



# NEWSLETTER

---

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

---

VOL. XXXIV No.3

OCTOBER 2023



*Photo by Stanislaw Orzeszyna, AFSM member in Canada*

## CONTENTS

- |    |  |    |   |
|----|--|----|---|
| 1  | Editorial: Celebrating the United Nations Decade of Healthy Ageing | 13 | Health Tips: Maintaining and Improving Healthy Cognitive Function as We Age |
| 3  | Health and Pension Update  | 17 | 5th Global Council Meeting of AFSMs   |
| 6  | Welcome to New Members of AFSM                                     | 20 | Reflections on Life at 80 and Beyond  |
| 7  | Accompanying Mental Health at PAHO                                 | 23 | My Journey on the Silk Road - Part 2  |
| 11 | The Benefits of Being a Member of the Colombia Chapter             | 26 | In Memoriam   |
|    |  | 27 | The Back Page   |

### *Celebrating the United Nations Decade of Healthy Ageing*

---

*By Martha Pelaez*



The United Nations Decade of Healthy Ageing (2021–2030) was designed to be “*a global collaboration, aligned with the last ten years of the Sustainable Development Goals*”, for the purpose of improving the lives of older people, their families, and the communities in which they live.

The World Health Organization was asked to lead the implementation of the Decade in collaboration with the other UN organizations and serve as the Decade Secretariat. As in other initiatives of the UN, governments, international and regional organizations, civil society, the private sector, academia, and the media are encouraged to actively contribute to achieving the Decade’s goals. WHO created the [Healthy Ageing Collaborative](#) to bring all partners together to collaborate on working to address the four areas of work prioritized for the Decade:

1. **Develop Age-friendly Environments:** to develop better places for people to grow, live, work, play, and age. Age-friendly communities address the social determinants of healthy ageing and enable all people, irrespective of their level of physical or mental capacity, to continue to do the things they value and live dignified lives. Age-friendly environments is a key area of work for promoting healthy aging for all.
2. **Fight against Ageism:** ensure that ageing stereotyping (how we think about old people), prejudice (how we feel about old age), and discrimination (how we act against people because of age) are made explicit and the barriers created by ‘ageism’ are eliminated. Ageism, often implicit, builds barriers making the development of policies and programs supporting healthy ageing for all very difficult.
3. **Create Integrated Care for Older Persons (ICOPE):** The implementation of ICOPE in all communities requires building knowledgeable and supported communities of health care workers that can assess older people’s health and effectively address their needs. The ICOPE Guidelines provide recommendations based on the best available evidence on what works to prevent, slow, or reverse declines in the physical and mental capacities of older people. The Decade must have a campaign that successfully applies what we know to

what we do and creates an infrastructure that successfully promotes healthy ageing for all.

4. Provide access to good-quality long-term care: In the last few years of life, or as we age with chronic conditions, individuals may experience declines in their physical and mental capacity. Access to services enabling older persons to maintain functional capacity and live their last years of life with care and support is an essential component of ‘healthy aging for all.’ Within this action area, PAHO and WHO work to create technical support to countries for conducting national situation analyses of long-term care as the basis for implementing a minimum package of long-term care as part of universal health coverage.

The Association of Former Staff Members (AFSM) of the Pan American Health Organization, recognizing that most of our members, their families, and the communities where they live will benefit from meaningful actions taken by UN agencies during the Decade to promote and make meaningful investments in healthy ageing, has decided to:

- become a member of the Healthy Ageing Collaborative. This means that AFSM has established formal collaboration with PAHO’s Ageing and Health Program,
- dedicate time and resources to educating our members about healthy ageing, and
- advocate for equity in the Organization’s investment in healthy ageing.

AFSM also understands that healthy ageing requires multi-sectorial collaboration and significant investment in creating environments that enable people to age in their communities with dignity and support. We need former staff members of all UN agencies and development banks to get involved in the Decade of Healthy Ageing and help educate both their fellow retirees as well as the leadership in their institutions about the significant steps they can take to ensure that healthy ageing for all means that younger people need not sacrifice their own development and family responsibilities to care for older people without help; and that older people can enjoy the last decades of their lives with dignity and support.

We urge all retirees to get involved, starting with getting informed about the Decade; learning about how to become enablers of healthy ageing in their networks; and advocating in their former Organizations for equitable investment in healthy ageing.



# Health and Pension Update

---

*By Carol Collado and Rolando Chacon*

## Health Insurance

### COVID



I keep hoping that the question of COVID-19 will retire in importance and become, as many predict, another yearly vaccine consideration. Unfortunately, the virus continues to raise important concerns. This virus has demonstrated an uncanny ability to modify itself, morphing into variants able to find new ways of invading cells. Although there is considerable variation across the globe as to which variant is presently responsible for most new cases, one thing has manifested itself in all areas: increases. Globally in July there was an 80% increase from the previous



month, with many of the reported cases in those who had some vaccination.

Here is a bit of background to understand the implications. When WHO declared the COVID emergency eliminated in May of this year, reporting of cases ceased to be a concern and many authorities eliminated case reporting and began to rely on other indices to keep track of the COVID incidence, such as hospital admissions, ER visits, and wastewater monitoring for virus levels. This leaves a definite under-reporting bias to the information available. Therefore, the situation may be even more serious than known.

Another factor influencing the rise in cases is that although it is estimated that most of the population has some immunity from the disease or vaccination, it tends to wane over time, and the percentage of people maintaining the immune levels with boosters is considerably lower than those initially vaccinated. After four years of isolation and life changes, many are thinking that with the situation no longer considered an emergency, life can return to normal. People are feeling free from an immediate threat and are congregating in larger groups, often indoors where poor ventilation and lack of precautions enable transmission, especially when new variants are prevalent.

There has been a good deal of misinformation circulated about the vaccines. The intent of the vaccine never was to provide total immunity to the virus, but, at the individual level, to strengthen one's immunity and ability to fight the virus and avoid the more serious effects requiring hospitalization or leading to fatal outcomes. At the population level, the goal was to create a level of population immunity which would slow the transmission rate and avoid overcrowding of health care facilities.

Since the disease is showing up in many who had been vaccinated, many opt for thinking that the vaccine is of no use. In line with that discussion, one needs some knowledge of the vaccine development and production process to understand the immunity produced. Vaccine development takes time. In the best of cases, recently, about six months. A panel of experts estimates what is the prevalent variant at the beginning of the production process and develops and tests the vaccine to attack the weaknesses of that variant. By the time that it has been judged safe and effective to release to the public, it is very possible that other variants have developed. Although the different

variants do share some characteristics, the vaccines will have a diminished effect. However, evidence shows that it can still provide some protection against the serious effects.

Another public health concern regarding the vaccines is that of equity and availability to susceptible populations such as the elderly and disadvantaged. With COVID no longer an emergency, many governments have rescinded the free vaccine policy, and it is yet to be seen if insurance companies or other programs will enable a population-level uptake.

Here is an update on Long COVID. As more and more cases of prolonged joint involvement, extreme fatigue, and brain fog are reported, research has begun to enable recognition of the symptoms and in turn treatment for this phenomenon.

The New England Journal of Medicine has reported on a multidisciplinary effort involving virtual and in person education for patients and health care providers, accompanied by support activities. One of their findings was that the process must be able to adapt and change frequently.<sup>1</sup>

**The conclusion on COVID for now: it's better to be safe than sorry.** Increased risk urges us (who are the susceptible ones due to age and other factors) to take precautions again: avoiding large groups and enclosed spaces with more than several persons, wearing masks, handwashing, and using different means of staying in touch with significant friends and family.

### **Other Health-Related Concerns**

**Heat-Related Illnesses:** With global warming and its related consequences, we are seeing changes in many disease patterns. As the Northern Hemisphere is predicted to have several more weeks of high temperatures than previous years, including some heat waves, and as the Southern Hemisphere moves into spring and summer with higher-than-normal temperatures predicted, it is of concern for all. Malaria and dengue are being seen further north and south of the expected geographical areas, and WHO reports an increase in Chikungunya in the countries of the Americas, especially Paraguay and Argentina where up to 250,000 cases have been identified. As the weather warms, it is vitally important to protect against these mosquito-borne diseases. Remember, these are transmitted by the Aedes Mosquito that tends to bite during the day or in well-lighted spaces so that mosquito repellent or covering exposed skin is critical. Also, as the sea water temperature rises, there is more chance for people to be exposed to bacteria, both directly through cuts and through seafood caught in shallow water, such as oysters. Predators, such as sharks, are attracted to the warmer water and there have been several reports of attacks in areas with higher-than-normal sea temps very close to the shore.

**Bird Flu:** Although human cases of bird flu are rare (878 reported over 20 years), its fatality rate is 52%. Since its presence has been reported in 15 countries in this Region from Canada through Argentina and Chile, with some transmission to other wildlife such as foxes and sea lions, it is good to be prepared. Transmission is from the mucus, saliva, and feces of the infected bird, either through direct contact or through inhalation. Should you be in an area where bird flu is reported, do AVOID contact if possible and use gloves, handwashing, and masks if you need to be exposed.

**Influenza and Pneumonia, RSV:** These ever-present respiratory diseases tend to surge when seasons and climate change. There are now vaccines for each (RSV is new), so it's good to consider if you want/need protection.

---

1 <https://catalyst.nejm.org/doi/full/10.1056/CAT.23.0120>

**Interesting News and Resources:** On the AFSM website home page you will now see a link to Frequently Asked Questions (FAQ). This is planned to be an evolving section, so if you have unanswered questions, please send them to [afsmpho@gmail.com](mailto:afsmpho@gmail.com) and we will make sure they are included.

WHO has launched the “WHO Civil Society Commission”

(<https://www.who.int/about/collaboration/civil-society-and-ngo-engagement/civil-society-commission>), and it held the inaugural meeting of its Steering Committee in Geneva. The Commission provides, for the first time, the ability to channel advice and recommendations on health priorities and related issues in a more structured and systematic manner from civil society to WHO. The historical role of civil society organizations (CSO) in bringing about change in public health is well known. While WHO has a long-standing tradition of working with CSOs, the establishment of the Commission takes the collaboration to a new level. <https://www.who.int/news/item/24-08-2023-new-who-civil-society-commission-to-strengthen-civil-society-organizations--role-in-accelerating-progress-in-global-health>

WHO has also inaugurated the WHO online repository of evidence-informed decision-making (EIDM) tools. This is the first of its kind to highlight WHO tools and external tools utilized by WHO to facilitate knowledge translation and partner-organization involvement in planning, managing, monitoring, and evaluating the process of evidence use and implementation (<https://evidence-impact.org/>).

Remember, YOU are the driver of your health. Stay active, eat with good nutrition as a guideline, be informed, exercise both mind and body, and avoid loneliness.

## **Pension**

### **The 75th session of the United Nations Joint Staff Pension Board**

The 75th session of the United Nations Joint Staff Pension Board concluded on 28 July 2023, after addressing several crucial pension-related matters and was hosted by the International Maritime Organization in London, UK, from 24-28 July 2023.

Key points discussed and decisions made during the session include:

- 1. Asset-Liability Management (ALM) Study:** The session included the presentation of an ALM study conducted every four years by an external consultancy firm. This study aimed to assess the impact of investment and solvency-related decisions on the UN Joint Staff Pension Fund's long-term financial condition and performance. It considered various scenarios, including those related to climate risk, and recommended strategic asset allocations for the Fund's long-term financial health.
- 2. Funding Policy:** The Board approved a Funding Policy that documents the Fund's funding and risk management processes. This policy aims to ensure that the Fund can meet its obligations to beneficiaries over the long term, setting a funding target within a specific range.

3. **Assumptions for Actuarial Valuation:** The next actuarial valuation, scheduled for 31 December 2023, will use a 6% nominal rate of return, reflecting evolving global factors such as climate change, demographics, and economic outlook, which are expected to impact future long-term investment returns.

4. **Performance of the Fund:** Pension payments continued to be issued on time, with over 90% of pension cases processed within 15 business days. The Digital Certificate of Entitlement option was successful, and strategic objectives for 2024 included a systems upgrade.

5. **Investment Portfolio:** The Fund's investment portfolio was valued at USD 85.5 billion as of 20 July 2023, with all asset classes outperforming their benchmarks over one and three-year periods.

6. **Spousal Benefits Eligibility:** Guidelines for eligibility for spousal benefits under certain UNJSPF regulations will be extended to allow retrospective recognition of beneficiaries, taking into account changes in national legislation that occurred after participants' separation from service.

7. **2022 Financial Statements:** The Board approved the 2022 audited financial statements that will be presented to the United Nations General Assembly. The United Nations Board of Auditors issued an unqualified audit opinion, with a high rate of implementation of previous audit recommendations.

8. **2024 Budget Proposal:** The Fund's budget proposal for 2024 was approved and will be submitted to the United Nations General Assembly for final approval.

The Pension Board's report on its 75th session will be submitted to the United Nations General Assembly and is now available online at <https://www.unjspf.org/newsroom/the-2023-pension-board-report-is-now-available/>.



*Welcome to New Members of AFSM*

**From Colombia, Mariela Toro**

**From Panama, Carlos Roberto Garzon Becerra**

**From Spain, Ruben Nayorga Sagastume**

**From USA, Maria Cristina Galindo**

**From Brazil, Nelson Rodriguez Silva**

# Accompanying Mental Health at PAHO

---

*By María Edith Baca Cabrejos*

**“As I say, you say. All true life is an encounter”. Martín Buber, “Ich und Du”, Berlin, 1922.**



Talking about the mental health of the elderly people who turned PAHO into a large elderly family is almost a taboo topic. Psychological pain is usually hidden until it becomes visible on its own; sometimes it emerges when a mental disorder manages to take hold. When it happens, emotions and feelings come flooding back. Some feel very sorry, others blame, others rehearse reparative behaviors and gestures. There are few who do not connect. The truth is that everyone's own history has a foundation, for both those who are overwhelmed by some emotion or feeling and even for those who cannot connect, not out of indifference, but rather to avoid suffering.

I write these notes as I think about it out loud. As a national consultant in Peru for more than 23 years and having been a focal point for mental health and healthy ageing for so many years, perhaps I have a bias. The greatest legacy that I took away from the Organization was great friendships between national consultants, administrative staff, and international advisors. All were very diverse people who shared with me their own life stories, allowing me to accompany them and learn a lot. From that enriching bias I write these reflections.

## **The trilogy of pain: family scripts, institutional scripts, and the context of cooperation**

Three years of studying psychoanalysis and my own therapeutic process (that I began a year after entering PAHO because I could finally afford it) served as learning experiences that led me and continue to lead me to try to actually explain what happens behind the emotional pains of individuals and groups, pains so immeasurable and silent for those who perhaps work for the best causes to build our humanity.

Let's start from the premise that no phenomenon is unicausal. Several aspects come together in its structuring that I will briefly try to demonstrate. First, one carries a genetic load that cannot be separated from the family circumstances that one had to live through. Psychology recognizes this as **family scripts**. The interaction of both does or does not contribute to strengthening one's own identity, which is the structure that supports the psyche, just as the skeleton supports the body.



It is important to highlight that abandoning one's own country, leaving behind the affections of mothers, fathers, and other significant family members and friends every four or five years is uprooting oneself to begin a pilgrimage. It enlarges one's personal baggage. The state of health and wellbeing of family members also has a relevant impact.

All these components represent the baggage that each person brings upon entering PAHO or any institution. The type of family ties, the lifestyles that were learned early, one's life circumstances, all of these are reproduced institutionally. Within that baggage there may be many primary fears, anxieties, a desire to control everything that surrounds one, to offer a sense of security that may be missing. This may be reflected in the ways of establishing authority, of relating to others, of organizing to fulfill functions and tasks, among others. These in turn can create a snowball effect that leads to functions and tasks that correspond to them, while at the same time provoking defensive styles of relating to authority or among colleagues. As a result of this interaction, fueled by fears and different types of anxieties, scapegoats also emerge to pass on all the evils that one cannot see personally and collectively for various reasons and that are part of the baggage of resilient behaviors.

The **institutional script** must be added to each person's script, that, being an older adult institution, has undergone many changes to respond to the diverse and complex global challenges of public health that sometimes finds one unprepared.

As part of the institutional structure and the changes it is facing along the path of its evolution, there are the different types of contracts that also produce conflicting emotions and feelings. Some people manage to handle it well, due to their analytical capacity to see the explanations for these differences and weigh their advantages and disadvantages due to their developed emotional intelligence. But others cannot assimilate it. Those who do not succeed also react differently. Some silence their anger, others get sick, and others lean towards permanent complaints.

The truth is that to manage any institution, clear and complete rules of the game are needed. Institutional norms contribute to the structuring of organizational identity, distinguishing between what is possible to do from what is not possible to do. Standards help people avoid overlaps, guide objectives, organize daily work, and face the changes inherent in an evolving organization. However, when institutional life is over-normalized, feeling overwhelmed and stress increase the personal and collective threshold of normal behavior, and it can then open the window for emotional discomfort or transgressions.

One must add to this the workload where everything is due yesterday, where we encourage ourselves by telling ourselves "Yes we can!", "Let's go for more!", where, without realizing it, people become passionate workaholics who do not need anyone chasing them since they have their own built-in pursuer. People may

be resilient to the pressure of daily work and proud of the results, but they can also become frustrated because things did not go as planned.

This amassing of long-term dynamic personal and institutional events can take a toll on the body and the soul, if the experiences lived transcended the threshold of pain, fatigue, or resilience that each person might have developed. According to Byung Chul Han (2018)<sup>1</sup>, external and internal pressures to perform cause burnout and depression.

Lastly, there is the impact on all staff created by the diverse, dissimilar, and painful crisis context of each country, that destabilize the technical cooperation agenda that is the institutional mission. Sometimes it feels like walking through a minefield, in which one has to keep walking and to do it with one's flag raised. Everyone knows that PAHO cannot fail countries. It is not possible to focus on one's own difficulties, but rather one must self-repair and reorganize to provide attention focused on the public health needs of each country in the Americas.

Thus, the personal/family script, the institutional script, and the turbulent context of each country configure a triad of psychic pain with which the PAHO's staff learned to walk, always showing off the results with an inflated chest.

However, when the adrenaline diminishes upon retirement, life's reckoning begins to knock on the door and the immune system begins to make noise. If the psychological pain - while it was becoming a normal way of life - resisted well without major discomfort typical of life itself, it is because from the other side of the equation there was satisfaction in enhancing public health. One could also enjoy the gift of life of having a decent, well-paid, well-conditioned job, that was often lots of fun with beautiful people that became a legacy after the mission was over.

### **The trilogy of addressing pain: Care – Self-care – Mutual care**

The word “care” comes from the Latin “cogitare” meaning the act of thinking. Healthy behavior needs to be thought about before being put into practice with the people for whom one has the responsibility to care for.

At the regional level, PAHO takes care of its family with a salary or entitlements above the norm and in a specific manner, providing the right to a retirement pension and health insurance for those who had to leave their country of origin. This provides for obtaining physical conditions and equipment for one to work on maintaining one's wellbeing.

Some proactive management styles allowed staff to receive English classes and to take in-person computer courses. Personally, I have received funding for tuition for the four cycles of my master's degree in public health as a national consultant.

---

<sup>1</sup> Byung Chul Han. 2018. La sociedad del cansancio. ePub r1.1. Turolero, 2018.

In addition to various capacity-building initiatives, part of caring for the wellbeing of the collective includes providing vaccinations for the family every year, periodically recognizing years of work, rewarding individual and collective efforts, celebrating wellbeing day, as well as enabling staff to go to the gym for prolonged periods, to take cajon<sup>2</sup> and/or dance classes, and to celebrate birthdays every end of the month and every date that is considered emblematic. All these good practices mentioned and others, even if they are stopped by adversaries, represent institutional care for the wellbeing of its staff.

**Self-care**, from the public health perspective, is defined by some authors as those strategies and activities carried out by people, families, and communities, aimed at promoting their wellbeing, protecting their health, preventing their risk of getting sick, and managing and controlling risk behaviors<sup>3</sup>. Specifically, it is about strengthening the structure of the Self. Self-care is based on people's ability to know themselves, know how much they are worth, and where they are going. To achieve this, it is necessary to work on individual empowerment. It is about how to make the structure of the self strong. This is the basis on which self-care develops.

**Mutual care** is the practical integration of care and self-care. It is expressed through solidarity and social cohesion. It is going through life feeling that others matter and acting accordingly.

I close these reflections with a phrase from the Argentine social psychiatrist Enrique Pichon-Riviere<sup>4</sup>, "in times of uncertainty and hopelessness, it is essential to create collective projects from which to plan hope together with others." This great challenge, more present than ever, requires the search for a balance between institutional care, self-care, and mutual care.



---

<sup>2</sup> A Peruvian percussion instrument that is made from a drawer.

<sup>3</sup> Daniela Werner Ipinza. Universidad de Chile. 2010 / Yañez, 2005; en Durruty, 2005; Homan et al., 2010.

<sup>4</sup> Pichon-Riviere, Enrique. El Proceso Grupal, 1971.

# The Benefits of Being a Member of the Colombia Chapter

---

*By Maria Mercedes Rodriguez<sup>1</sup>*



The idea of forming a Colombia Chapter was developed by Helena Restrepo and Germán Mora, and later it was supported by other former PAHO staff. It was founded in 2007. Currently there are 37 associates in the Chapter, and each member pays an annual fee of (130,000 Colombian Pesos) around 35 US Dollars.

Part of the funds raised each year go to support a project managed by PAHO Volunteer Ladies that helps older adults living in Bogotá to guarantee their food security.

In 2021, 13 members of the Columbia Chapter joined the Regional AFSM by paying the cost of lifetime membership. The Chapter thanks AFSM Washington for authorizing it to keep \$2,200,000 Colombian pesos (about US\$600). These funds were used to support a film critic for the Kino Movie Club, and the purchase of 350 DVDs and 35 books.

In October 2021, the Board of Directors was elected for two years, with Alberto Concha as President and Rodrigo Rodríguez as Vice President. The Board meets every month, and the Secretary prepares a report and sends it to all our members.

By being a member of a Chapter, one benefits by enjoying planned activities for all the members. This includes, for example:

1. Many of our members participate almost daily in our chat that we set up in 2017, providing information about public health and working together to solve problems that concern our members. We also celebrate birthdays every month.
2. Every year the Colombia Chapter convenes an Annual Assembly of all our members. Before the pandemic we met in Bogotá or Cali, and in the subsequent years the Assembly has been held virtually.
3. Every month we enjoy storytellers who present some topic on public health or a personal subject that is worth sharing. Among those shared were:

---

<sup>1</sup> This article is based upon a presentation Maria Mercedes Rodriguez made in a meeting of the AFSM Board and Country Focal Points

- Gloria Briceño on *The Magic of Puno, Peru*, that was later published in the AFSM Newsletter
  - Rodrigo Rodríguez and Gladys Ghisays on *Vaccines and Vaccination against COVID-19*
  - Diego Victoria on *Environmental Determinants of Health*
  - Edgar Serna on his *Photographic Experiences*
  - Helena Espinosa Restrepo on *Healthy Ageing*. She sent all our retirees her Memories “Fluye la Vida” (Life Flows), for which she received the gold medal from the Academy of Medicine of Medellín on 20 October 2021
  - Hernán Málaga from Peru on “*Achievements in the Search for Health Equity*”
  - Recently Eutimio González from Mexico on “*My First Trip to Brazil*”
4. A more recent initiative of the Colombia Chapter is the Photography Contest. The judges will be Edgar Serna, Germán Perdomo, and Carlos Aguiar from Uruguay, who resides in Bogotá.

The Colombia Chapter has a good relationship with the PWR of Colombia, Dr. Gina Tambini, and her administrative team.

The Chapter also appreciates its good working relationships with the AFSM-Washington Board. Our Treasurer, Ricardo Torres, has received support as fiscal auditor from the Treasurer of the Regional AFSM Board, Sylvia Schultz.

Much appreciated support has been received from Hernan Rosenberg, AFSM Vice President and Jeannette Bolaños (as coordinators of country Focal Point), from Carol Collado (Health Insurance and Pension), and the Federal Credit Union (for financial contributions).



# Health Tips: Maintaining and Improving Healthy Cognitive Function as We Age

*By Maria Teresa Cerqueira, PhD*



Cognitive decline is considered as part of ageing, but research also suggests that the combination of good nutrition, physical activity, and mental and social engagement may help the heart and brain stay healthy. During the years of COVID-19 many people were isolated and mental and emotional health was on the decline.

We develop many thinking abilities that appear to peak around age 30 and, on average, very subtle and gradual decline as we age is a part of the normal ageing process. Some of these may include impairments to short-term working memory, processing speed, retrieval of memories/information, paying attention, and problem-solving. The most common age-related declines may be overall slowness in thinking and difficulties sustaining attention, multitasking, holding information in one's mind, and word-finding.

Research indicates that age-related changes in brain structures such as decreased hippocampal, frontal, and temporal lobe volumes are a common aspect of ageing that contributes to some changes in thinking. However, not all thinking abilities decline with age. In fact, vocabulary, reading, and verbal reasoning remain unchanged or even improve during the ageing process.

Good sleep is important for maintaining cognitive and brain functioning, positive or upbeat mood, lower levels of stress, healthy metabolism, and less inflammation. With age we do not need more sleep, but rather our sleep patterns often change. People may find that they are waking up earlier than they used to or waking up more during the night. Older adults may find that they are sleepier or need a short nap during the day, which is often reflective of the normal aging process. The need to take a nap can be from the sleep disruption that occurred during the previous night.

When people have difficulty sleeping, they may have more difficulty with learning or recalling learned information, problem solving, making decisions, concentrating, and regulating their mood and reading other people's emotions. Communication between brain regions necessary to perform cognitive tasks can become disrupted with poorer sleep. People who have poorer sleep tend to become more stressed, maybe watch more television shows, that in turn can lead to an increased appetite, eating less healthy food, and weight gain.

## **Improving Cognitive Abilities in Older People Include:**

### **1. Social/Leisure Activities & Brain Training Games**

Elderly adults who regularly engage socially with other people, for example through support groups, church groups, and supportive roles in schools, can successfully maintain and improve cognitive and mental wellbeing. Being socially active along with maintaining moderate physical activity require increased motivation, but they will have beneficial outcomes for cognitive health in older adults.

Specific cognitively demanding leisure activities or games, such as chess or bridge, require the use of one's working memory and executive reasoning skills. Consequently, older individuals who play chess or

bridge more often tend to have better working memories and reasoning skills compared to those that do not. Other self-played games such as crosswords or sudoku also maintain a higher cognitive ability.

In addition to improving cognitive ability, memory training can lead to improvements in concentration and paying attention, relaxation, personal insight, and motivation. Such activities may improve other behavioral outcomes that could lead to significant improvements in one's quality of life, mental wellbeing, reduced stress, loneliness, or depression.

## 2. Physical Activity

Physical activity increases bodily blood flow and oxygen levels including to the brain. Some studies have shown that those that simply walked more blocks were less likely to demonstrate declines in cognition 5-10 years later, and those with the highest levels of physical activity showed a 20% risk reduction for cognitive decline and dementia. Even spending less time sitting can offset some of the effects of a sedentary lifestyle, for instance one can do light activity such as brisk walking, gardening, swimming, or dancing.

Research shows that physical activity programs for older adults, combined with cognitive stimulation exercises, like brain training games, can lead to significant improvements in overall cognitive health and mental wellbeing, while serving as a possible treatment for cognitive decline in older individuals. The findings suggest that performing physical activity in combination with cognitively demanding tasks was much better in improving cognition than by segmenting physical activity and cognitive training sessions.

## 3. Nutrition/Diet

Nutrition and diet in younger or middle-aged individuals have created a profound effect on cognitive ability later in life. Healthy eating consists of fresh fruits, vegetables, fish, very little red meat, and almost no refined carbohydrates/grains or sugars. Diets such as these are rich in nutrients, vitamins, and minerals and confer neuroprotective effects. Research shows that eating more fruits and vegetables that have flavonols-flavonoids<sup>1</sup> may be associated with slower decline in overall cognition and multiple cognitive abilities.

Concerning older adults, studies have shown the beneficial link to overall cognitive health between antioxidants in fruits and vegetables, and vitamin supplements prescribed to patients with hypertension and diabetes. For example, vitamins B6 and B12 can reduce the levels of homocysteine – a vascular disease marker implicated in cognitive decline and dementia. Vitamins C and E (both antioxidants) can reduce the levels of vascular inflammation and could reduce the rates of cognitive decline, especially in intermediate memory.

### **Do things that may be out of one's comfort zone!**

**Volunteer:** Join a community garden, a book club, help children improve their studies (many children fell behind during COVID-19) - volunteer to help them improve their reading, math, and other subjects.

---

<sup>1</sup> Compounds found in many plant products, including teas, citrus fruits, and vegetables. They have antioxidant properties and may lower one's risk of heart attack or stroke.

Play table games with family and friends. Play cards, UNO, Rummikub, bridge, and other table games. Read and keep reading, join a book club, keep a journal, share stories with family and friends. Do word puzzles, Memory, Scrabble, and other numbers, words, and letter games, such as Rhyming Ball, and crossword puzzles. Learn riddles and share them with friends and family. There are many free and healthy word and letter games to be found on the internet.

Walk every day at least 30 minutes or 150 minutes a week, dance, skip rope, hike with friends and family, jog, swim, dance, do water aerobics, practice yoga, join an aerobic exercise class, ride a bicycle (stationary or outdoors), or join a walking group or Tai-Chi group.

Bake and cook with a friend or family member, cook with the grandchildren, join a knitting or crochet group. Go to the movies, the theater, or music performances with friends and family. Join a community garden, or a gardening club. Volunteer. Buy healthy foods at the farmers' market or at other stores that have fresh fruits and vegetables. Plant a vegetable garden, plant herbs in containers.

In summary, several studies have shown that beneficial effects of preserving and even improving cognitive abilities in older adults come from doing moderate physical activity (such as walking or gardening), performing cognitively stimulating tasks (such as playing chess or doing crosswords), being socially active, and consuming a balanced healthy nutritious diet have. Adopting these behaviors from early on and with increased frequency is especially beneficial in slowing the cognitive decline in otherwise healthy older adults, and in maintaining cardiovascular health so essential for maintaining brain health.

**Stay engaged, stay active eat healthy and enjoy life!**

#### **References:**

1. The Impact of Age on Cognition. National Library of Medicine <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4906299/>
2. Association of Dietary Intake of Flavonols with Changes in Cognition and Cognitive Abilities. American Academy of Neurology. <https://n.neurology.org/content/100/7/e694>
3. Healthy aging. University of California San Francisco. Weill Institute for Neurosciences. Memory and Aging Center. <https://memory.ucsf.edu/symptoms/healthy-aging>
4. Flavonoid Content of Vegetables. USDA. [https://www.ars.usda.gov/ARSUserFiles/80400525/Articles/AICR03\\_VegFlav.pdf](https://www.ars.usda.gov/ARSUserFiles/80400525/Articles/AICR03_VegFlav.pdf)
5. Williams & Kemper, 2010. Interventions to Reduce Cognitive Decline with Aging. Journal of Psychosocial Nursing and Mental Health Services. 48(5):42-51 <https://journals.healio.com/doi/10.3928/02793695-20100331-03>
6. Steyvers et al, 2019. A large-scale analysis of task-switching practice effects across the lifespan. Proceeding of the National Academy of Sciences of the USA (PNAS)116(36):17735 17740 <https://pubmed.ncbi.nlm.nih.gov/31427513/>
7. Gheysen et al, 2018. Physical activity to improve cognition in older adults: can physical activity programs enriched with cognitive challenges enhance the effects? A systematic review and meta-analysis. International Journal of Behavioural Nutrition and Physical Activity. 15(1):63 <https://ncbi.nlm.nih.gov/pubmed/29973193>





# 5<sup>th</sup> Global Council Meeting of AFSMs - 11<sup>th</sup> October 2023

## Summary updates of the Regional and HQ Geneva AFSMs

---

*By Custódia Mandlhate, Vice Coordinator AFSM AFRO*



### Introduction

This is the **Fifth Global Council Meeting** chaired by AMRO/PAHO AFSM.

Organized especially within the context of the year-long celebrations of WHO's 75th Anniversary.

The fact that the 4th Global Council Meeting was graced by Dr Tedros, DG, provided us with an important dynamic to move us towards a better relationship with WHO, using the DG's strong commitment under the slogan **“once WHO, always WHO.”**

All Six Regional AFSMs and AFSM HQ submitted their updates on time.

This article will concentrate on major **similarities**, some **challenges**, and **future plans**.

### Overview and Progress

It is important to note that **ALL Regions** have an established AFSM, with AMRO/PAHO being one of the oldest and EURO one of the youngest.

The primary objective of the AFSM is to promote the wellbeing of its members (Former WHO Staff Members and their families) by offering assistance especially on issues related to Pension (Certificate of Entitlement - CE) and the Staff Health Insurance (SHI).

Each is governed by an Executive Board or Executive Committee that meets on a regular basis, using an in person or virtual format, depending on the context (some are in the same geographical area, but others are dispersed).

Each AFSM has a plan of activities, and the individual reports were focused on activities undertaken during the last six months.

Communication with the members is mainly done through different platforms: emails, WhatsApp, Zoom, team meetings, and Facebook. Some have an established website and a regular newsletter.

### Collaboration with Regional Directors and Regional Offices

Most of the established AFSMs have at least an informal relationship with their Regional Directors, and in some Regions this relationship is stronger, with a designated officer to liaise with AFSM.

Some Regions reported recent changes of Regional Directors (PAHO, EURO, EMRO, WPRO) and efforts are in place to renew the relationships.

There is an effort by all Regions and HQ to liaise with focal points of different programs and the focus is on the Healthy Ageing Program to collaborate on the **UN Decade of Healthy Ageing** activities.

Some Regions are involved with Human Resources Offices for **pre-retirement programs**.

Following the example of the DG's invitation to the 76th WHA under the **commemoration of the 75th Anniversary of WHO**, some Regional Directors invited representatives of AFSMs to their Regional Committees and accorded public recognition to some retired staff members.

### **Collaboration with WHO Representatives at Country Level**

The majority of AFSMs have an informal and sporadic relationship with WRs at country level.

However, some of the AFSMs established long ago and with support from the Regional Offices have already established a formal relationship with countries and have established chapters at country level.

It is desired that with the "institutionalization" process it will be easier to promote the establishment of country chapters of AFSMs.

### **Collaboration With the Staff Associations**

AFSM/HQ and AFSM/EURO described more interaction with their respective Staff Associations. The majority of AFSMs have informal relationships. In some cases, AFSMs and Staff Associations share office space at the Regional Level.

One of the important areas for collaboration would be the pre-retirement programs.

### **Significant New Services Provided to Members**

Most AFSMs reported on their interventions in support of members who need to obtain the Certificate of Entitlement for receiving their pension.

HQ continues to circulate offers for short term appointments.

AFSM/EMRO reported a very important intervention in supporting WR Sudan in waiving suspension of their retirees' pensions; some of them have refugee status in Egypt.

Another concrete case is AFSM/EURO supporting a former staff member from the WHO Moscow office.

### **Future Plans and Challenges**

All AFSMs appreciate the establishment of this Forum - The Global Council.

All AFSMs believe that strengthening the relationship with their respective Regional Directors is a very important move.

All AFSMs appreciate the nomination of Ms. Jennifer Linkins, Human Resources and Talent Management (HRT) as focal point for the AFSMs.

All AFSMs are very grateful for the DG's commitment in **“institutionalizing”** the relationship between WHO and AFSMs, and they endorsed the idea of presenting a **plaque of appreciation to Dr. Tedros** during the closing ceremony for WHO's 75<sup>th</sup> anniversary.

There was a strong suggestion to use the same occasion to organize a collective exhibition to disseminate information and materials across various parts of the World.

### **Conclusion**

Let us continue to make the Global Council an important forum for good collaboration across the Regions.

**Thank you**

**Merci**

**Obrigada**

**Gracias**

**Asante**



# Reflections on Life at 80 and Beyond

---

*By Sumedha Mona Khanna*



In December, I turned 80 and started what I call the *Fourth Journey of my life*. I notice the change in me – as I listen to my deeper self, the question that keeps repeating itself is, “*What matters most to me at this phase of my life?*” There is a sense of urgency in me – I have become more aware of limited (or diminishing) time in my life. A friend of mine who also turned 80 calls this a period of “*freedom within narrow boundaries*”.

I do feel that this will be a different journey. At this stage of our lives, there are many unknowns and unexpected experiences not to mention some losses - family, friends, some aspect of our own health, among others. I am sure many of my past colleagues from PAHO/WHO who may have reached this phase of life also recognize this fact.

In the United States, the average life expectancy for men is 73.5 years and for women 79.3 years (Worlddata.info at <https://www.worlddata.info/>). Those who reach age 80 and beyond and are reasonably healthy and functional should consider themselves fortunate.

It is said that in life we journey forward, but we learn from looking backward. But I feel that in view of what is unexpected and unknown, it is difficult to clearly define how we want this phase of our life’s journey to be. I certainly feel that there is no clear path, and everyone’s journey will be different. I cannot set goals and I don’t get a clear vision of the future. However, I do feel that this phase of my life should be a journey of *Being* rather than *Doing*. This is not something at which I have been good. I am much better at *doing*. Just “being” I feel is a waste of time. I always feel that I should be doing something - achieving something tangible, something that I feel proud of and satisfied that I have made myself useful to the world. Can I change my perception of my life from now on?

I question: “*What matters to me most at this phase of my life?*”

I must learn to be “old” or find inspiration from writings/experiences of others who have made this *journey* and how to feel comfortable with my life as it unfolds – how to be still at times and listen to my breath, my body, my spirit.

An inspiring quote from a poem: “*Fearless Out of Wisdom*” from the Sage’s Tao T Ching (Ancient Advice for the Second Half of Life)<sup>1</sup>:

*“Discovering my strengths has been a benefit,*

*But discovering my true weaknesses and acknowledging them to myself*

*I see myself for who I am. NO ILLUSION – GREAT SERENITY.*

---

<sup>1</sup> The Sage’s Tao Te Ching: Ancient Advice for The Second Half of Life, Book by William Martin, 2020

Another passage from “Autumn Conscious Eldering and Aging Consciously<sup>2</sup> (Ron Pevny) was very helpful.

*“In these darker months of the year, our psyche calls us to direct our energies toward our inner lives, as we seek the guidance for the journey forward that can come only from befriending our authentic inner voice that knows our unique path toward the wholeness of conscious elderhood – the voice that is our only reliable map through the mysterious and dangerous territory that lies both within and without.”*

I still want to find a quieter and less goal-directed path where emotional growth and spiritual deepening are priorities. Yet I keep wanting a clear map that would give me direction, challenges,, and clear pathways (and even not so clear ones). I am realizing that “Old Maps” no longer work. I keep looking at the paths I have gone on, the challenges that came my way, some with which I was able to cope – some just stayed unresolved. I try to look at my old past map - maybe there is some hidden road, maybe there is something I have missed or that remained unresolved that I can now pursue.

But *no* – as Joyce Rupp writes in her poem – *Old Maps No Longer Work*<sup>3</sup>

*“There is nothing there now except some well-travelled paths.*

*They have seen my footsteps often, held my laughter, caught my tears.*

*I keep going over the old map but now the road leads nowhere.*

*It seems that there is a meaningless wilderness where life is dull and futile.*

*Tear away the old map, she says, it is no use where you are going.*

*But I must have a map - I can't be without direction.*

*She says, so why not let go, be free?*

*Whatever will I do? Wails my security.*

*Trust me she says - my old /experienced soul.*

*How will I know where to go? How will I find my way with no map?*

*But then my soul cries out - “Just be a pilgrim - travel by the stars.”*

<https://womenofacertainagedotca.com/>

I realize that in this journey I need to *savor* life, focusing more on being and less on doing. Learning how to balance doing and being is a critical task at this phase of my life’s journey. One of the significant shifts that occurs as I enter my life’s later chapters on my *fourth journey* is an awareness of my mortality, hence the inner call - sometimes heard, sometimes not – and the importance of focusing on who I am as unique being. With this awareness my inner voice tells me if I want to

---

<sup>2</sup> Conscious Living, Conscious Aging: Embrace & Savor Your Next Chapter, RON PEVNY, ATRIA Paperback, 2014

<sup>3</sup> Dear Heart, Come Home to the Path of Midlife Spirituality, Joyce Rupp; Crossroads Publishing Company,1996.

find fulfilment in this phase of my life's journey, I need to find a balance between *servicing and savoring, doing and being, and I must learn how to "be" while doing*. In my younger years I needed to push beyond my perceived limits and learn something critical about my drive and passion. I was building a strong ego that would succeed in life. But now it is important for me to ask: *'What matters most to me now?'* A dear friend who just turned 90 taught me to ask oneself when faced with such dilemma: *What now? Why not? If not now, when? If not me, then who?*

Another challenge that I face (and I believe some of us who have worked in the international field that required living a significant amount of time in countries not of our origin) is where do I want to live now? I have been away from my own country of birth for most of my life. I have moved more than 20 times to different countries and different homes. The question that I ask is: *"Where is my home now?"*. I didn't have children. I am sure many of my colleagues who have children who were either born or grew up and settled in the country where they worked may also find this dilemma – to live near their extended family or return to their own homeland and culture. Moving away from long-established friends and finding new friendships can be challenging as we get older. And the situation in our country of birth may have changed a lot since we left it. Solo ageing when one loses a partner can be even more challenging.

So, I decided to give myself permission to go ahead and explore options to move where my heart calls, with passion and an open mind, listening to my inner voice even in this uncertain period.

It is time for the pilgrim in me to travel in the dark, to learn to read the stars that shine in my soul. I will walk deeper in the dark of the night. I will trust the guidance of the stars and let their light be enough for me.

This is the time to remove "should" from my dictionary. The key is finding a balance that is right for me. It is the time for closing the old accounts. Life is coming to a full circle.

Will I declare on my death bed – *"I have loved. I have lived. I have accomplished what I came for"*?

Here are some references that may be helpful when pondering about life at this phase of one's journey (as they were to me):

1. When Everything Changes Change Everything, By Neal Donald Walsch; EmNin Books, 2009
2. Do not Go Quietly, By George and Sedena Capanelli ; Agape Media International, 2013
3. Repacking Your Bags, By Richard Leider, David A. Shapiro; Barrett-Kohler Publisher, Inc., 2012
4. The Power of Purpose - Find Meaning, Live Longer, Better, By Richard J. Leider; Third Edition, Berrett Kohler Publishers, Inc 2015



# My Journey on the Silk Road – Part 2

## Religion, Customs, Beliefs, and Practices

---

By Marilyn Rice



### Religion

Zoroastrianism, established by the Persian prophet Zoroaster in the second millennium BC, was one of the first monotheistic religions, putting great importance on fire/sun, water, air, and earth, so followers were sometimes known as fire worshippers. In the past, when people couldn't light their own fires to cook or for warmth, they would go to the Zoroastrian temples to get some. It is one of the oldest religions in the world, followed by Hinduism, Judaism, Buddhism, Christianity, and more recently Islam. Like Christianity, they believe in redemption and resurrection and heaven and hell. It emphasizes a never-ending battle between good and evil, and its followers are encouraged to think good thoughts, say good words, and do good deeds. It was the dominant religion with the nomadic tribes in the north and Buddhism in the south of the Stans, until the Arabs invaded at the end of the seventh and beginning of the eighth centuries pushing for people to become Muslims. They offered money for conversion so many poor people converted, and the rich who refused were highly taxed. Despite this, Zoroastrianism lived on in rural areas until the Turkish and Mongol invasions in the 11<sup>th</sup> and 13<sup>th</sup> centuries.

Many Jews were artisans, working in leather but also lending money since Muslims were not permitted to charge interest. The fact that a small synagogue still exists in Bukhara, Uzbekistan is a testament to the tolerance for many religions and acceptance of the Uzbek people, where currently there are 50 families with 280 people.

The most prominent religion is Islam. Followers are expected to pray five times a day and to fast during the day during month-long Ramadan. It is believed that the more people that pray together at one time, the more powerful is the prayer (a person gets 27 times more benefits for praying in a group than praying alone); and by standing shoulder-to-shoulder in prayer it will keep Satan away. As for women, most mosques have a women's praying area behind a screen. Women are not required to pray in the mosque like the men are. There is a belief that it is better for women to pray at home. Women praying alone at home are considered to have natural protection, so they do not need to congregate in prayer. Women are not allowed to pray in the mosque at the time of special services, like Eid. Every Friday the imams are given the topics on which to speak, and the male worshippers come to pray. There are five pillars of Islam that everyone should follow: revere god and Mohammad, pray five times a day, follow Ramadan, annually people with wealth more than \$412 (the equivalent of 612.36 grams of silver so the value fluctuates with the price of silver) should pay 2 ½%, and if you can afford it at least once in your life you should make haj to Mecca. So, in the past people's financial contributions were spent on buildings; by donating to religious

buildings their names would be remembered. As a result, throughout Uzbekistan we saw amazing mosques, madrassas (religious schools), and mausoleums.

In Tashkent, Uzbekistan we were able to see one of the very first Korans in the Amir Temur History Museum, and in Bishkek, Uzbekistan we met with the rabbi of an historic Jewish synagogue and saw one of the oldest torahs in existence.

### **Customs, Beliefs, and Practices**

Marriage in this part of the world is still very often arranged by the parents of the two people. Recently, many more people are marrying for love. The result in happiness and endurance seems to be about the same. Most men stay with their mothers after marriage and the new wife caters to the needs and desires of her mother-in-law and grand-mother-in-law. Eventually, the youngest son is expected to stay with and take care of his parents. We were privileged to interview two women, one of whom chose her husband for love and the other whose marriage had been arranged for her, and both were equally content. Bride kidnapping was the main way that nomads could find a wife from outside their tribes and thereby keep the DNA and blood lines free of incest for at least seven generations. This practice still exists to some extent in all the countries I visited, but it is still strongest in Kyrgyzstan where maybe one in three marriages might still occur in this way, especially in rural areas. Now that it has been legally outlawed with a penalty of up to ten years in prison, the practice is slowly diminishing. Young couples in love may still claim kidnapping when they are really eloping, to avoid the boy having to pay a bride price as well as for a wedding. In all other cases, the husband-to-be must negotiate a price he will pay (be it money, or property of some kind like animals, or a place to live that is legally put in the bride-to-be's name). This ensures that if the couple should get divorced, the woman will have resources for herself and the children to survive. Historically, and even today, in most cases a woman cannot divorce a man, but a man can divorce a woman by simply saying three times in front of two witness "I divorce you". The Council of Ulema<sup>1</sup> banned divorce by mobile telephone, since so many Tajik men had gone to work in Russia, found other women and started other families, and cut off their families back home by mobile-phone divorce.

**Hunting with the golden eagle** was a long-held tradition that is dying out. Traditionally, the nomads used the birds as their only means of hunting, providing them with food to eat, clothes to wear, and protection from predators. They hunted rabbits, foxes, wolves, and even sheep. We were lucky to arrange to meet with Talgarbek, one of the last genuine eagle hunters left. He came to a field to meet us with his son and a nephew, both of whom are being trained to continue the tradition. Talgarbek either captures a golden eagle in the wild or steals a young golden eagle chick from its nest. The eagle must be young enough that it will consider Talgarbek its father and mother and thereby do anything that Talgarbek tells him or her to do. The females tend to be bigger and stronger and therefore more desirable. Talgarbek only keeps an eagle for ten to 15 years (and exceptionally 20), and then releases it back into the wild so that it still has a chance to find a mate and have a family and fulfilling life. They are believed to mate for life and can live up to 30 years

---

<sup>1</sup> **Ulema** are scholars of Islamic doctrine and law. They are considered the guardians, transmitters, and interpreters of religious knowledge in Islam.



in the wild. The eagle that he brought with him that day (named Tunuk) was a five-year-old female. For the first demonstration a fox skin tied to a rope was used so that the bird could see something moving and go after it. This was a great demonstration of the bird's style and capabilities. Then Talgarbek took out a rabbit that he raised to eventually feed the bird and he released the rabbit at the same time the leather hood was removed from the bird's head, letting her know it was time to hunt. As the rabbit began to run, the bird swooped down, but the smart rabbit froze and when the bird could not see any motion, she could not see the rabbit. Despite the strong winds that day, a few more attempts were made, but the rabbit finally successfully ran away, and we all silently cheered for the rabbit to live another day. We were also pleased to learn that when the eagle catches an animal, it mercifully quickly kills it with its talons before proceeding to eat.



<https://youtu.be/KTbOE8L2FwE> Left: Golden Eagle hunting fox skin as demonstration of hunting technique; <https://youtu.be/u4jnYrAlAms> Center: Golden Eagle hunts the live bunny rabbit, but when the rabbit freezes she cannot find it and it gets away; <https://youtu.be/7Grn0UyDE-A> Left:: Golden Eagle in flight to her master

**Goat Polo** is similar to polo in that it is played on horseback and the first team to get three goals



wins. But it is played with a real goat that has been beheaded, the body of which needs to be deposited into a cauldron at the end of the field to score a point. The game was originally developed to perfect the skills that warriors

on horseback would need to be successful fighters, employing techniques to physically try to dismount another horseman, and to retrieve something from the ground while galloping along at high speed without stopping.

<https://youtu.be/CCFutU9e8Qo>. Left: Retrieving flags from ground as practice for playing goat polo; Right: Who has the goat now? [https://youtu.be/7vmOUgW\\_tU8](https://youtu.be/7vmOUgW_tU8); Right: Goat polo goal <https://youtu.be/qoee-ox5GwY>.

## **Superstitions**

There are many superstitions connected with protection from the evil eye. Special amulets with eyes on them are also thought to help ward off the evil eye, and we saw many pieces of jewelry that could be worn with evil-eye protection amulets, and people hang evil-eye protection amulets over the doors of houses and even at construction sites. We saw an antique wedding wall hanging with hand embroidery around the top and side edges and a triangle to protect from the evil eye – the rest being left blank for the newly married couple to write their own story.



For 40 days after a child is born, he or she is usually shown to no one except those closest to the family. According to pre-Islamic ideas, the feeling existed that during the first 40 days of life, an infant must be protected from evil spirits that might replace the baby.



## *In Memoriam*

**DEATHS INFORMED IN 2023  
AND NOT PREVIOUSLY REPORTED**

**Elisha S. Tikasing from Trinidad and Tobago, 31 August 2023.**

**Our condolences to Lourdes Sáenz for the death of her husband Anthony Boni, 12 August 2023.**

**Our condolences to Patricia Ilijic for the death of her mother Josefina Vidal, 29 October 2023.**



# The Back Page

## Members of the Board

Gloria Coe, Hernan Rosenberg, Hortensia Saginor, Sylvia Schultz, Carol Collado, Marilyn Rice, Rolando Chacon, Juan Manuel Sotelo, Gina Watson

## Volunteers

Martha Pelaez, Hugo Prado, Jeannette Bolaños, Enrique Fefer, Antonio Hernandez, Gloria Morales

## Communications Committee

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

**Members** – Gloria Coe, Carol Collado, Enrique Fefer, Johanna Ganon, Antonio Hernandez, Sumedha Mona Khanna, Gloria Morales, Stanislaw Orzeszyna, Martha Pelaez, German Perdomo, Hernan Rosenberg, Hortensia Saginor, Juan Manuel Sotelo, Violeta Mata Garcia, Rolando Chacon

## President Colombia Chapter

**Alberto Concha Eastman**

## Focal Points

Mirta Roses Periago – Argentina  
Kare Sealy - Barbados  
Lucimar Coser – Brazil, Brasilia  
Cesar Vieira – Brazil, Rio de Janeiro  
Antonio Campino – Brazil, São Paulo  
Maria Mercedes Rodriguez – Colombia  
Carlos Rosales – Costa Rica  
Catherine Cocco – Dominican Republic  
Karen Sealy – Eastern Caribbean  
Miguel Malo - Ecuador

## Outreach Committee

**Coordinator** – Hugo Prado  
**Members** – Antonio Campino, Catherine Cocco, Rossana Allende, Philippe Lamy

## Health Insurance and Pension Committee

**Coordinator** – Carol Collado  
**Members** – Gloria Morales, Nancy Berinstein, Rolando Chacon, Jerry Hanson, Haydee Olcese, Jose Luis Zeballos, Juan Manuel Sotelo, Garry Presthus

Philippe Lamy – Europe  
Mena Carto – Guyana  
Carol Burgher – Jamaica  
Eutimio Luarca – Mexico  
Violeta Mata Garcia – Mexico  
Jeannette Bolaños – Nicaragua  
Haidee Olcese – Peru  
Elva Lopez Nieto – Panama  
Rossana Allende – Uruguay  
Maria Teresa Cerqueira – USA  
Terrence Thompson - USA

## Healthy Ageing Committee

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

**Auditor** – Fredy Burgos

**Web master** – Violeta Mata Garcia