NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

Standing in Solidarity with the People of Venezuela and Colombia

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Editorial: A Busy Period

By Hernan Rosenberg

In past years, as summer would end- here in the Northern Hemisphere, of course, winter south of the Equator - we would look forward to the new working year, being refreshed post holidays. Not this year. In case you have not read your emails, as of September 1, you should know that all health insurance claims for reimbursements outside the USA will be handled by CIGNA International (CI), just as it has been in the USA in recent years.

We all hate changing our routines, but there are several advantages from the point of view of our members:

- CI has been servicing UN staff outside the USA for many years (it used to be called Van Breda), so it is used to work with retired PAHO staff
- They have promised to ensure prompter clearance of claims
- CI (sometimes through subsidiaries) has well established links with providers in most countries that should lower costs, both for the system as well as for out-of-pocket expenses of our retirees,
- But most important, in-network providers will not require huge upfront deposits or credit cards payments to accept patients. Just make sure to avail yourself of your local providers' names or of those out of the country, should you be travelling.

This does not mean everything will go smoothly. Like all changes, there will be hiccups. AFSM has been following carefully the process and intervened several times to ensure training or issues are taken care of in a timely manner. And we have identified some still unresolved topics as of early September:

- The discontinuation of acceptance of claims mailed rather than electronically filed, an issue that especially worries our more senior members
- The fees charged by some local banks when they receive external deposits, such as reimbursements
- The difficulty of including local banks in some cases as channels for reimbursements

We are working on following up on those issues. Those who can, should consider using a US-based bank (such as the renamed *Bienestar* Federal Credit Union), at least temporarily.

In general, the experience with CIGNA for those of us in the USA, after overcoming our own hiccups, has been improving over time. Please be sure to contact us as issues come up, especially those that are systemic, rather than individual.

This is but another example of the value of your association. While it may not always be obvious, we do care for the welfare of ALL our members, regardless of place of residence. Of course, if you are reading this you are aware of it, but you may wish to share this with other colleagues reticent to join us.

And at the risk of sounding like a broken record (remember those?), all these interventions on behalf of our members require analysis, preparation and lobbying. In other words, people. We urge you to become as active as you can, by joining an activity to which you feel you can contribute. Which brings me to the fact that we are facing an election as the year finishes. Please consider putting up your name for election or, with his/her agreement, offering the name of somebody you think would enhance our impact.

Finally, you will see that we are adding a new set of articles to the newsletter on the impact of your work in PAHO on the Public Health of the Hemisphere. At a time where the multilateral system, and PAHO-WHO in particular, are under scrutiny, it is important for you to appreciate that you did not waste 30 or more years of your life working there; you should recognize that you did have a very positive impact on the population, and that should have been the highest-level goal for all of us. This does not mean that the Organization could not work better, but we must fight so the baby is not thrown away with the bath water.

Welcome to our new members!

Gina Tambini-Gomez – Peru

Eugenia Maria Rodrigues – Brazil

Carlos Walter – United States

Marcos Calderon – Peru

Carlos Eduardo Alvarado Delgado - Costa Rica

Welcome to the September Edition

By Gloria Coe, Guest Editor

We are excited to bring you an exceptional Newsletter! Knowing the importance to our readers of articles on health and pension, we begin here. In Carol Collado's article *Health Update,* she presents recent changes incorporating Cigna as administrator of health claims of the entire region, not just the USA, as well as other important information on health. This is followed by highlights of a recent article published by Oxford Academic in *Age and Ageing* that seems to indicate an important role of selected vaccines in the health of older adults. The article, written by Vilma Gawryszewski includes a link to the *Age and Ageing* article on our AFSM website.

This is followed by Rolando's article on our Pension that is in a strong financial position.

We are grateful to our colleagues, friends and fellow members for Getting Involved and expressing their gratitude for the privilege of working for PAHO. These stories amplify and strengthen our understanding of PAHO's important role across the decades in regional and national health initiatives, its work, broad influence, and achievements to ensure health and wellbeing for the peoples of the Americas.

We invite you to read beautiful heart-felt stories by Eugênia Maria Silveira, Hugo Prado, Matilde Maddaleno, and Jose Ramiro Cruz. They are followed by historical articles by Nancy Berinstein on PAHO's Fellowship Program and Hortensia Saginor as AFSM's Membership Officer from 1994-2024.

The succeeding section presents an overview of two recent devastating earthquakes in Venezuela in June written by Vilma Gawryszewski and in Colombia in August written by Alberto Concha-Eastman.

We explore in the September Newsletter an option to short articles, by including a lead paragraph in the Newsletter with a link to the longer article on our AFSM website. This is a story written by a younger wife of a husband she refers to as doctor, an AFSM Member, about the last years of his life; a life with dementia. Her story, *Living and Forgetting*, presents daily life with someone who slowly loses at times regains his connections. The article expresses day by day engaging her heart and life. We believe you will enjoy!

The last wonderful segment presents stories and colorful pictures of members traveling the world: Yvette Holder's celebration with her family of her 75th birthday in Southeast Asia, Mena Carto's and her husband's enjoyable visit to Buenos Aires with Mirta Roses and Spanish classes; and Marilyn Rice's visit to the Maasai people of southern Kenya. We conclude this edition with an important Milestone of PAHO's history by Gloria Coe.

It Does Take a Village to prepare our quarterly Newsletter. Special Thanks to:

our many authors who contribute to each edition of our Newsletter, to those who present reviews of recent events, publications, and travels, and to those who sent heartfelt stories of their wonderful years working with PAHO. We also extend special thanks to our editors, translators, and layout artist who routinely, for each edition, carefully review, format and organize our articles for both our English and Spanish Newsletters. Each of us, as members of our AFSM family, thank you for your time and generous support preparing and publishing our Newsletters.

You, our readers, are the most important members of this Village. In this Newsletter, we are experimenting with various formats, articles of about 800 words and several articles with a link to our AFSM website.

We welcome your observations, suggestions, critiques – we look forward to hearing from you, by means of afsmpaho@gmail.com. Thanks

Health Updates

By Carol Collado

SHI, Cigna, and those residing outside of the USA

As reported earlier, PAHO is negotiating with Cigna to administer SHI in the Americas. For 4 years Cigna has administered our health insurance in the USA; in general, it has received positive reviews. We believe this decision will prove advantageous for our participants. Because of bureaucratic reasons, the change was somewhat precipitated and will cause some anxiety for our members. One thing is clear: **there is no change in our insurance!**

Many of you will find using the Cigna network facilitates identifying service providers and claim processing positive. The network presently exists in most countries, and Cigna is continuing to build it as part of their PAHO contract. For example, hospital admission may not require initial upfront payment, costs may be less if the health service is in network, and there are other benefits available.

If you missed the orientation sessions with SHI and Cigna, please find the slides, and soon summaries from the additional retiree orientations held in September in English and Spanish, on the AFSM website (afsmpaho.com).

Some things to clarify:

Registration: By now all participants in SHI should have received an invitation from Cigna to register. (If you have not done so, please contact SHI. (nieveso@paho.org or marrerok@paho.org) or Cigna (paho@cignahealthcare.com).

Registering is an opportunity to ensure your information is current. If you have not registered and live outside the USA, to ensure you are connected to the Cigna network, please re-register even if you were previously given a Cigna card. The original message from Cigna to register was valid for 7 days. If you did not register during that time, you will have to request another registration message from paho@cignahealthcare.com.

During the registration, you will be asked to identify the currency in which you want to receive your reimbursement. Information is now available so that you can claim reimbursement in the currency of your country or you may choose to be reimbursed in dollars, for example, through the Credit Union.

Submission of Claims: Cigna will process claims for services received after August 1, 2026. Please continue to send claims for services received through July 31 to PAHO, as you have been doing. The written claims submission process is different from SHI Online. The claims submission process is different from the SHI Online so make sure to read carefully, take advantage of the option to check your claim before submitting and work when you can direct full attention to a new way of doing.

Cigna originally proposed to begin accepting claims by mid-August, but security and privacy issues are delaying this until the end of the month. If you have anything urgent before then, please contact your SHI person or Cigna (see above email).

Advanced payments are available for hospital admissions, please contact Cigna. Be sure to check our Rules, (available on the AFSM website: afsmpaho.com) to ensure you comply with preauthorization, if applicable. Services that require preauthorization can be conducted through CIGNA or PAHO. Once authorized and given, the authorization should be submitted with the claim to CIGNA.

Presently under discussion are:

Paper submission of claims: We believe that those who wish to use paper to submit claims should continue to have this privilege. We are working to see how this can be arranged for those using paper.

Bank Transfer Fees: Because in some countries, administrative fees have been charged for bank transfers, we are discussing how to ensure this does not apply to payments of claims. Cigna has stated that bank fees incurred would be paid by them, and it is noted on their explanation of benefits. Since this will be a new feature for some, and your bank wants to charge you transfer fees, please first check with your bank to see if the fees have been received and then notify Cigna if you find the problem unresolved.

AFSM is committed to assisting members proceed with this transition, and we will continue to keep you informed of progress as we move ahead.

Health in the News

Measles: In 2026, through late July, the Region of the Americas reported 47,026 confirmed measles cases from 17 countries and territories representing approximately a 5-fold increase compared to the same period in 2025. Guatemala (30,040), Mexico (12,233), the United States (2,318) and Canada (1,107) accounted for the majority (97%) of confirmed cases. Additionally, 48 deaths have been reported. Recent conditions in Venezuela and Columbia, due to the earthquakes, have produced concern for the risk of outbreaks of this highly contagious disease, although there have not been any reports so far.

Prevention through vaccination remains the principal strategy. Quick identification (initial symptoms include high fever, runny nose, bloodshot eyes, small white spots on the inside of the mouth, and bodily rash starting on face), and monitoring of those with compromised health is important.

COVID 19: True estimates of the cases of Covid-19 are hard to obtain especially since there is no guaranteed monitoring or reporting being done, However, it was noted that during the Spring and Summer, increases were reported in some countries in Central America, the Caribbean, Tropical South America; Northern Europe; Western and Eastern Africa; and Southern and South-East Asia. In the US, for example, 34,248 new cases were reported in the 28 days before July 26, 2026. Research continues to identify particles of the Covid virus as probable cause of Long Covid, leading to treatment focusing on reducing inflammation.

Research continues to identify particles of the Covid virus found in many bodily systems as the probable cause of Long Covid and the treatment so far is focusing on reducing inflammation.

Dementia: The World Health Organization (WHO) on 16 July 2026 released the second edition of guidelines to reduce the risk of cognitive decline and dementia, thereby providing countries with evidence-based recommendations to help prevent or delay the onset of dementia across the life course. In addition to discussing promotion of healthy behaviors and management of health conditions associated with the increased risk of dementia, it introduces recommendations to reduce exposure to environmental risk factors and to implement tailored multidomain interventions. The guidelines[1] also identify areas where evidence remains insufficient and further research is needed. Since the first edition

[1] https://www.who.int/publications/i/item/B09867

[2] https://jamanetwork.com/journals/jama/fullarticle/2849336?guestAccessKey=6af31684-441b-4594-8d3d-3dbf8ccb76f6&utm_medium=email&utm_source=postup_jn&utm_campaign=article_alert-jama&utm_content=etoc-tfl_&utm_term=061626

of the guidelines[2] was published in 2019, evidence supporting individual-level, multi-domain and population-level interventions have strengthened. The recommendations in the guidelines are organized into three groups: interventions promoting healthy behaviors and lifestyles for dementia risk reduction; treatments or management of health conditions or biological states that are associated with an increased risk of dementia; and interventions addressing environmental risk factors.

Harvard published a document recommending the practice of tai chi to improve cognitive function. They refer to the belief that, since about two decades ago, it was believed that your brain only produced new cells early in life. However, research has shown that the brain changes throughout your life span, growing new cells, making new connections, and even increasing in size. This new awareness of possible changes that can improve cognitive function led to the knowledge that various forms of exercise, including tai chi, can help.

Alzheimer: There is a very good article in the Journal of the American Medical Association[3] that explains risks, new treatments to help prevent the disease(s), encourages treatment methods to help slow progress of the disease if it manifests, and responds to other questions we may have.

Alcohol: Recent research identifies the risks to health with even limited consumption of alcohol. Alcohol consumption in the Americas is approximately 40% higher than the global average, therefore it is prudent to include this topic. Evidence demonstrates that alcohol contributes significantly to the burden of disease in the Region and is associated with noncommunicable diseases, mental health disorders, injuries, and violence. Consumption of alcohol is a personal decision. However, it is highly recommended that each person's decision should be based on a solid knowledge base used to assess individual risks of illness from the 200 diseases with which alcohol consumption is identified.

Other: Mosquito borne diseases continue to pose threats in all areas where found. Since our last Newsletter, PAHO issued an Epidemiological Alerts regarding:

- Measles; (please see comment above)
- Diphtheria, due to the less-than-ideal vaccine coverage and to encourage countries to prepare to deal with outbreaks;
- Influenza, risks identified in the southern hemisphere and encouraging vaccination;
- Dermatophilus, a skin disease, normally found through contact with animals but recently appearing in Europe in men with physical or sexual contact with other men.

The 2026 Global Digital Collaboration Conference will be celebrated in Geneva from 1-3 September. The Conference brings together government, international organizations, technical experts and private-sector partners to advance collaboration on trusted digital systems and cross-border digital solutions. A key focus will be to develop secure, portable and trusted digital health wallets, including governance, technology, standards and partnerships needed to enable verified health information to move securely with individuals across health facilities and borders.

Stay healthy! Some advice for maintaining your motivation: getting fit. Staying consistent is mainly about building a system that still works even when conditions are not perfect. It is important to start at a realistic level, use a flexible plan, track progress honestly, and allow enough recovery time. Together, these elements create healthy lifestyles that can last for months. Long-term results depend more on consistency and routine than on any single training plan.

Joint Staff Pension Fund — Executive Summary

By Rolando Chacón

The United Nations Joint Staff Pension Board held its 84th session in Vienna from 27–31 July 2026, reviewing the Fund's financial, actuarial, investment, governance, benefits and administrative performance.

KEY HIGHLIGHTS:

- **Strong financial position:** The 2025 actuarial valuation confirmed that the Fund remains financially sound, with required contribution rates within the established funding policy target.
- **Investment performance:** Assets under management increased from **US$95.4 billion in 2024 to US$107.7 billion in 2025**. The Fund's 15-year real rate of return was **4.21%**, exceeding its **3.5%** long-term objective.
- **Modernization:** Continued progress was reported in digital services, automation, cybersecurity, data management, cloud operations, system modernization and the targeted use of artificial intelligence.
- **Risk and governance:** The Board noted progress in strengthening enterprise-wide risk management, internal controls, accountability and transparency.
- **Benefits:** The Board reviewed currency impacts on pensions, small-pension adjustments, the Emergency Fund and proposed regulatory amendments.
- **Financial reporting:** The 2025 financial statements received an **unqualified audit opinion** and were approved for submission to the General Assembly.
- **2027 budget:** The Board recommended a **US$177.4 million** budget for 2027.

OVERALL: The session reaffirmed the Fund's **strong financial position and long-term sustainability**, while emphasizing continued modernization, effective risk management and high-quality service to participants and beneficiaries worldwide.

Please make sure your personal information is always up to date in the Fund's records. If you are a participant, these changes must be reported through your HR partner. If you are a retiree/beneficiary, please contact the Fund directly and submit related documentation.

Can Routine Vaccines Protect Against Dementia?

New Evidence Suggests They Might

By Vilma Gawryszewski, MD, PhD

Dementia is one of the major global public health challenges. This includes Alzheimer's disease, vascular dementia, and other progressive neurodegenerative disorders.

A systematic review involving more than **104 million participants** suggests that routine adult vaccination is consistently associated with a lower risk of developing dementia, including Alzheimer's disease.

The **strongest association** between taking a vaccine and lower risk of dementia were found for the following vaccines:

- **Shingles vaccine** to prevent herpes zoster;
- **Pneumococcal vaccine** to prevent Streptococcus pneumoniae infections;
- **Diphtheria-tetanus-pertussis vaccines (DPT)** to prevent tetanus, diphtheria, and whooping cough;
- **Flu vaccine** to prevent influenza.

Let's get vaccinated!

Despite growing evidence of the benefits of adult vaccination, coverage remains low.

According to the **WHO**, fewer than 60% of older adults in most high-income countries receive the annual **flu vaccine**, and uptake of **shingles, pneumococcal disease, and Diphtheria-tetanus-pertussis vaccines (Tdap) vaccines** are even lower. In low- and middle-income countries immunization rates are lower still.

Why might this happen? Scientists still don't know for certain. Vaccines may help protect the brain by preventing infections and reducing the harmful chronic inflammation that contributes to cognitive decline.

While these findings show an association—not a cause-and-effect relationship—they suggest that vaccination may support healthy aging and reduce the risk of dementia.

Could vaccines become a standard part of preventive care for adults aged 50 and older?

Want to learn more? Open the link to read the full article
https://pmc.ncbi.nlm.nih.gov/articles/PMC12636520/

PAHO's work on the Decade of Healthy Aging: Lessons for Former Staff Members

By Martha Pelaez

We have always believed that our work in our respective PAHO units made a meaningful contribution to public health in the Americas. Now, we not only contribute but also benefit in a meaningful way from the work of the Aging and Health unit.

PAHO's work provides important, evidence-based information that can help us stay physically, mentally, and socially active.

Although the Decade of Healthy Aging began in 2020 amid COVID-19, the resurgence of several infectious diseases, and significant budget and staffing cuts, its lessons remain highly relevant to more than 125 million older adults in the Region, particularly to PAHO retirees. If you have not viewed the Decade's work, we encourage you to do so by visiting its web page: https://www.paho.org/en/healthy-aging.

PAHO invites us to attend the webinar on regional findings of the Decade. To participate:

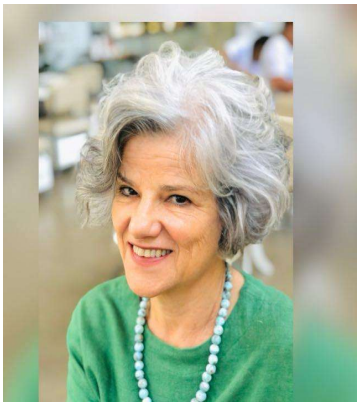
- Date**:** Monday, October 5, 2026
- Time**:** 10:00 - 11:30 a.m. (EDT)
- Registration**:** https://paho-org.zoom.us/webinar/register/WN_iLQWjQCmSr-kJue0vtfK1g
- Languages**:** Simultaneous interpretation to Spanish, Portuguese and English.

CHANGES IN CONTACT INFORMATION?

Let us know! It is important for us to keep in touch. If you moved or changed your email address, phone number, please send the new information to our Membership Chair Karen Gladbach at gladbach.afsm@gmail.com

Working at the Pan American Health Organization (PAHO)

By Eugênia Maria Silveira Rodrigues[4]



I joined PAHO with twenty years of experience as a public health physician in Brazil, working at different levels of government, including the municipal level, a university hospital, and the Ministry of Health. These experiences paved the way for my new challenge of working in an international organization.

My first year at PAHO was in Brasília, followed by 14 years in Washington, until my retirement at the end of 2020. My work focused on developing guidelines for the health sector, in partnership with other sectors, and on strengthening commitment and accountability for the prevention of traffic injuries and deaths, which are globally one of the leading causes of death among young men.

We began by coordinating the collection and analysis of data from Member States to assess and monitor the situation regarding traffic injuries and deaths, vehicle fleets and vehicle safety, transportation policies, pre-hospital care systems, and the adequacy of legislation on issues that contribute to the occurrence of injuries, such as regulations on alcohol consumption by drivers, the establishment of safe speed limits, helmet use by motorcycle and bicycle riders, seat belt use, and child restraint systems. The compilation of this data resulted in detailed reports that guided the work of countries. A series of manuals providing guidance on each of these topics was published in partnership with the World Health Organization (WHO). Many of these publications became important tools for advocacy and raising awareness.

The mortality rate from traffic injuries remained stable, at 15.8 per 100,000 inhabitants in 2007 and 15.6 per 100,000 in 2016, despite a significant increase in the motorization rate (the number of motor vehicles per 1,000 inhabitants), from 430.45 per 1,000 inhabitants in 2007 to 529.9 per 1,000 inhabitants in 2016. It is important to call attention that in the Region of the Americas, 142,252 people lost their lives in traffic crashes in 2007, compared with 154,997 in 2016[5].

I would like to highlight some of the most important lessons I learned: respect for the diversity of countries and the importance of valuing that diversity. Building each relationship with an approach that could help strengthen and expand the capacities that already existed, through an exchange of knowledge rather than the imposition of rules that would not necessarily work for everyone. As a regional organization, our approach emphasized the importance of bringing together relevant stakeholders within countries so they could work toward a common goal.

We learned the importance of giving low- and middle-income countries a stronger voice in the technical committees of WHO and PAHO, which until then had been represented mainly by high-income countries. This change helped strengthen the inclusion of pedestrians, cyclists, and motorcyclists in mobility policies and in the design of public spaces.

To experience and learn about the value of partnerships with civil society. We published materials with these NGOs, which helped put a human face to the various statistics presented in the reports. This

[4] Former Regional Advisor for Traffic Safety, 2005 - 2020

[5] The years 2007 and 2016 were the ones available in the Regional Reports published during the 2005–2020 period.

reiterates that our work with a collective approach aims to prevent and/or minimize the pain and suffering of each individual.

We supported the work and creation of non-governmental organizations led by young people and families of victims of traffic injuries. We hosted the first meeting of victims' families in Washington, which later contributed to the creation of the Ibero-American Federation of Victims Against Traffic Violence. This was an opportunity to experience and learn about the importance of partnerships with civil society. We work together with these NGOs developing publications to put a human face on the statistics presented in various reports. The collective approach to this work was aimed at preventing and/or minimizing the pain and suffering experienced by individuals and families.

We invested in partnerships with universities, some of them WHO/PAHO collaborating centers, to train colleagues from country offices so they could become leaders and replicate in their own settings what we were doing at the regional level. We also trained journalists, recognizing the important role of the media in this work.

These years were shaped by learning through dialogue, reflection, collaboration, and respect for the knowledge and potential of each person and each country, inspired by the Brazilian educator Paulo Freire. I always believed that the seeds were not only in the documents, but above all in the people. To stimulate reflection, observation, and discovery, and in this way contribute to change and improvement through a continuous process of exchange and learning.

Building together. Partnerships. Friends. Learning and growth.

And living in Washington was a privilege...

The Pan American Health Organization

During a Historically Significant Time for Central America

By Hugo Prado Monje

In 1976 I began my international professional life as Deputy Delegate for the Americas of the League of the Red Cross, Red Crescent and Red Lion and Sun Societies, currently the International Federation of the Red Cross and Red Crescent (IFRC). My headquarters was in Managua, Nicaragua and I provided technical cooperation to the Red Cross Societies of the region in the development of their health, disaster preparedness, and response programs.

I worked for ten years at the Red Cross, six of them as head of the regional office for the Americas at the Headquarters in Geneva and acquired experience in emergencies of all kinds, essential experience for my subsequent work at the Pan American Health Organization/World Health Organization (PAHO/WHO).

In the late 1970s, Dr. Claude de Ville de Goyet, PAHO/WHO staff member in charge of establishing the health sector disaster preparedness program (PED), visited our office in Managua where we agreed that the Red Cross would collaborate with literature, visual material, and advice useful for the development of the aforementioned program.

PED in Washington grew rapidly. I was invited to collaborate in the preparation of Scientific Publication No. 407 “Emergency health management after natural disaster[6]” published in 1981, an essential document for the establishment of disaster preparedness programs, a document updated in 2000 as Scientific Publication No. 575 “Natural Disasters: Protecting the Public’s Health[7]”.

In 1984 the Organization established a subregional PED office that covered technical cooperation in Central America. I competed for the position as Head of said office and was able to join PAHO/WHO in 1985 with headquarters in Costa Rica.

The establishment of this office coincided with the time of armed struggles in Nicaragua, Guatemala, and El Salvador, which resulted in thousands of refugees and displaced people going to Honduras, Belize, Costa Rica, on top of the political problems in Panama. The situation required specialized technical cooperation from PAHO/WHO to prepare for, prevent, and mitigate health problems resulting not only from natural disasters but also from armed conflicts.

In this period, the Organization shone with its own light by promoting the initiative “Health as A Bridge for Peace[8]” where, using medical care programs and “immunization truces,” the protection of the

[6] https://pesquisa.bvsalud.org/portal/resource/pt/des-718?lang=en
[7] https://books.google.com/books/about/Natural_Disasters.html?id=01azdxh3nu0C
[8] https://iris.paho.org/items/7736e1a2-c0a4-48cd-ac6b-751bac1b52da

population was promoted, and health dialogue was facilitated during a time of hostilities. In February 1990, PAHO participated with thirty professionals as part of the observer mission in the elections that took place in Nicaragua.

Special mention should be made of the Organization's work regarding the demobilization of the so-called "Contra" in Nicaragua and the Farabundo Martí National Liberation Front in El Salvador. In both instances, I was asked to coordinate PAHO's participation in epidemiological surveillance and basic health care activities during the demobilization process, including visits to these groups' camps to discuss operational details.

In coordination with United Nations (UN) missions, as part of the International Support and Verification Commission of the Organization of American States (OAS) and the operational participation of Doctors Without Borders (MSF), we established reception camps for demobilized people. In general terms, the UN was responsible for the receipt and destruction of the weapons, the OAS for the receipt and subsequent settlement of the displaced people, and PAHO with MSF for the initial health checks and decisions about treatment or hospitalization if necessary. The epidemiological information was transmitted from the field to the PAHO country offices by radios that we installed on a 20-meter frequency.

Among other experiences during this historical period, I remember my visits to ~~the~~ refugee camps such as Mesa Grande and Colomoncagua, administered by the United Nations High Commissioner for Refugees, to provide advice on epidemiological surveillance, environmental sanitation, water provision, vector, and rodent control.

During that period, we responded to natural disasters such as earthquakes, hurricanes, volcanic eruptions, and tsunamis, among others.

PED incorporated young professionals from international cooperation from Belgium, Italy, Spain, and Japan. We gave office space and operational support to programs such as: Supply Management in Disaster Cases (SUMA), the Regional Documentation Center for Disasters (that was later transferred to the facilities of the National Emergency Committee of Costa Rica), the delegation of the United Nations Decade for Disasters, the International Committee of the Red Cross's H.E.L.P. program, among others.

In addition to technical cooperation provided to the countries' health sectors and emergency agencies, we collaborated ~~worked~~ with the regional delegation of the IFRC and the United States Office for Foreign Disaster Assistance, both in Costa Rica, and with specialized agencies of the UN and the Organization of American States.

Official documents, mission reports, and historical records from this period are preserved in the PAHO/WHO library in both IRIS and the Virtual Health Library, so I have limited myself to mentioning a few intimate and dear memories, enriched thanks to the magnificent work of PAHO/WHO throughout that historical era.

PAHO: A School of Excellence and a Transformative Vision for the Health of Adolescents and Young People

Por Matilde Maddaleno

There are professional experiences that transcend work and become part of one's identity. For me, having had the privilege of working for 18 years at the Pan American Health Organization (PAHO) was one of them. Looking back, I can only feel deep gratitude for having been part of an institution of excellence, committed to improving people's health and reducing inequalities in the countries of the Americas, especially among the most vulnerable populations.

PAHO was much more than a workplace. It was a school of public health, international cooperation, and leadership. It was a space where I learned that big changes require vision, perseverance, and, above all, trust in people. Thanks to the support of its leaders and colleagues, I had the opportunity to innovate, build alliances, and contribute to the development of initiatives that today continue to generate impact in numerous countries in the Region.

When I took on the responsibility for the Regional Adolescent and Youth Health Program, the reality was very different from what it is today. At that time, many people asked: "Why devote resources to adolescents when they are a healthy population?" There was a perception that adolescence was merely a transitional stage, without the understanding that the foundations for lifelong health, well-being, and opportunities were built precisely during those years.

PAHO's strategic vision made it possible to change that paradigm. With the institutional support and commitment of the countries, we managed to promote a regional agenda that set the health of adolescents and younger people as a public health priority. Conceptual frameworks, strategies, national policies and programs were developed that, proudly, still remain in place in many countries and continue to benefit new generations.

One of the greatest learnings was understanding that no transformation is achieved alone. The success of the program was possible thanks to close collaboration with ministries of health, universities, civil society organizations, international organizations, and cooperation agencies. We built regional networks of professionals committed to the same purpose: to guarantee that each adolescent had the opportunity to grow up healthy, protected, and with access to quality services.

Beyond documents and policies, the most important legacy has been the development of human capacity. Over those years, we supported the training of hundreds of professionals across Latin America and the Caribbean. Many of them are now national program directors, researchers, academics, and leaders who continue to promote public policies to improve the health of adolescents and young people. Seeing them take on these roles is, without a doubt, one of the greatest satisfactions of my professional life.

Innovation was another hallmark of that stage. PAHO always had the ability to anticipate emerging challenges. When distance education was still a nascent idea and virtual platforms were just beginning

to develop, we promoted regional training programs using new technologies to reach professionals from all countries. That experience allowed us to create a critical mass of specialists who today lead programs, scientific societies, academic teams, and health services throughout the Region.

Working directly with adolescents, younger people, and their families also provided profound lessons. They constantly reminded us that public policies only make sense when they improve people's daily lives. Listening to them, incorporating their participation, and recognizing them as protagonists of their own development was one of the most important transformations we experienced during those years.

International cooperation also taught me the immense value of solidarity among countries. Sharing successful experiences, learning from one another, and building collective solutions enabled much faster progress than if each nation had worked in isolation. That capacity to generate shared knowledge remains one of PAHO's greatest strengths.

Today, as I remember those 18 years, I feel immense gratitude towards the institution and towards all the people with whom I had the privilege of working. PAHO was a visionary organization that understood early on the importance of investing in adolescents and younger people as a strategy to build healthier, more equitable, and sustainable societies.

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Being part of PAHO was one of the greatest honors of my professional life. Its mission, its values, and its permanent commitment to equity left an indelible mark on my way of understanding public health. For this reason, my gratitude remains intact: thank you PAHO, for having been a school of excellence, a visionary institution, and a community of people convinced that working for the health of those who need it most is always worth it.

How PAHO Enriched My Life: A Personal Reflection

By José Ramiro Cruz López

My time at the Pan American Health Organization (PAHO) not only shaped my professional career; it broadened and strengthened my understanding of public service, health as a right, and the ethical responsibility of working for the well-being of others. PAHO offered me a space where science, solidarity, and moral conviction intertwine to produce real changes in the lives of millions of people.

During the time I served with the Organization as Regional Advisor for Laboratory and Blood Services, I discovered that public health is, above all, an act of humanity. PAHO allowed me to see up close the diversity of our countries, their challenges, their strengths and, above all, the ability of their people to move forward when they have institutions that support them with technical rigor and respect.

A journey that became a mission: My training as a Biological Chemist specializing in Microbiology at the University of San Carlos of Guatemala, followed by a Master's in Tropical Public Health and a Doctorate in Virology and Immunology at the Harvard School of Public Health, prepared me for a solid scientific career. However, it was at PAHO where that training acquired its true meaning: serving the peoples of the Americas. In my early years at the Organization, I worked simultaneously in two critical areas: public health laboratories and blood services. Both were essential for epidemiological surveillance, transfusion safety, and responses to health emergencies. I soon understood that the magnitude and complexity of each field required full-time dedication. With technical and operational evidence, I was able to justify the creation of a specific and permanent position for a Regional Advisor on Public Health Laboratories, a need that PAHO recognized and addressed. That position was filled by Jean Marc Gabastou, who had been my Associate Professional Officer. That strategic decision allowed me to concentrate my efforts on the area where my contribution could be deeper: transfusion safety in Latin America and the Caribbean, an area in which, thanks to specific funding from national agencies and private foundations, I had the privilege of working with an exceptional team. Marcela García Castro, Mirna Pérez, Malhi Cho and María Dolores Nieto, together with Jean Marc Gabastou, provided technical leadership, operational creativity and strengthened teamwork, that was critical in achieving regional progress. It was recognized by PAHO's leadership, who awarded us recognition as an Extraordinary Work Team in 2004.

Our contribution to blood services: PAHO gave me the opportunity to lead a regional transformation process that to this day continues to save lives. Among the most significant contributions are the modernization of blood services in multiple countries; the development and promotion of technical standards that raised the safety of blood components; the coordination of policies that strengthened altruistic donation as the cornerstone of national blood systems; the creation of operational models that linked production, distribution, clinical use, and governance; and the generation of scientific evidence that is now part of the regional and international literature.

My academic work in this field —along with my publications in virology, immunology, and nutrition during my time at INCAP— reflects decades of work dedicated to improving the health of the peoples of the Americas.

What I value most, what PAHO brought to my life: On a human level, PAHO gave me a community of exceptional professionals. With them I learned that international cooperation is a network of wills that come together to protect lives. On a technical level, the Organization allowed me to develop a comprehensive vision of health systems, especially in the field of blood transfusion safety, where I was able to make a significant impact. Ethically and vocationally, PAHO reaffirmed my conviction that public service is a way of life. My motto —primum beneficiary— found in the organization its best setting to become a daily practice. All of this made me a happy, grateful person, more committed to the general well-being of people, feelings that continue to fulfill me.

This note is not just a summary of my professional life. It is a testament to the impact that an institution like PAHO can have on those who serve it and on the people who depend on it. PAHO not only enriched my life, it transformed it. It gave me the opportunity to serve, to learn, to lead, and to grow. And it allowed me to contribute to causes that transcend borders and generations. This note is also an expression of gratitude to PAHO, to its teams, to its values, and to its mission; to the institution that taught me that science is service, that health is dignity, and that cooperation is hope.

WHO/PAHO's Fellowships Program

By Nancy Berinstein

Once upon a time there was something called The Fellowships Program. It was nestled on the 7th floor of the PAHO Building, and many staff members had no idea what we did. We were a large Program with a very large budget– in Human Resources for Health under Dr. Jose Roberto Ferreira and before him, Dr Ramon Villareal. What made us unique was that a significant part of our time and effort was spent working with our WHO Regional Offices counterparts – SEARO, WPRO, AFRO, EURO, EMRO, and GENEVA/HQ. We usually not use Spanish but instead did our best to decipher accents and languages from all over the globe.

The concept of a Fellowships Program began in the beginnings of WHO in 1948 when it was recognized that Fellowships could be an effective means to prepare skilled health care workers to meet country's needs.

Fellowships Programs were established in all WHO Regional Offices along with rules and regulations coordinated by Geneva. Fellows came from around the world to AMRO to pursue training opportunities in public health and related fields. Selection of nominees took place at country level and were based on national health priorities. The nominations were forwarded through the WHO Regional Offices to the PAHO Fellowships Program who organized their training programs. We did the same for Fellows from the Americas to study here and abroad.

Member countries contributed funds for Fellowships and nominated candidates for studies ranging from a few weeks to 5 years for doctorate degrees. Recipients received funding for travel, stipends, and for visas. Final selection of Fellows rested with the Fellowships Officers in Washington and training institutions who reviewed applications, consulted with PAHO technical offices, arranged placements, travel programs, and, when necessary, worked with the US Department of State to ensure Fellows could enter and study in the USA

The Fellowships Program built strong relationships with universities, research institutions, government offices, and hospitals in the Americas. For example, we sent groups to study Nursing in Cali, Colombia; Health Planning at Johns Hopkins University in Baltimore; and epidemiology at The Centers for Disease Control and Prevention (CDC) in Atlanta.

When AIDS became a worldwide epidemic, we coordinated programs with the National Institutes of Health (NIH) in Bethesda and the CDC for researchers and health workers. Global health was enriched and frequently long-term valuable relations were established.

I began working in Fellowships in 1968 with SEARO. I quickly learned that this work required patience; sending a memo to New Delhi by diplomatic pouch and receiving a response usually took many weeks. There were no computers, WhatsApp, or texting; I smile when thinking just how differently things are today!

Fellowships Officers organized individualized training programs for Fellowship recipients; we were often the only people they knew, or knew of, upon arrival in the USA At times, when the need arose, we became cross cultural psychologists. Surprisingly, this occurred on many occasions; but this is for another article!

Our work gave us a special view on what was happening politically and culturally across the world; Burma became Myanmar, Ceylon became Sri Lanka. We enjoyed working with Fellows from Afghanistan, Bhutan, Bulgaria, India, Pakistan, the Philippines, the Maldives and even a few countries we had never heard of before!

There came a time when China decided to use the WHO Fellowships Program to slowly open the door to the United States. Initially, a few individuals were sent to Washington. Both men and women wore the Mao suits. There are probably readers who remember the simple brown outfit that Chairman Mao wore that was imitated across the country. They often spoke poor English, despite good language scores; and it was particularly challenging for us to place them. It took some years for things to normalize but, in time, large groups of Chinese began to arrive together for travel and training. They no longer wore Mao outfits and, instead, reflected a country that had come out of isolation. And their incredible resilience and work ethics were notable

When Cuba was isolated from much of the world, it was the Fellowships Program that worked with the US State Department to issue visas and bring individuals for graduate studies in public health. Additional fellowships permitted Cubans in other fields to come for much needed training after many health professionals left the country. Eager young people stepped forth to study and work for the betterment of their country.

The Fellowships Program was in many ways a resounding success. Globally it ensured advanced education and cultural exchange of health personnel to strengthen health systems, health care, research centers, university faculties, and support global ties. Some former Fellows joined the staff of WHO and PAHO; became Ministers of Health. This is thanks to the thousands of men and women, our Fellows, who studied abroad.

In a sense we were no longer needed. Our work was done!

AFSM Membership Officer: 1994-2024

By Hortensia R. Saginor

AFSM played an important role keeping former staff members connected with colleagues, the broader PAHO family, and remaining informed. I joined the Association in 1994 at the invitation of Jaime Ayalde and Dana Dashiel. At that time, the Board of Directors included Hans Bruch, President; Jaime Ayalde, Vice President; Mercedes Segarra, Treasurer; Jean Surgi, Secretary; and members Guillermo Dávila and Renate Plaut.

Membership Officer Role

About a year later, I accepted Hans Bruch's invitation to *learn the* Access Program, coordinate our database, membership, the Directory and others. I purchased the Excel program and went to Hans' home to learn the program and continued to manage and update the database and invite and welcome new members. An important role was to annually update the AFSM Directory and send to all members, PAHO and WHO authorities. the Credit Union, the UN Pension Fund, AFICS, and other international retiree associations. I sent letters of welcome to new members, wrote obituaries, and informed the Newsletter.

Social Activities

During my first year, I was also asked to organize social activities, a responsibility I continued until 2020, when gatherings ceased due to COVID. I organized luncheons, initially held twice a year in the spring and autumn. Several were held at Luz María Esparza's home, including one with a Spanish chef who prepared paella and another with an Argentinian barbecue and a Tango Master who led the dancing. On two occasions, I organized the summer lunch on the Dandy Cruise; we embarked and disembarked in Alexandria, Virginia, and cruised down the Potomac to Mount Vernon, George Washington's home.

International Reunions

The First AFSM International Reunion, held in Washington, D.C., to celebrate PAHO's 2 December 2002 centennial; attending were 77 members and family members. With José Teruel we identified the Chevy Chase Holiday Inn as a convenient venue and coordinated hospitality, luncheons, transportation to PAHO, and participation in official anniversary events.

The Second AFSM International Reunion, held in Buenos Aires, Argentina, from 24–28 April 2006. Working with Leda Cachafeiro, Abax Travel Agency, and PWR staff member Mariela Bourguet, we arranged a program that combined meetings, local culture, and excursions, including tango, a gaucho outing, and a trip to El Tigre River.

The Third AFSM International Reunion, held in Cartagena, Colombia, from 15–20 September 2008, with 50 attendees. The Colombia Chapter, led by Julio Burbano and local colleagues, selected the hotel and coordinated logistical support through the *Aviatur Travel Agency.* The program combined formal sessions and opportunities to enjoy Cartagena, including tours, music, dancing, sailing, and a visit to Islas del Rosario.

The Fourth AFSM International Reunion, held in Lima, Peru, from 1-4 November 2010, with 74 attendees. As always, we organized the Reunion in Wahington, I wrote the local committee, asked them to identify a hotel, and prepared material sent to the local committee. Assisting me were *Meche* Vargas, Enrique Fefer and Carol Collado; members of the local committee were Temístocles Sánchez López, Haidee Olcese, Pilar Ponce and Irma Dancourt Dorich. During the Reunion, daily activities were planned and we enjoyed Peruvian cuisine, folklore shows, visits to historic Lima in the evenings.

The Fifth AFSM International Reunion, held in Panama City, from 15-18 October 2012, with 40 attendees including Dr. Guillermo Birmingham, PAHO's Director of Administration and Jean-Paul Menu, President of AFSM, Geneva. Germán Perdomo contacted colleagues in Panama Iván Estrivi and Rigoberto Centeno who suggested The Intercontinental Hotel and Casino. Working with the PWR's Travel Agency, we organized social activities including dinner at "Las Tinajas" and tours of the city and the Panama Canal.

The Sixth AFSM International Reunion**,** held in Washington, D.C. in 2015 to celebrate the 25th Anniversary of AFSM with110 attendees including the Presidents of the Colombia, Brazil and Chile Chapter. I began planning this Reunion, for personal reasons however, could not continue and Sylvia Schultz coordinated social activities. During the Reunion, Germán Perdomo presented a video of colleagues commenting on life as LAC retirees. Nancy Rosenthal as president, invited members to dinner / dance at the American Foreign Service Club, offered by AFSM and the Credit Union.

The Seventh International Reunion, held in Punta Cana, Dominican Republic, from 18-20 October 2016, was coordinated by AFSM President, Germán Perdomo. The Reunion was crowded, pleasant, in a magnificent location.

The Eighth International Reunion, held on the 'Carnival Victory' Cruise Ship, from 5-9 November 2018 was organized by German Perdomo and Gloria Morales. "Carnival Victory", embarked and disembarked in Miami, with stops in Key West, and Cozumel.

Thankfully I collaborated with AFSM for almost 30 years. It is wonderful to be a member of AFSM and to continue being a part of PAHO. I value working with former colleagues. These activities reflect AFSM's central purpose: to preserve professional ties, honor shared service, and create opportunities for former staff and their families to remain part of the PAHO community. I am very proud to be part of the Association and thankful for my accomplishments. Best wishes and congratulations to everyone who is an AFSM member.

Together, Our Solidarity Can Make a Meaningful Difference

By Vilma Gawryszewski

Just over two months have passed since a powerful sequence of earthquakes struck Venezuela on June 24, 2026. Although the immediate rescue phase has ended, public health risks remain high due to population displacement, damage to health facilities and water and sanitation infrastructures, and overcrowding in temporary shelters.

PAHO/WHO continue supporting the country's efforts. As the health response transitions toward longer-term recovery, with a focus on restoring essential health services, strengthening specialized and mental health services, and ensuring continuous care for mothers, newborns, children, and those with chronic conditions. To date, PAHO/WHO has delivered 32 metric tons of essential medicines and medical supplies to support the response.

Want to learn more on PAHO/WHO response? Click the link:

https://www.paho.org/en/documents/situation-report-no10-earthquakes-venezuela-2026-m72-and-m75

Key numbers (updated on August 12th, 2026)*

6,301 deaths	**16,740** injured people	**73,356** patients treated in hospitals	**41.3 tons** PAHO emergency supplies delivered	**2.9 million** Vaccine doses delivered to the country

Source: Situation Report No. 10: Earthquakes in Venezuela 2026

What can I do? Many people have asked me how they can help the people of Venezuela. If you'd like to extend a helping hand, please consider supporting trusted humanitarian organizations already responding on the ground. **Every donation—large or small—can help.**

- To donate trough PAHO, contact: donate@paho.org
- To donate through other agencies, click the links below:

UNICEF (Children and Families)
Red Cross / Red Crescent Movement (IFRC Appeal)
Project HOPE (Emergency Medical Response)
Save the Children

An Earthquake in Colombia. A magnitude 7.4 earthquake struck western Colombia on August 10, leaving 224 people dead and affecting 13 departments, according to the United Nations. PAHO/WHO has deployed dedicated teams to Cali and Chocó, including specialists in emergency coordination, epidemiology, healthcare delivery, information management, and communications. Fortunately, to date, no AFSM member in the country has reported the loss of family members or their homes, whether in Cali or other cities.

The initial earthquakes in Venezuela were felt in several parts of Colombia, and this recent quake in Colombia was also felt in Venezuela, Ecuador, and Panama. **This reminds us of how closely connected the people and communities of our region are.**

Thank you for your solidarity. When we stand together, every act of kindness sends ripples of hope and relief to the families who need it most.

The Human and Physical Tragedy of an Earthquake in 2026 Colombia

By Alberto Concha-Eastman[9]

Friends, colleagues, everyone at AFSM: the events that took place in Colombia on Monday, 10 August 2026, filled us with alarm and fear for our lives, and caused deep pain, bewilderment, and immense suffering for each and every one of us. We hear thousands of harrowing and tragic stories every day—accounts that those who lived through and endured them will never forget. Manuel, a close friend, saw a building collapse. Yes, a building in Cali fell right before his eyes.... A relative of mine is in the same situation in the El Refugio neighborhood, surrounded by dust and rubble. Another friend had the ceiling of his fourth-floor apartment collapse five days later—though by then he was no longer there. Many are staying in tents or in homes lent by supportive relatives or friends. It is something they will never forget. The story of the triplets is heartbreaking; two of them died alongside their mother, father, and an uncle.

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Our Hospital of the University of Valley (HUV) is resuming operations following the disaster in which one of its wings collapsed; it must literally rise from the ashes. The Institute for Blind and Deaf Children—that serves patients from disadvantaged socioeconomic backgrounds—is closed, and it is known when it will reopen its doors. Chocó, the department facing the greatest socioeconomic hardship and neglect by the Colombian government, was the epicenter of the devastating earthquake; in San José del Palmar, single-story houses allowed residents to make a hasty escape.

A member of the AFSM Colombia Chapter has informed us that, while their home sustained damage, they themselves were not injured; however, at least three of their family members in Cali did suffer damage to their homes. We extend our expressions of solidarity to AFSM and everyone involved; friendship means a great deal in situations like this.

[9] President of the AFSM Colombia Chapter

Other stories—brief ones, for the movement itself was brief—are already known and will continue to be told; it was a short-lived yet intensely powerful event. Yet the mark of the disaster remains, etched in our minds and before our eyes for a long time to come. Each of us knows family members or friends who had to rush down from the 10th floor, the 15th, or the 4th floor—it makes no difference; what matters is the suffering and the utter inability to do the slightest thing to stop that thunderous shaking of the ground—that noise that topples our efforts and our dreams, the people falling or, worse, trapped beneath the rubble as objects crash down around them, while we simply hope it doesn't happen to us, that we don't become victims. Then comes the assessment, the wait for aid, the tallying of survivors and the deceased, and the anguish of waiting for news. So much effort goes into securing an apartment, a small house, or the business that puts bread on the table—only for it all to vanish, seemingly lost forever. Thousands of volunteers from all walks of life—especially from working-class communities—spent hours lending a hand wherever needed. It was solidarity at its finest, offered without expectation of reward. Collection centers were filled to the brim with food, tools, and love. There was the silence requested of everyone during rescue operations when there was hope of finding someone alive, followed by applause as the stretcher emerged, carrying the survivor to a medical facility. How beautiful and selfless that communal gesture is.

The official toll of the tragedy, as of 22 August reveals the magnitude of the damage:

- 154,789 families and 317,130 people affected; 329 deaths, 4,600 injuries, 234 missing persons, and 364 rescued.
- Impact across 16 departments—with Chocó, Valle del Cauca, Risaralda, Caldas, and Quindío being the hardest hit—spanning 481 municipalities.
- Infrastructure and Housing: 173,501 homes damaged and 31,307 destroyed; 5,884 buildings damaged and 568 collapsed.
- Impact on: 408 health centers, 3,441 educational facilities, 4,131 community centers, 428 roads, 15 airports, 111 water supply systems, 73 vehicular bridges, and 15 pedestrian bridges.
- Animals: 2,728 affected and 1,205 rescued.

The cost of reconstruction and disaster response is estimated at 10 billion dollars. It could be even higher.

The city is "shut down," vehicle traffic is restricted—it has to be done. Later on, once the collective shock has passed, seismologists explain it to us: it involves underground layers trying to adjust, as well as buildings that failed to meet earthquake-resistant standards or were constructed on sandy or clay-rich soil. Greed plays a part, too, even though nature has been causing these movements for millennia. I believe our role is to prepare, stand in solidarity with one another, and live in peace..

I am sending a hug to each and every one of you—friends and colleagues.

We Invite You to Read

By Gloria Coe, Guess Editor

This is a testament, a story worth reading.
Told in a rush—almost in a torrent—without pause or respite,
it is the story of a woman—a wife—who
finds herself caring for and accompanying her partner
through the final stage of his life.
A stage marked by dementia, memory loss, and confusion.
A stage that demands strength, tenderness, and good humor.
It is not a sad story.
It is not a dramatic story.
It is a true story.
It is a loving read.

Open the link to read it:

https://www.afsmpaho.com/_files/ugd/6814f4_c54072ae254f493ba357f287e87e6f09.pdf

MUSINGS OF AN AGEING WOMAN 15 – Celebrating 75 years

By Yvette Holder

As I was approaching the end of a third quarter of a century of life, I began reflecting on my life, the achievements, the failures, celebrations, the regrets and the opportunities for gratitude. There have been a lot of positives and the regrets are few, but the biggest has been my poor attempts at maintaining communication with the wonderful people who have come into my life over those 75 years. Another was not purchasing a painting done by elephants when I was in Chiang Mai more than a decade ago. So, when my children asked what I wanted for my birthday, I knew. I wanted my family with me, celebrating in Chiang Mai where I hoped to find a long-lost Thai friend from my injury prevention days. It would allow me the opportunity to collect an elephant painting, revel in the orchids that were abundantly omnipresent, share the experience of the night market and sample again the delights of genuine Thai cuisine. My children agreed but decided there was little point in undertaking all that travel just to go to one city, so the response to the wish evolved into a 7-country, 10-city Asian odyssey by a final group of 11 persons.

The journey started in San Francisco with me and youngest daughter and her family which included a pre-teen and an 8-year-old. Their aim is to visit as many US national parks as they can so after Fisherman's Wharf and watching the sea lions, our next stops were the national parks of Yosemite with its outstanding landscapes of mountains, cliffs and waterfalls, and Kings Canyon for the giant sequoias, especially General Sherman, the largest tree by volume. From there, we drove to Los Angeles, our point of departure to Tokyo, Japan, our first stop in Asia.

Tokyo, Japan was very civil, orderly and organized with a very efficient public transport system and bicycles the preferred mode of personal transport, unlike the rest of Asia where motorcycles bound. Frowned upon are public displays of affection, talking in the elevator or on public transport, loud talking anywhere (the only other West Indian at the hotel told us that he had been admonished for being loud as we noticed the disapproving looks at our hearty greeting upon recognition of a fellow Caribbean traveller), eating on the street and there are no public trash cans. But there were lots of open spaces for children and adults to relax and recreate – public tennis and squash courts in the parks and open fields where younger parents would kick ball (soccer) with their children while older folk do their Tai Chi routines. The gardens in Japan were many in the highly urban areas (one could pass three garden parks within a 1-mile walk) and they were all well-tended. Indeed, their greenness was one of the remarkable features of Asian cities - beautiful gardens in the midst of high-rises. Japan is also very tekkie, what with robot wheelchairs to take you to the gate to board. One experience was an over-the-top immersive assault on all the senses called team Lab Planets with infinite mirrors, self-surround dancing orchids and digital lights and shapes that morph on contact or automatically. The kids loved it!

This was the children's first introduction to an Asian breakfast buffet. They soon learnt that the room must be surveyed first before selecting as the options were boundless – fruits (dragon fruit, watermelon, guavas, citrus, plums and anything that may be in season), all-natural fruit juices, cereals, sandwiches, pizza, noodles, salad makings, deli choices of hams and cheeses, breads and pastries, dumplings, rice in different cooking styles depending on the country, meats, seafood and vegetables again in sauces peculiar to the country, soups, breads and pastries, syrups, jellies and honey dripping off a honeycomb, local sweets and desserts as well as the standard fare of sausages, bacon, hashbrowns and eggs any style and to order, not to mention the range of teas and even choice of coffees.

Buenos Aires – The City of Tango, Mate and Milanesas…

Por Mena Carto

My nineteen days in Buenos Aires were precious! I loved the culture, the food, the sights, the everything… A mixture of Spanish language immersion and sight-seeing, it was worth the long trek from Guyana for my husband Andy and me.

We stayed with an Argentinian family. 'School' comprised half-day classes and cultural activities – mate preparation, tango dancing class, short sight-seeing trips, restaurants, etc. The teachers and students of various ages and various nationalities were super friendly. At age 70 plus, Andy and I were in class with our 'children and 'grandchildren.'

Elderly Andy in language classes

My level B1/B2 diploma

Meeting with dear Mirta

Mirta and I at La Biela

Our dear Dr. Mirta Roses, retired Argentinian PAHO Director, was very supportive during our stay - she guided us on the Argentine way of life and explained her rich Argentine history. We met in her neighborhood 1850 Cafe La Biela, in the very upscale Recoleta area and were welcomed by the life-sized statues of the famous Argentine writers Jorge Luis Borges and Adolfo Bioy Casares.

We visited the famous Recoleta 14-acre 1822 cemetery, which housed the mausoleum of the late Evita Peron, ex First Lady of Argentina while her statue along the avenue depicted her rising out of her grave to continue ruling the country.

La Iglesia del Pilar

Evita's statue

We sat briefly during mass at the nearby Baroque-styled La Iglesia de Nuestra Senora del Pilar, inaugurated in 1732 and at the nearby artisan booths, I purchased some prized items – leather handbags, mate cups, hand-painted dresses, trinkets, etc.

Lunch with Mirta

Bidding Mirta's farewell

We enjoyed authentic homemade Argentinian dishes at Mirta's favorite neighborhood Bodegon. We met there a second time for a nostalgic farewell before leaving Argentina. THANK YOU Mirta, for being a great hostess!

Touring Buenos Aires

Popular spots included the Museum of Fine Arts, Recoleta neighbourhood, Avenida de Mayo, San Telmo Street fair, el Caminito, the upscale Puerto Madero, the Planetarium, Palermo, Costanera Sur Ecological.

The popular historical El Caminito (Little Path) in La Boca, with its colorful houses made with industrial remains and leftover paint, had many restaurants, museums, and art stores. My favourite picture was with the statue of the late Argentine Pope Francisco.

Entrance to El Caminito

With Papa Francisco

During the trip to Tigre Delta, one of the largest natural deltas in the world, we saw lush vegetation along the waterways, river taxis, rowing clubs, stilt houses and luxurious weekend houses, Tigre Art Museum, the market town of Tigre, and Puerto de Frutos.

Food in Buenos Aires

The popular Argentine Milanese was a thin cut of meat or fish covered in breadcrumbs and fried. The matambre was grilled/roasted stuffed and rolled flank steak. Restaurant food was very cheap and wine was cheap. A good meal for two with wine cost just 40 to 50 US. For breakfast, café con leche and 2 medialunas (little crispy croissants shaped like half-moons) cost 5 US. Street food cost 2 to 3 US and these included meat/veggie empanadas, choripan, and bondiola. And it wasn't just Argentine food available, Buenos Aires also has Armenian, Arabic, Chinese, shawarma, and more.

Milanesa

Choripan

Other happenings

The touristy Florida Avenue pedestrian mall was lined with stores and restaurants and the luxurious Galerias Pacifico mall with beautiful ornate architecture had the classiest food courts. And the tango show at El Querandi, a restored antique house was breath-taking! The dancers moved with absolute precision as they traced the evolution of tango, ending with a series of jumps and a flurry of rapid movements

La Avenida Florida

The tango show

I also enjoyed the buzzing, high-energy meet-up of numerous nationalities and lively conversation at the night-time social, Mundo Lingo, where international Spanish language learners congregated.

In Argentina, it was the norm to sip the mate infusion all day because of its stimulating effect and health benefits and ‘cabalas’ were superstitious beliefs that would bring good luck to the country’s sacred football while ‘mufas’ were things that would bring bad luck.

Mate cups

Mate

The Maasai People of East Africa
My Visit with a People Living in a Different Era

By Marilyn Rice

This article summarizes my brief encounter in June 2026 with the Maasai people of Kenya and Tanzania. The Maasai and their culture originated in the Horn of Africa, migrating from Egypt and Sudan to East Africa in the 1500s due to drought. Their name derives from *Maa,* their dialect, and *Sai,* their tribal name. The spelling *Maasai*, introduced by British settlers, is more frequently used today. As one of roughly 3,000 tribes in Africa, the Maasai are among the few that have preserved their traditions, lifestyle, and beliefs.

However, after the arrival of the British, they lost most of their territory and were relocated to less fertile regions in southern Kenya and northern Tanzania. Land access has since become highly political. In Tanzania, security forces have attempted to displace the Maasai from ancestral lands to make room for private game reserves and big game hunting establishments catering to wealthy foreign tourists. Because vast sums of money are involved, government protections are frequently lacking, and state collaboration with developers is common.

Rituals and Life Stages:

Maasai life is marked by distinct rites of passage from childhood through seniority:

Childhood Modifying Practices: At age 10, children begin having an incisor removed from the lower jaw to create an opening to introduce medical remedies or to unlock a frozen jaw. Around age 12 to 13, the skin all over the body is burned with a hot stick, leaving circular marks. At age 14 to 15, earlobes of both the males and females are pierced and stretched; women adorn them with beaded ornaments alongside upper-ear piercings.

Circumcision and Adolescence: Until 2002, both males and females underwent circumcision. Though female circumcision is now outlawed, it still infrequently occurs. Adolescent males (ages 16 to 18 or older) undergo ritual circumcision by a tribal elder. Flinching or crying during the procedure results in temporary exile and blocks immediate warrior status. Throughout this time, initiates dress in black and paint their faces using white or hard-to-see black paint to ward off evil spirits. Circumcision is followed by two months of healing in the bush. During this time, they learn self-sufficiency, hunting and fishing to get food, and learning to defend themselves so they can subsequently protect their families and community.

Warrior Training (Morans): Between ages 18 and 23, young men train as warriors. Historically, this required killing a lion; today, it has been replaced by capturing a crocodile. Warriors carry a walking stick symbolizing cattle herding, a spear for defense against lions and invaders, and a Cape Buffalo hide shield for protection from invaders. Until 1968, they wore cow-skin clothing, but British missionary influence led to their wearing their signature bright red garments.

Junior Elders: From age 24 onward, men are considered junior elders and may marry.

Elders: Between ages 45 and 50, they attain senior elder status, becoming eligible for the council of elders, led by the oldest who is the chief.

Dances

The Jumping Dance: Performed by young Maasai men to display strength and attract a wife (Watch Video).

Welcome Dance: (https://share.icloud.com/photos/0d6ptGWzWYvJciqbJBLY95FVQ

Economy, Society, Housing, and Marriage Traditions

The Maasai sustain themselves by herding cattle and goats. Believing that all cattle in the world rightfully belong to them, they historically justified rustling cattle from others; a man without cattle is viewed as meaningless. While many remain nomadic and graze animals in national parks, government-built schools and hospitals have encouraged others to settle. Culturally, different Maasai groups vary by survival strategies, such as Bantu crop farmers, Nilotic fishermen and herders, and Cushite hunters.

Maasai huts are constructed by women preparing for marriage. These small, windowless, circular or oval structures are built from sticks and a mixture of mud and cow dung, topped with a grass-and-stick roof.

Marriages are arranged by the bride's father and male elders, with bride prices negotiated by a representative of the groom. Polygyny is practiced. When a man wishes to marry, a cow dowry is paid to the bride's family. A man's status and capacity for multiple wives increases with the size of his cattle herd. At the wedding, the bride wears a beaded necklace featuring long strands with a knot tied for each cow given as a bride price. She carries a bamboo walking stick representing fertility. Her mother-in-law presents her with a cow-skin belt, and a hole is later added for each child born. Today, many women cover this belt if they have many children to ward off the evil eye from jealous observers.

Milestones of the Early Years of the Pan American Health Organization

By Gloria Coe

In the XVIII century, infectious diseases frequently crossed borders, forcing countries to impose harsh quarantines and close ports, often paralyzing international commerce. To counteract these disruptions and strengthen regional cooperation, several international sanitary conferences were convened by American States between 1887 and 1924.

In 1887, delegates from Brazil, Argentina, and Uruguay attended the Rio de Janeiro Sanitary Convention, creating the first multi-country health agreement aimed at protecting international trade and preventing the spread of diseases such as malaria, cholera, and yellow fever. One year later, representatives of Peru, Bolivia, Chile, and Ecuador attended the 1888 American Sanitary Conference of Lima, where they developed a framework to harmonize sanitary laws, improve regional commerce, and control disease transmission.

Professor Cleide de Lima Chaves notes that the organizers of the Lima Conference:

"…recommended that the nations represented at this Conference adopt the provisions of the 1887 Rio de Janeiro International Sanitary Convention, or those of the 1888 Lima Sanitary Conference…" (Brasil, 1891, pp. 24–25).

Furthermore, at that point not only the nations of South America but all countries in the Americas were invited to join the sanitary agreements of Rio de Janeiro and Lima. However, formal approval of sanitary recommendations by all participating countries occurred only in 1902, in Mexico City, when the International Sanitary Bureau was officially established.

Delegates from all the American Republics attended the Second International Conference of American States in Mexico City in January 1902. They called for a meeting of health authorities to designate a permanent executive board of no fewer than five members, to be known as the International Sanitary Bureau, headquartered in Washington, D.C. In December 1902, delegates and health officials from 11 countries attended the First General International Sanitary Convention of the American Republics in Washington, D.C., where the Bureau was formally created to track infectious diseases, share port health data, and eliminate vectors such as mosquitoes.

U.S. Surgeon General Walter Wyman played a leading role in establishing the Bureau and served simultaneously as U.S. Surgeon General and Director of the Bureau, as did his successors Rupert Blue and Hugh Smith Cummings from 1902 to 1947. The Bureau's first budget was US$5,000, held and managed by the Pan American Union.

During its earl decades, the Bureau convened the Seventh Pan American Sanitary Conference in Havana, Cuba, in 1924. This conference produced the historic Pan American Sanitary Code, signed by all countries of the Western Hemisphere. It was the first multilateral health agreement to establish cooperative protocols to prevent the spread of disease and ensure uninterrupted international commerce.

The Code unified the Americas and expanded the duties of the Bureau. Chapter IX specified that the Bureau would:

- act as a central coordinating hub for public health information,
- track and prevent the spread of communicable diseases,
- standardize and centralize epidemiological data collection across the Western Hemisphere to minimize disruptions to international trade,
- collect morbidity and mortality statistics.

Article 54 of the Sanitary Code stated that the duties of the Pan American Sanitary Bureau would include those previously assigned to the International Sanitary Bureau, as well as any additional functions determined by future Pan American Sanitary Conferences.

Article 60 allocated funding: *"For the purpose of discharging the functions and duties imposed upon the Pan American Sanitary Bureau, a fund of not less than $50,000 shall be collected by the Pan American Union."* Funds from the American States continue to be received by PAHO in 2026.

These provisions bound the countries of the Americas to work together to prevent infectious diseases from crossing borders and to safeguard international trade through coordinated sanitary measures. They recognized that epidemics could not be fought in isolation and that commerce depended on trust - trust in ports, in sanitation, in shared information, and in each other.

From the late XIX century through the mid XX century, infectious diseases began to decline across Western nations. The reasons were many: clean water systems, sewer networks, childhood vaccines, antibiotics, improved nutrition, better housing, and the steady rise of epidemiological surveillance. But behind these advances was something deeper - a commitment to collective action.

The institution that began as the International Sanitary Bureau evolved alongside the region it served. In 1923, it became the Pan American Sanitary Bureau; in 1947, the Pan American Sanitary Organization; in 1958, the word "Sanitary" was dropped, giving rise to the modern Pan American Health Organization.

Through every name and every era, its mission remained constant: **to protect and advance the health of the peoples of the Americas.**

Today, PAHO stands as one of the oldest international public health agencies in the world—a testament to the vision of those early delegates who understood that disease respects no border, and that health, above all, is a shared responsibility.

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