NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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AFSM PAHO Spring Luncheon 2025

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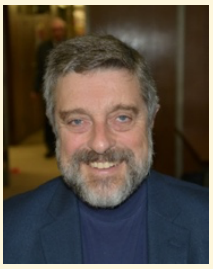
Editorial

By Hernan Rosenberg



After a hiatus of almost five years, we finally had the opportunity of having again our Spring Luncheon. You can get the presentations in a separate article of this bulletin, as well as enjoy a video in our website. There you can see how important it is for us of a certain generation to meet face to face. Nothing wrong with a virtual meeting to learn or exchange information, but nothing beats the real thing.

We have stated several times that AFSM is not only for Washington residents. That is why the Board meetings as well as all important meetings are always online. And we will try to arrange for a future meeting (the formal one) in one of our countries, or a cruise, or some arrangement where we can meet our members regardless of place of living. In any event, and since the topic of immigration to the USA -of interest to people living outside as well as to future members- was covered in depth by our guests, you can review the presentations as mentioned above.

While we had a very friendly (and noisy) activity, where friendships were rediscovered, it was impossible to ignore the elephant in the room: the exit of the United States from WHO, which we covered in our past editorial in detail, as well as its implications for former staff. Unfortunately, we still have no clarity in the position of the USA (and some followers like Argentina and El Salvador) towards PAHO proper, that in the Interamerican System agency, as opposed to AMRO, part of the UN system. In the US proposed budget approved by the House of Representatives, there is no money for regular funding of the UN; only for extra budgetary activities. Even though the OAS is mentioned, and seems to be receiving a US contribution, PAHO is not mentioned. Please note that the budget still has to pass the Senate, where other forces intervene. But the point is that two years ago it would have been inconceivable that the US would refuse to cooperate with a system founded with heavy US involvement after World War II, so it is not just a question of money anymore, but of the survival of the system as we knew it. Anecdotally, projects in the World Bank may not include equity, climate change and the like in their objectives. So, there is a straight application to the "anti woke" culture we are living in. Again, the Pension Fund is outside of this discussion, so no need to worry at the personal level. We will continue monitoring the situation and inform you as needed, of course.

We continue being very involved in activities with our cousins in other organizations. When you read this, we will have met online with the Council of AFSMs. Even though we were invited by Dr. Tedros to meet in Geneva over the last two years, for obvious

reasons that meeting year will be virtual. Another casualty of the withdrawal of the US. We are in constant contact with AFSM Geneva, which, in turn, keeps close tabs on the WHO developments, it is unlikely that further developments in the institutionalization of AFSM in WHO will have too much priority under present conditions, but we need to make sure there is no back either.

In October we are hosting the meeting of ARAIO, the Association of Former staff of the agencies with an office in Washington. These include the World Bank, IMF, OAS and the local chapter of AFICS (UN). It will be very interesting to exchange views with our more distant "relatives" on how the events covered above are affecting them.

So, we keep very busy and always encourage you to participate in any way it accommodates you, either in your country or regionally. For those in the Northern Hemisphere, have a jolly summer, and for our friends in the South, protect yourselves from the cold. Our luncheon and other activities are open to all members, so join if you happen to be in Washington when one is held there. We understand if you are not able to join us in Washington but try to meet with colleagues in your place. It is very rewarding.

Welcome to New Members of AFSM

Laura Beatriz Ramirez Leon – Mexico

Damian L. Vasquez – Spain

Summary of the AFSM PAHO Spring Luncheon

By Marilyn Rice

A video recording of the business meeting of the luncheon can be found on our website at: https://www.afsmpaho.com/ and in YouTube as "AFSM Spring Luncheon".

During the luncheon meeting Hernan Rosenberg, our President, made some opening comments that are reflected in his editorial. He then turned the meeting over to the legal team that would address issues of US immigration law. The following is a summary of the issues addressed.

There have been many issues of **people returning from abroad and being questioned at airports**, including stories of people detained, and in some cases with people having their visas revoked and them being returned to their own countries. If you have a tourist, student, or work visa (i.e. you are not a citizen or lawful permanent resident of the US), upon arrival in the US you do not have the right to enter the US, even if you have a visa. It only means that you qualify for that visa. Said visa can then be revoked. Lawful permanent residents and green card holders are not considered applicants for admission to the US and so their status cannot be revoked by a US Customs and Border Protection Officer (CBPO). There are several exceptions: if you are outside the US for more than 180 days, if you have abandoned your status of green card holder or permanent resident, if you are engaged in illegal activity or engaged in certain crimes - then removal proceedings can be initiated at the border. You can then be put into deportation proceedings or detained under federal immigration laws; but only an immigration judge can permanently end someone's green card status.

A CBPO can take your phone and computer and search them. There is a clear distinction between what law enforcement officers can do at the border as opposed to inside the country. No probable cause or judicial warrant holds at the border; the government's need to protect national security supersedes privacy rights and concerns at border points. It is reasonable because it happens at the border. They can

ask you for your phone or computer and access numbers and they can take them away. There are two types of searches: basic is scrolling and looking through files and emails, messages, texts, etc. If they want to do a deeper forensic search to see mega data or what was deleted, then they need a higher level of suspicion. But so far, no warrant has been needed to conduct a basic search. You can decline to provide your passwords but then the CBPO can keep your equipment and send it back to you later. If you don't have a green card and are not a US citizen, even if you have a visa, if you deny access to your equipment, you can be denied entry into the US, you can have your visa revoked, and you can be subject to expedited removal (you are sent back to your country on the next plane and you are ineligible to return to the US for five years).

The difference between refugees and Asylum Seekers. The definition of a refugee is someone unwilling or unable to return to one's home country due to suffering, persecution, or fear of persecution on account of race, religion, political opinion, membership in a social group, or nationality. The process to apply for asylum begins when you show up at the border and request asylum or if you are already in the US. To apply for refugee status, you must be outside of the US; it is a multi-agency process with the Department of State, Health and Human Services, and Homeland Security. This process has now been halted (dubbed as a national security risk).

Birthright citizenship in the US was established through the 14th amendment to the US Constitution in 1868, stating that "…all persons born or naturalized in the US and subject to the jurisdiction thereof, are citizens of the US and the state wherein they reside." This has been upheld by the US Supreme Court since 1898. This was the law of the land until Trump took office on 20 January 2025 when he issued an Executive Order stating that beginning on 19 February 2025, **children born in the US are not entitled to US citizenship** if their parents are in this country illegally or temporarily, because they are not subject to the jurisdiction of the US (not here lawfully or permanently). Twenty-two states and three federal district courts have issued an injunction (blatantly unconstitutional) to stop this, so the administration sought a stay of injunction that was denied and on 15 May when it went before the Supreme Court. The issue that the court addressed was: whether or not a judge in one jurisdiction have the power to enforce a policy nationwide. This might establish a standard of nationwide injunction for issues of national importance. Also, was the

Executive Order constitutional? The cases will have to go through the lower courts first.

The **Alien Enemies Act** (AEA) was passed in 1798 as a wartime injunction to detain and deport citizens of an enemy nation when Congress has declared war or when the government has determined that an invasion or predatory incursion has taken place, so the President has to take an immediate action. The President issued an additional Executive Order posted on 15 March when the government removed individuals that fell within the purview of AEA (members of gangs MS13 and TVA). Individuals were loaded on planes and taken to El Salvador where they were detained without any due process. Their lawyers filed suit to stop the planes from leaving and the WDC judge issued the order to stop them, but the government allowed the planes to continue. The court said that the government needed to facilitate the return of these individuals. Mr. Agrego Garcia, a Venezuelan, who was among this group, had received by an immigration judge an order of protection, but the government ignored it. The DC judge ordered his return, the government went to the Supreme Court, and on 7 April, JGG vs Trump found that before applying the AEA to someone, the individual has to have the opportunity to provide evidence of innocence. The government continued to have individuals removed to Venezuela, and the Supreme Court said that this could not be continued, that more than 24 hours' notice must be given. The lower courts will need to decide about this before it moves up the chain back to the Supreme Court but for now the use of the AEA is on hold.

Removing individuals to countries where they are not a national. There are a number of countries that will not accept their nationals back (China, Vietnam, Venezuela), but the current government went looking for countries that might accept people (South Sudan, Libya, Rwanda, El Salvador). A Massachusetts court said that one is entitled to due process, to know where one is going, and to express reasonable fear as to why one should not go to that country. The Supreme Court might consider whether these removals can continue. If due process were to be followed, it could take years, so the current administration is trying to speed up deportations.

Student visas. The Department of State is revoking student visas of certain nationals. The student visa allows someone to come to the US, but it does not confer status. The F1 student visa can be revoked, but the status is conferred through Document 920, which is needed to get a student visa issued. Students get a Student and

Exchange Visitor Information System (SEVIS) number; it is a database used by Homeland Security to track students and exchange visitors. Until January 2025, if student status was terminated then their SEVIS number got deactivated and the student entered removal proceedings; however, the case could have been appealed. Now these people are being detained, and the SEVIS is terminated for an invalid reason (not attending classes or not complying with terms and conditions of their status). So, there are class action lawsuits going forward that are helping some records to be reinstated. There is also an increase in vetting, all interviews for student visas have been halted so that the social media for each applicant can be examined. Visas for students with ties to the Communist Party, studying "critical fields" (not defined), and Chinese students are all being revoked.

Temporary Protected Status (TPS) is a process for which foreign nationals can apply for visas to remain in the US. It usually happens when a country is designated by the administration (civil war, natural disaster, or another event to make it unsafe for someone to return home). Venezuela was designated under Biden but under Trump it was ended. Those who received designation from 2021 have valid status until September 2025. Trump is also revoking TPS status for people from Haiti, Afghanistan, and Cameroon.

The parole program that allowed nationals from Cuba, Nicaragua, Venezuela, and Haiti to come to the US was also suspended in April. It is being challenged.

G4 adjustments. If you retire from an international organization with a G4 visa, there is a traditional pathway to become a lawful permanent resident and obtain a green card. The current waiting time is 15-20 years. There are only 9,140 visas available (under EB4) and there are over 181,000 people in line, and the children of these individuals may age out and the G4 visa holders may run out of time. If you are a G4 visa holder married to an American citizen, a lawful permanent resident, or if you have a US citizen child, there is a quicker process that can be followed. Unless Congress expands the number of visas in this category, this backlog and waiting time will continue.

People should carry with them their certificates of naturalization or their US passport cards just to be safe; it is not required. You should also know that if ICE comes to your house or place of work, you do not need to open your door or let an ICE agent into your personal property unless they have a warrant signed by a judge allowing

search of those premises or to arrest a specific person. If they have paperwork, ask them to slip it under the door and you can check to see if it is an order signed by a judge before you open your door.

A presentation was also made about **SHI**. The important points of this presentation are included in the column on Health and Pension Updates in this newsletter.

The representative from the **PAHO/WHO Federal Credit Union** showed how much it has grown in the numbers of members and the amount of resources it has. We are the owners of the Credit Union. We elect the members of the board of directors, and we can provide input as to what we would like to see. Last May new offices were located at 2300 Wilson Blvd, Arlington, Virginia, so all correspondence should be sent there. The new digital banking system will provide members with access to Zelle, PLAD (account aggregator) and Savvy Money. There is more and more investment in serving members by training and increasing the number of employees so that calls and requests are answered in a timely manner. To ensure the future stability of the Credit Union, especially in light of the uncertainty at PAHO right now, membership has been expanded to include members from Georgetown University and George Washington University. Accordingly, the name will be changed to incorporate the new types of members. As of 5 June, there will be a new high yield savings account that is insured starting with 3.75% interest on the first $20,00, and 1.75% interest on the next $10,000. A new money option launched on 5 July is a 75-day CD and limited to $7,500 new money.

In Memoriam and Condolences

AFSM expresses its sincere condolences to Mirta Roses Periago for the death of her husband, Antonio Periago

Health Insurance and Pension Update

By Carol Collado and Rolando Chacon

HEALTH UPDATE

WORLD HEALTH ASSEMBLY

We will start with a recapitulation of the outstanding decisions reached in this year's World Health Assembly. The Assembly, WHO's highest decision-making body, convened from 19 to 27 May, under the theme "One World for Health". Member States considered approximately 75 items and sub-items across all areas of health, engaging in lively debate and adopting consequential resolutions to improve health for all. Outstanding items:

A Global agreement on Pandemics

Over the past 3 years, work has been done to formulate this first ever agreement of this kind. The Agreement aims to enhance global coordination and cooperation, equity and access for future pandemics, all while respecting national sovereignty. You can imagine the intricacies this involves. Work will continue on some key issues which will be developed as an annex to the resolution. Of Special regard will be Pathogen Access and Benefit Sharing system (PABS), which would enhance equitable access to medical advancements.

Financing

A critical issue for WHO in light of the recent withdrawals of both the USA and Argentina. Other Member Countries responded with approving increases in their mandatory contributions, with the goal of 50% budget coverage by 2031 being covered through country scheduled contributions China made a significant (US$500 million) additional pledge for this biennium which, together with regular country contributions, leaves 30% unfunded. WHO is undergoing a restructuring effort to attempt to economize while retaining efficiency. In addition, at a high-level pledging event during WHA78, health leaders pledged at least US$ 210 million for WHO's Investment Round, the fundraising campaign for the Organization's global health strategy for the next four years (the Fourteenth General Programme of Work). In addition to the US$ 1.7 billion already raised for the Investment Round, these pledges mark a significant step toward sustainable

financing of WHO. Since launching in May 2024, the Investment Round has attracted 35 new contributors – moving WHO closer to the broader donor base envisioned in the Director-General's ongoing transformation agenda.

Many other resolutions towards global health were passed, among them: a new resolution highlighting the global health financing emergency, lung and kidney health, science-driven norms and standards for health policy and implementation, air pollution, social connection - with growing evidence linking it to improved health outcomes and reduced risk of early death - lead-free future, rare diseases, expanding the provisions of the International Code of Marketing of Breast-milk Substitutes, strengthening emergency preparedness and response, accelerating the eradication of Guinea worm disease, and strengthening the research base on public health and social measures to control outbreaks.

HEALTH THREATS

Yellow Fever

Yellow fever is an acute hemorrhagic disease that is endemic in tropical areas of the Americas and Africa. In the Americas, it is commonly transmitted by woodland/wild mosquitoes belonging to the Haemogogus and Sabethes species. Symptoms usually appear 3-6 days after the bite of an infected mosquito and include fever, muscle pain, headache, shivers, loss of appetite, nausea and vomiting. While most patients' symptoms disappear, around 15% experience high fever, organ damage and sometimes death. This year, there has been an increase of 800% in identified cases. In addition, whereas the most common occurrences of 2024 were in the Amazon region, this year, cases have been reported in Sao Paulo, Brazil and Tolima Colombia, increasing the threat of outbreaks in high density populations. The cases are located in Bolivia (3 cases, 1 death), Brazil (110 cases, 44 deaths), Colombia (64 cases, 26 deaths), Ecuador (6 cases, 5 deaths), and Peru (38 cases, 13 deaths). Almost all cases have been identified in unvaccinated individuals. Concern is that not only has vaccination coverage fallen below the recommended levels of 95% in 10 of the 12 endemic areas, but there is limited global supply of the vaccine. In 2025 so far, there has been a more than eightfold increase in cases compared to the same period of 2024. In total, countries have reported 221 confirmed human cases of yellow fever, including 89 deaths. In comparison, in all of 2024, 61 human cases were confirmed, including 30 deaths.

Bird Flu

The continued circulation of the avian influenza A(H5N1) virus in the Americas and the record number of human infections have generated the need to strengthen clinical preparedness and response. PAHO held a webinar focused on sharing experiences and practical recommendations on the initial clinical approach, the identification of severity

factors, the management of complications and the critical care of patients with severe cases, aimed especially at the countries of Latin America and the Caribbean. More information and recommendations can be found on the PAHO website

Dengue

With climate change and northern hemisphere temperatures rising, there continue to be reported cases in areas not seen previously so precaution is the best answer. Regarding the commercially available dengue vaccine (Dengvaxia CYD-TDV) and considering the conditions for the use of this vaccine and the lack of evidence on some aspects of safety and effectiveness, PAHO's Technical Advisory Group on Immunizations (TAG) reiterates its recommendation (made in July 2015) that the introduction of dengue vaccine into national immunization programs at the country level is not yet recommended.

Measles

Final figures for 2024 confirmed 464 cases in the Americas, a big change from the Region having been declared measles free. Many of these unvaccinated, and several deaths reported. Caution is needed. PAHO's Epidemiological alert continues.

MPox

In 2025, a total of 638 mpox cases were reported in 8 countries: Argentina (n=6

cases), Brazil (n=312 cases), Canada (n=46 cases), Chile (n=79 cases), Costa Rica (n=1 case), Mexico (n=66 cases), Paraguay (n=1 case), and the United States (n=127 cases)

No deaths have been reported in the region in 2025 so far. Vaccination rates for susceptible populations remains low.

While the following are more relevant to younger age groups, many of us have close contact with families where this is relevant, so we have included them.

RSV (Respiratory Syncytial Virus)

This respiratory virus has been in the news for some time, but its toll on infants has caused a special policy statement from WHO describing the two preventative vaccines, one given to pregnant women in the last trimester and the other to newborns providing protection for 5-12 months.

Pertussis (whooping Cough)

Pertussis, a highly contagious respiratory infection caused by the bacterium Bordetella pertussis, spreads through respiratory droplets when an infected person coughs or sneezes. It begins with mild fever, runny nose, and cough, progressing to severe coughing fits followed by a high-pitched "whoop" sound when inhaling. In 2025, 7 countries in the

Region of the Americas—Brazil, Colombia, Ecuador, the United States, Mexico, Paraguay, and Peru—reported pertussis outbreaks, with 14,201 cases and 93 deaths as of mid-May. In 2024, the Region reported a provisional total of 43,751 cases. However, the 2025 cases already exceed the 4,139 cases in 2023 and 3,283 cases in 2022. Vaccination rates have fallen and there is therefore increased susceptibility.

UPDATE ON DEMENTIA AND COGNITIVE RESERVE

Since our last Newsletter, several important communication media have taken up this topic for a dedicated issue.

- Harvard research, noted that people with greater cognitive reserve are more able to stave off symptoms of degenerative brain changes, and can help to function better for longer if exposed to unexpected life events. They repeated the 6 cornerstones of the Harvard brain health and cognitive fitness program: eat a plant-based diet; exercise regularly; get sufficient sleep, manage your stress; nurture social contacts, and continue to challenge your brain.

- Lancet in their May 8 issue discussed the ethical question of using general public health messaging vs targeting populations with higher incidence of dementia. They looked at the past decades of messaging related to this topic and found that it had been directed mostly at individual identification of risky behaviors and lifestyle choices. They identified that collectively, successful prevention of dementia necessitates approaches that acknowledge the complex relationships among cultural beliefs and practices, socioeconomic status, and health outcomes. Indeed, historically, health campaigns rooted in biomedical and personal-risk views of the disease have exacerbated health inequities by neglecting these complexities. They further commented that this framing of health responsibility on individuals is particularly problematic for older adults aged over 65 years, who might experience guilt or shame when they fail to meet the preventive health expectations. Indeed, campaigns that frame dementia as contingent on personal choices could lead to situations in which individuals hold themselves as personally responsible for either succeeding or failing to prevent dementia. This approach is ethically problematic as a high incidence of late-life diseases (including dementia) within subpopulations is much more a reflection of unresolved social and economic inequalities than of personal fault. An interesting discussion.

- The Economist has published a number of different aspects of living with Alzheimers disease treating such topic as whether or not there could be a virus origin, how to reduce risks, updates on treatments for Alzheimers and research on newer treatments among others.

OTHER

- The Director of the Pan American Health Organization, Dr. Jarbas Barbosa, signed the 2025-2031 subregional cooperation strategy with the Central American, Dominican Republic and Mexico subregion (the PAHO subregion known as CAM). The CAM subregion, which consists of Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama and the Dominican Republic, covers a population of over 183.4 million people, 26% of which live in remote and rural areas.
- For those in the USA under Medicare: After our publication of Medicare changes for 2025, Medicare extended the approval for telehealth until the end of September rather than the beginning of January as previously reported.
- Communication and Information: in the SHI HQ newsletter sent through email on June 4, there is a lot of valuable information on whom to contact for special issues with information on direct access to those who can help for resolution while traveling or in emergencies. Please save it. Similar information is available on the website for the PAHO SHI office with staff names and contact information.
- During the AFSM luncheon in May, SHI WDC office represented by Kelly Marrero and Emily McMillan spoke to the group emphasizing the importance of knowing the rules, for those in the USA, resolving problems first with Cigna and then with SHI. They reinforced the importance of using email to contact SHI, the response is much more likely to be answered within 24 hours, because although Omarys Nieves is the primary contact for retirees, all 5 staff are available to answer emails. It was confirmed that coverage is universal in all countries. Cigna has some coverage in other countries, but the normal procedure is to first use the blue WHO card for health needs while traveling outside your own country. Those who spend some time in the US and some in another country or who come to the US for an extended period of time, 6 months or more, should contact SHI beforehand so that they can be covered by Cigna and Navitus while in the US. Several common questions were reviewed, for example: SHI permission for procedures over $50,000. They shared contact information for the SHI team as well as Cigna and Navitus.
- Correction: APOLOGIES TO ALL. In last month's column, we reported on the existence of a reserve fund in SHI for retiree expenses. While there is no question of the fund nor of its solvency, we erroneously reported that it was as a result of the adaptation of IPSAS accounting. This is incorrect. IPSAS does require that an entity (in this case WHO) disclose information on its defined benefit plans. This includes information on its actuarial liabilities. IPSAS does NOT mandate that the liability has to be funded. The decision to create the fund was a WHO decision. A number of other UN agencies health insurances, while adopting IPSAS, did not

create such a fund to cover the expected liabilities, so they are on a pay as you go basis and normally, face yearly increases, so we should consider ourselves fortunate in the foresight of our organization. An interesting discussion.

PENSION UPDATE

Q&A on the solvency and sustainability of the Fund

13 March 2025

The Fund has received queries from participants, retirees and beneficiaries about its stability during times of uncertainty. All clients can be assured that the Fund remains financially strong and that their United Nations Joint Staff Pension Fund benefits are secure. The following questions and answers have been compiled to explain the current position of the Fund.

How would the Fund's solvency be impacted if a large number of participants were to leave and no new participants joined?

This is not expected to have a significant impact on the Fund's solvency.

The Fund formally appraises its solvency position through:

- an actuarial valuation conducted every two years; and
- an asset liability management (ALM) study conducted every four years, an in-depth analysis of its financial condition.

Through these studies, the Fund considers multiple scenarios, including a scenario where the number of participants falls. The studies show that the Fund's solvency is not particularly sensitive to changing participant numbers. This is because the Fund is not over-reliant on future contributions to fund the benefits already accrued.

How likely is it that the Fund will still be able to pay my pension for the rest of my life?

The ability for the Fund to pay benefits is the key priority for the Pension Board, which had previously stated that the "*Fund has very low appetite for the risk of losing its long-term sustainability and not being able to meet its long-term financial commitments*".

Based on the results of the last actuarial valuation (at 31 December 2023) and the 2023 ALM study, the Fund is confident that it will be able to pay all future benefits.

What would happen if the Fund were not able to achieve the investment returns required to sustain it over the long term?

The Fund has a number of mechanisms in place to monitor, measure and manage the future sustainability of the Fund over the long term (in excess of 30 years). A key tool is the regular ALM study that is usually carried out every four years. This allows the Fund to consider a range of scenarios and the optimal asset allocation to maximize investment returns with the desired level of risk. It is important to highlight that historically the Fund has consistently generated a real rate of return well above the rate used in the actuarial valuation.

In the event that the Fund were to experience a number of years of actuarial valuations reporting a deficit, it would commission additional ALM studies to identify a course of action with the assets to manage this risk.

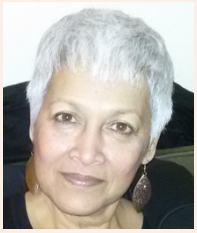
What would be the impact of a large fall in the financial markets on the Fund's solvency position?

The Fund invests in a diversified portfolio of assets to maximize returns within an acceptable level of risk. This inevitably means investing in assets that may experience fluctuations from time to time. However, the focus remains on investment returns over the long-term. The historical experience is that the Fund consistently delivers the minimum required rate of return, even after several crises throughout more than seven decades.

If the Fund's assets experience a downturn at the time of an actuarial valuation, it is possible that the reported solvency may be lower and may even exhibit a deficit at that point in time. Nevertheless, the Fund's solvency is considered over a longer period of time and not just from the results of one actuarial valuation. Short-term shocks do not affect the ability of the Fund to fulfill its commitments.

Age Liberation: The Value of Positive Ageing

By Mena Carto



In my scheme of things, age is just a number! You are as young as you feel. The way you carry yourself, your perspective on life, your ability to adapt, are things that define how 'old' you feel. On the brink of age 70, I feel not much older than when I was age 20 – I move just as briskly, I do umpteen things in a day, I play J'ouvert at Carnival in Trinidad and I go to music concerts in Guyana with performing artistes. While my interests might have matured over time, my world is still a giant playing field and I am very much a player. So when the odd young kid refers to me as 'granny' because of my grey hair, I normally giggle - because my hair turned grey since I was age 40 and I certainly do not feel like 'granny'.

At age 69, it is a wonderful thing to wake up in the morning, with your whole day ahead of you, to do exactly as you want. As a retiree, every day is your public holiday. You no longer have to rush to work to deal with a possibly temperamental boss or to deal with the idiosyncratic behavior of the work team that you manage. And it is a wonderful thing to know that you have no outstanding expenses – including your son's college fees, now that he has left the nest and has become his own man.

But despite everyday being my day, I find that the day still needs some kind of structure – to give me a sense of purpose. So my day starts with a brisk walk at 5 a.m. in my neighborhood. And it is just a beautiful time of the day…. The cool fresh morning air caresses the cheeks, the birds whistle and shake the rain off their feathers, the kingfishers pluck the young fish from the drains, and the greenery is lush with the morning dew. I actually took a pic of a neighbor's plant the other morning thinking that it was ganja. Alas, it turned out to be just ornamental cassava and there went another sense of intrigue…

At age 69, my brain is still hungry for knowledge and 5 AM is the perfect time for absorption. So on my walk I listen to podcasts on health, the morning news in Spanish on the Colombian radio station, the BBC news and whatever else can feed my appetite.

My walk is then followed by coffee and hugs with my two dogs who love me unconditionally! Their names are Putin and Obama – chosen to match their personalities.

Then the day goes on, with a yoga class next, then errands to go on, or my twice-weekly scrabble game, or a meeting or a volunteer activity with my Lions Club or professional association, etc., etc. I have actually earned the reputation of being 'editor-in-chief' for both the latter organizations – I am tasked with writing just about anything that has to be chronicled. My occasional editing jobs for our Ministry of Health will also hopefully help to stave off the chance of Alzheimer's occurring for many years to come.

Human relations have become an especially major part of my life as I have aged. My interactions have allowed for the emergence of a wonderful network of friends of various age groups and ethnic backgrounds. It is an absolute joy to interact with them all but especially with the young ones, who look on me as a mentor and who keep me in the loop regarding young people's happenings. It warms my heart when some call me 'mama', and others call me 'aunty'.

But what I have learnt about friendships over the years is to seek out the ones that are uplifting to the spirit and to shed the moaners who have a mental block on life. I pursue friendships aggressively but have learnt to put on hold those who never reach out in return – I now wait to hear from them instead. I have also mellowed with age I suspect – forgiveness for old grievances I see as a way of life, especially as I move closer to the great beyond.

As I have aged, healthy plant-based diets have become a way of life, and I only eat meat when invited out. I have also become a minimalist in terms of the things that I need around me – I shed unnecessary household items, clothing and the umpteen shoes that I can no longer wear. Low wedge-heeled shoes have now become the norm. The one thing that I would looooove to do more of however, is travelling the world, but am constrained by my husband's health. And I am still trying to work around that. Otherwise, life is just beautiful! And old age is just a figment of one's imagination!

Conversation On Ageing

By Sumedha Mona Khanna

My dear fellow travelers, thank you for keeping me company on this unknown and passionate period of our life's journey.

Let us continue our conversation over this phase of our lives and talk about our shared interests and unpredictable events. How do we continue our journey as we embrace the unknown challenges and opportunities?

How do we view/call ourselves?

Old Ageing Mature Growing older but not old?

And how do we see our Ageing Journey?

Maturing Conscious Successful Spiritual?

Let us ponder on:

How to squeeze the most out of our remaining precious years?

How to embrace the challenges and not be discouraged by them?

How to remain vital and active even with somewhat diminished capabilities?

How to retain good memories of our lives that can sustain us at this phase of our lives?

How to find meaning in life even with some challenges?

How to stay connected with like-minded people who are in the same phase of life's journey?

How to maintain intergenerational conversation within our families?

How not to be discouraged by our diminishing physical and mental capabilities?

What gives us pleasure and meaning in our lives at this phase?

How do we manage our resources especially if they are diminishing?

How to clear out the enormous mass of stuff both physical and mental, that we have accumulated over the years?

How to prepare for the end of this life's journey?

Request for Contributions to Healthy Ageing Committee Article for the September 2025 Newsletter. we would like to focus on the topic of "Managing difficult emotions, especially when life becomes challenging" Please send your contributions of no more than 150 words to Martha Pelaez at: pelaezma@earthlink.net

My Mother the Midwife

By María Edith Baca Cabrejos

Part 1

A competent and popular young midwife

In recognition of Mother's Day celebrated in several countries in the region, I decided to honor Mom with this profile. Not to highlight her qualities as a dedicated and selfless mother, but to highlight her community leadership in healthcare and her committed work as an institutionalized home midwife.

My mother, María Julia (1927), affectionately known as Aunt Tula (as in Miguel Unamuno's novel), was orphaned when she was a teenager, and my grandmother was 32, leaving her with six children. As the eldest daughter, Mom had to start working at 16, with my grandmother's permission. Thus, she began working at the Hacienda Pomalca Hospital in Chiclayo. There, she was trained first as a nursing technician and then as a home midwife when she came of age. She eventually held the second position in the obstetrics department, and then, when the head of the department had to leave, she was appointed temporary head until a qualified specialist arrived. Although she held the position for only a year, she became a very popular and beloved young midwife. At the market, she was given the best meat, the best vegetables, and fruit, with a bonus. In this way, women and men expressed their gratitude for having delivered their children at home in a way that is surely not customary today.

Care focused on the woman

My dear mother practiced woman-centered care during childbirth. She gave prior guidelines on diet and exercise, trained the parents and family members by giving them instructions to keep the environment clean and to have the necessary supplies ready for the birth - a clean and well-ventilated house, clean sheets, boiled water (both hot and cold), clean diapers, and all family members bathed. When she recognized that the family members could afford it, she would ask them to prepare a chicken broth for after the birth. If not, she would bring the chicken broth full of vegetables, to the birthing session. She would personally feed the mother, who was left without strength after giving birth.

She had learnt her birthing protocol at the hospital and followed it to the letter. She taught laboring women how to breathe effectively and how to position themselves. She knew how to measure the progress of cervical dilation to estimate how much time was left before delivery. She gave instructions to the husband or another family member (if the husband wasn’t present) to follow while she arrived and got ready. Then, at the time of birth, she would often ask the father to leave because he would get too nervous and take up her time, as they also needed attention. However, when she knew the father was a heavy drinker or had another woman, she would make him stay during the birth as a life lesson and to help him value his partner. Although she often had to attend births of women whose children had the same father, in those cases she didn’t discriminate, but she never missed the chance to give those fathers a stern lecture and a warning.

Difficult situations during the birth process

My mother had to attend difficult births, from turning babies who were positioned feet-first, to recognizing signs of preeclampsia, handling miscarriages or unsafe abortions, or delivering babies with genetic malformations—some of whom died, while others survived. She also attended twin births. Although there was a directive that births involving twins or more should be handled in a hospital, sometimes it wasn't possible to transfer the laboring woman because she lived in a remote village far from the hospital.

Adversity was truly a constant, and my mother learned to manage it with initiative, speed, and leadership. She learned that from my grandmother, and I learned it from her.

Pomalca (now a district) was once a large farm where sugarcane was grown for export, and the workers lived in distant areas assigned by the farm owners. Because of these distances, sometimes my mother had access to an 80-year old car and a designated driver. But other times, she had to travel by mule, donkey, bicycle, or on foot, even crossing rivers.

However, there came a time when none of these options worked well. Among the many mishaps, there were frequent occasions when, while my mother was attending the birth, the driver would get drunk along with the baby's father or other relatives and neighbors. Eventually, she had to drive the car back herself after finding the driver drunk. Because of this boldness, they decided to teach her how to drive the old car so she wouldn't have to depend on others amid so many setbacks. In the case of mules or donkeys, sometimes they would stop and refuse to move, or they would take too long, putting the laboring woman at risk. Sometimes my mother would arrive covered in mud and have to bathe outdoors and clean everything she had brought.

It was through this experience of providing care in adversity that my mother learned the importance of hygiene and avoiding asepsis to save lives—something that became a lifelong obsession.

Leaving the hospital

My mother began working at the hospital when she was 16 years old and married my father at 24. His name was Oscar (born in 1921), and he was the farm's cashier—well-known and liberal for his time. He allowed my mother to continue working for five more years, until I was born! Her first pregnancy ended in a miscarriage at five months—it was twins. Then came my brother, Oscar Enrique, who was calm but born with a cleft lip and needed two surgeries. I was born when my brother was three years old, and I was a crybaby and very restless.

Even though my mother had help at home, she couldn't manage two children with their own complications. Eventually, my father seriously asked her to stop working. She took some time to make the decision, but one day she showed up at the hospital with her resignation letter, surprising many of her colleagues and supervisors. My mother left quietly and sadly. She didn't accept any farewell celebrations.

However, a few days later, a group of women gathered outside the hospital, protesting because they thought my mother had been fired, and they loudly demanded her

reinstatement! The authorities came out to explain to the crowd that she hadn't been fired, that she had resigned, and that they should go to her house to convince her to return. So, the group of women took their protest to our home. My father had to leave work because of the commotion the women caused at our doorstep.

After some negotiations with my father, my mother returned to her role as a midwife, but with a modified contract. She would no longer attend consultations at the hospital—only at home—and from there she would go to home births as needed, no more than one per week. My father was forced to turn our house into an extension of the hospital. I don't know how long this arrangement lasted, but it eventually became unsustainable. When my father came home for lunch, he would find a line of women at the door. Some of them, jokingly or seriously, would shout, 'Hey, you—get in line!' My father told us this story.

Then there were births to attend at nighttime or on weekends. In the end, reality prevailed—my mother had to resign for good. However, when I was a teenager, she returned to work at another hospital in Chosica, near where we lived.

Part 2

Her caregiving work in Chosica and Chaclacayo

When I was 8 years old (1965), we moved to live in Chaclacayo, about two hours from Lima. It was a very beautiful, green, and warm area. My mother was invited to work at a private clinic in Chosica, just 10 minutes from Chaclacayo. Amelia, a neighbor who was a nurse at that clinic, learned about my mother's story and managed to get her hired even though she didn't have a formal degree. At that clinic, she worked for several years as a nursing technician and occasionally assisted in childbirths.

At the same time, in the condominium where we lived, she became the voluntary neighborhood health caregiver. Her care for sick neighbors of all ages included home visits with meals and massages. Children and teenagers would only allow her to treat or inject them. She became like Unamuno's Aunt Tula, treating everything from colds, insect bites, falls, infections, parasites, and burns to caring for people with cancer or paralysis, administering IV fluids and other injectable medications prescribed by doctors. She also chased down family doctors for donations of medical samples, which she used for her neighborhood patients. She never charged for her services. When I grew up, I had to finance her comprehensive care, which included dietary meals

Last Birth Attended

In 1988, Prudencia, an 18-year-old pregnant young woman, knocked on our door asking to be hired as a domestic worker because she had been fired from her previous job due to being seven months pregnant. Naturally, someone had told her that my mother was a midwife. As expected, my mother welcomed her, and when my father found out, he had a panic attack. He immediately imagined the future of that child and his own. I don't know how many times he said no, but my mother stood firm—she couldn't turn away a pregnant young woman. She promised to take Prudencia to the Maternity Hospital in Lima, and she kept her word. Prudencia had at least three appointments there, and my mother personally took her, especially after realizing the baby was in a breech position.

While continuing to take her to the hospital, my mother applied her own protocol to turn breech babies until the baby was head-down. Prudencia screamed in pain but stoically endured my mother's treatment. Finally, the baby was positioned correctly. On the day labor began, my mother noticed signs of preeclampsia - high blood pressure - and tried to find transportation to take her to the Maternity Hospital in Lima, but without success. She consulted a doctor uncle about what to give her to lower her blood pressure and also administered magnesium sulfate, as she knew how to do. She activated her executive instincts and decided to set up a delivery room in her own bedroom, evicting my father.

I was living in Lima and only managed to arrive a couple of hours after the birth of Mónica Úrsula Baca Cabrejos. After nearly five years of legal proceedings, at the age of eight, she legally became my sister. Like my brother and me, she was born at home and grew up there. When the judges asked Úrsula if she knew what adoption was, she gave them a lecture on the subject and firmly said she wanted to be adopted.

Years earlier, my mother had forced the biological father to register Úrsula as his daughter. He resisted, and she threatened to tell his boss. It worked. Officially, Úrsula had both a mother and father, but things didn't go well between Prudencia and Hilario. Like any teenager, Prudencia sought freedom and affection. She fell in love again when Úrsula was two years old and ended up leaving her in the care of my parents. My father resisted as much as he could. When my sister was born, my mother was 61 and my father 67, and he was about to lose his job. He lost the battle, but by then, my little sister had already won his heart. In fact, after losing his job, my father cared for her full-time while Prudencia and my mother handled the housework. At that time, diapers were still washed by hand. From this new role as caregiver, my father guided and supported her throughout her childhood and adolescence. He became the responsible parent in the school's parent association. From the year Úrsula was born, he practically dedicated his life to her.

When I finally convinced my mother that we had an undocumented child and that she and my father could go to jail, she agreed to begin the adoption process. Before that, she had refused out of fear that they would take the child away because of their age. With great faith, we began the adoption process, and the judges allowed my parents to continue caring for Úrsula until it was finalized. It took nearly five years of back-and-forth trips to the Palace of Justice. Court staff would lose documents to solicit bribes, and we had to start over. Then, as if by magic, a lawyer friend appeared, found the missing papers, and unblocked the entire process. Three months later, my mother's last delivery made Úrsula legally part of our family—though from the moment she was born, she had already become the center of our lives.

"Legacy Received"

Today Úrsula is the only immediate family I have, and we live together. Thanks to our father's guidance, she grew up very intelligent and dedicated. By the age of four, she had become a little encyclopedia. Her memory today is extraordinary. She always ranked first in school and received a scholarship throughout her entire education. The same happened at university, where she studied communications and earned two scholarships. Today, at 36 years old, Úrsula has deeply immersed herself in the field of mental health through her role as a communicator, working at the Ministry of Health.

Our roots in health education and vocation were shaped and nourished by our mother. Our father contributed to the development of our skills. Both of us have followed the path of sowers of public health. And both of us gave our best in caring for our mother, father, and older brother during the final stages of their lives. All three passed away at home, well cared for, because we learned this way of caregiving from our mother.

Finally, as part of life's return, the first aid my mother received before her passing was given by Karina, a neighbor whom my mother had cared for since she was a child—and later, her children as well. While I was on my way to Chaclacayo, Karina coordinated with our friend Pepe Pancho Parodi to begin the first procedures to treat my mother's symptoms and ease her suffering. Karina followed the instructions just as my mother would have. She, too, had learned an empathetic way of caregiving centered on the person's needs. Caring is a demanding privilege.

Where Are They Now?

By James Hill

When I retired from PAHO/WHO in March 2014, we located to Saint Augustine, Florida, after selling our house in Silver Spring, MD. After 14 years working for PAHO in external relations, and 10 years with the International Federation of Red Cross & Red Crescent Societies (IFR+RC) in Geneva, we found ourselves living in a condo in Florida. We had come to a point where we had to ask ourselves: *What are we going to do with all of this time on our hands?*

I looked into doing volunteer work with student tutoring, surveying Right Whale movements, sea turtle surveys, and kayaking with the County parks and recreation department. My wife was more interested in joining a community garden.

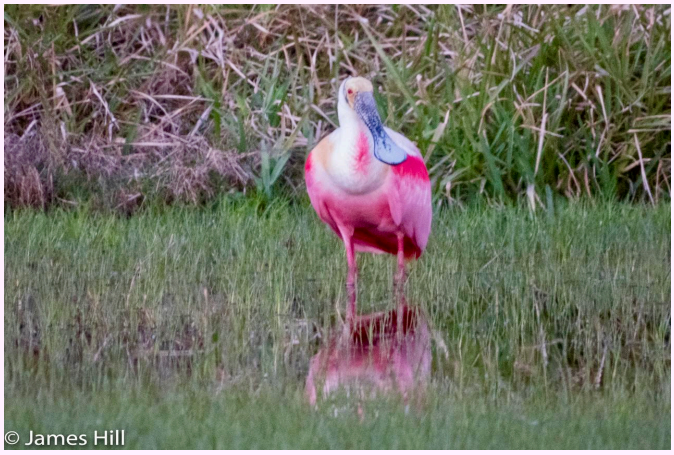
My wife also conducted an internet search for activities in St. Johns County, Florida. She found out that there was a state park located a half mile away from us. According to their website, a volunteer was conducting free monthly guided bird walks at Fort Mose Historical State Park and Anastasia State Parks. So we started joining these walks with a dozen or so other participants. We were amazed by the variety of bird species in Northeast Florida with 359 species being reported just in Saint Johns County.

Initially we learned how to identify the larger birds such as the birds of prey, egrets, herons and kingfishers. Initially my wife and I invested in a pair of binoculars. As we became more adept at spotting birds, we were soon able to identify smaller birds including migratory warblers, vireos, and other passerines. What started out to be a casual hobby soon evolved into a passion for birding as it was an activity that got us outdoors in all sorts of Florida bird habitats such as beaches, marshes and wetlands. When the COVID-19 pandemic hit, it was outdoor activities that preserved our mental health.

I soon grew a bit bored with just observing birds and started to dabble in photography. I borrowed my daughter's Nikon and started taking photos of birds to assist me in identifying them. My daughter eventually wanted her camera back so I started experimenting with various sorts of cameras and long view lenses. A passion for birds and nature evolved into learning about photography and processing photos on my computer. It was not unusual for me to spend two hours observing and photographing birds, and then spend twice as much time just processing and editing my photos. I found that when I was birding or editing photos, I would completely forget about my personal issues or depressing national and

global events. With the aid of the Merlin app, I was able to use my photos to identify birds that I was unfamiliar with.

What I really like about birding is that it is an activity that can be pursued all over the world. My wife is French and we initially believed that there were no more birds left in France. Much to our surprise, we started to identify birds that we had never seen before in the public gardens across the street from our secondary residence in Brittany, and at a local park called the "Étang au Duc". We soon found ourselves doing birding tours in Belize, Cuba, Ecuador, France, Germany, and Northern Ireland. In fact, birding and photography opened up a whole new world for us. After spending most of my career in humanitarian work and public health, I found it a refreshing change observing wildlife instead of trying to understand the challenges of humanity.



I became active in the local Audubon society and I now volunteer to lead guided bird walks in local parks. I have come a long way from the days when I would mistake a Roseate Spoonbill for an American Flamingo. I make it a regular practice to record all of my observations on the E-Bird database set up by the Cornell Labs of Cornell University. In using the E-Bird app, I was able to build up data on birds observed in a local park next to where my wife is active in the community garden. I established the Dr. Robert Hayling Freedom Park as a birding "hotspot" on the E-Bird database with over 165 species of birds. In doing this, I encouraged many other birders to come to the park to observe birds and one of them confirmed the presence of a vulnerable bird species, the Saltmarsh Sparrow. With this data I was able to assist the City of Saint Augustine with a successful application to make the park part of the "Great Florida Birding and Wildlife Trail". This is a statewide program managed by the Florida Fish and Wildlife Commission (FWC). This data was also used to guide the City when it came time to develop the park.

My passion for birds has changed me. When I am chatting with a neighbor outside, I cannot help but be distracted when I hear or see an unusual bird in the vicinity. I have truly developed an "eagle eye"!

Obituary for Enrique Vega Garcia

June 3, 1962- June 4, 2025

By Martha Pelaez

With great sadness, we pay tribute to a friend of AFSM, Public Health and Geriatric Leader in the Region, and a dear friend and colleague to many AFSM members.

Enrique was born in Cuba. He became an internal medicine doctor and obtained his Geriatric training in Sweden. He served in Ethiopia first, on his return to Cuba, he dedicated his life to caring for older persons at the (CITED) - A research center for healthy ageing in the Calixto Garcia Hospital. Later in the Ministry of Health, he was responsible for the national program for older people. Enrique was a professor and a researcher but never forgot the work in the clinic. He was particularly proud of his work with Cuban centenarians.

In 2005, PAHO named him Regional Advisor on Health and Ageing, a young program with few resources and a lack of priority in most Ministries of Health in the Region. However, Enrique knew that was about to change fast. At PAHO, Enrique demonstrated his resilience and ability to find solutions.

With a highly practical vision, he prioritized the development of virtual courses to build competencies in the Region's health systems. Through these courses, he introduced concepts and tools and sharpened the ability of health care centers to respond to the needs of older people: “the new users of health services.”

He worked closely with important allies. In 2002, the Latin American Academy of Medicine for Older Adults (ALMA) was created with the support of PAHO. Enrique was one of the Academy’s Founding Members. ALMA’s mission was to serve as a venue for Professors of Geriatric Medicine across Medical Schools in the Region and to ensure that Geriatric knowledge was systematized and built across medical and public health education.

Enrique knew the need to convene, support, and collaborate with community-based organizations and social services for older adults. Eventually, these partners became essential allies in building Age-Friendly Communities and promoting the Decade of Healthy Ageing.

He became the chief of PAHO's Life Course and Ageing Unit, and when Patricia Morsch was named as his replacement in the Ageing and Health Program, he ensured that the health of older adults would now have two champions within PAHO.

Enrique was a loyal friend and collaborator of AFSM. He counted the days until he, too, would join our ranks. He believed former PAHO staff members were retired from work at PAHO but never from life. He admired the contributions that former staff members continued to make to the health and wellbeing of their communities and often looked for ways to involve us in supporting healthy ageing. His colleagues at PAHO have published an editorial in memoriam of Enrique in the PAHO Journal of Public Health. They write: "Dr. Vega believed that ageing was not a problem to be solved but a natural process to be understood, embraced, and supported. He persistently advocated for a shift in how we feel, think, and act about ageing." We will continue to support Dr. Vega's legacy, "the re-humanization of ageing policy, in research, and practice."

PAHO held a memorial service for Enrique on 12 June. Many colleagues throughout the region joined the service via Zoom. Below is a link to this service.

https://paho-org.zoom.us/rec/play/Adz-ooxGTc6kgrL5MhfL87OTkvtkNG_nqS6XEAzxkDY9ahHfQ2OQZ8wb7y48FgvYT_4Rv7Plqp8-UU9b.7BghQSvD7J3LrO0h?eagerLoadZvaPages=sidemenu.billing.plan_management&accessLevel=meeting&canPlayFromShare=true&from=share_recording_detail&continueMode=true&componentName=rec-play&originRequestUrl=https://paho-org.zoom.us/rec/share/Y88XxqBwrbSl9nWRcu9FcSdl0VnkHney9alt0kK0g3KPGyBRLm9IBJKAQIeb1Cjq._3J9pOFN2TVSKETC

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