



# NEWSLETTER

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**THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS**

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**VOL. XXXII No.2**

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***Happy and Healthy Ageing***

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## Editorial

### *Looking Out Into the World*

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*By Hernán Rosenberg*



By now everyone will have noticed the importance that the AFSM Board of Directors places on the inclusion of our members in its activities, regardless of the location of their residence. In that sense, you can see on the back cover of this newsletter the photos and data of our focal points in a variety of countries in the region. But, perhaps less well known is the effort to collaborate with our counterparts, former WHO staff, in the rest of the world.

AFSM Geneva has existed for several years. But this association does not formally represent all the former staff of the planet (although they have done so for specific topics), but rather it has served those who worked or established their residence in or around Geneva. In a joint initiative with the President of the Geneva Association, Jean-Paul Menu, Gloria Coe, our President and Hernán Rosenberg, our Vice President, had the privilege last March of participating in the first global meeting of all the AFSMs.

Representatives from all WHO regional offices participated in the meeting, but to the surprise of some, it turned out that neither Africa (AFRO) nor the Middle East (EMRO) had established their associations. As a result of the meeting, the participants from these regions immediately made arrangements to establish an association, with wide support from the other Regional Directors.

It was decided to create a global advisory committee. Each AFSM will continue to be independent from the others, in terms of its membership criteria or activities. But since there are two that have already been around for a few years (our AFSM and the one in Geneva), the other existing AFSMs, as well as the newly created ones, will have an opportunity to take advantage of our previous experiences to receive our counsel on improving their operations.

Likewise, a mechanism will be established to provide a vocal platform for expressing and taking positions on situations of general interest that affect us all, such as changes in the WHO health insurance, or vaccination against Covid-19. Obviously, the more members that express their opinions, the more we will be taken into account. But, and perhaps more importantly, in each country, the members of the Association can influence the delegations to the governing bodies (generally the Ministry of Health) to ensure the protection of our interests in their deliberations.

The leadership of this committee will rotate among the regions. Our AFSM will be in charge of the next meeting (virtual of course), that will take place in September 2021. The Board is handling the preparations.

It was decided to make a presentation to the WHO DG and an appointment with him was requested, which is being coordinated by AFSM Geneva (eventually meetings with the respective Regional Directors will be included). Dr. Tedros indicated that he is very interested in meeting with the AFSMs, but first he wants to know more about the status of each one (membership, statutes, etc.), to understand the situation of each association. For this reason, each AFSM is completing a standardized questionnaire. Our AFSM responses to the WHO questionnaire can be found on our website, which can be accessed by clicking the following link:

[https://132841a6-d1df-0751-6868-a8ae5dadd191.filesusr.com/ugd/6814f4\\_c2f3c2ca62784e2192207d17f5fb9321.pdf](https://132841a6-d1df-0751-6868-a8ae5dadd191.filesusr.com/ugd/6814f4_c2f3c2ca62784e2192207d17f5fb9321.pdf)

We hope to ensure that AFSM Geneva keeps the other AFSMs informed about topics that are proposed at the WHO central level that are of interest to our members.

The possibility of carrying out promotional or general interest activities using available technologies was also discussed. Specific programs will be reviewed later. Of course, all our members will be able to participate in due course, but, from now on, everyone is invited to make suggestions of topics that might be of interest to cover, remembering that it is focused on a global and not just a regional level.

Along these lines, on behalf of AMRO, we presented the results of our survey on the impact of COVID, which many of you answered. It was agreed to replicate it worldwide along with a study on healthy ageing, allowing each region to incorporate questions of specific local interest added to those of general interest. The details of this promising activity will be discussed at the AFSMs Global meeting in September, for which AMRO, given its experience, will lead the way. We believe that this initiative will be very important in order to convey our concerns to WHO and its governing bodies, in addition to contributing to solidarity and joint work among former staff from around the world.

A new stage of global collaboration begins. We will keep you informed of progress on this topic.



*Welcome to New AFSM Members*

**Ana Lucía Acero from Colombia**  
**Violeta Mata from México**

# *Letters to the Editor*

## Comments on the March Newsletter

**Sent by Sameha Mona Khanna**

Hi Marilyn and other colleagues,

I want to congratulate you on this Newsletter-March 2021. It is full of great articles and news that I read it from cover-to-cover. I just couldn't stop reading it.

While all the articles are good and some very informative and helpful for AFSM members, I really loved the article *Grandma's Tales* by Helena Espinosa Restrepo. It is so picturesque that I was transported to her world of her Grandma. I also learned about the FINGER'S Initiative to reduce the risks of cognitive decline and dementia by Martha Peláez. It is interesting to learn about the PAHO/WHO Women Volunteers in Colombia and the great role they are playing in serving their communities. The artwork was incredibly beautiful - what talents! It is heartening to note that so many of AFSM members are continuing to engage in so many activities. I especially liked the poem – Interrogation of Ms. Corona by Jeanne Kent.

I feel this must be one of the best Newsletters and again send my warmest regards and gratitude to all who have created this.



### **Postponement of the International Reunion 2021**

After careful consideration and considering the prevalence of COVID-19 and the status of COVID-19 vaccinations in Latin American and Caribbean countries, the AFSM Board decided to postpone our international biennial meeting for 2021. We hope it will be held in the second semester of 2022.

# Staff Health Insurance and Pension Update

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*By Carol Collado*



## **Health Insurance**

As we enter a new season, we are approaching heat and humidity in the north and cold and wind in the south. Each season has its typical accompanying health threats, so we encourage you to be aware and take measures to protect yourself and loved ones, whether it be against the flu or outdoor threats like accidents, food poisoning, and dehydration. Of course, all of us are still living in a pandemic state.

To further that theme, I want to share with you some cautionary notes. In some countries, predominately in the northern hemisphere, with vaccination rates going up, government authorities have begun to relax restrictions imposed in the earlier days of the pandemic. A word of caution: we are very much still in the throes of this pandemic, with new surges occurring globally. Even though the lifting of restrictions has been done mostly for economic reasons, every day new variants are discovered, the most recent in Asia, and some of them are so virulent they could develop into global threats. The story is even more drastic as we move south. “Latin America and the Caribbean account for 8% of the world’s population but 30% of all reported COVID-19-related deaths globally; this is according to an analysis based on economic and demographic data as well as figures for daily COVID-19 cases, deaths, and vaccinations.”<sup>1</sup>

While this estimate is appalling, the situation is estimated to be even worse due to the recognized under reporting of data. The same article quoted earlier indicates that as of mid-May the vaccine rates in Latin America and the Caribbean covered only 10% of the total Regional population. Rates are also correlated with the lower GDP countries, with those having higher percentages of people living in poverty showing the lowest rates. Some countries are only now receiving their first doses of the vaccine from COVAX, the global group coordinating the vaccine distribution. All of this - the resumption of international travel, the new variants, and common sense - mandate that we continue to be vigilant in using the known precautionary measures for protection: handwashing, social distancing, and mask protection (The virus has now officially been recognized as having an airborne contagion element.).

For those in countries where vaccines are in short supply, the UNJSPF has recently developed a program for eligible UNJSPF retirees, and you should have received a notice about this, either directly from them or from the AFICS affiliated association in your country. Further information is available at

<https://www.unjspf.org/un%e2%80%afcovid-19%e2%80%afvaccination%e2%80%afprogramme-for-eligible-unjspf-retirees%e2%80%af/>

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<sup>1</sup><https://www.miamiherald.com/news/nation-world/world/americas/haiti/article251071689.html>

Unfortunately, misinformation continues to prevail. If you come across information you believe to be in error, please go to <https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/how-to-report-misinformation-online> where there are clear instructions as to how to report using many different social media tools. At the AFSM website (<https://www.afsmpaho.com/>) there are links to the most recent WHO COVID information.

There is also some good news on the COVID front: vaccines have now been shown to retain their effectivity for at least 6 months, and with strong effectivity against some of the older variants. One study showed effectivity up to 11 months, so, although boosters may still be in the future, the lasting effects appear to be lengthening as we gain new knowledge and experience. Also, some vaccines have now been approved for use with the adolescent population, increasing the number of people vaccinated that could lead to herd immunity.

The World Health Assembly met during the last week of May and highlighted many areas needing attention to promote health for all. Listed here are the titles of the principal areas. For further information, please consult <https://www.who.int/news>. Areas discussed were oral and eye care, malaria, HIV, viral hepatitis and Sexually Transmitted Diseases, diabetes, people with disabilities, sexual exploitation, violence against children, patient safety, the environment and climate change, strengthening local production of medicines, the health workforce with emphasis on nursing and midwifery, and Non-Communicable Diseases. It was emphasized that if the Sustainable Development Goals are to be met, there is a critical need to address the social determinants of health, with an emphasis on increasing efforts to form coordinated multi-sector approaches.

For those outside the USA, SHI HQ has been sponsoring online courses on SHI Online. Those who attended have found them helpful. They are in English, Spanish, and French, and the next one will be scheduled for June. HQ sends notification ahead of time to everyone for whom it has emails, and preregistration is necessary to gain the connection.

Taking a note from the social determinates theme, I would like to reflect that humanity in general, throughout history, has shown the ability to respond to threatening situations by assisting others. In the midst of these global threats to health and wellbeing, we each can contribute with ourselves, with family, and other close persons, contributing to the general goal of promoting and protecting. We are empowered!

## **Pension**

The big news for AFSM is the annual search for those people who, for various reasons, did not have their Certificates of Entitlement (CE) registered for 2020 with the UNJSPF in New York. We were provided in mid-April with a list of 90 names of people in the Region whose pension would be suspended in 5 weeks - in June, if they did not complete this requirement. The AFSM Health and Pension Committee, understanding the disaster that this would signify for some, launched, under Rolando Chacon's guidance, an active effort to try and find these people and advise them of the need to contact UNJSPF. In the end, we can report positive results with only 60% of those cases. We want to thank those people who contributed outstanding efforts. Many of the focal points were directly involved, and because of their geographical proximity they were able to make direct contact, and in some cases, even assist in the filing. In some countries, the AFICS affiliate was also working on the



list and either coordinated with our efforts or had already assumed the responsibility. We found that in the PAHO countries where the PWR office was able to support efforts, the percentages of localization rose. Kudos to all.

Just so that you can appreciate our efforts on your behalf, both positive and not so positive, I want to share with you two short stories. In one case, a person with an address in Boston was found in Florida in an assisted living situation. When initially spoken to, she sounded quite lucid; she mentioned a nephew's wife and requested that we make a second call to explain about the CE. In that second call, she then mentioned a son, and gave us his phone number. When contacted, the son, a medical doctor, revealed that he had power of attorney for her and explained that he had relocated his mother due to increasing dementia. He was aghast that she had mentioned another as contact. With help from AFSM he was able to contact UNJSPF and certify her CE so her pension could be continued. In another case, a participant in Brooklyn, NY was unable to be found and the AFSM member doing the research looked up the address, found a dentist's office in the building, and called them to see if they could provide any information. Unfortunately, despite that effort, we were unable to contact that person.

The final reminder from this experience is to all of us. As we get older, some things need to be kept in mind. If you move or change your contact information (especially your email address), please notify AFSM, SHI, and UNJSPF. If you are still using the paper form of the Certificate of Entitlement, make sure that you enroll in the Member Self Service (<https://www.unjspf.org/member-self-service/>), so that if postal services are questionable, you can always download a copy of the form from there. In a recent development, the Fund has enabled a means of returning this document electronically through the MSS for those not on the two-track system <https://www.unjspf.org/official-documents-can-now-be-submitted-to-the-fund-electronically-through-unjspf-member-self-service>

It would also be helpful if you leave important information and instructions in a secure place for those who may have to act for you in cases of emergency. Additional information available on the MSS includes the annual pension statement, current contacts, beneficiaries, forms, and much more. For those who have installed the digital version of the CE app, we applaud your efforts. The consensus continues to be that it is a system requiring both computer and cell phone expertise, and it can be somewhat difficult. At present, AFSM has taken the position of informing everyone that this is available, but that each person must decide for him/herself the advantages and disadvantages of enrolling. The good news is that a new version is available in Spanish <https://www.unjspf.org/wp-content/uploads/2021/06/Digital-CE-tutorial-Spanish-June-8.pdf>

Other UNJSPF news: Mr. Toru Shindo has been selected as the new Chief Investment Officer. He has been at UNJSPF since 2004 and has been most recently working at the Office of Investment Management, responsible for assuring the ability of the Fund to discharge its obligations.

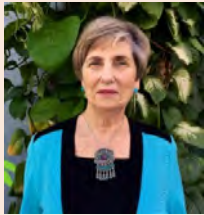
Although most of us have been feeling rises in inflation, apparently the cost of living calculations did not achieve the 2% threshold during the period of December 2019 to December 2020; therefore, for those in the dollar track, there will be no raise for the cost of living this year. **N**

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## Health Tips: What Do We Mean by Ageing?

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*By Martha Peláez*



Depending on where you were born, life expectancy for a child born in 1950 ranged from 50 to 67 years - just about today's retirement age. In 2020, life expectancy worldwide at age 60 was an additional 23.59 years. Most AFSM members who have celebrated their 60<sup>th</sup> birthday will also celebrate their 83<sup>rd</sup> birthday. And many of those who celebrated their 83<sup>rd</sup> birthday will also celebrate their 90<sup>th</sup> and even their 100<sup>th</sup>. So, it is no wonder many persons at age 60 feel they are not old.

Up to now, 'aging' has been the neglected stepchild of the human life course. Dr. Robert Butler, founder of the US National Institute on Aging, wrote in 1985 "Old age is neither inherently miserable nor inherently sublime – like every stage of life it has problems, joys, fears, and potential. The process of aging and eventual death must ultimately be accepted as the natural progression of the life cycle.<sup>1</sup>" In the life course, we characterize the health and development goals of infants, toddlers, young children, adolescent...etc. But we still lump the diversity of goals for health and development for the 30 or 40 years of life after 60, into one three-letter word: Old.

Age is measured by numbers, so when we say age is only a number, it is true. With each year that we add to the calendar, we also add significant changes in our physiological, psychological, and emotional lives. Some of these changes are good and some not so good. Some of the bad can be reversed; quality of life and wellbeing depend on whether we personally, or the environment, or both, manage to postpone or compensate some intrinsic losses that occur as we age. For example, lack of physical activity causes a decline in muscle strength, and eventually impairs mobility. Exercise and increased physical activity can reverse this process, build back muscle strength, and improve our mobility. When this is no longer possible, a ramp, a cane, or a wheelchair become our aids to help us maintain our mobility. So, strengthening intrinsic capacity and using our environment and assisted devices wisely are keys to maintaining wellbeing and independence.

Lack of physical activity and social activity may cause depressive symptoms. By our remaining active, both physically and socially - by continuing to do the things we love to do - we can reverse those depressive symptoms and return ourselves to being psychologically ready to tackle life.

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<sup>1</sup> Butler, Robert N. "Why Survive? Being Old in America" Johns Hopkins Paperbacks ed, 2002.



Healthy aging depends on multiple factors; and it is not the same for a 60-year-old as it is for a 90-year-old. But there are actions we all can take to improve our health. The UN Decade of Healthy Aging<sup>2</sup> (2020-2030), based on previous guidance from the WHO, including the WHO Global strategy on aging and health<sup>3</sup>, recognizes that even though we are living longer, many older persons are not having their needs met and are not living with better health. The UN Decade provides a framework to ensure that older people live more years with better health. The framework includes four action areas:

**Action Area 1:** Examine what we think, feel, and do about age and aging, and fight all sorts of ‘ageism’ or prejudices against old persons.<sup>4</sup> Age discrimination and prejudice against older persons affect health. Age is a number, but it is a lot more than a number.... Therefore, changing our personal and society’s beliefs about age and aging would be important contributions to the Decade and to our own wellbeing.<sup>5</sup>

**Action Area 2:** Demographers are focusing on the implications of the ‘place where we live’ as a determinant of health in older persons. Physical, social, and economic environments, both rural and urban, are important determinants of healthy aging and powerful influences on the experience of aging and the opportunities that aging offers. We may not be able to change where we live, but we can advocate for elected officials in our municipalities to ensure that healthy cities are also age-friendly cities. We can build community awareness of the WHO Global Network for Age-friendly cities and communities and work to become part of this network<sup>6</sup>.

**Action Area 3:** Healthy aging is defined by WHO as “the process of developing and maintaining the functional ability that enables wellbeing in older age.”<sup>7</sup> Yet, health systems are frequently focused on disease to the exclusion of assessing and supporting functional ability. WHO defines functional ability as “health-related attributes that enable people to be and to do what they have reason to value.” We can work with our health systems, health providers, and health insurance systems to ensure a proper

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<sup>2</sup> <https://www.paho.org/en/news/14-12-2020-decade-healthy-ageing-new-wide-initiative>

<sup>3</sup> <https://www.who.int/ageing/global-strategy/en/>

<sup>4</sup> <https://www.who.int/publications/i/item/9789240016866>

<sup>5</sup> Cagney KA, Cornwell EY. Place, Aging, and Health. In: National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Committee on Population; Majmundar MK, Hayward MD, editors. Future Directions for the Demography of Aging: Proceedings of a Workshop. Washington (DC): National Academies Press (US); 2018 Jun 26. 5. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK513076/>

<sup>6</sup> <https://extranet.who.int/agefriendlyworld/>

<sup>7</sup> Beard JR, Officer A, Cassels A, editors. World Report on ageing and health. Geneva: World Health Organization;2015.

balance of disease management and assessment of functional abilities, with proper support for maintaining intrinsic capacity and independence.

**Action Area 4:** Many communities lack smart choices when declines in physical and mental capacities limit people's ability to care for themselves. These are questions we can ask: Is our community investing in a variety of options for long-term care? Are our choices determined by antiquated ways of thinking about long-term care? Are long-term care options offering supportive environments for maintaining as much independence as possible? Will we be able to continue enjoying our basic human rights and live with dignity until the end? Will we be able to choose caregivers that are trained to provide care with dignity? What is our role, as a potential user of long-term care, to ensure access to appropriate and sustainable options? Our actions, as potential consumers and as public health advocates, will contribute to the construction of a variety of sustainable long-term care choices for our future wellbeing.

WHO has created a Decade Platform designed to support the implementation of the UN Decade. The platform is an online collaborative space that supports stakeholders in sharing, accessing, and producing knowledge about aging that will support improving the lives of older people. It provides peer-to-peer connectivity, facilitating exchange and sharing along five core areas: Voices, Resources, Connect, Innovate, Support <https://www.decadeofhealthyageing.org/>

In conclusion, as an association, we need to explore what AFSM *can* and *would like* to contribute to the Decade of Healthy Aging, and more specifically to the work of PAHO/WHO. Can we take a base-line measure of health and aging from among our members at the beginning of the Decade and track progress over the Decade? Can we collect testimonials among our members to document what age or living a long life has meant to us? What has made our long lives worth living and what has made our long lives possible? What have been the major obstacles to achieving and maintaining our health and wellbeing? What do we fear the most about the future? No matter our professional background, or the job that we held at PAHO, we are now all experts in living a long life.... So, a conversation among all of us on this issue will reveal significant insights and perhaps create a better place where we can enjoy our long lives. **N**

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# Let's Eat 30 Different Plants Each Week

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*By Gloria A. Coe*



The importance of why we should enjoy a plant-based diet each week is interesting although complex. Several articles affirm the importance of plant-based diets. For instance, in August 2019, CNN<sup>1</sup> confirmed the importance of eating *more plants and less meat to live longer and improve heart health*. It referenced Professor Casey Rebholz, Assistant Professor at the Johns Hopkins Bloomberg School of Public Health, who stressed that “the substantial body of literature” suggests that consuming a plant-based diet is associated with better heart health and lower risk of death. A few months later, the University of Texas MD Anderson Cancer Center<sup>2</sup> posted the article *5 Benefits of a Plant-Based Diet* on its website. The lead paragraph states, “No one food can reduce your risk for cancer, but there is an overall diet that can.” The article continues, “there is one diet that is consistently proven, over more than two decades, to reduce your risk for cancer: It is a plant-based diet.”

The April 2021, American Association of Retired Persons (AARP) Magazine article on *How Balanced and Healthy Are Your Meals?*<sup>3</sup> leads with the sentence, “A year into the pandemic, discover if you need to do more to improve your diet.” Followed by the key question, “Am I getting the nutrients I need to be healthy?” The AARP article then suggests keeping a seven-day diary of all foods the individual eats. At the end of the seven days, the individual should answer the following question:

“Did I eat at least 30 different plants? That includes fruits, vegetables, grains, nuts, and seeds (but excludes plant oils). If every breakfast is oatmeal and blueberries and every lunch is a turkey sandwich, you’re not getting a full range of micronutrients needed for maximum body and brain health. On the other side, a bowl of well-made minestrone soup could have five to 10 different plant types, as might a creatively made green salad, fruit salad, or high-quality trail mix.”

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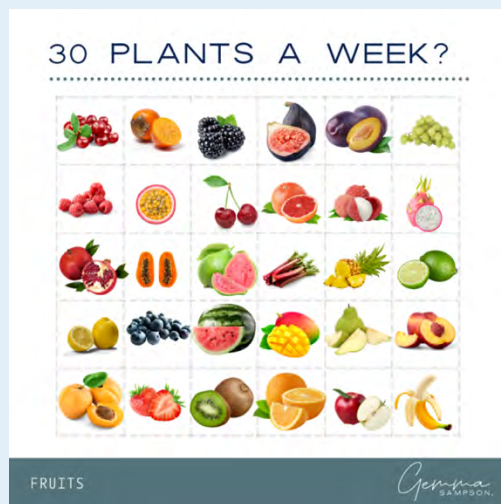
<sup>1</sup> Howard J. 8 2019: <https://www.cnn.com/2019/08/09/health/plant-based-diet-heart-disease-study/index.html>

<sup>2</sup> Alexander H. 9 2019: <https://www.mdanderson.org/publications/focused-on-health/5-benefits-of-a-plant-based-diet.h20-1592991.html>

<sup>3</sup> Zimmerman M. Health, Healthy Living: How Balanced and Healthy are your Meals? AARP, April 16, 2021: <https://www.aarp.org/health/healthy-living/info-2021/balanced-meals.html>

Studies show that those who eat at least 30 different plants a week have lower rates of overall mortality from all causes and have healthier, more diverse gut microbiomes. Lead researcher Daniel McDonald, Ph.D., Scientific Director of the American Gut Project, says that every type of plant counts. So, a slice of 12-grain bread counts as 12 plants, and soup with potatoes, carrots, and onions counts as three.

The AARP article beginning with “A year into the pandemic” inspires a question about the relationship among eating at least 30 different plants a week, older populations, more diverse gut microbiomes, and COVID-19.



Gut microbiomes are small, tiny microbes, many of which are bacteria that live in the intestines and around us; the bacteria can make us sick or healthy. Gut microbiomes act as an organ that is essential for health. The importance of diverse intestinal microbes is emphasized in a December 2019 Newsweek<sup>4</sup> article that reveals 60 to 70 percent of the body's immune cells live in our intestines where there are 500 different types of bacteria totaling some 100 trillion organisms that cooperate to maintain an effective immune system. Maintaining a balance between good and

bad bacteria supports the immune system that helps to protect our bodies from foreign harmful bacteria.<sup>5</sup> When our body recognizes harmful bacteria, the immune system responds, fends off the bad bacteria and illness, and fights to protect us. A healthy gut is a natural permeable to allowing nutrients coming from the stomach to be absorbed by the blood stream before reaching the colon. Of particular concern is a leaky gut, which is when the intestinal lining is damaged and allows larger pieces of undigested food to seep into the bloodstream. These larger pieces are frequently identified as foreign bacteria by the immune system and are therefore attacked by the body. Foods harmful to gut microbiome are fast foods, processed sugar, and diets high in processed and animal foods.<sup>6</sup>

<sup>4</sup> Iguchi K. Boosting Immunity Through Gut Bacteria. Newsweek, Health, 12/22/19: <https://www.newsweek.com/gut-bacteria-immune-system-probiotics-1333541>

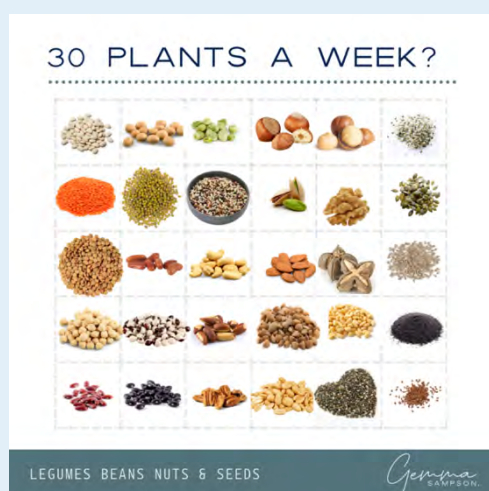
<sup>5</sup> Gilbert Lab: Where Science meets Healthy Lifestyles. How your Gut Affects your Immune System: A Symbiotic Relationship: <https://gilbertlab.com/immune-system/gut-microbiome-symbiosis/>

<sup>6</sup> Villines D. What are the worst foods for gut health? Medical News Today, September 5, 2019: <https://www.medicalnewstoday.com/articles/326256>

A Medical News Today<sup>7</sup> article on the largest observational microbiome study stated, “those who consumed more than 30 different types of plant each week had much more diverse microbiomes than those who consumed only 10 or fewer types of plant weekly.”

The Harvard School of Public Health<sup>8</sup> website provides insight into how these various elements relate to older populations. Under the heading, *what factors can depress our immune system?*, the article indicates, “Older age: As we age, our internal organs may become less efficient [and] . . . produce less immune cells needed to fight off infections.”

How these various interconnected elements relate to COVID-19 is hypothesized in a January 2021 article published by the American Association of Microbiologist.<sup>9</sup> The abstract mentions that the global range of severity of COVID-19 disease is affected by socio-medical conditions in each country, with high levels of variation across individuals “attributable to *elderliness*”. The article then reviews the accumulating evidence that supports the hypothesis that an altered gut microbiota and its association with leaky gut . . . may lead to severe illness in COVID-19 patients.



Another article from the University of Massachusetts Medical School<sup>10</sup> mentions a small number of patients with COVID-19 disease, many of whom are older, developing severe complications requiring hospitalization in Intensive Care Units. The researcher posits that the composition of the gut microbiome is the strongest predictor of the severity of COVID-19.

To summarize, as we age, our internal organs, including our intestines, become less effective. Eating a variety of at least 30 plants each week creates diverse gut microbiomes that maintain the health of the intestines and strengthen the immune system that protects us from harmful bacteria, reduces our risk of heart disease and cancer, and improves our health and longevity. It is generally recognized that COVID-19 is primarily a disease of the respiratory system. However, researchers

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<sup>7</sup> Sandoiu K. ‘Largest’ Microbiome Study weighs in on our gut health. Medical News Today, Newsletter, May 2018: <https://www.medicalnewstoday.com/articles/321821>

<sup>8</sup> Harvard School of Public Health, The Nutrition Source, Nutrition and Immunity: <https://www.hsph.harvard.edu/nutritionsource/nutrition-and-immunity/>

<sup>9</sup> Kim HS. Do an Altered Gut Microbiota and an Associated Leaky Gut Affect Covid-19 Severity? American Association of Microbiologist, January 12, 2021: <https://journals.asm.org/doi/full/10.1128/mBio.03022-20>

<sup>10</sup> Maldonado-Contreras A. A healthy microbiome builds a strong immune system that could help defeat Covid-19. University of Massachusetts Medical School: UMASSMED News, The Conversation, January 25, 2021: <https://www.umassmed.edu/news/news-archives/2021/01/a-healthy-microbiome-builds-a-strong-immune-system-that-could-help-defeat-covid-19/>



are studying whether the composition of the gut microbiota may influence an excessive response by the immune system and possibly contribute to the severity and magnitude of COVID-19.<sup>11</sup> The recommendation by AARP to eat 30 different plants each week is precisely to ensure a healthy gut and an effective response of the immune system to COVID-19.

Among the reasons presented for eating a plant-based diet are that it:

- Supports the immune system
- Reduces inflammation
- Helps to maintain a healthy weight
- Reduces risk of heart disease, stroke, diabetes, and some mental health illnesses
- Has high fiber content
- Contributes to lowering greenhouse gas emissions by reducing the demand for foods from the meat and dairy industry

More than 2500 years ago, the Greek physician Hippocrates is reported to have stated “All disease begins in the gut.” We deduce Hippocrates would also agree that ... All Health begins in the gut. We know this is not correct; although it is important to remember that 60% to 70% of the immune cells are in the gut!

Wishing you and yours some wonderful culinary adventures enjoying a diverse menu of plant foods.

Let's eat 30 plants by week. **N**

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<sup>11</sup> Yeoh YK, Zuo T, Lui GCY, Zhang F. et al. Gut Microbiota composition reflects disease severity and dysfunctional immune responses in patients with COVID-19. BMJ Journals, Gut Microbiota, 11 January 2021. <https://gut.bmj.com/content/gutjnl/70/4/698.full.pdf>



# *Artistic Contributions sent by our Members*

## **Road to Banishment**

***By Jeanne Kent***

when one has known persons with integrity  
one is slow to recognize the absence of  
decency or honor  
in words or intent

when one is flummoxed by these absences  
one is slow to see the hollowness of  
relentless pursuit of  
personal power

one observes *an existence unmolested*  
*by the rumblings of a soul\**

one ceases then to doubt  
he has become one who  
does not belong  
among us

\*\*\*\*\*

\* from "*Trump and Me*" by Mark Singer

*Inspired by "The Sadness of Brothers" by Galway Kinnell.*

# *Artistic Contributions sent by our Members*

## **The Mattering of Time**

***Jeanne Kent***

I can't decide.... where does time reside  
Past and future don't exist / the present has no duration  
How can *now* be real  
I can't decide

Order is sequenced / duration measured  
Thanks to time... yet what pleasure in the measure  
Does time reside only in our mind  
I can't decide

Are we martyred slaves of time  
When present becomes future  
Then past / then stored at last  
In the recesses of our mind

Shall we thank TIME for its wonders  
Or curse it for its oppression  
Or wander elsewhere for our insights  
Seeking scriptures for our answers

We're told by Those Who Know  
That in the beginning after the bang  
Our world began and it will end  
I can't pretend. I don't understand

Let's put time aside  
Make it reside in the land of love  
Where no mind measures time  
No mattering to the quantity

Only mattering to the quality of  
Peace in eternity  
Where time no longer resides  
In minds that are no more

*Inspired by "Three Measures of Time" by Terrance Hayes.*

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## *Artistic Contributions sent by our Members*

### **On Becoming an Elder**

*by Cathy Carmody<sup>1</sup>*

Leaving behind my journey of struggling and racing through  
the white water of many rivers, I become the river,  
creating my own unique way.  
Leaving behind my self-imposed role as a tree upon  
which others have leaned, I now become the wind,  
with the freedom to blow whenever and wherever I choose.  
Leaving behind the boxes I've created in my life, crammed with  
roles, responsibilities, rules and fears,  
I become the wild and unpredictable space  
within which flowers sprout and grow.  
Leaving behind the years of yearning for others  
to see me as somebody,  
I soften into becoming my future,  
with permission from SELF to  
continually unfold as I choose, without concerns  
for how others may see me.  
Leaving behind years of telling and teaching,  
I become instead a mirror  
into which others may peer and  
view reflections of themselves to consider.  
Leaving behind the urge to provide answers for others,  
I become --in the silence of this forest retreat --  
the question.  
Leaving behind the rigor of my intellect,  
I become a single candle in the  
darkness, offering myself as a beacon for others  
to create their own path.

I BECOME AN ELDER.

"This poem was written at a 'Choosing Conscious Elderhood Retreat' at the Sea to Sky Retreat Centre, British Columbia, Canada in August 2012. This retreat was offered by [The Center For Conscious Eldering](http://www.thecenterforconsciouseldering.com).

Cathy Carmody died in 2017; her WordPress website: <https://cathycarmody.wordpress.com/> continues to be a source of inspiration. She gave permission for others to share her poem as long as she is credited as author."

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<sup>1</sup> Source: *Conscious Living, Conscious Aging* by Ron Pevny

## *Artistic Contributions sent by our Members*

### **Ageing Well: Live Long, Live Well**

**By Sumedha Mona Khanna**

*“Getting old is not an option, but how we live is”*

#### **Envision a New Story of Our Lives in Our Older Years**

*Ageing is indeed challenging, and it requires our strongest core to come forward to help us survive – and thrive- during this phase of life. It is also a time of great opportunity for emotional, psychological, and spiritual growth.*

A Self-Enquiry – Preparing for the Third Journey of our lives:

**Ten questions to consider as our challenges as we age (beyond 60 years - also referred as the Third Journey of Life.)**

1. What does Ageing mean to me? Am I comfortable with the idea of growing older?
2. What changes am I experiencing in my physical body and the state of my mind? What can I expect over the next 5-10 years? Am I gracefully accepting these changes or feeling uncomfortable and concerned?
3. What changes are occurring in my relationships – with my life-partner; my children/ grandchildren; friends? How am I feeling about these?
4. Am I comfortable with the place/home where I live now? Is it adequate? Too big? Not sufficiently equipped to meet my needs (whatever they are) especially if they change? Do I have easy access to services that I need? Do I have access to some relatives/close friends/some like-minded people?
5. Do I have enough financial resources to carry me through to the end of life? Am I managing my resources well?
6. Do I stay creative and mentally active? Do I notice any change in my state of mental well-being?
7. Am I carrying any major regrets or feelings of unfinished “business” in my life? Does this occupy my mind much? Creates anger? Frustration?
8. Am I finding meaning and purpose in my life at this phase? Am I feeling joy and fulfillment?
9. Am I worried about death? Am I comfortable talking about this with my life-partner and close relatives? Am I prepared for the end of my life? My life-partner’s? Am I prepared for living alone (if and when my life-partner dies)?
10. How would I like to be remembered? What legacy I would like to leave behind?

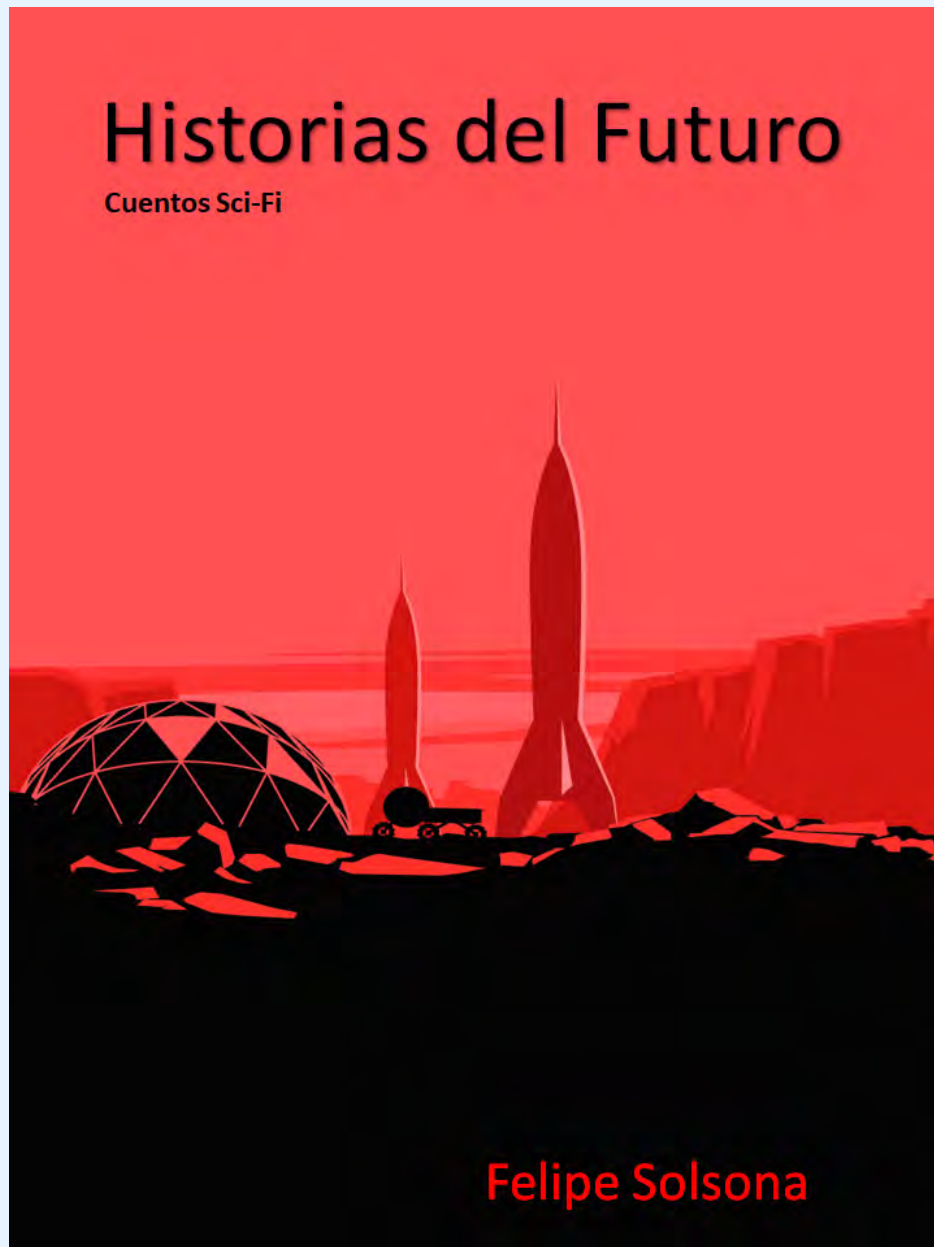
***To sum it all – Am I prepared for uncertainties and changes that will come- accept them and find new strength within and explore new and creative solutions??***

*Artistic Contributions sent by our Members*

## **Books by Felipe Solsona**

The following two images are the front pages of two books, from Felipe Solsona, an AFSM member who lives in Argentina.

This is “Stories from the Future” that contains Sci-Fi short stories.





### *Artistic Contributions sent by our Members*

**This book, “*Biography of a Profession*”, is an autobiography narrated through his passion for his job in Environmental Health.**





## *Artistic Contributions sent by our Members*

Since it was not possible to include in the March Newsletter all the artistic contributions submitted by our members, below are some additional paintings and crafts. We will upload everything that we received on the Association's website <https://www.afsmpaho.com/>



The Calvary - Oil  
By Jorge Jenkins



Baby blanket knitted by  
Monica Stenning



Quilting  
By Theresa Kuo



Fruits - Watercolor  
By Hortensia Saginor



Shed door painting - 5  
By Judith Navarro-



Great Falls Museum -Watercolor  
By Hortensia Saginor



Quilting - 2  
By Susan Mangan



Mangrove Swamp - Oil  
By Jorge Jenkins



Sweater and vest knitted by  
Monica Stenning



Maria Teresa Cerqueira, Alessandra  
(6 years) and Bianca (4 years)



Maria Teresa Cerqueira, Alessandra  
(6 years) and Bianca (4 years)



Maria Teresa Cerqueira and  
Guillermo (9 years)



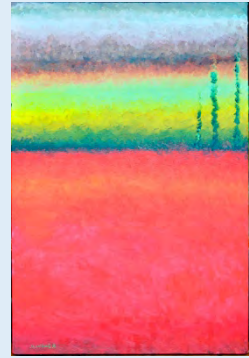
## *Artistic Contributions sent by our Members*



The Star of Bethlehem  
By Jorge Jenkins



Masks made by Mónica Stenning



Studio Jaime - Oil  
By Jorge Jenkins



Watercolor - 7  
By Karie Marie Jacque



Variations - II  
By Jorge Jenkins



Shed door painting - 4  
By Judith Navarro



Enclosures No. 2 - Oil  
By Jorge Jenkins



Watercolor  
By Karie Marie Jacque



Watercolor - 6  
By Karie Marie Jacque

# Musings of An Ageing Woman

## (Part 1 of continuous musings)

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By Yvette Holder



A few nights ago, as I was preparing for bed, I realized that a staple of my nightly routine was the application of a knee brace (preferably with ice) and two wrist braces. In fact, I now needed an exoskeleton to be able to function. Thank goodness I have neither husband nor boyfriend, for sleeping with me would be like sleeping with a lobster (with far less reward)!

That got me to thinking about my current state as I approach three score and ten! Gone was the smooth faced, even-complexioned, clear-eyed, shapely, and fairly attractive woman with a massive head of jet-black hair, who had had a carload of men follow her to the beach because they had seen her pull into a gas station and fill her car, clad in a short pants suit (I was going to the beach after all, and these were no pom-pom shorts!). Instead, the mirror presented me with a completely different picture. The head of hair had migrated south to my chin, leaving behind a few wisps to give the effect of a billiard ball that had rolled across a gray carpet and collected some hairs on its journey. The smooth face now has a few wrinkles, not many, so that's the good news so far. But the even complexion is gone, thanks to the migrating hairs and the dark spots resulting from psoriasis and age. The clear eyes have budding cataracts and are masked behind increasingly thicker progressive lensed spectacles. And as for those legs, they are rippled with cellulite. Indeed, there is still a shape, but it is not quite the one of yore. There is more on top, in front, and at the side; in fact, there is more everywhere.

So much for the outside, but the innards are not much better. The crickets that I used to hear only at night, now sing non-stop in my head. But I can still hear the birds in the morning. And I can see the sky, the trees, the mountains, and the sea, though I dare not try to read anything without those progressive lenses. So, because my memory is also not what it used to be, I have Dollar Store readers stationed in every place I am likely to be in need - one pair in every handbag, one pair at each of my children's home, even a pair in the organ bench at church. Speaking of memories, before I forget, how many times have you thought of something to say and by the time there is a break in the conversation that would allow your intervention, you have forgotten what it is you were going to say? Or you just had something in your hand, and ten seconds later you can't find it? Days later you find it, right where you had been because obviously it was staring at you all the time. Or the children claim that they've told you something, of which you have no memory. That one I will not claim. I have learnt that it is usually not me, it is them. They planned to tell me and didn't or told someone else and assumed that I heard. Occasionally, I have had my revenge, like when one child could not find her phone – it was in the refrigerator (and no, I did not put it there).

The mobility is not what it used to be either. I love the sea. Getting in is easy but no one told me that getting out could become challenging. As soon as I regain my balance, the slightest motion of

the water would knock me off my feet again. I partially solved that problem by rolling at the water's edge until I got past the water. I thought that I alone suffered this fate until my "nephew" accompanied me on a visit to the beach in Barbados and, as I tried to get out, he said, "Auntie Yvette, why do you and Mummy roll around in the water when you're coming out"? [He is a very dear boy, so I will forgive him]. But then there is the problem of getting to my feet when I get back on land. Normally, I go from a sitting position to standing with a jump start, i.e., I surreptitiously press down on the armrests of the chair and shoot upright. Obviously then, I only sit on high stools, chairs with armrests, or chairs around a very sturdy table (I have toppled a table that had never been tested as a propelling mechanism for the elderly). Invitations to sit when visiting usually elicit a response of "I'm OK. I don't mind standing". COVID has put to rest that embarrassment.

Stairs present another challenge, worse than any obstacle course, whether going up or down. Ascension can only be done one step at a time, with both feet on the same step before moving onto the next step. And there is a pre-test for the next step. Should it be the right leg with the bad knee that should take the initial weight? Or should it be the left limb with the atherosclerotic hip that should go first? My baby granddaughter offered the optimal solution – go up on all fours. It is fast, safe, and efficient – there is no risk of falling. Unfortunately, that does not work for descending. That's done with a prayer and holding very tightly to the railing for dear life, because from the top stair, looking down eight steps is like looking at the foot of Mt. Everest from the peak.

And now, to the final indignity – awaking at least once every night to go to the bathroom. While most of my body is at rest, my kidneys work overtime when I am asleep. I have tried everything – go to bed later, no liquids after 10 PM., after 9 PM., after 8 PM. Yet still, at 3 a.m., I am awakened. I resolved that problem too. My bathroom is in my bedroom!

But I am not complaining because I am still alive, although I wish that I had been forewarned. I don't recall my mom, or even my grandmother who passed in her 90's and worked her farm until well into her 80's, having these issues. With life, there is hope. I have and still am finding ways around these "joys of advancing youth". My home is one-storied with no more than two steps anywhere, lots of railings and things to hold onto, few walls to bump or fall into (banged my head into one child's wall), no sharp edges, no carpet to trip on and fall, few overhead cupboards - and these hold only soft things like spare pillows and linen (I was attacked by a falling rice-cooker from another child's kitchen cupboard). Nearly all storage is in drawers, and closets go down to the ground so there is no bending to sweep or retrieve stuff, although I do have a nice long-handled device that is very useful. And best of all, did I mention that my bathroom is in my bedroom? The shower stall is drive-in (should I become wheelchair-bound), with a seat so I might rest should I get tired. And the tub is in the ground, so I don't have to step over any tub edges. Yes, life is very good indeed. For now, I just walk in the sand and look at the sea. It's very therapeutic. **N**

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# Ageism, A Social Determinant of Health <sup>1</sup>

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*By Helena Espinosa Restrepo*



On 18 March 2021, together with the Office of the United Nations High Commissioner for Human Rights and the United Nations Fund for Population Activities, WHO released the document, World Report on Ageism. <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism/global-report-on-ageism>

Based on this document, Christopher Mikton, Vania de la Fuente-Nuñez, Alana Officer, and Etienne Krug, staff in WHO's Department of Social Determinants of Health, Division of Healthy Populations, published online the article **"Ageism: a social determinant of health that has come of age"**.<sup>2</sup>

I have summarized this article below and submit my own commentary. In the first place, the involvement of WHO's Department of Social Determinants of Health is essential because its periodic reports have contributed to the population's understanding of the health-disease phenomenon. The association with the Office of Human Rights is fundamental, because the way in which older adults are treated in society is an important target for human rights. Similarly, the United Nations Resolution of December 2020 declaring the 2021-2030 decade as the "Decade of Healthy Ageing" is a transformative event because it proposes to change the way we think, feel, and act with regard to age and ageing. It indicates three areas for action:

1. Develop communities that strengthen the skills of the elderly.
2. Provide personalized, comprehensive, primary health care and other care that responds to needs through intersectoral approaches and strategies.
3. Provide long-term care as a priority for older adults.

Due to the higher mortality of the elderly during the COVID-19 pandemic, the authors of the article "online" say this has revealed their vulnerability. However, they also consider other factors such as discrimination in access to health services. I would add that deficiencies in homes and institutions for the elderly also contribute, especially in poor and developing countries.

Given the lack of a consensus on the meaning of ageing, which has been "elusive", WHO has contributed to presenting a clear definition of ageism as a phenomenon or process that is widely accepted, and takes into account stereotypes, prejudices, and discrimination suffered by older adults due to their age. It includes effective strategies developed to deal with problems related to ageing.

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<sup>1</sup> Ageism is age discrimination. It refers to all inappropriate and prejudiced behavior towards people, linked to their advanced age. More information can be found at: <https://qida.es/blog/edadismo/>

<sup>2</sup> Ageism: A social determinant of health, that has come of age  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00524-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00524-9/fulltext)

I believe that the primary importance of the WHO statement is to ensure that ageism is definitely one of the social determinants of health, characterized by non-medical factors that influence health events, and includes, among other things, conditions into which an individual has been born, raised, and lived. It should also include a wide range of forces and systems that condition people's daily lives. Ageism includes numerous disadvantages in health and in numerous other social areas. It affects millions of individuals in the world. There are no data or statistics that allow us to see the dimension of the problem, except possibly in Europe, although the reason for this is not very clear.

One of the strengths of this World Report, according to the authors of the article, is the solid evidence obtained from a series of reviews of the subject, although they point out two limitations in the Report: one is a disproportionate focus on high-income countries and the other is the little emphasis placed on actions with young people to increase their awareness and therefore their understanding of what it means for their future lives. Another aspect on which the World Report touches is the economic effects on individuals and societies, since medical and general health services are made to be more expensive due to those over 60 years of age. It points out three “effective strategies” to reduce ageism: policies, laws, and intergenerational sharing. I assume that when it refers to public policies, which are key in promoting a healthy life for the entire population, that in this particular case it includes those from the older strata. I also believe that continuing education policies for older adults are increasingly necessary, as well as policies focused on education for other generations about ageing and old-age processes, important for avoiding discrimination, abuse, and inequalities. Intergenerational interventions will be very important. Finally, the document makes three specific recommendations to combat ageism:

1. Invest in effective strategies to prevent and respond to the phenomenon.
2. Secure resources, primarily financial, to improve disabilities and reduce the exacerbation of cognitive decline, social isolation, and loneliness.
3. Build a movement to change the narrative around age and ageing.

Finally, the authors of this article declare that "the promise of the Decade of Healthy Ageing can only be realized if ageism is recognized as a social determinant of health and is addressed."

A final personal comment: it seems to me that the World Report is a beginning - to raise awareness about ageing and especially about its culmination in the problem of old age. However, I wonder if it would not be preferable to continue with the implementation of “active and healthy aging” concepts and actions, as we have been doing with health promotion. Also, to follow the suggestion of the WHO Manual (2020) and apply an integrated model for active and healthy ageing. It offers very concrete actions to be implemented in six areas in groups of older adults, in the various places where they live, such as centers, institutions, and special homes, hopefully at all levels from local to national. **N**

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## “LITTLE TIPS”

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*By Felipe Solsona*



The following are short and simple tips based on the 80 years that I have been breathing, the 17 years of retirement from the Organization, and the 14 months of the "beloved" pandemic seclusion. And let me clarify that I reveal them as **MY** experience and not as the sacred truth. However, since they worked for me, I am sharing them in case they might be useful to a colleague. Here they go:

Economy. If we are talking about retirees from the United Nations, we can be sure that, in general, these retired folks will not be rich. However, if they managed well the salaries and resources they received when they were working, and if they continue to manage well their current pensions - albeit meager – theses should permit any of them to live with dignity and at a level that offers peace of mind. This should mean that work should not be essential unless it is done gently and/or more for entertainment than for the money it provides.

The wounds of the past. To be psychologically comfortable, we must be free of any emotional burden that depresses or overwhelms us. What bad things might have happened in the past (deaths of loved ones, children who had problems, accidents, personal dramas, etc.), must remain in the past. This needs to be worked through and, if necessary, a psychologist may be able to help. "The Past must be stepped on" ... but seriously stepped on!

Companionship. Although the following hurts or may be criticized by some readers, sometimes marriages are a burden and show the typical "weariness of the years." A recent study in the Vital Records of Argentina showed that the peak of divorces in that country happens after 19 years of marriage! I am not saying that if I do not get along very well with my spouse, or worse, if the union already suffocates us, that one's spouse should be pushed off the balcony. No! But it is undeniable that there are many tired marriages; older people who live with other people, or with children who are not happy with "the burden of the old", or who have had an overwhelming life in poor geriatric institutions that are nothing more than prisons instead of places of enjoyment. So, if it were possible - especially financially or due to a state of health and physical condition that allows it - we might have to make the effort to find other company and another way of living. It can be done! And I add an idea that I have seen with friends that works: "roommating" of older people who live

among friends and have a good time. I know this is tough advice and that it will be criticized, but it is a very valid way out for me.

Friendships. Along the lines of the previous paragraph, maintaining the friendships that we have formed positively affects our mental state; and if we don't have many friends, we should try to develop new relationships. Current statistics suggest that having friends is better for old age than taking medicine or exercising. So... socialize!

Where to live. The place where we spend our days is very important. Now that we are tied up by the COVID, being locked in a Madrid or NYC-type apartment of 40 m2 is practically the same as being imprisoned and stuck in a Guantanamo cell. Opening the window and seeing another window three meters away is distressing. An apartment facing the sea or facing a golf course will give us a feeling of spaciousness, expansion, and non-confinement. Think about it!

Health. It goes without saying that ageing brings with it a series of problems, problems to which we must pay attention. From my point of view there are three states: a) healthy, b) uncomfortable, and c) painful. The ideal is to be physically and mentally strong and if we are uncomfortable – suffering from a weak knee, allergies, aches here and there, heartburn, etc., - we must learn to live with what is bothering us. The pains are, on the other hand, very unpleasant and their persistence should not be tolerated. We will have to take care of them, so in this case we cannot avoid going to doctors and clinics. When there are already health problems that bring us pain, they have to be properly controlled. And if they are well treated, we can lower the pain level and move it into the realm of discomfort. Regarding the payments that doctors, medicines, and CT scans bring to us, we know that our health insurance, - the SHI - is very good and its coverage is very wide, which means that, fortunately, if we break a leg in NYC, Guinea-Bissau, Kuala Lumpur, or in our own backyard, everything will be covered.

Food. Linked to the previous paragraph, we must consider what we eat. Sober, balanced, and reduced diets are vital to having good nutrition and controlling our weight. Fasting is one thing that has proven to be successful. And for those who do not want to suffer too much, the now popular "6/18 Fast" is recommended: you eat what you want and as much as you want for 6 hours a day; and the rest of that day, that is to say the remaining 18 hours, you fast. An example of this is having a good breakfast at 7:00, having lunch at 13:00 (you can have a snack at 10:00 or 11:00 for example), and then not eating a bite until the next day. Try it and you will see that it is not difficult! They say that even the brain will work better.

Exercise. Also linked to staying healthy is the need to exercise. Exercise is essential for keeping the circulatory system in good condition. Any aerobic exercise will do. If we add a few weights and bodybuilding exercises ... ideal!

This exercise is vital, and if for some reason you cannot exert yourself too much, you can almost always do gentle stretching exercises and yoga. Even better would be to walk a few blocks a day. Walk at a good pace; the ideal speed is 6 km/hour, for half an hour a day. It acts as a powerful exercise.

Mind. The mind is the team that will manage our emotional state and how we feel. There is a magic word for this that is the basis for everything: **Entertainment.** The worst thing an older retiree can do is sit all day watching TV. Run away from it!

Hobbies. What to do then? Now we get to the good part, because there are a million things that can be done that don't require money – this is important! Things can fill our days and life in a pleasant way, keep us happy and joyful, and don't require much effort. If we continue working because that job entertains us and it is not excessively demanding, then ... get on with it! But basically, here I am referring to what I would generally call hobbies. The list is endless, and I only mention a few examples: playing an instrument; learning to paint, do sculpture or simple pottery; make furniture, lamps, and toys for the grandchildren; or play golf. Something that we can all do and that is wonderful is to write - a story, a biography, memories, or a novel. Whatever you decide, I swear it is not difficult (really it is not intended that you should compete with Gabo!). I do not want to forget to mention the kitchen, the magic of preparing tasty dishes, and when the COVID friend is dead, travel the world again! But there is more: You can connect via Zoom and participate in choirs of different levels and access new information. For example, in Pinterest (a very interesting site for those who do not know it) there are short courses on a thousand subjects that only cost 10 or 20 dollars and last only a few weeks. Regardless of what we learn ... we will be highly entertained. And finally, there will always be a church, a center, a club, a hospital, or somewhere nearby where we can share our love and make a social contribution by helping others. This is a subject that will make us feel useful and leave us with wonderful feelings. So, what is left? ... to have lived a well deserved and happy life ...! **N**

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# My Life in Public Health

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*By Stanislaw Orzeszyna*



It is a great pleasure to write a few words about my years with the World Health Organization and how it happened that I am now a member of the Association of Former Staff Members in the PAHO region.

It is a rather long story. In 1964, I received my [medical diploma and license](#) in Poland and began studies in public health, initially in Poland. Soon thereafter, I studied medical statistics and demography at the [Université libre de Bruxelles](#), Belgium, before moving to the [London School of Hygiene and Tropical Medicine](#), from where I received an Academic Postgraduate Diploma in Public Health in 1967.



*London School of Hygiene and Tropical Medicine*

After a few years, I was offered the position of Medical Officer Statistician on the WHO team responsible for the development of health reporting and statistics in the [Western State of Nigeria](#). This was a long time ago, in 1972, and it was far from my home in Poland. I found myself in the heart of a beautiful country. Ibadan, the city where I worked, was the state capital and a large university city. It was formerly one of the centers of the great kingdom of the [Yoruba nation](#) in West Africa.

This was, however, not my first contact with WHO. Previously, as a member of the Polish national delegation, I attended several World Health Assemblies in Geneva. I also participated in the landmark conference in Almaty in 1978 devoted to the development of the principles of primary health care at the global level. Almaty was then the capital of Kazakhstan, and the most significant output of the conference bore the city's former name, [The Alma Ata Declaration](#).

In the late 1960s, I participated in [international health care research](#) under the aegis of the WHO. The research was conducted in seven countries (Argentina, Canada, Finland, Poland, the United States, the United Kingdom, and Yugoslavia). This research, conducted by teams in the participating countries, was coordinated by the Johns Hopkins University, Baltimore.



*WHO Regional office for Africa Brazzaville*



From Nigeria, I was transferred to the WHO [Regional Office for Africa in Brazzaville](#), Republic of Congo, where I worked on the Health Manpower Development Team. In this role I was able to use the teaching and research experience I gained from working at the Medical Academy in Poland and from my studies in Brussels and London.

After completing the contract in Brazzaville, I returned to Poland, where I continued teaching and conducting research at the Institute of Social Medicine in the Medical Academy in Łódź. The Institute of Social Medicine was then a leading center in Poland in the field of public health and organization of health care activities. I started there as an assistant and reached the position of Director of the Institute.

In 1979 I was transferred to the Ministry of Health in Poland, to serve as the Director of the Department of Education and Science.

In 1982, I returned to work at WHO, this time at the [Regional Office for Southeast Asia in New Delhi](#), India. I worked there for eight years in a unit dedicated to the development of health care systems. At that time, I had the opportunity to work not only in the regional office in India but also in many other countries of the region, including Bangladesh, Burma (now Myanmar), Maldives, Mongolia, Nepal, Sri Lanka, and Thailand.

The most remote place where I worked was the [Cook Islands](#). This is a tiny paradise in the Pacific, with a great climate. After working hours, my pastime was to bike around the island. In radical contrast and with completely different climatic conditions, I traveled many times to [Mongolia](#), including in winter. At minus 30 degrees Fahrenheit, it was indeed quite a chill. There was not much snow, however, given the low air humidity.

My most exotic missions, despite their difficulties, have been to three Asian countries: Iran, North Korea, and Mongolia. These three countries had one thing in common: in all of them, the people with whom I engaged were perfectly educated, very eager to learn and work, and very nice in interpersonal relations.

The least densely populated country I worked in was Mongolia, and the most densely populated was Bangladesh. This factor, of course, had a significant impact on the occurrence of health problems and the type of cooperation the countries needed from WHO.

The most colorful event I saw was the annual January [Republic Day military parade in New Delhi](#). Fabulously colorful army troops marched on Raj Path, the main avenue of the city, from the federal parliament and government buildings at one end, to the India Gate Arc of Triumph at the other.

The most dangerous time in my life I experienced in New Delhi, in 1984, during the riots after the murder of the then Prime Minister, Mrs. Indira Gandhi.

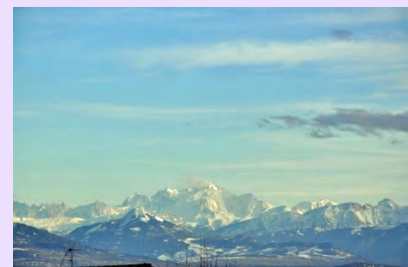
A very important part of my interests, not directly related to program activities, was my involvement in the functioning of health insurance for WHO staff members and pensioners. While working in the WHO Region for Southeast Asia in New Delhi, I was chairman of the Regional Health Insurance Surveillance Committee for two terms. After moving to Geneva, I continued following this interest by serving two terms as Chairman of the Headquarters Surveillance Committee. I found this to be an exciting activity, and it gave me a lot of professional and organizational satisfaction.

My last WHO assignment was in the [Geneva Headquarters](#), where I worked for 11 years, mainly in the Health Information System Development Unit.



*Divonne-les-Bains near Gex*

I initially lived in Geneva and then in France, in the small town of Gex, 8 miles from the Swiss border. It was the most beautiful place I have lived in my life. From the windows of my house situated on the slope of the Jura Mountain range, I had a beautiful view of Lake Geneva and the Alps's highest peak in Europe, Mont Blanc, clearly visible. The journey from home to the WHO office took me about half an hour by car, passing the unguarded (for residents of these two countries only) border crossing with Switzerland. Another advantage of this location was the perfect climate, with mild, non-frosty winters and warm but not hot summers.



*The Alps seen from Gex*

While I was working for WHO, there were four [Directors-General](#). It was very interesting and instructive to observe the very different work styles and interests of each of these people who headed the most important health organization in the world. Each of them contributed to WHO with their unique organizational style, priorities in action, and collaborators; and each of them left a significant legacy in promoting health in the world. **N**

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## CERTIFICATES OF ENTITLEMENT

The list below indicates the names of former PAHO/WHO staff who have not yet submitted their **2020** Certificates of Entitlement (CEs). We have not been successful in contacting them and accordingly we would appreciate it if any member can contact them and ask them to submit their 2020 CE or to contact Rolando Chacon at [rolandochacon2@gmail.com](mailto:rolandochacon2@gmail.com).

NAME	COUNTRY	CITY
MARQUES, A	BRAZIL	RIO DE JANEIRO
DA SILVA, CARLOS BARBOSA	BRAZIL	CEILANDIA NORTE - DF
DE WELLES CARDOSO, ROSA M	BRAZIL	PORTO ALEGRE
COELHO, CLARICE GONCALVES	BRAZIL	RIO DE JANEIRO
GUIMOND, MARIE B.L.	CANADA	QUEBEC CITY
BAZIRA, LEODEGAL	CANADA	EDMONTON
ARHIRII, PAULINA	CANADA	COTE SAINT LUC
MCPHAIL, JOUHAINA	CANADA	OTTAWA
BENITEZ SANTOS, MARIA SILVANA PATRICIA	ECUADOR	QUITO
HAZZI, MOHEEB YOUSSEF	MEXICO	NAYARIT
ELEDU, CYNTHIA OLITA	ST. VINCENT AND THE GRENADINES	KINGSTOWN
MAINI, DEVINDRA DEV	USA	CARROLLTON
ASSADULLAH, B	USA	ALEXANDRIA
THOMAS, HAZEL MAY	USA	ROYAL PALM BEACH
VILLEGAS, EVELYN LARA	USA	SAN JOSE
WATTLEY, MYRNA	USA	PEMBROKE PINES
LOPEZ, JORGE WASHINGTON	USA	COLLEGE STATION
TESEMA, DEREKE KEBEDE	USA	BALTIMORE
MIRGHANI ABDELRAHIM, ISAMELDIN MOHAMED	USA	ANAHEIM
CHIRUME, MENDO	USA	LAUREL
LEE, ROBERT A KENDAL	USA	WASHINGTON
JANJUA, AZHAR NAEEM	USA	ORLANDO
PECK, SYDNIE	USA	ALMEDA
MWAMBAZI, NORMA SIALUMBA	USA	NEW YORK
HELD, CAROLYN	USA	ARLINGTON
SIMON LE, KIM XUYEN	USA	SAN MATEO
WILLIAMS, JANICE C	USA	STONE MOUNTAIN
THOMAS, ALICE	USA	ALEXANDRIA
TEJADA, ISABEL	USA	MIAMI
BLUMENKRANTZ, GUILLERMINA Z.	USA	BROOKLYN
SAVIC, BOSILJKA SIBER	USA	PALO ALTO
VILLARREAL, MARIA	USA	MIAMI
BASTARD, MARTHA HEBE	URUGUAY	MONTEVIDEO
LOPEZ, CARMEN	VENEZUELA	IRIBARREN
DE BECERRA, ELIZABETH MARCANO	VENEZUELA	CARACAS
ABERDEEN, ANNETTA M	VENEZUELA	LOS TEQUES

# Healthy Ageing With and Without a Pandemic

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By Carol Burgher



In today's reality, the concept of Healthy Ageing must be considered in terms of life under normal circumstances, i.e., sans COVID-19 and life since the arrival of the novel coronavirus.

Under normal circumstances, many elderly persons can move freely and be as active as they are physically and mentally capable. However, Wikipedia noted that “*ageing represents the accumulation of changes in a human being over time and can encompass physical, psychological, and social changes*”. Some persons might be able to prolong it, but the process of ageing is constant and relentless. It is understandable therefore, that the realities of ageing can bring about some level of fear and concern about the future. Some might worry about their finances, loneliness, being diagnosed with dementia, or other situations which might cause them to lose their independence.

In order to navigate the challenges of ageing and lead as full and healthy a life as possible, it is important that elderly persons must first be thankful for life, considering the many persons who have not lived to be elderly. The spirit of gratitude and the gift of a smile cost nothing but can make the difference in the way the elderly carry out their daily lives and in how others perceive them. In fact, no one wants to be with a grouch.

First, the elderly, aged or ageing, need to keep as fit as is possible. Regular exercises within their capability, walks, or other physical activities are invaluable. In addition, in order to maintain good health, it is important for the aged to keep abreast of their health and medical needs and live a healthy lifestyle.

Elderly persons can share their skills, knowledge, and experiences with others. They can also learn new skills or hobbies. The elderly can visit, re-visit, and or explore places within their own country or abroad. Other options can be to start or join a group based on their level of interest, or to volunteer their services where it is needed. These options would greatly help to combat loneliness and give the elderly a great sense of satisfaction. Fruit or vegetable gardening can be extremely rewarding and elicit a sense of pride. Such activities are two-fold, as they are excellent for providing exercise while producing fruits, flowers, or vegetables. An elderly person who does not have a yard or space to do outdoor gardening can still grow and care for plants indoors in pots. Pet and animal lovers can truly



embrace this stage of their lives as they have the time to care for and fully interact with their pets.

It is evident that the novel coronavirus has disrupted the lives of everyone, and more so the elderly. In Jamaica, persons over the age of 65 are mandated by the authorities to “stay inside.” There are also heavy fines for persons who are seen on the streets without permission after the curfew hours. Many retirees, ageing and aged persons alike, live alone. Others might have had families who are no longer living with them for one reason or another. The new restrictions have therefore resulted in some level of loneliness and depression, especially for this group. It also means that many elderly retirees no longer have the option to be socially or physically connected outside of their homes. The Jamaican Minister of Health and Wellness remarked that studies have shown that while people are being protected from the virus, *“we are creating another set of challenges that affect their mental health and stability”*.

There are measures which can be taken to alleviate some of the challenges of COVID-19. It might also be an opportunity to discover latent talents or perfect existing ones.

- It is important for elderly persons to keep as healthy as possible with or without a virus, so regular exercise is essential. So too is the keeping abreast of their medical needs.
- Keep in touch with others. Fortunately, many platforms are available, such as the telephone or computer, to accommodate this.
- Share thoughts and ideas with others.
- Catch up on reading, writing, creating something, or having a hobby.
- Keep abreast of the latest technology.
- Over the years, many elderly persons have amassed a wealth of knowledge and useful skills which they can impart to others.
- Establish or re-establish a vegetable, fruit, or flower garden.
- Pets are useful for providing unconditional love and loyalty to their owners.

Some of these activities must be done virtually, but they will greatly assist in combating loneliness, maintaining mental health, and promoting optimum health during the pandemic.

Seniors could get assistance to tap into the number of online short courses to learn certain skills. Assistance could also be given to provide starter kits for gardening or for hobbies. Some of the aged might require practical assistance to carry out these activities, so someone could be hired to provide such support.

If the elder person does not have the equipment or other resources required to carry out the relevant tasks, then some assistance could be provided. PAHO/WHO could be a valuable resource by linking seniors through its vast network of retirees or to provide some financial assistance. **N**

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# Reflections on a Year like no Other

## Where are We Now?

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By Sumedha Mona Khanna



2020 was a year like no other - the COVID-19 Pandemic raged on; it caught everyone by surprise, with shock and disbelief, especially concerning the impact it was having on our lives. Corona Virus dominated the entire world. For the first time in our lives, the entire humanity was locked in their homes, in their communities, in their towns, and in their countries.

The streets were almost empty. The shopping centers were closed. The Gyms and Parks were vacant and mostly closed. There were few cars on the roads, mainly for essential services. The usually bustling airports were vacant - no flights, no long queues. Worldwide travel was halted.

The world had not experienced anything like this in the recent centuries. The memory of the previous most devastating Pandemic - the Bubonic Plague - also known as the Black Death in 1346, has almost completely faded except for the historians. The world was a very different place then. Perhaps the most devastating and memorable was the 1918 Great Influenza Pandemic, also known as The Spanish Flu. Apparently more than 25 million people died in the first five months of the outbreak, and by the end of that year, there were more than 50 million deaths. But currently, very few people, if any, are alive to recount the impact of that dreadful disease on the world. Most of us today were not in this world at that time,

In the 21st Century, the most recent ones that drew the world's attention were SARS (Severe Acute Respiratory Syndrome) and MERS (Middle-East Respiratory Syndrome). But even though they presented a great threat, they remained confined to some parts of the world and were controlled quickly. Perhaps the world somehow lost memory of those epidemics, or at the least it was shelved, and no one expected COVID-19 to show up so quickly and spread to the entire world within such a short period.

It is now more than a year since it was labelled a Pandemic, and that led to almost complete lockdown of the world. On 15 March 2021, the world observed the first anniversary of that event. I remember driving back home that day in 2020 after visiting my family in the Bay Area of California. That evening on the news, I learned about the declaration of COVID-19 as a pandemic and about the complete lockdown of California. I parked my car in my garage, and it did not see the light of the day for many weeks after that.

During this year-long pandemic (and while it is easing off in some parts of the United States, it is still very active in many parts of the world, and even escalating in countries like India and other South East Asian countries), we can begin to reflect on -*What did we learn?*

We learned about and observed:

- Social Distancing and Social Isolation
- Sheltering-In-Place
- Home-delivery of essential supplies and goods by shopping on-line, as shopping in-person was not possible or even considered necessary.
- Most importantly, we learned how to use technology to communicate with each other and our loved ones.
- Meetings on Zoom (a word we had not known about much before the Pandemic) became the norm. Even families were meeting on Zoom and perhaps seeing each other more often than when we could meet in-person.
- We began to enjoy home-cooking and eating together as family. Some of us tried exotic and new recipes. Even men began to cook and some even enjoyed that.
- We learned about home-schooling, and children adapted to online learning.

Social events such as weddings, celebrating anniversaries, birthdays and other milestones of our lives had to be postponed or just observed at home, either alone or with immediate family. Festivals such as Christmas, Diwali-Festival of Lights, Eid, and Hanukkah were observed in isolation – with no family or social gathering. There were no fireworks on the Fourth of July, and no family gatherings on Thanksgiving or for any other festive event. Our boxes of Christmas ornaments remained closed. And our closets full of beautiful clothes remained largely untouched. We enjoyed staying in our pajamas or other leisure outfits – such as sweats and jeans. Many who were able to retain their jobs learned to work from their homes.

We did not feel the need to shop for new clothes, shoes, or other personal accessories. In fact, many of us became conscious of “too much stuff” in our closets, and some tried to downsize - giving away bundles of clothes, etc. We didn’t even know if they would fit us in a year’s time.

But the impact of the Pandemic was not all negative. There were some benefits, such as:

- Overall, the climate improved. Reports of rivers being cleaner with fish returning in abundance.
- The pollution in the air declined remarkably in many places, and one could see the blue sky that had not been visible for many years, and one could breathe freely.
- We learned to shop wisely and reduce clutter in our homes.
- We communicated with our extended family members and friends more frequently, even though on phones or online.
- The entertainment media became more creative in its offerings as it recognized the need to keep people stuck in homes engaged and entertained. Even large events, such as the Academy Awards, were presented on-line.
- We liked the idea of not commuting to work every day - that could take one to three hours or more. Now we could invest that time into working from home and thereby increasing our productivity.
- Some of us became more conscious of maintaining our health, and with the help of creative on-line offerings we tried Yoga, Qigong, daily fitness exercises, etc.

There is no doubt that this Pandemic has shifted our core sense of being. With reports of so many infected daily, and many deaths reported daily (even hourly) by the relentless media, we were emotionally disturbed. Almost everyone knew of someone who got sick, or lost a job, or lost a family member or a friend. Almost everyone has a personal story of “before” and “after”. Prolonged social isolation also led to a high incidence of mental health decline, especially depression.

Many of us have begun to answer some of the questions that arose perhaps for the first time in our lives such as: *“What Really Matters in Life? How have we been transformed? Will the change in us become permanent or will we return to the same old self?”*

The March 2021 bulletin of the American Association of Retired Persons (AARP) included an interesting thought-provoking article about **“What the Pandemic Has Taught Us”**. The following were the main points: <sup>1</sup>

1. *Family matters more than we realized.*
2. *The adage, “Age is just a Number” has new meaning.*
3. *We befriended Technology, and there is no going back.*
4. *Pampering is Healthy.*
5. *Work is anywhere now. A shift that bodes well for older people.*
6. *Have a Stash ready for the next crisis.*
7. *We will gather again, but very carefully.*
8. *Our trust in one-another has frayed. But it can be slowly restored.*
9. *Loneliness hurts more than we thought.*
10. *When the world gets small, Nature lets you live large.*
11. *We have unleashed a revolution in Medicine.*
12. *For some, Hard Times bring Opportunity.*

I am sure each one of us has a personal story to share of our journey during this Year like No Other and how it has changed us and our lives. What did we learn about ourselves and what impact will that have on our lives?

Here is my personal reflection on my life in the Year like No Other:

- I no longer make definite plans for the future. The Annual Planning Calendar is gone.
- I am learning to be in the Present and make the most of it.
- I do not feel upset if things don’t work out the way I want them to. That’s life - and I have become more accepting.
- I have discovered that I like my own company - and I am more than enough for myself. (Of course, having a dog helps).
- I spent more time with my dog - Joy - a mini-dachshund, playing and walking with her. She has become so used to having me all day that I do not know how she will readapt to my going away for a while or staying with a sitter for a few days when I travel again.

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<sup>1</sup> Quote from *AARP Bulletin, March 2021*



- I do not crave for company of others, or visitors. *I am not sure if this is a good thing - maybe this will change over time as life begins to open up.*
- I have become more conscious of the limited time I have in this life, and I want to get the most out of it. That means focusing on ***What Really Matters***.
- I have become more conscious of the need to keep healthy - physically, mentally, and spiritually. I am taking time every day for some health-maintaining practice.
- I eat only when I feel hungry, and I am eating consciously creating some new healthy recipes. In fact, I feel that I have lost my need or desire to eat – I am not sure if this is a positive change. Maybe time will tell.
- I read more and engage in reflective writings. During the year I have taken advantage of many Webinars and Zoom meetings that were offered, that helped me to connect with other like-minded people. Many of them enriched my life with new ideas and actions, especially about Aging with a Passion and Purpose and how to invoke and strengthen our Inner Wisdom. I met many new what I may call *Wisdom-Keepers*. It was an enriching year for self-learning and strengthening the Inner Spirit.
- I only want to spend time with people who I feel have a more positive effect on my life.
- I have reduced the excess in my closets (including clothes and other personal effects). In fact, I even have sections of my closets and chest of drawers that are empty.
- I got rid of old documents/papers and photographs that had no meaning or relevance in my life now. This was an interesting and challenging journey into my past life. I was wondering why I was holding on to them for so long. The photographs and videos, when we used to take them and got them developed, remain with us as a part of our personal story of this life. They contain our cherished memories and evidence of our Legacy. By eliminating them from our possessions, we do not want to diminish their importance in our life. But staying-at-home and having time gave me the opportunity to slowly go through this journey down memory lane. It invoked memories and feelings that I had put aside for a while. There were smiles of joy and tears of sadness. (It reminded me of an old song: *Going to take a sentimental journey*”).
- I created a Master Journal in which I noted the memorable events; and I created a Legacy Journal that included pictures and stories of that journey to present, dedicating it to my Grandnieces - as an example of – “*A Life Well Lived - a Woman’s Journey across cultures in a Man’s World.*” This was a very healing experience. I also realized that during my work and life with PAHO, I accumulated so many great memorable moments and going through my old photographs of places and people (some of whom are no longer with us) brought back many smiles and tears.
- Now my garage and storeroom where I had kept all this “stuff” are quite empty and I know exactly what I have. What an achievement as our garages and storerooms become hoarding places that we are often reluctant to visit. Something that gets put off.
- Another important action I took was to put all my personal affairs in some order. I now have a small briefcase (that was a gift from my staff when I left PAHO to move to WHO HQ in Geneva in 1983) that contains all my personal information, including financial, legal, end-of-life arrangements, etc. This was a very liberating experience and I feel that

this is the best gift we can leave for our loved ones when we leave this planet. It also reduces the attachment to life and focuses one on “*What Really Matters.*”

**I know that I am a different person than who I was at the beginning of the Pandemic.**

One thing I missed – Travel; especially to visit my family and close friends. I used to visit my sister in London at least once a year, and to India to visit the projects that my Foundation supports as well as my few remaining friends. When the Pandemic situation improves worldwide, that is probably the first action I will plan to take.

LET US SHARE OUR STORIES, THE LESSONS WE LEARNED, AND HOW THIS YEAR-LIKE-NO-OTHER CHANGED US AND OUR LIVES. **N**

**IN THE END IT IS ALL ABOUT RESILIENCE – RESET - TRANSFORMATION**

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## *In Memoriam*

**DEATHS INFORMED IN 2021  
NOT PREVIOUSLY REPORTED**

<b>Hilda Boo de Lopez</b>	<b>13 November 2018</b>
<b>Dorothy L. Wilson</b>	<b>22 August 2020</b>
<b>Myriam Gersenovic</b>	<b>6 April 2021</b>
<b>Roberto Goic</b>	<b>16 April 2021</b>
<b>Humberto Montiel</b>	<b>29 April 2021</b>
<b>Patricia Regil Peterson</b>	<b>29 April 2021</b>

**Condolences to Julio Burbano for his wife Omayra**

# I Am Reaching 70 - May 2021

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*By Juan Manuel Sotelo*



In a few months I will be turning 70 and they say that celebrating a decade deserves special attention.

In my first draft, which I am sharing with you through these words, I recognize that I am healthy, eager to continue going through this life with good vibes and trying to contribute to making things better in this world. The pandemic, in particular, has shown us weaknesses as a society, in every

sense of the word.

My personal situational analysis reveals the following to me. My professional work has been dedicated to health, its universal principles, and its application of Health for All (HFA). To clarify what I mean by this and my perspectives, let me share that I worked for many years in the Pan American Health Organization's Regional Office of the World Health Organization, and I continue to make efforts to contribute to achieving the timeless goal of HFA, but from another institutional location. I have lived in Washington, DC for 12 years, which adds up to 17 if I consider the 5 years that I lived there in the '90s. Both my work efforts, as well as where I have lived, have permitted me to experience different social dynamics (for example, with my neighbors and with the PAHO/WHO Association of Former Staff Members), build different interpersonal relationships, (during the last year, was via Zoom, at a distance, and with a face mask), and get to know better the United States culture, seeing it as a generous country in a process of an awesome social transformation.

It is difficult to separate work from everyday life, my generation from that of my millennial children, and my international hobbies focused on my interest in the communities in which I live. As a planner, I cannot put aside the "look from the balcony" (as Heifetz puts it when referring to strategic thinking) nor can I abandon my dreams. The certainties are greater than the difficulties. I am convinced that there are no incompatibilities between deciphering reality and my agenda of how I would like things to be (Drucker and the declaration of intent).

The goal, such as helping to achieve equity as a predominant theme, is difficult to specify clearly and with metrics, which leads me to try to make contributions, especially now and in the short term, including participation, learning, mentoring, consulting, and above all not abandoning my vision of what I think needs to be done.

I realize again that my 70's are coming very soon, in due time. I have never felt better than I do right now, and I am about to start on an adventure that I will tell you about the next time I write.

We shall see... **N**

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## Short Story of Shared Living

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*By Helena E. Restrepo*



– *When did you arrive? I asked.*

– *I have not arrived.*

– *Ah! Then you are visiting.*

– *Yes. For business.*

He is tall, well dressed, like an executive. Despite the strange answer he has given me, I think it is an executive who is actually collaborating in some administrative activity. His name is Frank, he tells me, and he has a foreign surname, which is because his father was German.

A social welfare assistant brings a new resident of Casa Nua (Residence for the elderly that uses a health promotion model) to the table where I am with Mr. Frank. The new arrival who sits down at our table is a very tiny lady with a cute black felt hat that has a red flower on the top and front. We greet her, and she answers with a very weak voice. When I ask for her name, she answers that her name is Rosalba. Suddenly, Frank croons, with a very good baritone voice: “woman, if you can talk to God, ask him if I have ever stopped worshipping you”. They bring breakfast for the three of us. Frank and I started eating, but Rosalba doesn’t. Frank repeats “c’est la vie”, that’s life. I already confirm my suspicion that his mind is lost, who knows to where it is wandering. I ask Rosalba where she is from, and she answers that she is from Titiribí, a town in Antioquia. She tells me that she has four children and that she went with them to the United States, to Miami. They lived there for a long time, and the oldest was fifteen years old and the youngest two years old. I ask her if she went with her husband and she says no, but she does not explain anything about that situation. Our table companion continues, repeatedly saying – “that’s life”. Rosalba tells me that her last name is Gómez and that she came to Miami alone, without money, and that she immediately got a job in a packing plant. An employee who spoke Spanish immediately got her an apartment, put the children in school, and the baby was cared for by a neighbor. There she educated and raised all her children, who still live there. She begins to eat slowly, and suddenly she says - *the American boss, he was a very tall man and he wanted to marry me, and I said no because I had to bend down to look at his face. Besides, I, with a fifteen-year-old daughter, did not want to take any of them home.* Suddenly, Rosalba begins to scream: *“They are going to rob me, they are going to do something to me, all of you are witnesses, I want you to call a policeman.”* We all try to calm her down, but she continues with her delirium. I tell her: yes, they will take you to the first floor where there is a policeman (he is the doorman). They take her away and she is already calmer.



I had already made the diagnosis in the two table companions: Alzheimer's. I live in complete harmony with all the residents, both the independent ones like myself and those who have a mental or physical problem.

Another day I see Frank with another new resident who is more absent minded than he is. They chat animatedly and inform me that they are very busy because they are going to start a business. I ask them what it is about, and they say that it is a mask factory and that they must go to Europe to sell them. They go down to the lobby and ask the information clerk to call them a transport to the airport because they have to take a plane to Europe. When asked about the tickets, they take out their wallets where there is nothing. After five minutes they forget all of this and ask how we are going to pay for this hotel where we are. They are told not to worry about it, that it has already been paid by staff where they work.

Rosalba received a visit from a son from the United States and she did not recognize him. She believed that it was someone who came to do her harm. But more recently, two daughters came, and she communicated with them and enjoyed their visit. This is because she has already improved a lot after a year in this house.

So, I could continue relating anecdotes of several of my fellow residents, some very funny, others sad. I continue to live in this residence for the elderly that has a health promotion approach, which applies everything that I have taught for so many years, using the concepts of health promotion applied to active and healthy ageing. The Medical Director and Manager was my student, and he confirms that our work had and continues to provide great value. At the same time, I can confirm that having highly sensitive and trained personnel to handle older adults, like the ones in this institution, is essential.

Finally, with this small story, I want to highlight how interesting it is to live with older people, like me, with various ageing problems. One learns a lot from these contacts, participating and collaborating in activities so important for improving one's cognitive situation, one's physical health, and one's social relationships. I keep them company at times, noting the talent that some have for music, painting, handicrafts, etc. I have been able to confirm the progress of some of those who arrived more than a year ago and who, like Rosalba, already participate in the weekly serenades. She sings the tangos, of which she knows all the lyrics because, she tells me, that her father had a store in the town where they lived and the radio stayed on the whole day playing music, especially tangos. At the same time, I continue with my active life, writing and taking care of myself so that I can achieve the goals that I have set for myself. **N**

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## Where Are They Now?

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*By Marlo Libel*



I retired from PAHO in September of 2009 after 26 years of service, having been stationed in Panama and Washington, DC. I treasure the lessons learned and friendships built with colleagues, both in the countries and within the Organization. I would not be where I am today professionally without the support of PAHO friends throughout this journey: Ronald St.

John, Clovis Tigre, David Brandling-Bennet, Gabriel Schmunis, Francisco Pinheiro, Ximena Aguilera, and Sylvain Aldighieri.

After retiring, my wife Wally and I continued to live in the Washington, DC area where she had a private practice as a psychoanalyst. For me, it was time to decompress, turn off the PAHO mobile phone connected to epidemic alert and response regional operations, and enjoy some free time. First and quite frequently we traveled to visit our two daughters and our three granddaughters. Our oldest, Camila, is a psychiatrist who lives in Bloomington, Indiana, with her husband and two daughters Amelia (10) and Luisa (8). Our youngest, Marina, an actress and math tutor, lives in Los Angeles with her husband and daughter Lygia (7). Without all my duty travel, we finally had the opportunity to leisurely enjoy the wealth of museums and classical music available in the DC area, including our favorites - the National Gallery and the Kennedy Center.

In 2019, we decided to move closer to our daughter in Indiana. We have been delighted to see our granddaughters daily, and we have grown fond of this small university town life. We regularly attend programs at the Indiana University Jacobs School of Music, the Ezkenazy Art Museum, and the Art Cinema. Going out to restaurants and coffee shops was another fun diversion. Even during the extraordinary times of the COVID-19 Pandemic we could stroll through the parks and the beautiful university campus grounds, constructed from local limestone. I have also done a lot of cooking and baking, perfecting my Brazilian coconut custards and fruit upside-down cakes. Before the pandemic, I joined a CrossFit Longevity exercise class with six other cool 70-somethings.

Before taking up post-retirement public health work, I asked myself - What is my vision for this next phase? I came up with this: "I am committed to improving the health of communities throughout the world, by building national and local capacities in

surveillance to address critical public health problems and promoting international understanding and collaboration.” To that end, and after 40 years in the public sector, I sought out the challenge of engaging with the private non-profit sector. Initially, I volunteered as a special advisor to the Pandemics Program of the San Francisco-based Skoll Global Threats Fund (SGTF). I was enthusiastic about SGTF’s belief - one that has proven to be feasible - to find, verify, and contain outbreaks fast enough to prevent local spread, or at least contain the threat within a region. It was stimulating to work with their nascent Coordinating Regional Disease Surveillance Networks Collective (CORDS), an informal group of six networks (two in Southeast Asia, two in Africa, one in Southern Europe, and one in the Middle East). I helped them to establish their modus operandi and by-laws. It was an exciting and enriching experience to have contact with such a diverse cadre of colleagues from regions with which previously I had not had much direct contact.

After two years, we took on an intriguing new challenge: the Brazilian Ministry of Health approached SGTF about the possibility of applying participatory surveillance to the 2014 FIFA World Cup. I was then contracted as a senior advisor to coordinate this project. It consisted of crowdsourcing the reporting of three infectious disease syndromes directly from the soccer-loving public attending the matches in Brazil. We worked with a local technology developer to create an app with the assistance of a team of national experts. Who would have expected a septuagenarian epidemiologist to be juggling a hack-a-thon, mobile avatars, and other cutting-edge tech? Well, there I was! With the success of this first-of-its-kind application of participatory surveillance at a mass gathering, the Ministry of Health decided to use the same methodology during the 2016 Olympics, which I coordinated as well.

In 2018, SGTF was discontinued, and the Pandemics Program spun off as a separate organization called Ending Pandemics (EP). I continue to work with EP today, on three main areas: coordinating CORDS; assisting a participatory surveillance project, EpiCore, that crowdsources 3,000 human and animal health practitioners in 150 countries to verify signals of potential outbreaks; and developing projects to enhance event-based surveillance in hotspots for emerging infectious diseases in Africa and Asia. I invite those interested to know more about EP to visit our website at [www.endingpandemics.org](http://www.endingpandemics.org). Working with the EP team of enthusiastic, smart, and innovative young colleagues has been a consistent source of learning, cross-fertilization, and discovery. **N**

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# Where Are They Now?

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*By Jorge Prosperí and Graciela Munguía de Prosperí*



We must confess that it has not been easy for us to resume life in our native land of Panama. At the beginning, and still sometimes now, we feel like foreigners in a country that is no longer the same as when we left it 25 years ago. People don't see life the same way we do. For many, the cult of the material prevails, and what we here call "play crooked." Some friends are gone, and those who are still here have their social networks and their occupations. As if that were not enough, the workspaces are occupied by a thriving replacement generation who, like us when we were young, believe that they have all the answers and they do not need the experience of older adults. And, for Graciela it has been more difficult because her roots are in New Orleans, where she was born, spent her childhood, and reached the age of reason, as well as in El Salvador, a country where her parents decided to live, where she was educated, and where her lifelong friends and family are located.

In addition, and this is probably the most important thing, our professional and social networks were spread over different PAHO offices, where we had cultivated friendships and close ties that will be with us for the rest of our lives. And we couldn't live with all of them at the same time.

Putting everything into perspective, initially Graciela and I asked ourselves, "What are we going to do to not die of boredom?". We realized that we were both optimistic and hopeful; as the philosophers affirm, we saw the glass as half full and not as half empty. We could capitalize on knowledge and experience that we could share in a variety of ways. We lived in a "new" country, which we had to discover, and in a house that we had to remodel ... hahaha. And, most importantly, as we have four children, four grandchildren and four daughters-in-law, it was time to become "grandparents". So, what have we done during the last six years?

To begin with, we decided to become social communicators, influencers of public opinion. To that end we created a blog and after more than 700 postings, we earned enough prestige to have a weekly opinion column in one of the newspapers with the highest circulation in the country. Through the daily core of the blog, we share information that helps to generate viable and feasible options for approaching the social determinants of health and the development of the public health system, in order to achieve universal health coverage in light of conditions of efficiency, quality, and equity. The opinion column has a more political and strategic purpose. In both newspaper and blog contributions, Graciela is my editor; she reviews, modifies, and improves all articles before they are published, so, in the end, the opinions are both of ours.

We have partially solved the issue of social interaction by using available social networks to share with friends in other countries. In addition, and we underline this for its importance and source of wellbeing, in Panama we have an Association of Former International Civil Servants (AFICS), of which we are a part, and through which we have made Friends with whom we periodically meet to mutually share and take care of each other.

On the other hand, before the arrival of the pandemic, we dedicated ourselves to discovering restaurants, cinemas, theaters, beaches, and mountains that Panama has to offer. The truth is that these places were providing us with great pleasure, and they even knew us in some hotels and restaurants. But the virus arrived, and with it the need to confine ourselves and learn new ways to protect ourselves, including the not so easy physical and social distancing. And the outings and walks were over, albeit temporarily.

However, the pandemic had two positive consequences for us. On the one hand, the government formed an Advisory Council to advise the President of the Republic and the Minister of Health on matters related to the progression and control of the epidemic. The members of the Council are all seniors with great experience, to the point that some funny people call us affectionately "the relics." We meet weekly, and we contribute to national tasks. It has been a privilege to be able to support the country and a great joy to feel valued and utilized. Graciela also privately makes her contributions.

But the greatest source of happiness in the midst of the crisis was that our eldest son, his wife, and their two children came to live with us. At first it was because they were finishing building their new house and then, because the pandemic arrived and with it the quarantine, we were all forced to stay together under the same roof for more than two years. During this period, we strengthened our emotional ties, we became grandparents, and, the truth is, we will all be very sad when they go to their new home. However, they will live only two blocks from us, so the visits will be daily. At least that's what the grandmother says, hahaha ...

And so, this is where we are, for now. Our plan is to keep doing more and better of the same things every day, incorporating new experiences into our lives. We are living happily and grateful for our lives before and after retirement. **N**

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## Obituary of Patricia Peterson<sup>1</sup>

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Patricia was born in Mérida, Yucatán, Mexico, on 13 October 1941. She studied to become an editor and at a very young age - 19 years old - she began to work as a bilingual secretary in different departments of the Pan American Health Organization's (PAHO) Headquarters in Washington, DC, staying in the United States for 59 years, until her death.

She was an assistant to Dr. Héctor Acuña from 1975 until the end of his term in 1983. She then became an assistant first to Dr. Carlyle Guerra de Macedo until 1995, and then to Dr. George AO Alleyne until his retirement from PAHO in 1996. As is informally said, Patricia was "tridirectoral", having worked as an assistant to three directors, each very different in their personalities and approaches. This is not an easy thing. She was very dedicated to her work, friendly, and with an excellent sense of humor and human qualities. She provided a sea of tranquility; she was so emotionally stable that it generated confidence, especially for the young staff members when they had to do special interviews with PAHO's Director. We all witnessed these characteristics every time we had to visit that office where issues that affected staff, their families, and the Organization as a whole were usually decided.



Patricia projected an impeccable image, an example of professionalism, neatness, and loyalty to the Organization. Kind, intelligent, authentic, compassionate, and a friend to everyone, she earned the respect of all of us who knew her. When her opinion was required, she generously contributed the appropriate administrative knowledge and experience to ensure the best possible secretarial functioning office at the highest executive level. She was a mentor to many, and on various subjects, including Spanish literature. She was highly respected by her direct bosses and co-workers.

Patricia was cheerful and fun; and she surrounded herself with friends and enjoyed her social life. Though she was serious and responsible in the workplace, she proved herself to be an excellent colleague, guide, and advisor to administrators and executive secretaries of the different divisions and offices throughout the Organization.

Patricia was a member of the Association of Former Staff Members of PAHO/WHO. She lived many years in Florida, where she retired with her husband at the "Lake Jovita" Club, enjoying golf and making many friends who contributed to her excellent social life. She died in Maryland, United States, on 29 April 2021. She is survived by her husband Robert Peterson, her children Michelle and Carlos, her grandchildren Michael and Kelly, and other relatives.

We will miss Patricia: may she rest in peace. **N**

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<sup>1</sup> Prepared by Juan Manuel Sotelo, with contributions from Hortensia Saginor, Beatriz De Regil, Lili Hidalgo, Mercedes Vargas, María Victoria Palazuelos, Sylvia Trujillo, Norma Gandolfo and José Romero Teruel

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## Obituary of Humberto José Montiel Paredes

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*By Philippe Lamy and Patricia Ruiz*



Humberto was born on 8 February 1957 in Jinotepe, Carazo Department, Nicaragua. He graduated in 1980 as a Doctor of Medicine and Surgery from the Faculty of Medical Sciences of the National Autonomous University of Nicaragua (UNAN) in León. In 1988, he completed his Master's Degree in Epidemiology at the Center for Health Research and Studies (CIES), in Managua. He was the third

Director of CIES from 1989 to 1990.

In 1991, he completed the PAHO Residency in International Health. On that occasion, Humberto joined the Program for Health Situation Analysis and Trends.

Back in Nicaragua, in 1992, he joined the PAHO Country Office in Managua as a national professional. In 1998, he assumed the position of PAHO International Advisor on Communicable Diseases, based in Colombia. He continued his international career with PAHO in Costa Rica (2002-2007), Mexico (2007-2012), Argentina (2012-2014), and Guatemala (2014-2016).

One word summarizes the description of Humberto's positions and responsibilities in the countries where he worked: "Epidemiologist". It is certainly not the official definition, nor is it the most perfect, but it strives to summarize the multiple and variable areas of a key health worker in country offices on disease prevention and control, and analysis of health situations and trends.

For this reason, Humberto's contributions were many and varied: health situation rooms, being the pioneer in its conceptualization and implementation in the Region; basic indicators and health surveillance; intensified cooperation with local health systems (SILAIS in Nicaragua, and Chiapas in Mexico); responses to health emergencies (Hurricane Mitch in Honduras or Influenza A H1N1 in Mexico); health inequities and health sector strengthening (Argentina, Colombia, and Costa Rica), programs to combat epidemics, and medical care for vulnerable populations (indigenous, etc.).

He knew how to find a balance in his role as technical cooperation advisor.

Free of arrogance, he established a relationship of mutual respect and trust with his colleagues and national officials, without compromising his institutional loyalty. This led him to assume, on multiple occasions, the function of Officer in Charge of the Representation.



As a key member of the team, Humberto was the recipient of several PAHO awards in recognition of collective performance: Award for Best Technical Program in 2001 (Special Health Analysis Program) and Award for Outstanding Team in 2009 (Representation in Mexico); for his personal contributions: by Córdoba University in Argentina, for his contributions to the training of human resources in public health (2013); by the Michael Vásquez Foundation in Costa Rica, for his contributions to reversing the impact of HIV/AIDS (2016); and by PAHO-Guatemala, as Communicable Diseases Advisor (2016).

He was a serious professional while at the same time being a supportive partner, with good humor, who liked to share jokes and laughter, with a touch of mischief. Humberto died on 29 April 2021, in Managua, Nicaragua.

He is survived by his wife Martha Cecilia Castillo de Montiel, and their children Humberto, María Jazmine, Alina, Martha and Ana Fernanda Montiel Castillo.

Until forever, friend!

... *"The dawn is immortal! Oh lands of sun and harmony,  
Hope still keeps Pandora's box!"*.  
(From the poem *Los Cisnes (The Swans)*, by Rubén Darío).



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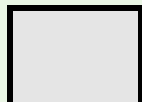
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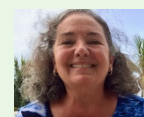
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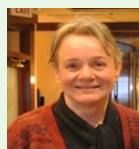
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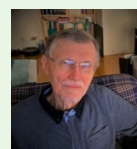
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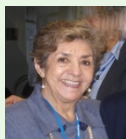
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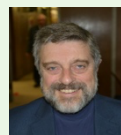
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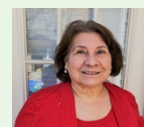
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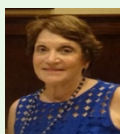
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