



# NEWSLETTER

---

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

---

**VOL. XXXVI No.1**

**MARCH 2025**



## ***Contents***

- |   |   |
|---|---|
| <b>1 Editorial: May you live during interesting times</b> | <b>12 Virtual Seminar on Resilience and Healthy Longevity</b> |
| <b>2 Welcome to New AFSM Members</b>                      | <b>13 In Memoriam</b>   |
| <b>3 Health Insurance and Pension Update</b>              | <b>14 Where Are They Now?</b>                                 |
| <b>6 AFSM Spring Luncheon</b>                             | <b>17 XIX Assembly of the Colombia Chapter</b>                |
| <b>7 Age Liberation: The Value of Positive Aging!</b>     | <b>20 Cognitive Reserve</b>                                   |
|   | <b>23 The Back Page</b>                                       |

## Editorial

*May you live during interesting times!*

---

*By Hernan Rosenberg*



“May you live during interesting times” is a well-known Chinese wish. But it is not clear whether it is a blessing or a curse. And members of the extended WHO/PAHO family are certainly feeling this uncertainty, which started with the President of the United States of America announcing that he had submitted notice of withdrawing from WHO. Members of our Association, many of whom live exclusively off their pension felt particularly vulnerable. And the level of disinformation circulating on the Internet and social media did not help either.

So let us start with our own situation. The pension received by our members is not from WHO, but from an independent body (United Nations Staff Joint Pension Fund {PF}). This body, covering most UN agencies and other parties, reports to the General Assembly, but it is totally independent from any specific agency. Furthermore, it is funded by contributions from the participants and their employers. This is different from agencies like WHO or PAHO that depend on quotas paid by their members. Therefore, if one country leaves an agency, it does not affect the situation of the PF. Of course, the reduction of the budget may cause a contraction of the agency and therefore a reduction of income to the PF in the future. The current actuarial reviews of the PF show that it is covered for the next couple of decades, or do not worry about your personal situation.

Something similar can be said about our health insurance scheme. Changes in the UN accounting systems required it to set aside a reserve for expected costs over the next 30 years. Countries do not contribute directly to this fund either, so no need to worry, as staff is well covered.

Now that we know that we have no reason to worry personally, we all have deep feelings for our former employer, and want our organization to continue and strive for the future. There is some concern here. It is possible that what comes out of this situation will result in a different WHO or PAHO. Your Board has had extensive discussions on the topic with very good participation of our Country Focal Points.

As you know, PAHO's budget has two components: one (about a third of the total) as the regional office of WHO, and the other two thirds as the Health Agency of the Americas. As

of this writing, the US has indicated its intention to leave the WHO only. That should affect 20% of the third received from WHO - not too much, but not irrelevant either. There may be considerations other than financial for an eventual staying of the USA, which are difficult to predict at this time.

So, it is a tough time for the Administration of PAHO, considering the uncertainty associated with the situation. At AFSM we take to heart the “*once WHO always WHO*” statement of the DG. Accordingly, your Board sent a note to Director Barbosa stating our full support to his mission to enhance PAHO’s role in the Public Health of the Americas, as well as suggesting specific actions where we can play a role, at his obvious discretionary decision, taking advantage of our pool of knowledge and contacts in member countries. Our note was acknowledged with thanks, and we continue our dialogue with the Administration to establish the kind of support that will benefit PAHO.

We continue to monitor the current developments and will keep you fully informed of any news that may affect our dear institution. Of course, we will also inform you of any changes in the former staff conditions, although we do not expect any soon as mentioned above.

We do live in “*interesting times*” and will try our best to make it a blessing.



### *Welcome to New Members of AFSM*

***Patricia Cabrejo, USA***

***Maria Missart-Calcagno, USA***

***Matilde Molina, USA***

***Marcos Jose Chaparro Osio, USA***

***María Angelica Bartolo Sanchez, Mexico***

***Gisele Almeida, USA***

# Health Insurance and Pension Update

---

*By Carol Collado and Rolando Chacon*

## WHO staff health insurance

### Recent developments

We have had several inquiries regarding the security of our Staff Health Insurance (SHI), since the withdrawal of the USA and Argentina from the WHO membership. The answer is: We are very safe.



Our SHI is jointly financed by participant contributions and those of the Organization. (WHO contributes two times the contribution made by participants). In addition, since 2012, WHO agreed to incorporate IPSAS (International Public Service Accounting System) as their model of accounting. This model stipulates that the insurer (in this case, WHO) is obligated to establish and maintain a reserve fund to cover 30 years for any anticipated costs for the retiree population above that covered by contributions. Since 2024, SHI has funded that reserve at about 80%, therefore our health care coverage is very secure at present.



Note that for several years, WHO has, in addition to assuming the 2% increase in premiums for the Organization, also paid that 2% increase for the participants, a real boon, mostly because the investment funds were doing well. Therefore, the small increase to participants was due to the cost-of-living increase base which the SHI uses to make the deduction from the UNJSPF for those who pay by this method.

### WHO FOUNDATION

Related to the expected shortfall in contributions is the interesting campaign *1 Dollar, 1 World*. What started as a grassroots initiative has grown into a global movement for health, in line with the words of Dr. Tedros, Director General of WHO, that this is a movement of the people and people care. Tania Cernuschia, a WHO staff member, seeing the potential shortfall in WHO funds put forth an idea that even one dollar contribution could support Global Health for All. Almost 5,000 people from 140 countries have joined in the first 8 weeks. Monies are being collected by the WHO Foundation and will support life-saving effort around the world with a strong focus on country led initiatives. <https://www.oneworldhealthforall.org/>

### Present threats to health

#### Bird Flu

Although Asian influenza, known as bird flu, has been in existence for at least 25 years, recent outbreaks of the H5N1 variety have made it a matter of concern. Primarily affecting birds, it is also capable of infecting mammals. It is highly transmissible and can be fatal. Because much of the transmission of the virus is through migratory wild birds, it is difficult to control and contain. It has affected a great quantity of marine mammals. In 2024, there were 1300+ outbreaks reported in the Region of the Americas. In Peru it is estimated that at least half of the pelican population has been infected. Argentina has reported seal populations almost eliminated. There is concern about the possibility of the virus reaching Antarctica, which could destroy some of the unique fauna there. So far, the data confirms that transmission to humans is low, with only 57 cases in 2024. Direct or indirect contact with infected animals or with contaminated surfaces is the cause. Symptoms include fever, cough, conjunctivitis, gastrointestinal symptoms, and respiratory issues. Concern has been raised because in one case in the USA, the autopsy report showed that internal mutation was occurring, and with it the potential to possibly develop human to human strains. Prevention is the best remedy at present, as well as education for recognition, surveillance, avoidance if possible, and good hygiene.

## **Dengue**

As reported in our last Newsletter, Dengue is spreading in areas where it had not been before, partly due to climate change, and to global travel and eco-tourism that brings unprepared persons into affected areas. PAHO has disseminated an epidemiological alert for the Region of the Americas as a result. Prevention again is the best approach through use of repellents, bed nets, and vaccine for those susceptible and traveling.

## **COVID 19**

We are now in the sixth year of dealing with Covid 19. The good news is that it appears that the most recent strains are resulting in less severe cases and less hospitalization and ICU cases. It is difficult to know the extent of the cases due to the discontinuation of reporting and monitoring through wastewater. Some experts have estimated that the real incidence is 2-19 times more than those identified, so taking precautions is key to avoid being infected. People are encouraged to keep up with vaccines – the newer ones are for the newer viruses, maintain good hygiene, and report symptoms to their provider. There are, however, long-term effects of the pandemic. Social isolation has changed people's habits, their psyche, and their sense of security. It is estimated that about 6% of those affected suffer from what is known as Long Covid. This manifestation can cover any major system of the body and is highly individual (more than 200 different symptoms have been reported), currently lacking a specific definition. The principal symptoms are tiredness, memory problems, dizziness, and problems with taste and smell. Because the symptoms can come and go and are very individual, health care providers and friends and family are being encouraged to have patience. Research is ongoing, but relatively new and nascent in explanations or solutions.

## **MEASLES**

Outbreaks of measles have been reported in Argentina, Canada, Mexico, and the USA. In the first eight weeks of 2025, reported cases amounted to more than four times that of the same time for 2024. As a result, PAHO has issued an epidemiological alert. Most of the reported cases were for non-vaccinated persons, predominately children. Prevention through vaccination continues to be the remedy.

## **MPOX**

Although Mpox has mostly been limited to eastern and Central Africa recently, it is still under high surveillance due to its potential for developing into a pandemic. In 2024, 15,600 cases with 500 deaths were reported. Most cases have occurred through close personal/sexual contact. Alaska, Brazil, and the USA have the highest incidences in this region. It is postulated that when mandatory smallpox vaccination ended, some immunity against Mpox was lost. The viruses are different but sufficiently similar that it is thought that there is some overlap immunity. A vaccine does exist and should be used by susceptible populations.

## **AFSM and the regional office of SHI**

We continue to work with the Regional Office of SHI to encourage the identification of health care providers who will recognize the WHO insurance and avoid participants having to post large sums before being seen. So far, there have been results in Bolivia, Brazil, Chile and Mexico. Please let us know if you have suggestions for institutions that might be interested. The Outreach Committee has been working with the different PWR offices to name a focal point in the office who would be the liaison for issues of the retiree population. Once compiled, this list will be circulated, and we expect it will be very helpful. The AFSM Health and Pension Committee is preparing a new workplan and would be very interested in hearing from participants if they have special topics they would like us to be working on.

## **MEDICARE**

For those in the USA subject to Medicare, there are some changes in 2025 of which you should be aware:

- The deductible has increased. This deductible is eligible for reimbursement from Cigna at the normal 80% rate. Because you are covered by Medicare, it must first be submitted to them even though because of the deductible, Medicare will not pay.
- The annual wellness visit covered by Medicare now includes an evaluation of social determinants of health
- Tele health, that many of us have used since the pandemic, will no longer be covered by Medicare. The only exception to this is coverage in rural areas.

We hope that many of you were able to be in on the zoom on Medicare offered by the WDC office of SHI. The Power Point is now available on our website. For those who did not make it, the webinar will be repeated at the end of March and answers to some of the questions incorporated into the new presentation. This second zoom will be recorded, and it will be available on our website soon after.

## **OTHER**

The World Health Organization (WHO) has designated the Digital Ethics Centre at Delft University of Technology in the Netherlands as a WHO Collaborating Centre on artificial intelligence (AI) for health governance. AI has the potential to re-shape health care, save lives, and improve health and wellbeing. However, harnessing its benefits for good requires collaboration from stakeholders committed to robust governance, ethical safeguards, and evidence-based policies.

NOTE: Since we have been promoting information on Cognitive Reserve for some time, we have included a separate article on this topic in this issue.

HAPPY SPRING OR AUTUMN - PROMOTE YOUR HEALTH!

## **PENSION UPDATE**

### **Pension Security**

We have received several messages asking how the departure of the U.S. from the WHO (Argentina has also announced it will do so, and other countries may join later on) will affect our Pension and Health Insurance. So far, we have not received any official communication from the United Nations Joint Staff Pension Fund (UNJSPF) regarding how future pensions could be impacted by the political positions of certain countries. However, it is important to remember that UNJSPF is an independent entity within the UN system. Its tripartite composition (Organizations, Staff, and Governing Bodies) allows it to maintain economic and financial independence, ensuring that it can invest and manage capital profitability—the foundation of pension benefits. According to the latest report from the Investment and Actuarial Committee presented at the 2024 UNJSPF Assembly, the financial situation is profitable, stable, and secure, meaning there is no reason for concern at this time. Similarly, health insurance is funded by participant contributions, making it independent of any country's decisions. At AFSM, we remain attentive to the evolution of events and will keep you informed upon receiving any additional official information from UNJSPF or SHI.

### **Retirees and beneficiaries: cost-of- living adjustment in US Dollars in April 2025**

In accordance with the UNJSPF Pension adjustment system and based on CPI (consumer price index) data from the Monthly Bulletin of Statistics (MBS) published by the UN Statistics Division, there will be a 2.8 percent cost-of-living adjustment (COLA) to the US dollar track of periodic benefits for this year, effective 1 April 2025.

### **More on Cost-of-Living Adjustment**

The applicable COLA adjustments for all countries of residences will be applied effective 1 April 2025. Cost-of-Living Adjustment (COLA) letters with these details will be issued by the end of April 2025. All beneficiaries who registered for access to their UNJSPF Member Self-Service (MSS) account will be able



to access their COLA letter in MSS under the DOCUMENTS tab. Your initial benefit is adjusted over time for movements of the consumer price index in the United States if you are on the dollar track. If you have opted for the two-track system, your pension amount will be adjusted also taking into account the movements of the CPI of your country of residence.



## **AFSM SPRING LUNCHEON**

**Thursday, 29 May 2025 11:30 am-2:30 pm**

Please join us for the first AFSM Spring Luncheon since the pandemic. This is an opportunity to gather together with former PAHO colleagues and friends, enjoy a meal, and exchange news about PAHO and more. See details below:

**MAGGIANO'S LITTLY ITALY, Tysons Galleria**  
2001 International Drive; McLean, VA 22102; (703) 917-5477

*Cost: \$45/person*

The meal will be served FAMILY STYLE and include appetizers, pastas, various entrees, freshly baked ciabatta rolls, dessert, coffee, tea and sodas. A cash bar will be available.

**Please RSVP by Thursday, 22 May, to Karen Gladbach at [gladbach.afsm@gmail.com](mailto:gladbach.afsm@gmail.com)**

Payment may be made by check or direct transfer to the AFSM PAHO/WHO FCU account.

1) Mail check, *payable to AFSM* to:

Karen Gladbach  
310 North Oakland Street,  
Arlington, Virginia 22203

2) Direct transfer to AFSM PAHO/WHO FCU account. Call the AFSM Treasurer, Sylvia Schultz at 703-273-7252 (landline) for the account details to make the transfer.

**RSVP by Thursday, 22 May 2025**  
**Reservations cannot be accepted after this date**

# Age Liberation

## The value of positive aging!<sup>1</sup>

---

**Background,** by Martha Pelaez



During the Decade of Healthy Ageing WHO has asked all of us to change how we **think** (stereotypes), **feel** (prejudices), and **act** (discrimination) towards others and ourselves. Negative thoughts about ‘old age’ have serious consequences for our physical and mental health. It is simple logic: if we have adopted negative stereotypes about old age we may be creating a self-fulfilling prophecy: “Old people can’t or shouldn’t .... I am old, so I can’t or shouldn’t.

Older people with positive age beliefs might be inspired to learn, to walk, to dance, to be engaged with their environments; therefore, they will be caring and nourishing themselves and giving a significant boost to neuronal and muscular growth.

Research has shown that ***how we think about old age*** affects our health and longevity, and ***how changing negative thoughts into positive thoughts about old age*** can not only improve our wellbeing but also our healthy longevity. Becca Levy, a public health researcher and gerontologist at Yale School of Public Health has done many decades of research on Ageism and published her latest findings in “***Breaking the Age Code: How Your Beliefs About Aging Determine How Long and Well You Live.***<sup>2</sup>” The book is available in multiple languages, and we encourage you to read it.

In her book, Dr. Levy’s research demonstrates that negative age stereotypes magnify stress in our bodies, whereas positive age beliefs act as a buffer against stress. These are some of the findings from her work:

- People with positive age beliefs lived an average of 7.5 years longer than those with negative age beliefs.
- Positive age beliefs promote exercise and social and intellectual engagement..., all of which augment brain health.
- Among people carrying the APOE gene (which increases the risk of developing late-onset Alzheimer’s), those with positive age beliefs were 47% less likely to develop dementia than those with negative age beliefs.
- Successful older people reinvent themselves in later life. An example is the American folk artist known as “Grandma Moses” who worked in embroidery until her late

---

<sup>1</sup> In response to the request of our AFSM Healthy Ageing Committee, this is the inaugural contribution for the column in each Newsletter on varying topics of healthy ageing.

<sup>2</sup> Levy, Becca. “Breaking the Age Code: How Your Beliefs About Aging Determine How Long and Well You Live” Harper Collins Publishers (2022).



seventies, when she developed arthritis in her fingers and so she took up painting instead. She painted every single day until her 101<sup>st</sup> birthday.

- Negative stereotyping of old people is no different from the racism or sexism stereotyping. Yet, ageism remains for many of us a “nonissue”.

The main conclusion of Dr. Levy’ is that: “A common theme of negative age beliefs is that debilitation in later life is inevitable. As a result, we found that people with negative age beliefs, compared to those with positive age beliefs, are less likely to engage in healthy behavior, since they regard it as futile”.

This year the AFSM Healthy Ageing Committee wants to promote an Age Liberation Movement among our members and solicit your thoughts on different ways your thinking about old age impacts your wellbeing. Many AFSM members have found that there is life after work; that there is joy in ageing and in reinventing themselves; but some may be experiencing the vicious cycle created by debilitating negative age beliefs. These beliefs prevail in our society and in social media. A study of how age beliefs played out on Facebook found that 74% of public groups available to researchers, “vilified older people, infantilized them, or advocated banning them from public activities”. Ageism is not only what others say about old age; but what older people say about themselves.

In Breaking the Age Code, Dr. Levy presents the ABC Method to change our age beliefs:

1. **Awareness.** We cannot improve what we are not aware of... check how you talk about old age and older persons; recognize the heterogeneity among older persons.
2. **Place Blame where blame is due.** Is it the ageing process or ageism that makes being old difficult? If my knee is hurting, do I blame it on being old (ageism) or do I search for the cause of the pain? I cannot change my age, but perhaps I can find the cause of the pain.
3. **Challenge negative age beliefs.** This means call it out when you see it. Is describing an older person as “Young at Heart” or, “Young with Experience” ageist? Youth-centric language is ageist because it suggests that love, creativity, and vitality are not proper characteristics of older people. Challenge your language and see how your age beliefs begin to change.

**Perspective,** of Gloria Coe

*“Beautiful young people are accidents of nature, but  
Beautiful old people are works of art”*

(Eleanor Roosevelt)



It is wonderful to be alive, to enjoy the richness of my ninth decade, and to plan for my future. I am grateful to have time and resources to continue growing and achieving, to witness the growth of future generations, to enjoy small moments of life that I missed when I was younger, and to prioritize physical, mental, and other healthy aspects of ageing.

As a child I learned about plant-based meals and walking when I was living on my grandfather's farm on a small island in the Western English-speaking Caribbean. This knowledge serves me well today as I find it easy and nostalgic to follow a plant-based diet and to enjoy walking; each is healthy in the older years.<sup>3</sup>

In my younger years, I had many experiences working in health promotion and communication and health technology that gave me great personal happiness, despite occasional uncomfortable and sad occurrences. Although I had rare moments of anger and resentment, all of these experiences helped me understand my strengths and weaknesses, to become more self-aware, to be wiser about my relationships; and who and what to avoid.

These experiences serve me as a North Star to guide my relations with family, friends, colleagues, and acquaintances. They suggest boundaries, what is and is not possible; they reveal the importance of kindness, honesty, affection, respect, and truth; highlight the influence of culture and religion, and the triviality of skin color and hair types. Today I enjoy and cherish the wonderful PAHO/WHO family with whom I had the privilege to work.

Despite painful moments that continue to challenge me, I follow what is written in the poem, *Invictus*: "I am the master of my fate, I am the captain of my soul."<sup>4</sup> I choose what and who to remember, enjoy, cherish and love.

My generation is the first across the history of mankind to have the freedom to discuss The Joys of Ageing, thanks to the leadership and work of the Organization for which we worked. In the 1900s, during the lifetime of many of our grandparents, the average life expectancy was 31-32 years. In 1902, 11 American Republics established the International Sanitary Bureau that 20 years later became the Pan American Sanitary Bureau and 20 years later, the global community of nations established the World Health Organization. Thanks to the dedicated work of these agencies among others, their staff and thousands of counterparts in the Ministries of Health and National Governments, in 1950 the average life expectancy increased to between

---

<sup>3</sup> Maya Brownstein, *Score another point for the plants. Study finds 1:2 ratio of plant to animal protein lowers risk of heart disease*: (The Harvard Gazette, December 2, 2024). <https://news.harvard.edu/gazette/story/2024/12/higher-plant-to-animal-protein-ratio-improves-heart-health/>. Michelle M. Ramey, Grant S. Shields, Andrew P. Yonelinas, *Markers of a plant-based diet relate to memory and executive function in older adults*: (Nutr Neurosci, 2022 February ; 25(2): 276–285). <https://pmc.ncbi.nlm.nih.gov/articles/PMC7572433/pdf/nihms-1586082.pdf>.

<sup>4</sup> William Ernest Henley, *Invictus*. Written in 1875, published in 1888. <https://en.wikipedia.org/wiki/Invictus>

45.7 and 48 years, and by 2019-2020 to between 72.6 to 73.2 years. “This extraordinary rise is the result of a wide range of advances in health – in nutrition, clean water, sanitation, neonatal healthcare, antibiotics, vaccines, and other technologies and public health efforts . . .” During these days of global challenges, may each of us remember with pride the amazing leadership of PAHO, WHO, Ministries of Health, and the multitude of national counterparts promoting health, wellbeing, and longevity, as we welcome and treasure - The Joys of Ageing.

**Perspective**, of Marilyn Rice:



As I pass the midway point of my seventieth decade, I am grateful for things I have now that I did not have when I was younger. When I was working, I always made time in the day for some physical activity that is paying off now in helping to keep me physically healthy. But back then, I usually got up at 4 AM to have time to play tennis or go to the gym before going to work or to do my exercises in the hotel room before joining the teams in the countries. Now I don't get up until 6:30 or 7 AM to start my day with tennis, qigong, Pilates, or a workout in the gym, followed by a leisurely walk with the dog and then breakfast with Frank.

I love being in control of my time and calendar, with the flexibility of focusing on the things I most love and not doing things to fulfill work requirements that I often found unsatisfactory and not rewarding. For my personal growth, educational and cultural events are important to me. Where I live in Florida, we have a wonderful lifetime learning program for seniors and I feel so enriched by the amazing courses I can take. This keeps my mind growing and exploring in so many new and exciting ways. I am also fortunate to have access to wonderful theater and so I have subscriptions to four theater series (drama, humor and music, ballet, and modern dance), that I share with friends who provide supportive discussions and amusement. In control of my time and resources from my PAHO pension, I can travel the world and learn of new countries, cultures, and experiences I did not have time for when I was working full time. I also have more time to spend with family and friends who come to visit us in warm Florida when the winter is cold up north.

It is important to me to give back to those less fortunate than me. Through my sister I have connected with a US-wide non-profit organization called Volunteers in Medicine that provides free medical, dental, visual, social, and mental health services to people who cannot afford them – mainly undocumented immigrants in the US. I can use my language skills to translate for the therapists for Spanish and Portuguese speakers who have trouble understanding English. This keeps me grounded and appreciative of all that I have in my life.

Finally, I live in a very supportive community where I have made great friends. These friendships and ongoing social gatherings give me great joy, and help to round out the physical, mental, and emotional aspects of my healthy ageing.

**Perspective,** of Sumedha Mona Khanna



I believe that Ageing is a gift of life and the first thing that comes to mind is Gratitude that I am given this gift of long life. I have had a successful and happy life and at this phase (age 84), I am financially stable and reasonably healthy. My major task now is to let go of what I have outgrown- that includes material possessions and relationships that have little or no meaning now. I am clearing out stuff I don't need so I will have just what serves my life at this phase.

Now, I am seeking a life that provides purpose and pleasure. This includes:

1. Writing
2. Volunteering at some senior residential services
3. Supporting programs that help disadvantaged women and give opportunity to girls for education and a better life.

I am pursuing all these things now and through them I am experiencing the Joy of Life at this precious phase of my life.

**Perspective,** of Yvette Holder



Perhaps the best thing that I have found about growing old is that I laugh a lot more, mostly at myself, but dear friends and the occasional strangers are not exempt, the latter because I can identify with the funny situations in which they find themselves. Like looking for the phone while speaking on it, or for glasses while on my head. My mantra is “It happens to us all”, and with that, new friends are made.

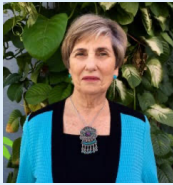
Age provides the opportunity to experience more, and the freedom to enjoy it all with constraints that lessen with time. I order dessert first because I don't want to be so full that I can't enjoy my sweets. And I don't care if that is not the accepted order of things. Age gives one the courage to challenge what is accepted, especially if one didn't do so when younger. Yes, growing old definitely has its advantages. Embrace it!



# Virtual Seminar on Resilience and Healthy Longevity

---

*By Martha Pelaez*



The Healthy Aging Committee presented its first virtual seminar on Wednesday, 25 March, on "Resilience and Healthy Longevity." Dr. Luis Miguel Gutiérrez Robledo, researcher, professor, and geriatrician, presented the concept of resilience from a biological and psychological perspective, defining it as "an individual's ability to identify and obtain support from available resources (internal and external) when faced with adversity." The webinar, in Spanish, is available on the AFSM website and at:

<https://www.youtube.com/watch?v=OLsWPTDI0iw>

Here is a brief summary of how the topic of resilience was addressed.

Dr. Gutiérrez presented the origin of the term "resilience" from the Latin "resiliens," that refers to an elastic or flexible quality in a substance. "At the center of this framework, there is always some form of adversity, a positive response to the challenge it presents, and an underlying mechanism that enables it."

Stress is normal; it is an important measure of adversity in life, both physically and emotionally, that allows us to age resiliently. For this reason, older adults who managed to navigate adversity while maintaining their functional capacity have strengthened their ability to cope with adverse situations and effectively recover their physical and emotional functions.

A very important message that Dr. Gutierrez conveyed in his presentation is that resilience in ageing goes beyond the psychological capacity to adapt to challenges: it has a profound biological significance that directly influences frailty and the decline of intrinsic capacity. At the cellular and systemic level, biological resilience manifests itself in the body's ability to maintain homeostasis, repair damage, and resist physiological stress accumulated over time. Ageing with resilience involves greater efficiency in DNA repair mechanisms, a balanced inflammatory response, and improved mitochondrial function, all of which delay the onset of frailty and preserve intrinsic capacity, such as mobility, strength, and cognitive function. This biological resilience not only prolongs autonomy and quality of life but also reduces

the risk of chronic diseases and ageing-related disabilities, highlighting its crucial role in healthy longevity.

The webinar concluded with a presentation by Dr. José Francisco Parodi, professor and geriatrician, who coordinated a discussion on how to translate theory into practice. Due to time limitations, much remained unexplored. In an upcoming virtual seminar, the Healthy Ageing Committee will examine proven tools and strategies to improve responses to stressful situations or problems for older adults in our region. If we add the concept of resilience to the healthy ageing model, we need to consider access to interventions that foster greater resilience in the older adult population by increasing the social and environmental resources that act as protective factors and promote resilience.



### *In Memoriam*

#### DEATHS NOT PREVIOUSLY REPORTED

***Clara Ines Rubiano Pulido, Colombia – February 2025***



# Where Are They Now?

*By Adrianus Ton Vlugman*



I forgot. Although I promised to write this “Where am I now”, it slipped my mind for the June’ 24 issue.

That’s one of the aspects of getting older; I have the most difficulty with my short-term memory getting shorter and shorter.

I now keep a “To Do” list next to my bed. Guess what the first item on that list is? “1. Check this list!” The youngsters tell me: “Use your Smart Phone to send yourself reminders!” but I am not that smart! I am from the old school, and I still forget to fasten the seatbelt in the car. That’s one reason I ride a motorbike; I do not need to remind myself to buckle up.

I retired during the COVID-19 pandemic on 1 September 2020. We recently moved into a large house, home to three generations: daughters, son-in-law, granddaughter and her grandparents, under one roof in Barbados. I love it. Especially when they ask me to fix what they have broken; I love it when my granddaughter says when she breaks something: “Opa will fix it!” My son-in-law and I built a well-equipped workshop for that purpose.

I also breed aquarium fish and continue raising many angel fish, electric blue acaras, rainbow- and yellow cichlids. Actually, the fish did the breeding; I only provided a conducive environment. I tried to create such an environment for the amazing Amazon neon- and cardinal tetras but had no such luck. They are from the Orinoco Basin and require a specific sequence of varying water quality and temperature to get them into the mood to procreate.

Although I have plenty of hobbies and things to do and a loving family around me, I got depressed six months into my retirement. I became listless, slept in late, and postponed fixing things. However, I did not neglect the fish and their fry babies, new life for which I felt responsible.

On 8 April 2021, PAHO called me to ask if I could go to St. Vincent in response to the volcanic eruption. “OH YEAH!” I immediately sprung into “work mode” and felt life streaming back into my body. The whole family noticed the gleam in my eyes and the spring in my steps. A few days later, an interagency team (DaO!) sailed in a fishing boat to St. Vincent. We caught two Barracudas on the way, just in case we ran out of canned tuna and sardines.

I realized that I needed to be “work-busy”. Hobbies are fine, but hobbies are a pastime after work. To Hamlet’s contemplation: “To be or not to be”, I say: “To be is to do”. I need to respond to people’s needs and create a better future to find meaning in my life. Working this way recharges my internal mental battery.

Luckily, I could do a few on-and-off advisory services during emergencies and play plumber in the PAHO’s SMART Hospitals Project addressing water supply, sanitation and hygiene (WASH) issues. The SMART concept includes increasing the resilience of the health care

facility to disasters as well as making it more efficient in energy and water consumption, thus reducing its carbon footprint and making it greener. Rainwater harvesting seems to be a complex technological challenge, even if it is only for washing and flushing.

After the floods in Suriname in 2022, I developed and implemented a rainwater harvesting project for the affected community in the interior. Rainwater is its best source of drinking water, with large storage tanks to overcome periods of droughts like it faced in the past months. The project installed one hundred-and-eighteen 450-gallon tanks in remote villages along the main rivers. Just two tanks short of the target of hundred-and-twenty commemorating PAHO's 120<sup>th</sup> birthday.

I went out with a crew of six to supervise the installation. We rode upstream in large dugout canoes over the many rapids, locally called soelas. Occasionally, we had to unload everything, carry the materials, supplies, and personal bags along the rapids, pull the empty boat over rocks and water, reload on the upstream side and continue to the next soela. Two project villages did not allow white people to trespass their entrance portal. A magic spell casts a deadly curse on the offender. Respectfully, I remained outside.

At Granbori Soela, deep in the jungle, the boatman left me at the water's edge while he drove the boat over the rapids to collect me and the materials. He handed me a shotgun and cartridges in case a hungry jaguar might be interested in human meat. I quickly loaded the gun and anxiously waited for the boatman while looking nervously over my shoulder. I omitted this part in the delivery report.

At 67, I was the oldest of the team but the fittest. Wow, that felt good. Seeing the happy faces of the people with their new large rainwater tanks felt even better.

<https://onedrive.live.com/?redeem=aHR0cHM6Ly8xZHJ2Lm1zL2YvcyFBaVlzM3I3ZHhpQR3FncnNaZG1YcVJPejNOaGJfdUE%5FZT1DV1NYMGg&id=AAF1CC1D2CDF2C26%2140345&cid=AAF1CC1D2CDF2C26>

I noticed a small lump in my groin after walking through the jungle and over the soelas. Ah, a little hernia, nothing to worry about. I will get it fixed on my return to Barbados.

My colon ruptured one day after that routine intervention. Wow, that did not feel good!

The rest of 2023 was one of healing and recuperation; four operations, five months in and out of the hospital, pooping in a bag for a while and regaining forty pounds in lost weight, overshooting my target. I don't think I will ever return to my "Normal" of 2022 so I accept this as my new normal, not including the massive incisional hernia bulging out from my stomach now. A tight belt around my waist keeps the waste in my intestines restricted. The hernia will be fixed on Valentine's Day 2025. I asked the surgeon to use a heart-shaped stitch to affix the mesh. I don't think he loves me that much.

Although I am not as fit as in December 2022, I was fit enough this year to respond to the impacts of Beryl in St. Vincent, specifically Union Island, that solely relies on harvested rainwater for its water supply. Fixing roofs became a WASH priority.

In Jamaica, our team focused on SMART healthcare facilities that fared better during the hurricane. I fared OK during this assignment, with some discomfort from the abdominal hernia belt.

In November, I spent three weeks with my brother in the jungle of Suriname, fishing in the South River, close to the border with Brazil—three weeks without WIFI, internet, WhatsApp, and TV. I didn't know who won the election in the USA until my return to Paramaribo on November 21<sup>st</sup>. I did not miss the hyped-up hullabaloo of the election campaigns and media coverage.

We had a satellite phone for emergencies and an extensive first-aid kit, including broad-spectrum antibiotics, just in case. On a previous fishing trip, I developed dermatitis from the many minor puncture wounds from the sharp hooks and cuts from the fishing line.

<https://onedrive.live.com/?redeem=aHR0cHM6Ly8xZHJ2Lm1zL2YvcyFBaVlzM3I3ZHpQR3FncmMtailvN0dUXzJxY2EtNWc%5FZT1ZR1lWYzY&id=AAF1CC1D2CDF2C26%2139870&cid=AAF1CC1D2CDF2C26>

Being alone in the jungle with basic comforts, listening to the sounds of nature, seeing the wildlife, driving over the treacherous rocky river flanked by trees, and sleeping in the open air in a hammock is rejuvenating. This is a of jungle scenes and a large wolffish, locally known as anoemara.

Lying in the hammock, contemplating, I feel the need to return to Suriname in 2025 to expand on the rainwater harvesting project and focus on the remote villages above the soelas. Many households in villages accessible by road have large rainwater tanks, but there are very few such tanks in these remote areas.

Thus, my 2025 resolution is to develop and implement a rainwater harvesting project with private-sector funding and community participation for these remote villages. And do more physical exercise to regain strength for the arduous travels in the jungle.

I have now completed my 2024 resolution: to write daily a one-page story about my childhood, studies, work, events, and musings. I wish to share my experiences, the good, the bad, and my mistakes with young professionals to guide their thoughts and actions toward a better future for all.

Writing captured my focus in 2024, so I am flabbergasted that I did not write this contribution to the AFSM Newsletter sooner. It is not because I am running out of material. More is yet to come! Belatedly, I wish you all a happy and healthy 2025.



# **XIX Assembly of the Colombia Chapter of the Association of Former PAHO/WHO Staff Members**

---

## ***Members Invite to Strengthen the AFSM Chapter: Progress***

**By:** Alberto Concha-Eastman, Santiago Nicholls, Rodrigo Rodriguez, Ricardo Torres

"Thanks to the warm welcome and hospitality of Dr. Gina Tambini, PWR in Colombia, the XIX Assembly of the AFSM-CC was held on 11 October 2024, at the headquarters of the new offices of the Representation. The Assembly was attended in person, virtually, or by proxy by 25 of the 36 active members, representing a quorum of 69% of those with voting rights. Participants came from several cities, including Bogota, Cali, Cartagena, and Medellin, and from several countries, including the United States, Paraguay, and Peru.



The President of the Board of Directors 2023-2025, Alberto Concha-Eastman, presented his report for the 2023-2024 period (available upon request) highlighting the dedication and commitment of the Board to its monthly meetings and the achievements during the period, especially the successful photography contest, with support from the Association and the participation of colleagues from Colombia and abroad, who sent selected images of special moments in which photography allowed them to remember moments and scenes aesthetically captured with a variety of cameras. He also

highlighted the progressive and promising relationship between the Colombian Chapter and AFSM, as well as his participation as the Colombian Chapter's representative on the Extension Committee. Treasurer Ricardo Torres presented the financial report for 2023-2024 and the work plan and budget for 2025.

Hernan Rosenberg, President of AFSM, participated virtually as a guest from Washington DC. He congratulated the Colombian Chapter for being the only one operating and highlighted the AFSM's progress toward institutional recognition by PAHO, through the recent signing of a memorandum of understanding with PAHO's Director Dr. Jarbas Barbosa. As a result of this event, the Association was formally invited, for the first time, to participate in the PAHO Directing Council in September 2024 and to the March for Health in WDC.

He also reported that the directors of WHO and PAHO support AFSM's activities and that the Association's members are actively involved in the Healthy Ageing Committee, participating as recipients and actors in various activities, recognized by PAHO as important inputs.

Regarding health insurance, Hernan emphasized the importance of signing agreements with certain health care providers in the countries and cities where retirees reside. With the PAHO insurance card, retirees can access emergency services without obstacles and without having to provide financial guarantees.





Guest Phillipe Lamy, Coordinator of the Outreach Committee, explained from Paris that the Outreach Committee's objective is to explore new actions for the Association by promoting more active member participation. To this end, a survey was designed to gather members' opinions and suggestions. Participants at the Assembly were encouraged to complete the survey, and the deadline for submissions was extended to 31 October. The report on the survey results and analysis will be released soon.

Dr. Gina Tambini gave a detailed presentation on PAHO's technical cooperation strategy in Colombia for the period 2024-2026, entitled "Health Equity for Life." The strategy seeks to respond to the priorities expressed in the National Development Plan and the Ten-Year Public Health Plan and is in line with the mandates and commitments of the Governing Bodies of PAHO and WHO. The strategy is available at

<https://www.paho.org/es/noticias/6-3-2024-colombia-firma-estrategia-cooperacion-equidad-salud-para-vida-con-oms-ops>, within which three major themes stand out: Health Reform, Elimination of Communicable Diseases, and Emergency Preparedness and Response.

The objectives and proposals approved at the Assembly for the 2024-2025 period seek, above all, to promote member participation in chapter activities. In summary, the following are the objectives:

- Invite retired Colombians residing abroad or in Colombia to join AFSM. The Association supports friends and colleagues with whom it has shared a life at PAHO.
- Strengthen communication through new technologies.
- Promote activities that foster friendship, solidarity, health, wellbeing, and quality of life for retirees and their families. These include a film club, a photography contest, and storytellers.
- Keep the health situation in Colombia and the Americas up to date through ongoing contact with representatives and newsletters from the PWR, PAHO, and WHO. Our interest in public health unites us.
- Promote meetings of members grouped by regions, based on their city of residence in Bogota, Cali, Cartagena, Medellin, etc., for which a financial subsidy is provided per participant.
- Reemphasize compliance with the recommendations of the WHO document "Decade of Healthy Ageing 2020-2030," considering that AFSM in WDC has a committee available to address concerns and make recommendations.

At 1:00PM the meeting adjourned, attendees were thanked for their participation, and participants and PAHO officials were invited to lunch.



# Cognitive Reserve

---

*By Carol Collado*

## **Background on Mild Cognitive Impairment**



For a while now, we have been discussing dementia and promising to bring you information on Cognitive Reserve. Let us first review the background. It is estimated that at least 40% of the population will evidence vascular dementia in its lifetime. At present, 18% of the global population is showing signs of Mild Cognitive Impairment (MCI), and 10-15% of those will go on to develop dementia. Risk factors for dementia development include hypertension, diabetes, smoking, elevated cholesterol, heart disease, decreased physical activity, sleep deprivation, and

obesity.

MCI is a neurocognitive disorder that involves cognitive impairment beyond what could be expected by age or education but does not interfere with activities of daily living. Symptoms typical of MCI are forgetting things often, missing appointments, inability to follow conversations, finding the right word, poor judgement, and losing oneself in known areas.

## **Cognitive Reserve**

Cognitive Reserve has been defined as the brain's ability to improvise and find alternate ways of getting a job done. It reflects how agile your brain is in pulling in skills and capacities to solve problems and cope with challenges. It is developed through a lifetime of education and curiosity. Its importance was identified in the 1980s when some postmortem examinations showed that some people had advanced Alzheimer's pathology in their brain tissue, though during their lifetime they showed no physical or mental evidence of the disease. These functional abilities beyond the pathology became known as *cognitive reserve*. Everyone who wishes to avoid the symptoms named above should be interested in how to grow and maintain individual cognitive reserve.

## **How do we do that?**

Many of the recommendations for strengthening cognitive reserve are geared towards diminishing the risks identified. Some are listed here, but people know the things that are challenging for them, so there will be many risks that are not listed. Strengthening cognitive reserve is a lifetime process and, although an early start is ideal, research has shown that one can begin at any stage and have results.

**Diet:** the MIND Diet (the Mediterranean-DASH Intervention for Neurodegenerative Delay [MIND]), mentioned in our last newsletter, is a combination of the Mediterranean Diet and the DASH Diet (Dietary Approach to Stop Hypertension). It combines elements of these two diets to promote brain health and reduce the risk of dementia. It emphasizes eating whole grains, green leafy vegetables, berries, nuts, and healthy fats while limiting red meat, butter, cheese, and sweets. Utilizing the MIND diet has been shown to reduce Alzheimer's disease occurrence by 35%-53%. It also reduces inflammation and heart disease.



**Exercise:** Any exercise is good and even a few steps to start can help. Physical exercise is helpful, by doing things such as walking, weight training, resistance training, etc. Exercising the mind is equally important, such as reading, writing, doing crossword puzzles, playing board games, participating in group discussions, and learning new skills. In other words, challenging oneself.

**Sleep:** The general recommendation is a minimum of 7 hours daily. Research has shown that people sleeping only 6 hours demonstrate less capacity in meeting challenges, but they do not recognize that they are performing less than their normal capacity.

**Social engagement:** More attention is being paid to the social determinants of health, and the damage that isolation has to one's health. Interaction is a basic human need and those who do not engage are known to begin a downward slope in their wellbeing. There are studies showing the effects of isolation and its detrimental effects on both mental and physical health, based on the obligatory isolation that the pandemic brought. One problem of ageing is that family members may no longer exist, or they are far away in today's mobile populations, therefore alternate social encounters must be found. There are many ways in which people can activate interchange with others, such as book clubs, walking groups, telephone tags, and attending sponsored activities like concerts. Volunteering is an excellent way to engage with others. In one study, those who volunteered 1-4 hours per week demonstrably slowed their physical ageing process.

**Stress management:** The Karolinska Institute in Sweden, known for its research in health promotion, identified that stress undermines the beneficial relationship between mentally stimulating activities and life experiences with cognitive fitness. Mindfulness and Meditation are useful for some. Others benefit from learning stress management strategies that can vary widely according to the individual.

**Self-care:** Respecting and valuing oneself is critical to building cognitive reserve. In addition, it has been shown to be important to have a sense of purpose and meaning in the activities in which we engage. Having a sense of purpose has been shown to have health benefits both concurrently and in the long term. This is reflected in both subjective and objective health markers such as reduced risk for disability and eating disorders, increased engagement with daily activities, healthier sleep habits, and improved oral hygiene.

The important take-away from the information on cognitive reserve is that with some intention and effort, even those showing some MCI can work towards applying strategies that lead to a better quality of life as they age!





# The Back Page

## Members of the Board

Rolando Chacon, Carol Collado,  
Karen Gladbach, Hugo Prado,  
Marilyn Rice, Hernan Rosenberg,  
Sylvia Schultz, Juan Manuel  
Sotelo, Gina Watson

## Volunteers

Jeannette Bolaños, Enrique Fefer,  
Antonio Hernandez, Gloria  
Morales, Martha Pelaez,  
Stanislaw Orzeszyna

## Focal Points

Mirta Roses Periago – Argentina  
Karen Sealy – Barbados  
Horacio Toro Ocampo - Bolivia  
Lucimar Coser – Brazil, Brasilia  
Cesar Vieira – Brazil, Rio de  
Janeiro  
Antonio Campino – Brazil, São  
Paulo  
Rodrigo Pascal – Chile  
Maria Mercedes Rodriguez –  
Colombia  
Carlos Rosales – Costa Rica  
Catherine Cocco – Dominican  
Republic  
Karen Sealy – Eastern Caribbean

Miguel Malo - Ecuador  
Philippe Lamy – Europe  
Mena Carto – Guyana  
Carol Burgher – Jamaica  
Angelica Bartolo Sanchez –  
Mexico  
Violeta Mata Garcia –  
Mexico  
Jeannette Bolaños –  
Nicaragua  
Haidee Olcese – Peru  
Elva Lopez-Nieto – Panama  
Maria Teresa Cerqueira –  
USA

## Communications Committee

**Coordinator & Editor-in-Chief**  
– Marilyn Rice

**Members** – Carol Burgher,  
Rolando Chacon, Gloria Coe,  
Carol Collado, Enrique Fefer,  
Johanna Ganon, Antonio  
Hernandez, Victoria Imas-  
Duchovny, Sumedha Mona  
Khanna, Violeta Mata Garcia,  
Gloria Morales, Stanislaw  
Orzeszyna, Martha Pelaez,  
German Perdomo, Hortensia  
Saginario, Juan Manuel Sotelo

## President Colombia Chapter

Alberto Concha Eastman

## Outreach Committee

**Coordinator** – Philippe Lamy  
**Members** – Antonio Campino,  
Alberto Concha Eastman

## Health Insurance and Pension Committee

**Coordinator** – Carol Collado  
**Members** – Nancy Berinstein,  
Carol Burgher, Rolando Chacon,  
Jerry Hanson, Violeta Mata  
Garcia, Gloria Morales, Haydee  
Olcese, Garry Presthus, Maria  
Mercedes Rodriguez, Juan  
Manuel Sotelo, Pilar Vidal, Jose  
Luis Zeballos

## Healthy Ageing Committee

**Coordinator** – Martha  
Pelaez  
**Members** – Maria Edith  
Baca, Maria Teresa  
Cerqueira, Gloria Coe,  
Violeta Mata Garcia, Yvette  
Holder, Juan Manuel Sotelo

**Auditor** – Fredy Burgos

**Web master** – Violeta Mata  
Garcia