

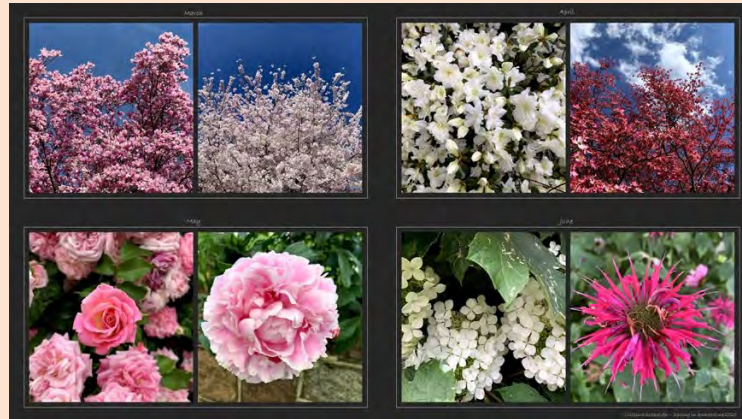


NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOL. XXXII No.1

MARCH 2021



Cristina Schneider - Flowers near my house in Washington DC

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Editorial

From Me to You

By Gloria A. Coe



As I begin my third year as President and my fourth year actively supporting our Association of Former Staff Members, I am taking this opportunity to share with you my experiences and reflections.

It is an honor to work with colleagues and friends who share the same commitment to our organization, as did our founding members who thirty years ago wrote in the first Newsletter¹ “Our years of work together are like a life lived with a ‘family’ which we cannot and should not erase from our hearts.” The ties that bind us are our memories of working together to strengthen the health and well-being of the peoples of the Americas through an organization, that “may be at times challenging, and has a history of accomplishments and making informed sensible decisions.”

Upon leaving the Organization, many of us sought the opportunity to continue to be connected, both to PAHO/WHO and to each other, shifting our focus from the ‘peoples of the Americas’ to our extended PAHO and WHO families, with the same concerns and commitment for their health and well-being. AFSM provides us that opportunity.

Thirty years ago, the founding members defined the purpose of AFSM to be:

“maintaining a link between its members and PAHO/WHO and, more importantly, creating close ties of companionship, fraternity, and camaraderie amongst its fellow members.”

More recently, the Board confirmed these purposes and defined priority strategies to increase membership and participation, strengthen information and communication, and link with PAHO and other organizations.

¹ AFSM Newsletter, September 1990: https://132841a6-d1df-0751-6868-a8ae5dadd191.filesusr.com/ugd/6814f4_1da59d52289541acabb69b552d1a483c.pdf

I am continually impressed with the accomplishments of this volunteer organization. AFSM:

- Publishes the Newsletter quarterly
- Shares important information and prepares documents, some using Question and Answer format, available on our Website
- Sends blast messages with important timely information
- Manages a Facebook page
- Responds to questions sent to AFSMPAHO@gmail.com
- Assists in negotiating individual cases on behalf of Members, Associate Members, and Designated Support Individuals or caretakers, with Staff Health Insurance Offices both in DC and Geneva, and-with the UN Joint Staff Pension Fund
- Shares financial resources with AFSM Country Chapters
- Organizes social events

AFSM recently implemented a successful survey on the health and well-being of our members, specifically on their experience with COVID-19. It is our perception that perhaps many more members attended our 9 December annual General Meeting due to their interest in learning more about the impact that COVID-19 has had on our colleagues and friends. Previous in-person attendance at our Annual General Meetings averaged about 40-60 individuals. In 2019, when we provided simultaneous interpretation and visual telecast of our in-person meeting, only one person joined the telecast, someone who happens to be a member of the Board. However, in 2020, the attendance via Zoom was a little more than 120, and without simultaneous interpretation. This was the highest number of participants in many years. Furthermore, we noticed attendees began to gradually leave the meeting after the presentation of the survey results.

With a focus on increasing membership, strengthening our relationship with members, and moving from Washington-based to country-based programs, in June 2020 the Board extended an invitation to members to become Focal Points. We now have 20 Focal Points in 20 countries, including one in Europe and three in the US in Florida (Miami, Naples, and Tampa). This initiative is coordinated by Hernan Rosenberg, AFSM Vice President, with the support of Jeannette Bolaños.

In addition, AFSM completes the other part of its purpose of maintaining a strong working relationship with PAHO/WHO:

- At the request of PAHO's Administration, we routinely send updates on staff health insurance and other topics of general interest to our retirees.
- The Association coordinates with PAHO technical units of special interest such as the Healthy Ageing Unit or those involved with COVID vaccination.
- We represent retirees on the Director's Advisory Committee for Staff Health Insurance.
- We exchange information with SHI and HRM on items of interest to former staff.
- We also communicate with those in Geneva managing health insurance and SHI Online and other AFSM communities in the world.

AFSM, of course, welcomes the opportunity to continue to support PAHO activities and appreciates the reverse when the assistance is for AFSM. I want to share with you two recent cases of support we received:

- AFSM consistently faces challenges due to our antiquated communication system. About 18 months ago, Dr. Etienne approved our request to transfer our communication system to PAHO's communication platform. After beginning this transition, the COVID-19 pandemic interrupted our move. Recently, at AFSM's request, Dr. Etienne, again endorsed the continuation of our move which we thankfully re-initiated on 26 February 2021. *Both PAHO and AFSM are fortunate to have an excellent cadre of expert professionals working to bring this project to fruition.*
- Based on concerns expressed by retirees and our Focal Points, AFSM wrote a second letter to Dr. Etienne asking that all PWRs include PAHO/WHO retirees in their discussions with country authorities concerning priority groups for COVID vaccination. In response, Dr. Merle Lewis, Chief of Staff and Mr. Gerald Anderson, Chief of Administration, provided information to the AFSM President on strategies being implemented by PAHO to ensure vaccine coverage of PAHO staff and retirees:
 - ◆ PAHO's Health and Well-Being Unit is collecting information across all countries concerning the availability of COVID-19 vaccines in the jurisdictions and localities in LAC. This information is being collected by Dr. Anne Gaelle Selod and will be shared throughout the Region and with AFSM.
 - ◆ The Estimated Supply Availability of COVID-19 Vaccines represents a progressive increase of vaccines over the following six months in the Region as more vaccines are approved and production increases.

- ◆ PAHO is collaborating with a UN initiative to assure UN retirees and staff are included in country plans.

Now that I have shared with you many of AFSM activities of which we are justly proud, I want to share some additional thoughts on how we together might attain even more successes in achieving our AFSM purposes.

We need more of you to help keep our Association running. The more we create new activities with the countries, and the more we improve our communication strategies, the more hands are needed. You do not have to be a Board Member to help. Just indicate where your interests lie, and we will recommend a committee on which your services will make an important contribution. Everyone has something to offer. And, obviously, everyone who is interested in joining will be welcomed.

We also take this opportunity to invite you to send suggestions on how our Association can improve the services we provide and strengthen our outreach to each member.

Remembering Winston Churchill's famous quote on volunteering

“You make a living by what you get. You make a life by what you give.”



Welcome to New AFSM Members

Steven Ault, from the Washington area, USA

Guillermo Mendoza Loera, from the Washington area, USA

María Arlinda Gómez de Sá, from the Washington area, USA

Donna Eberwine, from Baltimore, Maryland, USA

Maria Luiza Salum Caporali, from San Juan de Puerto Rico

Luis Alberto Leal, from Bogotá, Colombia

Juan Carlos Silva, from Bogotá, Colombia

Edgar Serna, from Cartagena, Colombia

Rosa María Borrel, from Santo Domingo, Dominican Republic

Glenda Maynar, from Trinidad and Tobago

Letters to the Editor

Comments on “*The First International Reunion*”

Sent by Gloria Coe

The articles in the December 2020 Newsletter are wonderful. Each one provided fascinating information as we celebrated AFSM's 30th anniversary. Please note, however, to clarify statements in the article “*The First International Reunion*”, the Director of Pan American Health Organization (PAHO) in 1949 was Dr. Fred Lowe Soper and the Pan American Sanitary Bureau (PASB) is the Secretariat of PAHO and provides “technical support and leadership to PAHO Member States.” For more information, visit the following link: <https://www.paho.org/en/who-we-are/history-paho>

Please see more details about the early history in the article in this newsletter “*A Brief History of the Funding Streams of the Pan American Sanitary Bureau and the Pan American Health Organization and the Leadership of Dr. Fred Lowe Soper*”.



Link to the AFSM Geneva Newsletter

By Marilyn Rice

The AFSM Geneva Quarterly News of January 2021, as always has interesting articles and information for you to consult – about WHO, about WHO retirees and about what the other regional AFSM associations are doing. I would like to highlight the link to the January 2021 issue as it also contains many artistic contributions developed during the pandemic. Here is the link:

<https://www.who.int/formerstaff/qnt122-english-master-afsm.pdf?ua=1>

A Brief History of the Funding Streams of the Pan American Sanitary Bureau and the Pan American Health Organization and the Leadership of Dr. Fred Lowe Soper

By Gloria A. Coe



Early Public Health, the Economy and Quarantines

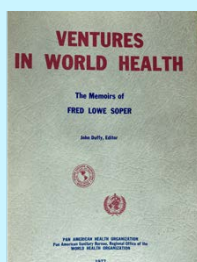
To prevent the spread of infectious diseases, 14th century Venice imposed a mandatory 40-day isolation for ships arriving from ports known to be suffering from the plague. The problem of inhibiting the spread of infectious diseases while protecting international trade grew to such significance that 14 International Sanitary Conferences were held in the late 19th and early 20th centuries to address four conflicting challenges: 1) ensure the public's health, 2) stop or curtail the spread of infectious diseases, 3) impose quarantine on shipping and trade, and 4) ensure minimal impact on national economies.

Creation of The Pan American Sanitary Bureau

Recognizing the importance of preserving health and the need to confront these poignant, vexing problems - the same vexing problems being faced in 2021 - led to the 1902 meeting of the First General International Sanitary Convention of the American Republics, held in Washington, DC. The representatives of countries resolved that the role of the International Sanitary Bureau was to provide: "the widest possible protection of the public health of each of the said Republics in order that disease may be eliminated and that commerce between said Republics may be facilitated." In 1923, the Bureau was renamed the Pan American Sanitary Bureau.

Creation of the World Health Organization and the Pan American Sanitary Organization: The Pan American Sanitary Bureau remains

Dr. Fred Lowe Soper wrote in his memoirs *Ventures in World Health* about the time when World War II was ending, and he was working for the Rockefeller Foundation Global Malaria Eradication Program:



In the general euphoria which existed immediately after World War IIthere was considerable pressure to absorb all other international health organizations into the soon-to-be created World Health Organization.There would be no problem in taking over the Health Section of the League of Nations..... [However] The status of the Pan American Sanitary Bureau (PASB) was more complicated.

Among the preparatory meetings to establish the World Health Organization was the 1946 International Health Conference in New York where global delegates reviewed the “*Relationship of the Pan American Sanitary Bureau to WHO*”. In essence, the decision made was that “The Pan American Sanitary Organization shall in due course be integrated with the Organization.”

In 1947, the year before founding the World Health Organization, the delegates from the Americas attending the XII Pan American Sanitary Conference resolved that 1) “the Pan American Sanitary Organization shall continue to function in its continental character in American aspects of health problems”, and 2) the Pan American Sanitary Organization “shall act as the Regional Committee and Regional Office of the World Health Organization in the Western Hemisphere.”

In 1958, at the XV Pan American Sanitary Conference, the name was changed to the Pan American Health Organization.

Funding Streams of the PASB and of PAHO

From its 1902 inception, the American Republics attending specified that to implement the programs of the PASB, “a fund of \$5,000 shall be collected by the Bureau” from the American Republics. Dr. Myron Wegman, Secretary General of the Pan American Sanitary Bureau in the 1950's, indicates that \$5,000 “did not reflect the total program, since the majority of the work was carried out by scientific and technical staff seconded by the member countries.”

The decision in the mid to late 1940's to retain the Pan American Sanitary Bureau as a separate entity rather than integrating it into the World Health Organization had a lasting impact on the funding stream of PASB and PAHO and played a key role in its many successes. In effect, PASB receives funds directly from the Governments of the Americas, while PAHO, as the Regional Office of WHO for the Americas, receives funds from WHO that is funded by its 192 Member States.

Dr. Myron Wegman agrees:

Maintenance of the two identities [PASB & WHO] has benefited the peoples of the Americas: since their governments contribute to international health through both PAHO/[PASB] and WHO, the program in the Americas is correspondingly larger than in other WHO Regions.

In 1947 PASB initiated a third funding stream.

Dr. Soper, elected Director of the Pan American Sanitary Bureau on 1 February 1947, referenced the status of the PASB budget throughout *Chapter XVIII: Early Relationship between PAHO and WHO* in his Memoirs.

“The Bureau’s financial situation was very weak. It was supported by contributions from Member States based on per capita assessments of \$0.40 per 1000 population, but the payments were known to be notoriously irregular and belated.” He continued, *“I also failed to foresee that the United States would later oppose for a time any direct increase in contributions to the Bureau, insisting that the PASB should look to WHO for financing of its Regional Office for the Americas.”*

Nevertheless, Dr. Soper indicates:

“I was happy to find that WHO was unable to bail out the Bureau immediately. Had WHO been well funded in 1947, PASB probably would have become simply its regional organization. In the fluid situation of 1947, it was obviously important to maintain the PASB activities and even to increase them before the WHO Constitution became operative [on 7 April 1948]. I suggested to the First Meeting of the PAHO Executive Committee (April 1947) that the Director be authorized to request and receive special voluntary contributions from Member States.”

On his way to the first meeting of PAHO's recently established Directing Council in Buenos Aires, in October 1947, Dr. Soper stopped in Rio de Janeiro where he met with President Dutra of Brazil, who after a brief conversation, agreed to voluntarily send \$260,000 to the Organization.

Thus began, Dr. Soper states, “the voluntary pledges that made it possible for the Bureau to have an approved budget for 1948 of \$1,300,000.”

It would be difficult to over emphasize the importance of these voluntary contributions to PASB. Dr. Soper indicates:

The voluntary contributions made it possible for PASB to amplify its program independently of any support [from] WHO. They made it impossible for WHO to insist on absorbing PASB; the Bureau had simply become too big to be absorbed by the very new and still to be tested WHO. This development, at a critical moment, solidified PAHO's position as an independent international organization. The First World Health Assembly in 1948 found PASB with a budget and a program that could not be integrated into the relatively small budget voted for WHO.

Dr. Soper was reelected twice during the 12 years he was Director of the Bureau. Under his leadership, the PASB/PAHO budget increased from less than \$100,000 in 1947 to \$10 million in 1958. Its staff grew from 88 to 750. **N**

Staff Health Insurance and Pension Update

By Carol Collado



Health Insurance

As we have in the past several newsletters, we will begin with the concern of all: COVID. The big news is that vaccination is on its way. A number of countries have started, and others will be in line to do so within the next several months. There are a few companies involved with the production of the vaccines and each has its own particular characteristics. José Luis Zeballos, of the AFSM Health and Pension Committee has prepared a chart which gives a breakdown of the types of vaccines and the characteristics of the different products that we find useful. It [has been posted on the AFSM website here](#).

For most of us, this is a totally new situation. Because we have documentation that the virus not only spreads rapidly, but that also, like most viruses, it mutates as it spreads, it is critical that we understand the basic information and how to protect ourselves. It is important to recognize that, although the COVID-19 vaccine plays a big part in our gaining control of the epidemic, its primary purpose is to reduce the chances of a vaccinated individual getting too sick when exposed to the virus. With the rapid spread of this virus, this could be inevitable for most people. Thus, the reason that we cannot let down our guard. Continuing with preventive measures, such as wearing a well-fitting mask, social distancing, and washing hands, are all essential to decrease the spread of the virus.

One big question for all is access to the vaccines. As you probably know, the task of distribution and priority setting is in the hands of individual country authorities. As you saw in the editorial of this newsletter, AFSM has been active in working with PAHO to assure that former staff are included when country plans are being developed. PAHO, under the coordination of Dr. Anne-Gaelle Selod, is collaborating with an UN initiative that follows the directive sent by the UN Secretary General to all member countries requesting that UN Staff, their first and secondary dependents, and retirees be included in their coverage. There is a second part of that initiative that involves developing alternative arrangements in the case where the country is not in a position to achieve the first line response. Older adults are the second priority group after essential health care personnel. We will keep you posted as more information becomes available.

All of you should have received the SHI once-a-year newsletter sent by email from Geneva, containing a number of important items. If you have not received this, it is most probably because Geneva does not have your correct email address registered. Please contact shihq@who.int and let them know your correct email address. You will find valuable information on many topics therein.

For those in the US, transition continues to the new third-party administrators (TPAs) Cigna and Navitus. Transitions always involve a “getting to know you” period. The best defense for

everyone is to know and understand that our insurance has not changed! [The 2021 Rules can be found on the AFSM website at www.afsmpaho.com](#), or if you have developed your portal with Cigna, they are on the left hand side of the home page. You may find that, in the beginning, the new administrators may not be used to interpreting our contract as different from theirs and may try and apply their rules, such as filling only generic drugs even though the physician has ordered a brand name. Because Medicare membership is obligatory for our eligible members now, and the procedure for claims is different through Cigna than it was with Aetna, there may be a few snags in the beginning. If there are questions, do not hesitate to contact SHI at shi@paho.org or AFSMPAHO@gmail.com.

Both Cigna and Navitus have held informative meetings with former staff through Zoom. Many problems were discussed, and valuable information was shared. SHI has promised to share these presentations so they will shortly be posted on the AFSM website and we will announce when they are available.

Pension

That time of the year is upon us when those whose Certificates of Entitlement (CE) have not reached the UN office in New York are in danger of having their pension suspended. If you have not yet done so, please go to the UN website and register for your [Member Self Service account](#). There are clear directions on how to do so at <https://www.unjspf.org/member-self-service/>. Once set up, you can enter and confirm that the UN has received your CE for 2020.

In the last AFSM newsletter, we informed you about a new non-paper identification that the UN was developing for the CE process. You should now have received an invitation to preregister for this. At present, we understand that it involves some degree of computer understanding to preregister, and we are monitoring the process with those who have signed up. We will be bringing you additional information as this develops. For now, it remains an option, and paper CEs will continue. Because of the COVID complications for postal services, the country UNDP offices have been helpful to those who had difficulties in sending or receiving their documentation.

Other news from UNJSPF is that the Pension Board met in February and continued its review of its governance, especially the representation on the Board, as well as roles and duties of members and committees. Their website is very informative and accessible. We encourage you to browse. <http://unjspf.org/>.

There have been some developments with banks charging fees for people to receive and process UN pensions. In both Europe and other venues, some banks were charging up to \$100 or more to receive the pension check. In our region, Peru had this problem, and through negotiation spearheaded by the local AFICS group AEFNUP and the UNJSPF, they were able to have excessive charges eliminated. Kudos to them! **N**

Caribbean Retirees Virtual Xmas Party

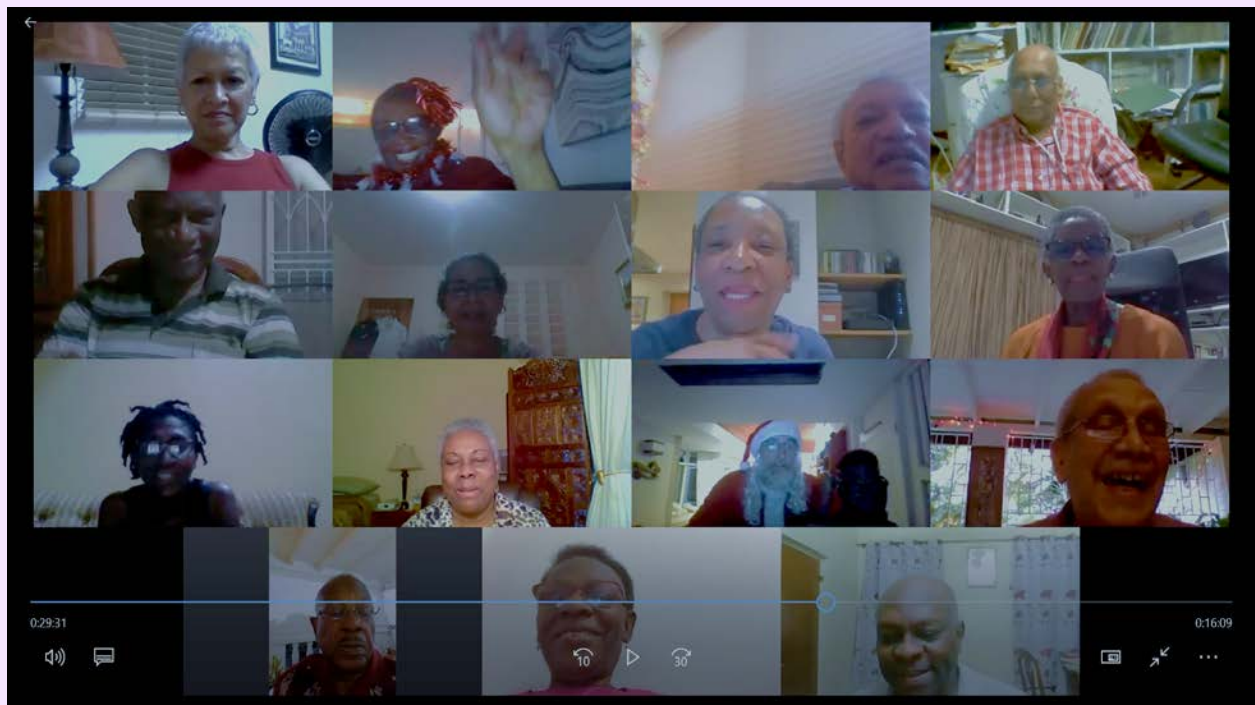
By Yvette Holder



On Wednesday 23 December, at 4 PM EST, the Caribbean retirees met virtually via Zoom for a Xmas get-together. This was the suggestion of Guyana AFSM Focal Point, Mena Carto, as a result of the successful Zoom AFSM annual General Meeting and in support of the findings of the COVID survey in response to the question, “What can AFSM do to support retirees in these COVID times?”.

With restrictions on travel and a growing sense of isolation, retirees voiced a need for more interaction, greater communication, and a desire to reconnect. This resulted in the objective of the Christmas party.

Fifteen people, including three of our four Focal Persons, four former PWRs and one Centre Director, joined the party. Some of the participants had not seen each other in decades. It was a time to catch up and learn what each other had been doing since leaving PAHO. It is obvious that everyone continued to be busy, engaged in meaningful and fulfilling activities, and those who had truly finally retired, were enjoying family and a more leisurely pace of life. Indeed, post-PAHO life seemed to be very rewarding.



After sharing, we paused for a moment to remember friends who were no longer with us – Jonne Warner, Guillermo Troya, Lenore Harney, Mardy Mohammed, Hal Dyer and ... Silva. The

sadness was especially poignant as two of the deceased had worked in the office of a former PWR who was unaware of their having passed.

We then turned to a brighter activity - a Christmas karaoke session of five Christmas carols. Folks sang lustily, even if not in synchronization and the below photo represents our efforts. Of course, the hostess had not allowed for the time delays of transmission across the three time zones involved as well as between audio and video, so that the resulting choruses had long echoes. It was hilarious. Some participants turned off their mics because they claimed that teachers and relatives had told them that they could sing but no sound must emanate from their mouths.



The official session closed at 5 PM with a toast raised by Peter Carr, to beautiful memories of working with such wonderful people, to continued good health (especially with COVID,) and for a joyous and safe New Year.

Because Zoom was allowing unlimited meeting times during the Christmas holidays, the meeting continued informally, with even more catching up, more reminiscing, and the appearance of spouses. The party eventually ended at 5:30 PM, with everyone claiming to have had a good time, and some expressing the desire for more like it. We sorely missed those who could not make it but we hope for an even bigger attendance next time. **N**

Results of the AFSM Survey of PAHO/WHO Retirees During COVID-19

By Mario Libel, Yvette Holder and Ignacio Alberto Concha-Eastman

The COVID-19 pandemic is an ever-evolving emergency. The number of cases and deaths continues to increase in the American Region as of mid-February and this is coupled with the circulation of three new variants of SARS-CoV-2. Even though the occurrence of these mutations is expected, its implications for the behavior of the virus is still being investigated.¹ One promising recent development is the licensing of safe and effective vaccines, with older citizens being prioritized in most countries. As public health professionals, we struggle to shape our decisions based on sound, thoughtful, and useful information. The barrage of misinformation and controversial expert statements has not helped. For trustworthy and authoritative information, we suggest you visit the website of WHO at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> and PAHO at: <https://www.paho.org/en/topics/coronavirus-infections/coronavirus-disease-covid-19-pandemic>.

True to the principle of looking for data to inform possible interventions, AFSM decided to consult with its members to learn about the experience of our community with the COVID-19 pandemic. The survey was devised to identify ways to support and assist members and to provide information to PAHO-relevant programs and Country Representatives.

A team of epidemiologists who are members of the Association volunteered to work together with the AFSM Board to prepare a questionnaire and analyze the data. The survey was sent to all members living in the Americas and in Europe and 228 responses were received. The analysis was performed for three sub regions: North America, Latin America and English-Speaking Caribbean. European responses were included in North America.



North America and Europe

We had 126 responses from our 414 members in the United States, Canada, and Europe, 31% were in the 80-years-old age group and females replied 1.7 times more than males. We celebrate the 11 colleagues that reported being engaged in COVID-19 related activities in their communities. Respondents in the 70-79-years-old age group were most likely to have played a role in the response. Even though we had only two confirmed cases (both 90 years old) among our respondents, given the high percentage of asymptomatic cases and difficulty in getting tested, we wonder what is the real number of infected. It has been difficult to identify the source of these infections; however, it has been observed that most transmission occurs at home by close contact with an infected individual. Sixty percent referred to knowing someone who had contracted COVID, and twenty-four percent (3 males and 5 females) knew someone who died from it. This might indicate a possible similar

¹ PAHO Epidemiological Update-11 February 2021

risk to our community. With the additional fact that eight of our respondents had a relative that died from COVID, it is evident there is an emotional toll the pandemic is having on our members. When asked specifically about issues that most impacted our members, they can be grouped as mental health, wellness, and social/community engagement issues. Illustrative issues mentioned included: limited social activity/travel/being with family; anxiety/depression/uncertainty; review true priorities; engagement in the community; following protection measures: staying home, mask, physical distancing; toxic political environment/lack of national plan. Statements from members expressed sentiments shared by most: *“Like being in a sci-fi movie but not being allowed to leave”*; *“People who are in hardship together, can support each other”*; *“I love every healthy day I have”*.

Having a trusted circle of family and friends means the world at our age. We are fortunate to have almost 80% of our membership living with a spouse (50%) and family (24%). Thirty-eight persons lived alone, 15% male and 39% female. It is noteworthy that 61% of respondents indicated they would agree to be vaccinated in contrast with 23% that said no or were undecided. We urge everyone to get the most reliable information about the vaccine and be ready when it becomes available in your country.



English-speaking Caribbean

There are 60-odd retirees in the Caribbean, less than half of whom are AFSM members, and of these, a substantial number do not have current email addresses. The small numbers, coupled with the fact that our retirees are scattered mainly over water-bounded territories, prompted a heightened curiosity about the COVID experience of ALL retirees. We received 21 responses from 29 questionnaires, one was too late and another one could not be opened. About half of the respondents are under 70 years-of-age, and females outnumbered males 2:1. COVID-19 was indeed very personal to most Caribbean retirees, with 2/3 knowing at least one infected person and one retiree losing a relative to the condition.

Focusing on the positive, not surprisingly, revived knowledge and practice of public health principles was foremost, especially handwashing. Enforced restrictions meant more and better communication with family and friends, learning to use internet/computer in new ways, and freeing up time for otherwise neglected or overlooked activities, such as nature-watching, spiritual exercises, reading, etc.

The negative consequences of the enforced restrictions were mostly obvious – inability to travel, shop, and interact socially, among others. Notable was the not infrequent (1/3 of respondents) mention of mental health issues – “sad, depressed, isolated, lonely, monotonous”. There was a special difficulty faced by staff who separated during COVID – the challenge of getting self, dependents, and possessions from duty station to home base, which was especially challenging in the Caribbean where driving is not an option.

The few non-positive responses to accepting the vaccine were because of the haste in its development, with insufficient allowance for the observation of side and late effects. Considering the foregoing, retirees look to and are finding AFSM to be an organization that can counteract the

isolation they may occasionally feel, as well as an information-sharing mechanism and an advocate for resolving COVID-generated issues.



Latin America

Although the survey was anonymous, it had simple questions, and it did not in any way commit the respondent, the response rate of AFSM members from Latin America was 42.6%. In other words, less than half of the members answered the survey. That said, their responses were considered to be valid because we believe that if one is a former staff member of a serious organization like PAHO/WHO, there should be no inherent biases or interest in responding flippantly. It is possible that a larger number of responses would not have generated additional information, especially in response to the open-ended questions.

Of the 81 responses, 40 were from women and 41 from men, from 16 of the 19 Latin American countries. Without identifying any specific role, the participation of AFSM members in pandemic-related activities was low at only 28.4%.

Since the survey was conducted before the launch of the first vaccines, especially Pfizer's, most said either that they would accept it, or they had not made a decision yet. Only 3 said they would not receive the vaccination. This percentage may change, depending on the implementation and side effects of any vaccine.

Members have not been significantly affected by the epidemic; only 2 have tested positive but none have died.

It is striking that 17 people (21%) live alone, while the others live with their spouse, children, or other family members. Of these, the number of women is less at 21 out of 40, than men at 38 out of 41. It was not possible to determine any association with gender based upon this difference.

On one hand, the responses showed worrying issues such as increased loneliness, isolation, sadness, and even insecurity in one's own home, not being able to travel to visit children or grandchildren, or not being able to attend religious services. On the other hand, positive gains were expressed as more time with family, children, increased reading and writing, and new activities.

Regarding the general content of the survey, it is desirable that we conduct more rigorous studies, without the pressure of time, and perhaps with the support of the PWRs. This type of work helps with bonding and it is worth continuing this type of initiative on other topics, trying to encourage members to respond.

Comments (without modification):

"Fake news, the sensationalism or yellow press of the news networks and the politicization of the pandemic affect one's emotional state." "I have come to appreciate what I have and have a greater awareness of what really has value in life, and it is not the material." "The economic model concentrates wealth, exacerbating poverty of the majority." "I learned to be more patient." **N**

Grandma Tales¹

By Helena Espinosa Restrepo



As a child, I would put my head into the pan-shaped lap made by my grandmother's cotton dress, with the rest of my body curled up on the bed. She was small, with blue eyes and a melancholic gaze, and her voice was soft with a melodious accent from the region where she was born, Huila, a beautiful department in the southwest of the country. This was my favorite and most anticipated time, because I never got tired of listening to her; I was fascinated, over and over again, by her stories. I fell asleep and between dreams I traveled through those mythical places of indigenous peoples and villages where their stories took place. María Josefa Fernández de Espinosa, known as “Chepita” to the family, was the first graduated teacher to arrive in those lands where, before, only French priests taught boys to read and write, girls were excluded. The first thing she did was to welcome the girls as well, and to convince their parents that education was for them too.

Her father was the owner of the main pharmacy in La Plata, where Chepita was born, and where people considered him to be a doctor. His eldest daughter was his assistant, and he was very sad when she decided to go to Popayán, Cauca's departmental capital, to study to be a teacher. There she met her future husband, Luis, who was a descendant of the most famous painter in Colombia since the time of Independence. José María Espinosa de los Monteros was from a Spanish family. When she finished her studies, Chepita already had an appointment to go teach in Inzá, a town in Cauca. She returned to La Plata to tell her father that she was getting married and that she and her husband were going to live where she had been hired as a teacher of indigenous people. No pleading from the father could stop her. The husband, my grandfather Luis Espinosa, dedicated himself to discovering and exploring the tombs of the ancient caciques, as his hobby was a tomb robber, the trade that preceded that of archaeologists. To support his large family, he sold the fruits of his explorations, such as clay pots,

¹ Source: Helena Espinosa Restrepo. *Fluye la Vida. Memorias de Helena*. Editorial Artes y Letras, Medellín 2018.

ceramics, and pre-Columbian gold objects, to lovers of these jewels in the city of Popayán, possibly at ridiculous prices.

Returning to the stories of Mama Chepita, she said that these people were violent and fought among the different tribes for anything, because of their great poverty and ignorance. *Uhhmm, my little daughter, she would begin, I sewed the tongue of one who had been hit with a machete, I did it with thick thread threaded through a large needle. I grabbed it after tightly wrapping it in a clean cloth for a while. Another time, a wounded man arrived, because there were many fights among the Indians, and I saw that one ear was hanging from a string of skin. I washed it well and disinfected that part with what little I had and tied his ear to his head with a clean cloth and held it very tightly for two or three hours. I let him go bandaged like this and three days later I uncovered the bandage and discovered that the ear had knitted to the skin. I asked him if it wasn't peeled off again and he replied that it had to be squeezed hard.*

When I studied medicine, I learned that the tongue cannot be sewn because it is made of a highly vascular tissue and bleeds a lot. I thought that grandmother was very brave to get involved in doing these things without anesthesia or minimal elements of equipment. "There were many fights between the Indians and she had to act as a doctor and a surgeon because she was the only existing resource in those communities," my aunt Matilde, her eldest daughter, told me.

Once, in San Andrés de Pisimbalá where I was teaching, they brought me a Indian who was delirious and with a very high fever. The story was that he had had a head wound several days before and now he had an infection so large that it reached his brain. I boiled my scalpel, prepared the clean rags, and opened his head up all the way. When a stream of pus came out, I scratched it and opened it down to the bone, then I washed it well with disinfectants and put strips of rags to keep it draining.

It is difficult for me, as a doctor, to believe that she had managed to break the bone, but she assured that she had because the patient already had meningitis and that it must have reached the meninges. *His fever began to subside and, with the treatments and the daily change of rags, the Indian recovered.* My father remembered this case and his mother's intervention so clearly that when my husband and I traveled with him to the beautiful archaeological zone of San Andrés de Pisimbalá, in the sixties, my excited father showed us the house that he remembered as that patient's home. The impact that this operation had on my

father as a child must have been very great because he told me that the patient screamed in pain and since there were no anesthetics, several men had grabbed him while Chepita "operated."

I took a bullet out of another Indian's lung with my clamp and thereby saved him. Of course, Chepita was also the dentist and pulled their teeth when they hurt. As a child I got to know their "surgery and dentistry" equipment; it was a large scalpel, and two long forceps. I was terrified to see the pliers she used to remove the teeth. Hence, one of the stories from when I was a child was that when the tooth puller who was walking around the neighborhood where we lived pulling out children's teeth and loose teeth came to my house, I got dressed in the shower, believing that this would save me from the atrocious treatment. Of course this was useless and I lost my decayed wisdom tooth.

Surely Chepita would also be the midwife but she didn't tell me those stories, because they weren't suitable for a girl. But also as a good multifaceted woman, she was "the conflict mediator" as those who study psychology and do master's degrees in conflict resolution are called today. Well, to this role of my grandmother I owe one of the most important teachings that I received from her and that influenced my defined feminist position. She told me the story like this: *one night some Indians knocked on my door calling me "Mestra, Mestra (teacher) Indian killing Indian."* I threw on a scarf and went with them to the Indian's ranch, where he was hitting a woman with a machete. I got between the two of them and said: *"Brutal Indian, how could you think of hitting your wife?"* Then the Indian woman took me aside and told me *"Let him hit me teacher, that's what husbands do."* My grandmother ended up telling me: *"Uhm my little daughter, that's when I realized that we had to start with the women."* This is a great truth; machismo is also cultivated by women due to their own ignorance and centuries of submission to men. **N**

Health Tips: Cognitive Decline in Old Age is Preventable

By Martha Peláez



For those of us who are over the age of 60, two questions probably dominate our “worry list”: 1) am I going to survive covid-19? and 2) if I live long, will I be able to keep my brain working?

Public health has very precise advice regarding prevention of covid-19: wear appropriate masks, keep physical distance, wash your hands, avoid risky indoor gatherings, and get the vaccine as soon as possible. However, up to now our public health system has given less precise advice regarding brain health and prevention of dementia for older people, in spite of the fact that according to the Alzheimer’s Association over 50 million people worldwide are living with dementia.

During 2019/20, the Public Health community received a flurry of activity with recommendations for *dementia prevention interventions*:

- *Risk Reduction of Cognitive Decline and Dementia: WHO guidelines*¹
- *Dementia prevention, intervention, and care: 2020 report of the Lancet Commission*²

These guidelines are based on a number of studies that have produced very hopeful results. Thus, we have chosen to summarize for this article one evidence-based intervention tested in Finland: “*The Finnish study to prevent cognitive decline and disability (FINGER)*” and highlight useful tips from the guidelines published by WHO and the Lancet Commission.

What is the FINGER study?

The FINGER study set out to question the efficacy of a multidomain lifestyle intervention, including guidance on healthy diet, physical activity, cognitive training, and monitoring and management of metabolic and vascular risk factors in the prevention of dementia. The control group received general health advice. The intervention group received a specific set of interventions. The intervention study started in 2012 and lasted for 2 years; participants were followed up regularly

¹ World Health Organization (WHO).
https://www.who.int/mental_health/neurology/dementia/guidelines_risk_reduction/en/: WHO guidelines: WHO: Geneva, Switzerland, 2019.

² [https://www.thelancet.com/article/S0140-6736\(20\)30367-6/fulltext](https://www.thelancet.com/article/S0140-6736(20)30367-6/fulltext)

thereafter³. The conclusion of the study showed that the group receiving the FINGER's program improved more in the cognition tests regardless of sociodemographic status, socioeconomic status, or baseline cognitive performance⁴.

In addition to cognitive benefits, health-related quality of life and physical functioning were better maintained in the group receiving the FINGER program. As a result of the very encouraging results of the study, the International Alzheimer's Association has launched a Worldwide FINGERS initiative in collaboration with the Finish Institute⁵. The purpose of the WW-FINGERS collaboration is to test worldwide the effects of the multidomain lifestyle interventions studied in Finland on brain health and dementia prevention.

What is the FINGER evidence-based program?

It is a multidomain lifestyle intervention program focusing on four components:

- **Nutrition:** nutritional guidelines in FINGERS are based on national recommendations and counseling by nutritionists. The program included three meetings with each individual and seven group sessions.
- **Exercise:** is based on international guidelines involving muscle strengthening, aerobic exercise and exercises to maintain and improve postural balance. Muscle strength training was conducted at the gym during the first six months, guided by physiotherapists. Individual aerobic training was planned with the individual, based on activities the participants preferred and performed by the individual independently. In addition, aerobic group activities, such as walking, aqua gym, jogging, and gymnastics were offered.
- **Cognitive Training and Social activation:** This intervention was implemented through 10 (60-90 minutes) group sessions led by a psychologist along with individualized training, using a computer-based program. Social activities were stimulated through numerous group meetings.
- **Management of vascular risk factors** was done through regular health visits. The health providers used national guidelines for hypertension, dyslipidemia, and diabetes.

Lessons learned from the FINGER study

³ <https://thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/finger-research-project>

⁴ Rosenberg Anna, et al. "Multidomain lifestyle intervention benefits a large elderly population at risk for cognitive decline and dementia regardless of baseline characteristics: The FINGER trial" *Alzheimer's & Dementia* 14 (2018) 263-270.

⁵ <https://www.alz.org/wwfingers/overview.asp>

FINGER has demonstrated that anything we can do to improve heart health is also good for our brain health. What we eat, how much we eat, what we do or not do, and how much we keep mentally active contributes significantly to the number of dementia free years we will live.

If the **goal** is to live longer without dementia, then investing in nutritional counseling, maintaining a Mediterranean-style diet, keeping muscles strong and heart health checked are not only good things to do but are essential prescriptions for brain health. This does not guarantee life free from dementia, but it will, according to research, postpone the onset of cognitive decline and dementia.

The most encouraging conclusion of FINGER is that the cost-benefit of healthy living in old age seems to be obvious: a longer life free of dementia.

Risk Reduction of Cognitive Decline and Dementia

WHO Guidelines were published in 2019. The Forward to this publication states “while there is no curative treatment for dementia, the proactive management of modifiable risk factors can *delay or slow onset or progression of the disease*” (my italics). This is an important message because, for example, in the United States the estimated average age of onset of dementia is 83.7 years⁶, so if we can postpone the onset of dementia for five years, it means a gain of dementia-free life expectancy that is extremely meaningful for both individuals and families. The WHO Guidelines, consistent with the findings of the FINGER study, provide WHO-issued guidance for physical activity and nutrition. Below is a summary of the guidelines.

1. Adults aged 65 years and above should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week. This is the goal, but we start where we are: perhaps with 1 minute of moderate-intensity aerobic activity. This could mean 1 minute of walking or dancing every hour we are awake, progressing to the ultimate goal of 150 minutes during the week. Also, add exercises to improve balance and posture to prevent falls. If already suffering from balance issues, the plan could include a consultation with a physiotherapist to customize the exercises to your needs.
2. Nutrition guidelines: A healthy, balanced diet is recommended to all adults, based on WHO recommendations for a healthy diet.
 - Fruits, vegetables, legumes (e.g. lentils, beans), nuts and whole grains (e.g. unprocessed maize, millet, oats, wheat, brown rice).

⁶ Fishman, Ezra ‘Risk of Developing Dementia at Older Ages in the United States’ in *Demography*, 2017 Oct: 54(5) 1897-1919.

- At least 400 g (five portions) of fruits and vegetables a day. Potatoes, sweet potatoes, cassava and other starchy roots are not classified as fruits or vegetables.
 - Less than 10% of total energy intake from free sugars which is equivalent to 50 g (or around 12 level teaspoons) for a person of healthy body weight, consuming approximately 2000 calories per day, but ideally less than 5% of total energy intake for additional health benefits. Most free sugars are added to foods or drinks by the manufacturer, cook or consumer, and can also be found in sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.
 - Less than 30% of total energy intake from fats. Unsaturated fats (found in fish, avocado, nuts, sunflower, canola and olive oils) are preferable to saturated fats (found in fatty meat, butter, palm and coconut oil, cream, cheese, ghee and lard) and trans-fats of all kinds, including both industrially produced trans-fats (found in processed food, fast food, snack food, fried food, frozen pizza, pies, cookies, biscuits, wafers, margarines and spreads) and ruminant trans-fats (found in meat and dairy foods from ruminant animals, such as cows, sheep, goats, camels and others). It is suggested to reduce the intake of saturated fats to less than 10% of total energy intake and trans-fats to less than 1% of total energy intake. In particular, industrially produced trans-fats are not part of a healthy diet and should be avoided.
 - Less than 5 g of salt (equivalent to approximately 1 teaspoon) per day and use iodized salt.
3. Cognitive Training and Social Activity: WHO concluded that for older adults the desirable effects of the intervention outweighed undesirable side effects and therefore provided a conditional recommendation for cognitive training. Socializing with family and friends was recognized as a predictor of well-being throughout life, while loneliness was associated with higher rates of dementia. However, WHO concluded that the evidence is still too inconclusive to provide a specific recommendation for either cognitive training or social activity.
 4. Management of heart disease and diabetes: should be offered to adults according to existing WHO guidelines.

Dementia prevention, intervention, and care: 2020 report of the Lancet Commission: The Lancet Commission takes a life course approach to prevention. In other words, “it is never too early and never too late in the life course for dementia

prevention.” The Commission also emphasizes that culture, poverty, and inequality can be key drivers to consider in the fight against dementia.

From a life course approach, the Lancet Commission lists nine things individuals and communities can do in order to prevent or delay up to 40% of dementias:

1. Aim to control high blood pressure
2. Encourage use of hearing aids for hearing loss
3. Reduce exposure to air pollution and second-hand tobacco smoke
4. Prevent head injury
5. Limit alcohol use
6. Support smoking cessation
7. Provide all children with primary and secondary education
8. Reduce obesity and the linked conditions of diabetes
9. Improve sleep quality

Conclusions:

Recent Public Health guidelines emphasize that prevention is possible and is key to more years of life free from dementia. The recommended preventive measures are good for the brain and are key to healthier old age. It is never too late to get started, but it is difficult to change old habits. Therefore, learning the science of ‘habits’ and strengthening our self-efficacy, e.g., the confidence that we can control our actions, may be a first step in our action plan to develop a healthier brain as we continue to add years to our calendar. Kate Lorig, RN, DPH from Stanford University has developed an evidence-based program to help adults make life-style changes, even when living with multiple chronic conditions. The program is available in 18 languages and you may start by reading the book *Living Healthy with Chronic Conditions*. These are available in print, electronically, and in audio formats⁷. **N**

⁷ <https://www.selfmanagementresource.com>, and <http://bullpub.com>

PAHO/WHO Women Volunteers of Colombia

By Gloria Briceño G



The “Group of PAHO/WHO Voluntary Ladies in Colombia” was created in 2001, based on the idea of having a group of ladies linked to PAHO, be it the Representative's wife, consultants’ wives, consultants, and people with some link with the institution, moved by their interest in developing social or community activities.

Over the years, the relationship with the PAHO/WHO Representation has been maintained and when the United Nations Women's Association ceased to function in Colombia, some women from that association were invited to be part of the PAHO/WHO volunteer group. Since then, the work has focused mainly on attracting new members, guiding the families of consultants upon their arrival in the country, providing technical and financial support to social projects in vulnerable groups, raising resources through donors, and supporting families from scarce resources with the donation of food and clothing.



The group has been organized with a coordinator, a treasurer and a secretary, and, for its sustainability, each member pays a monthly fee that can vary according to needs, and many times, to increase resources to ensure compliance with the work plan, specific fund-raising activities are carried out, such as raffles, bingo halls and donations.



The link of this group with the Colombian Chapter of the Association of Former PAHO/WHO Staff is solid. Some members of the Chapter also belong to the volunteer group and since the Chapter was created it has contributed with a financial contribution included in the annual budget, having been very useful this

year for the purchase of biosafety material for the prevention and control of Covid- 19.

In this context, it should be noted that much of the work of the ladies has been focused with greater emphasis on the Union Project Foundation. This foundation was created in 1999 and works for the social inclusion of two vulnerable groups - the elderly living on the streets and children with complex diseases. Currently, their work is carried out in five locations, each with

its own physical infrastructure and trained technical and volunteer staff. It works through donations and with funding from some institutions, groups and people who identify with its aims.



The help of the Voluntary Ladies is permanently included in two of the five headquarters of the Foundation, contributing to its operation and logistics, specifically in the “Maria is my Mother Soup Kitchen” headquarters, where breakfast is offered to about 90 older adults and lunch to 200 street dwellers, and at the “House of Hope” headquarters, where 60 abandoned older adults live. The latter are given food, shelter and a clean bed to sleep in. The regular contribution of the volunteers is allocated to the payment of utilities and a

part of the necessary food ingredients. On some occasions, collaboration extends to another Project headquarters called “Santa Rita of Cascia”, where, by delegation from the Colombian Institute of Family Welfare, 60 children with serious pathologies and cerebral palsy abandoned by their families are cared for.

The contribution of the Ladies is gratefully recognized by those responsible for the Project and its beneficiaries, for the permanent support to two of the institutions and for their contributions during difficult times to meeting specific needs that facilitate the operation of headquarters, of the Soup Kitchen and the House of Hope where the elderly sleep. Support has included total renovation of the kitchen, provision of refrigeration for food, dishes and shelves for the Soup Kitchen, construction of ramps and bathrooms, and provision of beds, sheets and towels for the house where they sleep. In addition, financial assistance for special situations such as correction of dampness on the headquarters’ roofs, repairs after floods that required a change of tiles, etc. Likewise, it is worth noting that this volunteer experience has been enriched by offering an avenue for the Ladies to provide technical knowledge to vulnerable groups in the specific fields of their professional specialties, such as training for those who manage the Soup Kitchen on food safety issues and nutrition, in the management of medications and in matters of vaccination and health education in the centers that serve the elderly. And finally, help is provided to another headquarters of the Angels’ House Project, which houses children who come from the province for treatments at the Cancer Institute and are housed in this house, in the company of a relative for the time required their treatment.

Meeting the social demands of priority groups in general is a difficult and challenging task. In this work, scarce are the regular sources where the group of volunteers can go in search of resources, so it is necessary for them to seek out the sensitivity and solidarity of other groups or people to work on the same causes. **N**

Artistic Contributions sent by our Members

The following pictures and texts are a sample of the many artistic contributions we received from our members, in response to our call for them to send samples of their artistic activities, carried out during the year of Covid-19. We will upload everything that we received on the Association's website <https://www.afsmpaho.com/>



Painting by Numbers
By Amparo Huamán



Francisco-Tree-1
By Jorge Jenkins



Butterfly
By Karie Marie Jacque



Felting Slippers
By Theresa Kuo



Doll's House
Assembled by Karie Marie



Interior of the Doll's House
Assembled by Karie Marie



California shore
By Hortensia Saginor



Shed Door Painting - 8
By Judith Navarro



Water color
By Karie Marie Jacque

Artistic Contributions sent by our Members



Boats
By Jorge Jenkins



Scarf
Knitted by Mónica Stenning



Water color - 5
by Karie Marie



My Window
By Hortensia Saginor



Trees
By Jorge Jenkins



Shed Door Painting – 1
By Judith Navarro



California 2020 – 1
By Jorge Jenkins



Shed Door Painting – 6
By Judith Navarro



Quilt – 1
By Susan Mangan

Artistic Contributions sent by our Members

Manuela's Art

By Jeanne Kent

They are holding hands
this Flemish couple
dressed in black
looking back then
forward then back
walking toward the mirror
while frozen in oil

She appears to paint herself
speculate and reflect
then disappear in the night
and reappear in the light
showing all that has gone on
God-knows-when-and-with-whom

This canvas is a giant looking glass
reflecting *God-knows-what*
I believe - - therefore I see
who I am or is it that
I am who I think I see or
I see - - therefore I am

It is perplexing and puzzling this
frenzy of morphing images
on a canvas sealed tight
so nothing can escape
not time nor light
except when the canvas
goes black with the night

Leaving the Flemish couple
dressed in black
looking back then
forward then back
forever holding hands
in the confounding mirror of memory.



Manuela

Inspired, in part, by Tracy K. Smith's poem "My God, It's Full of Stars" from Life on Mars and, in larger part, by a painting by Manuela Holban, originally from Bucharest and now my neighbor and trusted friend.

Artistic Contributions sent by our Members

BARBARIANS

By Jeanne Kent

I am telling you to keep hope alive.
The barbarians are coming.
They will be here soon.

They will make the laws when they get here.
They will mumble to themselves while they
survey what has not been done
or what has been done.

They will look with suspicion on
those living corpses, those senators and representatives,
and wonder what the heck they did
with their privileges and brain power.

Those living corpses will parade around the chambers,
make public speeches and do what they generally do.
The barbarians will know what to do with these living corpses,
these enemies of the people. Have no doubt they will know.

We don't know from what direction they will come
but we will recognize them when they are here.

We deserve answers.

Inspired by our current state of affairs and Constantine Cavafy's **Waiting for the Barbarians*

Artistic Contributions sent by our Members

Interrogation of Ms. Corona

By Jeanne Kent

what a way you chose, Ms. Corona
to cut us off from each other
 ravaging our globe of being!

are you really intent on
taking us down
 invade our cells
 multiply yours
so you can devour
our networks of connection
 our trust in each other
our need to feel
to be?

or do we misjudge your intentions?

do you rather mean for us
wherever we are on earth
to wrap together in loneliness-easing
love-enhancing outstretched arms?

do you rather mean for us
wherever we are on earth
to breathe out fear
breathe in courage
 foster animals
 serenade each other
improvise, collaborate, celebrate
gentleness
 graciousness
 goodness
 grace?

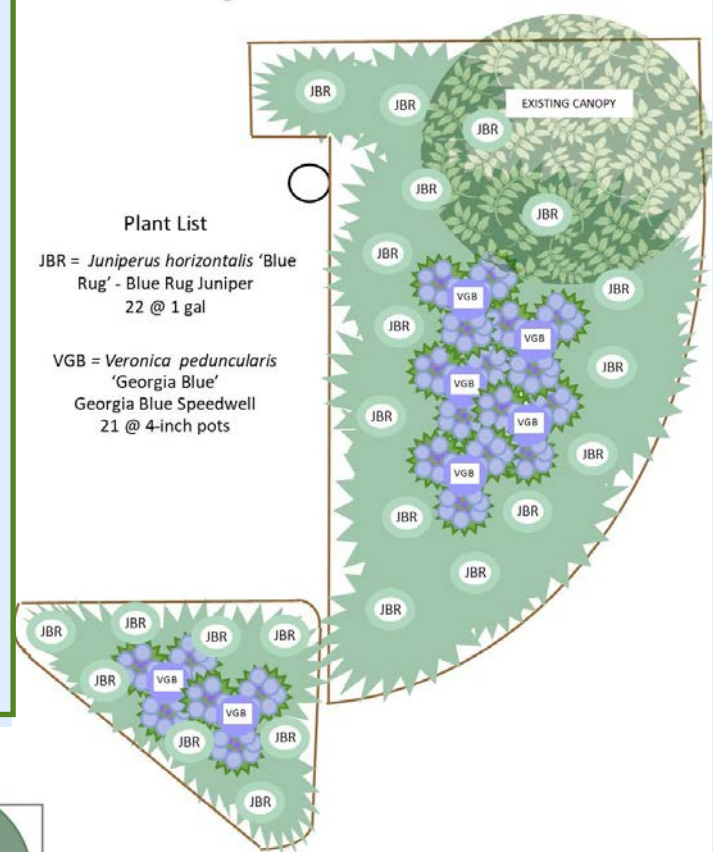
do you rather mean for
your wanton ways
to be a blessing?

** Inspired by Galway Kinnell's poem, "52 Oswald Street" making use of "Now/wherever we are on earth/in loneliness or loneliness-easing arms."*

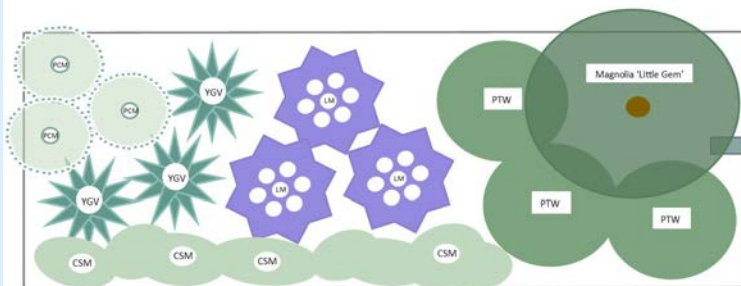
These landscape design projects are among several done during the pandemic to improve the common area of Villa Portofino, a community of 721 homes nestled in the San Diego foothills. Another project, too large to show here, included the replacement of 50 trees surrounding the tennis courts. Over 20 of my earlier designs focused on replacing turf with green low-water groundcovers.

Muriel Vasconcellos
Certified Landscape Designer

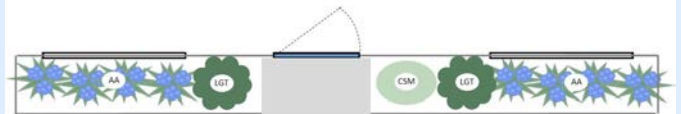
Planting Plan for Basketball Court



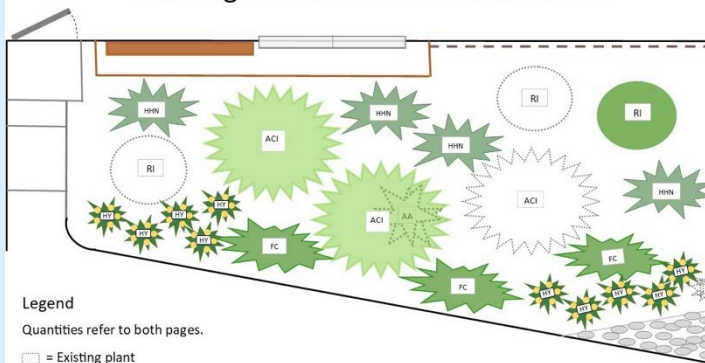
Planting Plan for 10655 Porto Court



Planting Plan for 5242 Fino Drive



Planting Plan for 10706 Escobar Drive

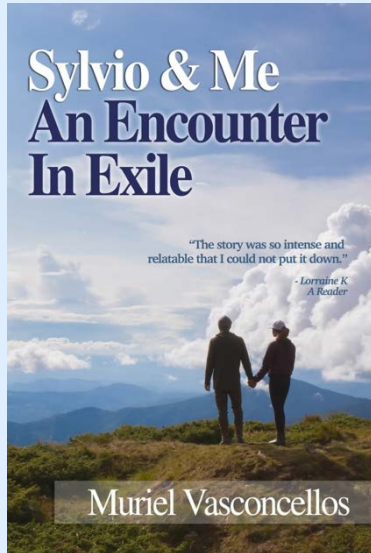


Planting Plan for 10704 Escobar Drive



Summary of Book by Muriel Vasconcellos

“An Encounter in Exile”



I have written a short memoir about life with my late husband, Sylvio de Vasconcellos, to be published in March. Some AFSM members may still remember Sylvio. The story includes his sketch of the PAHO building and several scenes from life in the office back then, though I don't mention the organization by name. People's names have been changed "to protect the innocent." The volume includes both English and Portuguese versions.

This project began as a Portuguese translation of parts of my 2012 memoir, Finding My Invincible Summer, to be published in Brazil. As work progressed, much of the material changed and new pieces were added. When the opportunity to publish in Brazil fell flat, I decided to back-translate the many Portuguese changes into English and add a few photos. For those who have already read the previous book, there are a number of pleasant new surprises.



Aspects of my life during Covid-19

By Maritza Romero

In the first place, the word confinement, for me, lost all its meaning and taking the precautions of sheltering in place, I have been turning my life into interesting and freeing moments that I call: "The akí and the now" or "My Aki and my Now". In the following ways:

The movies?: They were replaced by "alternative" moments at home that are filmed from by the camera of my heart, rich with conversations among family and friends on the Internet, etc. hee hee! 😊

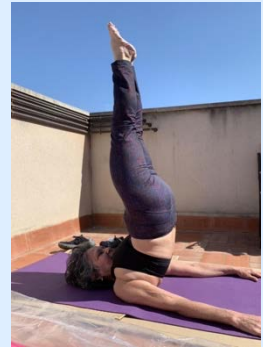
Artistic Contributions sent by our Members

Dances?: That's how I discovered the opportunity to learn a new dance, Bollywood 🥰❤️, which was my birthday present, given to me accompanied by my daughters via Zoom. This also showed a different way of gifting 🤗 in these situations! Additionally, I continued with other dance classes, such as zumba and tango, via Zoom 🤗

I was looking for a partner via virtual sites, one that has yet to appear hehehe. However, instead, I found a German teacher ... 😊 and I started something I always wanted to do - to take German classes - and in this case from home ... even better! !!.



I wanted to take walks, to escape, and to climb mountains, but instead I discovered the highest part of my building, so that the escapes have been transformed into ups and downs 🏃♀️🏃♀️🏃♀️ ... yyyyyy of which mountain? 🤔 Simple: the attic of the building where I live, that with



its 6 levels, in addition to being my “partner” in keeping my blood moving, I discovered in that attic a new way to look at the sun ☀️, to breathe, and to do yoga 🧘

From that attic, by having these special moments at



home gifted to me, I have been able to see the street from the height of 6 floors up, and thus to recognize and learn about some particularities of the neighborhood. Ahhhh, something else, thanks

to the creativity that these times have given to those people who know how to take advantage of these opportunities, I was



Artistic Contributions sent by our Members

pleasantly surprised by my children from Barcelona and Germany (via Zoom) with the celebration of my “my 65th birthday”, that took place in the famous attic 😊



In the end, I share with you that when the floodgates were “opened a little bit” 😊, I went to breathe fresh air near the sky, taking advantage of a procedure that I had to carry out in a tiny

country, close to Spain: Andorra “la bella”.



Thanks to the fact that I kept going up and down the mountain of stairs in my building, I developed energy that enabled me to "grasp" the clouds between Andorra and France and Spain ...



Anyway, I discovered new parks, new dances, new friends, new ways of nourishing myself and preparing food, new ways of managing documents via the internet ... and so much more!

Mar/Mariposa/Maritza/Martina



Articles by Sérgio Rolim

(Blog by Carlos Romero)



1 - REFLECTIONS ON HOLY WEEK

Posted on 11 April 2020

2 - THE BOOK HUNTER

Posted on 25 July 2020

3 - LEONARDO AND ITS CHANNELS

Posted on 20 August 2020

4 - VENICE AND LEONARDO

Posted on 03 September 2020

5 - LETTER OF JULY 11, 1944

Posted on October 5, 2020

6 - THE LYSM OF CORIOLANO

Posted on 16 October 2020

7 - MICHELANGELO AND TECHNOLOGY

Posted on October 30, 2020

8 - THE VINEYARDS OF BURGUNDY

Posted on November 8, 2020

9 - THE PÉRIPLO DE D. JOÃO

Posted on December 1, 2020

10 - NAPOLEON AND JOSEPHINE

Posted on December 18, 2020

Recently published books

THE SAGA OF CHANCELLOR ROLIN AND HIS DESCENDANTS

Ed. Labrador, São Paulo, October/2020, 144p.

HISTORY OF LIFE, PUBLICATIONS AND CHRONOLOGY: ACADEMIC - PROFESSIONAL, 2nd ed., ideia publishing house, João Pessoa, July/2020, 142p.

Reflections on My Work in PAHO (1968-1983)

By Sumedha Mona Khanna



“Such a little girl”- were the first words spoken by Dr. Abraham Horwitz, Director of PAHO, when he first saw me. I was a 28-year-old, young, slim woman, 5ft.2” tall, wearing a royal blue mini-dress. I was standing between the tall 6 ft. 4” Dr. J. Cutler, Deputy Director of PAHO, who was just moving to the School of Public Health, University of Pittsburgh as its Dean, and Dr. Samuel Wishik, Director of the Institute of Human Reproduction, Columbia University, where I was just moving to take up my new assignment.

Dr. Horwitz had just finished his speech at the American Public Health Association’s Annual Conference in Miami. During Doctor Horwitz’s recent visit to Venezuela to address the First Latin American Population and Health Conference, he was approached by Dr. Max Awon, Trinidad and Tobago’s Minister of Health, who was asking for technical assistance to develop the country’s Family Planning Program. He especially wanted help to formulate a national population policy, train doctors and nurses in family planning techniques, and integrate family planning service into its rural health clinics. PAHO had just established a Health and Population Unit in its Regional Office, with one Medical Officer and some secretarial staff. Also present at this meeting was Dr. Samuel Wishik, who at that time was Acting Dean and Head of the Maternal and Child Health Division at the School of Public Health in Pittsburgh and my supervisor. He told Dr. Horwitz that he knew of one person who could provide this technical assistance. He said she is an Obstetrics/Gynecology specialist and had just completed her master’s in public health at the University of Pittsburgh. That person was me. Dr. Horwitz suggested that he would like to meet me.

After completing my specialization in Obstetrics/Gynecology in England, I moved to the University of Pittsburgh, where I had just completed my Master’s in Public Health and also a 6-month internship in Jamaica, through a collaborative program of the School of Public Health and the University of the West Indies. And I had just started as a Research Fellow in Human Reproduction at Columbia University, New York, with Dr. Samuel Wishik.

After the meeting in Miami, I visited PAHO’s office in Washington D.C. and met with Dr. Horwitz and the chiefs of some major departments. I wore a Sari (Indian outfit) to look a bit older (as advised by Dr. Wishik). I believe several of the chiefs were concerned about my being so young. Yet, opportunistic and forward-thinking Dr. Horwitz agreed to appoint me as Health and Population Consultant for the Caribbean, based in Trinidad and Tobago, where most of my first year was concentrated. An agreement was reached between Columbia University and PAHO for a

two-year assignment. So, within three months of this Conference, I found myself in Port of Spain, Trinidad, with just one suitcase and a carry-on bag.

My entry into Public Health was accidental. I had no intention of pursuing a professional career in Public Health, let alone in International Public Health. After completing my specialization in Ob/Gyn in England and wanting to learn about the social aspects of Maternal Health that led me to the Masters in Public Health Program at the University of Pittsburgh, I had plans to return to India and was awaiting some responses from India for a suitable post. But obviously fate had another plan for me. And this is how my assignment with PAHO began.

I enjoyed my assignment in the Caribbean, met some dedicated and inspiring people who were providing great leadership in health and community development to their newly independent countries from the United Kingdom. Until this time in my professional career, I had always worked directly with patients and families. I had no idea how to function appropriately in an Advisor/Consultant role. So, at the beginning of this assignment, I asked Dr. Horwitz about the Advisor's role. His advice, that I have never forgotten, was *"Your job is to work yourself out of your job. You must transfer knowledge and skills to local experts so they can take over and continue the program after you."* These words are imprinted in my soul and I have tried to follow them throughout my career.

Another landmark event for me came when I completed my 2-year assignment in Trinidad. I had established the program and had trained a national medical person to take it over, so I was ready to leave. At that time, I had three choices: 1. return to Columbia University; 2. accept an offer from the World Bank in Washington D.C. that had just established a new Division of Population and Health and approached me for a position in its Training Department; or 3. accept an offer from the United National Development Program (UNDP) in New York, that was also considering establishing a special program in Family Planning and Population Dynamics (a precursor to United Nations Fund for Population Activities (UNFPA). Somehow, Dr. Horwitz learned about this. He invited me to his office in PAHO and asked me not to leave PAHO. *"PAHO needs people like you, and I have received requests from other Caribbean Governments for your services. Tell me what job you would like. Would you like to come to the Washington office?"*

"What would I do in Washington?", I inquired. Then I mentioned that I might prefer to be assigned as PAHO Country Representative in Guyana. He was shocked to hear that. "But PAHO/WHO has never assigned a woman to a country representative post. "I replied by saying "well that is your problem. You asked me what job would interest me. And I have worked with the Minister of Health in Guyana in assessing their Maternal and Child Health Program. I like her (Sylvia Talbot), and I think I can work there very well." Dr. Horwitz noted that he would have to get agreement from Dr. Candau's (WHO's Director General) for this and he needed a month or so for that. I left it at that and went back to Trinidad to complete my remaining assignment.

Not having had any response from PAHO, I decided to accept the World Bank offer to head its Training Department in its newly established Population and Health Division and sent my resignation letter to PAHO via the Zone Office. Dr. Alfred Gerald who was the Zone Chief informed Dr. Horwitz that he had received my resignation letter. Dr. Horwitz told him to call me

and offer me the post of the country representative in Guyana. Apparently, Dr. Candau did not agree to the appointment of a woman as a country representative. So, Dr. Horwitz somehow managed to change the budget for this post, making it PAHO-funded rather than PAHO/WHO jointly funded as was customary. I received the call from Dr. Gerald while I was running a training program for nurse-midwives in St. Kitts, who told me that I have been appointed as PAHO Country Representative in Guyana and told me to withdraw my letter of resignation. I was so impressed by the action taken by Dr. Horwitz that I decided to accept the post.

I was the *first woman appointed as a Country Representative in PAHO/WHO*. This was indeed a remarkable achievement and a great example of leadership by Dr. Horwitz. I have always recognized him as my mentor for life. And indeed, he was responsible for my moving from a clinical Ob/Gyn Specialist to a Public Health profession - a move I have never regretted.

I continued my work in PAHO, moving from the country post to the regional office in the Health and Population Department, that brought me to work in several countries in Latin America, notably, Mexico, Chile, Colombia and Ecuador.

When Dr. Hector Acuña was elected as the Director of PAHO, he wanted to reorganize and strengthen PAHO's activities in the Caribbean. He gave me a special assignment to review PAHO's programs and resources in the Caribbean countries and make recommendation about how best to strengthen and coordinate PAHO's work there. After a study that took 4 months, I presented the Report of my assessment and recommended the establishment of the Caribbean Program Coordination, to be based in Barbados. This unique report was presented to the Ministers of Health of the Caribbean countries and was accepted. Dr. Acuña wanted to appoint me as the Caribbean Program Coordinator. But I declined since I felt that a Caribbean person should be appointed to lead this office. Dr. Mervyn Henry was then appointed to this post. And I moved to Jamaica, as PAHO/WHO Representative to Jamaica and the Western Caribbean countries including Bahamas, Belize, Bermuda, Cayman Islands, and Turks and Caicos Island. This was a demanding but very memorable assignment for me.

In Jamaica, the Ministry of Health was developing a National Primary Health Care Program as a follow up to WHO's Goal of Health-For-All by the year 2000 through the Primary Health Care Strategy that was approved by the World Health Assembly in 1978. Jamaica took up this challenge under the very capable leadership of Dr. Christine Moody, Principal Medical Officer of the Ministry of Health. I was fortunate to be assigned to Jamaica during this period. Dr. Halfdan Mahler, Director General of WHO, visited Jamaica in 1979 and was impressed by the progress Jamaica was making in implementing the Primary Health Care Strategy. He asked me if I would consider moving to WHO HQ in Geneva and coordinate the Health-for-All Strategy Initiative. I did not make any commitment. I was very content in my work in Jamaica and the Western Caribbean. I also did not want to leave PAHO, as I enjoyed working in it and had made great friends both in PAHO as well as in the countries.

In 1980, I had a surprise visit in Jamaica of PAHO's Deputy Director, Dr. Paul Ehrlich. He told me that Dr. De Villiers, Chief of the Division of Comprehensive Health Services, had resigned, and Dr. Acuña wanted to appoint me in this position. Firstly, I could not believe this, and secondly,

I was at this time thinking of taking Dr. Mahler's offer of moving to Geneva. But I agreed to visit the PAHO office in Washington DC and meet with Dr. Acuña.

Two weeks later, I went to Washington DC on my way to India for my home leave. Dr. Acuña met with me and asked me to come to the Regional Office to take up the post of the Chief of the Comprehensive Health Services. I told him that this was one of the most prestigious posts in the Regional Office and probably should go to one of the senior staff from Latin American countries. This would be politically expected. Dr. Acuña's response, that I shall never forget, was: *"Well the Division is very critical, and it is in a mess and I feel you are the most appropriate person to put it together. And if the Directing Council does not like my decision, they can vote me out at the next election. At this time, I am most concerned about the major programs for which this Division is responsible."*

I was very touched by his statement and agreed to take up the offer. Needless to say, this news came as a big surprise to everyone, and especially the senior PAHO staff in the Division who no doubt were expecting to be promoted to this position. My initial period was not that welcomed by them, but over time they had no choice but to accept me. This was perhaps one of the most difficult jobs I held in PAHO and WHO. It required a unique combination of technical, managerial and political skills. And being a relatively young woman and not from one of the countries of the Region didn't make it easy. I was the first woman again appointed as a division Chief in PAHO and WHO.

In 1983, I was again approached by Dr. Mahler to move to the Geneva Office in the Health-for-All Strategy Coordination Office. In September when PAHO Pan American Sanitary Conference elected Dr. Macedo as PAHO's new Director, I felt it was a good time to move. Although Dr. Macedo was not keen on my moving, he agreed, and I left for WHO HQ in October 1983.

During my 15-year work in PAHO (1968-1983), I accumulated an incredible experience in International Public Health, including: technical, managerial, fund-raising and communication skills and even subtle political skills. I learned Spanish and even some Portuguese. I met many leaders in health, especially women, and I learned leadership skills appropriate to varying technical, political and community environments. Also, I had the opportunity to work under three PAHO Directors, Dr. Abraham Horwitz, Dr. Hector Acuña and Dr. Carlyle Guerra de Macedo, each with his distinct leadership style that I would briefly characterize respectively as, creative and forward looking; managerial; and innovative and enthusiastic. Each had his own personal and unique style of leadership within the PAHO political environment.

Most importantly, I felt that I broke the glass-ceiling by being the first woman as a PAHO/WHO Country Representative and as Chief of a major division in the Regional Office. I feel I opened the door to women; several were appointed as country representatives and the recent past PAHO Director and the current Director are women.

PAHO will always be my second Home. It is imprinted on my soul. **N**

GRACIAS PAHO

Obituary of Carlos Pérez Hidalgo

By Tony Pagés and Carlos's family



Our dear colleague Carlos Pérez Hidalgo passed away on 4 August 2020 in the city of Buenos Aires, Argentina. He was a Surgeon and Epidemiologist, who specialized in Public Health and Nutrition. Mexican, he graduated as a doctor from the Faculty of Medicine of the National Autonomous University of Mexico. He obtained a diploma in Public Health and Nutrition at the Institute of Nutrition of Central America and Panama, in 1964. He worked in different international organizations of the United Nations System (PAHO/WHO, UNICEF, FAO) from 1967 to 1992, the latter being the year he retired from PAHO/WHO. He participated in the design and development of operational methodologies for nutritional and food evaluation in Brazil, Bolivia, Paraguay, Uruguay and Argentina. He is survived by his wife Norma Staropoli, who resides in the city of Buenos Aires, and three children, Alvaro, Carlos, and Rodrigo. Before joining the United Nations System, he was the Director of the Department of Epidemiology in the Mexico Institute of Nutrition, an entity for which he worked during 14 years, mainly dedicated to the issue of malnutrition in rural populations. He was the author and co-author of around thirty scientific publications.

Carlos was a prominent member of the Association of Former Staff of the United Nations System in Argentina (AFICS-Argentina). He assumed various responsibilities as a member of the Board of Directors, over several years. He was always known for his kindness and supportive cooperation. He was very active in obtaining information about training activities related to health and disease, that were offered in various Argentine medical and scientific institutions, information that he shared with the rest of the Association members. He was a regular participant in AFICS social activities and a regular attendee to work meetings. His contributions have always enriched the Association discussions. At the time of his death, he was 85 years old. To Carlos we offer our eternal embrace. **N**

In Memoriam

**DEATHS INFORMED IN 2021
NOT PREVIOUSLY REPORTED**

María Teresa Villarreal

27 January, 2018

María Lucía Lobo Manceu

6 May, 2020

Carlos Pérez Hidalgo

4 August, 2020

Olga Pinto Da Rocha

1 November, 2020

Onofrina Da Rocha

20 November, 2020

Roger Gamboa

3 December, 2020

Elena Carrillo Grajeda

1 January, 2021

Concepción Segura

16 February, 2021

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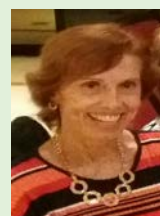
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