



# NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOL. XXXV No. 4

DECEMBER 2024



*AFSM General Meeting*

## Contents

- |  |  |
|--|--|
| <b>1 Editorial: 2024 Annual Meeting of AFSM</b>  | <b>20 The Third Journey of Life – Part 3</b>                             |
| <b>5 Remarks by PAHO's Director, Dr. Jarbas Barbosa to the AFSM General Annual Meeting</b> | <b>23 The Caribbean Revisited</b>  |
| <b>7 The Global Council of AFSMs</b>   | <b>25 Techno-Tips: AFSM "Blast Message" Distribution System – Update</b> |
| <b>11 Health and Pension Update</b>  | <b>26 The Retirement</b>   |
| <b>15 Musings of An Ageing Woman – Part 13</b>   | <b>27 Walking Is the Sixth Vital Sign</b>                                |
| <b>17 Retired and Lonely, Now What?</b>  | <b>28 The Back Page</b>  |

---

*By Hernan Rosenberg*



Dear members:

Rather than providing a list of activities, I would like to focus on the main lines of concentration that we tackled this year. Since the new Board started this year, we have been concentrating on two topics: the Institutionalization of the Association both in the Region as well as globally, and the expansion of our work and service to our members, especially those outside of the Metro Washington area.

#### **A. Institutionalization and External Relations**

1. The overall process of institutionalization started with the formation of the Global Council of AFSM's. The DG invited the AFSMs to attend WHO's 75-year Council in 2023 and repeated the invitation this year. There is no doubt about Dr. Tedros' commitment to this process, which is necessary to ensure that the voice of the former staff is properly represented in WHO's decisions and activities. In addition to these two in-person meetings, we have held several on-line ones, the seventh of which took place last 25 November. As expected, SHI matters were a major issue, to the extent that a special meeting on the topic will be held in 2025. You heard of this through the rotational Chair, Linda Milan from WIPRO. As one of the oldest associations, we have had a major role in the dialogue with WHO (especially SHI), have hosted meetings, and have assisted other AFSM's in the process of formation or consolidation.

2. In our Region we count with a very supportive regional Director. Under Dr. Barbosa's guidance, the MOU between AMRO/PAHO and AFSM was finally signed on 4 October. The ceremony had been delayed so that it would take place during the Directing Council meeting. While MOUs are important steps in the right direction, AFSM's should continue pressing for further recognition and participation, to make real the "Once WHO always WHO" motto by the DG.

3. This major event resulted from very good relations with, and an excellent disposition from, the RD. Evidence of recognition of AFSM took place in several ways:

- AFSM was formally invited to attend the meeting of PAHO's Governing Council for the first time,
- We also were active, formally involved, and participated in the March for Health, a rainy but very well-attended event in Washington.

- We are part of the task force looking to identify health providers in the Americas who will accept the WHO health insurance card as a guarantee of payment, thus avoiding onerous requirement to post advance payments or credit cards by our members outside the USA. While this applies to active staff as well, many of our local members find it especially hard to comply with this requirement, which results from providers being unaware of the WHO SHI or requiring an agreement to comply with it. As of now, pilots on such agreements are being held in Peru and Brazil to set up homogeneous treatment of all members, regardless of countries. We have also advised other countries looking for such an agreement even before the pilot was finished.
- Most PWRs have identified a staff member to act as a liaison with AFSM.
- We continue working in PAHO's Healthy Ageing activities. Several well-attended webinars on topics such as long-term care were held. While most of our activities are related to our living conditions - health insurance and pension - our involvement in healthy living is technical as well, as we are both creators and receivers of the activities on this topic. We encourage all of you to join in the webinars and other activities, as well as collaborate with the committee. New ideas are encouraged.
- This effort should not be a one-time issue. We have to make sure that dialogue with the PAHO Administration is held, joint programs of mutual interests are identified and acted upon, including studies, meetings, and other relevant activities.

4. Our involvement with sister organizations is not limited to the WHO family. We are full members and participants in ARAIO, an association that covers the retirees of all Washington-based institutions, as well as some regional Banks out of the Region, and AFICS. Relations with our sister organizations are very good for exchanging experiences and information that can be used for the benefit of our members.

## **B. Membership Expansion**

5. We continue with our efforts to include members living outside of the Washington Metro area in our activities. To do this better it is important to understand their specific needs. The Outreach Committee as well as the Healthy Ageing committee ran specific surveys. A similar activity was developed by our Focal Point in Chile. The surveys are meant to get to know our members better, their wishes and interests, as well as how they are facing the ageing process. Our newsletter runs a specific section on the ageing and post-retirement activities of our members. We also provided short messages as part of PAHO's collection of experiences.

Several countries have focal points who, in the context of the MOU, can now officially interact with the country office. Taking advantage of unrelated travel, we have made a point to introduce some focal points to their respective PWR. We have had very good relations with all PWRs, of course, but it has been totally dependent on the goodwill of individuals. The new institutional arrangement will formally identify the Focal Point (FP) as the AFSM representative in the country, who can help to

facilitate cooperation with the country office, as well as joint endeavors such as cross-referencing databases, especially when we are tasked by PAHO with locating retirees who have not presented their CEs to the Pension Fund. Again, everybody is encouraged to communicate with the FP or the PWR, particularly about elderly colleagues that may feel -or be- alone and in need of support. Unfortunately, we have had a few cases of finding out about this need when it was too late. Solidarity should be everybody's concern.

Of special attention is that we have focal points in Europe, Florida and the Western USA. Although there are no PWRs associated with these regions, at least in Europe they have managed to have periodic virtual meetings. Managing the non-Washington USA members has proven to be more of a challenge.

Ideally, we would like to have one or more chapters in each of the countries. That entails an organization with by-laws, officers, and other formal arrangements. Some countries do not have enough members to merit such a move, or members are not ready to do it, due to geographical dispersion. Thus, the Focal Points have been appointed to have our presence established. We have a very active chapter in Colombia. They held their yearly meeting in which we participated remotely. We are constantly looking forward to engaging members in all countries. We still need additional FPs. It does not demand much time and connects you with the Organization as well as with your peers. Please check if there is one in your country and consider volunteering to become one or join the existing one.

### **C. General and constituent activities of the Association**

6. We continue with our regular constituent activities, reaching out and assisting the members -and sometimes non-members as well- in all matters relating to the support needed.

Our Board meets regularly, and we hold zoom conferences as needed among officers and volunteers. In particular, we have to deal with the fact that Health Insurance for those residing in the US is different from that of other members (who have the same system as the rest of the Regions), and while most individual cases are solved, we face similar issues regarding SHI as everybody else, such as lack of transparency in processing, refusals that are not very clear and the like.

7. We are in the process of cleaning our membership records to improve communications. The process of transferring our electronic systems to the PAHO platform has been complicated by a number of factors, including COVID, the work from home approach by PAHO, and others. But we are advancing. Members should expect an email asking you to confirm the information we have available about you. Of course, if you receive the email, it is because we have at least your correct email address. Please ask your friends if they received theirs. If they did not, they should contact us. Feel free to contact us with any queries but be aware that some internet providers might have sent our messages to SPAM, Social Media files or something similar. If so, redirect it to your main inbox.

Responding to this mail will also allow members to name an Associate Member, who enjoys all members' privileges, except voting, as well as a designated support person to help with computer work. We have found that computers, an ever-increasing reality, can be daunting challenges for many seniors. The designated person will be authorized to retrieve or upload information as required.

8. You can see that a lot has been accomplished, but a bigger lot is waiting. I cannot finish without saying that this has been a collaborative effort. Board Members and volunteers selflessly have put their best efforts together to service our members and the wider community of former staff. A bigger amount of activities will require a bigger group of hands. As you know, over the last couple of years we have not had elections because the number of candidates matched the available positions. This is not good for the future as we are getting older. Those who are not currently engaged, please consider providing some of your time. It is a very rewarding experience to see how your efforts benefit yourself as well as our peers. There is room for all types of interests: social, technical, exchanges with peers and more. Our committees are open to all members as well as the Board, and as we have learned from our webinars on Healthy Ageing, keeping your mind active, and your social network active is the best predictor of a healthy longevity. In a nutshell, we encourage members to participate in AFSM activities, be part of WHO and PAHO's lives, and hear the voices of other members.

We have a lot to do, and together we can!

**Together we can!**

This being our last communication of 2024, please accept best wishes from the Board and volunteers for the coming holidays and for a prosperous 2025.

Thank you very much.



*Remarks by PAHO's Director Dr. Jarbas Barbosa  
to the AFSM General Meeting, 5 December 2024*

---

Good morning to all!



It is with great pleasure that I receive all of you here in our Headquarters today. I also welcome all the participants who are connected online.

On 5 October 2024, PAHO and the Association of Former PAHO/WHO Staff Members (AFSM) signed an agreement of collaboration. This is an important milestone in formalizing the collaboration between PAHO and AFSM on different issues related to health insurance, the pension fund, contact with retirees at country level, and participation in technical briefings and meetings, among other things.

We are the second Region of WHO to formalize such an agreement between the WHO administration and the association of former staff members, and we are very proud of this achievement.

The Region achieved so much these past years: we controlled and eliminated communicable diseases, increased the prevention of noncommunicable diseases and their risk factors, highlighted the importance of healthier lifestyles, and improved family planning leading to healthier mothers and babies resulting in greater longevity of our population.

During your working years, you were dedicated to improving the health and well-being of the people of the Americas and I thank you for that. And now in retirement, you continue giving of your time and energy on behalf of our family of former PAHO/WHO staff members. Once PAHO, always PAHO!

***Decade of Healthy Ageing***

The United Nations General Assembly is leading the implementation of the Decade of Healthy Ageing in collaboration with other UN organizations. At PAHO we work on three different fronts and our retirees will not only benefit from the work of the Decade, but we encourage you to become active in the promotion and work of the Decade in your communities. *Health for all* also means aging well for all.

### ***Staff Health Insurance and UN Pension Fund***

We are fortunate as current staff and former staff members to enjoy the benefits of our health insurance coverage and the United Nations Pension Fund. In spite of the ups and downs of global economies, both are in good financial standing and provide us with security as we age,

My administration is committed to providing the support needed for the staff health insurance to optimize its services to active and former staff members, in responding to their needs. We will also continue to ensure full participation in the United Nations Joint Staff Pension Fund.

### ***PAHO's Future***

My vision for PAHO's future, is to prepare the Organization to support countries with efficient and innovative strategies in order to recover their pre-pandemic health situations, overcome inequalities, establish resilient health systems to improve the response to emergencies and disasters, and achieve universal health.

In September 2023, we launched the "PAHO Forward" Initiative, that seeks to improve our efficiency, transparency, and accountability; boost our visibility; and strengthen our focus and capacity focused on countries. Version 1.0 of "PAHO Forward" has had an implementation level of 86% of the goals of its action plan. Version 2.0 of the initiative was launched that year, and the efforts will continue in 2024-2025.

### ***Collaboration between the Retiree's Association and PAHO***

My administration is open to finding ways to support the identification of key areas of collaboration to facilitate the lives of our PAHO/WHO retirees in the Region.

And I am committed to working with you to make the people of the Americas healthier.

Muchas gracias, Muito obrigado, thank you and merci!





## **The Global Council of AFSMs**

---

**By Linda Milan, President AFSM/WPR & Current Chairperson, Global Council of AFSMs**



What is this Global Council of AFSMs? Who are in this Council and what do they do? These are some of the questions we hear when we talk about the AFSMs and the Global Council, especially with the increasing attention being paid to AFSMs and the Global Council following the Director-General's pronouncements.

### ***What Went Before...***

We need to put this in proper perspective. The Association of Former WHO Staff Members (AFSM) is comprised of a group of people who have retired from or had served the Organization in various locations and capacities and got together/organized themselves for a common objective, which is to promote and protect the rights, welfare and the best interests of former staff. Currently, six Associations (HQ, PAHO, SEARO, AFRO, WPRO and EMRO) have been formally organized, and the Association in EURO is in its final stages of establishment. The AFSMs look after the welfare and respond to the needs of former staff, and assist in responding to members' needs/concerns, especially regarding their benefits and entitlements (pension and health insurance). Admittedly, while these seven Associations share common issues, they have diverse needs and different situations, and addressing them may require different approaches. Each Association dealt with their



own Members and worked with their respective Regional Administrations in addressing issues.

AFSMs do not have automatic official recognition by, nor are they in official relations with WHO. Thus, the Associations do not have the mandate to deal officially with WHO Regional and Country Offices with respect to providing support to Former Staff who either settled back in their home countries or wherever they consider to be their second home.

All these were to change, when early into his first term as Director-General, Dr Tedros Adhanom Ghebreyesus, in his address during the AFSM/HQ General Assembly in October 2017, emphasized that all former staff remain part of the WHO family and would be welcome to contribute to the achievement of WHO'S objectives. The DG has long recognized the contribution of former staff to the work of WHO. He had asked the AFSM to propose arrangements whereby *“we could work together, help each other and remain one family.”* Thus, his now famous words, **“Once WHO always WHO.”** Those were not empty words. Dr Tedros designated Jennifer Linkins, Director/HRT, to be the Focal Point for AFSMs in Geneva, and encouraged WHO Senior Management to engage with AFSMs in their programmes.

The Director-General's pronouncements and subsequent actions in recognition and appreciation of WHO Former Staff/Retirees and their contribution to WHO's work provided the direction and impetus for the AFSMs to initiate discussions with WHO Headquarters and Regional administrations on how best to translate the DG's instructions into action. At the first meeting of Focal Points for AFSMs in March 2021, it was clear that all seven associations have Unity in Vision for fellow retirees, which is to support members with their benefits and entitlements and to keep them informed. It was also recognized that there was a need for a strategic approach and coordinated action. While the DG has encouraged and supported the AFSMs in their work, a unified voice from the global membership was called for. A proposal to establish a Global Council was agreed.

### ***The Global Council of AFSMs...***

At its second Meeting held in September 2021, Focal Points of AFSMs formally established the Global Council of the Associations of Former Staff Members and discussed its governance structure.

The Global Council will be a mechanism for consultation. Its role is not to govern, but to coordinate. And when needed, to be a stronger voice for retirees and former staff members. It shall meet twice a year (virtual), with rotating chair persons among Member Associations. However, each AFSM remains independent and is responsible for its affairs.

The objectives of the Global Council are to provide mutual support to member Associations; share information; promote AFSMs in regional offices; be the

COLLECTIVE VOICE of retirees/former staff; and support and promote the work of WHO.

### *A Snapshot of The Global Council at Work...*

The Global Council held virtual meetings twice a year, as a forum to 1) update/inform on developments such as WHO support to AFSMs and status of official recognition; 2) agree on strategic action, to reach consensus on ways forward; and 3) discuss SHI matters.

At the 4<sup>th</sup> Meeting of the Global Council of AFSMs (virtual) organized by AFSM/HQ on 28 March 2023, Dr. Tedros addressed the Council. He reiterated his “Once WHO, Always WHO” message, and further said, “we should not only ask for your support for WHO but, as WHO, your own Organization, we should also support you.” In line with this, the DG encouraged AFSMs to submit their “ASKS” (request for support from WHO) to his Office. A team from AFSMs worked on the list that was subsequently submitted to the DG. Dr Tedros invited the AFSM leadership to the 76<sup>th</sup> WHA where the year-long celebration of WHO’s 75<sup>th</sup> Anniversary will be launched, and proposed to the Council to schedule its Spring 2024 meeting in Geneva around the time of the 77<sup>th</sup> WHA so officials may also attend the culmination of the commemoration of WHO’s 75<sup>th</sup> anniversary.

AFSM Council leaders were special guests of the DG at the 76<sup>th</sup> WHA in May 2023. They were given an opportunity to meet with DG at the sidelines of the Assembly. Again, the DG shared his dream – what will make him happy – of having institutionalized AFSMs.

Meanwhile, individual Regional AFSMs worked on official recognition by their respective Regional Administrations.

True to his word, the Director-General invited the Global Council to hold its 6<sup>th</sup> Global Meeting in Geneva, the first face to face meeting, just before the opening of the 77<sup>th</sup> WHA in May 2024. The 6<sup>th</sup> Meeting was doubly significant as the DG has also invited Regional Directors, sending yet another strong message of his unwavering support to former staff and promoting the work and recognition of the AFSMs with the Regional Directors. It will be recalled that the DG had written to all RDs in February 2024, re “*Formalizing Collaboration with Association of Former WHO Staff Members Across the Organization*”, suggesting “establishment of a direct focal point at the Regional Office to facilitate engagement” with AFSMs.

As a result of all these efforts, three Regional Associations have, to date, achieved official recognition through a Memorandum of Agreement signed with their respective Regional Administrations: AFSM/WPR in October 2023, AFSM/AFRO in July 2024, and AFSM/PAHO in October 2024.

The 7<sup>th</sup> Meeting of the Global Council of AFSMs recently organized by AFSM/WPR on 25 November 2024 was forward-looking. Considering that already three AFSMs have been

officially recognized, the task is to strengthen institutionalization to ensure that this recognition will be binding on future administrations as the Director-General hoped.

### ***The road to Institutionalization: the AFSM/WPR Story...***

The MOU between WHO Western Pacific Regional Office and AFSM/WPR was signed on 09 October 2023 by former Deputy Director-General and Acting Regional Director, Dr Zsuzsanna Jakab, who included the event in her Address to the Regional Committee of the Western Pacific on 16 October. In a move towards institutionalizing the Association, an Information Circular on the AFSM, what it does, and the designated Regional Focal Points was disseminated to all WPR Staff on 22 November 2023. In March 2024, WHO accounts were created for the AFSM President and Secretary allowing intranet access, so AFSM/WPR may be updated on WHO information and developments. By May 2024, WHO Country Office (CO) Focal Points for AFSM were designated and the corresponding Information Circular was disseminated to all Staff. A generic mailbox was created for AFSM to facilitate communication with CO Focal Points. On 1 August 2024, a special briefing (hybrid) on SHI for Retirees was conducted by the BFO/SHI team. AFSM is granted use of WHO facilities such as the Conference Hall, meeting rooms, the library, mail and printing services, as well as the newly renovated gym for health and wellness.

On 5 December, AFSM/WPR held its General Assembly cum Reunion at the WHO Conference Hall. Over 80 Members and guests (AFICS-Philippines and WPR Staff Association) attended the whole day event. The Director, Administration and Finance, who is the AFSM Regional Focal Point, who incidentally was also WPRO Officer-in-Charge, addressed the Assembly. He reiterated the Administration Team's full commitment to continue supporting AFSM/WPR's various initiatives to benefit not only retirees but also current staff especially in the areas of health insurance and pension benefits.

### ***The Global Council delivers...***

Only three years old, the Global Council is shown to be delivering on its mandate. Borrowing from the Director-General's pronouncements, the Vision of the Global Council is, **"Once WHO, Always WHO,"** and the Goal is, **"All former staff remain WHO family and welcome to contribute to WHO objectives."**

As the Global Council of AFSMs, the seven Associations can say: "together we are stronger, together we are better equipped to serve our members better, together we develop strategic action plans to inform and educate our members, and together we strive to be effective and valued partners of WHO."



# Health and Pension Update

*By Carol Collado and Rolando Chacon*

## Concerns and Updates

We will continue to summarize the outstanding issues in public health here, bringing you up to date with a number of issues which are causing concern globally and regionally:



Mpox was again declared by the WHO commission to be a public health emergency of international concern, although, except for a few countries in Africa, the global response and monitoring has considerably reduced the threat. In the Americas, the peak was in 2022, with only one imported case reported this year. However, PAHO continues to encourage countries to maintain surveillance, lab tracing and genomic sequencing.



Bird flu is now considered to be a moderate public health risk. Once again, the PAHO recommendation is to continue strengthening the diagnosis and timely responses. The first bird flu case with no animal contact has been reported in the US, and vigilance is important to prevent the possibility of human-to-human transmission.

COVID incidence reporting globally demonstrates a decline in reported cases. However as mentioned previously, many countries are either monitoring through wastewater or do not require reporting. As immunity increases in most countries through vaccines or cases, many people are now having lighter cases and not even seeking medical assistance, therefore the picture is not necessarily clear. However, most regions show a decrease, except for the Western Pacific. Anyone travelling can access information on the reported incidence by checking the national or WHO website information in order to decide on appropriate precautions.

Dengue, as we have mentioned before, with climate change is being seen more and more in areas where it was not prevalent before. So far this year, in the Region of the Americas 47 countries and territories have reported cases. In 2024, at about 70% of the year gone, there have been 2 1/2 times the number of cases than were seen in the whole of 2023! It has been especially active in Central America and Mexico, and with the season beginning in the southern continent, it is important to take precautions.

In addition to the communicable disease concerns, the number of adults living with diabetes worldwide has surpassed 800 million, 450 million untreated, more than quadrupling the number since 1990. "We have seen an alarming rise in diabetes over the past three decades, which reflects the increase in obesity, compounded by the impact of the marketing of unhealthy food, a lack of physical activity and economic hardships," said WHO Director-General Dr Tedros Adhanom Ghebreyesus. Since ageing is often accompanied by a decrease or lack of activity, it is probably a good idea to ask your provider to include screening for this on your next physical.

**AFSM and SHI Regional Office**

On Nov 25, the Board of AFSM met with several of the team from SHI WDC, our Regional office, (Kelly Marrero, Omarys Nieves and Marsha Talento) to identify achievements for the year 2024 and to look forward as to what can be done in 2025, discuss priorities and future collaboration.

We commenced the collaborative effort during 2024 in trying to have the SHI card recognized by more providers in the Region, identifying ongoing efforts in Brasil, Peru, Mexico, Bolivia, and Chile. This will continue. We know that the Regional Director is supporting the effort and that several PWRs have initiated conversations in this regard.

We did the following:

Identified Communication as a top priority and re-iterated the importance of having a response when needed. The SHI team has published contact information, and AFSM has offered the possibility of having a column in the Newsletter to share important information.

Discussed with SHI Online some identified issues such as the 5-item limit per claim, and it was agreed that these issues would be brought up for further discussions at the new IT review which will occur in 2025.

Clarified the trajectory of claims processing, i.e.: ALL claims are processed in the WDC office. Payment of those claims may be sent to regional entities, for example, claims from Chile are processed in WDC, but paid through the BIREME office. There had been some concern about participant confidentiality, but with this clarification, it was seen that there is no violation of privacy. Only the SHI office in WDC has information on the substance of the claim.

Discussed the validity of the WHO cards which now have an expired date. For those on SHI Online, there is a possibility of printing one with a correct date. Geneva is planning to issue new cards during 2025 which will be valid for 5 years, however, at this writing, their plan is to eliminate this resource after this new printing and rely entirely on the online system. We requested the SHI team to discuss with Geneva the fact that in many of the countries, a card printed is not recognized, since it is easy for anyone to print something from a computer.

SHI will be conducting a survey on their services soon, and we encourage you to answer it: only by making known your opinions, can we work together to improve the system.

### **For those US-based people**

SHI offers regular virtual meetings with Cigna for those with outstanding issues. Also, for those who have joined recently, there is a Q&A section on the website with a lot of useful information on Medicare and our SHI.

The change from Aetna to Cigna has brought some differences that may have caused confusion.

1. One area is the payment for the remaining invoice after Medicare has paid. With Aetna, Medicare had an agreement for coordination of benefits which enabled Medicare to forward the remaining bill directly to Aetna. Unfortunately, Cigna does not have that agreement, therefore when the provider receives the Medicare payment, they must send the remaining bill to Cigna. Since many providers assume that this is done, they then bill the participant. Make sure you check

if you receive a bill from a provider that they have sent to Cigna as well. In an alternative form, when you receive the bill from the provider, you can send it directly to Cigna using their user-friendly online submission with the invoice showing that Medicare has paid.

2. Another area of confusion which has been noted with some frequency is that our administration is with the Cigna International section of the Cigna Group. It is the same company but runs separately from Cigna US. Often, we have found that providers are very accustomed to dealing with Cigna US and will call them or send invoices to them with the result that they then tell the participant that they are not insured, or that their insurance does not cover this or that procedure. If this should occur, please tell your provider's billing office to check that they are using the correct Cigna account as indicated on the back of your card.

### **Some thoughts for a Healthy lifestyle in 2025**

Given that you will receive this newsletter close to the start of 2025, I have put together a few ideas to consider incorporating into your activities, with the goal of living life to the fullest in the healthiest state that each of us can achieve. Many of these are not new to you and they are also a continuation from the last issue when we discussed how to reduce dementia.

- Exercise: We know that staying active helps to improve brain health, improves moods, promotes better sleep, assists with weight management, increases energy, supports bone and muscle health, decreases stress, and there is less risk of dementia, heart disease, and diabetes with controlled blood pressure from regular exercise. Recent studies have not only confirmed these effects but have shown that even walking a small amount, if that is all that is possible, also has beneficial effects and once started, it is easier to increase a bit every week or so. A Harvard study showed decreases in desires to consume sweets, reduction of the risk of developing breast cancer, easing of joint pain and boosting of immune functions from walking an hour a day.
- Mental Stimulation: One study found that mentally intact people in their 70s and 80s with more mentally stimulating activities were half as likely to develop mild cognitive impairment as those who reported the least amount of participation. Example of the types of activities included reading, writing, doing crossword puzzles, playing board or card games, learning a new language, engaging in group discussions, and playing music. A study recently published in the [Journal of Cognitive Enhancement](#) from the Texas A&M University School of Public Health suggests that those with mild cognitive impairment who engage in brain training activities have better cognitive function. This study found that those who engaged in high levels of mentally stimulating activities had better memory, working memory, attention, and processing speed than those who did not.
- Diet: Especially after the holidays when the average weight gain is around 5 lbs/2.5 Kg., we are all looking for an easy fix. While that is not possible, there are many guidelines. One which has surfaced recently is a combination of several, called the MIND diet. It is the Mediterranean-DASH Intervention for Neurodegenerative Delay diet, and its goal is to support healthy brain aging. The MIND diet encourages eating nine types of food: whole grains, vegetables, green leafy vegetables specifically, nuts, beans, berries, poultry, fish, and olive oil. The diet also calls for limiting the intake of pastries, sweets, red meat, cheese, fried foods, and butter or margarine. A Study published in Neurology found that mid-life and older people reduced their risks of cognitive disorders

following the MIND diet. Even if they were not totally adherent to the diet recommendations, they did show a risk reduction.

There are many more things that can be done to live life healthily, and we will continue to bring you more information about what we can do. Additionally, in the next newsletter we will bring you some interesting information on developing cognitive reserve as a means of avoiding dementia.

**Wishing you and yours a wonderful holiday season and a very Healthy and Happy 2025!**

**UN Joint Staff Pension Fund Outperforming Peers in Investment Returns and Cost-Efficiency**

The UN Pension Fund continues to manage approximately 82 per cent of its portfolio internally and it is paying off. According to an independent study by CEM Benchmarking, a firm specialized in comparing investment funds across the world, UNJSPF outperformed its pension fund peers in competitive cost-effective investment returns.

“Managing most of our portfolio internally gives us more control over our expenses, and this translates to our outperformance relative to our peers in terms of cost-efficiency,” said Mr. Pedro Guazo, Representative of the Secretary-General for the investment of the Fund’s assets. “And as the results show, we’re also performing well ahead of the median in terms of returns.”

The analysis compared the UN Pension Fund's performance in the five-year period ending 31 December 2023, to 281 global pension funds and a subset of peers. Since size affects costs, the analysis compares the Fund to a group of 19 peers whose assets under management range from \$47.5 billion to \$142.9 billion. This group provides the most meaningful comparisons in terms of investment returns, total cost of investment and other parameters. As of 31 December 2023, the UN Pension Fund managed \$88.1 billion in assets.

Key takeaways from the analysis include:

	Returns	Cost	Asset Risk
UN Pension Fund	7.9%	31.6 bps	10.9%
Peer Median	7.3%	47.7 bps	n/a
Global Median	6.8%	n/a	9.4%

“This study is a confirmation from a respected third party that the Office of Investment Management is stewarding the Fund’s assets effectively and efficiently,” added Mr. Guazo. “It shows our participants, retirees, beneficiaries and stakeholders at large that the pensions we are responsible for are in good hands.” All staff members at the Fund are also participants.



## Musings of An Ageing Woman - Number 13

---

*By Yvette Holder*



Thank you to those readers who have indicated that they enjoy reading the musings. I must confess that it requires minimal effort since it is something that I have done all my life. As an only child, I have always been my own best (and often, only) company, except for Rex, my faithful canine companion of 14 years from childhood into late adolescence. I talk to myself all the time and answer myself too. I used to do it in normal conversation tones until my understanding mother told me that while it was alright for me to do so, people overhearing may not agree. So, for most of my life, these were quiet conversations in my head, just like my conversations with God. Now, however, I don't really care what people think (one of the advantages of age!), so sometimes they are said out loud.

Bad habit that it may be, it has stood me in good stead in tight and unexpected situations. My most memorable was at my high school graduation. During the Mass, my Head Girl turned to me and said, "Listen carefully to the Gospel because you are doing the homily". The Gospel was on the Good Samaritan, and as a 17-year-old, love was a topic, upon all aspects of which I had mused frequently. I had a store of self-conversations from which I could draw for a homily. Actually, anything that affected me or those dear to me, was a subject for musing.

More recently, however, I have become increasingly concerned about those private musings as they are now very distracting. I find myself missing parts of vocal conversations, of religious services, of time itself as my mind wanders into its own private reverie. Note that it is my mind that wanders, not I, for the mind seems to have taken a life of its own. A classic example is the Consecration at Mass. Most recently, my mind would wander just at this time (I may even fall asleep if I am viewing



from home) and return/awake in time for the Our Father. This happened everyday for more than a week. Thinking that this may be the handiwork of the Fellow Downstairs, I decided that will power and physical and mental presence would overcome this tendency. Armed with that knowledge and with great determination, I walked (without the aid of the cane) to service this Sunday morning. I concentrated fully on the parts of the service, and at Consecration, ordered myself to focus and meditate on these next few minutes. I recall the elevation of the Host and started congratulating myself on my will power to overcome this tendency. The next I knew, we were at the Our Father, again. I have absolutely no recollection of the elevation of the Chalice. It had happened again!

This has started a new trend in my musings. I am wondering if this is what dementia is like, when the mind wanders into its own world, wanderings that become longer and longer until finally, there is a point of no return. My only comfort is that I can recall vividly the details of these wanderings but the gap in time when I wandered is totally lost, almost like a time warp. I wonder too, is it because it has become more difficult for me to multi-task that I can no longer be present and muse at the same time? That is probably what I did in the past. Is it that engaging in one activity totally excludes the other? Is there a balance that can be achieved? Or is this preparation for another phase of life where the physical boundaries grow smaller and the mental/spiritual ones expand? Who knows? But perhaps, I have started you on your own journey of musings.



## Retired and Lonely, Now What?

---

*By A Hot Retiree*

Some of us retire, have a good pension and health care, are in good shape, have no more kids at home and... are divorced, widowed, or without a partner. And I bet, just like me, want to have a connection, and find someone with whom to share good moments and plan a life together. Now where will we find that person?

I tried via websites (match.com e.g.), paying a subscription, but got nothing out of it. After much hesitation, I decided to try an app, like Tinder, which soon turned into 3 apps at the same time, including Bumble and Hinge. I have friends who met their partners/husbands there, so I knew it could work.

I'll tell you what: it is easier said than done! I soon realized this is easily a full-time job. It starts with preparing a profile, and then adding nice pictures, an enticing description of yourself, what you want in a relationship, and what type of person you want. It is a daunting job! I also realized that not being careful with some details leads you to get profiles from all types of people: young, old, odd, insane, and dishonest. Men who would picture themselves with a rifle, or just pictures of his dogs, holding a huge glass of beer or other booze, with disheveled hair and overdue shaves, or beer bellies. Most men around my age (and many much younger) were bald... sorry guys, it is a reality... nothing against it, I just wonder if our wrinkles and cellulite matter to them when they look at women! Finally, I noticed how common it is for men to take selfies in the bathroom, but that's gross! Why on this planet would a guy looking for that special woman not show himself at his best? As they say, men are from Mars and women are from Venus!

I was particularly unlucky in the beginning. Once you 'like' certain people, the software (an algorithm, basically AI-based) learns your likes and dislikes and continues to send similar people. That's my guess, as I got a stream of engineers who were all crooks! Instead of moving on and deleting them, I kept trying to understand why they would be so dishonest. Were they lonely? Or just after money? Or sociopaths?

The first was a ‘professional engineer’ (what the heck is that?), who was getting his last contract from Exxon before retiring and had to go for a month to their platform in the Gulf of Mexico, thus he was unable to call or video chat with me (security reasons). We only texted for over the course of a month! Gorgeous guy, Italian, with big plans to live the rest of his life with me after that contract. I was worried that he was just lying, so I used Google image to see if his photos appeared in other profiles and sites. And they did! One just in Chinese! Then he appeared to me as a potential match in the other app I was using, with a different name and age. I confronted him and he just said his identity was probably stolen, and that he was honest. So I asked that when we first met if he would show me his real ID, passport, contract, or badge. He said if I did not trust him, he would not talk to me. I left it at that, but he came back a couple of weeks later, asking me to buy him a tool he needed, promising to reimburse me, or that I give him my AMEX card number for him to buy it!! This was the final proof that he was catfishing! Needless to say, we never met in person.

In the meantime, I matched with a civil engineer, working in Berlin, building a large bridge as his last assignment before retirement, after which he would be ready to meet me and live with me anywhere! Do you notice the similarities? He could not tell me where this expansion bridge was, and the name was a secret. He talked on the phone but not on video. He said he could not get Wi-Fi (his iPhone was very old, to which I replied, go buy a new one now!). To make a long story short, he was a bad liar and I caught him in the act! He was telling me that he was born in Portugal and sent his US passport picture that said he was born in Philadelphia! He tried to convince me that he did not want his place of birth on his passport! He called me stupid and “a piece of shit” (before we ever met!), that I was playing with him, so we called it off. Just a week later, I got a message from the app that he was kicked off for fraudulent behavior and that I should be careful.

Another one appeared, really good looking, my age, this time a maritime engineer working for MSC. He was well-traveled, spoke several languages, and was on his last trip before retiring! Same story... promising the world to me but he could not talk on the phone or video chat either as it was against the rules of the ship. His photos appeared on several other websites as someone else (when I told him that he said it was a case of stolen identity!). And a month after texting daily, he wrote to say that his ship was being chased by pirates from Somalia and they would have to stop in Malaysia for safety reasons and to ship all their belongings somewhere to

avoid seizure by the pirates. He was going to contact me later if he was not killed. Two weeks later, he texted that he was alive but still needed to do things quickly. I just said that if he asked for my bank account, address, or to book him a hotel, he could forget about it; I would not do it. Well, he then disappeared and never contacted me again. Maybe he was eaten by a shark instead.

Then a different professional matched with me. A Canadian living in the USA, dealing with short stock sales and bitcoins. He was always too busy for a real call or video chat. Since I took an international trip, he asked for a picture from the trip. I asked him for the same, as he was in Canada working with a client. He sent me a picture with his friend, and at the bottom there was the TikTok logo and an Instagram address of someone who was not him! In one of his profile photos, he was wearing a wedding ring! But that didn't matter to him. Then I called it off, not believing his stories and the next day I got an email from the app that he was kicked off because of fraudulent behavior and that I should be careful!

Others came after that who also were liars, but I got good at catching them right away, sometimes within 24 hours! The stories just didn't match, and they never wanted to chat/video call right away. And on one app they say - if it looks too good to be true, it is probably not true!!

I took screen shots of the conversations and photos of all of them. I provided all the information I had to the apps from whence they came, which was much appreciated.

I finally found a good, real, honest match. But I think finding love and connection through these apps is not easy at all. One needs to learn how to separate the real from the fake, lower expectations, NEVER ever give a cent to anyone, always report suspicious activity, and check the stories for their consistency. I still think that's the way people meet these days, regardless of their age. So, in the end, learning to navigate these technologies is necessary and doable. All the apps have information on safely dating online, so it is important to read and follow what they say!



# The Third Journey of Life – Challenges and Opportunities

## Part 3

---

*By Sumedha Mona Khanna*



As a continuation of my contribution in the last two PAHO AFISM newsletters, based upon my own experience and others with whom I have been talking, I wanted to share with you additional challenges we are facing as we age and some suggestions on how best to accept them.

### **1. Changing Relationships and Social Connections**

This is a major challenge at this phase of our lives. Of course, the situation varies with individuals. Some are with their partner and maybe even with some children, living in a multigenerational family. Others are ageing alone; people who may not have married or have a partner/child. Irrespective of the individual situation, there are some common factors that require change and adaptation to new situations at this stage of life.

It is possible that the partner has passed on and even the children have moved out, especially if they got married. Therefore, it is not uncommon for one to be alone and in need of finding some way for social connections. There are also cultural differences that one notes. Generally, in an Eastern or Latin American culture, elders continue to live with the extended family, especially if they are alone having lost their partner. It is common to find multigenerational families, often with three generations living together. In that situation life at this phase of our journey becomes a bit easier. Some of us might live close to a sibling somewhat older or younger than us. That gives us an opportunity to stay connected with the family and have other social connections within the community. Yet, there are many of us who are living alone with different levels of access/connection with family, especially if we never married or had no children.

However, despite different social circumstances, we all need to have connections with like-minded people of our age-group with whom we can share our common interests and challenges and learn about coping with them. Because children and grandchildren have their own interests and priorities, they may not have time for us. In many communities there are Senior Centers (sometimes called Age-Well Centers) where people over the age of 55 can frequently get together and share common interests. One may even find some with similar circumstances and interests and make special friendships for social connections. Such groups often offer opportunities for eating together and occasional social outings. It is worthwhile finding such a group in our community and join one as a member.

### **2. Letting Go – Surrender**

As more of us stay healthier for longer periods of time, our midlife is often the time to decide what to take along and what to leave behind – and then we need to decide how to carry it. So, we need to ask ourselves, “How much is enough?” and “What do I really want to carry?”

This is perhaps one of the most difficult and emotional challenges for most of us. We have accumulations of our lifetime – many obtained during our travels or for special occasions. Many have special meaning for us with memories of shared love, places we have visited and lived. They may be art objects, some even obtained from the artists themselves, hence they are considered very special and precious. If we lived in larger homes that accommodated our families - children especially, there are many things that may now have limited value. Most children, when they grow up and move out of their family homes, do not take their childhood stuff with them. They have their own lifetimes to accumulate things that have special meaning or value for them. Perhaps one of the biggest challenges is our old photographs and videos. Before digital technology came along, we used to take photographs and videos to preserve our special memories in special albums or collated videos. We must face the challenge of what to keep and what to let go. That's why this becomes an emotional issue.

We may also be moving into a smaller home or even into a retirement community. What do we need to keep that is important for us at this phase of our life and what we can discard? We must become more selective in what we need and what we want. That also means *letting go* of some things that we feel have little or no value and being more selective in our choices in life. Many of us have had the experience of having to deal with the belongings of a close relative or special friend who passed away and we were called upon to clear his/her belongings. This can be one of the most painful and challenging experiences especially if that person did not leave any special instructions or directions. On a personal experience, I can submit that this was one of the most challenging and emotional experiences for me after the death of my sister. It has been more than a year and I am still dealing with this. This experience has made me even more aware of the need to let go of many things that I have accumulated over my lifetime – many of them are precious art objects from different countries that I visited or where I lived for a period.

How does one part with memories of a lifetime? The issue is not to let go of the beautiful memories but just the objects that have no meaning at this phase of our lives. They can be given away to appropriate agencies and people. How many of us have gone to a sale of possessions of a senior person when he/she dies- it is called a *Legacy Sale*. Having lived in a senior community, I have seen this sign many times- sometimes have even gone to the sales and have come away bewildered and even sad at so many beautiful and unique mementos being given away at petty prices. They might have had meaning for the person who possessed them, but not for the ones who probably buy them. Many of these possessions end up in old antique markets or sales.

The solution to this challenge is not easy. One exercise that might help is called *LETTING GO* of what we feel has little or no value for us at this phase of our lives.

### **EXERCISE – LETTING GO**

- What are four (4) material things in your life that have value/meaning to you?
- What four (4) activities that you do in your life that gives you joy/satisfaction?
- What four (4) roles that you play that you enjoy or give meaning to your life?
- What are the four (4) most important people (pets included) in your life?

Often doing this exercise with a small group of friends can be provoke thoughts and ideas about how we look at our possessions and what we can let go or surrender.

Along with this challenge comes the feeling of *Gratitude* for all that we have received and enjoyed in our lifetime. We go through some beautiful memories that are evoked during this exercise. It is therefore recommended to do this, if possible, with someone who knows and cares about you – a close family member or a friend. If married, you can do it together and share all the beautiful memories of the times spent together, places you visited or have lived in etc.

### **3. Preparing for End of Life**

Even though people are living longer and hopefully healthier, one can does not predict about the end of life. Therefore, it is not too early to prepare just in case. The most important things to consider for this include:

- Having all the relevant documents prepared and up to date. These may include important personal and financial information; personal documents e.g. birth certificate, marriage/divorce document as appropriate; property related documents; job/business related documents; spouse's and children's birth certificates as relevant etc.
- Trust or Will properly validated and attested by an Attorney.
- Advanced Health-Care Directive including POLST (Physician's Order for Life Saving Treatment); Any other special wishes.
- Essential information including names of close relatives and friends; names/addresses of personal primary care physician, attorney, Insurance agent, trustees
- Information regarding funeral arrangement and major actions to be taken after death.

### **4. Your Personal Vision of your Life**

It may be useful to give some thoughts to:

- How you want to live till the end of your life?
- What legacy would you leave behind?
- How would you like to be remembered?

This is essentially a personal and what may be considered as a spiritual exercise.

### **Concluding comment**

These are ideas and suggestions based on my personal experience as I was going through the *Third Journey of my life* and conversations with women who were also in this phase of their lives. Each person is unique and will no doubt have her/his unique situation/challenges and opportunities. I hope that these ideas will be helpful during this what I consider a very uncertain period of life that would unfold differently for each person.



# The Caribbean Revisited

---

*By Juan Manuel Sotelo*



Returning to the Caribbean, a reality different from that of Latin America and very important in my personal history, brings with it memories, maturity, and countless sensations that follow one another.

Barbados, my home and residence for a few months, welcomes me with its narrow streets and drivers who drive on the wrong side of the road. I arrive on a bank holiday, Monday, the end of the “crop-over” (carnival), and I notice few people on my way to the hotel, probably because they are celebrating in the street with music, dances, costumes, and parades.

My arrival barely gave me time to begin the process of transferring functions to me from the previous Director of the PAHO/WHO Subregional Program for the Caribbean and to assume my duties. Also, there was barely time to superficially get to know the 18 people who will work with me directly, some in Barbados and others in other Caribbean countries, along with another group who are in the same office but who have their own boss. The transfer exercise involved about 40 colleagues in person and virtually in different geographic locations, including Washington, DC.

As soon as I landed in Barbados, my daughter Ana Elisa arrived to help me settle in, look for a suitable house, see to domestic and other details that I don't normally address. Ana carried out the task I gave her well and I have almost signed an agreement to live in a house at the Rockley Golf Club, surrounded by green golf courses and permanently manicured nature. A quick analysis of my housing and personal transportation situations led me to reconcile myself with driving, something I had not done for about 10 years...

On an outing with Ana to the west coast of Barbados, we arrived at the Sandy Lane Hotel, a privileged place with famous and wealthy visitors. We had their buffet lunch, that had various products of great cuisine and origin. A real spectacle for the eyes and the gastronomic experience. Another outing was to Bathsheba on the east coast where there are big waves and surfing is practiced. Ana took advantage of the opportunity to swim and take several photographs. It is a rocky coast with natural pools that we enjoyed quite a bit. The classic restaurant is the Round House, where we were very well attended and where we had already been on a previous family trip.

Two weeks after my return to the Caribbean, I had to visit Guyana, a place not always easy to enter or leave. In fact, I was reminded of the difficulties I experienced 40 years ago when I lived in the Caribbean and had to go to Guyana. This time, I had to spend my birthday traveling via Miami, waiting for endless hours and arriving in Georgetown at midnight.



The arrival at a new airport of impressive construction is spoiled by the huge and very slow immigration lines to pass through and long forms to fill out by hand. Fortunately, I had been warned to take the “VIP” line, which was less slow than the rest. Now freed from the tumult, the driver from the office was waiting for me to head to Georgetown on a dark road, with very little light and with police all along the way stopping vehicles. This trip lasted an hour and a half, which meant arriving at the Pegasus Hotel after 2 AM.

Guyana is experiencing significant oil revenues, tripling its GDP, and there is a lot of new construction going on, creating chaos and road detours.

The mission in Guyana was successfully concluded. I was able to have meetings with the CARICOM (Caribbean Community) Secretariat, with the Minister of Health, and with the PAHO/WHO staff in Guyana. A special pleasure was having breakfast with Mena Carto, a colleague who worked with me when I was entrusted with the Representation in Guyana for a few months in the past.

Another place on my work plan was to visit Trinidad and Tobago, a country that, along with Guyana and Suriname, is the most exotic country I have ever seen in the Caribbean due to its racial and cultural diversity. I also experienced difficulties with the flights to get to Port of Spain due to the high mobility of people, and I had no choice but to take a complicated route via Saint Lucia, Antigua, and finally Port of Spain.

Trinidad is a country that, like Guyana, has high revenues from hydrocarbons. Before landing at night, you can see real pyramids of lights that correspond to offshore oil and gas extraction platforms. From my hotel, which faces the sea and is close to the port, you can see a succession of cargo ships in a traffic lineup that I can only compare with the one I saw in Panama to access the Canal.

I am visiting Trinidad to familiarize myself with CARPHA, the Caribbean Public Health Agency, and to meet with the Minister of Health and other key stakeholders relating to my work in the Subregion. I will also meet with representatives of the University of the West Indies, ECLAC, the UN Resident Coordinator, and the PAHO/WHO technical staff in the country.

Trinidad has a number of well-preserved and maintained colonial mansions and a large park called La Sabana. It is where carnival is traditionally held, and I participated in it several times in my youth.

The colors of the sea, the tropical climate with a fast-moving atmosphere, and people who have their rhythmic rhythm, take me back and prepare me for the months in this unusual paradise.



## Techno-Tips

### AFSM “Blast Message” Distribution System – Update

---

*By Antonio Hernandez*



More than 15 years ago the AFSM implemented an Information Technology (IT) strategy to keep its members informed in a timely manner. This strategy involves the use of several computer-based programs, including, but not limited to, an internet-based website, an email address for exchange of messages with members, a Facebook profile for subscribed members to access, and a massive message distribution system known as “Blast Message” to reach all members simultaneously.

Managing the communication system is one of the more challenging issues for AFSM, not only for the coordination of the information sent and exchanged with members, but for the time and work required to do so. All work is done on a voluntary basis. One of the critical aspects is keeping up with the changes and advancements in the computer-based programs used in this endeavor.

Several of the hot topics and important issues in handling electronic communications have been addressed in different “Techno-Tips” articles published in the AFSM Newsletter, and some could be found on the AFSM web site. I recommend that you read those articles, as most of them present the best practices for the exchange of electronic messages using internet and email programs.

I would like to now focus specifically on the AFSM messages sent to members as a group. This is known as a “Blast Message”, which, by definition, is a single text message sent to a large group of people at the same time. This is one of the fastest ways to reach our community and keep them informed on urgent and important topics of common interest.

Since its inception, AFSM has used the computer service MailChimp, one of the best in the industry, to send out messages. This service was previously free of charge. However, due to the low number of our members (less than 1,000) and the low volume of messages sent, we were forced to move to the pay side of the program. This was something AFSM did in order to maintain its goal of keeping the members informed.

Changes in the MailChimp business model have added security to the electronic messages, increasing the possibility of reaching more members and encrypting messages to avoid intrusions or hacking of the information.

Although very popular and used very extensively, the electronic addresses that are free of cost for the users, like Gmail, Yahoo, and Hotmail, have less security features and are easier to be hacked. MailChimp has very well-documented guidelines for subscribers who use free domain electronic addresses. Messages that are hacked will not reach the recipient, could be treated as Spam Messages and deleted or sent to the Spam Inbox on the recipient's computer. Good practices to deal with these issues are included in "Techno-Tips" articles in earlier AFSM newsletters.

AFSM's email address is [afsmpah@gmail.com](mailto:afsmpah@gmail.com) and this is a free of cost email address. In order to guarantee security in the communications and assure messages reach all subscribers, prior to a message being sent, Mail Chimp will change the domain of the address to encrypt the message. Some of you may have noticed that messages are received with the electronic address:

**AFSM-PAHO Board** [afsmpah@23556367.mailchimpapp.com](mailto:afsmpah@23556367.mailchimpapp.com)

I want to emphasize that if you receive a message from the email address mentioned above, the message was sent by AFSM and it is legit. Also, responding to messages, if necessary, should be done using the AFSM electronic address [afsmpah@gmail.com](mailto:afsmpah@gmail.com)

Please contact us if you have questions or comments.



## The Retirement

*By Maria Teresa Cerqueira*

For the final stretch  
A little peace by the seashore  
A smile and a big hug  
A canvas to paint  
A good book  
The warmth of a home  
And the sun for shelter  
A friend's hand  
The affection of my children  
And the blessing of the grandchildren.

# Walking is the Sixth Vital Sign

---

*Summarized by Marilyn Rice*<sup>1</sup>

Walking is an amazingly complex behavior, involving every system of the body. Changes in one's way of walking can be a sign of a latent diagnosis soon to appear. And the worst thing one can do is to stop moving. So, move, even if it is for five minutes at a time. Lack of mobility is one of the top reasons that seniors lose their independence, and it is closely linked to cognitive decline.

For some unknown reason the speed at which one walks is related to one's risk of dying. Those who can walk faster are more likely to live longer and have a better life! Once



the ability to walk starts to decline it is important to focus on one's technique. A treadmill can help with this; and it enables one to experiment with different speeds; one should bump up the speed ten percent for a minute. When walking, one should push the ground away rather than picking up a foot and placing it in front; and one should shift one's weight back and to the side. Tai Chi has been shown to improve balance and reduce the risk of falls.

The body part in charge of everything is the brain. Finding ways to protect against dementia is important; approximately half of those with dementia experience falls compared to 30 percent of the general older population.

Where one lives can make a difference. If there are sidewalks that are well maintained and with a low crime rate, one is more inclined to walk outside and run errands on foot.



---

<sup>1</sup> This is a summary of an article written by Vicky Hallett on 29 November 2023 for National Geographic.



# 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

## 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  
Saginer, Juan Manuel Sotelo

## President Colombia Chapter

Alberto Concha Eastman

## 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

## 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

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

## 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