



# NEWSLETTER

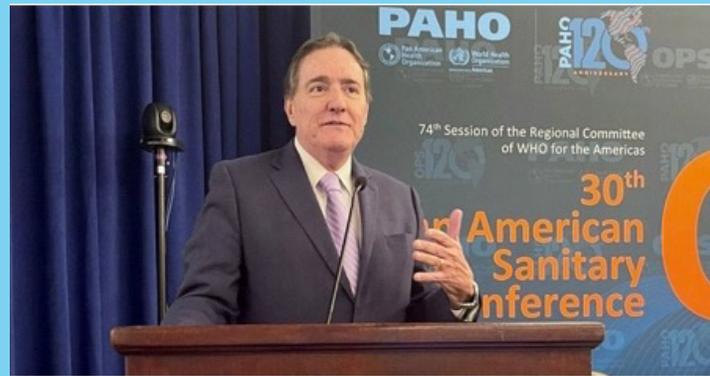
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THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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Dr. Jarbas Barbosa da Silva Jr. elected PAHO Director

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### *AFSM President Report to 2022 General Meeting*

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*By Gloria Coe*



Our General Meeting on 1 December is especially meaningful as we remember PAHO was established, 120 years ago, on 2 December 1902. Ten countries of the Americas met in Washington, DC in the headquarters of the Organization of American States and created the Pan American Sanitary Bureau.

The formation of the Bureau was preceded by 51 years of global meetings at the highest level of Government to regulate four overarching conflicting goals: what standards should govern quarantine, that would maintain the public's health, control transmission of infectious diseases, and ensure sustainable international commerce, trade, and travel. In many ways, our recent experience with the pandemic, gives us a clear understanding of the critically important role of the Pan American Sanitary Bureau during the first half of the 20<sup>th</sup> century.

The history of our Association is equally meaningful. The former staff members who created AFSM in 1990, described their memories of working together at PAHO as “*like a life lived with a ‘family’ which we cannot and should not erase from our hearts.*” At present the Association has 684 members, of which 235 live in the greater DC area and 189 in other parts of the US, 211 reside in Latin America, and 28 in the Caribbean.

As we approach the end of 2022, I would like to share with you some of what I see as our accomplishments,

Early in 2022, the Board established three priorities for our programs, to:

- increase member participation
- strengthen information and communication with members, and
- engage with PAHO, WHO and other international organizations

Under the leadership of Jean Paul Menu and Sue Bloch Tyrrell of AFSM Geneva, we are actively supporting the creation of the Global Council of AFSMs in collaboration with the Regional WHO Offices in Delhi, Manila, Brazzaville, Cairo and more recently Copenhagen. Hernan Rosenberg is playing a key role leading the discussion and developing the structure of the Global Council.

The benefits to AFSM PAHO derived from the Global Council are threefold:

1. Information affecting former staff members from all WHO Regions is available to each AFSM, which strengthens our conversations and negotiations with the Director General, the WHO Administration, and the Regional Directors and Offices of WHO and PAHO.
2. Facilitates continued working relations with former colleagues across the global network of AFSMs.
3. Ensures a broad engagement of former staff members with WHO, PAHO and the Regional Offices to implement global plans for the UN Decade of Healthy Ageing.

The ability of the Association to provide guidance and support of former staff often depends on a collaborative relationship with the PAHO administration, both in Washington and in the countries.

Our intent to involve members more directly in AFSM activities, in many ways, rests on our Focal Points in the countries. They are now active, 24 in Latin American and the Caribbean, 2 in the US and 1 in Europe where they promote participation at the local level. With the support of our Focal Points, AFSM convened short meetings with PWRs and their staff of Bolivia, Brazil, Colombia, El Salvador, Panama, and Peru asking for their support and engagement with our members. The response of the PWR staff was positive, encouraging, and we plan to ask other PWRs for similar meetings.

Our committees continue to be drivers of the Association's programs and progress.

The newly formed **Outreach Committee**, coordinated by Hugo Prado, is promoting the enrollment of former staff as members of the Association and is motivating them to take part in administrative, cultural, educational, and social activities. With the goal of strengthening friendship among our members, the Committee developed a vigorous regional and national outreach program and recently supported a meeting with former staff members across Bolivia with the PWR office.

**The Healthy Ageing Committee**, coordinated by Martha Pelaez, has a broad mandate to "promote healthy ageing and wellbeing among our members." It is working with PAHO's Healthy Life Course Unit and WHO's Department of Ageing and Life Course to implement programs for the UN Decade of Healthy Ageing.

AFSM members have a dual role in the Decade as both recipients and protagonists. As former staff, we persuasively encourage PAHO to implement programs to promote a broad cultural shift on behalf of older members of society - as envisioned by the UN General Assembly.

Committee member, Yvette Holder, prepared surveys of our members. The responses were used to strengthen the information distributed to our members.

**The Health Insurance and Pension Committee**, coordinated by Carol Collado, has the broad mandate to support, inform, and clarify for our members - matters relating to health insurance and pension. During 2022, the Committee responded to more than 100 requests, most of which were to clarify health insurance rules, deal with problems relating to insurance claims, and advocate with SHI on member problems and payment delays.

The Committee prepared documents on health insurance: a guide for PAHO's pre-retirement seminars, a similar second document is a guide during retirement, and in response to member requests, a 3-page document detailing actions to be taken on the passing of a member or a beneficiary.

In relation to the Pension Fund, the committee was able to alert all but seven of the 64 individuals in the Region who failed to return their Certificate of Entitlement - thus avoiding suspension.

The newly formed **Communications Committee**, coordinated by Marilyn Rice, has the role and responsibility of informing our members on many topics using multiple channels of communication. In many ways, AFSM and the previous three Committees - all receive support from the Communication Committee - as do our members who contact us through the AFSM email, read our Newsletters, participate in our Facebook group, and respond to our surveys and Blast Messages.

- With thanks to our Editor-in-Chief and Co-editor, Marilyn Rice and German Perdomo, the Newsletter is published quarterly in both English and Spanish, with information on ageing,

health, well-being, and frequently includes creative works by our members such as poetry, writings, and paintings.

- The Association thanks Stan Orzeszyna for his work on our website during the past two years and wishes him well. Stan enhanced the website, redesigned and formatted it to ensure easy access to many interesting and important documents. He will resign on 31 December. Thankfully, Jorge Prospero of Panama accepted our request to become our Webmaster as of 1 January 2023.
- Antonio Hernandez has supported AFSM for more than two decades. Antonio now manages our Blast messages sending about 60 each year. Thanks to his knowledge of our history and information technology, he has provided wonderful, wise, and generous support.
- Violeta Mata has been coordinating Facebook for about 18 months. Interestingly, she noted that increased access to Healthy Ageing information led to an almost 50% increase of community exchanges among the 117 active members as well as an increase in their participation in conferences, surveys and other AFSM activities. We are grateful to Violeta for accepting this role and for her generous support.

For further information on the work of the Committees, please see their annual reports on the website. We are proud, as you should be, of their accomplishments.

A few of our challenges for 2023 will be to:

- Continue to highlight the excellent work of our committees with a focus on increasing both AFSM membership and participation. I ask our members to recognize that all the accomplishments you will hear about today do not happen magically. There is someone investing their time and expertise on behalf of the Association and on behalf of you, our members. Please look for an opportunity to actively participate and to enjoy supporting our wonderful PAHO family.
- The second challenge will be to expand our efforts to increase the Association's presence and activities in the countries, by strengthening and expanding the outreach of our Focal Points. We continue to recruit Focal Points and invite you to join us and become more involved.
- Third is to recognize our role as ageing members of society and provide strong leadership to PAHO on the critical importance of a global cultural shift in respect, care, and support of older people in our Decade.

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

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

Thank you.  
Gloria A. Coe



## Dr. Jarbas Barbosa da Silva Jr. of Brazil Elected PAHO Director

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*Taken from PAHO's website*



Dr. Barbosa da Silva Jr., a national of Brazil, will be PAHO's new Director, beginning his five-year term on 1 February 2023. He was elected on 28 September 2022 by PAHO Member States during the 30th Pan American Sanitary Conference. He succeeds Dr. Carissa F. Etienne of Dominica, who has led PAHO since 2012.

A national of Brazil, Dr. Barbosa da Silva Jr. is currently the Assistant Director at PAHO where he has led the Organization's efforts to increase equitable access to COVID-19 vaccines and to enhance regional capacities to produce medicines and other health technologies.

Dr. Jarbas Barbosa da Silva Jr. received his medical degree from the Federal University of Pernambuco, Brazil, and specialized in public health and epidemiology at the National School of Public Health, Oswaldo Cruz Foundation (FIOCRUZ) in Rio de Janeiro. He holds a master's degree in medical sciences and a PhD in public health from the University of Campinas in São Paulo. Earlier in his career, he was Municipal Secretary of Health of Olinda, State Secretary of Health in Pernambuco, and Director of the National Center for Epidemiology (CENEPI) in Brasilia.

Dr. Barbosa joined PAHO in 2007 as Area Manager for Health Surveillance and Disease Management, responsible for coordinating regional activities related to the surveillance, prevention, and control of communicable and noncommunicable diseases; veterinary public health; and health analysis and statistics. In 2011, he rejoined Brazil's Ministry of Health as Secretary of Health Surveillance, and later became Secretary of Science, Technology and Strategic Supplies. Prior to becoming Assistant Director at PAHO, Dr. Barbosa was Director-President of the Brazilian Health Regulatory Agency (ANVISA) from 2015-2018.



# Health Insurance and Pension Update

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*By Carol Collado*



## Health Insurance

Once again, this column will start with the situation in the Region on COVID-19. After nearly 3 years of having our lives disrupted, everyone is ready for a change. We have watched as health personnel, scientists and researchers have learned and informed us about the disease. They have developed tests, treatments, vaccines and other measures to help us deal with this ever-changing virus. There is a general impression that it does not now signify a serious threat and that we can move towards a “normal life”.

Because of all of the advances made, people are willing to take more personal risks, leaving off masks, reuniting again in large groups, and not signing up for the new vaccines. What is happening is that the risks are not only personal but for the whole community and globally. China, for example, in spite of draconian measures of lockdowns and control, has seen a large uptick in cases. In this Region of the Americas as of November 18, there had been 324, 477 additional cases and 2259 deaths in the preceding 24 hours<sup>1</sup>. COVID has shown itself to be remarkably adaptable and is constantly mutating which makes control measures weaker than in a usual pandemic.

With the seasonal holidays approaching, and with the desires to see family and friends personally after a long hiatus, traveling, larger groups and increased contact are in the plans for many. If you are one of these, please be careful. Use precautions. Yes, we have in general, treatments which have lowered the risk of death, but as the senior generation, with not only age related lowered immune system responses, many of us have underlying co-morbidity issues which make us more susceptible both to the disease itself but also for the dangers of developing long COVID. It does not take long to implement the basic precautions, masks in contact with groups, frequent hand washing, being up to date on vaccines, testing if in doubt and self isolation when necessary to protect not only ourselves, but our important others. It could be life saving!

An interesting new finding from a MIT study of COVID data on 121 countries is that it appears that indoor humidity provides an additional protective factor for the transmission of the COVID virus if kept within the 40%-60% range, whereas both lower and higher levels increase transmission risks.<sup>2</sup>

COVID, combined with the early incidence of the seasonal flu and the respiratory syncytial virus (RSV) have made for serious hospital bed shortages in the northern hemisphere of this Region, especially pediatric beds as the younger population is more susceptible to respiratory problems. However, once again, by belonging to the older population, we also fall into the higher risk group, and it is best to know some basic facts on RSV.<sup>3</sup>

RSV is a virus. In most people it manifests itself similar to a normal cold or flu: runny nose, decrease in appetite, sore throat, headache, dry coughing, sneezing, fever and wheezing, some of these present in different stages as the infection progresses, and then goes away in a week or so. Presently there is no known treatment. Antibiotics are bacteria effective and do not work against viruses. Work is underway to develop effective antiviral medicines and vaccines.

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1 <https://www.paho.org/en/topics/coronavirus-infections/coronavirus-disease-covid-19-pandemic>

2 *Journal of the Royal Society Interface* (2022). DOI: 10.1098/rsif.2021.0865: “Associations between indoor relative humidity and global COVID-19 outcomes.”

3 <https://www.cdc.gov/rsv/index.html>

Transmission of RSV is airborne through virus droplets, and through direct contact, for example by shaking hands or kissing someone infected, and also by contacting contaminated surfaces such as a doorknob and then touching face before washing hands. Contagion is most active in the first week of infection but has been found to spread during the period of up to a month, especially in those with weakened immunity.

Protective measures and the common health promoting sanitary measures: frequent good hand washing (soap and water for at least 20 seconds); covering mouth and nose for coughing and sneezing, and not with bare hands; safe disposal of tissues if used; avoiding touching eyes, nose and mouth; not sharing drinking utensils; keeping frequently used surfaces clean; and disinfecting much used surfaces such as mobile devices, doorknobs and toys.

A word about other health threats in our Region. PAHO has declared a state of emergency on polio. Many of us can remember the picture of the small boy with a crutch used as the standard bearer when polio was declared conquered in the Region. Unfortunately, it is once again with us. Global travel, a complacency about the urgency of getting vaccinated, and other strains on the health systems have brought back this threatening disease. WHO on their part has declared a global threat from measles, again with many of the same causes. Please, spread the word to family and acquaintances. Vaccines are critical for us winning the wars again with these menaces.

Now that we have spoken about some of the health threats, it is time to look at, in this decade of healthy aging, we the aged population can be protagonists and promote our own health. Reminder we, not the health authorities, and those responsible for doing all we can to be healthy. Proven by research, even those of us with underlying health problems, can influence our health state by: including, even at a minimum level some exercise in our daily routines; assuring adequate nutrition; a minimum of more than 6 hours sleep each day; and building a network of social support and interaction. Each of these elements are under our individual control and contribute to our being healthy and being able to enjoy our lives!!

## **Pension**

There is news from the Pension Fund. Their website [unjspf.org](http://unjspf.org) is totally renovated and oriented towards simplicity and ease of use. With that comes some information of which all of us should take note, so that, when needed, it will be available to us. One of the important items in this review is that the UNJSPF forms have been revised and now contain a barcode for faster processing. These can be accessed either through the home page or through each member's Member Self Service (MSS) account. Those available through each member's MSS are already pre filled with the member's name, identification number, etc., and only need changes or notification information entered. If you have separated a folder of information with forms for your family or representatives, please print and substitute the new forms.

As of 1 November, the second mailing of the Certificates of Entitlement (CE) has gone out to all of those whose CE has not been registered in the UNJSPF by mid October. This includes those who return the paper form and those who have signed up for the digital CE (DCE) but who have not yet confirmed via this option during 2022. Should you receive this mailing it definitely means that you need to return it. In the past, several people have said that they do not need to do this since they already sent it in. Unfortunately, mailing systems and other problems may mean delays or losses so that if you receive a second notice, do return it. We understand that the offices of the UNDP have accepted the responsibility of supporting retirees by sending the signed documents to the UNJSPF where there are difficulties in using postal services. As we have mentioned before in this column, you

can be assured that your CE has been received by entering in your MSS and finding the registry of your CE there. The deadline to have your CE registered for 2022 is December 31.

With the new website, UNJSPF has also revised some of their educational products. They can be found on <https://www.unjspf.org/unjspf-pension-elearning-modules/> under the heading of eLearning Modules and cover a multitude of pertinent information.

The latest update on investments in October has shown that, although there has been a decline in 2022 in net worth because of the market volatility, the Fund's investments have outperformed the market and the available funds are secure.

We have learned that the HQ AFSM is planning a webinar for late February regarding pension matters of interest. Included here is their announcement. We highly encourage you to respond if you have additional questions regarding pension to [afsm\\_aoms@who.int](mailto:afsm_aoms@who.int) with a copy to [afsmpaho@gmail.com](mailto:afsmpaho@gmail.com). We will be giving more information as plans continue.

*Dear Members,*

*We are discussing with staff of the UN Joint Staff Pension Fund the possibility of holding an online webinar, likely end February 2023, on the pension matters of interest to most of us.*

*Please find attached a first draft list of discussion points. We look forward to hearing from you whether you have other generic points to add to the list. We will then finalize the list and share it with the Pension Fund staff.*

*In due course, we will confirm the date and time and provide the information you need to participate in the webinar.*

*We have asked the Pension Fund about possible interpretation into French and Spanish and will keep you informed*

**Discussion Points for In-retirement Seminar** (draft 21.11.2022)

- 1) *MSS and its functionality – what tasks a UN pension recipient can carry out at the MSS*
- 2) *Death-related matters and survivor's benefit*
  - *Process for informing the Fund of the death of a spouse, both UN pension recipient and dependent spouse*
  - *Process for requesting survivor's benefit and estimated processing time before survivor receives a benefit payment*
- 3) *Two track vs dollar track system*
  - *General description*
  - *Possibility to change tracks*
- 4) *Certificate of Entitlement (CE)*
  - *Possibility of MSS download for local track recipients*
- 5) *Digital CE system (DCE)*
- 6) *How to inform the Fund of change of address or bank details without using MSS*
- 7) *How best to contact the Fund for other matters*

Best wishes to all for a happy healthy Holiday Season to you and your significant others.



## Comments made by AFSM PAHO President During the WHO and AFSM Webinar on Healthy Ageing on 6 October 2022

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*By Gloria Coe*



I thanked the Director General and the webinar organizers for the opportunity to share some of our Association's experience promoting healthy ageing in the Americas.

Our history began in 1990. Based on the recorded memory of our founders, working together at PAHO was *"like a life lived with a 'family' which we cannot and should not erase from our hearts."*<sup>1</sup> It is hard to imagine fostering healthy ageing without our families, both our PAHO family and our birth and life families. And, we have not erased either of them from our hearts.

Communication is key to retaining our family connections across the Americas. During the previous decades, AFSM PAHO implemented strategies to ensure good communication - to and from our members. This includes our newsletter, annual meetings, social gatherings both in person and virtual, blast messages to all members, Facebook, an email address, and our beautifully upgraded website.

During the past years, we worked to include members in the countries in our programs through online voting and Zoom meetings. Since 2020, we recruited 20 Focal Points from 19 countries, including the US and Europe. Their presence in local and national communities facilitates bringing members together, and providing them with support, assistance, and linkages with WR Offices.

It is with this established structure and network that we come to the Decade of Healthy Ageing.

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<sup>1</sup> AFSM Newsletter, September 1990 Pilot Edition, first page:  
[https://www.afsmpaho.com/files/ugd/6814f4\\_1da59d52289541acabb69b552d1a483c.pdf](https://www.afsmpaho.com/files/ugd/6814f4_1da59d52289541acabb69b552d1a483c.pdf)

To better respond to the needs of our members, we surveyed their perceived status of their health and their needs as they grow older. As a result, the Association formed the Healthy Ageing Committee in May 2021, thereby increasing its focus on healthy ageing. This led to an increase in participation - by almost 50% - of our members on our Facebook group, in surveys and webinars, and in discussions on healthy ageing on the site and with their family and friends.

Establishing this Committee facilitated our participation with PAHO, WHO and regional AFSMs in support of the Decade. The Healthy Ageing Committee, in collaboration with PAHO's Healthy Ageing Program, offered two Webinars this year: ***How to get what matters most from your healthcare*** and ***Is Dementia Inevitable in Old Age?***

Our quarterly newsletter has a standing column on health insurance and pension update; and it regularly publishes articles on healthy lifestyles for older people such as nutrition, exercise, self-care, and others.

Our website section on Healthy Ageing has articles, resources, and current information - that is updated monthly.

AFSM's collaborative relationship with PAHO's Regional Program on Healthy Ageing facilitates our active support of their programs. Our participation brings the voice of ageing former staff to PAHO programming. Later in this webinar more information was to be shared by the Coordinator of the Healthy Ageing Committee, Martha Pelaez and PAHO's Regional Adviser on Health and Ageing, Patricia Morsch.

AFSM is committed to making the Decade of Healthy Ageing a success and it is honored that WHO is leading this initiative. There is much we can accomplish together. However, there are an equal number of challenges.

It will require multi-disciplinary involvement and commitment from many stakeholders and sectors. The UN Website states - The United Nations Decade of Healthy Ageing "*is an opportunity to bring us all together for ten years of concerted, catalytic and collaborative*

*action to improve the lives of older people, their families, and their communities.”*

To achieve this success, the UN General Assembly challenged WHO to bring together and creatively mobilize all available resources from governments, international and regional organizations, civil society, the private sector, academia, the media, and other relevant stakeholders.

On behalf of AFSM PAHO, we accept this challenge, and we look forward to working together with PAHO’s and WHO’s Ageing and Health Programs and with our regional family of AFSMs - to meet the goal to improve the lives of older people, their families, and communities.



### *Welcome to New Members of AFSM*

**Antonio Horacio Toro Ocampo – Bolivia**

**Maria Edith Baca Cabrejos - Peru**

**Angela M. Diliberto – Texas, USA**

**Maristela Goldnadel Monteiro – Maryland, USA**

**Maite Villen Fiz – Virginia, USA**

## Where Are They Now?

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*By Wilma B. Freire*



As my time at PAHO in Washington drew to a close, my husband and I had in mind to return to Ecuador. Although the experience of living near Washington was very beautiful for me and my family, we always thought that I would return to my homeland. So, in 2005, the three of us returned to Ecuador: my son, my husband, and myself. My son was to start his medical studies there, but he soon decided that he should study in the USA and made the decision to return. Our only son left the nest and decided to fly alone. With great sadness on our part, but with the conviction that it was his turn to fly on his own, he returned to continue his studies. Today he is the happy cardiologist he always wanted to be.

For our part, we never lost contact with the University San Francisco of Quito, an institution to which we were linked from the start of our careers. Therefore, it was natural for us to return as teachers, me to teach nutrition and epidemiology at the Faculty of Medicine as well as in the nutrition career track. Most important of all, I went back to doing what I always liked - scientific research on issues of interest. I conducted two national surveys, one, in 2014, on the food and nutritional situation in Ecuador, using a sample of 40,000 of people aged 0 to 60 from throughout the country, and another in 2010 using a sample of 5,000 participants to define the situation of adults 60 years of age and over. These surveys allowed us to know where we were in terms of nutritional and health problems in those populations. I conducted other smaller studies that were published in indexed journals. During these years I wrote five books and more than 20 technical papers. I also participated in several academic events inside and outside the country, and I am currently acting as President of the Latin American Nutrition Society, a position that will end in October 2023, after the XX Congress of the Latin American Nutrition Society is held.

As you can imagine, all these years have been very satisfying, since in addition to doing what I always liked, I have remained active, independent, and eager to continue doing things that have given me great satisfaction. This has also meant that throughout these years and after retiring from PAHO, I have remained in good health.

But I have also been able to count on personal and family time that have served to remind me of the great opportunities that life has given me. I was one of the first women to go abroad to study and get a PhD. Returning was not easy: after all I was a woman and in a macho society, I had to open pathways, which always enriched my knowledge. I learned a lot about how to work in the local bureaucracy, but I always found professionals who reached out to me, convinced about what I could achieve. These experiences were gained in Ecuador and abroad. The various trips I took for my professional activities prepared me for other paths and that is how, after winning a very tight competition, I started working at PAHO. Those years were tremendously enriching and even though I arrived with experience and high expectations, just having had that opportunity was wonderful because I learned a lot more, things that I would never have achieved under other circumstances. I was fortunate that most of my time in Washington was supported by a great director, Dr. George Alleyne, who was always there to support me with all his technical expertise, and to give opinions and suggestions. Having had the support of a Director at this time was invaluable since that meant having the necessary confidence to carry out the tasks entrusted to me.

When I retired, I returned as a teacher to the San Francisco University. I really enjoyed working with young people, guiding and stimulating them, which also gave me a lot of satisfaction. I have five students who, after being with me, decided to go out and get their PhDs; other of my students have gotten their master's degrees.

When COVID descended upon our country, we had already made the decision to withdraw from the university and only continue with a few small research projects. But I also had to assume the Presidency of the Latin American Nutrition Society and organize the Latin American Nutrition Congress for October 2023, an activity in which I continue to be involved today.

I must mention that in all these years, I have been actively involved in the United Nations Retirees Association. It has been another pleasant and very beautiful experience. It is unquestionable that it unites us as members of a single family. We have already forgotten the jealousy between agencies. We are forbidden to talk about religion and politics, and we get together to chat, have coffee, or go out to eat. But, above all, we spend very pleasant moments together. These meetings turned out to be very rewarding because we feel that we are not alone, that we have many things in common and that we continue to be a great family.

I do not want to fail to mention something that I consider having been fundamental in my life, and that is having throughout all these years a life partner from whom I always received support in all my professional and personal activities. A companion, who was always with our son when I had to travel, and always waited for me after my exhausted trips. We are still together and I hope it will be for a long while, since we are still active and well.

I send an affectionate greeting to all the members of the former PAHO family.



## *In Memoriam*

**DEATHS INFORMED IN 2022  
AND NOT PREVIOUSLY REPORTED**

<b>Ligia Beles Serrano</b>	<b>August 5, 2022</b>
<b>Jorge Ortiz</b>	<b>August 10, 2022</b>
<b>Janice Andeen Welch</b>	<b>August 15, 2022</b>
<b>Linda Pereira</b>	<b>October 14, 2022</b>
<b>Gloria Khokhar</b>	<b>November 29, 2022</b>

**Our sincere condolences to Danellia Dashiell for the death of her husband  
Wainwright Corbin Dashiell, December 18**

# Healthy Ageing Committee<sup>1</sup> News and Updates

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*By Martha Pelaez*



The Healthy Ageing Committee (HAC) is the newest AFSM committee with a broad mandate of “promoting healthy ageing and wellbeing among AFSM members.” The Committee has understood that increasing member engagement across the Region is a priority. We have done this during 2022 by creating webinars on topics of interest to our members, contributing to the AFSM newsletter, and joining forces with Geneva AFSM, WHO, and PAHO to ensure that former staff members are not only recipients of, but also protagonists for promoting the Decade of Healthy Ageing. The Healthy Ageing space on the AFSM website will be under revision in 2023 and members’ input on how to make this space more relevant to your needs would be greatly appreciated.

On 10 November 2022 the Committee hosted a joint Retreat with PAHO’s Ageing and Health Program for the purpose of developing a ‘framework for collaboration’ during the Decade of Healthy Ageing.

Dr. Enrique Vega, Chief of the Healthy Life Course Program in the Family, Health Promotion, and Life Course Department, provided the regional context for the Decade and highlighted the challenges faced by the Region:

- rapid demographic transition
- ageism and lack of recognition of the rights of older persons
- low priority given to ageing within public health
- older adults as the primary users of health and social services
- lack of long-term care services or programs
- health system focused primarily on disease
- lack of sufficient data about ageing and the aged

These challenges are not new; they have been evolving for the past 20 years, but resources have not matched the degree of urgency in the Region.

PAHO/WHO will focus on the four areas of the Decade with the following actions:

- **Combat Ageism:** To combat prejudices and discrimination of older persons, PAHO will work to have full ratification of the Inter-American Convention on the Rights of Older Persons; do massive campaigns for the diffusion of the Convention; and promote educational programs on how to unmask different forms of ageism.
- **Ensure Age-Friendly Environments:** In this area, PAHO will improve monitoring and outcome research for the network of age-friendly cities; and training of decision leaders and older persons in the ageing-friendly movement.
- **Offer integrated, person-centered health care for older persons:** Implement regional guidance for Integrated Care of Older Persons (ICOPE) in at least 5 countries and give incentives for the adoption of evidence-based healthy ageing programs in the region.
- **Offer access to long term care services and programs.** Implement a regional strategy for the development of long-term care and mobilize resources for research on caregiving.

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<sup>1</sup> Martha Peláez (Chair), María Edith Barca Cabrejos, María Teresa Cerqueira, Gloria Coe, Ivette Holder, Miguel Malo, Joan Rawlins, Hernán Rosenberg, Juan Manuel Sotelo.

Dr. Vega made clear that in order to successfully implement the ambitious road map of the Decade and show outcomes in these areas, it is essential for PAHO to work with older persons, civil society, and associations of older persons such as AFSM.

Dr. Patricia Morsch, Regional Advisor on Ageing and Health, shared the actions PAHO is taking towards these goals:

- PAHO has developed a platform for collaboration. This platform is available in English, Spanish, and French at: <https://www.decadeofhealthyageing.org/>
- PAHO is developing a Regional Report on the Decade of Healthy Ageing in the Americas including not only data but also the voices of older persons. This report includes: 1) sociodemographic and economic context of ageing and older persons in the region of the Americas; 2) The health of older persons in the Region; 3) assets and barriers to implementation of the Decade in the Region; and 4) emerging issues in the context of the Decade. This report is in draft form and under revision. Soon it will be available to the public and AFSM will send a blast message with the link for everyone to access. AFSM was strongly encouraged to become partners with PAHO and ensure that the voices of older persons are key drivers for improving the work of the Decade in the Region

### **What is the Role of AFSM during the Decade?**

PAHO's presentation made it clear that there is much to be done during the remaining years of the Decade. A major challenge is the low priority that ageing has among public health leaders in the Region. Therefore, the voices of AFSM members will be very important in increasing the visibility of the needs and contributions of older persons in the Americas.

Hernan Rosenberg, Vice President of AFSM, explained that the strength of AFSM is to go beyond our own members since AFSM maintains close relationships with the Association of Retirees Associations of International Organizations (ARAIO) and with the Global Council of WHO AFSM. Thus, AFSM brings to our collaboration approximately 20,000 older persons across its members and networks.

AFSM envisions two types of collaborations with PAHO/WHO during the Decade. Our members are both beneficiaries and protagonists.

As **beneficiaries**: we have a role in the **diffusion and promotion of activities**, as informed voices we offer a sounding board - a panel of experienced older persons to review and respond to WHO/PAHO proposals.

As **protagonists**: we have access to a large pool of accumulated experience in public health as well as in the joys and challenges of ageing. Thus, we can offer ideas, suggest policies, and recommend actions.

The second part of the Retreat consisted of a brainstorming exercise wherein everyone responded to the question: "What actions could we (AFSM and PAHO) do in collaboration?"

We have summarized the ideas the group contributed during the brainstorm in five areas for potential collaboration between AFSM and PAHO's Healthy Ageing program.

1. Research: the network of retirees could provide a captive audience as well as experts in both quantitative and qualitative studies to document the experiences of ageing by older populations in selected communities and the opportunities to invest in healthy ageing as well as the economic impact of doing nothing. Additionally, retirees could help document issues of inequity and discrimination among older people based on ethnicity, nationality, work history, economic status, etc.
2. Expansion: ensure that the network of age-friendly communities continues to expand with the help of our members and promote the work of the Decade among our extended family of organizations including invitations to courses, webinars, and the Decade platform.
3. Advocacy: advocate for a more robust recognition of the Decade; encourage greater leadership among PAHO's Directing Council to invest in strengthening public health responses for healthy ageing; and ensure that the Decade does not stay as a Decade of Words, but that Words are translated into Action. Since action requires resources, the Director's responsibility is to ensure the resources are there to translate words into action. In summary, fight against discrimination of older persons both in the Region at large and within the PAHO family.
4. Develop within AFSM an Action Plan for the Decade on behalf of our members. Here are a few examples of things that AFSM may want to do that were share during the brainstorming: work with our Health Insurance Program to support and reward 'healthy lifestyles' and not just deal with diseases. Support social connectivity (including digital literacy) among members to fight against isolation and promote better access to mental health services. Discuss intergenerational activities, including mentoring, in which our members could engage.

The brainstorming provided many ideas and showed that there are many opportunities for collaboration.

AFSM and PAHO have a Memorandum of Understanding (MOU) that is at present under review by the legal department. Patricia Morsch and Enrique Vega will inquire about the status of this MOU. It was agreed that within the framework of this MOU, both parties will develop a plan for identifying priorities and resources for action during the next two years.

The collaboration on behalf of the Decade of Healthy Ageing is **relevant** to our members. We both agreed that AFSM would help increase **impact**, and that the mobilization of **resources** is something that would be best achieved if we work together.

In 2023, the Healthy Ageing Committee will hold a number of open forums with members to continue a broader engagement of all members and our extended family in the work of the Decade of Healthy Ageing. Stay tuned, more will be announced soon.



# Musings of an Ageing Woman, Part 7

## To move or not to move, that's the question

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*By Yvette Holder*



Recently I was chatting with my “twin” – we were born on the same day in the same city but to different mothers. We met in school 60+ years ago and became and remained fast friends ever since. Like all twins, we have several things in common, one of them being arthritis and this was the topic of our conversation as we discussed the effectiveness of various alternative therapies because neither of us wants to take prescription medications. Have you noticed that when the elderly congregate, chances are that the conversation will eventually turn to “our aches and pains” or “the good old days”?

In the course of the conversation, my twin made a comment that has prompted me to write this apology, an open one from youth to elder. My twin remarked, “Sorry Mami, I didn’t understand”. Then she went on to explain that as she is dealing with vision problems; she now understood why her mother would ask her to thread a needle when, to her then youthful eyes, the eye of the needle seemed so large relative to the fine thread. Apologies too to elderly aunts who had us run and fetch for them, which we did dutifully, if not lovingly, for we were well brought up. Little did we know that it was not laziness on their part or a malevolent desire to keep us busy but that the pain and effort to move was simply beyond them. Now that we ourselves struggle to complete the most mundane chores, when sweeping a small room now takes half an hour instead of five minutes and mopping that room has now become a daunting task that is procrastinated indefinitely, we do understand.

Lo siento Papi. How often have we used a bathroom that was less than pristine. Little did we know that while practice makes perfect, age does nothing for aim. We empathize now with customers who have forgotten their wallets at home after the cashier has rung up all of the groceries. We have patience waiting in line behind clients who slowly and painfully rummage through their pocketbooks as they seek the necessary documents to present to attendants – the identification for the check-in clerk, the boarding pass for the gate agent ... Mami, Papi, I am sorry.

The reflection was not limited to our relationships with elders but also included those with our children and how to navigate the new arrangement where our children seem to have become our parents. It is good that they care and are willing to relieve us of some burdens, but it is a very fine line to walk between caring and dominating on the one hand, and appreciatively yielding but maintaining independence on the other. It is a very delicate balance for youth and elder. Here is what I have learned from the experiences, others and mine.

Unless absolutely, absolutely necessary, do NOT go to live with your children. You may consider it if there is a self-contained mother-in-law suite (on the opposite side of the building from child and in-law), or better yet, a tiny house in the backyard, not under the same roof. Moving in with

children is almost guaranteed to put a strain on your relationship with them, and on their own household dynamics. You have been used to managing your own household and it is difficult to restrain from “advising” as they attempt to manage theirs. Let them manage on their own. If or when they need advice, they will come to you.

Think long and hard before uprooting yourself to live closer to children, for several reasons. Firstly, children may move. Will you move each time with them? Secondly, it is very difficult at our age to build relationships in the new environment that will be as emotionally satisfying as the ones that you have fostered for scores of years, if not decades – like the barber or hairdresser who knows how to do your hair the way you like. Try finding a nail technician who does as good a job as the one in your old environment. Not to mention the general practitioner who knows your entire medical history without having to refer to the charts. What about your church community? Your bridge club? Your Service Organization? Worst of all, your neighbors, whose children have grown with yours, with whom you share many fond memories. How long will it take you to find the store that has the foods that you like? There are all the little things that you take for granted until you move and then they are not quite so little when you try to replace them. After a move (and this was not at children’s behest), I burst into tears my first Holy Week in this new country because I could not find hot cross buns. They were unheard of, and I was so distraught, I did not even think to make my own. I do now.

So yes, we are grateful that our children love us, care for us, and worry about us, for there are so many elders who are abused by young relatives. But at the same time, we must remember that our young ones have their own lives to lead with all that attends such as family and work responsibilities. So, with the best will in the world, they will not be available to us all of the time, no matter how physically close we may be to them.

Therefore, I would suggest careful weighing of options and I think at our age, we are entitled to choose what we think is best for us. After all, we didn’t get here by making foolish choices.

This was not my usual light-hearted musing but as the new year approaches, it is a good time for reflection. So Happy Holidays and Very Best Wishes for the New Year.



# My Big Fat Trip to Greece

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*By Marti Rice*



Thirty years ago, my friend Elayne, to celebrate her 50<sup>th</sup> birthday, invited her closest women friends to spend a weekend on the Eastern Shore of the Chesapeake Bay. They had such a good time together that they decided to get together again. Of the original group of 12 people, only seven came and those same people have been meeting each other three to four times a year in places inside and outside the US for the last 30 years. One of the seven women dropped out and when I returned from Geneva to the US eight years later, they generously included me. We all live in different parts of the US, and when Covid hit, our occasional in-person gatherings ceased, to be replaced by regular monthly zoom calls. Thus, we have continued to be there for each other in terms of friendship, support, sharing and in times of crisis. Today we range in age from 73 to 80. As Emma Lou turns 80 this month of September, she decided to celebrate by organizing a trip to Greece and she invited the rest of the group to join her. Unfortunately, two were not able to come, so we formed a group of five intrepid travelers.

We started our trip in Athens. The Airbnb that Emma Lou reserved looked like a combat zone from the outside and we were told that the drug addicts on the street would not bother us. But when



we got into the apartment itself, it was amazing. Beautiful hard wood floors everywhere, three separate bedrooms and two full bathrooms, a huge living room and kitchen, and most importantly an amazing unobstructed view of the Acropolis. My friends were booked on a different flight and with their 14-hour delay they arrived a full day after me. So, after I rested a bit and did a quick tour of the neighborhood to purchase celebratory wines, I signed up for a free three-hour walking tour. Our French



guide was so in love with Greece that he learned the history and the language and then became a guide of the city. He was full of stories of current day as well as ancient true and mythological histories. It was a wonderful way to see the city and learn of the inside secrets. Some of the highlights of the tour included the changing of the guard in front of the Monument of the Unknown Soldier by Parliament and the Presidential Mansion, where these ceremonial army soldiers are specially trained for just this function. All year long, through the many hot months in Athens, they wear heavy uniforms, carry heavy rifles, stand stock still for 60 minutes until, working in perfectly coordinated pairs, they switch places with another guard, at which time they walk and march on boots that have nails sticking out of the bottom of their shoes to replicate the crampons worn the soldiers who fought for their independence from the Ottomans (in 1821) to climb the hills in the snow and ice.



Some of the things that most impressed me about the city were: graffiti everywhere, most of it junk but some of it quite interesting, the old buildings still standing or reconstructed from the time when the Olympic games were started, up to structures currently used for university teaching, research, and library.



I learned some interesting things about the Greek culture: there are no real rules and the people enjoy and pride themselves on chaos (and you can see it in the way they drive!), the children need to be named after the grandparents (first of the husband and then of the wife) so that there are numerous people in the same family with the same name for generations, and the best restaurants are the ones owned and run by families.

When my friends arrived the next day we took a trip up to the Acropolis, to see the Parthenon, the



other structures still standing or reconstructed, and the fabulous museum that describes so much of the history and incredible architecture of this site. Since two of my friends had significant physical limitations in walking too far or climbing too many hills, we had to find a way to



get to the top of the steep hill where the Parthenon was located and where our taxi driver said he could not go. We found a wonderful house and buggy to take us there.



The next day we had to wake up at 4 AM to get to the airport for an early morning flight to the island of Santorini. Upon arrival we went to our lodgings to leave our luggage and then take a tour of the island. We were amazed to find that we were staying in what were originally houses built into caves so that the time could fool the pirates who raided their homes into thinking

residents at the

that their houses were really where animals lived and not people. There were two feral cats that always seemed to be around and who would patiently wait outside our door expectantly hoping to be invited in. Little did I know that this was a small representation of all the feral cats that we would encounter roaming everywhere throughout Greece. My cat allergies started there and did



not cease until two days after I stepped down from the plane back in the US at the end of our trip. That said, these cave lodgings were wonderful, located in a quiet area

of the island within walking distance of two small restaurants, two small minimarts and a church. It was wonderful to walk to and from the small town, with neighbors saying hello to us every time we passed, but we had to be cautious of the cars speeding down the narrow street and the large horses one of which almost ran into us as his rider had trouble controlling him. There were stray dogs everywhere who loved to bark at us as we passed.

Over the next few days, we explored the island going to places on land with wonderful views of



the sea and churches; by sea to view red, white, and black beaches and swim in the largest volcanic caldron in the world (all underwater along with what used to be a land part of Santorini), and visiting excavations of the prehistoric town of Akrotiri and others around the island . Thomas was our guide for two of our four days there. He was trained as an architect but was working in Santorini because there was no work in his hometown on the mainland. His first child had been born just 31 days before we met him, but in keeping with Greek tradition his wife had to stay in quarantine for the first 40 days, so in a short time he would be rejoining her and their yet-to-be named son (after the paternal grandfather but only to be agreed upon after the first 40 days of life) on the mainland. We had to view the famous sunset before leaving the island, and we did so from the Santo Winery with wonderful wine tasting and snacks. We discovered that the reason all the houses were white was because originally the government gave everyone lime to put on the outside



of the houses to protect them from insect-bearing diseases and to be cooler. Today they may be whitewashed or painted instead but the tradition of white houses persists. Almost all the churches are Greek Orthodox and to contrast them to the few Catholic ones, they all have bright blue domes on top, a distinguishing site particular to Santorini. We had dinner one night in a small local restaurant where one brother cooked the meals, the other brother served them, and the mother made the only dessert available on the menu. The food was true traditional Greek style, and we were regaled by stories from the waiter about his family. Although we begged to have mother's recipe for the amazing orange cake, we were refused, but the meal did end with a complimentary traditional liquor made of white wine sweetened with geranium flower that turned it a maroon color. That afternoon, as I sat out on the balcony of our little cave house, I could hear beautiful sounds of an instrument being played. I discovered that it was the brother who cooks playing the traditional Greek Bouzouki and it was so quiet here that the sound carried to me from blocks away.



The following night we ate at Rosa's, the only other local restaurant. It could not have been more different. It was

owned and operated by the person who owned the cave lodgings we were renting. He was gruff, roguish, and quintessentially Greek. He ignored us most of the night, so we waited endlessly to order and get served, but in the end, he did give us delicious desserts for free. The menu was esoteric – nothing traditional about this place – with dishes such as “Even if Spring is Over” (Grilled green asparagus and artichokes, wild caper marmalade, grated Volaki cheese), “Small Boats on the Aegean Sea” (homemade stuffed line leaves, smoked eel topping, lime foam), “Octopus on the Sand” (grilled octopus, tranchanas pasta in deshi, edible seaweeds), “Rough Sea” (baby tape, fresh pasta, lemon-garlic sauce), and “What Do Wolves Eat?” (baby lamb shish kebab and chops, tzatziki, french fries). Although everyone ate on a very small terrace, there was no door so there was a local dog who evidently always came to visit. He would go from table to table seeking pats by the eaters and looking adorable in the hopes that patrons would feed him. When we asked to whom the dog belonged, we were told he was a neighborhood dog that belonged to everyone!

Our next stop was the island of Kythira. Emma Lou had befriended Lita, who was from Kythira and lived mainly on the Greek continent but who had also lived in Australia and the US and therefore spoke perfect Greek and English. We rented a car at the airport and checked into the places we were to stay. The lodgings belonged to Lita's family and although the buildings were



over 100 years old, they had been renovated to put in modern luxuries like electricity, running hot and cold water,

showers, and flush toilets. The renovations were tastefully done with all the comforts one could want. We went down by the seaside and had an amazing meal of traditional Greek dishes. Lita joined us the next day after flying in late the night before. She is an archeologist and knows the island and Greek history thoroughly. Her parents and sister still live on Kythira, and every little community is made up of enclaves of family members, so most people are either related to each



other or at least know each other, and Lita was able to introduce us to an inside

view of the life and culture of the local residents. Over the next few days Lita took us around to

see archeological sites, an archeological museum, wonderful beaches and views, old churches, and tantalizing Greek food. In the 1970's most people from Kythira left for Australia in search of employment and a better life, leaving 3,500 residents in Kythira compared to the 40,000 that can be found in Australia today. As a result, throughout this rural island abandoned houses were everywhere – so sad to see. We celebrated Emma Lou's 80<sup>th</sup> birthday with a wonderful meal and



a cake from the best bakery on the island. Our last night there Lita's parents invited us to tea and snacks and by then we were starting to feel quite at home – but for the 11 cats she had that

wanted to befriend me. It was with great sadness that we left beautiful Kythira and our new friend Lita.

Our final stop was the island of **Crete**. We only had one full day there and we had a lovely dinner on a dock overlooking the water just one block from our Airbnb. Although the lodging left a lot to be desired, especially after the very special places we had stayed before, the location could not have been better. The next day we took a tour of seven villages and had the opportunity to have insight into the lives of villagers on the biggest Greek island. We visited a museum located in a traditional house that gave us insight into how people once lived on the island, saw how raki was made and got to taste three varieties (a traditional very strong liquor that is made from the grape skins after wine has been made, and it is served everywhere as a welcome drink. It was way to strong for my taste.), visited a bakery and tasted the local bread with local olive oil and cheese, and ended with a traditional Greek lunch outside at the main square of another local village. As



we left the tour, we sat by the sea and the beautiful beach by our lodgings and had milk shakes and cold cappuccino and relived stories of our two weeks together. Then I sadly left my friends and departed for Athens and my last night in Greece while the others spent one more night in Crete. I was fortunate to book an Airbnb

near the airport, right by the sea, where I had a lovely Greek dinner next to the ocean waves, and the next morning I watched the sun rise over the

ocean before leaving for the airport. There was a wonderful museum at the airport displaying the artifacts that were unearthed when the airport was built, and I was able to have one last reflection on the many years of history of this beautiful country.

To get from Athens, to Santorini, to Kythira, to Crete and back to Athens we had to take a total of six flights since the ferries would have taken too long in the short time we had available to us, and to get from island to island we had to go back to Athens and change planes. And then of course there was the very long flight from the US to Greece and back again. And so ended another exciting travel adventure with wonderful friends and an amazing country and people.



# Magical Isthmus<sup>1</sup>

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*By Juan Manuel Sotelo*



I was fortunate to come to Panama to work and to live in a country with very unique characteristics and history.

I have often sought to better understand people and their circumstances in the places where I have lived, and that is what I intend to convey in this article.

Panama is a country that, due to its own geography and history, is a connector within the Americas and actually in the world. Not only does it have a strategic role with its canal and its location, but it is also attractive to immigrants that come to settle - this phenomenon has always occurred, perhaps accentuated a little in the last decade - and other migrants that are passing through en route to locations further north. Of the immigrant population living in Panama, Colombia represents 26%, Venezuela 20%, Nicaragua 9.3%, and the Dominican Republic 5%.

Although my Panamanian experience is centered in Panama City, I have made some forays into the interior, though not as many as I would have liked. However, I have had the privilege of speaking with people from almost all over the country. In my opinion, Panamanians are friendly and simple people, representatives of a wide-ranging melting pot of races, with a natural kindness, directness, and sense of humor. They love their homeland and are especially proud to say that something is to the “Panamanian way”.

When one sees this city with a predominantly vertical coastline, one imagines that one is in a Latin American version of Dubai. I have been lucky enough to get an apartment on the 37th floor of a 65-story building, with an exceptional view of the Bay, where I can see the city, the Old Town, and the entrance/exit to the Canal from the Pacific, the Port of Balboa, and the Ancon Mountains.



My daily life includes going to work in an office car with the great Rigoberto, my designated driver, who is from Arraiján, a district that, along with Chorrera, Capira, Chame, and San Carlos makes up the Province of West Panamá. Many refer to Arraiján as a funnel city trapped in a dam (intense vehicular traffic). So I frequently use the metro to visit the Nuestra Señora del Carmen Church, the neighborhoods where I have friends, or those places that particularly arouse my curiosity. A word about the metro - it

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<sup>1</sup> These notes correspond to nine months lived in Panama in 2022.

is new, with its reliable two lines, and in which people obey the rules. For example, during the first part of the year and with the pandemic still raging, everyone wore a mask and visor. Currently people only wear a mask and there are personnel who are careful to ensure that the measure is followed.

I haven't had the opportunity to go far enough into the country. I have made two trips, one to Bocas del Toro and another to Playa Escondida in the Caribbean to the left of Colón. I have driven on the highway to Colon, which is very good and well maintained. The green countryside, the beautiful beaches, and the relaxed people, add color and singular grace to the country.

Staying for almost a year has allowed me to see both seasons, the rainy season and the dry season. When it rains, large potholes form in the streets that don't last long but slow down vehicular traffic. As I write this note, we are in the rainy season and we have rainfall almost every day, alternating with moments of sunshine – how wonderful. I brought an umbrella that I've actually only used once.

As for the Panama Canal, I have sailed through it a couple of times going to a reserve in Gatun Lake. I have also visited the Miraflores Locks a couple of times. It is an engineering feat whose existence always makes me admire how beautifully it was constructed, how well it is maintained, how it was expanded not long ago, and what it represents to the world and to Panama.

The sounds of Panama are rhythmic drums from bands that practice all year long. Do not think that the salsa of Rubén Blades and other artists from the Caribbean and Latin America was initiated now; perhaps they were put there at some point to make room for reggaeton, an involuntary and vulgar version of salsa, that I miss.



My incursions into the magic of the Isthmus have passed through the Old Town, which transports me back several centuries, to colonial times with their bohemian flavored rum and ruffians. The Cinta Costera (Coastal Belt) makes its contribution to my physical fitness and appreciation of the best sunrises I have ever seen.

I'm going to miss Panama when I leave at the end of October, but I already know where to find it.



# Nutrient Needs of Older Adults

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*By Maria Teresa Cerqueira*



Food is one of life's pleasures, and it's an important aspect that we share with family and friends. But as one gets older our nutrient needs change, eating well and making healthy food choices are important for older adults to live an active and healthy life for longer. Eating vegetables, lean meats and fish, whole grains, beans, nuts, vegetables, and fruits can be an important way to get the nutrients we need each day.

## Nutrient needs change as we get older

Even if one eats a wide variety of healthy foods, as one gets older some vitamins and minerals are harder for the body to absorb, so a different amount may be needed than when one was younger.

**Vitamin B6:** is essential for a healthy immune system, and one needs more after age 50. Good sources include potatoes, beans, lean meat, chicken, and fish. If one thinks that not enough of these foods are being consumed, then one should check with one's doctor about taking a supplement.

**Vitamin B12:** This vitamin is found in lean meat, chicken, fish, and milk products. Up to 30% of adults over age 50 may have trouble absorbing vitamin B12, and so supplements may be needed. A simple blood test can determine one's vitamin B12 status.

**Vitamin D:** Vitamin D can come from the sun's rays. In countries with seasons, the winter days are shorter and colder which can mean many older adults do not get enough sun. To prevent osteoporosis, the United States Centers for Disease Control and Prevention (CDC) recommends eating vitamin D-rich foods like milk and fish, and that everyone over age 50 should take a supplement of vitamin D3 daily. The doctor may also prescribe Vitamin D2 to women for bone health.

**Calcium:** To keep bones strong, daily calcium needs increase to 1200 mg at age 50 for both women and men. The best sources include milk, cheese, yogurt, fortified foods and beverages. If one does not eat the basic servings of milk and other sources each day, one may need calcium supplements. Women over age 50 need 1,200 mg (milligrams) each day. Men need 1,000 mg between age 51 and 70 and 1,200 mg after 70. For men and women, not more than 2,000 mg a day should be consumed.

**Protein:** Declines in skeletal muscle mass and strength are major contributors to increased mortality, morbidity, and reduced quality of life in older adults. Older people have lower rates of protein synthesis and whole-body proteolysis especially in response to an anabolic stimulus (physical activities, resistance exercise). There is consistent evidence that older people appear to

require 1.0 to 1.3 g/kg/day more of dietary protein to optimize physical function, particularly while performing resistance exercise. For more information about protein please visit:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4555150/>

**Iron needs** decrease in women over age 50 (from 18 mg to just 8 mg daily). Men need 8 mg for all of their adult life. Good sources of iron include lean beef and poultry, beans, leafy green vegetables, and fortified foods such as breakfast cereals. When there is a need for supplements, the most absorbable and often considered the standard compared with other iron supplements are either iron Bisglycinateme or Ferrous salts, (ferrous fumarate, ferrous sulfate, ferrous gluconate). For more information about iron, please visit:

<https://www.unlockfood.ca/en/ViewDocument.aspx?id=144>

## **Multi-vitamins for older adults**

In most cases, choosing foods following dietary guidelines will provide all of the vitamins and minerals that one's body needs. If a multi-vitamin is needed, one that is specially made for people over 50 years of age should be used (read the package).

Some signs that may indicate one is suffering from malnutrition or not reaching one's nutritional requirements include:

- Decreased appetite
- Problems chewing and swallowing
- Tooth loss or pain
- Weight changes
- Unable to cook or shop
- Less social contact
- Taking lots of medication
- Not enough money to buy food
- Less mobility

If one is worried about any of these signs, contact should be made with the local public health unit for support; a physician's referral may be needed to see a dietitian or nutritionist.

## **Reading food labels**

Eat as few processed foods as possible and read the label on cans and boxes to know how much a serving size is and what % of daily nutrient requirements it contains. These are calculated based on 2,000 calories per day. The most important are sodium, fat and sugar. Stay away from foods with large amounts of these. Compare content from different brands.

Step 1: Check serving sizes and calories per serving. All the information on a food label is based on the serving size

Step 2: Check the fat content

Step 3: Check the cholesterol content

Step 4: Check the sodium content (salt)

Step 5: Check the total carbohydrates and sugar

Step 6: Check the fiber content



## The Nutrition Facts Label: Look for It and Use It!

<https://www.fda.gov/media/89314/download>

## Food Labeling | Food and Nutrition Information Center

<https://www.nal.usda.gov/legacy/fnic/food-labeling>

<https://snaped.fns.usda.gov/library/materials/nutrition-facts-label-look-it-and-use-it>

**Serving size.** Check to see how many servings the package contains. The nutrition numbers on the rest of the label are for a single serving. So, if one eats two servings, the numbers need to be multiplied by two. Now does it look as “healthy” as first represented?

Knowing how to use the information in food labels is very important for healthy eating. Here are a few examples:

A chocolate bar serving size is 1 bar and it has 22 grams of sugar, but if one only eats ¼ of the bar, the sugar intake is now reduced to 5.5 grams.

1/3 cup of cooked white rice has 15 grams of carbohydrates, but one cup has 45 grams (15 X 3 = 45 grams). So, 1/3 of the cup looks good but 1 cup gives all the carbohydrates for one meal with few other nutrients.

**Fiber.** Eat at least 5-10 grams of viscous fiber each day. As one increases one's fiber intake gradually, the amount of water consumed should also increase. This will help prevent constipation. Get 20-30 grams of dietary fiber per day. Fruits, vegetables, whole grains, and dried beans are good sources of fiber. Aim for five cups of fruits and vegetables per day. Have three ounces of whole grain foods every day.

**Protein.** Plan to eat more plant-based meals, using beans and soy foods for protein.

**Calories.** How many calories are in one serving? If one is trying to lose weight, tracking caloric intake is important. Is that serving size worth all the calories that come with it or is it a good calorie to serving size deal?

**Carbohydrates.** The total carbohydrates listed on a food label include sugar, complex carbohydrates, and fiber, all of which can affect blood glucose. Look at the total number of carbohydrates in terms of grams to understand the food's carbohydrate count. If one has diabetes, talk to the health care provider about the amount of carbohydrates recommended for each meal.

**Total fat.** As a rule of thumb, a low-fat food contains three grams of fat or less per serving.

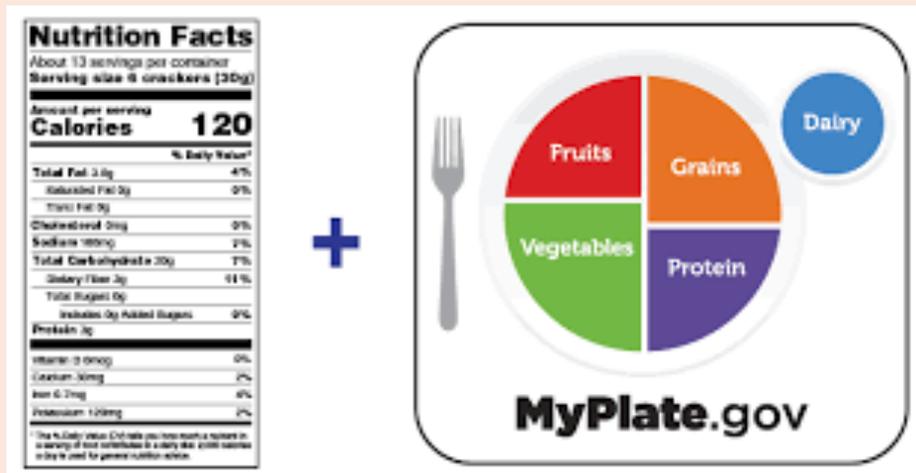
**Saturated fat.** This number is key for heart health. Foods with one gram or less per serving are considered low in saturated fat.

**Trans fat.** For healthy arteries and better overall health it is best to avoid trans fats. Look for foods with 0 grams of trans fat. Avoid items with hydrogenated oils. Hydrogenated fat in processed foods is the main source of trans fats in foods.

**Cholesterol.** The American Heart Association (AHA) suggests keeping one's daily total intake to less than 200 mg.

**Sodium.** The average person consumes about 3,400 mg of sodium per day, according to the AHA, and most of it comes from packaged foods, according to US federal dietary guidelines. Those guidelines recommend adults consume no more than 2,300 mg per day - that's about 1 teaspoon of salt - to avoid hypertension and cardiovascular disease. However, the AHA recommends most adults limit daily intake to 1,500 mg.

## Additional recommendations and resources



<https://www.fda.gov/food/new-nutrition-facts-label/using-nutrition-facts-label-and-myplate-make-healthier-choices>

Using the Nutrition Facts label together with MyPlate can help one be healthier now and in the future. After all, [what one eats and drinks over time matters](#). Check out the quiz online, and the specific recommendations.

### HEALTHY EATING PLATE

**HEALTHY OILS**

Use healthy oils (like olive and canola oil) for cooking, on salad, and at the table. Limit butter. Avoid trans fat.

**WATER**

Drink water, tea, or coffee (with little or no sugar). Limit milk/dairy (1-2 servings/day) and juice (1 small glass/day). Avoid sugary drinks.

The more veggies—and the greater the variety—the better. Potatoes and french fries don't count.

Eat a variety whole grains (like whole-wheat bread, whole-grain pasta, and brown rice). Limit refined grains (like white rice and white bread).

Eat plenty of fruits of all colors.

**STAY ACTIVE!**

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Choose fish, poultry, beans, and nuts; limit red meat and cheese; avoid bacon, cold cuts, and other processed meats.

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

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

Comparison of USDA Food Plate and a Healthy Eating plate:

<https://www.health.harvard.edu/staying-healthy/comparison-of-healthy-eating-plate-and-usda-myplate>

Dietary supplements for older adults:

<https://www.nia.nih.gov/health/dietary-supplements-older-adults>

Dietary Guidelines for Americans:

([https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary\\_Guidelines\\_for\\_Americans\\_2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf))

Canadas Food Guide:

<https://food-guide.canada.ca/en/>

Health tips for older adults:

<https://www.niddk.nih.gov/health-information/weight-management/healthy-eating-physical-activity-for-life/health-tips-for-older-adults>

Staying healthy through and after menopause:

<https://www.nia.nih.gov/health/infographics/menopause-tips-healthy-transition>

Promoting Health for Older Adults

<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-older-adults.htm>



# Article of Mutual Interest from AFSM Quarterly News

October 2022

## Orthopaedic Insoles

*By David Cohen*

This article was suggested to me following an email received from a colleague. “... we love walking. A problem developed in my left foot meaning that whereas before we would walk 15 kms, the pain was too severe to walk more than 2 or 3 kms. With my new insoles I can again walk 10 kms, I haven't yet tried 15 or more. However, I find it incredible that a small piece of carefully moulded plastic and rubber can provide such relief...”

It is impossible for standard shoes to adapt to all foot morphologies. Thus, many people suffer, especially during long periods of standing or walking, as a result of poor support distribution or because of benign pathologies (hallux valgus, claw toes, etc.). Using orthopaedic insoles can provide relief.



*Flat Foot*



*Hollow Foot*



*Claw Toes*

The orthopaedic insole, or plantar orthosis, is used inside standard shoes or orthopaedic shoes (not covered in this article). It is prescribed to patients suffering in particular from:

- Foot deformities (hallux valgus, flat or wide foot, hollow foot, claw toes, etc.)
- Pain in the front or back of the foot
- Inequalities in the length of the lower limbs (one leg shorter than the other).

Orthopaedic insoles act on the balance and posture of the body. Used correctly, they can save the patient a surgical operation. The following signs suggest a consultation with a podiatrist:

- Discomfort when walking due to calluses or corns
- Pain in the heel, toes or more generally in the foot
- Balance disorders
- Deformed feet

During the first consultation, the podiatrist will carry out a podiatric assessment. The podiatrist will study the posture of the body and the points of contact of the feet with the ground. The results will allow them to prescribe the treatment adapted to the morphology of the patient. In fact, there are different types of soles depending on the profiles (classic sole, thermoformed, etc.).



*Insoles*

## ***Biomechanical evaluation***

This is the first stage. It allows a study of the relationship between the joints and how they respond to the various movements of the body. It establishes an overall “picture” and reveals any anomalies. The patient will thus benefit from orthopaedic insoles specific to their particular situation.

- Evaluation of the amplitude of joint movements, ankles, knees, hips
- Examination of posture and alignment of articular structures
- Gait analysis
- Analysis of pressures on the sole

The resulting imagery takes into account the structure of the feet and the pressure levels that can affect mobility and comfort. The podiatrist then determines if using an orthopaedic insole will provide a solution.

## ***Adjustment to different terrains***

The body naturally adapts to the terrain – slippery, sloping, uneven, rocky, etc. – thanks to the pressure points under the foot. Very often, these are dysfunctional, affecting the distribution of the weight load. This imbalance leads to injuries: blister, plantar fasciitis (pain coming from the thick band of tissue called "plantar aponeurosis" or fascia, which extends from the heel to the base of the toes), stress fracture, causing foot pain that can become chronic.



This is where the use of an orthopaedic insole is indicated: it favourably redistributes the load on the pressure points under the foot. Body movements, posture and muscle performance are optimized, playing a major role in the prevention of several types of foot pathologies.

Wearing shoes that are too narrow compresses the midfoot (metatarsal) bones, as well as the muscle and ligament tissue between them. This constant, daily pressure – added to friction between the structures – often causes micro tears, inflammation, and noticeable pain (metatarsalgia), one of the clinical reasons why orthotists recommend foot orthotics.

## ***Correction of posture***

The orthopaedic insole plays a corrective role. It produces a realignment, allowing the muscles and joints of the whole body to move better, thus correcting posture and preventing false movements.

## ***Pain relief***

In many cases, orthopaedic insoles are indicated to relieve foot pain. These pains are mainly caused by repeated loading on tissues designed to receive a lesser load.

### ***Types of orthopaedic insoles***

The type of orthopaedic insole required is the one that best suits the patient's lifestyle. Various types of orthopaedic insole are available to meet a variety of needs: soft, cushioned, flexible, lightweight, etc. The diversity of the materials used to fabricate them – leather, foam or thermoplastic – confers different properties upon them:

- For everyday life: people who work standing up or who are active derive many benefits from these orthopaedic insoles.
- For athletes: manufactured to allow optimal muscle activation and alignment, the orthopaedic insoles are designed especially for those who wish to increase their performance and minimize the risk of injury or pain during training.
- For diabetics: the flexible and absorbent materials of this type of orthopaedic insoles help distribute pressure on the plantar surface. They are perfect for people with diabetes or osteoarthritis.
- For children: in order to follow the child's growth, these orthopaedic insoles have great elasticity. It is to correct various biomechanical shortcomings that orthotists sometimes recommend them from early childhood.

*Note: The WHO Staff Health Insurance will cover 80% of 1000 USD every 2 years with a medical prescription (B214).*

### **References:**

Kendrick Alan Whitney, (DPM) Temple University, School of Podiatric Medicine.  
Podexpert <https://www.podexpert.com/en/>



## Obituary of Gustavo Mora

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*By Helena E. Restrepo*



Gustavo Mora Patiño, companion and founder of the Colombian Chapter of AFSM, has definitely left us. A great loss for our Association. I was his close friend for more than 20 years and therefore, with deep pain, I write this farewell.

Describing Gustavo is equally painful and satisfying, not only because of what his work signified in the high positions he held with PAHO, but also for having been a person with so many of the qualities and characteristics of a true humanist. He was born in Medellín, Antioquia, in a family of three brothers and two sisters. One of his brothers, Orlando, is also a prestigious writer and film critic. Gustavo received his high school degree from Liceo Antioqueño and his medical degree from the University of Antioquia, graduating in 1967. He studied Public Health and Health Services Administration at the National School of Public Health at the same University of Antioquia. He was later a staff member of the Colombian Ministry of Health, serving as Head of International Relations, before joining PAHO. With his wife Teresa Vieira, they are the parents of a son, Luis F. Mora, a cardiologist.

At PAHO he was a very distinguished and prestigious staff member, serving as Country Representative in Suriname, Bolivia, Chile, El Salvador, and Guatemala. In all these countries he stood out for his excellent human relations and his management style.

I want to refer especially to the Renaissance traits of his personality: a passionate lover of good music and a great connoisseur of classical, jazz, and popular music from various Latin American countries, especially tango, a hobby he passionately cultivated in recent years. As a connoisseur and fan of good cinema, and a great reader as a cultivated intellectual, when he retired, he took courses in philosophy, a field in which he found new pleasures and a source of profound thoughts. Gustavo was a very pleasant conversationalist and it was always very interesting to talk with him.

I quote a few words from his son that summarize Gustavo's philosophy of life, worthy of following: *"I think he simply lived, especially in these last 15-20 years, a life without many surprises; disciplined, very even-tempered, with full dedication to being happy each day"*. He added that, despite the illness that had afflicted him in recent times, once fully recovered, he was happy just enjoying his musical hobbies, reading, and drinking a good wine. Paradoxically, something unexpected happened, causing his end.

Definitely, Gustavo Mora radiated kindness and love of life.



# Ageing in Latin America and the Caribbean

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*By Jorge Luis Prospero Ramírez and Benigno López Benítez*



I am sharing the prologue of the publication of the Inter-American Development Bank entitled "Ageing in Latin America and the Caribbean: social protection and quality of life of the elderly", and I invite you to read the entire original document.

For the older adults who inhabit the American continent, and I suppose for the whole world, the search for healthy ageing is an imperative. According to PAHO, in the Region of the Americas, in 2025, people aged 60 and over will be 18.6% of the total population. The vast majority will maintain all their personal and social skills and aspire to continue ageing in a healthy and productive way, taking advantage of available opportunities and contributing to the development of their country. However, the scope of these opportunities and contributions depends to a large extent on a social protection system that guarantees income security, good quality of life, and a healthy life expectancy.

*According to the authors of the IDB publication, "It is a publicly recognized fact that Latin America and the Caribbean is aging at an unprecedented rate. Albeit at different paces, during the past decades, all countries in the region have witnessed key social and economic changes that led to declines in fertility and mortality. The resulting demographic transition has translated into longer life expectancy and an increase in the share of older people in the region, a trend that is expected to continue in the coming years. The rise in longevity has come with an overall improvement in older people's quality of life. Today, older people enjoy better health and are less likely to fall into poverty than twenty years ago."*

*The IDB report argues that "at least part of this improvement is the result of social protection policies in the areas of pensions, healthcare, and long-term care. The expansion of non-contributory pension benefits, coupled with efforts to achieve universal healthcare, and an incipient long-term care agenda, have contributed to making older persons' lives better."*

*However, the authors add, "Despite progress, the challenges that lie ahead for the region are enormous. Social protection policies for older people will face dire fiscal and social sustainability pressures in the coming decades. Moreover, recent gains have not reached everyone in the same way. There are differences across and within countries that cannot be justified, with women and those at the lower end of the socioeconomic spectrum being clearly disadvantaged when compared to others."*



In this sense, the question that we all ask ourselves is *“How to continue advancing along the path of better social protection coverage and quality while at the same time keeping fiscal pressures at bay? The answer of this report is that the only way is to take a holistic approach in the design of social protection policies that explicitly considers the interactions and synergies between pensions, healthcare, and long-term care. While there is no one-size-fits-all solution and each country will need to evaluate the viability of reforms given its specific social, economic, and fiscal context, the need for an integrated approach in all three areas of social protection is paramount.”*

The authors emphasize that, *“By promoting social progress, strengthening of institutions and gender equality, this book is aligned with the Inter-American Development Bank’s Vision 2025. It is our wish that the work presented here will become a useful tool for policy makers and academics in the areas of pensions, healthcare, and long-term care, as well as for the public in general as we – as a society – become more and more aware of the social benefits and challenges that come with an aging population.”*

Finally, they express their conviction that *“the region can have a bright future, one with people living longer and healthier lives alongside a vigorous and productive economy whose benefits expand to all generations. We are also convinced that the path forward is through a holistic approach that addresses the diversity of aging experiences and links policies on pensions, health, and long-term care together.”*





# The Back Page

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