



NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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Yellow Lily Canna Indica

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“Communication challenges”

By Enrique Fefer



Some of us remember simpler days in our PAHO careers when the phone call and the "mail pouch" were the major channels for information exchange; the fax was reserved for urgent matters. Today even the very familiar e-mail seems obsolete, overtaken by texting and postings. We are now awash in information, misinformation and "fake news".

Our electronic devices are continuously bombarded with notifications, pictures, videos, streaming, and breaking news delivered via Facebook, Twitter, Facetime, Skype, WhatsApp and other platforms understood only by millennials.

In this era of social media, AFSM faces the challenge of overcoming this "background noise" and effectively delivering its messages and keeping members connected in their post-PAHO lives. We are committed to achieving this goal by being faithful to our *raison d'être*, as expressed in our vision statement: "to promote the fellowship and well-being of former PAHO/WHO staff", regardless of place of residence. The Association is successfully transitioning to the digital era and has a Website, a Facebook page, corporate e-mail, and, of course, this online Newsletter. So, the technology is there to provide "communication".

But, effective communication goes beyond the technology. It is sharing thoughts, feelings and information. And, it is here that our members have a major role to play. We encourage you to visit our Facebook page and contribute to its contents; we need your stories, travels, pictures and paintings for our Newsletters. Yes, updates on pension, missing Certificates of Entitlement, and problems with health insurance claims are important subjects. But, we are interested also in the life you have created after your PAHO career. Many of you discovered new talents (some were always there, waiting for your attention) and have channeled your energy into creative and meaningful activities after retirement – painting, writing, community work, political engagement.

It is your Association; let us stay connected through your personal contributions. **N**

Staff Health Insurance and Pension Update

By Carol Collado

Staff Health Insurance



The General Oversight Committee (GOC) met in April and several items discussed are of interest to us:

. The **new SHI Rules** approved by the Director General will be effective as of 1 July. please read over them and put them in a place where you and your family know where to find them. They have been simplified and some limits of time or previous approvals changed so it is a good moment to become familiar with these benefits before needed. The revision of last year which placed the benefits in a table format have made finding information much easier and quicker. Since we are speaking of Rules, there are several other things which should be on your mind. There is a one year limit for requesting reimbursement. Once passed, there is a process of appeal, however, the exceptions/appeals approvals to this rule are very rare. Some benefits require additional information such as educational certificates of caregivers, etc. If you have read the Rules and know the requirements, the system will be able to work quickly for you and unnecessary reimbursement delays will be avoided. Don't miss your opportunities!

. **Cost containment measures for those obtaining care in the USA** which limit reimbursement to network costs, have been approved and verified in the April meeting of the GOC. There will, however, be a one year grace period before those measures go into effect so that the USA residents can identify new providers if they so choose. For those living outside the US and within the Americas region, should you seek care in the US, (excepting emergencies) you need to make sure to notify Omarys Nieves (nieveso@paho.org) or Giovanna Martinez (martineg@paho.org) beforehand so that you can be registered with the administrator, presently Aetna. For those outside the Americas region, the rule of 75% of 80% of cost reimbursement is applicable.

Exceptions to this are very few and must be ruled on by the General Standing Committee (GSC).

. We mentioned in the last newsletter that there had been a recommendation for changing the 12-month **calculation of catastrophic** from a rolling 12-month basis to a calendar year basis. In December of 2016 the Director General approved this, and it should have been applied in July with the new rules. We are pleased to report that upon further study, some participants including your retiree representatives, objected. They brought their concerns to the Secretariat, demonstrating that it could penalize some participants. The Secretariat requested several scenarios from the financial authorities and concluded that, indeed, in the great majority of cases, the participant was not covered in the intent of the SHI. In the April GOC meeting this information was presented and the decision reversed. Catastrophic calculations will continue to be on a rolling 12-month basis. We wish to thank the Secretariat for being open to discussion and having the best interests of all participants as primary criteria!

During the past several months, your AFSM representative has been involved with the committee preparing the new **Request for Proposal (RFP) for administering the SHI in the USA**. The present contracts are held by Aetna for medical attention and CVS for pharmaceutical. This is an administrative process that occurs every 6-8 years, not a judgment on the present administrators. I must admit to you that I have been most impressed with the extensive and detailed discussions both internally and with the potential providers. You should know that our Staff Health Insurance is in a class of its own. We also have some very unusual benefits, such as the rolling catastrophic benefit mentioned above. During the internal discussions with administration, finance, procurement, and SHI representatives from both Washington and Geneva, one thing stood out: Will this be to the best advantage for the participants? Past mistakes and problems were discussed trying to identify ways of incorporating solutions into the new RFP. In response to a Request for Information sent out last year to potential providers, it became clear that who and what we are and what we are seeking was not clear to many of these companies. For that reason, PAHO/WHO developed a presentation in which the particularities were presented to those interested. Eight companies were present, with all but one returning for individual discussion, having decided that they were unable to meet our “must haves.” Analysis of the submitted proposals will begin in late July. The company selected will begin

services in January of 2018. More information on this will be provided as the process advances.

Pension

About a month ago the annual letter from the CEO to participants was sent to all. If you have not yet read it, we would suggest that you find it, as it has some very useful information on the financial situation of the fund, its governance, operations and retirees and benefits. The good news is that as of April 2017, we have received an increase of 3.6% in our pension benefits.

It is important to take note that the 2017 Certificates of Entitlement have been sent out as of the end of May. This is a yearly document sent to all participants. The original must be signed and returned to demonstrate that you are still entitled to the UNJSPF benefits. You should have received this document by mail by this time. In the past, there have been a number of issues which have meant that the Certificate was not received or returned on time, but it usually takes 2-3 weeks to arrive so be patient if you have not yet received it. When this happens, the Fund assumes that you are no longer living and will stop your pension. If this is a mistake, it normally takes about 6 months for reinstatement, so you can see the importance of returning the document in a timely manner. Common problems which can provoke this are: change of address without notifying the Fund; lost communication in either direction; communication with the Fund in an unacceptable manner, which prevents the Fund from taking action. It is important to note that the Fund will only accept **original** signed forms for any changes (address, beneficiaries, bank account, etc.) or for the CE. All forms, except the CE, are available on the UNJSPF website, **www.ujspf.org**. If you have not received the CE by the time this message reaches you, it is important that you communicate with Ms. Christine Höfer, (hofer@un.org) Chief, Client Services and Records Management & Distribution Section at the fund and let her know. If the Fund has not received a signed CE by August, a second notice will be sent from the UNJSPF, **but we do not encourage you to wait for that instance.**

Within the efforts of the UNJSPF to increase communication and facilitate member understanding and access to information, a number of actions have been taken: a new web page with clear information categories and FAQs as well as easy navigation has been established, including a tour of same on video. The Fund also has developed a You Tube site with videos explaining a number of their

most frequent questions.

<https://www.youtube.com/channel/UCIYus2IXTS2fV-wnDjOnbaQ>

In addition, at the end of August 2016, the Fund launched its Member Self Service portal. It was developed to allow participants and beneficiaries to monitor their own accounts with the Fund and to find important information that they need on their own. <http://mss.unjspf.org/>

We encourage you to open your individual account. To do this, you will need your new identification number for the Fund. Once opened, you will be able to see the entire history of your contributions, and be advised as to whether the UNJSPF has received your CE as well as other helpful information. We have identified, in an accompanying box in this newsletter, the steps to do this, and we have provided the link to the YouTube video explaining the steps.

As always, we wish you health and happiness and reiterate that your AFSM Board and Health and Pension Committee members are more than willing to assist in any difficulties you may have in these matters. **N**

Welcome to new AFSM members

Charlemagne Pissara, from Canada

Jorge Luis Prosperi Ramírez, from Panama

Graciela Munguía Prosperi, from Panama

Techno-Tips

How much of your Personal Information is Available on the Internet?

By Antonio Hernández



In the January 2017 AFSM Newsletter, I published an article on “Cybercrime and your Computer Health” where I provided recommendations on how to protect computers and networks to avoid hacker intrusions.

Also, I provided a set of thoughts that I summarize below:

- *Be cautious of free programs on the Internet, such as free email accounts. In exchange for these services, you are freely giving away your personal information! It might be used or sold for advertising purposes.*
- *It is easier for hackers to penetrate the system or computer via free programs. They have fewer safety protections.*
- *Always be mindful that, in the world of cyberspace, you are not the USER, you are the PRODUCT. Your information is merchandise.*
- *If you want to keep something secret or private, **never** upload it or send it via the internet. The information will be there forever, even if you delete it. Be particularly careful of what you post on social media portals.*

In the same article, I wrote about a new type of cybercrime linked to the malware called “ransomware.” This virus, once activated, encrypts the data on the computer and blocks access to the information until a ransom payment is made.

The first reason for bringing back this issue of computer vulnerability and cybercrime is because the intrusions and attacks on computers have increased lately. It is likely you’ve heard of the recent global attack of computers with the ransomware “WannaCry” that simultaneously attacked corporate computer systems in more than 150 countries, affecting more than 200,000 people. Hospitals, major companies, and government offices were among those that were badly affected. The ransomware was spread by taking advantage of a Windows operating system vulnerability. Microsoft

released a security patch in March to fix this vulnerability. The patch was released also for previous and discontinued versions of Windows operating systems. **If you have not updated your computers and networks with this patch, you are at risk.** The average ransom sum requested is US \$300, paid in BITCoins.

The second reason was triggered by a recent article in the Wall Street Journal related to how people approach privacy concerns on the web and the mechanisms and tricks used to collect and add personal information, making them “a wide-open book on the web.”

At some point, all of your information is vulnerable, from the most insignificant to the most critical. This may be used to harass, blackmail, or disrupt your normal operations. In summary, your information could be weaponized and used against you.

In cyberspace, there are groups of data aggregators specialized in collecting data using “bots” (web robots that are software applications that run automated and repetitive tasks that are both simple and structurally repetitive, at a much higher rate than would be possible for a human alone). The bots collect anything and everything they can about you, from browsing habits to email contacts and contents. This information is aggregated in dossiers to be used for different purposes such as sending target advertisements of the products and services you frequently search for, or to attack you and your financial information. This situation gets critical when the segmented information of multiple sources is analyzed and synthesized using data analytic tools.

Social media platforms have privacy controls. The problem is that people tend not to be very good at using these controls. There are public programs available on the internet with search functions that facilitate or allow to search posts on platforms like Facebook.

Please remember, even if you remove or delete your information on the social media platforms or cancel your accounts, you cannot remove information posted by others.

On top of the recommendations and thoughts I have provided, I want to add a last one related to “cookies” (they are small text files created by a website that are stored in the user’s computer, either temporarily or permanently, that provides a way for the website to recognize you and keep track of your preferences). Be aware of internet sites that request you to accept a cookie. Use your good judgment in the decision to accept the request. Not all cookies are bad, but they are considered a vulnerability to privacy.

In summary, cyberspace contains more information about you than you think, and it is readily available for anyone that searches for your name and other keywords, like place of work. If you have not done so, you can try it and you might be surprised at the amount of information about you that comes up. **N**

SETTING UP YOUR UNJSPF “MEMBER SELF SERVICE” ACCOUNT

This process is quite simple and self-instructive. You may find it helpful to view the steps in the You Tube video before logging on to establish your account:

<https://www.youtube.com/watch?v=9-r-2p7FOQ8>

Preparing:

You will need your last name, birthdate, and the nine digit UID number sent to all participants in April and September of 2016 as well as a personal email account.

Registering:

Go to the UNJSPF website <https://www.unjspf.org/> and click on **Member Self-Service**

- ◆ Establish your identity with the information above. Make sure that when entering your UID you include all of the zeros. Then click on **Validate**
- ◆ On the next screen, **Account setup**, create a user name and password (there are instructions as to requirements)
- ◆ Select 3 security questions and put in the answers
- ◆ Enter your personal email address

Before you press Submit, we suggest you take a screen shot of the page or copy all of the information: user name, password, security questions and answers and place it in a secure, identifiable place that you and your family/legal advisors can access.

- Now, press Submit and you will be directed to log into your personal account.

Good luck. Any questions/difficulties use the “contact us” link on the website for support.

News from Brazil

By César Vieira



We are experiencing a period of many political conflicts in this country, that certainly affect the health conditions of the population and the health system. In recent years, “car wash”, an innovative operation of the Brazilian judiciary, has been investigating fraudulent relationships between the public and private sectors, responsible for losses of many billions of Brazilian Reais and/or dollars.

Consequently, hundreds of lawsuits have already been initiated, resulting in the conviction and detention of many culprits. Public and private actors from other countries - especially Latin Americans and Africans - have also appeared as victims of or accomplices to these criminal acts, resulting in police and judicial cooperation among these nations.

Unfortunately, the health sector has not been able to escape these crimes. Many cases of diversion or super-billing of medication, devices, orthotics, prostheses, treatments and medical-hospital or ambulatory services have been unearthed by “car wash”. Professionals and health care establishments; producers and suppliers of medications, materials and equipment; as well as health plan operators and public and private sector managers have been held responsible for these crimes.

These problems have generated a waste of the public and private resources that should be destined to the health sector, affecting population coverage and the quality of services provided. But this is not exclusively a Brazilian problem, as it has also occurred in many other countries, both in the Region of the Americas and in the rest of the world. For this reason, preventing and controlling them will certainly soon require international cooperation from PAHO and WHO, as well as from other agencies.

In this context, the recent election of Dr. Tedros Adhanom Ghebreyesus as the new WHO Director will certainly contribute to the participation of WHO and its regions, including PAHO, in this new area of international cooperation. Born in Ethiopia, he is the first African to hold the leadership position of the Organization since its inception in 1948. His nationality, as well as his experience in the Ministries of Foreign Affairs and Health of his country, will certainly contribute greatly to the successful leadership of our organization. Not to mention his history in leading the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Alliance for Maternal, Newborn and Child Health; and the Alliance to Roll Back Malaria.

For us, as PAHO/WHO retirees, these two scenarios offer both new inspirations and new challenges. Among the inspirations is the Brazilian social security reform, currently under discussion in our Parliament. This reform seeks to adjust the pension system to our increasing life expectancy, something that has already been done in Europe and other continents. For our UNJSPF this is an issue of high priority, given the increasing survival of international staff.

One of the challenges may be in the harmonization of care by the Unified Health System (SUS) with the National Regulatory Agency for Private Health Insurance and Plans (ANS), along with reaching compatibility of coverage through the different national health systems. If this harmonization and this compatibility can be achieved, both with each other and with the health systems of the countries where we live, then the different health plans of the United Nations that serve us can certainly improve their coverage and care.

For all these reasons, dear AFSM colleagues and other PAHO /WHO retirees, we should seek to achieve this kind of cooperation among our different health insurance programs. We should also seek to gain compatibility between the UNJSPF and the pension systems of the countries of which we are citizens or in which we reside now that we are retired.

It appears, dear colleagues, that we cannot complain of boredom in the next few years! **N**

News from the Chile Chapter of AFSM

By Alfredo Ballenova



On 30 May 2017, a meeting of the expanded "PAHO family" was held at the headquarters of the PAHO Representation in Chile, sponsored by the Representative Dr. Paloma Cuchi and Dr. Eduardo Alvarez Peralta.

This meeting, in addition to fostering ties of solidarity among the attendees, aimed to present an interesting talk on the topic "Taking Control of Your Health", by Miss Susana Fuentes, Social Worker of the Metropolitan Health Service West in the city of Santiago.

The topic of this talk was based on a program designed by Stanford University and supported by PAHO in Chile. The focus was on self-management of chronic diseases and the concept of self-efficacy, so necessary to produce the desired effects to control or heal these diseases.

The subject, of great importance at this time, gave rise to a lively debate and very interesting contributions to the discussion. **N**

Health Tips: Transforming Medicine to Promote Healthy Lifestyles

By Gloria A. Coe



Harvard Medical School and Spaulding Rehabilitation Hospital, in Boston, established the Institute of Lifestyle Medicine (ILM) in 2007, with the mission to *reduce lifestyle-related death and disease in society through clinician-directed interventions with patients*. The ILM is among the leaders of a *broad-based collaborative effort to transform the practice of medicine through lifestyle medicine*.¹

The impetus driving the need to *transform the practice of medicine* is the high levels globally of lifestyle-related chronic or non-communicable diseases (NCDs). The World Health Organization indicates that NCDs accounted for 70% of the 56.4 million global deaths, (39.5 million) in 2015. The dramatic impact of NCDs is particularly distressing in low- and middle-income countries where more than 75% of the deaths occurred, (30.7 million), almost half before 70 years of age.²



US Surgeon General stepping out with the Institute of Lifestyle Medicine

Among the organizations dedicated to the education of physicians in lifestyle medicine are the American College of Lifestyle Medicine,³ European Lifestyle Medicine Organization,⁴ Latin American Lifestyle Medicine Association⁵ among others.⁶ The European Lifestyle Medicine Organization and the American Heart Association identified core competencies for lifestyle medicine programs including: nutrition and dietetics, exercise and fitness, stress therapy, sleep, sexual health, tobacco cessation, managing risky alcohol use, and integrating lifestyle counseling with clinical skills.⁷ The American Medical Association in June 2012 adopted a resolution calling for all physicians to “*acquire and apply ... competencies of lifestyle medicine ...*”⁸

¹ <http://www.instituteoflifestylemedicine.org/>

² http://www.who.int/gho/ncd/mortality_morbidity/en/

³ <https://www.lifestylemedicine.org/>

⁴ <https://eulm.org/>

⁵ <https://www.youtube.com/channel/UCKJNLNVrPfcNU3VYZUJxowA>

⁶ <https://www.sgim.org/File%20Library/SGIM/Resource%20Library/Forum/2015/Feb2015-06.pdf>

⁷ <https://eulm.org/>; <http://circ.ahajournals.org/content/134/15/e308>

⁸ <http://journalofethics.ama-assn.org/2013/04/medu1-1304.html>

Lifestyle medicine recognizes that physicians are uniquely positioned to influence their patients to adopt healthy lifestyles, to be role models as adopters of healthy lifestyles, and to reduce the impact of NCDs. However, due to the absence of lifestyle core competencies in medical curricula, a major barrier is the physician's own lack of knowledge and skill and their low level of confidence in their ability to counsel patients about lifestyle interventions.⁹

The four main NCDs are heart disease and stroke, diabetes, cancers, and chronic lung disease. The four unhealthy behaviors, risk factors, or lifestyle choices that increase the likelihood of developing NCDs are tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol (see table below). NCDs are among the most preventable of diseases since they are significantly influenced and reduced by adopting and sustaining healthy lifestyles, specifically healthy nutrition and diet, physical activity, alcohol use in moderation, and smoke-free living.¹⁰ The concern is not only for the large numbers of preventable deaths due to NCDs, but also for the high cost to families of lengthy and expensive treatment and frequent illness, disability and/or the loss of the family breadwinner. NCDs also represent high economic costs nationally in terms of cost of health care, loss of economic opportunity during the most productive years of life, and the competitive advantage of national industries.¹¹

NCDs	NCDs Risk Factors ¹²			
	Tobacco Use	Unhealthy Diets	Physical Inactivity	Harmful Use of Alcohol
Heart disease and stroke	*	*	*	*
Diabetes	*	*	*	*
Cancer	*	*	*	*
Chronic lung disease	*			

Broad-based lifestyle medicine focus to *transform the practice of medicine* is achieving important results. Lifestyle medicine optimizes patient-physician counselling, reduces the number of lost opportunities to promote healthy behaviors with patients; shifts the focus to health, well-being and prevention from illness and disease; decreases reliance on drugs and medication; and ensures health care professionals know and do whereof they speak.



After retiring from our careers and frequently with less family responsibilities, the years ahead could be the best years of our lives. Healthier lifestyles increase our ability to enjoy social events with friends and family, remain independent, age with dignity, smell the roses, and prevent or lessen the crippling effects of NCDs. It is never too late to

⁹ <https://lifestylemedicine.org/Resources/Documents/ABOUT/JAMA%20lifestyle%20medicine%20competancy%207.10.pdf>

¹⁰ https://lifestylemedicine.org/Resources/Documents/EDUCATION/LM_ReversingChronicDisease_IJCP2014.pdf

¹¹ http://www.who.int/nmh/publications/ncd_report_chapter2.pdf?ua=1;

http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf

¹² Puska, Pekka. Healthy lifestyles and non-communicable disease control

<https://www.google.com/search?q=Puska%2C+Pekka.++Healthy+lifestyles+and+noncommunicable+disease+control+ppt>

adopt healthy lifestyles. It is never too late to see big benefits. Regardless of your age, healthy lifestyles improve your overall health and add years to your life.¹³

Lifestyle medicine focuses on the critically important role each of us needs to play to ensure our own health and that of our families and friends across our lifespan. There are many small yet important steps we can adopt each day to begin our journey to greater health, happiness, and longevity. The lifestyles of most importance are healthy nutrition and diet, physical activity, alcohol use in moderation, and smoke-free living.¹⁴

Nutrition and diet vary according to height, weight, and physical activity. The overarching suggestions for the ‘young of heart’ who want to remain ‘young of heart’ are to:

- Serve smaller portions.
- Ensure half your plate is fruits and vegetables varying both types and colors.
- Make sure half of your grains are whole grains.
- Select only low-fat and fat-free dairy.
- Vary your choice of proteins and include plant proteins such as beans and nuts.
- Drink plenty of liquids.
- Eat only small amounts of solid fats. Eat “good” fats, like those found in seeds, nuts, avocados, and fatty fish like salmon. Fats added in cooking should come from olive, canola, corn, or vegetable oil. Limit saturated fat (found mostly in foods from animals) and trans fats (found in foods like store-bought baked goods and some margarines).
- Limit foods with added sugar.
- Balance the calories you eat and drink with your exercise unless you’re trying to lose weight in which case you would exercise more to burn more calories than you eat and drink.¹⁵



Being physically active is critically important across one’s lifespan, and this is especially true during the years after 60. Routine physical activity is among the healthiest things you can do to improve and maintain your physical and mental health, reduce stress, enhance healthy longevity, and prevent or delay illness. Furthermore, the absence of physical activity can be risky. Strength training is also important for older adults to improve functional strength and flexibility, increase bone mass



¹³ <https://www.psychologytoday.com/blog/memory-medic/201606/the-best-years-your-life>;

¹⁴ https://foh.psc.gov/whatwedo/eap/healthy_habits-source.pdf

- Please refer to the article Secrets of Longevity in the May 2017 AFSM Newsletter.

¹⁵ <https://www.nia.nih.gov/health/publication/healthy-eating-after-50>;

<https://www.nia.nih.gov/health/publication/choosing-healthy-meals-you-get-older>; <http://www.webmd.com/healthy-aging/features/dieting-tips-older-adults>; <http://www.bbc.com/future/story/20170612-the-consequences-if-the-world-decided-to-go-meat-free>

and density, build muscle strength, among others.¹⁶ However, it is always important to see your physician before starting a more rigorous exercise routine, especially if you have been less active in the past.¹⁷

Drinking alcohol in moderation has many positive benefits for the elderly. Specifically, moderate drinking for older men and women is no more than one drink per day, or not more than 12 oz. of beer, 5 oz. of wine, or 1.5 oz. of spirits. Low-levels of alcohol stimulates the appetite; contributes to regular bowel movements; improves temperament by increasing feelings of happiness; improves socialization, and lowers inhibitions, stress, tension and depression. However, alcohol can affect cognitive functions and should be avoided immediately before sleeping since it can be detrimental to sleep. Care also needs to be taken by elderly individuals taking prescription drugs or consuming over-the-counter medication, a large variety of which interact with alcohol.¹⁸

It is never too late to quit smoking, the benefits of smoke-free living in our senior years are many. Among these are fewer wrinkles, cleaner smelling breath, more money, less coughing, more energy, no burnt holes in clothes or furniture, independence from a noxious habit, among others. From a health perspective, seniors who quit smoking reduce their risk of heart attack, stroke, bronchitis, cataracts, among many other illnesses.¹⁹ Among the more important recommendations to quit smoking is to prepare to quit; preparation is key to success. A quit smoking website for people over-60-years-of-age is available from the National Institutes of Health, through this link: <https://60plus.smokefree.gov/>. Smoking cessation programs are available through health programs, churches, and civil society.

We will include information in future AFSM newsletters on community-based and internet programs as well as self-management programs to prevent and manage chronic health conditions. Adopting these lifestyle choices supports the desire to have happier, healthier and longer lives and to enjoy the love and friendship of family, friends and community.²⁰

These lifestyle choices affirm Virgil's conviction (the great Roman poet of the century before Christ) that the *greatest wealth is health*. **N**



¹⁶ <https://nihseniorhealth.gov/exerciseforolderadults/healthbenefits/01.html>; <https://www.helpguide.org/articles/healthy-living/exercise-and-fitness-as-you-age.htm>; <http://www.mybodyzone.com/2008/12/11/10-benefits-of-strength-training-for-seniors/>

¹⁷ <http://www.mayoclinic.org/healthy-lifestyle/fitness/in-depth/exercise/art-20047414>

¹⁸ <https://www.ncbi.nlm.nih.gov/pubmed/1576571>

¹⁹ <https://nihseniorhealth.gov/quittingsmoking/quittingwhenyoureolder/01.html>

²⁰ <http://journal.frontiersin.org/article/10.3389/fgene.2015.00353/full>

IDENTITY THEFT

WHAT IS IDENTITY THEFT?

Unfortunately, most people don't consider this question until after they have been a victim of identity theft. Identity theft is a serious and growing crime. An identity thief takes some piece of your personal or financial information and uses it by posing as you and stealing from you by performing financial transactions in your name without your knowledge. A thief may charge items to your existing account and/or open new accounts, credit cards or other fraudulent accounts in your name. Each year, millions of people are affected and it can occur in many different forms:

- **Computer crime** – This occurs when data is stolen from you during your online activities.
- **Personal betrayal** – This occurs when a friend, relative, employee or stranger steals your data.
- **Document loss** – This occurs when you lose your wallet, checkbook or credit cards or your mail or trash is stolen.
- **Business leaks** – This occurs when your personal files are stolen and exploited from a place where you have conducted business.

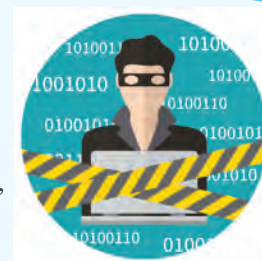
HOW IDENTITY THIEVES USE YOUR INFORMATION

Identity thieves will use your personal information in a number of ways. Thieves will:

- Use your existing credit and debit card account numbers to buy merchandise.
- Open new credit accounts. They will use the accounts and won't pay the bills, while the delinquent accounts appear on your credit report.
- Establish phone or wireless service in your name.
- Open bank accounts and write bad checks.
- Take out loans in your name and buy consumer goods such as a vehicle.

HOW TO PROTECT YOURSELF

You can minimize your risk, by aggressively managing your personal information and through continual awareness of the problem. There are many ways in which you can protect yourself against identity theft:



PASSWORDS – AS GOOD AS GOLD

Do not use easily identifiable information such as: mother's maiden name, address, date of birth or your telephone number. Experts say to create a strong password, you should use the following criteria:

- At least eight characters
- Contains a mix of upper and lowercase letters, numbers and characters
- Does not contain a complete word
- Does not contain your username or real name

MORE TIPS

- Pay your bills online.
- Update your home computer virus protection software regularly.
- Use a secure browser to guard the privacy of your online transactions.
- Avoid using the automatic log-in feature offered for online services.

ACHIEVE FINANCIAL WELLNESS

We want to help you live financially well, that's



why PAHO/WHO FCU has partnered with GreenPath Financial Wellness, which is a free money management and financial education program that can help you plan ahead, boost your credit, and pay off debt fast.

Learn more at www.PAHOfcu.org

New Member to AFSM Board

José Ramiro Cruz



I retired from the Pan American Health Organization in November 2011, where I served as Regional Advisor for Laboratory and Blood Services since 1994 and Senior Advisor for Health Technologies for Quality of Care between 2009 and 2011.

I began my association with PAHO in 1980, when I returned to Guatemala after finishing my doctoral training in virology and immunology at the Harvard School of Public Health, in Boston. I was appointed Chief of the Program on Infection, Nutrition and Immunology at the Institute of Nutrition of Central America and Panama (INCAP) and focused primarily on research pertaining to the nutritional and immunological effects of infections in children and pregnant women. Having developed very high-quality field, laboratory and data management facilities, my program was positioned to provide opportunities for training of national and international students, and for technical cooperation with the Central American countries. Our epidemiologic capacities allowed the investigation of local outbreaks of dysentery and paralytic disease, activities that strengthened the ties of my program to PAHO.

As a result, I was appointed Member of the PAHO Scientific Working Group on Diarrheal Diseases in 1982 and, in 1988, my virology laboratory was chosen as the Central American Sub Regional Reference Laboratory for the PAHO-led Polio Eradication Program. One of our important contributions to the global polio eradication program was the very first published observation that the Sabin Vaccine Poliovirus Type 2 has the potential to revert to virulent after multiple cycles of natural infection in under-vaccinated populations. This now widely-known fact resulted in the elimination of polio 2 from the oral polio vaccine and in the transition to inactivated parenteral immunization.

My appointment to the post of Regional Advisor on Laboratory and Blood Services was undoubtedly associated with my previous experience with public health laboratories, epidemiology and research and, according to Dr. Enrique Fefer, my granstmanship. Soon after my arrival in Washington, I realized that blood banks had not received the institutional attention they deserved. Considering that the major concern was the safety of the blood for transfusion and my previous experience with the Division of Communicable Diseases, together with Dr. Gabriel Schmunis, I began efforts to reduce the risk of transfusion transmitted infections that ended up being the very first regional initiative for blood-transfusion safety within WHO. A specific post was created to deal with public health laboratories, initially under my supervision, and I dedicated my personal time primarily to blood services. My program was recognized as “Outstanding Team” in 2003.

During my career at INCAP, I was able to obtain 13 research grants and four multiyear awards for technical cooperation. In my role of Regional Advisor at PAHO, I negotiated nine grants totaling US\$6,377,000. Activities carried out with these funds allowed me to produce 105 publications (70 articles in scientific journals, 19 chapters in books, and 16 technical documents). More importantly, I was fortunate to meet very interesting people and make hundreds of friends in Washington DC, the Caribbean and Latin America.

Currently, I am Coordinator of the International Affairs Committee of the Grupo Cooperativo Iberoamericano de Medicina Transfusional¹, member of the Education Committee of the African Society for Blood Transfusion, and an Independent Consultant. I am also thrilled and honored to be part of the AFSM Board. **N**

¹ Ibero-American Cooperative Group for Transfusion Medicine

Remembering Our Colleagues

Jean Surgi 1925-2017

By Nancy Berinstein



Jean Sadler Surgi, a friend and colleague to so many PAHO employees and AFSM members, passed away on April 16, 2017. Jean was born and raised in Charlottesville, Virginia during the Great Depression, the second daughter of a hardware traveling salesman and a stay-at-home (former teacher) mom. She graduated from Duke University in 1947 with an A.B. degree in sociology and psychology. One month later she married Edwin Moore with the expectation that she would lead a very traditional life as a stay-at-home mom. However, two daughters later she went to work as a secretary to boost family income. When the marriage failed, she became the main support of Martha and Kathy. She took a series of secretarial and administrative jobs and even worked weekends at the local Hot Shoppe restaurant.

It was when she was working at the newly formed Budget Office of the Montgomery Board of Education that she discovered that she had an aptitude for budget work. Although the Board of Education also discovered her aptitude and quickly promoted her to positions of authority, she learned of and applied for the Budget Officer post at PAHO. In 1965 Jean was selected to work for PAHO and the rest is history.

Over the next 30 years her responsibilities mirrored the major changes in the way that PAHO did business. She moved on from typewriters to automatic typewriters and then to computers. She moved from Budget Officer to Supervisor in the newly created Secretarial Center, back to Budget, and later to Supervisor of the Conference Documents Center. For many, her descriptions of life at PAHO and changes in technology would bring back vivid memories of how things used to be.

Jean retired from PAHO in 1986 but worked as a contractor from time to time until 1995. Fortunately for AFSM, she then transferred her formidable intelligence and energy to the Board and became a key component of its growth and direction. When a group of retirees began to form AFSM in 1988-89, Jean was invited to join the committee to consider related budget issues. She quickly enlarged her contribution to the new Association and served for many years as Secretary, contributor to the revisions of the Bylaws, and assisting with the production of the Newsletter. Jean had very high standards when it came to editing. There was a proper way to write and she expected us to do so. Indeed, your writer is acutely aware of this and hopes that her words will be up to Jean's standards!

In 2011, her contributions were officially recognized by AFSM and she was given a crystal clock inscribed "Jean Surgi, our picky editor, institutional memory, Secretary, friend, AFSM 2011."

Jean married Bill Surgi in 1968 and began the true adventure of being Mrs. Surgi. The marriage lasted until his death in 2003 but during their 35 years together they traveled to Japan, Australia, South America, Europe, through the Panama Canal, and to all 50 states in the USA. She participated with him in reunions of military mates who had served together during some of the worst fighting in World War II. After Bill's death, she took a cruise to Senegal, Portugal, and England. With fierce independence, she went by herself to Norway to see the Northern lights. And she made several family-accompanied road trips in the United States and Canada.

Jean was a good person and a good friend. She enjoyed people and gave of herself. She listened to your problems and was open to sharing her life with you. She also had a large, extensive family, loved them, and kept in close touch with everyone. She was proud of her daughters Kathy and Martha, her grandchildren Erika Sorrel and Kayce Schaffer, and her three great grandchildren, Kyle and Logan Schaffer and Kiera Sorrel. Had she lived another month she would have met her newest great granddaughter who is expected to arrive in late May.

PAHO, AFSM, her friends and her family have lost a very special person. She will be missed. **N**

Hans Bruch

We regret to inform you of the death of Dr. Hans Bruch on 20 May 2017. Dr. Bruch was one of the founders of our Association, which held its first informal meeting on 6 January 1990 and its first General Meeting in June that year. Dr. Bruch joined PAHO in 1959, working in Guatemala and Mexico. He was transferred to HQ in 1970 where he was head of the Health Statistics Office. His wife Lourdi died in 2012 and he is survived by his four children, Juan Carlos, Anabella, Lillian and Sisi. **N**

In Memoriam

DEATHS REPORTED IN 2017
NOT PREVIOUSLY REPORTED

Josefina García	4 January 2017
Jagdish Chawla	8 February 2017
Luis Antonio Loyola	27 March 2017
Jean Surgi	16 April 2017
Hans Bruch	20 May 2017
Alejandro Gherardi	4 June 2017

Things to Remember

Your opinion is important

The AFSM Board and committee coordinators would like to know about the needs of its members.

We might not be able to solve all your problems but we have resources that could be utilized. Also, we encourage your contributions to the Newsletter, either in the form of articles for publication or in comments about its contents.

To reach us, send us an email to:

perdomog@gmail.com

or collado@verizon.net

You can also write to:

AFSM c/o PAHO

525 23rd Street NW

Washington DC 20037-2895

Contact Information

Please refer to your 2016 AFSM Directory and be certain that all your personal contact information is correct. We also encourage you to provide us with updates of your address, email and telephone, if there are changes, so that the Newsletter and other important information can be

sent to you on time. Any changes or additions to your contact information should be sent to Hortensia Saginor (AFSM) by routine mail to PAHO Headquarters in Washington DC or, preferably, by email to isaginor@aol.com or hortensiasagi@gmail.com

PAHO/WHO AFSM Web link:

<http://www.afsmpaho.com>, and to register please use your email address as your ID and as password use: **Paho1902!**

To become member of the Facebook page of AFSM

Go to: <http://www.facebook.com/groups/230159803692834/>



The Back Page

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Note: The term of each member of the BOD expires in December of the year in parenthesis

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