



NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOL. XXXIII No. 3

SEPTEMBER 2022



The Floating Islands of the Uros in Titicaca Lake

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Editorial

Participation makes a difference

By Hernan Rosenberg



I am writing these lines from Chile, where I came for family matters, but I arrived at one of the most relevant moments for the society of this country: a plebiscite on a new Constitution was being held. Regardless of the opinion that one may have about whether or not the proposal has merits, the most notable thing was the enormous citizen participation in the consultation. Nearly 90% of voters voted. If we discount those who were physically absent or those who were not counted due to errors in the lists, it is practically one vote for each member of the population. By the way, the government immediately recognized the relevance of this mandate, although it did not favor it.

The point is to highlight the importance of participation to ensure that the opinion of all parties is heard, and to give clear mandates to representatives. This brings me to AFSM. The Board has made tremendous efforts to open participation to members, primarily those who do not reside in the Washington, DC area. We even eliminated the requirement to physically vote at the annual General Meeting, and eliminated the need for Board members to reside in this city. Today, two of the Board members live in other countries and a third spends most of the year in another US state.

We have designated focal points in the different countries, and we are holding meetings with the PWRs to introduce them to AFSM and ensure maximum collaboration between our Association and the PAHO offices. The response from the PWRs and their teams has been extremely encouraging. So what's next?

What we need is reinforcement from our members to participate in our different activities in an active way. The last elections for Board members were won by the Board's own candidates, due to lack of interest from alternative candidates. But it's not just about Board membership. There are different committees and activities that need more volunteer participation. And there are a series of specific

activities, such as translation of articles for our newsletter that only require a minimum of time, but that would help a lot. The lack of more support results in an excessive burden on the few active volunteers, that in turn more seriously results in a lack of discussion of fresh ideas to improve the service we can provide to our members.

For this reason, we urgently ask you to make an effort and spend part of your time actively collaborating with your Association. Stand as candidates for the Board and vote, contact us to support the committees, or contact the Focal Point in your country to support him/her in organizing local activities. The Association belongs to everyone, and we all win with a better Association.



Welcome to New Members of AFSM

Hazael McCollin, Barbados

Jose Antonio Escamilla Cejudo – State of Mexico, Mexico

Mario Martinez Gonzalez – Mexico City, Mexico

Cuauhtemoc Ruiz Matus – Queretaro, Mexico

Annella Auer – Maryland, USA

Maria Teresa Perilla – Virginia, USA

Cecilia D. Tejada Guilbert – Virginia, USA

Gina E. Watson – Managua, Nicaragua

Letters to the Editor

“Another great Newsletter”

Dear Marilyn,

Thanks for another great PAHO AFSM newsletter.

Seems like you had a great trip to Antarctica. It is tempting to do this but I feel it may be a bit challenging at this phase of my life. I loved reading about it.

As I have mentioned before, you and your team have certainly given a new life to AFSM through this Newsletter especially. Each one gets better with so much useful and interesting information. I am sure it is appreciated by everyone. Thanks for all your love that goes into it. Yes, I believe it takes special kind of caring and love to produce something like this.

For the Third part of the Solo Aging article, I am hoping that some members will contribute their personal stories. Let's see if that happens. (Mena Carto already wrote) I am so glad that you found the article- Solo Aging useful. Part 3 hopefully will have some personal stories/messages from other AFSM members as we need to learn and understand what others are experiencing as Solo Agers or expecting if they become one in future. Each person has different circumstances including physical location, family, cultural, financial etc. So, I feel that it will be helpful to “listen” to their experience/ideas etc.

With warm regards

Mona

Sumedha M. Khanna



“We are only retired not tired”

Dear Marilyn,

Thank you for sharing a copy of the PAHO Newsletter.

I have now had time to read this fully.

This issue too is full of information and interesting articles.

I noted Hernan's preface on the evolution and re-jigging of the Newsletter in response to the times and needs, which is true and responsive.

I read with special interest PAHO updates on the Pension and SHI matters, and with more personal interest the articles of general nature and specific to retirees.

Apart from all the excellent contents of the Newsletter, if I have to pick up a few and which I do not really mean to rank, I would mention the articles written by Dr George Alleyenne which is full of life and after-life after WHO, the one by Dr Sumedha Khanna which is not only scientific but matter of life facts, your travelogue on Antartica and the ones on 'where are we and what are we in retirement'. These only go to show that we are only retired and not tired, we still have things to contribute not only in our own interests but in the best interests of the environment, nature and people around us. Realizing these and enjoying them are the real essence of life and will then be a pure bliss!

My special regards and appreciations.

These and some of the updates on Pension and SHI, I plan to freely share with colleagues here with your permission, as usual.

Best regards.

M.R. Kanaga Rajan

President, Association of Former Staff Members, WHO/SEAR



“The value of our partners”

Good morning, Mona,

Just read your Part II on Solo Aging while I waited for my newspaper man to deliver the 3 thick volumes of my Sunday newspaper...

Your article was interesting as usual and of course an important reminder that each of us can become a 'solo ager' at some stage of our elderly lives. For now, my partner is around (4 years my senior and with some health issues). Clearly your partner was an essential and crucial part of your life and this comes out in almost every sentence of your article – and understandably so. I don't even want to begin to think of the time when I may be without mine.

Warmest regards,

Mena Carto



“Keep on writing”

Hi Marti,

Just finished reading your article on the trip to Antarctica and it was soooo descriptive – not to mention the EXCELLENT photography! I just felt as if I was on the trip with you...

It kinda reminded me a bit of my cruise to Alaska some years ago. And I can't remember if it was on that trip that I saw the Humber glacier...

Keep on writing.

Regards,

Mena Carto



Health Insurance and Pension Update

By Carol Collado



Health Insurance

It does seem like we have been talking about COVID forever. The threat of widespread infection is still there even though the majority of countries are now seeing infections with later variants that appear to have milder reactions than the original ones, which might be due to the increased number of persons who received at least one vaccine. Tedros Adhanom Ghebreyesus, Director General of the World Health Organization, at a news briefing on 20 July stated, "I am concerned that cases of Covid-19 continue to rise, putting further pressure on stretched health systems and health workers. I am also concerned about the increasing trend of deaths." This was said just as WHO decided to maintain its emergency declaration for Covid-19. Vigilance, risk assessments, and precautions will ensure that we continue to enjoy a healthy lifespan.

The news today is that of monkeypox. On 23 July 2022, the WHO Director General declared that the multi-country outbreak of monkeypox constitutes a Public Health Emergency of International Concern (PHEIC). We are including a brief overview here so that all of us are well informed.

“Monkeypox is a viral [zoonotic](#) disease caused by the monkeypox virus, a member of the *Orthopoxvirus* genus; this includes the variola virus (which causes smallpox). Monkeypox is characterized by rash or skin lesions that are usually concentrated on the face, palms of the hands, and soles of the feet. Monkeypox can spread to people when they come into physical contact with an infected animal. Traditionally, monkeypox is transmitted from person to person mainly through direct or indirect contact with the rash, bodily fluids (such as fluid, pus, or blood from skin lesions), and scabs are particularly infectious. Clothing, bedding, towels, or objects like eating utensils/dishes that have been contaminated with the virus from contact with an infected person can also infect others.

The virus can also spread from someone who is pregnant to the fetus through the placenta, or from an infected parent to child during or after birth through skin-to-skin contact. It is not clear whether people who do not have symptoms can spread the disease.

There are no specific treatments for a monkeypox virus infection. Monkeypox symptoms often resolve on their own without the need for treatment. Clinical care for monkeypox should be fully optimized to alleviate symptoms, manage complications, and prevent long-term sequelae. It is important to take care of the rash by letting it dry

if possible or covering it with a moist dressing to protect the area if needed. Avoid touching any sores in the mouth or eyes. Mouth rinses and eye drops can be used as long as cortisone-containing products are avoided. An antiviral that was developed to treat smallpox (tecovirimat, commercialized as TPOXX) was also approved for the treatment of monkeypox in January 2022.”

Because we are seeing an increase in the number of pandemic situations, there are increasing efforts at country levels to increase pandemic preparedness and response documents and guidelines.

For those in the US, there is news on accessing care in urgent/emergency situations. Previously, you had been told that the blue WHO issued card was only for use in emergencies out of the country. Because there have been some cases within the US where PAHO SHI was unable to be contacted, this is no longer restricted to use out of the country. Therefore, if for example you have a situation where you need immediate attention on the weekend or at nighttime and are unable to get a quick response from PAHO, you are free to use the WHO emergency number. For those not in the US, sometime in September you should be seeing the introduction of a newer simpler form for claiming benefits through SHI Online.

In 2022, PAHO is Celebrating its 120th anniversary. Congratulations to the Organization for its many years of contributing to the health and wellbeing of so many in this Region. As you know, at the end of September, there will be elections at PAHO for a new Director, who will serve for a term of 5 years. This time there are 6 candidates, and I am sure we will be watching as the decision is made. Please see the brief article about this that appeared in the July 2022 issue of this newsletter.

Stay safe, assess your risks, and live healthily!

Pension

It's CE time again. We hope that by now all AFSM members have returned their CEs to the UNJSPF for 2022. As we have mentioned in different Newsletter articles and email messages, this annual obligation to return the CE to the UNJSPF is a critical for you to continue to enjoy your pension benefits. Over the past several years, the Fund has made exceptional efforts to try and bring this process into modern times and give all members the information they need to be able to respond easily. From a paper CE which caused many difficulties due to inefficient or nonexistent postal services, the Fund has developed several alternative measures that can be used, including the Member Self Service (MSS) and the Digital CE (DCE). They have made it possible to confirm receipt through the MSS. They have also done extensive review and reformulation of their website. In the section for those of you who are retired or receiving benefits, there are now 25 different topics clearly explained, some with instructions if actions are necessary. A sampling of topics includes Child's Benefits, Death, Divorce, Legal Guardianship, Power of Attorney, Updating Payment Instructions, and Unique Identification number (UID).

Unfortunately, in many cases, we find that it is the participants who have failed in follow through and thereby cause serious problems for both themselves and their families. AFSM would like to take a moment to share some scenarios so that all our members might understand the consequences of some actions or in-actions. Below are some examples of real situations that have caused hardship and distress to participants and their families.

- Suspension of pension payments because the participant moved and did not file a change-of-address with UNJSPF, and as a result the person did not receive the CE to return. Reinstatement can take several months and participants/families might be without resources during that period.
- Death of a participant without the Fund being notified for over a year, during which time the survivors used the deposits significant amounts of which they subsequently had to repay to the Fund.
- Incapacity of a recipient to respond, and therefore unable to return the CE. The family had no knowledge of what to do even though the Fund has measures in place for this eventuality (A medical certificate and thumbprint can be used as a temporary measure).
- The family of a participant suffering from dementia tried to use “change of payment instructions” rather than legal guardianship, thereby experiencing frustration in addition to losing valuable time.
- Disabled dependent at risk of losing benefits because the family did not know the appropriate steps to follow after the death of both the participant and the primary survivor.

These and other situations could have been avoided or mitigated had the participants in the UNJSPF taken the appropriate steps to preserve this asset and assure its continuation for families where indicated. Beneficiaries of this pension fund must do their part. This includes:

- making sure that your contact information is up to date in the MSS or through the appropriate form (PF23/M)
- returning your CE annually
- keeping yourself informed through critical information available on the UNJSPF website: **www.unjspf.org**
- informing your significant others or your legal representatives about the pension, and where documentation is held
- anticipating the unknown and communicating to others what actions/provisions are necessary in case of incapacity or death.

Towards the end of August everyone should have received the email with a Newsletter from UNJSPF. There is interesting information on the Fund’s board meeting, solvency of the Fund, and other topics. It’s a good read!



Which vaccines do older adults need?

You might remember getting vaccines as a child. But adults also need vaccines to help prevent certain illnesses. Talk with a doctor or pharmacist about which vaccines are recommended for you.

Vaccines can help protect you, and others, from:

* Flu (influenza): a virus that can cause fever, chills, sore throat, stuffy nose, headache, and muscle aches.

* Shingles: a disease that affects the nerves and can cause intense pain, tingling, itching, a rash, and blisters.

* Whooping cough (pertussis): a serious illness that causes uncontrollable coughing fits, which can make it hard to breathe. It is very important when you are around babies and young children.

* Pneumococcal disease: a serious infection that spreads from person to person by air and often causes pneumonia.

* Coronavirus (COVID-19): a respiratory disease that causes fever, cough, and shortness of breath and can also lead to serious illness and death.

Learn more about vaccines recommended for older adults

(<https://nih.us19.list-manage.com/track/click?u=3dca973015582e3c417f6296c&id=c5c465b3df&e=96142f2c14>)



In Memoriam

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

Maria Clara Perez	12 August, 2022
Edward O. Parham	18 August, 2022
Daniel Purcallas	28 August, 2022
Gustavo Mora	5 September, 2022

Keeping a Healthy Weight as You Age

By Maria Teresa Cerqueira



Managing your weight is important at any age, but it is especially critical as you age. Being at a healthy weight may lower your risk of chronic illnesses like heart disease and diabetes, and it can help you live a longer and healthier life. Here are five research-based recommendations for maintaining a healthy weight.

Eat a varied and mostly plant-based balanced diet. As you get older, you may need to eat less food in order to maintain a healthy weight. But you must ensure that you get all of the nutrients, vitamins, and minerals your body needs.

Adults need smaller portions. As you age, your energy needs decrease, so you'll need to eat smaller portions of food to stay at a healthy weight. Depending on your level of physical activity, your energy needs may be different.

Limit your intake of foods that are not considered healthy, such as:

- Baked goods: pies, donuts, cakes, cookies
- Salty snacks: chips, pretzels
- Deep fried foods: chicken, fries
- Soda pop, sugary drinks

These foods do not provide a good source of vitamins or minerals. But they do provide lots of calories that may lead to weight gain. Try having small portions only on special occasions.

Avoid emotional eating. When you feel frustrated, lonely, or bored, instead of reaching



for the ice cream and all other foods not considered healthy, go for a walk, talk to a friend, drink water, or eat an apple. Do what you can to support your emotional health. "Emotional eating is eating as a way to suppress or soothe negative emotions, such as stress, anger, fear, boredom, sadness, and loneliness. Major life events or, more commonly, the hassles of daily life, can trigger negative emotions that lead to emotional eating." Some insights for controlling emotional eating can be found at this link:

<https://www.mayoclinic.org/healthy-lifestyle/weight-loss/in-depth/weight-loss/art-20047342>

Keep track of what you eat. It may be helpful to keep a diary of what and how much you eat. This can help you to see what portions and the type of foods you are eating and help you decide which to limit.

Start with small changes. You can make small changes to your eating habits. Over time they can add up to big health rewards. Here are some changes you can try:

- Switch from 2% to skim milk
- Put less sugar in coffee or tea
- Have fruit for dessert instead of pastries, cakes, or other sweets
- Choose legumes like beans, peas, lentils, or tofu instead of meat for dinner
- Drink water instead of soda pop or sugary drinks

It is also important to review and/or make changes to the way you cook your favorite foods. Changing ingredients can cut calories: more vegetables, less meats, roast, boil, grill or steam foods and reduce salt, sugar, and fat.

Read 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. The latter are calculated at 2000 calorie per day. The most important items to reduce are sodium, fat, and sugar. Stay away from foods with large amounts of these. Compare content from different brands.

Eating healthy and watching your portion sizes when eating out or taking out. Dining out is fun and it is nice to have a break from cooking. But some restaurants serve very large portions or use lots of salt and fat in their meals. Make healthy choices when dining out or carrying out and choose less fatty and fried food, less salty or sugary treats, and more vegetables and lean meats. Take out also has these same issues to avoid.



Eat small portions. At fast food counters and restaurants portions are usually bigger than what you would normally eat at home. Ask for half portions, share a large meal with a friend, or get a box with part of the meal to take home.

Eat more vegetables. For more fiber, ask for extra vegetables, also veggie toppings on wraps, burgers, pizzas, and sandwiches. Order sides of leafy green salads or cooked vegetables. Substitute fries with vegetables.

Choose whole grains and nuts. Look for dishes made with quinoa, brown rice, barley, or oats. Many restaurants now offer whole wheat or whole grain buns, tortilla wraps, pasta or pizza crust on request.

Ask how food is prepared. Order foods that have been steamed, baked, broiled, grilled, or roasted. Fats and calories add up quickly when food is fried, deep-fried, or breaded.

Have low sodium foods. Choose fewer foods that have been smoked or made with soy sauce or teriyaki sauce. Look for "light" versions of these sauces and ask for them on the side.

Ask for sauce on the side. Sauces, condiments, dressings, and spreads can add fat and sodium to our meal. Ask for these on the side and then use just enough to get some flavor.

Watch what you drink. Drink water or low-fat milk instead of sweet drinks or soda pop; ice tea or lemonade without sugar is a good option; use sugar or substitute sweetener sparingly. Try sparkling water with lemon or lime wedges. If you drink alcoholic beverages, limit yourself to one or two drinks for the day.



Skip or share dessert. If you are still hungry at the end of a meal, finish the meal with fruit or have a plain sherbet. If you love rich desserts, order one and ask for two spoons so you can split it with a friend!

Get enough sleep: Weight gain is not only related to overeating and being a couch potato, it is also associated with not enough sleep. Cross-sectional studies in adults have repeatedly found an association between reduced sleep and increased weight. Similar findings have been observed in cross-sectional studies of children, suggesting that short sleep duration correlates with an increased risk of being overweight or obese. For more information about

this, go to: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2279744/>

Weigh yourself regularly. This helps you check if you are gaining or losing weight. The best way is to weigh yourself in the morning, before eating; if not every day, it could be twice a week. This helps you to know your true weight and to avoid gaining it.

Stay active. Physical activity is vital for your health. Being active helps lower the risk of heart disease, stroke, cancer, diabetes, and other chronic diseases. Being active can make you stronger and provide you with more energy. Being active can help you maintain strength, balance, and coordination and strengthen bones and muscles. Some activity is better than none.

CDC recommendations for adults, aged 65 and older:

- At least 150 minutes a week (for example, 30 minutes a day, 5 days a week) of moderate intensity activity such as brisk walking. Or 75 minutes a week of vigorous-intensity activity such as hiking, jogging, or running.

- At least 2 days a week of activities that strengthen muscles.
- Activities to improve balance such as standing on one foot about 3 days a week.

Try lifting weights or doing yoga. This will help with posture and balance. Make sure before starting any exercise program that it is appropriate and safe. Be social while you are active! Find classes in the community, such as swimming, dance, or Zumba; bike or walk with a friend. It's easier to stay on track when you have support.

In Summary

It is important to maintain your weight as you get older since it can help keep you healthy. You can maintain your weight by choosing healthy foods, eating fewer calories, and being physically active. Be socially active, volunteer, participate in community activities, and walk with a friend or group. Take small steps to reach these goals. It is also important to stay in touch with family and friends for your emotional health. Have a hobby, garden, or join a book club. I recommend a great book called "The Power of Strangers: The benefits of Connecting in a Suspicious World" by Joe Keohane.

Sources for more information

Dietary Guidelines for Americans:

(https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf)

Canada's 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>

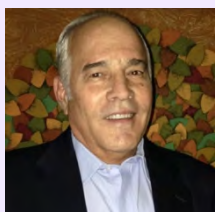
Promoting Health for Older Adults

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



Take Advantage of My Experience Since I have a Lot to Offer

By Jorge Prosperi¹



A few years ago, having recently retired from our Organization, I wrote an article that I posted on my blog in which I called for people to take advantage of the wisdom of their elders, as our parents and grandparents often advised us to do.

At that time there was no talk of the need to dedicate a decade to Healthy Ageing, or to formulate a plan that contemplated expanding our way of thinking, feeling and acting with respect to age and ageing; ensuring that communities nurtured the capabilities of older people; offering people-centered, integrated care and primary health services that responded to the needs of older people; and providing access to chronic health care for older people in need.

Today, after eight years of being retired, the suggestions of the above-mentioned “decade” take on an urgency for the almost 1.5 billion older adults who fight daily against prejudices and stereotypes held towards older people. It is ageism that promotes behaviors that exclude older people from life in society and from formal health care.

At this point, some of you may wonder, what does ageism have to do with the wellbeing of retirees? I think the response is - “everything”. At least in my country (Panama), and I suspect this is true in most of the others, the prevailing arrogance and superficiality seem to show a loss of respect for the gray hairs we bear. But will PAHO be an exception? To answer this question, I invite you to reflect on the meaning of the conditions necessary for healthy ageing, based on the proposals in our document on the subject.

And please don't get me wrong, we don't want to take on the position of younger people, because we have already fulfilled that part of our mission. We just want them to take advantage of our experience, eradicate institutional and political practices that perpetuate stereotypes about older people and, from time to time, invite us to our Organization's celebrations. After all, as WHO's Director points out when he thanks AFSM (as if anticipating the future) for its willingness to continue being part of the WHO family through healthy ageing, basing his thoughts on the proposals in our document about this topic.

Going back to the necessary conditions for healthy ageing, I begin with some of the guiding principles of the Decade of Healthy Ageing, and I wonder if our Organization is aware that all retirees should have equal and fair opportunities to enjoy the determining

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and facilitating factors of healthy ageing, such as social and economic status, age, gender, place of birth or residence, immigration status, and ability levels. Or does it facilitate social cohesion and interactive exchange among generations in favor of the health and wellbeing of all people? And, furthermore, does it promote sustained work for 10 years and longer?

I understand that these things are very difficult to achieve. But we wrote them down, we committed ourselves to doing them, and so at least we should set the example. And I'm not saying we're not doing them; I'm just calling for us to do them.

Of special relevance is the issue of changing our ways of thinking, feeling, and acting with respect to age and ageing. On this matter, the aforementioned document that has served as a guiding thread to prepare this brief piece indicates that, "despite the numerous contributions that older people make to society and their great diversity, negative attitudes towards them are common in all societies and are rarely questioned. Stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) towards people based on their age, which is known as ageism, affect people of all ages. But they have effects especially detrimental to the health and wellbeing of older people.

Finally, browsing cyberspace, I found a "pearl" that refers to the vital importance of older adults, among whom I place myself, to take care of this world, now and after we overcome the pandemic. The brief but profound message, whose author is not identified, but I do him justice by spreading this message, underlines the need for us to be consulted about what to do. We have wisdom, experience, and common sense. We are the ones who have produced the capital and everything that society has today.

The aforementioned note continues, adding that older adults have values and morals. We have feelings, and we will not be afraid when facing the burden that is upon us when we reach the famous day of our own passing away. In the end, the ingenious author of the note emphasizes that we are the generation that sustains those who come after us, without costing them anything. We are worth it, we have healthy pride, and we are not going to die from COVID-19 but rather when the time comes, according to our age, lifestyles, and health conditions.



The Magic of Puno

By Gloria Briceño



The emotions and color of this story flowed when I remembered some experiences of my first year of work as an advisor in the PAHO/WHO Health Services Development area. With this story I also pay tribute to those who worked with me in Puno in 1976, taking our technical cooperation to a place in Peru that was remote and difficult to access.

"The magic of Puno", as I have called my story, began when I was hired by PAHO/WHO in 1976 specifically to work in the city of Piura, on the Pacific coast of northeastern Peru, a region of rich beaches and eternal heat, very attractive for someone starting out her international work. When I arrived at the PAHO/WHO Country Office in Lima, the guidelines for technical cooperation had changed and it was at that moment that the magic happened for me. Like a breath of new life, I went from north to south, from hot to cold, and from sea level to a height of more than 3,800 meters, surrounded by fantastic job expectations that I never imagined I would experience.

Puno was in the opposite of the place for which I had been hired, a place where I lived serenely within a magical atmosphere, where legends, traditions and multicolored festivals are shared every day, combining, among many other things, the needs and knowledge about the health of its people.

The city of Puno is the capital of the Department of Puno, in southeastern Peru, and it is located next to majestic Lake Titicaca, one of the largest lakes in South America and the highest navigable lake in the world, whose altitude ranges from 3,810 to 4,050 meters above sea level. The temperature is low, and the humidity is 29%. The nature of the landscape is of incomparable beauty that contrasts with the poverty and poor quality of life of some of its communities.

Puno is the Folkloric Capital of Peru, due to its traditional festivals and known for being a leader of cultural and commercial development in the region. It has two universities most valuable for the careers they offer that mainly address the technical, agricultural, and social interests in the region.

The 128,637 inhabitants of Puno speak Spanish, Aymara, or Quechua, and some people are bilingual, trilingual, or only speak Spanish. In the markets and tourist centers other languages are heard. The personal experiences that come back to my memory from the past occurred in wonderful and magical Puno, of which I previously knew little or nothing.

PAHO/WHO and the countries of the Region, at that time, were focused on fulfilling the commitments made within the framework of the Ten-Year Health Plan for the Americas (1971-1980), and Peru was developing its joint strategies with technical support from PAHO/WHO. The PAHO Country Office (PWR) formulated a joint project with the Ministry of Public Health, that focused on and designated technical and financial resources to respond to the technical cooperation needs in the South Altiplano Health Region.

The working team was initially made up of three doctors, three nurses and a sanitary engineer, all working under the same baton, exuding public health and very eager to put a grain of sand into this project that posed great challenges at the local and regional levels.

I remember my colleagues from that team. Their names were engraved in my mind because I considered them so solid, not only because of their knowledge, but also because of their strengths for teamwork, responsibility, and social commitment. They are Dr. Martín Vázquez Vigo, PWR in Lima (deceased), Alfonso Ramírez from Health Services (deceased), Luis Ernesto Giraldo (deceased), Maricel Manfredi from Human Resources, Guillermo Orozco (father) from Sanitary Engineering (deceased), Gregorio Mendizábal from Epidemiology, and Libia Victoria Cerezo Regional Adviser in Maternal and Child health. Gregorio Mendizábal and I, from the Health Services Development, were based in Puno, while the other consultants were based in Lima.

So, I invite you to imagine the symphony of knowledge that emerged from this team using epidemiology and planning as instruments in the analysis of the health situation and seeking interventions or solutions for change based on the problems encountered. The health indicators were negative for the health of mothers and children, with very high maternal and child morbidity and mortality, as well as acute and chronic malnutrition. The same was true for tuberculosis and other preventable diseases, with grave deficiencies in basic sanitation. All of this demonstrated the urgent need for intervention. The organization of health services and the training of human resources also emerged as priorities.

Puno demanded the putting into practice the proposals, principles, and activities that years later formed the basis for Primary Health Care and the Strategy of Health for All. In this context, comprehensive, articulated, and productive work was developed that left deep impressions on our lives and on the fate of PAHO/WHO's technical cooperation in Peru. Our efforts helped other consultants with the same mystique and technical excellence to continue advising this region, including Marina Navarrete, who was also based in Puno, and Julio Burbano, based in Lima.

In particular, I can affirm, among other facts, that in Puno I learned, for example, to respect much more the work of obstetric nurses, traditional midwives, nursing assistants and, in general, that of health workers at the local level. I was able to actively participate in the training of traditional midwives in hygienic childbirth care, since there were harmful practices that midwives traditionally repeated in situations of extreme poverty. These practices included not washing hands, cutting the umbilical cord using a piece of glass from a bottle, and receiving the newborn on a part of the dry skin of a llama due to the lack of a blanket. As pregnant women had no professional prenatal care, many newborns or their mothers died from infections or poor delivery care.

Everything was a challenge; the midwives did not know Spanish and we did not know Aymara or Quechua, so we communicated through the bilingual or trilingual auxiliaries, using all available didactic means of communication and expression. These trainings were carried out at an altitude of over 4,000 meters. When we arrived there, you could still see the brightness of the stars that covered those lands. Gregorio and I resisted the height, trying to make possible what seemed impossible. Under these conditions even poverty seemed to be beautiful, where the sensitivity of the spirit emerged; we could see satisfaction in the eyes of the midwives and auxiliary personnel, when we could transfer knowledge or improve practices. During the training, PAHO and UNICEF kits for hygienic childbirth care were delivered, and regular supervision was the responsibility of the local health personnel.

The experience of each of the team members was very rich. Everything came together to improve the health and living conditions in the communities where the technical cooperation was focused; our stories could be equally similar and magical. As the project progressed, Gregorio and I prepared the advisory visits from Lima. It was the most logical thing because we were more adapted to the altitude and the climate. It was not unusual that when the consultants arrived there would be no water, because during to the cold part of the year in Puno the water would freeze in the pipes, and when there was no water even to take a bath, one had to resort to other means. Also, I cannot forget how soroche, or altitude sickness, played with each of us differently: some got it when we went up and others when we went down, and for example I had to rest one day whenever I went down to Lima.

Tourists include in their visit to Puno a trip to the floating islands of the Uros, an indigenous community that builds its huts on Lake Titicaca, using the totora (perennial aquatic herbaceous plant). Seeing these islands was a beautiful landscape in the eyes of any tourist, if only the beautiful lake and the imposing blue of the sky were seen. But inside those huts the indigenous people lived in overcrowding and with high rates of Tuberculosis and other diseases. Guillermo Orozco and I also ventured

out with some trepidation floated on those totora rugs with a certain fear of sinking, challenging the advance of tuberculosis and other environmental health problems. This was a unique experience.

Efforts to develop the health services infrastructure and the potential of the human resources in health in the South Altiplano Region were very significant. The traces left by Maricel and Libia Victoria in Puno were demonstrated in the curricular changes that became necessary in the training of nurses and health personnel in the region. There is no doubt that their youth and constant search for insights as to what was most appropriate for these altitudes, made the magic of Puno surround these pioneers, appeasing their cold in the long nights of work, when the day was not enough.

Dr. Carlos Cornejo Roselló, Director of the South Altiplano Health Region and a patriarch of public health in the region, was subsequently invited to the International Conference of Alma-Ata, in Kazakstan (1978) to contribute the experience of Puno in primary health care. This gave great attention to Peru and PAHO/WHO for the work carried out there and its contribution to the Doctrine of Primary Health Care.

Finally, I want to share with you that, in Puno, I had many joys; its magic always attracted me. The spell of the moon and the shooting stars so close to me produced sweet sensations in my heart and today I feel deep gratitude to the PAHO and Peru for having facilitated my work in this enigmatic place that at that time revealed its beauty and pain before us. It enabled us to offer access to health services in an equitable manner and mainly with social justice.

I want to end my story acknowledging that I loved Puno for the generosity and solidarity of its people, its culture and folklore, its music, and its willingness to accept change.

I also thank the ASFM Colombian Chapter Board of Directors and Maricel Manfredi for inviting me to tell this story, one in which Maricel also shone as the protagonist, and that contains a part of our experience on our first year of working with PAHO/WHO in Peru.



Do you remember Bob?¹

Bob Ridenour built it and takes care of it

The man who helped build the FBI, the Watergate, the Kennedy Center, and the PAHO regional office. He's worked in the Organization for 28 years.

Bob Ridenour comes from the rural parts of Pennsylvania, a land, according to stereotype, where people love country music, pick-up trucks, and large families – he has ten brothers and sisters.

It was a big contrast when he came to work as construction worker in the capital of the United States in 1963. At the time, some of Washington's most important landmarks were being erected, and Bob personally helped raise the FBI, the Watergate, and the Kennedy Center. During three months, he also participated in the construction of the PAHO regional office.

Twenty years later, in 1984, Bob came back to PAHO, this time to work as painter. The company he worked for was then responsible for the maintenance of PAHO's facilities in the Governor Shepherd building, a 1939 nine-floor apartment high-rise on Virginia Avenue that had been partially converted for office use.

Bob remembers that many tenants still lived in the Governor Shepherd building, including some PAHO staff. The building required a lot of work. A 1981 Directing Council resolution mentioned the need for "substantial and costly repairs and replacement of operating systems, including heating, ventilation, electrical power, plumbing, and elevators". Bob eventually worked in all these areas. "People didn't know there were PAHO offices inside, because there was no plaque in the entrance," said Bob. "The only reference to health was a drugstore in the lobby".

In 1985 the Governor Shepherd was demolished to give way to the building that now houses HRM, FRM and part of KMC. Bob started working in PAHO main's building, the same he helped build more than 20 years earlier. He participated in many changes since then. Sometime during the 80's he was asked to remove the ashtrays that lay near the elevators. By then, he became very health-aware himself. He quit smoking and drastically reduced alcohol use in the 1990s. "My last beer was three months ago," Bob said during the interview. He does not eat candy or fried food.

Bob worked under four different directors and became friends with several members of the staff. He knows by heart the birthday of a few of them. "Heidi Jiménez is April 7," he said.

¹ The 1st part was published in July 2014 and the 2nd part on 6/29/2022

It is hard to tell if his several invitations to perform Santa Claus at PAHO holiday parties were due to his stocky build, white hair and long, full beard, or, more likely, because of his cordiality and sense of humor. Quite a contrast with his first rebel years: he was expelled from school on eight grade after a fight with the principal. “I was a bad little boy at the time”, he said with a smile.

At 74, he fixes doors, locks, floors, walls, and cubicles better than most of us would be ever dream of. He also helps control the heating and cooling systems, a skill he learned on the job. In spite of working for PAHO all these years, he does not speak Spanish, but never fails to understand what needs to be fixed. He often works late in the evening, when staff is gone, in order not to disturb.

Bob drives a truck every week to see his family in Pennsylvania. Sometimes he goes all the way to Tennessee to see his three grandchildren, or to Georgia to visit his sister-in-law. That is a 10-hour drive. “Not a problem,” said Bob

We don't see Bob every day anymore, but we discovered that he lives in Waynesboro, Pennsylvania, with his wife. His children have formed their families and he is always in contact with them and his grandchildren.

When asked what his retired routine is like, at 83 years old, he reacted vehemently: “Do you know something? I never retired!” It's true: Bob now works for a company that sells cars. He drives a truck daily taking cars to dealerships in Pennsylvania and other East Coast states.

If you started working at headquarters after 2017, there's a good chance you missed out on meeting Bob Ridenour, also known as "Bobbi." His arrival in Washington in 1963 to work as a construction worker was a big change for him. At that time, some of the most important buildings in Washington were being erected and Bob personally helped build some of them. For three months, he also participated in the construction of the PAHO building.

Twenty years later, in 1984, he returned to PAHO to work in the GSO Department, performing multiple building maintenance and renovation projects. He knew in detail the operation of the equipment, and he also performed paint, electrical, plumbing and gardening work. Because of his physical appearance and warm personality, he was the “official” Santa Claus for numerous Christmas parties that were organized for the children of headquarters staff.

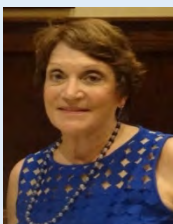
He was always the first to arrive, “to turn on the lights”, at 5 a.m., and he was the last to leave. He knew everyone by name, and whether he was fixing our air conditioner or solving a problem in the cabinets, we were sure to have a short but pleasant chat with him.

“Please send my regards to all my friends at PAHO who remember me,” he told us.



The Joy of Traveling with Old Friends

By Marti Rice



When I lived in the Geneva area while working for WHO HQ, with my newly found friend Heather McDonald I formed a woman's group. It is the type of support group I have always had wherever I lived. We would meet every 3 or 4 weeks to have dinner at each other's homes and chat, talk about life, problem solve, and just generally support each other. Over time we each retired and slowly lost touch with each other on a regular basis. Then Covid hit and Zoom came on the scene and we established a regular monthly Zoom meeting. How wonderful to again be able to share our life events and challenges. Then, just casually on one of these Zoom calls, we began to talk about having a reunion in Switzerland where three of the six women currently live. We picked dates and were all prepared to meet there without any more specific plans as to what we might do. Those of us living far away still had other friends there with whom we wanted to connect so staying loose on the plans seemed natural. But then, on one of the Zoom calls, Maga told us about a trip she had just taken by train from her little Swiss town of Nyon to Zermatt and then the Glacial Express train from Zermatt to St. Moritz and a new trip was born.

So, I landed in Geneva on a Thursday, and Maga picked me up at the airport and brought me to her apartment, where I met up with Merri who arrived the day before from San Francisco. Maga made me her special energizing drink of orange juice, ginger, and other secret ingredients she will not reveal. Wow was that powerful; it really woke me up from my jet lag. Then I went off to meet some old friends whose daughter was in the local French school with my son Gabe way back when. They took me to a small restaurant overlooking Lake Lemman that was famous for serving the traditional Swiss hot cheese dish called Malakoff. How wonderful to share stories of our lives since we last met over four years ago – before Covid changed the world. Later in the day Jelka arrived from Slovenia, Maga



made us a wonderful dinner, and Jelka and I walked down the road to our little hotel.

On Friday, Maga had a trip planned to the hot thermal baths Loeche-les-Bains. We made sandwiches, borrowed towels and wraps from her, and headed off in her car. We spent a lovely day enjoying the baths, the sun, and the chance to relax – a very welcome refresher from traveling all night from Washington to Geneva. Later in the day we moved over to a nearby stream gushing cold water from the mountains and eat our little sandwiches enjoying the view and the friendship. Then we headed back to Nyon to have a dinner made by another group member Therese, but an accident had blocked the highway and instead of one hour it took us three to get back. But Therese, always the calm and even-tempered nurse that she is, patiently waited for us to arrive. So now (except for Bobbie who was in the UK for the summer), our little group was finally united.

Saturday was a day for me to shop for things I can only get in Switzerland and meet other friends for lunch and dinner. Early to bed to be ready to check out of the hotel and start our train journey across Switzerland.

On Sunday we caught the early train to Zermatt. As always with Switzerland, the train was right on schedule, and we arrived in Zermatt in time to check into our hotel and take Europe's highest open-air cog train up the mountain to Gornergrat, with beautiful views of the famous Matterhorn; it is one of the most impressive and historic ways one can travel up any mountain.



The gods were with us as we were supposed to have rain and instead we had warm overcast skies, perfect for walking around and taking photos.

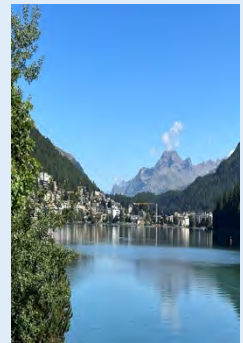
At night we had dinner in a traditional Swiss restaurant, where I ordered fondu (what memories it brought back) and my friends ordered raclette (yes touristy but worth it).



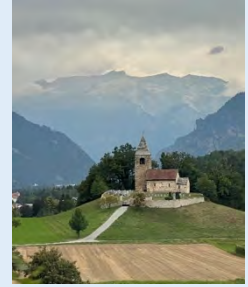
Early Monday morning we boarded the Glacial Express, known as the slowest express train in the world. With its glass roof we were able to totally enjoy all the beautiful scenes from

this eight-hour train ride that moved us slowly through the mountains from one side of Switzerland to the other. Again, the gods were on our side and defied the prediction of rain to bring us clear weather and endless views. We arrived in St. Moritz late afternoon, took the shuttle to our little hotel outside of town, enjoyed the spa and jacuzzi at the hotel, and then were served a wonderful local dinner.

Tuesday morning, we had breakfast at the hotel and then set out for the town of St. Moritz. We enjoyed walking around the lake and then walked into the old town to have a mouth-watering apple strudel and coffee before heading back to the train station and the long set of train rides to bring us back to Nyon.

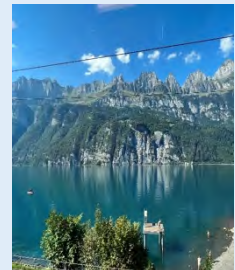
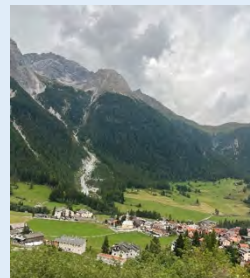


On the way back we had to take four trains, changing three times with between three and seven minutes for transfer at each station. I was just amazed by the Swiss train system. Maga had an app on her phone that told her when each connecting train was leaving and from which track. When one of our trains was delayed, the connecting train was also delayed ensuring the linkage. Living so many years in the



US where resources have been put into road systems and not trains (ah the power of the gas and car lobbies), this synchronization and organization left me speechless.

Finally, back in Nyon, we had pizza and went to bed exhausted. Jelka left the next day for her train ride to Zurich and flight to Ljubljana. I met Keith Wynn (Editor-in-Chief of the Geneva AFSM newsletter) and Jean Paul Menu (President of the Geneva AFSM) for lunch. JP took the train all the way from Lyon to meet us and Keith treated us to a delicious meal at the Chateau of Prangins overlooking Lake Lemman in a quiet shady garden. It was wonderful to finally meet Keith in person after we have been corresponding about our newsletters for the last four years, and to see JP again. We chatted about our careers in WHO and our lives since leaving, and of course about AFSM. For dinner I met another old friend before leaving the next day for my return to the US.



It was good to get back home and sleep in my own bed again and enjoy the company of Frank and my dog Bentley. But there are no words to express how wonderful it was to have this precious time with good friends who I have not seen in person for many years, and to have the trip made so easy by Maga's skillful planning.



Musings of an Ageing Woman, Part 6

More Peeves

By Yvette Holder



I guess as I age, the list of pet peeves will continue to grow. My latest one is automatic sprinklers. That I should develop an intense dislike for those mean mechanical gadgets is surprising as I enjoy looking at the luscious, well-manicured lawns and smelling the fragrant flowers of the landscaped communities in my neighborhood. And I know that such perfection can only be achieved at the cost of regular watering and feeding, but does it have to include my person?

The landscapers, in their thoroughness, place the sprinklers to rotate in such a way that every square inch of lawn and sidewalk is thoroughly inundated. They obviously took a cue from boxing, that the strike and follow-up strategy is one-two punch. While one sprinkler goes from left to right, the other goes from right to left, crisscrossing each other to ensure that no spot is missed.

My challenge when walking must now extend beyond balancing and staying vertical to include staying dry. To achieve all three is quite a feat. It involves observing the motion of the opposing sprinklers as they gracefully arc their spray through the air, determining the interval between one sprinkler moving away from the sidewalk and the other approaching it, guesstimating the length of drenched sidewalk and maximum speed that I could achieve with the aid of my cane and then timing my “rapid” advance between the synchronized sprays as the skills acquired in childhood skipping, especially Double Dutch, stand me in good stead. As annoyed as I may be, it does bring back fond memories of childhood even as I mourn the loss of youthful abilities.

To be fair, most of the irrigation by community landscapers is done late at night or early in the morning, the exception being hot summer days when the sprinklers will come on during the day. Then the landscapers will look at me with wry but amused sympathy as there is little that they can do. It is the individual householders who I think should time on a meat rack down under (as a friend of mine would say), for they imperil pedestrians by spraying not only the sidewalk but the street as well so that one is forced to either walk in the middle of the street or cross entirely to the other side. What is worse is that sometimes the householder would be in his garden and be totally unmoved by the plight of the suffering pedestrian. There ought to be a law similar to that about parking on sidewalks, for they both put the pedestrian at risk of injury.

My last peeve follows on from the sidewalks under watery siege. It is uneven sidewalks. After successfully dodging water on the sidewalks, I must then navigate those sidewalks with raised pavers. One paver just a half inch taller than the others is enough to send me, or any unsuspecting mobility-challenged person, sprawling. It really does not take much of an unevenness. Indeed, to the less keen-eyed, the sidewalk may actually look level. Same problem occurs with hotel floors that are not even, as I learned to my cost at a conference. Fortunately, I just tripped but did not go completely down, but another participant did. I have since learned to look down all the time whenever and wherever I walk. My choice in later life may have to be between a humpback and a grave fall. Meanwhile, however, I am considering hiring myself out as a spirit level, for I am as good as the rolling bottle that tilers use to determine if their tiles have been levelly and well laid.



Healthy Ageing Committee - News and Updates

By Martha Peláez



AFSM's Healthy Ageing Committee (HAC) took an active role in furthering the AFSM-PAHO collaboration to advance the Decade of Healthy Ageing through the following activities:

- The joint WHO-AFSM Webinar “Joining forces for the Decade of Healthy Ageing” is planned for 6 October 2022. The WHO Director General will address participants and reinforce his message that we are all members of the WHO family and as such we must join forces to strengthen the Decade. The planning for this event is a collaborative effort of the Global Council of AFSMs and WHO. The PAHO's HAC Chair co-chairs the planning committee with AFSM Geneva.
- HAC began discussions with PAHO's Ageing and Health Program to develop a “framework for collaboration” that will lead to a plan of action in support of the Decade. A joint retreat will be scheduled for November to ensure that the framework for collaboration includes the priorities of both AFSM and PAHO. PAHO's Ageing and Health Program is committed to full participation in both planning and implementation.
- HAC identified the Latin American Academy of Geriatric Medicine (ALMA) as a key partner in our goal to maintain and contribute to healthy ageing. Dr. Carlos Cano, President of ALMA, will lead our next webinar on 20 September on Is dementia inevitable in old age?

In response to input from our members in last year's survey, HAC will continue our series of webinars to improve health and to plan for long-term care. Three webinars are scheduled for the remainder of the year; registration links will be presented via the AFSM web calendar, Facebook page, and multiple e-mail blast messages. All webinars will have simultaneous English-Spanish interpretation supported by PAHO's Ageing and Health Program. Recorded video of the webinars are available on the AFSM web page.

Please stay tuned, attend, and participate

- 20 September 2022 from 11:00 to 12:30 PM (EDT): Is Dementia Inevitable in Old Age?
For Registration go to:
https://paho-org.zoom.us/webinar/register/WN_RDM39n4vSqCtxFmYxG-XtA
- 20 October 2022 from 11:00 to 12:30 PM (EDT): Ageing at Home: Person Environment/Fit: The CAPABLE model.
- 15 November 2022 from 11:00 to 12:30 PM (EDT): Putting the pieces together for Long-Term Care: Why Planning is a Good Thing.

HAC welcomes your suggestions, comments, and ideas for our Healthy Ageing section of the AFSM web. Please visit:

<https://www.afsmpaho.com/copy-of-healthy-ageing-envejecimiento-1> and send feedback on what you would like to see added. (afsmpaho@gmail.com).





MANAGING YOUR CREDIT CARD DEBT

Credit card debt can add up fast. According to the Federal Reserve Bank of New York, the average consumer credit card balance was \$5,221.00 in the first three months of 2022. And that amount is expected to rise with all the changes in interest rates. If you have some credit card debt that you'd like to eliminate or simply better manage, we have some tips that could help.

Start with the Basics

Keeping track of your credit cards with different interest rates, due dates, payments, and other fees can be overwhelming. To start the process of paying them off or simply managing the debt, create a budget that includes a plan to pay back the amount owed on each card. Make sure you are paying more than the minimum payment every month. Consider the following when creating your plan of action:

- Always open and read your statement to ensure accuracy
- Pay on time and never skip a payment – missed payments result in extra fees.
- If you maintain a balance, stay under 30% of your total credit limit.
- Payoff higher interest rate cards first. Then, double up on payments on other cards.
- Transfer high-interest card balances to a low or a 0% interest credit card. However, carefully read the fine print before accepting a new credit card with a 0% introductory rate.
- Consider consolidating high-interest debt into a low-interest personal loan.
- Shop around for the best rates; Credit unions can often offer the best rates.

Once a card is paid off, try these tips:

- Do not close the card once the debt is paid. Doing so could affect your credit score. Simply keep it locked up just in case you need it for an emergency.
- Use credit cards responsibly and ONLY for the things you need.

We're Here to Help

Our pros can help you manage your debt. Give us a call, stop by the branch, or visit us online at pahofcu.org.

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Obituary for Antoinette Loraine Reid

By Heather Hill



Antoinette Loraine Reid was born on 18 June 1940 to the late Agnes Bannister, and she died on 18 July 2022, exactly one month after her 82nd birthday.

In her working life, Antoinette joined the Office of the Pan American Health Organization in Barbados in 1975, where she worked as the Administrative Assistant to Dr. Harold Drayton, Head of the Allied Health Project. When that project came to an end, she was assigned to the Office of the Caribbean Programme Coordinator (CPC) as Administrative Assistant to the Program Officer for the Eastern Caribbean. Antoinette remained with the CPC Office as a senior staff member until her retirement in June 2000.

Antoinette was a mentor and trainer to the younger staff members and was always willing to encourage and support them in the execution of duties. She was well liked and respected by both technical and local staff in Barbados and other territories and made lasting relationships and good friends all over the world.

She loved to travel and took every opportunity to visit her family overseas – Her son David and his family in the UK and her daughter Michelle and her family in the US. She was very proud of her grandchildren and looked forward to the time spent with them during her travels. When she was not travelling, she could always be found in her garden, mowing the lawn, or reaping produce which she readily shared with friends and neighbors.

Antoinette loved to dress and was always immaculately turned out. Always very classy and appropriately dressed for any occasion.

She was a very religious person and attended the St. Patrick's Roman Catholic Church where she attended services regularly and participated in many of its programs. In addition, many would attest to her generosity to those less fortunate and her absolutely charming nature shown through to anyone she met.

Antoinette was a fierce advocate of AFSM and took her role as Focal Point very seriously. She encouraged and supported the retired staff here in Barbados and did all she could to ensure that everyone was kept up to date with the changes in technology and other related matters.

To her family, friends and working colleagues, we extend our heartfelt condolences as her sudden passing was not only a shock but a huge surprise to everyone.

Her body was interred at the Coral Ridge Memorial Gardens in Barbados.

May she rest in peace and rise in glory.





The Back Page

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