



NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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This is AFSM, and it needs all members' participation

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Heading South, Thinking of the North (With apologies to Ariel Dorfman)¹

By Hernán Rosenberg and Germán Perdomo



When PAHO was created more than 100 years ago, its headquarters and main activities were centered in Washington, DC. But as time went by, subregional offices were opened initially and eventually offices were opened in practically every country on the continent. AFSM has followed that pattern. Originally dedicated to former staff based in the U.S. capital,



our services have expanded to increasingly involve those of us living outside of that city. The Board of Directors is always looking for ways to make participation in the Association more inclusive, which is why we have introduced a series of reforms aimed at facilitating the inclusion of all our members. One of them is the possibility of participating electronically in elections and referendums.

At the regional level, we continue to handle issues of global interest, such as the evolution of health insurance or the Pension Fund. But there are several activities of all kinds that only make sense locally, wherever that may be. Among them are social, professional, and cultural activities, such as encounters to promote camaraderie or share information. Some examples of solidarity activities include supporting colleagues who are not able to respond to administrative inquiries, whether local or regional; or facilitating the processing of Certificates of Entitlement; or making a simple visit to immobilized or sick colleagues. Of course, there are always issues of national interest, such as the tax status of pensions in some countries, the identification of appropriate health centers for the elderly, or participation in PAHO activities.

AFSM has always contemplated the creation of national chapters that would cover former staff residing throughout the entire country. But with a single exception, the case of Colombia, in practice either no more national chapters have been organized, or those that do exist have not carried out recent activities. Even so, the needs outlined in the previous paragraph remain crucial. The main reasons that have affected the creation of these chapters appear to be the existence of the Association of Former UN Officials (AFICS) and the geographic dispersion of AFSM members in their countries.

¹ Ariel Dorfman is a Chilean, Argentinian and North American writer who, among other works, wrote: “Heading South, Wanting the North: A Bilingual Romance”. He lives in the USA.

Membership in AFICS complements that of AFSM very well. To facilitate joint membership, AFSM has cut in half the cost of our lifetime membership fees for those members who belong to AFICS. Recognizing the importance of this other organization, still AFSM gives access to a social group much closer to former PAHO/WHO staff, in addition to covering the issue of health insurance, which is exclusive to PAHO/WHO. Both memberships can be enjoyed without any problem.

The issue of dispersion is different. Indeed, many of the countries of the region are exceptionally large and it is difficult to imagine a series of activities that include all of Brazil, for example, since transport itself can be complicated and expensive. That is why we invite members in cities or sub-national regions to consider creating local chapters. Solidarity activities and meetings seem to be easier at the local level, while naturally, these local chapters can also have an arrangement to cover national issues (such as changes in tax legislation) when they are seen to fit and be appropriate.

Additionally, we are aware that forming a chapter requires administrative arrangements and a critical mass of participants. For this reason, and as a preparatory measure, we have requested volunteers to act as AFSM Focal Points at the national level. In addition to acting as a liaison with the AFSM Board and the local PAHO office, these focal points are expected to expand membership in AFSM and support the needs of our members. We thank the volunteers who have come forward, and we hope they serve to activate AFSM interventions in their country or city. We invite you to contact the focal point in your county or consult with Hernán Rosenberg to locate the one in your country if you do not know who it is (hernanrosenberg2@gmail.com). Get together with the other colleagues in your area and know that you have the full support of the Board either in establishing your own focal point, or eventually formally creating a chapter. We look forward to hearing from all of you, including receiving other ideas to achieve this important goal. **N**

Welcome to new AFSM members

From USA

María Cristina Schneider
- from the Washington DC area

From Other Countries

Isabel Narvaiz Kantor – Argentina
Emilio Armando Contorti – Argentina
José Ruales Estupiñán – Ecuador

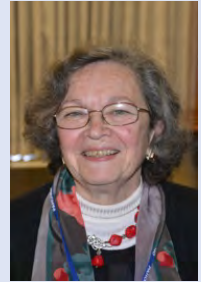
Health Insurance and Pension Update

By Carol Collado

Health Insurance

COVID-19

Once again, COVID-19 is affecting us in every sphere of our lives. Many of the comments from our last Newsletter remain true now. While advances have been made, there are also concerns raised in the past several months. We will share some of these, not to raise alarm but to enable each of us to decide how we wish to adjust our lifestyle in these trying times.



We have accumulated knowledge about the virus. As scientists are able to study, accumulate and have evidence-based information, we have learned, for example, that what was originally thought to be a pulmonary disease, has many more far-reaching systemic manifestations in its active state, such as blood clots and other systemic implications. Unfortunately, we are also seeing that some COVID-19 patients have longer-term sequelae, such as long-term fatigue, headaches, vertigo, difficulties with cognition, hair loss, cardiac issues, and diminished cardiorespiratory fitness.¹ There is increasing anecdotal evidence that the immunity developed through exposure may not be long-lasting.

There have been reported increases in misinformation in virtual communications, such as on the Internet. Reuters News Agency reported that some sites identified as containing false information on the virus, had 4 to 5 times the number of visits as did those with reliable data. To encourage a global responsibility for control of misinformation, WHO has developed a page in their COVID-19 information section that lists the major social media sites and how to report misinformation on each of these. <https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/how-to-report-misinformation-online>. Increasing numbers of incidents and types of fraud relating to the virus are also being recognized, especially those that target the older populations.

The decision-makers responsible for policy regarding the implementation of different phases of the recovery processes have been, in many cases, influenced by a need to stimulate the economy and have moved ahead in the implementation of looser measures of control, relaxing social distancing and permitting closed businesses to reopen. As this has come following 5 months of people being closed off from normal social interaction, there has been both a surge to enjoy these opportunities along with a sense that the danger had passed. What we have learned is that there have been serious spikes in COVID-19 cases as a result of both public policies that encouraged premature recovery combined with the disregard of some people to follow control measures; this has often resulted in re-imposition of strict controls. There is ongoing discussion regarding the opening of the school year in the Northern hemisphere, with the potential for significantly increasing the number of cases due to the extensive and intensive social contact involved.

¹ Dr Gregory Poland, Vaccine Research Group, Mayo Clinic USA

On the positive side, as mentioned above, we are continuing to accumulate information about this virus, its strengths and weaknesses, the triggers that prompt more or less intense reactions, and its behavior in differing circumstances and populations. The more we know, the more we will be able to confront its threats. Knowledge enables more precise trials and the discovery of certain characteristics which, hopefully, will lead scientists to develop effective treatments and vaccines with lasting immunity.

There are many studies being conducted to identify treatment options for those who have contracted the disease and have meaningful symptoms. Several drugs which were developed for other conditions are being tried with COVID-19 patients to test their effectivity. One recent study using the common steroid Medrol showed significant results, reducing the death rate in severely compromised patients by 1/3. Soon we will be hearing more about recommended treatment options.

Advances are continuing in the development of vaccines, with several laboratories entering into Phase III trials which confirm and expand the safety and effectiveness results in human populations from earlier trials. There is hope within the scientific community that there will be vaccines available sometime in 2021.

On another encouraging note, WHO reports massive efforts to assure equitable access:

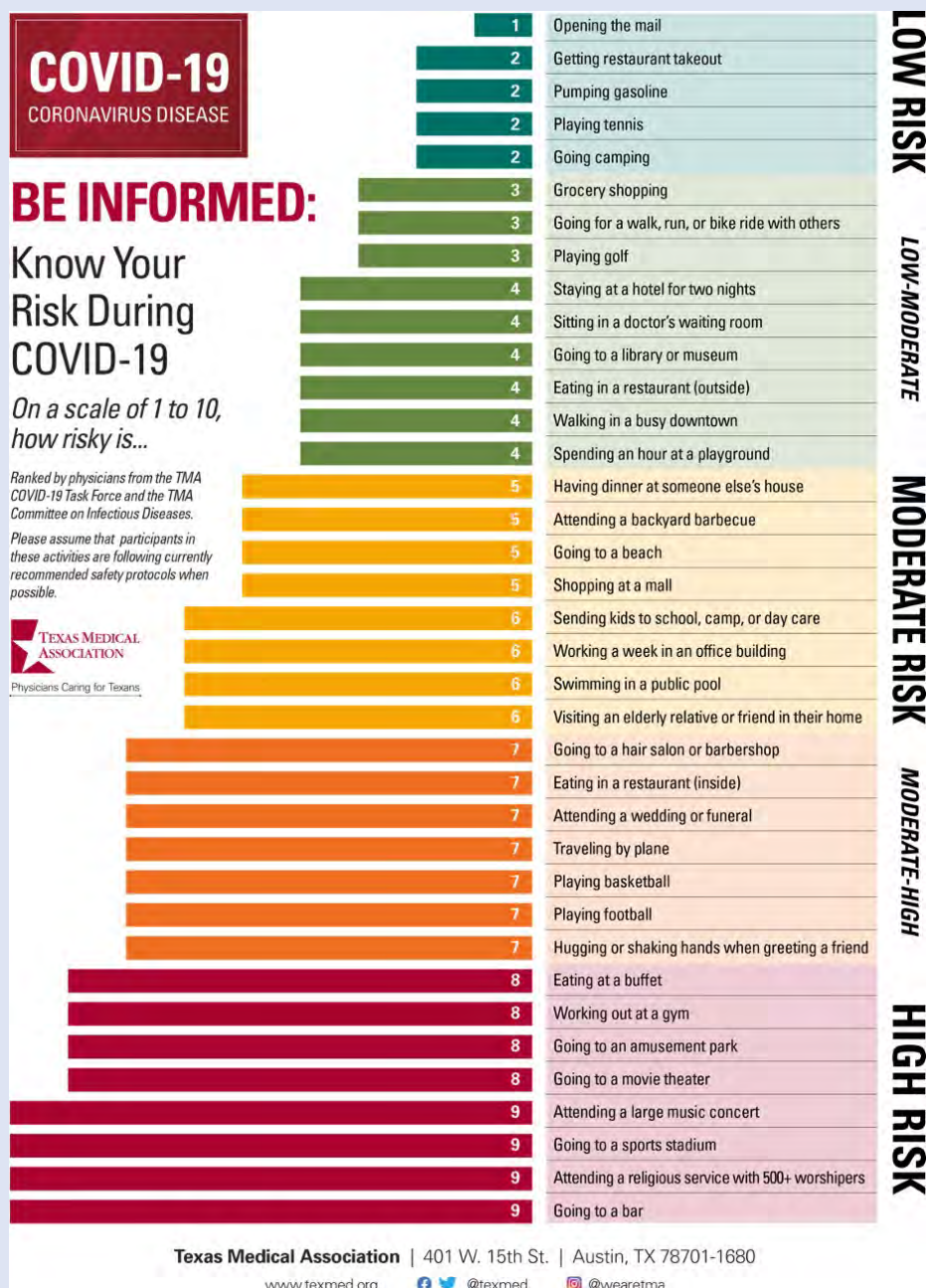
“172 economies are now engaged in discussions to potentially participate in COVAX, a global initiative aimed at working with vaccine manufacturers to provide countries worldwide equitable access to safe and effective vaccines once they are licensed and approved. COVAX currently has the world’s largest and most diverse COVID-19 vaccine portfolio - including nine candidate vaccines, with a further nine under evaluation and conversations underway with other major producers.”²

Finally, how does one judge what is safe? British economists John Kay and Mervyn King in their book *Radical Uncertainty* (2020), spoke to the abilities of anyone to quantify risk as “mostly science fiction.” At issue is not only who is responsible for one’s health, but in this case, for the health of one’s community. While each person must judge for him/herself, taking into account one’s own situation and underlying conditions, family circumstances and their capacities to observe guidelines, the Texas Medical Association (TMA) Covid-19 Task Force with the TMA Committee on Infectious Diseases has developed a number and color keyed chart which can provide some guidance. Assuming that the participant is observing currently recommended protocols, one’s risk levels for each of 37 ‘normal’ activities can be ranked from low to high.³ See the chart below.

Our message, therefore, is: Please understand that this virus is going to be a serious threat to all of us for the foreseeable future. Take care, be safe, protect yourself and others; only trust recognized medical authorities; observe their safety recommendations and beware of

² <https://www.who.int/news-room/detail/24-08-2020-172-countries-and-multiple-candidate-vaccines-engaged-in-covid-19-vaccine-global-access-facility>

³ https://www.texmed.org/uploadedFiles/Current/2016_Public_Health/Infectious_Diseases/309193%20Risk%20Assessment%20Chart%20V2_FINAL.pdf



misinformation. We might want to heed the advice stated in another article in this Newsletter wherein Mari de Vidal, a survivor of COVID-19, says: “*it’s better to exaggerate than to get sick*”.⁴

As was mentioned in the June 2020 AFSM newsletter, the official WHO and PAHO information sites are: for WHO, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> and for PAHO, <https://www.paho.org/en>.

For those interested in the latest information, WHO conducts a press conference on the topic every Monday, Wednesday and Friday at 3pm GMT
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

Other Health Insurance News

⁴ See the article “COVID-19: An Experience, Lived and Learned” in this Newsletter

The annual review of our health insurance rules is presently taking place in Geneva. If there are outstanding issues that you would like to see addressed or if you have changes to suggest, please contact us so that we can bring them up for discussion.

For those in the US, as mentioned in the AFSM blast message of 23 August, this is a unique opportunity to contribute to the review of the companies selected to manage the WHO insurance (currently Aetna and CVS). Suggestions received will be shared in the negotiations.

I am closing this section with a reminder that health is integral, involving mind and body. Every day we should be assuming the responsibility to do our part in caring for ourselves, our loved ones, and our community.

Pension

The UN Pension Board met at the end of July and reviewed the 2019 data, approved the 2021 budget, and found the Fund to be in good financial health. Ongoing reviews of the governance will continue through this year with consultations with the contributing agency pension staff representatives. Present contribution levels were found to be adequate for the needs according to the actuarial report.

Every year the United Nations Joint Staff Pension Fund (UNJSPF) conducts an exercise to assure that the recipient is still alive. It involves a paper mailing of a bar coded document to the participant, the original of which must be signed and returned via postal mail to the New York offices in order to continue uninterrupted receipt of benefits. This document, known as the Certificate of Entitlement (CE), is usually mailed out in May, with a second copy sent to those who have not returned it by September, with a deadline of 31 December for receipt back in New York. Every year there are those participants whose form either does not arrive or does not reach the UNJSPF offices. A list is created, and these people are followed with additional efforts to assure that they are notified. It is critical for you to keep your contact information up to date so that you will not miss out on being able to return the CE.

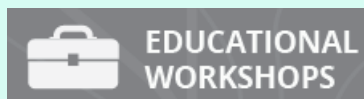
Once again, COVID-19 rears its head and intervenes in our daily lives. Because of the problems with social distancing and 'stay at home' restrictions imposed in some countries, the postal systems in many parts are less than reliable. UNJSPF recognizes this and has made provisions for the problems related to COVID-19. This year, the first documents were sent out to the US and other jurisdictions with reliable postal services in June. A second mailing for those countries is scheduled for September, and provisions are being made for those who cannot receive them by October. On the UNJSPF website www.unjspf.org, in addition to a wealth of useful information, news and tools for managing your pension, there are two detailed links that provide information for anyone concerned about receiving or returning their CE:

<https://www.unjspf.org/COVID-19-and-the-unjspf-your-frequently-asked-questions-answered/>

<https://www.unjspf.org/certificate-of-entitlement/> It is worthwhile to check these sites to see the complete information about the provisions UNJSPF has made to deal with these exceptional times.

A reminder: Several years ago, the UNJSPF created a system in which each participant could examine and review everything about his/her participation in the Fund. It is called Member Self Service (MSS). MSS will be extremely useful for checking to see if UNJSPF has received your CE. If you have not yet done so, now is the best time to create your MSS. Instructions, a video on to how to do so and other related information can be found on the Fund's website: <https://www.unjspf.org/member-self-service/> **N**

News from the PAHO/WHO Federal Credit Union



Our Financial Wellness Matters Workshops Have Gone Virtual!

Attend one of our no-cost, virtual member education sessions and learn something new.

Member Education Seminars:

Below is a list of past and upcoming topics. For more information on specific upcoming workshops, please keep an eye out for our emails.

Sessions will be held virtually on TEAMS. We will send you the link upon registration so you can join the meeting.

Past Virtual Education Seminars

Debt Consolidation
Car Buying
First Time Home Buying
Foreign Investment in Real Property Tax Act (FIRPTA)
Credit Union 101
Home Inspections
Investments 101

Upcoming Virtual Education Seminars

Powers of Attorney and Wills
Credit Report vs. Credit Score
Buying and Refinancing a Home
Credit Union 201
Car Buying
Retirement Planning

Mental Health in the Time of COVID-19

By Martha Peláez and Gloria Coe



As the global research community confronts living in the time of COVID-19, many interesting articles are being published that provide key guidance on how older adults can stay healthy. This article will review a key protective behavior that seniors themselves can embrace to strengthen their health and ability to live through this

dreadful virus.



Debanjan Banerjee, a Geriatric Psychiatrist and Senior Resident at National Institute of Mental Health and Neurosciences, indicates mental health is the cornerstone of health and “more so in the elderly”¹. Good mental health affects how a person thinks, feels, and behaves in daily life, it influences ones “ability to cope with stress, overcome challenges, build relationships, and recover from life’s setbacks and hardships.” In summary, good mental health “refers to the presence of positive characteristics, such as:

- A sense of contentment
- A zest for living and the ability to laugh and have fun
- The ability to deal with stress and bounce back from adversity
- A sense of meaning and purpose, in both their activities and their relationships
- The flexibility to learn new skills and adapt to change
- A balance between work and play, rest and activity
- The ability to build and maintain fulfilling relationships
- Self-confidence and high self-esteem.”²

In the time of COVID-19, the focus on the mental health of older adults is driven by two important protective behaviors essential to the health of older adults: to social distance and to self-isolate. These essential behaviors have led to the suspension of many “in-person” social activities including community meetings, religious services, family gatherings, and many engagements that previously ensured social contact. The absence of opportunities to engage socially face-to-face has led to a dramatic increase in feelings of loneliness, and

¹ Banerjee D. The impact of Covid-19 pandemic on elderly mental health. International Journal of Geriatric Psychiatry, Letter to the Editor. May 4, 2020: <https://onlinelibrary.wiley.com/doi/epdf/10.1002/gps.5320>

² HelpGuide. Building Better Mental Health: <https://www.helpguide.org/articles/mental-health/building-better-mental-health.htm>. CDC. Health-related quality of Life (HRQOL), Well-being Concepts: <https://www.cdc.gov/hrqol/index.htm>



interruptions of daily routines and activities. It has had “a disproportionately high impact on mortality and morbidity in older adults.”³ So, what is the prescription for wellness during Covid-19?

Sunrise Senior Living⁴, owner of 325 senior living communities in the US, Canada, and the UK, in a November 2017 article, suggests five ways seniors can maintain and improve mental health. Each behavior is achievable in the Time of COVID-19:

1. **Be Positive:** Having an optimistic outlook can help you through challenging times while also building good coping skills. Focus on coping with life’s ups and downs without letting stress overwhelm you. Meditation and yoga may help you to learn to think positively.
2. **Forget about the Number:** Do not let your calendar age dictate what you do and how you live. Keep focusing on wellness.
3. **Stay Active:** Engage in fitness activities in your home and do not become overly sedentary. In fact, a sedentary lifestyle is now considered to be dangerous for your long-term health.
4. **Keep Learning:** Keep your mind challenged, active, engaged by exploring new ideas such as new recipes, foreign languages, or daily routines. One of the most important new skills to learn is the use of communication technologies to facilitate staying in touch with family and friends across the miles and expanding your world beyond 4 walls.
5. **Live with Purpose:** Live a purposeful life by finding activities that will help you feel productive.

In a similar vein, in April 2016 the UK Daily Express⁵ published a list of 50 ways to maintain mental health. The top 5 are:

- Laughing a lot, and at yourself. Remember Voltaire’s famous quote: “I have decided to be happy because it’s good for my health.”
- Never believe you are “too old” to do anything.
- Always look on the bright side of life.
- Exercise every day, even if it’s just walking.
- Make sure you get fresh air every day.

³Flint A, Bingham KS, Laboni A. Effect of COVID-19 on the mental health care of older people in Canada. International Psychogeriatrics: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7235298/>

⁴ Sunrise Senior Living. 5 Ways Seniors Can Stay Young at Heart, November 1, 2017:

<https://www.sunriseseniorliving.com/blog/october-2017/5-ways-seniors-can-stay-young-at-heart.aspx>

⁵Express. Having lots of sex and laughing at yourself: Secrets to staying young at heart revealed: <https://www.express.co.uk/life-style/health/657998/Secrets-staying-young-revealed>

Many of us, as we read these suggestions, may be thinking that all of it is ‘easier said than done’. We are dealing with significant physical limitations caused either by the many symptoms associated with our chronic conditions or by the physical environment in which we live; or simply by an overwhelming number of problems we are facing on a daily basis.



We are all familiar with “Mind over Matter”. However, for a moment let us focus on this fact: “mind matters”. A simple experiment will show how important the mind is and how quickly our thoughts trigger physical responses. In “Living Healthy with Chronic Conditions”⁶ Kate Lorig encourages us to use this simple exercise to test

the power of the mind: “Imagine that you are holding a big, bright yellow lemon slice. You hold it close to your nose and smell its strong citrus aroma. Now you bite into the lemon. It’s juicy! The juice fills your mouth and dribbles down your chin. Now you begin to suck on the lemon and its tart juice. What happens?”

The body responds to the thought even if you don’t have a lemon near you. This is possible because the mind has tremendous power over the body. In times of COVID-19, when our symptoms from chronic conditions seem to be augmented and fear of the disease as well as absence of good public health practices are keeping us more isolated, training our minds to think positive thoughts is an especially important tool to help us achieve and maintain good mental health. Dr. Lorig’s self-management workshop “Living Healthy with Chronic Conditions” teaches the following simple steps:

Pay attention to your ‘self-talk’. Our thoughts can be positive or negative, and are expressed in our ‘self-talk’: If my self-talk begins with something similar to “I just can’t do... I am too old”, these self-limiting thoughts damage my self-esteem, my mood, and my ability to problem solve.

Work on changing each negative statement to a more positive one. I cannot change my chronological age, but I can change my thoughts about myself. I might change “I just can’t do...” to “I may not be able to do



⁶Lorig K, Laurent D, Gonzalez V, Sobel D, Minor M, Gecht-Silver M. Living a Healthy Life with Chronic Conditions: Self-Management Skills for Heart Disease, Arthritis, Diabetes, Depression, Asthma, Bronchitis, Emphysema and Other Physical and Mental Health Conditions. Bull Publishing; <https://www.amazon.com/Living-Healthy-Life-Chronic-Conditions/dp/1945188316>

everything I used to, but there is still a lot of things I can do”. Changing our negative self-talk to positive self-talk, helps change a negative and passive attitude to a positive and active one.

Rehearse your positive statements. Rome was not built in a day, nor do we change our thoughts and attitudes in a day. Repetition makes for more perfect results. Practicing positive thinking takes time.

Learn from your practice. Learning from our practice will help us get better at it. Mistakes are not failures; they are simply opportunities to learn. Come up with your own “mantra” and use it often. For example: “I am getting better every day.

Plutarch, the great Greek philosopher who lived in the first century after Christ’s birth, stated “*What we achieve inwardly will change outer reality.*” He indicates our thoughts are expressed in our actions. In a few words, Plutarch suggests we have the ability to change by living a purposeful life, focusing on positive thinking and well-being, staying active, and perhaps most importantly continuing to learn across each moment of our life.

It is possible to turn negative thoughts into positive ones; we simply need to take a day at a time, create short-term goals and make sure we rejoice with every moment of positive change.

If we are unable to make changes in what we think, do, or feel, we may need the help from a health professional. Clinical depression is a real disease and it can be managed with both medication and counseling.

Wishing you all the Best and **Please, Stay in Touch.** *N*



Letters to Nicolás

By Ana María Febres-Perdomo



A few years ago, the oldest of my children made me a proud grandmother. This made me remember the infinite love that one is capable of feeling. Although I loved my children, I had to educate them, discipline them, become a figure of authority and respect for them, while, in contrast, I can pamper our grandchildren without limits. Although we may lack the physical condition for certain activities of their age, we compensate with a luxurious ally: “time”. This great ally allows us to give them all the attention they deserve by, among other things: telling them stories, painting, cutting paper figures, watching a movie (a thousand times the same one), making cookies, singing and dancing with them, and responding to their endless questions.

Today I want to dedicate myself to giving my grandchildren what I would have liked to have given my children. Although they did not lack my love and attention, my children were always limited to the time I had left after the thousand obligations that a father or mother must fulfill. I need not have to explain that, in my particular case, there were many of those.

I want to tell you what I am doing to somehow vindicate my children.

Some time ago my oldest son and his family went to live in a remote village in France. This forced me to return to that almost lost taste of writing a letter, with my handwriting, on paper, putting it in an envelope, addressing it, sticking a stamp on it, and, as my grandmother used to tell me: before you put it in the mailbox you must tell the letter for whom it is meant. In this case it had to say: *"This letter is for Nicolás who lives in France"* I took this very seriously and so I did it.

Since they left, I have written them some letters, telling them some of the most relevant anecdotes of my childhood. A childhood full of things that, for them, must seem to have come out of a fairy tale, such as that, due to my father's work, we went to live in the Peruvian Amazon jungle.

At that time, we were six girls between 5 and 12 years old. We had never seen a river much less a suspension bridge. It turns out that the only way to get from the airport to the city was by crossing a high-altitude suspension bridge over the Huallaga River. That's not all: the bridge was made of wood. It is best that I describe it as a huge hammock, insecure, moving and with some holes in its fabric. Cars could not pass over that big hammock. Well, I leave to your imagination what it must have been like for my Lima parents with 6 Lima girls, all crying, including my mother. My dad, with a noticeable paleness, tried to instill order. That was just the beginning. The problems were many. One of the first ones was the great roar of thunder, accompanied by lightning that split the sky in two. Was it the end of the world? Well, for this family from Lima, where it never rains, it was. Anyway, after crossing the bridge, we got used to our new home, a nice house but full of surprises, noises, smells and visiting intruders, most of whom had tails, claws, and wings while some others crawled. But after everything, with a bridge/hammock, surprises and visitors, we lived there for two beautiful years.

After having told my grandchildren about the adventures we went through in a couple of other places where we lived, I realized that I had much more to tell (and invent) that would entertain them and make them laugh. And the stories that I am telling my grandchildren, with this level of detail, are also news for my children since my various occupations as a widowed mother robbed them of that opportunity to hear about them. So, I decided to change this, and I wanted to go even further and tell them stories of our ancestors. I started by telling them about my grandparents, who I remember very well because I was lucky enough to have all four grandparents in my life until I was 10 or 12 years old. The problem is that I only knew them as the cute, loving old people, who pampered me a lot, and I knew little about their history. For this reason, I took the trouble to ask about them with the few relatives that I have left. I found that those who still remember them add the special ingredient "the love they felt for them", and they make the stories grow until they reach unreal levels. Other relatives no longer remember their own stories. And now for the good stuff. One day, out of curiosity (and enjoying the luxury of time), I put my grandfather's name in a Google search and more came out than I expected. Google knows more about my ancestors than I do. How awful!!!! And in this case, what a blessing.

Due to the type of work to which many of us have dedicated ourselves, our children were born in a country other than our own, a perfect ingredient for our history to gradually fade away and become increasingly distant and diffuse for them. I am glad that I took the time to teach my children and my grandchildren the path their ancestors have traveled to become who they are today. **N**

AFSM Elections

As required by the AFSM Bylaws, the Elections Committee is pleased to inform our members that the process of nominations and elections for Board members is now open. Board members serve three years and three Directors are elected at the end of each year at the General Meeting. Nominations are required to be made two months before the election, that is by October 1, so that candidates and their proposals can be made public in time. The exact date for the General Meeting will be announced at a later date.

We encourage all members to participate in the election process and express their willingness to be nominated for a Board position to actively participate in its work. If nominating a person other than yourself, you must obtain his/her permission. At present, the Bylaws require that candidates reside in the Washington, DC area. Thanks to significant advances in the technology for virtual meetings, the Board is considering changes to the Bylaws to allow for the future participation of all members.

We hope you are coping well during this difficult time due to the pandemic as we look forward to eventually return to our normal lives.

More information will be sent

Where are they Now?

My life after retirement

By Loraine Reid



My retirement has been an awesome journey so far! I saw my retirement as a change of jobs; an opportunity to work in different areas. At that time the Organization's age for retirement was 60. Things have changed since then and I always thought that age 60 was too early for me to retire. What would I do with those lovely outfits? Thinking that I had to get some more wear and tear out of them, I decided to set out to work in other areas.

To make it even better, by taking these assignments I would earn some extra spending money. I had the option of taking or refusing an assignment, so I could change my mind at any time if I was not happy or comfortable in the new environment, or if I easily mastered the work and thus needed to try out other areas for a new challenge or change.

The assignments I took after retirement were varied. Initially I really enjoyed it when I was called upon to use some of my skills in the various organizations listed below.

Sandy Lane Hotel - I assisted in the Department of Human Resources and then in the Golfing Department, both of which I enjoyed, especially since the hours were short. You have to have a special talent to work in Human Resources....you are listening to someone else's troubles and you need to make sure you are giving the correct advice. That calls for someone with experience in psychology.

Sagicor Life - This is a very large Insurance Company with branches overseas. I was assigned to the Corporate Section, a very highly confidential department; I was told that it is reserved for employees with great integrity. I guess I was the right fit! Working in that department was interesting. However, there were times when I felt lonely. I enjoyed the assignment but was happy that it was short-term.

Garrison Secondary School – I served on the Board of Management. I thoroughly enjoyed working with the 'Boss'. She became like family to me and as a result I have made a great friend.

Crane and Equipment Co. – Here I assisted with the setting up of a new Computer Program.

After that, I got a consultancy travelling to the **Islands of the Caribbean**, collecting information. That was more to my liking, because I was seeing and learning about the other islands, their customs etc. The people I met were often very welcoming and accommodating and most of the time I did not have to eat dinner at the hotel all alone; someone would always be willing to have

me over for an in-home dinner. As a result, I made quite a few friends. I remember when I was working before retirement, some of the administrative staff would ask me, why it was that the technical staff would invite me to dinner but not them. I would reply that it was because of my natural beauty!

Another place I worked was in one of my friend's businesses. We'd go on shopping sprees. That was the last outgoing assignment. After that I would assist STC's in preparation of their reports, but I could do this by working from home. I also made it very clear to those who employed me that I would have to leave Barbados at least twice per year to visit my family overseas. At least I still had my freedom, and I liked it.

I am a member of the Catholic faith. I was part of the planning committee in preparation for the upcoming Synod¹ which was held in Barbados in 2014. As a retiree, I was honored to be part of this event.

Having completed this first phase of my retirement, although I was happy to have met and interacted with many interesting and professional people in the various organizations, I was very mindful that the clock no longer dictates my day and that I am now in total control, which is indeed refreshing!

My home, that I purchased many years ago, is surrounded by a vast area of land. I planted fruit trees of all kinds. These trees were planted in the 70's so they provide fruit and food for me and as gifts to friends. My gardening keeps me going! Gardening is a very good exercise for the body and mind. Gardening for me is very medicinal and it has always been my preferred hobby; it now takes center stage. Previously, I was fearful of using the driver lawn mower and I would hire a gardener. With more time to practice, I now use this equipment like a 'pro', along with the push mower and other gadgets. This has resulted in a huge financial savings. Generally, for me, there is no longer a feeling of being overwhelmed and I am now able to take care of the bills in a leisurely manner.

Most of all, at the very top of my retirement, there is the joy I get out of being able to travel at least twice a year and sometimes three times a year, to be with my wonderful and very successful grandchildren in California.

They have all done extremely well and I am immensely proud of them! My first grandson has been made a captain after attending West Point Academy. My granddaughter has recently graduated from University of California Santa Barbara. She will be leaving for University of California Los Angeles to pursue her Masters in Virology. My last grandson recently graduated from Redlands High School and has been accepted at West Point and will commence his studies there shortly.

¹ An ecclesiastical gathering convened to discuss faith, morals and discipline

I would advise persons looking to retire to have a master plan. That plan will prevent much boredom and a feeling of loneliness. In addition to taking care of my gardens, I often place flowers or leafy plants in a vase on the dining table while listening to soft music. I really do enjoy this exercise. I also spend long periods of time cleaning and other household chores. Getting bored for me in retirement is never an option.

For most of us, COVID-19 was a shocker, especially the shut down and the myriad of situations/problems that many experienced and are still experiencing. I have been following all procedures as mandated by the World Health Organization, and I am spending more time in my garden for as many as three to four hours at a time, during which I would find myself talking to the plants - lol!. I am also a devout Christian and have been participating in mass online.

I would say that I have certainly enjoyed my life as a retiree and look forward to having a few more years of good health, positive attitude and optimistic outlook on life, to enjoy the moment and to stay in contact with humanity always.

Thank you for giving me this opportunity to express my pleasure of being a retiree with many advantages and good fortune. Overall, there has been much contentment for me personally in my retirement. Those in the Organization who are just beginning this journey, I wish you all success. May God bless you all! **N**

ALL PAHO/WHO AFSM NEWSLETTERS ARE NOW AVAILABLE ON OUR WEBSITE

The AFSM Newsletter has been published for 30 years, beginning in September 1990. To celebrate this milestone, the Board has physically located the issues from the first 15 years of the newsletter. The back-issues, in print form only, were scanned and uploaded to the AFSM website.

We invite you to walk down the AFSM “memory lane” from the very beginning (starting with September 1990’s pilot issue).

The newsletters are now available and accessible on our website at:

<https://www.afsmpaho.com/newsletters>

In celebration of our 30th anniversary, we encourage you to look them over and enjoy.

COVID-19: An Experience, Lived and Learned

By Maricel Manfredi and Mari de Vidal



Guayaquil is a port in Ecuador, with about three million inhabitants, but with six million national and international travelers passing through each year.

Traditionally, in the first months of the year, migrants and students from China, Spain and Italy return *en masse* to Guayaquil. For this reason, between February and June 2020, a surprising and dizzying increase in cases of

COVID-19 occurred in the city.



Every year in mid-October, I travel to this city, where my family lives, to escape from the US winter and I usually return to the US in March. This year, the day before I returned, everything changed: Ecuador declared in a state of emergency due to COVID-19, airports were closed for national and international travel, and the country entered a strict lockdown.

In the early days of the pandemic, the city fell into chaos that was difficult to explain. They were days of great pain and uncertainty for most of the inhabitants. It will be exceedingly difficult to forget the images of hundreds of people trying to find space in the city's hospitals to admit their relatives, as well as the corpses abandoned in the streets. Even now, after several months, we know that the fight is not over.

However, in Guayaquil we have learned a lot and the city has made an important change in the control of the pandemic. This is the story of what has been lived.

Up Close ... Living with the Pandemic

Many families of all social classes suffered the onslaught of this pandemic, some with more luck than others, for different reasons: age, previous health problems, facilities for both medical care and to obtain medicines, and hospital institutions that could immediately treat them.

Some of us lived with the pandemic at close quarters, and on some occasions the virus got quite close to us. We went from a society accustomed to a lot of socialization, to one of living under restrictions. Confinement was decreed, maintaining only the most basic services in the city such as public transport controlling the number of passengers, food availability (supermarkets and marketplaces) during specific hours, and general services such as providing for garbage collection, drinking water, energy, etc. There was also the possibility of home-

delivery of food. Taxis and cars could be driven twice a week, according to the odd or even number on the license plate, and only for essential matters.

All these measures were strictly enforced with penalties if they were not complied with. Some safe-conducts were issued for workers in essential services and for health personnel. Maintaining a confinement, like the one we have had, has not been easy, for the family and personally.

In the family, although my nephews and their children live nearby, my brother and I, being elderly, would interact with them only by phone, via WhatsApp or Zoom. In this way, my birthday and that of one of them was celebrated.

In our building in Guayaquil, two great friends were infected. My friend and neighbor, Mari de Vidal, tells us about her experience:

“In the first days of February, my husband Xavier and I went to Spain to visit our children. Our stay was affected by the care taken in light of the epidemic, and it gave us a fright to see the lack of care taken by people - the crowds in the streets and parks. We always disinfected everything with alcohol, and we fled from the crowds.

After this vacation, on 28 February, we returned to Guayaquil, overly concerned about the possibility of having contracted or being carriers of the virus. But it did not happen. We arrived well, although for safety in the following two weeks we kept our distance from everyone, and I finally felt free after 14 days. The COVID virus, however, was already in the city, and I think that I contracted it, unexpectedly, 20 days later at a mass for the death of a close relative.

The symptoms began with a severe sore throat, fever and decline in my health. Soon I became suspicious, so I underwent a PCR test, and the result of the laboratory analysis certified it: Positive for Coronavirus-19.

I immediately isolated myself in another room from my husband. The family gerontologist visited my home and began to medicate me right away because my discomfort was increasing and soon my oxygen levels had dropped significantly. Ten days later, my husband also fell ill and his test came back positive. I was saddened to feel responsible for this infection and my depression increased.

I know that each case is different, but I was very afraid for my health. Aside from being an elderly person, I am diabetic and hypertensive. My mood gradually declined until I did not want to talk to anyone or know the news. Added to this was the distress due to the enormous difficulty in getting the medications.

In spite of his discomfort, my husband encouraged me from the doorway, and my children and friends constantly sent me positive messages. I slept a lot from exhaustion, I felt very weak, and in the morning, I woke up surprised that I was still breathing. I was prescribed strong medications for fever, depression, back pain, unstoppable diarrhea, and shortness of breath.

Little by little we got better, and after six weeks we both started to recover, with little discomfort. I can say that I fought with all my will, was careful with the medications and kept the symptoms under control. During the phase when my symptoms were the strongest, there was a lot of bad news that they did not tell me until I was getting better. I was very sorry to learn of the death of my cousin Agueda and my beloved colleague Martha. Sadness made my last stage of recovery very slow and demanded a lot of patience.

*We are still afraid to go out, we wear masks outside the home, we carry alcohol because the news about antibodies is contradictory and because threats of a resurgence continue. I tell my friends that this is very serious, and I recommend that they take good care of themselves, **because it is better to exaggerate than to get sick.**"*

Guayaquil, Suffering and Confronting

The reality is that COVID-19 became a threat to everyone, due to its aggressiveness and rapid contagion. In the first three months, the population of Greater Guayaquil, the first in Ecuador to be hit, exceeded 35% positive for COVID-19, *including Cynthia Viteri, the mayor of the city.*

The health crisis reached its peak on 6 April, with more than 650 deaths officially reported that day. During the first 15 days of April, according to the Civil Registry the city had more than 6,600 deaths. The chaos spread throughout all the hospitals, clinics, and primary care centers. We were saddened to learn that hundreds of doctors and nurses did not resist the viral load and sadly passed away.

Recognizing the urgent need for action, Guayaquil mobilized. Following the courage and determination of the authorities, led by the mayor and the Municipal Council, effective strategies were defined amid the general confusion.

There are elements that deserve to be highlighted. From the beginning, all sectors of the city were involved, recognizing that health is not the responsibility of a single sector. Additional resources were mobilized. For example, part of the resources designated for the celebration of the founding of Guayaquil were reassigned to cover the cost of emergency care related to COVID-19. Working groups were formed with the participation of universities, unions, transit workers, firefighters, various institutions, specialists, and researchers; and areas of higher risk were identified. Control was imposed on the markets by metropolitan agents and emphasis was placed on keeping the population informed. New cemeteries were built, and free shelter was offered to travelers requiring isolation. Since mid-April, work began, neighborhood by neighborhood, taking samples, and providing medical care, prescriptions and delivery of medicines and supplies. Raw materials were imported for the local manufacture of medicines and masks, making it possible to supply a large part of the population.

An intermediate care center for COVID-19 with oxygen provision was also installed, and in the old maternity hospital a hospital was set up to care for patients with other conditions. These measures made it possible to decongest hospitals and use intensive care rooms only for patients with some type of complication. In addition, protocols were developed for the care of patients at the outpatient and hospital levels. In the words of the mayor "we go out to look for the sick, we do not wait for them to come into the hospitals."

This challenge is critical, and from the beginning they understood it that way; with the intensity of this work, all help was considered and utilized. By applying many measures simultaneously, the numbers of infections and deaths began to plummet. Between 10 May and the end of June (50 days), it was possible to have 30 days interspersed without deaths from COVID-19. Due to the multiplicity of efforts and great coordination, the desired result was achieved.

What we learned

Personally, something that we have learned in these four months of confinement, is to follow the recommended measures, such as wearing a mask and keeping our distance from other people. When going out in the city, we noticed that people have internalized these two rules and recognized their importance in preventing contagion. Now it will depend on each one of us, personally, and on the behavior of the population in general, to prevent new outbreaks.

My friend Mari tells us that: *"At present I keep my distance and use a mask, compared to others who I do not know if they had the virus or not. For the love of my neighbor I only take off my mask in these cases:*

- *If I know for sure that those around me have antibodies.*
- *If I am more than a meter and a half away from other people.*
- *If we have been confined with them.*
- *If I'm driving alone. "*

In these times of social isolation, technology helps us; it gives us a way to maintain or reinforce connectivity and it provides us support to reach other people important to us, people who, perhaps due to the accelerated way in which we have lived, we did not make enough time to do that. We are sure that it is a key element in keeping us healthy. In my case, I met up with my fellow nursing students through Zoom and we celebrated 55 years since our graduation. I have also reconnected with the group of retirees from PAHO/WHO in Colombia, with whom

I have remarkably interesting chats via WhatsApp. Thanks also to solidarity from my friends in Maryland and Washington, D.C., I have been able to stay all this time in Guayaquil and resolve, remotely, all pending personal matters.

Although I continue to learn lessons at the level of my city, I summarize below the most relevant insights already gained:

Faced with a threat as great as a pandemic, the challenges can only be met with multisectoral, coordinated and comprehensive approaches.

Solidarity, a sense of community and respect for others make it easier for the necessary measures to be accepted and implemented by the majority of people, creating a certain security within those at greatest risk.

Despite the great imperative of caring for the sick, it is equally critical to start strong prevention and education measures as early as possible.

Rapid action has proven to be most effective, when it is based on the best scientific knowledge, the ability to mobilize resources, and monitoring and adjustments are made based upon results.

Looking to the future

We keep learning. Even when we believe that the worst has already happened, we must continue to maintain all biosecurity measures, because we know that there is a history of outbreaks, locally and internationally. Therefore, we cannot neglect the protocols and we continue with caution and prudence.

At present, community responsibility in neighborhoods is projected as the main axis for the prevention and control of new cases of COVID-19. For this reason, the city has been divided into 17 zones, making it possible to treat cases and address the contagion, thereby avoiding new outbreaks.

I recently read some very encouraging news: a brewing company opened a camp right next to a large hospital, so that the hospital staff would have a place to rest, and the name on its front door says it all "UNIT OF HEROES." **N**

Helena Espinosa Restrepo: Celebration of a Life

By Gustavo Mora



The Minister of Health, Fernando Ruiz, in the message for The Day of the Public Health Worker, on 26 August, affirmed that the contribution of Dr. Helena Espinosa represents the best of Public Health in Colombia. Her professional career is more than brilliant: she worked as a general practitioner in the Santo Domingo neighborhood, one of the most needy sectors of the city of Medellín; in 1970 she was the first woman to hold the position of Municipal Secretary of Health, Education and Social Welfare; she was part of the Professional Women's Association of Antioquia, which helped open paths for new generations of women professionals; and her participation in teaching and research has been remarkable.

A separate chapter highlights her contributions to healthy public policies throughout the world, achieved through the different positions she held at PAHO. Always at the forefront, she was a leader in the development of Health Promotion within the Organization, highlighting her position committed to the specific needs of women's public Health.



The wide geographical projection of her work should be highlighted, in the departments of Valle, Cauca and Antioquia in Colombia and Guatemala City in Central America, places where she resided due to work commitments of her now-deceased husband, the prominent pathologist Carlos Restrepo. A second period, outside of PAHO, has been her work as a private consultant in several countries in the Region of the Americas.

Retirement has not stopped Helena's activity, always with absolute dedication to her personal principles and commitment. In a recent meeting of regional groups of the Colombian chapter of the AFSM, she explained the essence of the document "Comprehensive care for older people", launched by the Director General of WHO in 2019, a model that seeks to meet the basic needs of the elderly.

Helena has had a continually active presence in the local chapter of the Association of former PAHO staff; and she is a founding partner and author of a declaration of principles that emphasizes cultural and growth activities that reach beyond just health.

It fills me with satisfaction to affirm that Helena Espinosa is herself an example of active and healthy aging. Among other things, her recognition included participation in literary and musical study groups, in the program "Knowledge of life of the EAFIT University", and in the preparation of the document "Going back to university, a path to continue enjoying life".

On another plane, the exemplary effort Helena made in transmitting her valuable and accumulated life experiences to her daughters María Helena, Olga Lucía, Clara Isabel and Ana Cecilia, helped

them in turn as mothers themselves to contribute with their own intelligence and capacity to encourage Martín, Jerónimo, Isabella, Raquel, Lucas and Simón to love becoming valuable members of society. **N**

Informal Communication among our Members: AFSM's Facebook

In the past, after their retirement, international civil servants often faced difficulties in remaining connected. Living in different countries was a barrier to their participation in shared activities, and even to keep track of old friends and colleagues was challenging. PAHO/WHO AFSM decided to create a Facebook Group as a platform to promote social networking among its members, exchange ideas, share greetings, news, family stories, pictures, and to provide relevant information on important topics for members' wellbeing.

The postings are the sole responsibility of the writer. They do not represent the position of PAHO/WHO AFSM or its Board, unless clearly indicated.

To guarantee the privacy of its members we opted to have a private format where only PAHO/WHO AFSM members can join its Facebook Group and ensure that its content is secure and can be seen only by its members.

We encourage you to join the Association's Facebook page, by

- Sending a request through your **own Facebook Page** to the Facebook page of the Association: **PAHO/WHO Former Staff Members**.
- Accepting the invitation sent by the Group Administrator to join the AFSM Facebook group after you have joined PAHO/WHO AFSM.

If you experience difficulties in finding the AFSM Facebook page send a message to Cristina Torres, the AFSM Facebook's Administrator to: torres.tina.08@gmail.com

Obituary for Manuel Peña

(1948- 2020)



Manuel Peña completed his medical studies at the University of Havana in 1971. In 1979 he completed a specialization in Pediatrics and Nutrition, and in 1982 he completed a Doctorate in Nutrition at the Hungarian Academy of Sciences. In 1985 he was a senior researcher at the University of Pennsylvania and at the University of the United Nations.

He began his professional career in 1974 at the Medical University of Havana, where he was an instructor until obtaining the title of Professor of Pediatrics. Between 1982 and 1987 he was Deputy Director of Research and Graduate Studies at the Institute of Basic and Preclinical Sciences, and he served as Director of the Center for Science and Technology.

Between 1986 and 1989 he served as National Consultant for PAHO/WHO in Havana, and then he became a Nutrition Advisor for the Andean Region, based in Peru, a position he held between 1989 and 1992. Then was transferred to Headquarters in Washington DC, where he served as Senior Nutrition Advisor until 1999.

Manuel was PAHO/WHO Representative in Jamaica, Bermuda and the Cayman Islands (1999-2003), in Peru (2004-2009) and in Ecuador (2013-2014). In 2010, he was appointed Coordinator of the “Pan American Alliance for Nutrition”, an association of 15 United Nations agencies, a position he held until December 2011. In 2012, he co-chaired the “Ad hoc Working Group on Implementation, Follow-up and Accounting”, as part of the WHO Commission to End Childhood Obesity.

He published more than 80 scientific articles in international journals and was the author and/or co-editor of several books on nutrition, epidemiology, and nutrition policy. He was the Technical Coordinator of "Health in the Americas 2017", the flagship publication of PAHO.

He provided nutrition advisory services to more than 25 countries and was a member of 14 scientific societies. In 2011, he received the titles of Grand Officer of the Order of the Sun of Peru and the Hipólito Unanue Order.

Manuel was always known as a tireless worker, responsible and committed to the tasks he faced. As a respected and admired professional, he was considered to be an affable and supportive co-worker, both as a subordinate and as a boss. But he was also recognized for his kindness, friendliness, and people skills. He went out of his way to make people feel special and welcome. These two facets often don't mix.

He was a fantastic host, with a great sense of humor and knowledgeable about Cuban and Latin American folklore. He was also a lover of good Cuban and global music and literature, and gastronomy. He had a great passion for baseball and the major leagues. A tireless conversationalist, he could address a wide range of topics. In addition to Spanish, his mother tongue, he was fluent in English, Hungarian and Portuguese.

In contrast to this, he did not possess good manual dexterity; he was a danger with a knife, scissors, or pen in hand. He obviously did not have a great future in manual arts or surgery.

He is survived by his wife, Yamila Pérez, and their children Eric, Ingrid, Ivette and Daniela.

Rest in peace Manuel, father, husband, boss, friend and unforgettable companion.

Article of Mutual Interest with AFSM Geneva: Cardiac Coherence¹

By *David Cohen*



What is cardiac coherence?²

In these times of confinement, generating stress and anxiety, it would be useful to be able to control one's emotions. Here are two methods, certainly controversial, but which could be helpful if they are undertaken correctly, *Mindful meditation*, already dealt with in *Quarterly News* (January 2017, No. 106) <https://www.who.int/formerstaff/publications/qnt106.pdf?ua=1>) and *Cardiac coherence*, which is another self-practiced means of dealing with stress and emotions.

Cardiac variability is the heart's capacity to vary its pulse rate (heart-beat frequency) in order to balance the nervous system and the emotional state; a calm and regular cardiac rhythm (i.e. cardiac coherence) may be achieved by controlled breathing.

By means of a complex network of neurotransmitters, the heart communicates directly with the brain. By acting on our heart rate through breathing exercises, we have the capacity to send positive messages to the brain.

How does it work?

The human body is regulated by two nervous systems, the somatic system (controlling our voluntary acts) and the autonomic system (controlling internal organs and glands). The heart is an active part of the autonomic nervous system, allowing it to adapt to changes in its environment.

¹ This article taken from the WHO AFSM Quarterly Newsletter from July 2020, is included here with permission from the author and from their editorial board before released.

² Sources:

- *Guérir le stress, l'anxiété et la dépression*, David Servan-Schreiber (Robert Laffont, Pocket, 2003)
- *Relaxation et méditation*, Dominique Servant (Odile Jacob, 2007)
- *Maigrir par la cohérence cardiaque*, David O'Hare (Thierry Souccar Editions, 2008)
- *Méditer pour ne plus déprimer*, Mark Williams, John Teasdale, Zindel Segal et John Kabat-Zinn (Odile Jacob, 2009).
- Internet sites: guerir.fr, emnergie.com, symbiofi.com

Thanks to the recent advances in the neurosciences, the heart is no longer considered simply as a pump, and is increasingly viewed as being central to the autonomic nervous system. The oldest known medical treatise, dating from the 28th century BC, the *Huangdi Neijing* – a collection of ancient Chinese medical texts – had already observed the variability of the heart rate as a vital health sign.

Much later the Italian physician Antonio Marie Valsalva (1666–1723) remarked that the heart synchronized with breathing by accelerating on inhalation and slowing on exhalation. In the 19th century Sigmund Mayer, Ewald Hering and Ludwig Traube discovered that rhythmic oscillations of blood pressure are observed at certain respiratory frequencies. They later determined that the ideal frequency is six breaths per minute.

Originating in the United States about fifteen years ago, the concept of cardiac coherence arose from medical research in neuroscience and neurocardiology. Its impact on stress management has been studied and highlighted by the HeartMath Institute; it was introduced into Europe by the doctors David Servan-Schreiber and David O'Hare.

Cardiac coherence is a simple tool, accessible to all. The heart reacts very strongly to emotions (the rhythm races when one is stressed, frightened, surprised); controlling the pulse rate by means of breathing makes it possible to influence the brain positively. Controlling the heart rate allows you to control your emotions.

By using a respiratory technique of six breaths per minute the body enters into cardiac coherence, a state which prevents it from being overwhelmed by stress, anxiety, anger or provocation, all of which have detrimental effects on dealing with events and health.

Increasing the ability to cope with stress is the prime objective of cardiac coherence. Stress is the body's natural response to an unusual situation. When stress is well managed the result can be positive and provide energy, motivation and pleasure. When it is poorly managed it can paralyze and harm physical and mental health.

Combined with a healthy lifestyle (good diet, physical activity) cardiac coherence has several benefits:

Better cardiovascular health: cardiac coherence lowers the secretion of cortisol (stress hormone) and also reduces blood pressure.

Better psychological health: by reducing anxiety and stimulating the secretion of the hormones of well-being (serotonin, dopamine), cardiac coherence makes it possible to

combat nervous exhaustion, regret, and depression, and to improve concentration, memory and self-confidence.

Better ageing: cardiac coherence calls on the body's naturally occurring DHEA, a hormone that might influence the rate of ageing. In addition, the calming effect generated promotes good sleep, essential for physical and mental recovery. The immune defenses and resistance to pain would also be strengthened.

The effects of cardiac coherence commence during the session and last for 4 to 6 hours. To benefit from this well-being all day long, it is suggested to practice the **3 6 5 method**,

3 sessions per day,
6 breaths per minute, for
5 minutes

It takes about two weeks of use to adopt this breathing automatically and observe tangible results.

What to do: sit upright with a straight back, both feet on the ground, inhale deeply through the nose for 5 seconds, then exhale deeply through the mouth for 5 seconds. To achieve cardiac coherence, six breathing cycles (inhaling-exhaling) should be undertaken every minute for 5 minutes (30 breathing cycles in total).

How to accomplish this: it is important that the cycle of six breaths per minute is maintained (it is at this rate that the heartbeats resonate with the breathing cycle). You could use a stopwatch, or download a free timed-breathing type of application https://www.youtube.com/watch?time_continue=63&v=Tr5NI74ifgw&feature=emb_logo or https://www.youtube.com/watch?v=Q0JP_TV6sgY or set a timer for 5 minutes and draw waves on the sheet to the rhythm of breathing (rising when you inhale, descending when you exhale), then count them at the end; there should be 30 on average (say, between 28 and 32).

How often: it is suggested when you wake up, before lunch, and in the evening before bedtime. You can also add a session should you need to calm down after a stressful situation, in order to reduce the negative effects on health.

When not to undertake cardiac coherence exercises: The presence of heart arrhythmia (irregular heartbeat, when the heart may beat too fast, too slowly, too early, or erratically) has underlying causes which are more serious than temporary emotions or stress. Using cardiac coherence exercises in this case might mask a problem that requires medical attention. There would be a risk of overlooking a pathological

condition, believing that these exercises could help in the case of arrhythmia and cardiac fibrillation. This is a method of relaxation and not a treatment. Before commencing you should first seek the advice of your doctor. **N**

CERTIFICATE OF ENTITLEMENT

As it has done in recent years, the AFSM on Health Insurance and Pension Committee will follow up on people for whom, by the end of October, the United Nations Pension Fund has not received the signed Certificate of Entitlement (CE).

We will seek to contact the people on the list of those who have not received their CEs, in coordination with the official from the Pension Fund in charge of this, giving priority to those who are members of AFSM. We will also do our best to contact those who are not affiliated with our Association and encourage them to become members.

We will work through our AFSM focal points and seek to join forces with Local Associations of Retirees, AFSM Chapters, AFICS and other Associations of the UN, PAHO/WHO Federal Credit Union. In the same way, we hope to count on the collaboration of the PAHO/WHO Country Offices and the PAHO Central Offices.

A report will be presented to the AFSM Board and it will in turn be forwarded to the Pension Fund and the AFSM in Geneva.

In Memoriam

DEATHS INFORMED IN 2020 NOT PREVIOUSLY REPORTED

Antonio Ríos	28 March, 2019
Violeta Ortega	16 July, 2020
Merlín Fernández Rapalo	20 July, 2020
Manuel Peña	25 July, 2020
Carlota Ríos	31 July, 2020
Vladimiro Rathouser	7 August, 2020
Rose Marie Siever	18 August, 2020
Rita Shelton	9 September, 2020

Condolences to:

Italo Barragán for the death of his wife Judith

Marisa Manus for the death of her husband Carlos

Nancy Cabezas for the death of her mother María Fanny Cabezas



Rights and Benefits of Membership in PAHO/WHO AFSM

As in previous years, the Association is actively recruiting members to create, what was mentioned in the first Newsletter “*close ties of companionship, fraternity, and camaraderie amongst its fellow members.*”^{*} The Board is grateful to our members who are engaging fellow retirees and inviting them to join AFSM.

Based on our bylaws and evolving practice, the Board has prepared a Membership Chart, that you will see below, to provide an overview of the Rights and Benefits of a Lifetime Membership in AFSM. Some of these suggested Rights and Benefits will require modification of the bylaws and thereby require approval by the members. In a few weeks, the bylaws will be distributed with an explanation of proposed changes and a subsequent request to our members for their vote of approval.

Please send your comments and questions to AFSMPAHO@gmail.com with subject: Membership table. Thank you.

^{*} Pilot Edition of AFSM's first Newsletter, September 199

Rights and Benefits of Membership in PAHO/WHO AFSM
Draft: Pending Approval of Revised ByLaws by AFSM Members

Beneficiary	Profile	Rights	Benefits
Full Member	Former employees of PAHO and/or WHO who have worked or retired in the Region of the Americas, and who pay dues for Lifetime Membership*	<p>Identify one Associate Member and a Designated Support Individual.</p> <p>Be represented by the Board on relevant matters such as SHI & Pension.</p> <p>Participate in and vote on matters requiring membership decisions.</p> <p>Elect and be elected to the Board.</p> <p>Serve as Committee Coordinator.</p> <p>Serve on Committees.</p> <p>Submit projects or initiatives related to the purposes of the Association and participate in their execution.</p>	<p>Support with PAHO and WHO Staff Health Insurance and UNJSPF issues</p> <p>Support from PAHO/WHO AFSM Committees</p> <p>Access to the PAHO/WHO AFSM Directory</p> <p>Receive Board communications and Newsletters</p> <p>Participate in AFSM activities, General and Special Meetings</p> <p>Mention, on passing, in the Newsletter In Memoriam Section and blast message</p>
Associate Member	Spouse or significant other identified by Full Member.	<p>Identify, if necessary, the Designated Support Individual.</p> <p>Be represented by the Board on relevant matters such as SHI & Pension</p> <p>Participate in all AFSM activities upon designation by the Full Member, except vote.</p> <p>Vote on matters requiring membership decisions after Full Member passes or is incapacitated to vote.</p> <p>Serve on Committees.</p>	Same as Full Member
Designated Support Individual	Generally appointed by Full or Associate Member	None	<p>Support with PAHO & WHO Staff Health Insurance and UNJSPF issues</p> <p>Support from PAHO/WHO AFSM Committees</p> <p>Access to the PAHO/WHO AFSM Directory</p> <p>Receive Newsletter</p>

* Possibly half price based on discussions with Sister Organizations

Things to Remember

Your opinion is important

The AFSM Board and committee coordinators would like to know about the expectations of its members.

We might not be able to solve all your problems but we have resources that could be utilized. Also, we encourage your contributions to the Newsletter, either in the form of articles for publication or in comments about its contents.

To reach us, go to:

https://www.afsmpaho.com/form__map

You can also write to:

AFSM c/o PAHO
525 23rd Street NW
Washington DC 20037-2895



2020-21 CONTEST FOR ARTISTIC WORKS BY AFICS OF ARGENTINA



Open Themes

► **PAINTING, WRITING, CERAMICS, TAPESTRIES, AND OTHER WORKS DEVELOPED IN VARIOS MATERIALS AND WITH MULTIPLE TECHNIQUES**

We invite you to send by electronic mail to argentina.afics@gmail.com

A color photograph of your work in JPEG format with at least 300 dpi, identifying the type of work, a brief description of the technique used, and your name. Eligible participants include members of AFICS Argentina or of associations of former UN staff in other countries, as well as active UN staff and their immediate family members

► The jury will be comprised of 3 artists and internationally recognized teachers from outside AFICS.

► Receipt of works: up to 15 December 2020

► Announcements of winners: 1 February 2021

From Contest AFICS 2019: Andinos (Alicia Szmukler), Olhares (Maria Cozzolino), Chala festiva (Dana Panaiotis)







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