



NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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Meeting of PAHO Retirees from South Florida

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By Hernan Rosenberg



After five years of giving her best efforts to the cause of AFSM's members, Gloria Coe decided to take a very well-deserved rest. We thank wholeheartedly the selfless work of Gloria, Gina, and Hortensia. The Board's new President is Hernan Rosenberg, and other officers are Juan Manuel Sotelo, Secretary, Hugo Prado, Vice-president, Sylvia Schultz, Treasurer, and Karen Gladbach, Membership Officer. The new officers will do their best to keep our Association relevant and

helpful to our members.

You should expect an emphasis on supporting our out-of-Washington members, an effort that was already initiated but that we intend to foster even more. In that connection, we met with retirees in Chile, taking advantage of a personal visit. The meeting was hosted by the PWR, and what came out of it was a generalized sense that the SHI services are not as responsive as one would wish. Older members were overwhelmed by the need to input health insurance claims electronically, and everyone wanted more timely responses to their queries.

We raised this topic in a meeting with the Director and his focal point for AFSM (more later). The Director was very receptive and asked for a written list of issues. This was delivered, and he arranged for a meeting between AFSM and SHI. In the meeting we learned that SHI is finally fully staffed, and therefore more timely responses can be expected in the future. Additionally, SHI claims out of the USA are finally processed in Geneva, so there is a limit as to what can be solved from Washington. We appreciated receiving that information, but we all agreed that claims should at least be acknowledged, and claimants should know if their questions will be answered from Geneva.

The point of the above is to show how AFSM takes very seriously the needs of its members, and we will follow up on them when we become aware of them. We see this as one of our main tasks.

The meeting with the Director was held in a very friendly atmosphere. AFSM reiterated its interest in participating in the Healthy Ageing activities, not just as obvious

recipients, but also to help organize and sponsor initiatives based on the vast collective knowledge of the Association. The Director agreed with this approach.

In addition to several technical cooperation matters, the discussion also covered the topic of institutionalization of AFSM. A note from the DG to the RD's was discussed. We in the Americas have already advanced in cooperation with PAHO ahead of other Regions. We discussed the preparation of a Memorandum of Understanding between AFSM and PAHO, a draft of which has been circulated for comments. Finally, we requested regular briefings on significant achievements in PAHO, as most retirees desire a closer follow-up on the Organization. Dr. Barbosa was very accommodating, and we look forward to a very fruitful collaboration with his administration.

All this progress requires participation of AFSM members. We urge all of you to find a topic of interest among our different committees, or in your country, or in the dialogues on our social media platforms, so you can add your own effort to those of our other active participants. We look forward to your increased involvement from wherever you may be and at your earliest convenience.



Welcome to New Members of AFSM

John W. Fitzsimmons from USA

Santiago Nicholls from Colombia

Irma Desiree Pastor from USA

Lorraine Thompson from USA

Patricia Ugarte from USA

Guadalupe Verdejo Pivet from Chile

Sandra Weinger from USA

Health Insurance and Pension Update

By Carol Collado and Rolando Chacon

Health Insurance

Good day to All and Hoping for a Happy, Healthy 2024!



I think I mentioned several issues ago that I keep hoping that there is nothing to be said about COVID. It continues to be a concern, especially since in some countries there has been a resurgence of cases and hospitalizations, perhaps as we become complacent. There are some interesting things that have come to light since our last Newsletter and deserve mention:



- 1 Studies on the latest variants have shown a short incubation period, with most people who are infected showing signs within 3 days.
- 2 On 1 March of this year the US CDC changed the isolation requirements for those testing positive, declaring that, if the person receiving a positive diagnosis of COVID has only mild symptoms and no fever for 24 hours, he/she may return to activities in contact with other people.
- 3 Additional studies have shown that receiving Paxlovid has been confirmed as avoiding hospitalization as well as resulting in fewer symptoms for the person infected.
- 4 A study in the Journal of Clinical Medicine in January demonstrated a 14% increased effectivity if the person received the second dose of the Covid vaccine in the opposite arm.
- 5 It is recommended that seniors receive additional doses of the COVID vaccine every 6-12 months.

As usual, please maintain your preventative measures: washing hands, staying in the open air when in groups, getting vaccinations and wearing masks if you determine that you or those close to you are at high risk.

Dengue

Another important concern for this newsletter is the upsurge of Dengue Fever. WHO has declared a dramatic increase in reported cases, ten times that of the highest number of cases recorded for the whole year of 2019. Several countries in our Region have declared public health emergencies, and PAHO has confirmed 3.5 million cases and more than 1,000 deaths so far this year, a number known to be under reported. You will find a small review of what is known below. Please be careful!

This is a virus that is transmitted to humans through the bite of the aedes aegypti female mosquito (active during the day), mostly found in tropical and sub-tropical regions. The main mode of transmission is through the mosquito bite; however, there is some evidence that infected pregnant women can transfer the virus to the fetus.

Common symptoms are high fever, headache, body aches, nausea, and a rash. Fortunately, most infected persons will get better in 1-2 weeks with usual fever treatment: lots of liquids, acetaminophen, and rest. However, several people will develop severe dengue and may need hospitalization. Those who have had a previous case of dengue are more likely to develop severe dengue that often occurs after the fever has gone and is evidenced by severe abdominal pain and persistent vomiting, rapid breathing, bleeding nose or gums, fatigue, restlessness, cold skin, and other debilitating signs. Any of these should result in seeking medical assistance immediately. In general, the disease, even in its less severe occurrences, has extended recovery times with severe weakness, joint and muscle pain, loss of appetite, rash, etc.

The best preventative measures are those that prevent mosquito bites: covering the body as much as possible, using bed nets if sleeping during the day, putting up window and door screens, using insect repellents such as those containing DEET, and eliminating the mosquito egg-laying sites where water is left standing such as flowerpots, discarded tires, low lying poor drainage areas, etc.

There is a vaccine, relatively recently developed, called Denvaxia. It is available in some countries. However, its protection is only available to those who have already suffered one episode of the disease. Research continues on other potential vaccines.

Some news that may be of interest

The World Health Organization joined with the World Bank to decry the decreases in coverage across the globe of access and availability of health care. This represents a decrease in instead of progress toward the Sustainable Development goals.

Kudos to Grenada, one of only seven countries that have met the anti-pollution goals worldwide!

There is great concern for our Haitian brethren due to the crisis presently terrorizing the country, as well as a large increase in cholera.

We have talked often about self-responsibility in health. A few new studies will perhaps stimulate our taking a personal look at the dangers of a sedentary lifestyle. A study in the Journal of the American Medical Association (JAMA) published last September showed that those who spent 12 or more hours sedentary had a 63% higher risk of developing dementia than those whose sedentary time was less than 10 hours, while another study published by the American Heart Association (AHA) demonstrated elevated death risks with women with 11 hours of sedentary behavior. Both studies showed these results even if the person in other hours was involved in exercise!!

Be healthy, know your risks, and take action!

Pension

News from the 76th Pension Board session

Performance of the Fund

The Chief Executive of Pension Administration, Rosemarie McClean, noted that this year the Fund celebrates its 75th anniversary. She reported that the Fund had outperformed its benchmark in 2023 with a 92.8 per cent processing rate within 15 business days of receiving all necessary documentation of benchmark benefits and that more than 30,000 retirees and beneficiaries have issued their Certificate of Entitlement using the Digital Certificate of Entitlement app. The Fund met its payroll commitments and is continuing to make its best efforts to assist in the payment disruptions of Sudan and Russian Federation, as well as working closely with the United Nations to continue to improve processing of separations. Ms. McClean noted that the Fund continues to build its outreach efforts, including new monthly pension townhall sessions that began this January. From a planning perspective, she noted that the Fund will continue to build on its accomplishments from 2021 by focusing on the modernization of the ageing pension administration system and she presented a short, medium, and long-term road map to accomplish this. The Chief Executive also highlighted that the priority for 2024 was implementing the UNJSPF Connect, the new customer relationship management system.

The Representative of the Secretary-General for the investment of the assets of the Fund (RSG), Pedro Guazo, reported on the progress made by the Office of Investment Management (OIM). He informed the Board that as of 31 December 2023, the portfolio was valued at USD 88.18 billion, compared to USD 77.92 billion as of 31 December 2022. The Fund has been performing well with a real rate of return of 4.8 per cent over the 15-year long-term period ending December 31, 2023, and 5.2 per cent as of January 31, 2024, which is above the required minimum of real rate of return of 3.5 per cent. It has also exceeded the market benchmark for the short-term (3 years) by 50 basis points as of 31 December 2023, and by 30 basis points as of 31 January 2024. In addition, the Fund demonstrated a 5-year return (2018-2022) of 4.2 per cent, outperforming both the global median of 3.3 per cent and the peer median of 2.7 per cent. The Fund's assets-to-liabilities ratio, also known as the funding ratio, is greater than 110 per cent, indicating strong financial health.

Small pension review

FAFICS requested that the small pension threshold amounts be reviewed, as these levels had not been adjusted for the cost of living in many years. The Board agreed and instructed the Pension Administration to provide background and financial analysis on alternatives for its consideration.

More information can be found at:

<https://www.unjspf.org/newsroom/the-76th-pension-board-session-concludes/>



Making Memories

A Reunion Among South Floridian PAHO Retirees

By Mena Carto



On Easter Monday, 1st April 2024, seven PAHO retirees who live in South Florida along with two spouses, gathered at Marilyn Rice's home in Palm Beach Gardens. The occasion was a reunion of former PAHO colleagues. The idea was hatched by Yvette Holder, who during the 2023 virtual Christmas party of PAHO Caribbean retirees, realized that a number of PAHO retirees live in South Florida. And so on this faithful Easter Monday, retirees Yvette Holder, Harry Phillipeaux, Raymond Reid, Martha Peleaz, Sam Rawlins (and wife Joan), Marilyn Rice (and spouse Frank) and Mena Carto (visiting Guyanese), gathered to indulge in food, drink, reminiscence and plenty of laughter. At the end of the day, precious memories were created to add to our memory banks, as we move through these golden years of our lives.

And so how did the whole idea of the reunion develop into fruition? Well it took many e-mails of consultation and debating to first decide on the date for the reunion. Because you see, PAHO retirees seem to have more hectic schedules during their retirement, than they had when they were employed. Yvette was great at 'recruiting' persons for the reunion and so she kept adding names to the list. Included in the list were Sam Rawlins and his wife Joan who actually do not live in Florida, but were visiting their daughter in Ft. St. Lucy. I still live in Guyana but decided to make the trip to Florida then move further afield in my travels. As co-coordinator/coordinator of the virtual Caribbean retirees Christmas party along with Yvette over the past four years, I felt as if I had known the PAHO retirees forever and so did not want to miss the occasion.

For the reunion, Marilyn Rice (Marti as she is commonly known), editor of the AFSM quarterly newsletter, willingly offered her home in Palm Beach Gardens. The next step was then to decide who was bringing what food and/or drink for the proposed potluck lunch. And so the e-mails continued to go back and forth.

So I arrived in Ft. Lauderdale ahead of time, on the holy day of Good Friday and was welcomed by Marti who had graciously offered to host me. Point to note was that Marti and I had never met face-to-face but we had interacted online on numerous occasions in relation to the AFSM newsletter. And so when we finally met, it was as if we were long lost friends - a true demonstration of the PAHO family spirit – *once a PAHO staff member, always a member of the PAHO family*. Marti and Frank's (her husband) home in the luxurious gated community of Palm Beach Gardens, was idyllically set in lush greenery and as I jokingly remarked, the community

has a number of 5-star restaurants, and umpteen card rooms, golf courses, tennis courts, swimming pools, spa and the works... It was like a world of its own. To add to its fame, the world-renowned tennis stars, Venus and Serena Williams once lived in the community.

And so Marti, despite her bustling schedule of personal activities, roped me into her program prior to the day of the reunion – dinner on Good Friday at the club house sports restaurant, shopping at the outlet mall on Easter Saturday, bagel breakfast with her cronies on Easter Sunday and so on... Frank, Marti's husband, quietly gave us our berth while we hared around doing things and whilst we nattered non-stop....

And so the day of the reunion hang arrived – Easter Monday, bright and sunny. There was a feeling of expectation in the air after the various logistical arrangements to first put together the potluck menu, then figure out who was arriving with whom and when, then working out the navigational details to get to Marti's home from the different corners of South Florida. The arrivals began around midday and Raymond Reid was the first to arrive from his home in Stuart. Then Sam Rawlins with his wife Joan from their daughter's home in Fort St. Lucy. Then Yvette Holder came sailing in with Harry Phillipeaux, in her flowing red dress, red hat, red handbag and shoes to match. Harry who lives in Boynton Beach had picked up Yvette from Lake Worth where she lives. Martha Pelaez was the last to arrive from her home in Jupiter. Myrna Wattley who lives in Tamarac, had been willing in spirit to join us, but had some logistical challenges in getting to the reunion destination. And so we were sorry to have missed out on her company.

With the arrivals, we numbered nine in person – seven PAHO retirees and two spouses. And so the fun began. Upon arrival, everyone was offered a drink. The bar offerings included Guyanese rum, Jamaican kola, sorrel drink (Trinidadian style), 2 types of beer, wines, vodka, coconut water, orange juice, apple juice, etc. Alas, there was not much imbibing on the alcoholic side among the attendees – save and except for a 'dose' of Guyanese rum which I insisted that they all try. Apart from their driving responsibilities, I believe that the aging process had kind of weaned many of us off the stronger stuff...?

There was much ribbing and laughter among us as we sat in Marti's spacious sitting room, nibbling on the pre-lunch snacks comprising a myriad of items - tortilla chips accompanied by hummus, guacamole and a fish dip added to a collection of Guyanese tidbits that I had brought to tickle the



palate - cassava, plantain, and breadfruit chips, cheese straws, roasted chick peas, 'chicken foot' (spicy sticks made of flour and yellow split peas), tamarind balls, mittai, and fudge.

The faint background music was soon drowned out amidst the frenzied chatter, as former colleagues shared the stories

of their lives both within and beyond PAHO. By some strange coincidence, the ladies had ended up on one end of the room while the men gathered at the other end. But that did not prevent the occasional trading of barbs between the two groups – especially when we attempted to take photographs – some less successfully than others.



A special moment was when Sam presented Yvette with a copy of his recently published autobiography titled ‘Autobiography of Samuel Rawlins: From Shepherd Boy in the Frigate Bay Hills to Prominent World Scientist’. Yvette features prominently in the publication as the ‘soldier’ who had taught Sam the ropes of life in Trinidad, during their memorable years working together at CAREC.



Finally, after much chattering, we agreed that it was time for lunch. And so we gathered around the buffet table that was laden with: Jamaican jerk pork, Trinidadian chicken pelau, baked salmon, chicken salad, pizza, garden salad and various types of breads. A pie topped with berries was the designated dessert item. As only fitting for the occasion, we thought it appropriate to give thanks to the good Lord for the feast ahead. To do the honours, the choice was between the Reverend Sister Yvette or the Reverend Pastor Sam – both of whom were avid church-goers. Yvette declined in favour of Sam and so we all bowed our heads as Sam gave prayers of appreciation for the bountiful spread laid out on the table.

We all moved to Marti’s carefully laid dining table to eat our lunch after we had filled our plates from the buffet table. And then the gyaff became even more hilarious.... The topics ranged from who among us had been married many times and who had had the most wives. Then it moved to ‘how to bump off’ a wife in a case where you have grown



tired of any one wife. Then we moved to the topic of confessions we would have made to our parish priest during your lifetime and some of the lurid details that we shared with this rather privileged holy figure, as he stood on the other side of the partition in the confession box. And while he would not have seen our faces, he surely would have recognized our voices! Voila! Then we moved to the topic of philandering among the various US Presidents over the years - their sexual escapades and the close shave that some would have had in maintaining their Presidential positions. And so the stories went on ...ad nauseum...



After gorging ourselves with the rather sumptuous lunch, we repaired once again to the sitting room to resume the gyaff but some folks had to set off early for their long drive back home. There sooo much food left after the lunch that we had to parcel off take-out packages for folks to take with them.

As the day came to conclusion, we were left with wonderful memories of us former colleagues getting together. It was like time had never passed since we last saw each other – even though it might have been eons ago. And so we all agreed that perhaps the reunion should be an annual feature, with the circle widening to include other former colleagues on future occasions.

Until next time. Hugs to our South Floridian former colleagues.





EMERGENCY PREPAREDNESS KIT: WILL YOU BE READY?

A natural or manmade disaster can happen at any time. According to the American Red Cross, Ready.gov, and FEMA, every family should have several days of food, water, and other essentials on hand for unplanned emergencies. That includes a 72-hour survival kit (in either a duffle bag or backpack) for those times when the power is off and emergency personnel cannot get to you. Below is a list you can use to build a kit for your family when you need to shelter in place.

- Water** - two or three quarts per day per person for at least three days
- Food** - three to five days of non-perishable ready-to-eat meals, canned goods before the expiration date, snacks, and a manual can opener.
- Medication and First Aid Kit** - over-the-counter and prescription medication.
- Sanitation** - toothbrush, toothpaste, toilet paper, paper towels, antibacterial soap and wipes, sanitary and personal hygiene products.
- Bedding** - sleeping bags and essential bedding, i.e., blankets.
- Clothing** - appropriate for the season, especially in winter, warm & comfortable shoes.
- Communication** - portal radio, flashlight, extra batteries, battery-powered or hand-cranked radio, solar power banks for phones.
- No Electricity** - lots of candles and matches, solar lamp, generator.
- Documents** - if not the original, copies of passport, credit union and credit card account numbers, insurance policies
- Do not forget your Pets** - food etc.

After preparing the emergency kit, remember to maintain it so it is ready when you need it. That means managing and rotating the food at least four times per year. For food that is about to expire, move it into your family's pantry, and replace the item in the emergency kit. Also, replace the batteries in your kit every 12 months. Finally, keep the kit in a cool, dry, easy-to-access location so that you can grab it and go.



Serving the global health community

A month in the City of Fury

December 2023 to January 2024

By Juan Manuel Sotelo



Although the name *City of Fury* means an overwhelming urban setting, and it could be applied to any large city in Latin America, the Argentine rock band Soda Stereo calls Buenos Aires “The city of fury” in the song written by Gustavo Cerati about a defeated winged hero. Since then (1988), it has been a popular nickname for the capital of Argentina. I use the name in deference to the spirit of the people living in the current situation.

I arrived in mid-December 2023, to join my family, with the idea of spending Christmas with my three children and bringing in the New Year together. This time we invited the girlfriend of one of my sons: 5 travelers in total. We spent Christmas in Bariloche, a city located on the shores of Lake Nahuel Huapi, one of the most beautiful places on the planet, with lakes, forests, and snow-capped mountains. This was a territory I knew, so this time it served an update, as well as providing an opportunity to take the pulse of the people in the interior of Argentina about their views of the new government and President Javier Milei's pronouncements upon his assuming the new office. I knew that I would then have some time in Buenos Aires with friends and connections from many different times in my life, people who would give me their vision on the matter.

From a family point of view, I saw the personal evolution of each of my three children in their respective activities, and living with them for a few days was good, informative, and a source of reflection. They are already adults over thirty years in age and each one of them has his own very particular dynamics.

We interacted in public and private social spaces, visited places of common interest, and explored new avenues, such as going to desolate places with extraordinary landscapes, participating in tourist visits, and sharing with their friends, who are also evolving people. But they are basically the same young people I knew as children and adolescents. Each of my children had his social gatherings, and I participated in some of them wherein I had a lot of fun.

In *The Prophet* (published in 1923), Gibran Jalil Gibran writes a poem that talks about children, which is a hymn to freedom and respect for daughters and sons. I have always liked it and it is appropriate to bring it up when writing this note. It says:

“Your children are not your children.

They are the sons and daughters of Life's longing for itself.

They come through you but not from you,

And though they are with you yet they belong not to you.

You may give them your love but not your thoughts,

For they have their own thoughts.

You may house their bodies but not their souls,

For their souls dwell in the house of tomorrow, which you cannot visit, not even in your dreams.

You may strive to be like them, but seek not to make them like you.
For life goes not backward nor carries with yesterday.
You are the bows from which your children as living arrows are sent forth.
The archer sees the mark upon the path of the infinite, and He bends you with His might that
His arrows may go swift and far.
Let your bending in the archer's hand be for gladness;
For even as He loves the arrow that flies, so He loves also the bow that is stable.”

I spent a spectacular summer in the city, with high temperatures that increased throughout my stay, sun and clear skies, generous weather almost throughout the month that I stayed in the country, especially coming from the cold winter of Washington, DC. One night there was a strong storm that uprooted trees and left a series of cars crushed by branches and trees. The fury of nature was expressed for long hours. It also left the city littered with mosquitoes at a time when health authorities were announcing a dengue epidemic. Twenty years ago, when I lived in Buenos Aires with my family, summer at home had its travel circuit: Pinamar and Punta del Este, and then Bariloche was added when we discovered that it was not only interesting in winter.

We took an intercity train trip. It was fun to take the train at the Lisandro de la Torre station and go in the direction of Tigre to the Acassuso station. The trains looked pretty good, as did the stations. My comparison is based upon what I observed in the early nineties. I noticed the presence of singers and players of musical instruments who animated the journey, as well as beggars requesting support using different modalities. Both the presence of musicians and beggars was already evident years ago, but this time they gave me the impression of being more consolidated with the use of speakers, performance clothing, and innovation. Another day I traveled from the city center to Belgrano by train and saw the renovated Retiro station; it was also very nice.

I was in San Telmo twice, not only to see its tourist and street fair dynamics, with a strong Brazilian presence, but also to make a pilgrimage to the Basque restaurant Sagardi, that maintains and renews its menu and offers its own wines from the Valle de Uco in Mendoza. The Museum of Modern Art is in San Telmo; I personally found it a fiasco with a few exceptions among its pieces. It's a shame to have only seen the library through a window. I visited three other museums: the Museum of Fine Arts, the Museum of Decorative Art, and the Museum of Latin American Art of Buenos Aires, better known as MALBA. In addition to its permanent collection, the latter museum displayed some great cultural examples, well arranged and with interesting exhibitions.

Puerto Madero is another obligatory and pleasant stopover, not only because of its relatively new connection to a city founded in the 16th century, but also because it gave us the chance to see a little bit of the river with its attractive jetties and tall buildings. The gastronomic sophistication of the place is appreciated and of great quality. We had a drink at the Hilton Hotel before heading back home.

Another day the restaurant Parrilla Peña was recommended to us, about which it seemed everyone knew, located in a neighborhood in the center of the city. We had to wait about 30 minutes to be seated. When a place that does not take reservations becomes fashionable, long waiting lines occur. In previous days, it so happened that my children had to look for an alternative restaurant to Peña.

They treated us very well and we enjoyed a traditional menu. Still, in my family's opinion, there is no grill restaurant that surpasses Alberto's Boliche in Bariloche.

I have two relatively new friends in the city. One is a judge who is doing a lot of work with judicializing¹ medical issues, and the other is one of the leaders of the Obra Social *Luz y Fuerza*² (Light and Strength). The judge, who summoned me to court, has an impressive office lined with wooden panels and an octagonal work table. Scenes from the 1985 movie starring Ricardo Darín, about the trial of the military, were filmed in that office. The Courthouse is a complex structure built in the early 1900s, currently under renovation, with courtyards and columns reminiscent of a labyrinth. It is the headquarters of the Supreme Court of Justice. We had lunch in the Colón Theater restaurant, currently without a show, but with an audience waiting to participate in the guided tours of the theater.

My friends' vision of the country is one of attentive expectation because they consider that the current authorities have no governing experience and their participation in the legislative chambers is marginal. I believe that the issue of governability is fundamental for a novel state structure, such as the one proposed to be established. Let's give it a little time to see if it is achieved and how. I have reflected on the country's history of dramatic events in politics and economy that always seem to find a path in one way or another, and where the IMF is normally receptive. There is currently a bill that covers multiple issues that would seem difficult to coordinate, although it is too early to anticipate what course the negotiations will take. There is a general strike scheduled in two weeks. Inflation is high, there is insecurity, the presence and influence of drug trafficking abounds, and, like I have never before seen in many neighborhoods including my own in Belgrano, young people are sleeping on the street at any time of the day or night. Today, returning from lunch at a restaurant in Puerto Madero, I saw Villa 31, located between Retiro and Alcorta, and I was told that in Villa 14 in Barracas there is a persistent problem of vagrants and excessive population growth.



**Alejandro Nicolas, Ana Elisa (behind)
and Sebastian with Juan Manuel**



I met Alberto Mazza at the Jockey Club where we had a very pleasant lunch. I was greeted by the waiters who remembered me a lot and, as always, they received me with affection in what was my club while I lived in Buenos Aires. Alberto and I talk a lot about personal issues, which is good for both of us.

Tomorrow, I leave for the north of the continent, to another climate and environment, leaving this reality of Buenos Aires with my focus on and interest in very closely following its developments.

¹ Relating to the legal system and to judgments made in a court of law.

² Obra Social is an organization that provides health care to employees of a company, enterprise, or public entity.

Musings of An Ageing Woman – Part 10

Scooter Adventures (Continued)

By Yvette Holder



My apologies for missing the last issue. Back to my scooting adventures. When last we spoke, I was getting used to maneuvering the scooter. I practiced around the apartment complex where I live, through car parks and on the roadway when there was little or no traffic. Then I thought that I could graduate to driving through the building walkways and paved paths that meander through the complex and are usually a shorter distance than on the roads. With growing confidence, I successfully navigated from home to office, library, and auditorium. The gates were a bit of a challenge as I would have to position myself to use the fob on the lock at the side, advance to push the gate to open wide enough so I would have sufficient time to get part of the scooter into the entrance before it swung back and hopefully hit the scooter and not me. By the fourth gate, I had got it down to a fine art!

Proud of my prowess, I scooted back home, at a reasonable speed, not hare speed, but not tortoise either. Well, you know what happens after pride. I took one of the paths home and as I was negotiating a 45 degree turn from one path to another I learned something else about the scooter. Heavy though mine was, it was not stable. It overturned and unceremoniously dumped me into a clump of shrubs that lined the path. I sat there for a short while, taking stock of my situation - the scooter seemed to be unscathed, a few scratches to my body, and a major bruise to my ego. I looked around and heaved a sigh of relief. No one saw my mishap. I was very fortunate. I tried to get myself up by using the shrubs, but they had already served their purpose in cushioning my fall. They were absolutely useless as a support to help me get on my feet. Fortunately, I had my phone with me, and I called a friend and neighbor to help me. While I lay waiting for her, I was able to admire the blue sky and the fir tree outlined against it; I noted the dying branches that will need trimming before the winds of the rainy season; and I listened to the parliament of crows who seemed to favor that particular tree. My neighbor came, and so embraced was I by the bush that she did not see me at first. She helped me out of the shrub and together we righted the scooter, that was even heavier than we had thought. My ride home thereafter was uneventful as I had learned two more lessons – hare speed is only good for the straight and wide paths, and feet must be kept on alert for either one to act as a stabilizer at the first hint of the tendency of the scooter to tilt.

It was now two weeks later, and I felt competent enough, I thought, to scoot to church one Sunday morning. Through the complex along the roadway, I was fine. I approached the gate to the churchyard very cautiously as I was faced with a short steep slope, and I was now very aware of the scooter's level of stability. So, with one foot on the roadway, left hand on the controls, and right hand outstretched with the fob, I edged towards the gate, got it open, went through onto level ground, and breathed a sigh of relief. I made it! I drove down the path to the Family Centre where I would have to make a left turn to get to the church car park (which I did at tortoise speed – I had learned my lesson well!) and up the ramp to the church door. So far, so good. At the door, a very kind parishioner who I would see at every Sunday and weekday mass, held the door open for me. I knew that she was not an Anglophone, so I gestured for her to stand to the side in front of the door, not behind it, because I figured then that she would be behind me as I negotiated my way through the door. She did not understand and stood behind the door. I did have difficulty going through the door, as I feared, and instead of going straight, I veered toward the wall where she was standing. I stopped, a hair's breadth away from her, and tried to reverse. But in my confusion, instead of reversing, I advanced and pushed her further into the wall. I eventually released her, and with many bilingual apologies from me, she escaped, apparently unharmed. But I did notice that she started sitting on the side of the church furthest away from me. Fast forward to my return to church moving at my own speed and she came to me, happy that I could walk normally again. Dear, kind, forgiving soul!!! She made my day, that day.

The scooter was an adventure for the less young, but I am not sorry that my time with it has ended. I do not miss trying to carry a cane when using it because I still needed the support for the shortest journey from the scooter to a seat. That cane stuck out anywhere I placed it and became a hindrance. I was also very uncomfortable around traffic as I feared that drivers would not see me, especially if in a high SUV or if reversing, for I could not get out of the way in time and the scooter's horn made a barely audible strangled sort of sound. So, I stopped going to church on schooldays to avoid dodging parents dropping their children off. The other challenge was small spaces. Service in the chapel was also out because the aisles there were too narrow, and I would have to park the scooter in the lobby and still have to find my way on foot to the pews. Supermarkets with narrow or crowded aisles were also challenging.

So Goodbye Red Rover, Welcome Waldo!



Living with a Stroke

By Muriel Vasconcellos

It was an operation with minimum risks – at least, as heart surgery goes. The artificial valve – a white ring with a series of wire teeth on top – would plop into place where my own aortic valve had faltered. Non-invasive. “Easy peasy!” It was called a Transcatheter Aortic Valve Replacement (TAVR). My cardiologist convinced me that it was necessary. It would give me more years of life.

The artificial valve was properly implanted. They wheeled me into the recovery room. But about an hour later, someone discovered that I had had a stroke.

Since then, I have been living with it and testing my boundaries – things I can do and cannot do. This road to recovery has been bumpy. I quickly learned that my speech and writing were most affected. The clot had landed directly on the language center of my brain. And I am a translator and a writer!

Now I remember words, but most times I can’t spell them (and sometimes I can’t pronounce them, either). As of now, remembering them is ahead of pronouncing them and way ahead of spelling them. If a word has a squiggly red line under it, I copy it to the Internet and try different spellings until it has been recognized. As a result, my writing takes me longer, but I consider that every right answer, however it has been achieved, is another little step on the road to recovery. But speech has been the most vexing problem. Therapy had been helpful, but I still have problems, although they are gradually getting better.

It has been almost two years now. Our insurance has been a blessing. I have not paid a single penny.

I’m still living at home, and I can still drive to local stores. And the news is I am accepting translation jobs again. I have published two books: *Isabel Says Good-bye: Conversations and Choice*, and an edited copy of my husband’s memoir in Portuguese, *As memórias de Sylvio de Vasconcellos: 1936-1957* (Memories of Sylvio Vasconcellos: 1936-1957), published by the Federal University of Minas Gerais press. And I am adding chapters to my next project.

I am grateful for a brain that still works, for legs that walk, and for the support of my friends.

It’s all good.

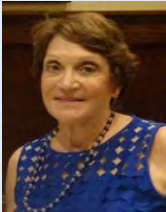


My Journey on the Silk Road – Part 4

Craftsmanship and Artistry

By Marilyn Rice

Handicrafts



Everywhere we went we encountered craftsmen and women who were continuing the artful tradition learned and passed on for generations through their families.

In Dushanbe, Tajikistan we visited Djuraev Jamshed, a mosaic expert who not only contributed to important works in the Kohi Navruz Palace mentioned under architecture in the last newsletter, but who prepares commissioned pieces for leaders from all over the world. It was surprising to see how the intricacies of his work make the final products come alive.



Miniature paintings were used to illustrate poems and stories, and the tradition continues today. Each miniature painting tells a story or moral tale from ancient times, each requiring meticulous patience to produce. It is yet another skill being passed down from one generation to the next.



Silk weaving and brocade began around 1300, with fabrics imported from the east. The Italians made the kaftans worn by the sultans in the east, so precious in the times of Marco Polo. Brocades were interwoven with silver and gold. Originally only natural tints were used, thereby limiting the

colors that were used. In Bukhara, Uzbekistan we saw a weaving technique for cloths as well as rugs made of tiny knots, with thousands of them making up one rug. It can take months to produce a complete rug.



Before marriage the bride-to-be had to organize a dowry, and depending upon the culture of the woman, she might have to include a 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.

In Khujand City, Tajikistan, on our way to visit a museum dedicated to the life of the famous poet Kamoli Khjandi, we encountered a handicraft fair and were able to see a great variety of weaving and embroidery, supplemented by our visit to the women’s weaving cooperative.



In Bukhara, Uzbekistan, we visited the silkworm factory to see beautiful silk woven and embroidered pieces. In Kiva, Uzbekistan, where I purchased some hand-embroidered throw pillow covers, we visited the women’s carpet-weaving coop, made globally famous by Chris Aslan Alexander’s book *A Carpet Ride to Khiva: Seven Years on the Silk Road*.





Girl learning to weave at Women's Khujand City, Tajikistan Weaving Coop
<https://youtube.com/shorts/gWgUo6WDXrw>

Woman weaving and making suede at Women's Khujand City, Tajikistan Weaving Coop
<https://youtube.com/shorts/IcIpjK0tjRo>

Weaving and embroidery in Silkworm Factory in Bukhara, Uzbekistan
https://youtu.be/W_iR04_bAvg

Kiva carpet making workshop: <https://youtu.be/ZHE63CI0rD4>

Knives are famous, especially handmade ones. They are made by folding over the metal and hammering it down multiple times so that the blade becomes unbreakable and flawless. In Istaravshan, Tajikistan, historically an important stop on the Silk Road and famous for its craftsmen and traders, we watched the blacksmith Ibrahim make knives and Sadiq beautiful wood **combs**.



Ibrahim making a knife:
https://youtube.com/shorts/Tk_f8P9tjgo



In Bukhara, Uzbekistan we visited a man who made beautiful wooden stands for books and electronic devices (iPads, iPhones, etc.) out of one solid piece of wood.



All the ways you can change this wooden stand: <https://youtu.be/ISLZUTE6o3s>

Russian art

We took a long trip through the desert to arrive at Nukus in the independent Uzbekistan province of Karakalpakstan, just to visit the Stavisky Museum. Stavisky was effective in obtaining many prohibited Russian paintings at a time when many Russian artists were killed or imprisoned for not painting the subjects in the way that the Soviet government mandated. Because the museum was located far away from any metropolitan areas it was largely ignored during the Soviet regimen. Today it houses more than 100,000 objects. Tourists visit the museum, and exhibits are sent for viewing abroad.



Age-Friendly Communities Around the World

By Maria Teresa Cerqueira



The World Health Organization (WHO) describes age-friendly communities as being places in which older people, communities, policies, services, settings, and structures work in partnership to support and enable us all to age well. PAHO has encouraged and supported member states in implementing services and improving public spaces to reinforce and integrate older adults' participation in community and civic activities.

There is an urgent need to consider age-friendly places that encompass both the physical and socio-political dimensions of place-making, and the interrelationship between both aspects. This includes physical domains such as housing, transportation and mobility, and outdoor spaces (public and green spaces), as well as socio-political aspects such as political and civic participation, social networks and inclusion, employment opportunities, community social and health services, and respect and recognition.

Age-friendly cities and communities provide ample opportunities for voluntary work and paid employment and encourage civic participation by older people to continue contributing to their communities after retirement. Many cities around the world have implemented the WHO guidelines.

1. **ARGENTINA:** Mendoza promotes dignified and healthy ageing of older adults, reducing the risks of depression and loneliness, and working for the preservation of their rights. Older adults participate in activities that encourage intellectual abilities in addition to living in a healthy and pleasant environment. La Plata has repaired sidewalks; improved public transport accessibility and safety, signposting, and identification of bus stops; installed traffic lights with countdowns for pedestrian crossing; provided magnetic cards for bus transportation with discounts for older people; improved transportation sites by installing better lighting and safety cameras; and worked to prevent crimes by incorporating neighborhood walkers who walk local streets with police officers.
2. **BRAZIL:** Some Brazilian cities have received PAHO/WHO's seal of international certification by meeting the guidelines and requirements for this designation. In the State of Sao Paulo, two cities have qualified for this seal. Brazilian municipalities developed effective initiatives in health, nutrition, housing, transportation, safety, education, and social welfare while creating the environment and opportunities that enable older people to be and do what they value most.
3. **CANADA:** Halifax's age-friendly community includes lit and well-maintained sidewalks, and buildings with elevators and automatic door openers. There are many community activities designed for seniors, such as visiting museums or libraries, taking courses, or volunteering for charities or civic duties. The city has created pleasant, safe, and accessible outdoor areas and public buildings; affordable, safe, and well-designed housing for seniors; accessible and well-kept roads and walkways; affordable and accessible public transportation; safe neighborhoods; health and community support services; opportunities

for seniors to be socially active; availability of opportunities for seniors to volunteer in political activities or acquire employment positions; and information is easy to find and easy to understand. Ottawa has modified its outdoor environment to enable older people to stay fit. Adding modified fitness equipment to recreation areas, removing tripping hazards from thousands of sidewalk curbs, creating accessible pedestrian signals and countdown timers, adding hundreds of benches, all help to make environments welcoming for older people to stay active.

4. CHILE: Loncoche, a small city in Chile's Cautín Province, joined the PAHO/WHO Global Network for Age-Friendly Cities and Communities in June 2016. A wide range of stakeholders are collaboratively involved in the city's age-friendly program with the shared aim of changing the traditional, often negative views of older age. Loncoche has included intergenerational exchanges as part of its county educational plan and programs, joining older people with children in schools to help foster better links between older and younger people, building positive social connectors for all.
5. COLOMBIA: Medellín conducted a study aimed at exploring the housing, residential, and environmental conditions associated with facilitating functional autonomy in older persons. This cross-sectional study included 175 individuals over the age of 60. Participants were non-institutionalized urban residents of Medellín, and it included demographic conditions, housing, and the physical and social environments used in the strategy of age-friendly cities (independent variables). The city made adaptations in public transport, sanitary services, and lighting in parks, thereby improving physical environments and functional autonomy. Physical and social environmental improvements in housing supported the functional performance of older persons and generated useful information to support public health and city infrastructure strategies to improve their physical performance and maintain autonomy.
6. MEXICO: Guadalajara, a large city in the west, joined the PAHO/WHO Global Network for Age-Friendly Cities and Communities in December 2014 and its strategies to improve the quality of life of older residents had a specific focus on living conditions among the most vulnerable populations. The program has reached almost 54,000 older people across different Guadalajara neighborhoods, including: social stewardship; responsible planning and management of resources by both public and private institutions and civic organizations; empowerment of older people; encouragement of older people to be more active in their communities, maximizing their social participation; enhancement of the cultural identity of the city to encourage a collective consciousness and sense of belonging among communities within the city; development of collaborative relationships and increased awareness of the issues surrounding ageing and growing old; and generation of knowledge to create public policies that meet the needs of specific groups.
7. UNITED STATES: In 2012, the American Association of Retired Persons (AARP) created a network that followed the WHO Guidelines for healthy ageing. Members committed to conducting an assessment and instituting a responsive cycle of continuous improvement, whose steps require a member community to: establish a mechanism – such as through a commission, advisory panel, or focus group – to include older residents in all stages of the

age-friendly planning and implementation process; conduct a community needs assessment; develop an evaluation action plan based on the assessment results; implement activities aimed at meeting the goals of the plan; assess the plan’s impact and achievements and submit progress reports; use the eight WHO domains to create more livable environments for older adults; and work toward age-friendly equity in transportation, housing, businesses, and services.

Ageing successfully depends not only on the behaviors of individual seniors, but also on the quality of the places where they live and receive care. The Age-friendly-communities Movement proposes policies and programs that strive to improve the material and social environments of older people and help them age successfully. In light of limited funding and competing demands for resources, proponents of this movement must prioritize realistic agendas and offer verifiable solutions that do not overlap with other housing, service, and care programs.

REPORT CARD OR CHECK LIST

The outside environment and public buildings have a major impact on the mobility, independence, and quality of life of older people and affect their ability to “age in place”. In the PAHO/WHO project consultation, older people and others who interact significantly with them describe a broad range of characteristics of the urban landscape and built environment that contribute to age-friendliness. The recurring themes in cities around the world are quality of life, access to services, and safety. Improvements that have been made or that are under way in cities at all stages of development are welcomed by those consulted, who also point out other changes that ought to be made.

CATEGORY	A	B	C	Comments
1. Active ageing, outdoor spaces, parks, streets				
2. Buildings				
3. Transportation				
4. Housing				
5. Social participation and staying connected				
6. Respect and social inclusion				
7. Civic participation and employment				
8. Communication and information				
9. Community support and health services				

- 1. Active ageing:** Safe parks, green spaces, toilet facilities, not shared with bikes, skateboards, seating facilities; protection from weather; age-friendly pavements; safe, pleasant and clean environment; safe pedestrian crossings, walkways, handicap access, separate cycling lanes, enforced traffic rules

2. Buildings: Elevators, escalators, ramps, wide doorways and passages, suitable stairs (not too high or steep) with railings, non-slip flooring, rest areas with comfortable seating, adequate signals, adequate public toilets with handicap access, special customer service
3. Transportation: affordability, reliability and frequency, specialized and priority seating, courteous drivers, obey traffic signals, accessible destinations, stops and stations, safety, comfort, accessible vehicles, adequate information, parking availability, community transport, taxis, adequate roads, safe, lighting, well-regulated traffic, refresher driving courses
4. Housing: affordability, essential services, design, appropriate modifications, maintenance, safe and comfortable living environment, options and financial assistance, community integration
5. **Social participation:** accessibility and range of events and activities, affordability, promotion and awareness of activities, addressing isolation, fostering community integration, safety and comfort of settings
6. **Respect and social inclusion:** respectful and inclusive services, public education and images of aging, community inclusion, integration and family interactions, economic inclusion,
7. **Civic participation and employment:** volunteer and employment options, adequate payment, training and entrepreneurship opportunities, accessibility, civic participation, valued contributions
8. **Communication and information:** clear, printed information, plain language, wide offer of reliable information, accessible oral communication, automated communication equipment, computers and internet,
9. **Community and health services:** affordability and accessibility and offer of services, voluntary support, network of services, residential facilities, home care, emergency planning and care, aging health promotion activities, respect and sensibility, preventive services, support for mental health and handicap individuals

A: 90-100% complete

B: 80-90% complete

C: 70-80% complete

Comments, how much needs to be done to be

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In Memoriam

DEATHS INFORMED IN 2024 AND NOT PREVIOUSLY REPORTED

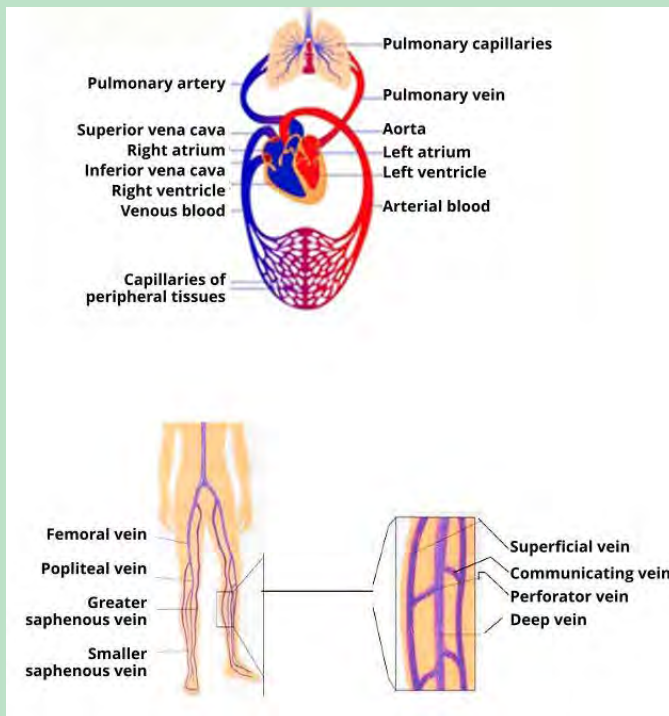
Cuauhtemoc Ruiz Matus, February 29, 2024

Article of Mutual Interest with AFSM Geneva: Varicose veins, phlebitis

By David Cohen



*A small reminder of how blood circulates: The function of the main circulation system is to carry oxygenated blood from the heart, via the **arteries**, to all the organs of the body, and then return this blood – now depleted of oxygen and loaded with waste carbon dioxide (CO₂) – back to the heart via the **veins**.*



Pulmonary circulation, or minor circulation, takes the blood from the veins to the lungs, where the CO₂ is exhaled, and the blood is re-oxygenated. These two systems together form the general circulation.

The venous network of the lower limbs

- Two venous networks run through the lower limbs: the **superficial network** and the **deep system**.

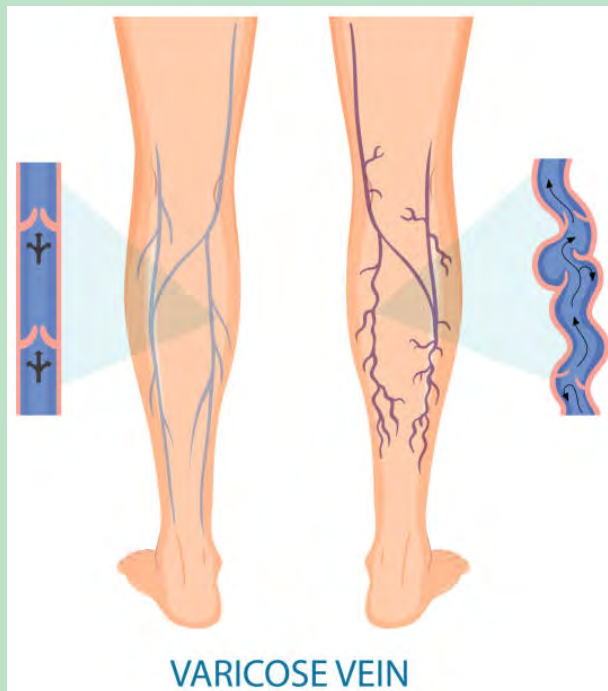
- The deep venous system is the most important – **it drains 90% of venous blood**.

- The two networks are connected

by perforator veins.

- **Deep veins** are located closest to the muscles which, through their contractions, help them pump blood to the heart.
- **Valves in the veins** of both venous systems prevent blood from flowing downwards, back into the lower legs, when standing. These valves are arranged along the entire course of the veins.
- In the event of alteration of the valves, blood reflux and tortuous dilation of the veins occur (**varicose veins**) on the superficial venous network: part of the blood stagnates, causing a feeling of heavy legs, tingling, a brownish discolouration of the skin, etc.
- If there are numerous varicose veins, chronic venous insufficiency may occur, the most severe complication of which is a **skin ulcer** in the ankles.

- *Intradermal varicosities*: fine dilations of the superficial veins, these intradermal varicosities are not serious.



Risk factors are age, excess weight, sedentary lifestyle, prolonged standing or sitting, pregnancy, childbirth, heredity, oral contraception, menopause, smoking, wearing high heels, hereditary abnormality of coagulation factors which promote the formation of blood clots.

Prevention

- Regular physical activity (walking, cycling, swimming, etc.)
- Cold water shower on the legs morning and evening
- Elevating the legs (if possible during the day; and by raising the end of the bed by 10–15 cm at night).

Treatments

Many treatment options exist depending on the size of the varicose veins and the severity of the symptoms.

- **Medications**: recommended in sequences of 1 to 3 months, they relieve pain and the feeling of heavy legs.
- **Compression stockings**: slow down the development of varicose veins.
- **Liquid sclerotherapy**: Injections of a sclerosant liquid making small varicose veins (intradermal spider veins) disappear.
- **Foam sclerotherapy**: injection of a foam to make larger varicose veins disappear (truncular varicose veins).
- **Mini-phlebectomy**: micro-incisions to remove varicose veins.
- **Endovenous laser**: eliminates the vein from the interior, using thermal energy.
- **Surgical stripping**: this procedure consists of removing the diseased vein surgically.

Superficial phlebitis and deep phlebitis

Phlebitis or venous thrombosis is caused by the presence of a blood clot in a vein.

Superficial phlebitis (paraphlebitis or periphlebitis) is not serious when an isolated case.

Deep phlebitis is when the clot obstructs a larger deep vein, located within the muscle. The clot sticks to the wall of the calf vein and can remain there for several days without symptoms but can break away and cause a pulmonary embolism. The clot may also block the vein completely, causing pain and swelling in the affected leg.

Factors promoting the occurrence of deep phlebitis of the legs

Some people are more predisposed to phlebitis than others. The phlebitis often occurs when the person is in a high risk situation such as the following:

Prolonged immobilization

- wearing a cast.
- bed rest following an accident.
- any surgical operation, but especially orthopaedic (fitting a hip or knee prosthesis, leg fracture, etc.): in this case the risk of phlebitis is at a maximum for two weeks following the operation but remains high for 2 to 3 months.
- long journey without moving the legs (by plane, car or train).
- loss of autonomy (concerning the elderly, for example).

Diseases that hinder the return of venous blood to the heart (notably cancers that compress the veins and certain cardiovascular diseases such as heart failure) promote stagnation of blood in the venous network.

Varicose veins which only reach the superficial venous network are not the cause of deep phlebitis but promote paraphlebitis.

Chronic venous insufficiency promotes the occurrence of **superficial phlebitis or paraphlebitis**.

In conclusion, while superficial varicose veins generally only present an unsightly appearance, deep varicose veins can be the cause of phlebitis which can cause pulmonary embolism.

With the appearance of any varicose veins, it is advisable to consult your doctor.

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