life defined by my health status and our living conditions. And that's probably a message for fellow retirees: try to live your life to the fullest and your retirement will be a great time in your life. A rich quality of life will ensure our health and comfort and enable us to actively participate in and enjoy life.

We are now looking forward to the next decade. **N**

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# Obituary: Jorge Litvak

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*By Juan Manuel Sotelo*

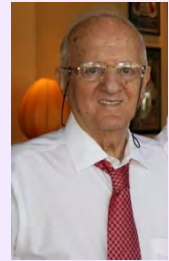


Jorge lived a full life, rich in achievements and adventure. Those who shared his friendship were always impressed with him as a cultured and trustworthy person, a full-fledged scientist with a great sense of humor.

His attachment and commitment to the University of Chile led him to occupy the position of Dean of the Faculty of Medicine.

Jorge is recognized, without a doubt, as an exemplary proponent of multilateral and bilateral scientific diplomacy. When he arrived at PAHO in 1974, he was a pioneer and advocate for the management of Noncommunicable Diseases, getting it to be considered a priority issue in national and international policies. Definitely Jorge contributed to having the issue integrated into WHO HQ and its regional offices.

The anecdotes that his co-workers remember are unique and entertaining, like the stories he shared in his car pool with George Alleyne and René González; moments when he laughed at his own experiences in Boston trying to perfect his English; or his experience with Marti Rice when he was showing her one of the first and revolutionary experiences with the internet, since it had “a machine” that allowed communicating in real time with the office in Chile and getting back an immediate response.



Jorge assumed a role as Scientific Advisor to the Embassy of Chile, his beloved country, and served as promoter and representative of the University of Chile in Washington, D.C. He obtained support for his institution, cemented collaboration agreements, and mobilized significant resources, thanks to his creativity in numerous initiatives. He even provided services to other universities on the continent.

Jorge was always aware of the value of scientific research and sound administration. His management skills were widely recognized and valued.

Upon his retirement from PAHO, Jorge became a member of AFSM and even served as Vice President of the Board of Directors.

After he returned to Chile, he served as Pro Rector of the University and was even Rector for a few weeks during a transition period. He was my great lunch companion at the Union Club ever since we met in Santiago. Through him I acquired my love of the acazuelada chicken diet, which I would eat while we discussed the Chilean political and social dynamics.

On 13 August 2021, he passed away at his home in Bethesda, Maryland at the age of 92. He is survived by his wife Paula and their children Joanna, Alexandra and Juan Pablo.

We are going to miss you, Jorge. **N**

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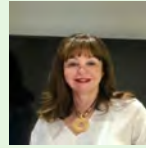
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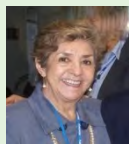
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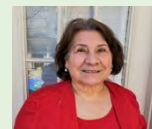
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