



NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS



**AFSM SPRING
LUNCHEON
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EDITORIAL

The Times They Are A-Changin' By Hernan Rosenberg

The Bob Dylan quote cannot be timelier than today, even though he wrote it more than 60 years ago, when retirement was something only Grandfather spoke of.

For those who have not followed or read their mail, the PAHO/WHO Federal Credit Union is changing its name to *Bienestar*. This breaks with the tradition of FCU names being associated with an institution or a company. To state the obvious, the FCU is NOT a part of PAHO, but a US based institution that follows related US regulations. But besides the sentimental value of the name, the change also reflects membership enlargement beyond the PAHO family. As you know, for quite a while, PAHO staff family members could also join the FCU. Now the membership is open to the community of George



Washington and Georgetown Universities as well as workers of MedStar, a hospital management corporation. During previous decades and before the current financial issues of PAHO, there was limited, if any, increase in PAHO staff, the main source of FCU membership. As with many FCUs, ours had to increase their membership or be absorbed by bigger FCUs with the additional risk of losing its focus. The decision of the FCU Board was to enlarge the membership. This change is not a frivolous one. Increased FCU compliance requirements specified by US regulators, especially, but not exclusively, those required of transactions outside the country resulted in the need for specialized FCU staff and their associated increase in costs.

AFSM has been following these developments closely. We have endeavored to ensure that servicing our colleagues outside the US is not affected by the expansion of FCU. For instance, should the membership of the FCU Board begin to include non-PAHO members, we want to ensure FCU will continue to provide service to out-of-country FCU patrons. To be clear, this is only a possibility; currently Board members are either present or former PAHO staff, and no one has suggested this option.

AFSM asked the FCU to ensure suitable training of their personnel and of members, since ageing members tend to become concerned when things change. Training will cover the use of instruments where no changes are expected such as the use of cheques and credit cards, clearly understood FCU requirements for membership, and the process of obtaining documentation when required by authorities.

Myself, Juan Manuel, and Rolando recently met with FCU management, and we have a clear mutual understanding of how to proceed. However, we welcome suggestions from our AFSM members should there be a need for improvements and how this process should proceed.

My main point, though, is that this is one more example of how the world, as we know it, is changing. And also, that these changes are not just remote, like will the US remain as a PAHO member, but these changes can also affect us and our family very directly. Rather than reminisce about the good ole days, we must face these changes head on, adjusting as needed, and making sure the interests of all our members are protected. How long will it take the system to become stable again? To quote Bob again "*The answer my friend, is blowin' in the wind.*"

What can each of us do? Participate in AFSM, keep informed and advise us when things get difficult. And the power of numbers is especially important in situations like these. Going along has little impact, and whether we like it or not, this is not a spectator's sport.

Look forward to seeing you more involved.



Welcome to the June Edition!

By Gloria Coe, Guest Editor

Let's Get Involved

Not since the 1902 founding of the forerunner to the Pan American Health Organization and the subsequent 1948 founding of the World Health Organization has the future of the global public health ecosystem faced so many unique and multifaceted challenges.

As the Association of Former Staff Members, we can strengthen the public's understanding of the critically important role PAHO plays in regional and national health initiatives: its work, broad influence, and historical achievements on health and wellbeing.

The Association encourages its members to continue to support, be involved, and influence policy and decision makers across all levels of our lives: in our homes; our places of worship; at community, departmental, state, and national levels; and in both public and private spheres. PAHO's history, work, and commitment to health and wellbeing resounds across the decades and must be told and repeated. Its strengths, potential, and reach are too important, and need to be broadly understood. We must get involved.

To this end, we choose to galvanize our members to action and, welcome articles by former staff that emphasize and focus on PAHO's strengths, importance, reputation, and extensive work since its founding 124 years ago. We must reinforce the organization's impact formulating regional health policies and its partnerships with ministries of health, universities, NGOs, news organizations, and journalists. Let's share PAHO's role in the Americas through the lens of our personal experience and knowledge.

Among our greatest joys was the honor of working on behalf of the peoples of the Americas as PAHO staff. In this issue of our newsletter, we present our first collection of articles written by association members. We ask you to share them to raise public awareness of PAHO's role in the health and wellbeing of the people of the Americas.

We are grateful to Alberto Concha-Eastman (see page 20), Gladys Ghisays (see page 21), and Julio Burbano Diago (see page 22), members of our AFSM Colombia Chapter, for their articles on their personal experience with and their work for the Organization.

We hope to hear from you and look forward to receiving your article.

It Takes a Village

We again thank Marilyn Rice and Hernan Perdomo for their generous support and detailed work on our Newsletter during the previous 14 Years.

We extend special thanks to colleagues who, for the first time, generously accepted our request for assistance to prepare our June 2026 Newsletter:

- Vilma Gawryszewski studied the layout practices of German Perdomo over the previous 14 years and more recently of Sonia Mey. Special thanks to Vilma for her support, attention to detail, and willingness to accept the responsibility of layout.
- Roxane Salvatierra translated many articles from English to Spanish. We extend our grateful thanks for her generous support and quality translations.

Yvette Holder prepared, analyzed and wrote the report of our reader survey.

https://www.afsmpaho.com/files/ugd/6814f4_9c7cc1b5c1314d16a711da897ac43ce3.pdf

Based on the recommendations and comments of our readers, the Newsletter Team, with Yvette's support, prepared Guidelines for our Authors.

https://www.afsmpaho.com/files/ugd/6814f4_ef290c2e49094f859988522ed55ed7c7.pdf

Thanks to the continued support of the Board and members of our Association for their interesting thought-provoking articles on topics such as Staff Health Insurance, the UN Pension Fund, healthy longevity, healthy ageing, care of the ageing, hiking in Ecuador and Peru, public health research and liming in the Caribbean, PAHO's role in the Americas, and others.

We urge you to write and send us articles, photographs, poems, artistic contributions to publish in our Newsletter.

Welcome to our new members!

Alba Maria Ropero Alvarez – Colombia

Leo Nederveen – Colombia

David Joseph O'Regan – United Kingdom

Luis Gabriel Cuervo Amore - Colombia

Report of the Chief Executive of Pension Administration

By Rosemarie McClean¹



I am pleased to present the 2026 Annual Letter of the United Nations Joint Staff Pension Fund (UNJSPF), summarizing key developments from 2025 and the first months of 2026.

The Fund's defined benefit design remains a cornerstone of this security. Benefit levels are determined by a clear formula and do not depend on short-term market fluctuations. The Pension Adjustment System also protects purchasing power over time.

The Fund continues to deliver on its central mission: providing long-term financial security to staff of our member organizations around the world. At the same time, we are innovating, simplifying, and modernizing how we serve our diverse and growing client base. Our work is guided by the CARE Strategy — Client-Focused,

Action-Oriented, Relations-Builder and Efficiency-Driven — and by our ongoing commitment to operational excellence and transparency.

For beneficiaries residing outside the United States, the two-track feature provides an important safeguard: those who elect it receive benefits adjusted for local inflation, helping maintain purchasing power in environments with currency volatility or high inflation.

Secure benefits for the future: The Fund remains in a strong financial position, and participants, retirees, and beneficiaries can be assured that their benefits are secure.

Effective services to clients: The Fund continued to deliver timely and reliable benefit payments throughout 2025. Monthly pension payrolls — issued across 18 currencies — were paid on time without exception. Cost-of-living adjustments were applied promptly in accordance with the Pension Adjustment System, supporting clients during a period of elevated global inflation.

Our solvency is assessed regularly through a biennial actuarial valuation, and a comprehensive Asset–Liability Management (ALM) Study every four years. These studies model multiple long-term scenarios, including demographic shifts or declining participant numbers. They continue to show that the Fund's solvency is not particularly sensitive to changes in staffing levels, reflecting the strength of our funding policy and the fact that the Fund is not over-reliant on future contributions to meet its obligations.

Historically, the Fund has also generated a real rate of return above the actuarial requirement, reinforcing the long-term security of benefits.

In 2025, the Fund experienced a record number of new entitlements — increasing from approximately 14,400 in 2024 to over 22,000 in 2025. Despite this surge of over 50%, we processed 95.5% of benchmarked benefits within 15 business days, well above our 75% target.

Our Client Services and Contact Centre maintained strong resolution times for calls and emails, supported by improved workflows and technology. We also expanded proactive outreach to ensure clients receive timely, accurate information on their entitlements.

¹ Presented by Rolando Chacon

Our modernization efforts remain central to improving service delivery and strengthening the Fund's operational resilience.

Key achievements include:

UNJSPF Connect, our Client Relationship Management (CRM) system, launched in late 2024 and now handling client queries submitted through the website's "Contact Us" page. Enhancements continue based on user feedback.

Continued growth of the Digital Certificate of Entitlement (DCE), with more than 44,000 certificates issued in 2025 — nearly 60% of eligible retirees and beneficiaries. As of 1 April 2026, 42,951 DCEs have already been processed.

Introduction of PF-4, which streamlines internal workflows, strengthens data quality, and increases consistency in pension administration.

Introduction of Multi-Factor Authentication (MFA) for Member Self-Service accounts, enhancing client data security.

Planned rollout in May 2026 of fully modernized official forms, featuring standardized layouts, clearer instructions, simplified fields, and - for many payment instruction forms - OCR technology to reduce errors and accelerate processing.

Ongoing preparations for the new Financial Suite, to be implemented in phases through 2026, improving efficiency, compliance, and system integration. These efforts reflect our commitment to modern, user-friendly services while continuing to support clients who prefer paper-based communication.

Communication and outreach: In 2025, we significantly expanded our communication and outreach activities. Our monthly Pension Townhall series grew in scale and visibility, with 33 virtual sessions delivered across English and French. More than 16,000 clients joined live, and recordings have been viewed over 23,000 times. Our website, social media channels, educational videos, and multilingual pension booklets continue to play a vital role in helping clients stay informed and confident about their pension rights.

I encourage all clients to visit unjspf.org, subscribe to our newsletter, and follow us on LinkedIn, WhatsApp, YouTube, and Flickr for updates.

Strong support from governing bodies: Our progress in 2025–2026 would not have been possible without the continued support of the Pension Board and the United Nations General Assembly. In Resolution 80/243, adopted in December 2025, the General Assembly approved the Fund's 2026 administrative budget and endorsed several amendments to the Fund's Regulations and Rules. These measures strengthen the Fund's governance and position us for continued success.

Outlook for 2026: As we look ahead, our focus remains clear: to provide our clients with the services, security, and peace of mind they deserve — especially during a period of global uncertainty. In 2026, we will continue our modernization efforts, launching a new, enhanced Member Self-Service, rolling out simplified and standardized forms, and ensuring timely, accurate, and transparent communication. Improving services for participants, retirees and beneficiaries remains our top priority.

I thank you for your trust and for your continued support.

Message from the Representative of the United Nations Secretary-General for the United Nations Joint Staff Pension Fund Asset Investments

By Robert Van der Zee²



In 2025, the Fund closed the year with strong overall performance. Assets under management increased from US\$95.4 billion on 31 December 2024 to US\$107.4 billion on 31 December 2025. This growth was supported by a nominal return of 13.3 per cent in 2025. The Fund also achieved an annual real rate of return of 4.2 per cent over the last 15 years, exceeding its long-term 3.5 per cent target. The Fund's ability to meet its liabilities in the long term will be formally assessed once again in the biennial actuarial valuation, to be presented to the Pension Board in July 2026.

As of 31 March 2026, assets management decreased to US\$105 billion reflecting heightened market volatility linked to the evolving conflict in the Middle East. The Fund, as a long-term investor, assesses the investment objectives over the medium-to-the-long term with the Strategic Asset Allocation that guides a well-diversified investment portfolio. Over the past decades, the Fund has been able to recover in a few years from short-term economic or geopolitical shocks and the resulting market crisis.

The Fund's selection and management of its assets are grounded in strong risk management, recognizing that short-term market volatility is an inherent part of an investment strategy focused on maximizing investment returns over the long term.

The portfolio continues to deliver steady short- and long-term returns while maintaining relatively low risk levels. The Strategic Asset Allocation, informed by the 2023 Asset Liability Management (ALM) study, remains well positioned to generate risk-adjusted returns that support the Fund's solvency. In 2025, the Fund also updated its Investment Policy Statement, which will be further developed following the next ALM study scheduled for 2027.

Even amid the many challenges facing today's economic and financial environment, and with the continued support of the Pension Board and the United Nations General Assembly, the Fund remains in a strong position to deliver retirement security to its members through disciplined and prudent investment management.

The Fund also advanced its responsible investment agenda in 2025, including the publication of its inaugural impact investing report and becoming an early adopter of Sustainable Investing disclosures. The Fund continues to maintain ambitious emissions-reduction targets and is making progress towards its goals and commitments while sustaining sound financial sustainability.

Even amid the many challenges facing today's economic and financial environment, and with the continued support of the Pension Board and the United Nations General Assembly, the Fund remains in a strong position to deliver retirement security to its members through disciplined and prudent investment management.

² Submitted by Rolando Chacon



Health Updates

By Carol Collado

Health in the News

Measles: The Region of the Americas between 1 January -16 May 2026, reported 20,332 confirmed measles cases in 16 countries and territories, including 25 deaths, representing a 276% increase compared to the same period in 2025. Mexico (10,817), Guatemala (6,209), the United States (1,893) and Canada (1,018) accounted for the majority (98%) of confirmed cases. Approximately two-thirds of confirmed cases have no documented history of measles vaccination. In the most recent data (mid May) there have been significant decreases in Mexico and Canada, but increases in Peru, especially in the Puno region.

Chikungunya, Zika, Dengue: Speaking on this topic, Dr. Barbosa, Director of PAHO remarked “Dengue is no longer just a tropical disease.” “It is becoming a global indicator of how environmental change is reshaping public health. Arboviral diseases (including the three mentioned above) are a powerful reminder that human health cannot be separated from the health of our environment and the systems in which we live. As those of us in the northern hemisphere live in Spring and Summer, these previously tropical diseases are becoming serious concerns in temperate climates, themselves changing. During mosquito awareness week May 4-8, emphasis was placed on protection and prevention, daily checking to assure that all outdoor standing water are eliminated, use of mosquito nets and repellent, and covering exposed skin when working outside.

COVID 19: While we would like to say that the cause of the recent global epidemic has gone with its elimination as a Public Health Emergency of International Concern (PHEIC), it continues to remain a threat. Vaccine coverage, improved surveillance and lessening intensity of the disease are the good news. However, globally, in the 28-day period from 13 April 2026 to 10 May 2026, a total of 1,174 new COVID-19 hospitalizations were reported from 29 countries, and 102 new ICU admissions were reported from 23 countries across two WHO regions. Among the 25 countries that consistently reported hospitalizations during the past 28-day periods, increases were reported in some countries in Central America and Caribbean and Brazil.

Ebola: World Health Organization (WHO) declared a PHEIC to the ongoing Ebola outbreak in the Africa Region. As of 16 May 2026, eight laboratory-confirmed cases, 246 suspected cases, and 80 suspected deaths had been reported in the Democratic Republic of Congo. This outbreak, caused by the Bundibugyo virus is particularly dangerous due to the following factors: there is no licensed vaccine or specific treatment existing, it is exceptionally virulent, and its origin occurs in a region characterized by insecurity, highly mobile populations including cross-border, trade flows such as mining, as well as the presence of large refugee communities. So far, only Uganda has reported laboratory-confirmed

cases, including at least one death linked to the outbreak. Response strategies rely heavily on comprehensive public health measures, including supportive care, early case detection, stringent infection prevention and control protocols, rigorous contact tracing, safe burial practices, and deep community engagement. Countries in the Region of the Americas have been advised to strengthen surveillance, prevention and control, and improve access to laboratory diagnosis.

Dementia: An update on research:

Differences in risk factors for early and late onset dementia were identified by a multi-country research group who reviewed 5 longitudinal studies over a median of 13.7 years with 544,442 participants from the UK and USA. Data identified females were less likely to have early onset dementia, Elements associated with late onset over 65 years, were tested and those associated with early onset were lower education, diabetes, depression, smoking, and obesity. The authors called for recognition of modifiable risk factors in the development of early-onset dementia and suggest future research to identify high-priority targets for primary prevention.

Severe infections relationship with dementia: A limited *Lancet* study found that experiencing severe infections may possibly be linked to dementia. The suggestion is that severe infections act as triggers or drivers of dementia through various potential pathways such as systemic inflammation or reactivation of latent pathogens, or that observed connections reflect that people with undiagnosed dementia have increased risks of infection related hospitalizations. Collectively, these insights offer several leads. One potential direction to explore is that a weakened immune system, gradual decline of the immune system that occurs with advanced age, or other hidden factors predispose individuals to both severe infections and dementia, thereby contributing to the consistent observations of increased dementia incidence following severe infections.

Further research is needed to profile and characterize individuals with severe infections, examine co-infections, and assess the mediating role of factors such as delirium that occur in the cascade between the infection and dementia diagnosis. These efforts could help to clarify whether infections act as triggers or accelerators of pathology, unmask undiagnosed dementia, or causally contribute to disease development. A combined approach integrating observational investigations with rigorous causal inference methods will be important for understanding this association better.

Use of Lithium in dementia treatment: A 2025 study by Harvard noted that treatment of dementia with low dose lithium not only improved reasoning in patients with early dementia and decreased amyloid or starchlike plaques and tau tangles, abnormal twisted clumps of structural proteins, in the brain. Both are common findings in Alzheimer disease.

Stroke: Contrary to popular myth, heart issues almost never strike people out of the blue, according to a recent study from Northwestern Medicine and Yonsei University in South Korea published in *The Journal of the American College of Cardiology*. Researchers reviewed health record from two decades' of studies, of more than 9.3 million adults in South Korea and almost 7,000 in the U.S who underwent multiple health screenings during the study period. Conclusions were more than 99% of those who experienced a heart attack, heart failure or stroke had at least one of four risk factors before the episode

struck. More than 93% had two or more risk factors. The following risk factors were higher than normal ideal levels, although not alarmingly elevated:

- Blood pressure greater than 120/80 mm Hg, or being treated for high blood pressure
- A total cholesterol level greater than 200 mg/dL, or being treated for high cholesterol
- A fasting glucose (sugar) level greater than 100 mg/dL, or having a diagnosis of or being treated for diabetes
- Past or current tobacco use

Once again, we are confronted with health risks which can be modified by lifestyle changes, and the responsibility for these preventative measure's rests with us!

The 79th World Health Assembly (WHA): Summary of Significant Issues

The 79th WHA opened with a focus on equity, resilience and global health cooperation. Member States expressed strong support for WHO's central convening and normative role, emphasizing that while the process will be Member State-led, it should be taken forward jointly with global health initiatives and UN partners, with meaningful engagement of key stakeholders, including civil society and youth. WHO will continue to develop global guidance and technical tools on smart pharmacovigilance, support countries in strengthening regulatory and workforce capacities, and promote greater international collaboration and information sharing.

It would be impossible to succinctly summarize everything that happened in the WHA. What you will find below is a list of many topics discussed and agreements reached.

- Modernizing national pharmacovigilance systems,
- Considering the potential of digital technologies, real-world data, and artificial intelligence to improve safety, surveillance and regulatory decision-making, while emphasizing the importance of ethical considerations, transparency, data governance, and public trust.
- Reducing the burden of stroke due to increased lifetime risk by 50% during the previous 20 years with 1 in 4 adults expected to have a stroke
- Stronger access to diagnostic imaging through teleradiology
- Ethical international recruitment of health workers
- Health at the heart of economic policy
- Radiation and health
- Ending tuberculosis, and
- Reducing deaths from antimicrobial resistance, such as the body resisting positive effects an antibiotic or antiviral and dying.

The Assembly also highlighted growing global challenges, including fragmented monitoring systems, unequal regulatory capacities, and mis- and disinformation as “not just a communication challenge” but a growing public health threat that undermines the delivery of effective health interventions.

Across various perspectives, participants emphasized the need for multisectoral collaboration and sustained investment in resilient information ecosystems. They also highlighted the critical role of WHO in convening partners and providing normative guidance.

SHI and PAHO

PAHO OUTSOURCING AND SHI: As most of you know, due to budget and programming decisions. Several units in PAHO are being discontinued and outsourced. Most of FIN, HR, and procurement are included. Negotiations are underway with a firm based in Lima Peru to undertake these functions. As reported in the last newsletter, SHI will not be a part of the functions being outsourced. Negotiations are underway with Cigna international to assume the administration of our WHO SHI in the countries of the Americas. While this will bring about changes, it is a much more thought-out process than outsourcing. Cigna has been administering WHO insurance in the US for several years now, their processors are familiar with WHO Rules, and this is a significant advantage for participants. We are awaiting information as to when the changeover will occur, but there will be a 6-month changeover period and lots of education for everyone so that the transition can be effected as pain free as possible.

Other WHO/PAHO News

Award for Global Health: Dr Merceline Dahl-Regis. of the Bahamas was recognized for her lifelong commitment expanding immunization and disease elimination in the Region of the Americas and beyond. Her contributions were instrumental in achieving the elimination of measles and rubella in the Americas – the first region in the world to reach this milestone. Her advocacy and support of the regional Dual Elimination Initiative also supported the elimination of mother-to-child transmission of syphilis and HIV in the Americas. Through research, community engagement and regional collaboration, she advanced a holistic approach to health and development and had a profound impact on the lives of people in the Americas and globally.

The World Health Assembly meeting in Committee B on the sub item titled “Communications of the United Nations Secretary-General as depositary of the Constitution of the World Health Organization,” considered several proposals regarding Argentina’s withdrawal notification from the World Health Organization, and agreed on a compromise text by consensus. The Assembly, which is mandated under the WHO Constitution to consider such matters, took note of Argentina’s communication and decided that while WHO will always welcome Argentina’s full cooperation in the Organization’s work, no further action at this stage is desirable.

Madrid, Spain, 27 May 2026 — The Pan American Health Organization (PAHO) and Mundo Sano Foundation today signed a technical cooperation agreement to strengthen efforts to eliminate mother-to-child transmission of diseases and advance cervical cancer prevention in the Americas.

Geneva, Switzerland, 21 May 2026 — The Pan American Health Organization (PAHO) and The Carter Center signed a Technical Cooperation Agreement today to strengthen collaboration on the elimination of onchocerciasis — also known as river blindness — and other communicable diseases in the Americas.



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**A wonderful
get-together
with former
PAHO
colleagues and
friends.**

Caribbean Lime on the Treasure/Gold Coast

By Yvette Holder



As you may recall, last year the Caribbean retirees limed (had a potluck) at Marilyn Rice's home, as the most central point between our extreme retired Floridians – Harry Phillipeaux in Boynton Beach and Samuel Rawlins in Port St. Lucie. Although really, the most extreme retiree was Mena Carto who came in from Guyana for the lime. As you know, we Caribbean folk will follow good food and a sweet lime. Mena did not make it this time, having not long returned from an immersion visit to Argentina. Neither could Sam nor Martha Pelaez but we did have Carol Burgher from the Jamaica Representation, and Myrna Wattley who had worked at CAREC and then HQ, along with her friend.



Although a home setting is cozy and intimate, we did not want to burden anyone with meal preparations and cleanup. We just wanted to enjoy each other's company, so we opted for lunch at a restaurant in North Palm Beach, on the Intracoastal, Seasons 52 with views of the water. The ambience was great, the conversation lively, the food excellent and most reasonably priced, though not without some excitement. One guest ordered a naked hamburger, which came cooked as requested, with all the accompaniments, but no bun! It was sent back and returned fully clothed.

Altogether an enjoyable time was had by all and a fervent desire expressed that we should not wait for another year to pass before we limed again. **Life is too short and we need to do this more frequently.**

The 70th Annual CARPHA Health Research Conference – An Experience to Remember!

By Mena Carto, Guyana



The 70th Annual Health Research Conference of the Caribbean Public Health Agency (CARPHA) was held under the theme “Innovations in Health” from April 22-24, 2026. My homeland Guyana was once more host country after an interval of a few years. The theme emphasized the role of public health innovations in disease prevention, diagnosis, and community care. This Research Conference was the largest in CARPHA’s history with nearly five hundred participants from more than twenty countries, and thirty booths from partner agencies, showcasing their products and services. For me, the conference presentations were most edifying, but the best part of the conference was meeting with former PAHO and other colleagues from the Caribbean and beyond. It was an experience down memory lane!

The CARPHA Conference is the largest health research conference in the English-speaking Caribbean. Its aim is to encourage a culture of research among Caribbean professionals and students and to share these findings with policymakers, practitioners, health, and related professionals. The goal is to facilitate the development of policies, practices and programmes that would build capacity among health and allied health professionals.



Guyana’s President Mohamed Irfaan Ali delivering address



CARPHA Executive Director, Dr. Rhonda Sealy-Thomas, with Ministers of Health

The opening session of the conference, marked by the usual pomp and ceremony, featured remarks by Dr. Lisa Indar, Executive Director of CARPHA, Dr. Rhonda Sealy-Thomas, Assistant Director of PAHO/WHO, Mr. Martin Seychell, Deputy Director General of the European Union, Dr. Carla Barnett, CARICOM Secretary General, and Dr. Frank Anthony, Minister of Health of Guyana. Dr. Mohamed Irfaan Ali, President of Guyana, delivered the feature address in which he highlighted Guyana’s innovations in health care – in particular, the developments in digital healthcare. The opening remarks were followed by a panel discussion on “Leveraging innovations in health to reduce the disease burden in the Caribbean.” During this session, the Ministers of Health of five Caribbean countries discussed innovations in their respective countries. Throughout the conference, there were plenary and research presentations focusing on Innovations in Health while other research and poster presentations focused on themes such as: Climate Change/Surveillance; Women’s Health; Mental Health; Family Health; Infectious Diseases; Public Health; Nutrition and Non-Communicable Diseases.



With Dr. Lisa Indar



With Dr. James Hospedales



With Dr. Rhonda Sealy-Thomas

During the conference, attendees moved *between sessions* to listen to their topic of choice, amidst the concurrent sessions. But it was during the social components of the program that bonding took place among the various delegates. The evening opening ceremony commenced with cocktails followed by cultural presentations on Guyana. And when Guyana's leading calypsonian Adrian Dutchin belted out the very popular "I am a Guyanese," it was both the Guyanese and non-Guyanese delegates who jumped *up* in their seats to dance and wave without restraint.

The closing awards banquet finally provided a breather to hob-nob with colleagues. Dr. James Hospedales, retired former head of both CAREC then CARPHA, looked amazing with his still youthful and boyish appearance. And when he shot across the dance floor in bullet-like fashion to twist to Rock and Roll music, he looked like sixteen. Dr. Lisa Indar, current head of CARPHA, was her usual smiling and bubbly self. And it was an absolute pleasure to meet Dr Rhonda Sealey-Thomas, Assistant Director of PAHO/WHO. But I was taken back many years ago when I bumped into PAHO retiree Dr. Alfred Brathwaite from Grenada, now in his mid-eighties, who worked with PAHO in several countries. While chatting with him, I realized that we had a number of common friends, including Dr. Samuel Rawlings, Mr. Peter Carr, Ms. Veta Brown, Ms. Yvette Holder, and many others.

The Conference concluded with a commitment to nurture the next generation of Caribbean researchers who shape the future of public health in the Region. A high point of the Conference was the presentation of awards to young researchers whose work met the highest standards of excellence. The two overall Conference awardees were Dr. Moti Ramgopal, in recognition for his exceptional impact in clinical research, innovation, and improving access to care and Professor Elsie Le Franc for her contributions in the areas of medical sociology, health inequalities, and health policy. Other awardees were Griffin Benjamin (David Picou Young Researcher Prize), K. Lashley (student prize), Oneka Scott and Dr. Frank Anthony (Most Impactful Policy Paper) and Gabrielle Boyce (First Place for the Poster Prize).

This 70th Conference, I was told by the regular attendees, was among the biggest and best. It received the unbridled support of the Guyana Government, its Minister of Health, and the numerous participating agencies. The food was of gourmet caliber and the specialty coffees/teas/fresh juices offered by the outdoor CARPHA caravan, were the very best! Kudos to the organizing team of the Conference! It was a conference worth remembering.



With Dr. Alfred Brathwaite



The CARPHA specialty coffee/tea/juice caravan

Obituary Victoria Imas-Duchovny

Victoria Dora Imas was born in Buenos Aires on December 9, 1941. She received several academic degrees including teacher and physical education. She married Alberto Imas, became a psychoanalyst, a degree she received after going back to college after her 3 children were born. In 1988, she moved to Maryland, where her siblings and mother lived. After working in the basement of a fabric store, she became an editor and translator at PAHO. After retiring, she continued this line of work with the National Cancer Institute and PAHO/AFSM's newsletter. Victoria was an amazing knitter, great cook, lover of Argentinian music, and an avid reader of literature. Above all, she loved her family, was a generous person and loyal friend maintaining lifelong friends including those she developed at PAHO. She passed away on November 2, 2025, and is survived by her husband of 60 years, Alberto Duchovny, 3 children and their spouses, and 6 grandchildren.

Musings of an Ageing Woman 14 -

By Yvette Holder



I am back!!! Recently, I started thinking of my Dad, who passed at 90, my Grandmother, (his Mother), who died at 95, and my mother's last surviving sister who is 104 and counting, and still very active. What did they have in common that could have contributed to this longevity? The three sets of genes were not all from the same stock and even the two who were related had very different lifestyles. My grandmother was a farmer who tilled the land and worked on her farm until nearly 90 when the younger family members worried about her living alone on the farm, a distance from nearest relatives. An aside, in one of my musings, I talked about relocating elderly relatives to be closer to family, the pros and cons. My Dad

was a teacher then civil servant, and my aunt was a model/housewife. This has the makings of an epidemiological puzzle just ripe for investigation!

Could it have been nutrition? My grandmother, for the most part, ate what she grew and made – peas, peanuts, bhaji (spinach), ground provision (yams, sweet potatoes and cassava), avocados, yard fowls (aka farm-raised chickens), freshly caught fish, all cooked in homemade coconut oil (and sometimes with coconut milk) and washed down with sweetened lime juice, for it was a lime and coconut farm. Desserts, if you want to call them that, were fresh fruit – mangoes, pomegranates (Malacca apples or plumrose), sapodillas (naseberries), pomegranates (golden apples), plums (West Indian and Jamaican), pawpaws (papayas), and whatever was in season. Sweet treats were coconut ice-cream and stewed cerise (gooseberries), and they were very sweet. But there was no diabetes and despite all the coconut, no high cholesterol. Which is why I was always dubious of the claim that coconut oil was bad for you as it appeared to have had no harmful effect on my Granny, my Dad or his sister who passed at 88. My grandfather presumably ate the same food that his wife cooked but passed in his early 70's. My Dad loved his steak, and sausages yet survived to 90, despite two strokes. The centenarian aunt ate very carefully all of her life to keep her model figure and she too, later on, ate home-grown produce. So perhaps, there is a place for nutrition in longevity, with my Grandpa being the "outlier"!

Could it have been physical exercise? Granny certainly did some physical work on the farm, but not as much as Grandpa, and she was pleasingly plump. My Dad rode a bicycle to school every day until, in his mid-30's, he yielded his teaching job for one in the civil service. Thereafter, he drove everywhere but was always slender. Centenarian Auntie worked out in her youth, was (actually still is) quite a dancer and in later years, worked her farm. Indeed, I have pictures of her cutting down a hand of bananas, feeding her chickens and belaying roti (rolling the dough out) for her 99th birthday! So, it may have been physical exercise, especially in youth.

And then there was the argument for social connections. Granny complained bitterly about the loss of relatives and friends as she and they aged. A problem with which I can empathize now that I live in a 55+ community. But what I realized she did was draw younger and younger persons into her circle. She was on very familiar terms with my friends and those of my cousins, and then later on, with my children's friends, the contemporaries of her great-grand children. So too was my Dad. My children's classmates would stop off at his house on the way home from school to sample whatever treat Granddad may have prepared for them. Even after his first stroke, he continued to function as Training Commissioner for the Boy Scouts, to maintain contact with youths. Centenarian Auntie credited her children, then her grandchildren and now her great-grands for keeping her up to date with the latest technology and language (six-seven anyone?). Auntie was active on Facebook before I knew it existed and she introduced me to WhatsApp.

Though a sample that defies all the rules of statistical power and validity, those three elders are an example I intend to emulate – eat well, keep moving and connect. By the way, none of them slept for 8 hours each day, but they all were up at dawn to welcome the day, and they all catnapped when tired.



How Much Water Should I Drink a Day?

By Vilma Gawryszewski, MD, PhD

When I moved to the United States to work at PAHO in Washington, DC, it was noticeable how many people carried water bottles everywhere. While water is essential for every function in the body, experts now say there is no universal rule for how much water everyone should drink. Older adults, however, need to pay special attention to hydration because the sense of thirst tends to decrease with age.

In addition, online wellness influencers often promote strict water-intake regimens. Despite this, many people still wonder whether we truly need to drink water constantly or whether our bodies naturally regulate hydration through thirst.

Why Do We Need Water? About 60% of our body weight is water. It is essential for life and plays a role in every single body's function. It helps you digest the food you eat, eliminate toxins from your organs, transport nutrients to your cells, cushions your joints, and importantly helps the brain to work, including thinking. (1)



The “Eight Glasses a Day” Rule: Myth or Fact? For years, people have heard the recommendation to drink eight glasses of water a day. It's fine as a rough guide. However, experts now say that there is limited scientific evidence behind this recommendation (2-3). On the other hand, a few studies found that drinking more water may help with weight loss and kidney stones. Single studies also suggested possible benefits for migraine prevention, urinary tract infections, among other conditions.

In other words, there is no single magic number that works for everyone, since water needs vary from person to person. The amount you need to drink depends on your body size, how active you are, where you live (humid and/or hot climates, people who sweat more need more water), and your overall health.

Older Adults Need to Pay Special Attention to Water Intake.

As people age, the sense of thirst becomes weaker, meaning they may not realize they need water. Some medications, such as diuretics and laxatives, and conditions like diabetes, kidney disease, dementia, or swallowing problems may make hydration even more challenging.

Signs of dehydration in older adults include dark yellow urine, urinating less often, dry skin, tiredness, confusion, and feeling lightheaded. Dehydration can also increase the risk of falls, constipation, urinary tract infections, and memory problems.



Drink Up: Practical Tips for Older Adults

Easy strategies to help you increase your daily water intake include (2;4):

- **Drink a full glass of water when taking your medications.** Use vitamins and medication as an opportunity to hydrate.
- **Sip drinks throughout the day.** This may help people who find it easier to drink small amounts often rather than large glasses at once.
- **Take small sips of water during meals.**
- **Make your water tastier** by adding lemon or orange slices for extra flavor. Some people say plain water tastes “boring.”
- **Have a cup of broths and soups as an afternoon snack.**
- **Plan a tea break with a friend** as part of your daily routine.
- **Choose water at restaurants to save money.** In the US, we can ask for “tap water” and in Brazil for “*água da casa*” for free. What about your country?



A simple way to check whether you’re drinking enough water is to look at urine color. Pale-yellow usually means you’re all set, while darker urine means you need to drink up.

Important: If you have heart disease, kidney disease, or another chronic condition, ask your doctor how much fluid is right for you.

References:

1. Available at WebMD: [How Much Water Should You Drink Every Day?](#)
2. Available at Medscape: [How Much Water Should We Drink in a Day?](#)
3. Available at JAMANetwork: [Outcomes in Randomized Clinical Trials Testing Changes in Daily Water Intake: A Systematic Review | Urology | JAMA Network Open | JAMA Network](#)
4. Available at WebMD: [Water Intake: Tips for Getting Enough Water When You’re Older](#)

Lessons Learned at PAHO/WHO

By Alberto Concha-Eastman



As a PAHO Regional Advisor, I attended a senior management meeting at PAHO Headquarters in Washington, D.C., to present a report and draft a resolution for meetings of the Executive Committee or the Board of Directors. Initially, I was working in the Noncommunicable Diseases Area, and later in the Sustainable Development Area. From the moment I arrived I realized, based on the interventions of the directors and colleagues, that PAHO/WHO was a respectable serious organization, where issues were studied and discussed extensively, where we delve deep into the causes and solutions of health problems we have an ethical obligation to address. It is a commitment to public health and the health of the public.

Reflecting on my lessons learned and life experiences, I realize it is a compelling endeavor to overcome challenges. I offer a brief insight into how I perceive my journey—what I can share—from my 11 years as a PAHO Regional Advisor on Violence and Injury Prevention, Human Security, and Urban Health.

Although PAHO had already clearly defined its vision of violence and injuries as a public health issue as early as 1994—and had successfully persuaded other agencies in the UN system to embrace this mandate—my arrival in 1998 allowed me to realize that not every aspect of this vision had been recognized, much less addressed; indeed, there was still a great deal of work to be done. We established the Inter-American Commission on Violence Prevention (IACPV)—an inter-agency experience, challenge, and learning opportunity that is difficult to fully convey, but that ultimately represented significant progress. In short, it involved recognizing that one can always learn from others without stepping on their toes or offending their sensibilities. It meant knowing that there were always new topics and facets to discover and explore—whether at Headquarters in Washington or Geneva, or in the countries of the Americas. And in those countries—approaching the task with humility and a listening ear—it meant recognizing that the root causes and risk factors for violent acts, human insecurity, and urban health issues were palpable: in homes, on the streets, in neighborhoods, in workplaces, in classrooms, on the highways, and in bars—in short, wherever people live and coexist. These spaces served, quite literally, as the gateway to the lived experience of violence and insecurity. With an open mind, this became much easier to grasp.

I realized that, in the countries where I served, a PAHO advisor is accorded recognition—finding doors readily opened—while simultaneously being expected to offer a novel proposal or organizational insight. This was a challenge I learned to accept and to meet with the conviction to remain true to my knowledge, without beating around the bush or providing “contrived” answers. On one occasion—in a country I must not name—while presenting the *World Report on Violence and Health* before an audience of 500 expectant people, I was asked what *single* violence prevention proposal I would implement, hypothetically speaking—that is, just **one** project in which to invest one million U.S. dollars. I did not hesitate to answer: “Invest in the family, at home, and at school—working with mothers and fathers from early childhood onward.” That message sprang from me spontaneously; it was not a calculated or expedient response. It was the fruit of my learning and of conversations held with mothers and young people who were deeply involved—whether as victims or perpetrators—in acts of violence. Today, I still hold the same view. I have never forgotten that experience—at once a lesson learned and a challenge faced. It has served as an impetus for me to continue studying and delving deeper into how to prevent violence and to become more effective. We possess no vaccine to combat the virus of violence against children, women, and youth. Gaining an ever-growing number of allies in the fight against this social malady is tantamount to opening the door to peaceful coexistence, a principle I found powerfully reinforced during my time at PAHO.

But also—to be, and to prepare oneself to be, a servant of public health—then, now, and always—it is a lesson that remains indelibly etched in my memory from my years at PAHO. It is marked by a time of constant privilege of engaging with colleagues, fellow professionals, and the people we are called to serve. Thank you.

Reflections On My Years at PAHO

By Gladys Ghisays



I will never forget a street in Paraguay during the outbreak of yellow fever, where in a few days several people died, there were coffins in almost every house and terrified families cried for help. Beyond the statistical reports, it was there that I learned the true value of epidemiology, prevention measures and the importance of anticipating the disease. Here I learned that in crises, solidarity can be as powerful as science.

Behind every vaccine there is much more than a health intervention, there is an opportunity to save lives, prevent suffering and restore hope to entire communities.

I would like to share the learnings I received thanks to the opportunity to work for PAHO; hopefully they will feed new generations:

Public health is not limited to statistics or protocols, but it deeply relates to people, their stories, and their ability to thrive even in the most difficult circumstances. It is to convince health managers to leave their desks, to accompany the surveillance and vaccination processes locally, that it is necessary to listen to local immunization workers, those who know indigenous communities, or other groups. Their role is to identify the vaccination strategy that best suits the culture and context, and then to plan with the population itself, and its leaders, the actions to be implemented as well as the evaluation of the results.



Immunization is not only about applying vaccines, it is **about convincing the political class** that it is necessary to buy the vaccine, it is about obtaining the best price for the vaccine so that the populations of very poor countries can access it, it is teaching the population the importance of getting vaccinated, and above all, it is anticipating in silence to prevent crises, the collapse of health institutions, and above all, human pain.

On a personal level, this experience helped me improve my ability to adapt to complex scenarios. There were many moments of pressure that required **strengthening my** responsiveness and emotional intelligence. I worked on my ability to understand and be more empathetic with people who thought differently, who were extraordinary and contributed a lot to my life.

My participation in the management of the National Immunization Program, the elimination of neonatal tetanus, measles, rubella and the eradication of Poliomyelitis, the response to outbreaks and epidemics such as Yellow fever in Paraguay and Brazil, the outbreaks of measles and diphtheria in Venezuela and COVID-19 in Ecuador, leave me with a lesson that the most important thing for immunization programs is to remain relevant and effective, it is to initiate the work from the local to the national level, and fully fulfilling the corresponding roles.

I learned the value of teamwork, since no health response is individual. Behind each successful campaign there are committed people who coordinate, analyze data, transport vaccines, travel inhospitable roads to generate trust in the population.

I also learned that listening to communities is as important as any technical knowledge - - because **public health only works when it is built with the people and for the people.**

After several years of ending my career, my work at PAHO, I still deeply believe in the power of immunization; that getting vaccinated takes only a few minutes but protects for a lifetime.

Challenges and Learnings as PAHO/WHO Staff

By Julio Burbano Diago



During the cholera epidemic in Peru, we learned to work as a multidisciplinary team. Environmental sanitary conditions in health facilities and schools were improved. The authorities of Peru taught us "fewer conversations and more implementors."

We arrived in Brasilia when the city was 21 years old. The beautiful Pan American Health Organization building was adjacent to the Brazilian military industrial complex that produced the Cascavel and Urutú war tanks.

We learned to combine war with peace; never believing that peace is the result of wars. Mexico taught us that explosive substances should not be dumped into sewers; the sewer system in Guadalajara had exploded. We learned from the dignity and integrity of health and environmental authorities. At one event, I asked what Mexico was doing to reduce air pollution and the answer was that all efforts were aimed at preventing it from increasing. We are concerned about the sanitation and health of the indigenous inhabitants of the mountain range, who did not have water, sanitation and health services. We strengthened our joint work with PAHO's continental centers; the Center for Human Ecology and Health in Toluca and the Pan American Center for Environmental Sanitary Engineering in Lima.

Our work together with the very intelligent, wise and hardworking nurses led us to understand the strategic importance and basic goodness of multidisciplinary efforts. I cannot forget Gloria Briceño working hard with the Uros Indians of Lake Titicaca as she was designated - Queen of Puno. The waters of the Pacific Ocean off the coast of Peru are quite cold. During the cholera epidemic we saw some children bathing in the sea, who told us the water there was warm. Later we learned that the domestic sewer system of the population flowed into that part of the sea.



We practice what we have learned and what we teach when opportunities come our way. Before curing the sick and rehabilitating the crippled, disease must be prevented and health promoted. Another lesson is you must think globally and act locally.

Another opportunity to learn was halfway on the road between Brasilia and São Paulo was a billboard few people saw: "*The sun, the moon and the stars would have disappeared by now if they were within reach of human predators.*"

The Significance of Pachamama

By Miguel Malo

Throughout my career in public health, working with various countries to develop health promotion policies, one of the guiding references for achieving a necessary and urgent harmonization between human beings and their environment has always been the Andean worldview of “Pachamama”, in other words: Mother Nature. As my indigenous colleagues themselves noted when discussing this, referring to nature as an alien concept, as an external object, distinct and distant from ourselves, is not the same as understanding and embracing it as "our mother."

As a native of the Andes, throughout my entire childhood and adolescence I was surrounded by the great mountains that I viewed from afar as those imposing beauties of our Pachamama.



Just like this beautiful view of Cotopaxi Volcano (5,897 m), photo taken from my home in Quito.

Upon my return to Ecuador as a retiree, during a conversation with friends, they asked me what my plans were. Among other things, I told them that I would like to climb one of our great mountains. One of them mentioned that he belonged to a group with which he has been climbing.



I joined forces with them, and thereby began a marvelous journey of discovery. Drawing near to those distant, unattainable mountains -feeling them up close, attuning my heartbeat to their inner energy, and breathing in their eternal breath of pure air – created in me a profound sense of fascination. Moreover, it nourished my hope for Mother Earth; in spite of all the mistreatment we inflict upon her, is still there, ever present, embracing us with tenderness.

And the beauty, and our enjoyment of it, never ceases; it deepens with every new mountain.



Photo of my ascent of Cotopaxi



Walking through one of the most beautiful mountain ranges in the world—the Huayhuash Range in Peru.



At this stage of life's journey, I am undoubtedly privileged to be able to enjoy this intimate exchange with Pachamama, and, secretly and silently, with every step, to ask for her forgiveness on behalf of humanity.



The Art of Caring: My Life's Doctorate

By *María Edith Baca Cabrejos*

After accompanying four of my loved ones in their care, life gave me a doctorate not earned in a classroom. First, I helped care for my mother-in-law, Micaela, who faced Alzheimer's until she was 94 years old. Then my father, Oscar, who at 97 dealt with COPD and a hip fracture.

Then my mother, Tula, left us at 95 after a stroke. Finally, I accompanied my brother, Oscar, who at the age of 68 faced dementia and a stroke that took him away. These experiences left me and my sister in pain, but with the enormous satisfaction and tranquility of haven given them the best. We kept the promise that his departure would be at home.

Tiredness and rest: This doctorate also left me with deep marks. When my brother and mother passed away just four days apart, the pain and the effort to manage two simultaneous passing took its toll. My health was weakened by exhaustion; I made a radical promise to myself: I will never in my life take care of anyone again! However, when you grow up with strong commitments to care, that promise is hard to keep.



Pampering the soul: Caring is not only operational; it is managing well-being, joy, and moments of happiness. My mother-in-law, Micaela, was a woman of silent strength who raised three children alone, keeping her pain to herself. At the age of 90, Alzheimer's appeared. Loneliness caused her to tremble and lose sleep. We brought her to live with us.

While her son and a caregiver did the essential work, my role was to pamper her and give her back the sweetness that was absent in her life. I made my own agenda: Saturdays in the kitchen preparing favorite dishes, Sundays for car rides to enjoy nature, indulging in alfajores or chocolates, relaxing massages, word games, among others.



Tightrope walkers at home: Taking care of mom, dad, and my brother with my younger sister, at the same time, was a challenge of love, precision, and patience. My parents were opposites: Mom had a remarkable ear and Dad, who was becoming deaf, refused to wear hearing aids. Their styles clashed so much that his loud voice gave her a migraine.

Our solution was to create our own space at home. Each one had their room and their rhythm. Dad enjoyed long readings and short walks three times a day without a cane. Mom stayed connected by phone, did crossword puzzles, and talked and monitored the lives of neighbors

from her window.



A three-dimensional story: The day-to-day reality was very complex. It involved managing three-dimensional logistics: three different diets with their own schedules and three medical schemes with different treatments and resistance to medicines. It also required seeking emotional balance to mediate their mutual complaints and heal childhood affective deficiencies.

The approach to each one was differentiated. Dad loved to talk about his adventures in the countryside as a child, his achievements as a good reader, his father's abandonment, and his struggles to go to college. He also shared his work experiences and the music he recorded. Listening to him was always a delight.



With Mom, the treatment was therapeutic and daily. We invented the time for night contests with edible prizes. The game included saying refrains, world capitals, and presidents. My role was as the animator. Stories of her life followed, some painful, others funny, such as learning that her civil marriage was clandestine. We closed the hour singing her favorite songs.

My new limits: Today I continue to care with empathy my mother's three younger brothers, who are over 80 years old, and some close friends who have chronic illnesses or deep grief. I do it in my usual style with active and empathetic listening, focused on their expressed needs and concerns. However, now I get tired faster and it affects my mood more. I have learned that although the urge to care is part of my essence, I also need to

recognize my own vulnerability in this process; I have trained myself to self-regulate as I care for my loved ones.



Be present: Caring for an elderly family member is a privilege that shakes and transforms. It is a unique opportunity to accompany, heal and give thanks. Although it generates a mixture of emotions and great physical demand, caring is the art of being emotionally present. It means accompanying them with warmth, respecting their dignity, their decisions and learning to put yourself in their shoes.

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