



# Newsletter

The Association of Former PAHO/WHO Staff Members

VOL XXVII, NO. 1

APRIL 2016



*Punta Cana, Dominican Republic*

## C O N T E N T S

Message from the President .....	2	Credit Union News .....	16
Report of the AFSM Twenty-Sixth		Staff Health Insurance and Pension	
General Meeting .....	3	• Pension Drama .....	17
Annual ARAIO Meeting .....	7	• Staff Health Insurance and Pension Update ...	18
Where Are They Now?		AFSM Bolivia Chapter Report.....	20
Antonio Hernández .....	8	AFSM Brazil Chapter Report .....	21
Welcome to New AFSM Members.....	9	AFSM Colombia Chapter Report .....	22
2016 AFSM International Reunion.....	9	Highlights of Recent WHO Events .....	24
Health Information Tips		43rd UN Inter-Agency Games .....	25
• CDC and PAHO Recommendations		How to Sign Up for AFSM Facebook .....	25
about the Zika Virus .....	10	Remembering Our Colleagues:	
• Depression Matters .....	12	Luis Asdrúbal Arcila Montoya .....	26
Techno Tips: Open-Source Software:		Elsa Ochoa.....	27
Free Distribution Software.....	14	<i>In Memoriam</i> .....	27
Reminder – No Future Printed Newsletters.....	15	The Back Page.....	28



Message from the President



Dear colleagues, friends and members of the Association,

I hope this issue of the Newsletter finds you in good health, much happiness and well-being.

Our Bylaws state that the Vision of the Association is “promote the fellowship and well-being of former PAHO/WHO staff.” Certainly these are noble aspirations, and it will involve collective efforts to achieve them. Much has been achieved related to these aspirations during the 25 years of the AFSM’s existence, and much will be required to maintain these achievements and make further progress. These efforts need a firm, strong and cohesive Association. It is not possible to imagine an association with these characteristics without an agile, speedy communication system that includes everyone, and that unites us and that contains the greatest amount of updated information on its members.

This also means that we must have very good communication outside the Association like we have achieved with the PAHO offices of Human Resources and Health Insurance, with the United Nations Pension Fund, with the Association of Retirees of other international organization, and, in some cases, with PAHO country Representations, just to name a few. They recognize us, respect us and cooperate with us.

The Association promotes brotherhood and the well-being of its members to the extent that it can safeguard the benefits and services we have in common, and to which we are entitled, as well as the extent to which we can generate or obtain new services or benefits. For this, the AFSM must be able to communicate without difficulty, and sometimes immediately, with some, all or most members.

Here are some real examples.

On 23 March 2010, the President of the United States issued the “Affordable Care Act” (ACA) and stipulated deadlines to be in compliance with the law. Starting with filing the 2015 tax return, in April 2016, all citizens and residents in the country must prove that they are covered with health insurance that meets the minimum requirements of the ACA. This was explained by PAHO SHI staff at the annual meeting of

the Association on 10 December 2015. They told us that PAHO would send this form to the IRS, but they needed us to provide to SHI the Social Security numbers of those covered by PAHO insurance as their primary insurance. To do this, they would send a form by mail to all of us which we should return with the relevant information. However, many retirees who did not attend the meeting and others who are not AFSM members began looking to fill out that form and attach it to their tax returns, which was not necessary. The Association immediately mobilized and informed members by all available means (email, AFSM Facebook and AFSM website) to answer SHI with appropriate social security numbers and not attach anything to their taxes.

As you can see in detail in another article in this newsletter, recently the Association was able to prevent a disaster for 40 PAHO/WHO retirees who were about to have their pensions suspended. This was averted by swift, expeditious and successful communications, not only with those affected, but also with relevant PAHO staff, both at headquarters and in the field, and with the United Nations Pension Fund.

Also, at the most opportune moment, we informed all members, by email, Facebook and website, that the Pension Fund was not going to send the Certificate of Entitlement in November 2015, but rather in May 2016. This prevented retirees from despairing about not receiving it, as they did every year.

These and other examples only serve to highlight the importance of communication and the need to give priority to maintaining our unity and our contact.

**The Association ensures services and benefits for us, but requires the efforts and collaboration of everyone.** In that regard, it is essential that all keep our contact information up to date, making it known to the Board. You can write to Hortensia Saginor (isaginor@aol.com or hortensiasagi@gmail.com) or Germán Perdomo (perdomog@gmail.com). You can also write a letter to Association of Former PAHO/WHO Staff Members, 525 23rd Street NW, Washington DC 20037 USA.

In the coming weeks we will be communicating with some of the members of the Association who have incomplete information or for whom we feel the information is wrong. Please work with us to make our organization stronger.

For now, thank you for your collaboration.

Best wishes to everyone,  
Germán Perdomo

Report of the AFSM Twenty-Sixth General Meeting

Washington, D.C., 10 December 2015

by Enrique Fefer



The twenty-sixth General Meeting of the Association was held at PAHO Headquarters, in Room A, on Thursday, 10 December 2015. Mother Nature cooperated with an unusually mild, almost spring-like day.

The annual event brought together 40 former staff and five invited guests from the Administration, the PAHO Staff Association, and the International Monetary Fund. The PAHO Director, Dr. Carissa Etienne, was unable to attend due to other commitments.

The agenda included the perennial subjects of pension and health insurance, benefits that directly impact members' welfare and that, during the year, were a frequent source of frustration for some members.

Opening of the Meeting

**Welcome by President Germán Perdomo:** Mr. Perdomo welcomed the participants and expressed his appreciation to the Administration for providing the venue for the annual meeting as well as facilities for Board meetings throughout the year.

Business Meeting

**Designation of Chairperson:** The Board, recognizing Antonio Hernández's extensive experience in leading conferences and workshops, designated him for a third time as Chairperson. He requested a minute of silence in memory of colleagues who had passed away during the year. This year again the list was painfully long with 19 names, a strong reminder of the passage of time and our mortality.

The agenda and the minutes of the Fifth International Reunion and Twenty-fifth Anniversary Celebration (2014) were approved as presented.

**Treasurer's Report:** Copies of the *Income and Expenditure Report* and the *Balance Sheet* were made available at the meeting; they had been previously e-mailed to the membership. The Report documented a positive balance of over \$43,000. Mr. Perdomo, in the absence of Sylvia Schultz, Treasurer, explained that the larger-than-usual 2014 expenditures were due to the celebration of the Twenty-fifth Anniversary of the Association. Mr. Perdomo plans to discuss PAHO's



financial support to AFSM with the Director, support that has been provided by previous Administrations. The Independent Auditor’s Report was also made available at the meeting.

**Report from the AFSM President:** Mr. Perdomo started his report by highlighting the success of the 2014 International Reunion, which celebrated the 25th anniversary of the Association. His report, rather than focusing on a list of the established and routine activities carried out by the Board, addressed the three areas in which the Board is concentrating its efforts and strategies.

- **Increasing membership:** Only 37% of former staff are members and, by the end of 2014, there was only one national chapter, which was established 11 years ago. Through analysis of various databases, about 1,000 former staff have been identified who are not members and who will be encouraged to join the Association. National chapters have now been created in Brazil, Bolivia and Chile. The Board is also identifying "Focal Points" to serve as contacts in the countries with no Chapters, to communicate with former staff, whether or not they are members of the Association. A brochure promoting the Association has just been printed, which will be distributed to non-members and people about to leave the Organization. The Board is also discussing with the Credit Union the possibility of offering specific services for members of the Association.
- **Providing full participation:** The Board is engaged in developing methods which ensure that all members can participate in decision-making. Article 18 of the Bylaws was amended to allow voting without being present at the meetings and a Voting Procedures Manual is being developed for this purpose. The Bylaws are undergoing further review to simplify and modernize processes to facilitate member participation on Committees, Board meetings and working groups using different communication media. Once completed, members will receive a proposal for their consideration.
- **Disseminating information:** No single communication mechanism fits all purposes. Thus, the Board has focused on continuing strengthening the use of several modern forms of social communication - web page, Facebook page, corporate email and electronic newsletter. Used at their full potential,

members will have information that is interesting and relevant in a timely manner. Mr. Perdomo then described the information that is already available to members on these various platforms.

In closing, he emphasized the need for a dynamic Association that must be appealing, fun, democratic and modern, and he reminded the members that “We all are the Association.”

**Report from AFSM Chapters:** Ms. Carol Collado presented an overview of the status of the country chapters, introducing the subject by stressing that AFSM is a Regional organization and that it strives to share information and experiences with all its members. The Colombia chapter, formed 11 years ago, has been a trail-blazer with a broad array of activities. These include preparing a collective history of the chapter, education on tax issues affecting UN retirees, spouses volunteering for work in communities, organized excursions and other social events. A critical factor in the success of the chapter is its close relationship with and support of the PWR.

The other three chapters are in their initial phase of organizing. The **Bolivia** Chapter, with eight members, will work to strengthen ties with the local AFICS chapter. The **Brazil** Chapter, with 32 former staff members in 12 different cities, has only six members. For that reason, it will prioritize outreach to non-members, and it is being considered as a possible venue for the 2016 International Reunion. The Chile Chapter, with 11 members, has selected Solidarity as its goal. It will negotiate with health care providers to facilitate payments by its members. It has established liaison with and counts on the support of the PWR.

**Election of Board Members**

The meeting unanimously voted to re-elect the current two Board members who agreed to serve another three-year term: Germán Perdomo and Marilyn Rice. Gloria Morales was nominated from the floor and elected by acclamation.

**Update on UN Pension Fund (UNJSPF)**

Mr. Chris Saenz centered his presentation on the difficulties the Fund has encountered in servicing its members. The main culprit, at the PAHO level, has been the all-time-consuming training and implementation over the last two years of a cloud-based management

system. The deadline for complete operation is January 2016; finance and budget components have been finalized. At the UN level, UNJSPF has been implementing the Integrated Pension Administration System (IPAS), a complex undertaking lasting a number of years, limiting the time the staff has had to respond to members’ inquiries and concerns. The IPAS will allow PAHO to transfer data automatically rather than manually. However, the system for new retirees was shut down in May and August and, as a consequence, new retirees have not received their pensions. Mr. Saenz visited the fund in June but did not receive any commitment for a deadline to clear the backlog, which is expected to continue into the new year. Another consequence of the initiation of IPAS is that, starting in 2016, the Certificate of Entitlement (CE) will be mailed out in May every year, instead of in November. Also, all retirees will be receiving new ID's to access the Fund services and information.

**Report on Staff Health Insurance**

Mr. Saenz commented on the complexity of the Affordable Care Act and then focused on line 61 of the 1040 federal tax form that requires certifying Minimal Essential Coverage (MEC). Non-compliance results in a penalty that increases each year. The providers of health coverage are responsible for submitting such a statement. Though PAHO is exempt from national laws, it will provide the statement (1095c form) for all US taxpayers. For this, the social security numbers are required to match them with the 1040, and SHI is preparing a mailing requesting this information, since PAHO does not store the numbers. Staff with Medicare Part A comply with the MEC and do not have to submit the 1095c.

Mr. Perdomo offered that Ms. Carol Collado could work with SHI to prepare a summary of this issue for posting on the AFSM website and Facebook page.

In response to a question regarding WHO reimbursement of Medicare payments, Mr. Saenz responded that WHO has expressed interest in this matter and will be evaluating its feasibility.

Ms. Giovanna Martínez apologized for delays in SHI responding to members’ concerns and questions. Its staff has been focused on the new management system, which requires significant inputting of data, leaving limited time for servicing members. SHI staffing is a major problem due to budget restrictions, with no relief

in sight. During the Q&A session Mr. Leo Lamarche suggested that AFSM members could volunteer to assist SHI in selected tasks. Ms. Collado will follow up with SHI on this suggestion.

Ms. Martinez noted that WHO has developed health insurance cards to be used for emergency purposes when traveling internationally. It does not replace the Aetna card. She also discussed the upcoming 2.2% increase in contributions.

The presentations were followed by a vigorous discussion regarding the problem encountered by members in obtaining their prescriptions from CVS. The two main issues were:

- Inability to obtain refills for 90 days; the pharmacy has been dispensing the drug only for 30 days.
- Inability to obtain the drug prescribed by the physician if it is not in the CVS Formulary.

The members requested that PAHO examine its relationship with CVS and explore an alternative management of the drug benefits.

Chris welcomed the comments and requested that, to facilitate his discussions with CVS, feedback be provided in writing documenting the problems encountered.

**Report on the Workshop of the Association of Retirees of International Organizations (ARIO): "Going Digital"**

Ms. Carol Collado presented a summary of the workshop that brought together representatives of retiree organizations from the World Bank, the International Monetary Fund, the Organization of American States, the Asian Development Bank, AFICS/NY and AFSM. The challenge facing these bodies is how to better communicate with their members in a digital age. Except for the World Bank, only AFSM has developed an array of digital tools - website, corporate email, Facebook page, virtual newsletter. However, the Association members recognized that there is still a need to communicate with members who do not have access to or are unable to use these tools.

A bigger issue raised at the Workshop was the need to remain relevant to new retirees. AFSM will continue to focus on ensuring member benefits. Ms. Collado described the PAHO health insurance program as the best available and, therefore, the importance of maintaining its level of coverage.



In response to a suggestion from a member that AFSM should partner with UN retiree associations in the countries, particularly AFICS, Ms. Collado mentioned that AFSM has a reciprocal agreement with AFICS, allowing for a 50% reduction in dues. Also noted was that AFICS activity varies significantly from country to country.

**Credit Union (CU)**

Ms. Patricia Ilijic, Executive Vice-President, reported that the CU is in solid financial condition with over \$200 million in assets and 5,000 members. Concrete signs of growth are that the CU will expand its facilities to the space next door as part of its additional services, and it has hired a mortgage loan originator to assist members through the complex process of obtaining a mortgage. Also, the CU has placed a financial management tool on its website. New credit cards with chips have been sent to members in the field; US members will receive theirs as they expire (the card, not the member!). As a response to the difficulties encoun-

tered by new retirees in accessing their pensions, the CU established a Pension Relief Loan that provides eight months of the monthly pension at a favorable rate. A letter describing the availability of this service has been sent out to the potential beneficiaries. Ms. Ilijic urged members to update their personal information with the CU.

As in previous years, door prizes were generously offered by the CU. The Chairperson thanked the CU staff for their continuing support, which includes the promotion of the Association in the CU Newsletter.

**Adjournment**

The meeting was adjourned at 12:30 pm. The President thanked all for their presence and invited them to the tenth floor, where a buffet lunch provided an opportunity to socialize and to wish friends and colleagues happy holidays and a good year. Upon leaving the building, the spring-like day lingered, providing a pleasant conclusion to the annual gathering. ■



**Annual ARAIO Meeting**

*by Hernán Rosenberg*

As was mentioned in the previous issue of the AFSM Newsletter, the Association of Retiree Associations of International Organizations (ARAIO) in Washington (and some from out of town) held its annual meeting on 26 October 2015 at the headquarters of the Inter-American Development Bank. As always, we worked within a framework of great camaraderie and collaboration, although it has not yet been possible to establish mechanisms for greater integration (for example, to share social or cultural activities) outside the framework of formal meetings.

The workshop had three topics for discussion: going digital, review of benefits, and cooperation among associations.

**Going digital**

- The benefits of digitalization in order to share information or to integrate scattered members worldwide are obvious, both from the economic point of view and the ease and speed of exchanges. However, the process of change has not been easy, not only due to the lack of universal access to the electronic world, but also because some of the members, especially the elderly, still prefer to use mail and direct communication. At the same time, the boards are not experts in the management of social communication. Moreover, there is a need for careful management and constant data feed that require a lot of dedication of time and resources.
- Some organizations have successfully implemented systems for electronic voting.
- Among the main recommendations, it was suggested to progressively make the transition to digitalization, train membership on its use, ensure that new board members are up to date on the subject, and identify platforms that are easy to use by members.

**Review of Benefits**

- With the exception of the Asian Development Bank (ADB), all the organizations have their own self-funded health insurance.

- Most of the membership resides in the United States, where the evolution and costs of insurance are uncertain. Most organizations require (and reimburse) its members to enroll in Medicare to reduce costs in that country.
- Regarding pensions, except for the ADB, all organizations have increased the retirement age, in some cases to 68 years.
- It is recommended that the associations maintain a close relationship with their respective organizations to stay informed about changes affecting former staff members, and to use all the limited mechanisms of pressure at our disposal to protect the acquired benefits.
- It is important that the associations remain vigilant through their participation in the governance of pension funds, to ensure the protection of existing benefits.

**Collaboration among the Associations**

- The associations should reciprocally keep each other informed of the changes that occur in their respective relationships with their organizations, as generally these tend to spread among the organizations.
- The presidents of the associations should frequently share information.
- Databases that describe the members' expertise should be shared, as well as all means of communication, such as newsletters. Additionally, information about volunteer opportunities and activities and technical groups in counties should be shared.
- Use of electronic platforms such as Linkedin should be explored.

Those interested in having more details should consult AFSM directly.

In summary, ARAIO is moving towards close cooperation among associations to ensure the well-being of its members and collaboration among them in all countries. ■



## WHERE ARE THEY NOW?

### ANTONIO HERNÁNDEZ

Antonio Hernández has more than 40 years of successful experience in the global medical technology field.

In 1972, he graduated in Electronic Engineering from the Javeriana University in Bogotá, Colombia. He has additional studies in the fields of Electronics applied to Medicine, Clinical Engineering, Hospital Engineering, Healthcare Technology Management, and Health Technology Assessment.

In 1973, he began his career in the Ministry of Health of Colombia as Director of the Division of Engineering and Maintenance. He was responsible for the engineering and maintenance programs of more than 1,000 public hospitals and the training program for maintenance engineers and technicians.

In 1982, he joined PAHO as a Consultant in Engineering and Maintenance in Ecuador. In 1985, he was transferred to Costa Rica, and in 1991 he was appointed as Regional Advisor in the Division of Health Systems and Services Development in Washington D.C. During his almost 29 years of service at PAHO as Senior Advisor on Health Services Physical Infrastructure and Technology, he coordinated all of PAHO's technical cooperation on Health Technology Assessment, Healthcare Technology Management, Medical Devices Regulation, Telemedicine, and Healthcare Engineering.

Over nearly 25 years, in partnership with the American College of Clinical Engineering



(ACCE), Antonio organized 51 multinational "Advanced Clinical Engineering and Technology Management Workshops" for over 4,000 participants. These were not only in the Region of the Americas, but, together with WHO, these workshops were conducted all around the globe, including Africa, Asia, and Europe.

He was editor of several PAHO technical publications on technology and telemedicine, served on several Boards of Editors for scientific publications in the health technology field, and currently writes articles for journals in the health field. He is a frequent speaker at conferences and academic centers. He has also participated in the organization of national biomedical and clinical engineering professional societies.

Since retiring from PAHO in 2010, he has been providing consulting services to select government, NGO, academic, and industry clients on health services, technology, and infrastructure for the Region of the Americas. At his time of retirement, another significant development in the health sector was the connectivity, interoperability and certification of health information systems and medical technologies in support of the Electronic Health Records (EHR), in an environment lacking standards to support this process in an efficient way. Antonio has been a part of this growth and evolution in the health technology sector, and he understands the dire need for Latin American and Caribbean countries to be part of the process as well, mainly through the training of professionals and mentoring of leaders for these activities.

Since 2010, he has been the Chair of the International Committee of ACCE, developing and strengthening clinical engineering undergraduate and graduate programs in academic centers and promoting information exchange on health technology among governments, through government and WHO-sponsored technology management workshops.

In recognition of his contributions, in 2010 the ACCE awarded him the "Lifetime Achievement in Clinical Engineering Award," and in 2011 the ACCE created the annual "Antonio Hernández International Clinical Engineering Award," awarded to professionals who have contributed worldwide to the fields of Clinical Engineering and Health Technology Management.

He is a collaborator with the Technical Committee of the "Patient Care Domain (PCD)", one of the 14 domains of the "Integrating the Healthcare Enterprise (IHE)." This is a standards organization developing the standards for the interoperability of health information systems, clinical information systems, electronic medical records, medical devices, and other health technologies.

He represents the ACCE and is also a collaborator with the Clinical Engineering Division of the International Federation of Medical and Biological Engineering (IFMBE), promoting Clinical Engineering and Technology Management worldwide, not just in the Americas. He is a founding member of Global Health International Advisors (GHIA), and member of its Board of Directors. In GHIA, he brings the component of technology in support of global health. Last but not least, he has been a volunteer member of the Board of Directors of the PAHO/WHO Federal Credit Union for almost 20 years. Antonio has contributed to the efficient growth of a small \$23 million institution into a solid operating organization of more than \$200 million. ■

## Welcome to New AFSM Members

### From the Washington, DC Area

Tony Cully  
Ana Maria Esteves  
Janet Khoddami  
Ofelia Nieto  
Matilde Pinto  
Jenny Sherr

### From Other Countries

D. Beverley Barnett – Barbados  
Enrique R. Jacoby – Lima, Peru  
Rosina Salemo – Italy  
Adalberto Otranto Tardelli – Sao Paulo, Brazil  
Jorge Eduardo Torroba – Buenos Aires, Argentina

## 2016 AFSM International Reunion

*Save the Date!*

**The 2016 International Reunion  
will take place in  
Punta, Cana, Dominican Republic,  
from 18-20 October.**

**Please save the date. As soon as we have  
more precise information about the hotel,  
we will share it with you.**



## Health Information Tips

### CDC and PAHO Recommendations about the Zika Virus

by Marilyn Rice and Gloria Morales,

based on the latter's interviews with PAHO Zika Emergency Staff

**Z**ika virus infection is caused by the bite of an infected Aedes mosquito, usually causing mild fever, rash, conjunctivitis (red eyes), and muscle and joint pain. The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon. However, sporadic cases have been reported of more serious manifestations and complications in patients with preexisting diseases or conditions; there is also now evidence that this virus infection during pregnancy may be linked to microcephaly in newborns. Furthermore, although a direct causal relationship has not been established between Zika virus infection and Guillain-Barre Syndrome (GBS), prior infection with dengue or genetic factors could contribute to or increase cases of GBS. Several studies are underway to better establish the relationship between Zika and GBS.

In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil, and on 1 February 2016, the World Health Organization (WHO) declared Zika as a Public Emergency of International Concern. The outbreak in Brazil led to reports of pregnant women giving birth to babies with birth defects (microcephaly and neurological disorders) and poor pregnancy outcomes.

Since it was first detected, the Zika virus has spread to 26 countries and territories in the Americas. As of this writing, the following countries in the Americas have reported ongoing transmission in the Caribbean (Aruba, Barbados, Curaçao, Dominican Republic, Guadeloupe, Haiti, Jamaica, Martinique, Puerto Rico, St. Martin, US Virgin Islands), all Central American countries, Mexico, and South America (Bolivia, Brazil, Colombia, Ecuador, French Guiana, Paraguay, Surinam, and Venezuela).

Anyone, regardless of age, is at risk of infection of Zika virus. Recommendations have been issued based on the

latest evidence that this virus infection during pregnancy may be linked to microcephaly in newborns, that there might be an association between Zika and a growing number of Guillain-Barre syndrome cases and the hypothesis that sexual transmission of Zika virus is possible. For the latter, however, given the small number of cases that have been studied, more investigation is needed.

The US Centers for Disease Control and Prevention (CDC) and PAHO/WHO have issued the following recommendations addressed to the general public and further precautionary travel advice to women who are pregnant and their sexual partners when visiting regions and countries where this virus transmission is ongoing.

#### For protection against mosquitoes:

- Cover exposed skin by wearing long-sleeved shirts, long pants, and hats.
- Use repellents with one of the following active ingredients and apply them as indicated in the label. Higher percentages of active ingredient provide longer protection.
  - DEET: Picaridin (also known as KBR 3023, Bayrepel, and icaridin). Products containing picaridin include Cutter Advanced, Skin So Soft, Bug Guard Plus, and Autan [outside the US])
  - Oil of lemon eucalyptus (OLE) or PMD (Products containing OLE include Repel and Off! Botanicals)
  - IR3535 (Products containing IR3535 include Skin So Soft, Bug Guard Plus, Expedition and SkinSmart)

If you are also using sunscreen, apply sunscreen first and insect repellent second.

Consider using permethrin-treated clothing and gear (such as boots, pants, socks, and tents). You can buy pre-treated clothing and gear or treat them yourself.

Treated clothing remains protective after multiple washings. See the product information to find out how long the protection will last.

- Stay and sleep in screened or air-conditioned rooms.
- Use a bed net if the area where you are sleeping is exposed to the outdoors.
- Empty, clean or cover containers that can hold even small amounts of water such as buckets, flower pots, or tires, so that places where mosquitoes can breed are removed.

#### If you feel sick and think you may have Zika:

- Talk to your doctor or nurse if you develop a fever with a rash, joint pain, or red eyes. Tell him or her about your travel. Zika can be diagnosed by symptoms and recent history. A laboratory can confirm the diagnosis by blood tests.
- Take medicine, such as acetaminophen or paracetamol, to relieve fever and pain. Do not take aspirin, products containing aspirin, or other nonsteroidal anti-inflammatory drugs such as ibuprofen.
- Get lots of rest and drink plenty of liquids.
- Prevent additional mosquito bites to avoid spreading the disease.

There is currently no vaccine or specific drug for this virus.

#### If you are pregnant:

Women who are pregnant should discuss their travel plans with their health care provider and consider delaying travel to any area where locally acquired Zika infection is occurring.

All pregnant travelers returning from areas with ongoing Zika transmission should be tested for Zika virus infection. This includes both pregnant women with symptoms of Zika and pregnant women with no symptoms.

If you do not have symptoms of illness, visit your doctor between two and 12 weeks after you return from travel for testing.

If you develop a fever with a rash, joint pain, or red eyes, talk to your doctor or nurse immediately and tell him or her about your travel.

#### Clinician Information:

Health care providers should be alert to pregnant patients returning from countries or territories with active Zika virus transmission.

Clinicians should offer Zika testing to pregnant women with symptoms of Zika during or within two weeks of travel and asymptomatic pregnant women who have traveled to areas with ongoing Zika virus transmission.

For pregnant women with symptoms of Zika, testing is recommended at the time of clinical illness.

For asymptomatic pregnant women, testing is recommended between two and 12 weeks after return from travel. ■

#### References:

See [CDC's Updated Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age during Ongoing Zika Virus Transmission](#) for additional recommendations related to Zika testing and follow-up care.

[Guidelines for infants whose mothers have possible Zika virus infection](#) are also available.

#### For more information, consult the following:

CDC Web site at: <http://www.cdc.gov/travel/notices>

PAHO web site at: [http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=11585&Itemid=41688&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=11585&Itemid=41688&lang=en)

WHO web site at: <http://who.int/emergencies/zika-virus/en/>

For prevention for travelers consult: [http://www.cdc.gov/chikungunya/pdfs/fs\\_mosquito\\_bite\\_prevention\\_travelers.pdf](http://www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_travelers.pdf)



## Depression Matters

by Martha Peláez



Including three main components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life, Rowe and Kahn reiterated WHO's definition of health: successful (healthy) aging is more than the absence of disease. However, Rowe and Kahn took the concept of health in old age a step further and claimed that absence of disease, and maintaining functional capacity both require "active engagement" with life to lead to a global definition of successful aging. For more information go to: <http://gerontologist.oxford-journals.org/content/37/4/433.short?rss=1&ssource=mfr>.

Since the work of Rowe and Kahn, the scientific community has continued to create evidence showing a positive correlation between someone's perceived health, self-efficacy, physical activity, social relationships, and coping skills, among others, with their ability to age more successfully.

### Why does depression matter?

Depression is often associated with various common symptoms, usually lasting more than two weeks, contributing to "disengagement with life":

- feeling sad, depressed, or blue
- feeling nervous or emotionally "empty"
- feelings of excessive guilt or worthlessness

- tiredness or a "slowed down" feeling
- restlessness and irritability
- feeling like life is not worth living
- sleep problems, including trouble getting to sleep, wakefulness in the middle of the night, or sleeping too much
- eating more or less than usual, usually with unplanned weight gain or loss
- having persistent headaches, stomachaches, or other chronic pain that does not go away when treated
- loss of interest in once pleasurable activities, including sex
- frequent crying
- difficulty focusing, remembering or making decisions
- thoughts of death or suicide, or a suicide attempt

### Depression is a treatable public health issue, especially in older adults

Depression is the most prevalent mental health problem among older adults but should not be considered a normal part of aging. Persistent sadness or serious depression is not "normal." It can and should be treated.

For an excellent discussion on treatment options for older adults with depression you may visit: <http://nihseniorhealth.gov/depression/aboutdepression/01.html>.

A common rule in medicine is: diagnose first, treat second. However, **depression is often not diagnosed** because it may occur alongside other serious diseases such as diabetes, cancer, or heart disease; or it may be seen as caused by life events such as the loss of spouse or by a combination of serious family, social, or economic issues. Depression is often associated with medications we take or with vitamin B12 deficiency or thyroid disorders. Older adults may also exhibit different or less obvious depressive symptoms than younger adults, and may be less inclined to experience or acknowledge feelings of sadness or grief. So the first step is to get a good medical evaluation. If you are in doubt, a second opinion by a geriatric physician or psychiatrist can be very helpful.

The WHO Mental Health Gap Action Programme was launched in 2008 to increase services in low income settings across the world; it has never prioritized issues of mental health in aging populations. Yet, late-life depression is fairly easy to detect, highly treatable, and a candidate for prevention efforts – making it an excellent focus for public health activities.

Living with untreated depression presents a serious public health problem. Depression complicates chronic conditions such as heart disease, diabetes, and stroke; increases health care costs; and often accompanies functional impairment and disability (Frederick, 2007; Katon, 2003; Snowden, 2008; Unützer, 1997). Late-life depression has also been linked to higher mortality from suicide and cardiac disease (Frederick, 2007; Snowden, 2009).

The World Health Report on Healthy Aging, (2015) highlights the importance of addressing depression and anxiety in older populations. The Report states that one in 10 older adults have substantial depressive symptomatology without often meeting the diagnostic criteria for a depressive disorder. This is referred to as "sub-threshold depression" or dysthymia. Subthreshold depression has a major impact on the quality of life of older people and is a major risk factor for persons living with multiple chronic conditions. Both dysthymia and "minor depression," which entails fewer symptoms and less impairment than major depression, are more common than major depression in older adults (Clechanowski, 2004) and yet contribute significantly to disability in older adults. (Wells, 1989, Beekman, 1997)

For more information, consult:

[http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf).

### Becoming more active is key to deal with depression symptoms

We look at how we can learn from community-based programs and how to build bridges between primary care settings and the community in order to address and cure depression and subthreshold depression symptoms in older adults.

Researchers from the University of Washington Health Promotion Research Center have created the Program

to Encourage Active and Rewarding Lives for Seniors (PEARLS) in close partnership with local aging and social service providers. This program is a community-based collaborative care program for older adults with minor depression or dysthymia that uses several treatment methods. One of the most important is problem-solving treatment, or PST, which is based on the fundamental principle that *there is a close link between depression and unsolved problems*. PEARLS provides a concrete, easy-to-learn, and empowering approach to solving problems. The second treatment is behavioral activation, where PEARLS participants make plans to increase or re-engage in greater physical, social, and pleasant activities. *Becoming more active is key to improve older adults' mood* and energy as well. Greater social connections with friends, neighbors, and family leads to more satisfying lives. Research for the program found that, after participants learned to define and solve their problems and become more active, their depression symptoms were reduced.



The PEARLS program was developed at the University of Washington in the late 1990s by a team led by Mr. Ed Wagner, who is a primary developer of the Chronic Care Model. During the past decade, two randomized controlled trials have demonstrated that the PEARLS Program is effective in reducing depressive symptoms and improving quality of life in older adults and in all-age adults with epilepsy and co-occurring depression. For more information on the PEARLS program including opportunities for training and the program tool kit for ideas on how the program works, visit: <http://www.pearlsprogram.org/Default.aspx>. ■

## Tecno-Tips

### Open-Source Software: Free Distribution Software

por Antonio Hernández

An important part of the investment in any personal computer, laptop, or tablet is the operating system that allows the device to work. On top of that, if we need to perform specific tasks we are required to purchase software applications for that purpose. Any upgrade of the operating system or the specific applications you are using comes with a price tag. A contemporary trend we are seeing is to have software as a service where you pay an annual fee or subscription to have access to the program. If you do not pay, you do not play. This situation has financially impacted organizations, businesses, and people. In general, everyone feels the pressure to upgrade computers and programs in order to keep up with the advancement of the technology, as well as to make use of new products and developments in the cyberspace. However, there are some people who keep using old or obsolete equipment and programs that are slow; in many cases, these do not allow them to communicate with or have access to Internet and electronic mail.

To make this situation worse, the security and stability of these operating systems and programs are not what the users expect for the price they are paying. On the security side, hackers and spammers are constantly targeting computers. One of the reasons for this is the concept and design of personal computers; they were originally designed to be easy-to-use for a single user. At the time, there was no way of knowing about network connectivity, so there were no security features built in for it.

From the stability side, computer programs are proprietary products designed by a group or company, and they do not have the possibility of 100% validating the product before releasing it. Once the product is on the market and being used, problems start to show up. This results in permanent releases of changes to the program (patches) that need to be incorporated. If you are not notified or aware of these situations and do not have the necessary updates, you will experience problems. Sometimes, the situation is so critical that a newer version is created, which of course usually comes with a new price tag or fee. In the end, you find that the computers and programs are not as user-friendly as advertised and that you need to invest time in the

learning process (learning curve) to keep up-to-date with your knowledge on using your computer.

At this point, anyone following along should be clear that I am referring to the most popular operating systems and programs on the market: Windows and Mac (Apple). However, there is an alternative if you want to invest some time in learning a new operating system, or at least save some money while keeping current with the latest technology.

There are “open-source” programs, or programs whose source code is available for modifications and enhancements by anyone, generally a community of users. The open-source communities create, monitor, and modify the programs and share them with the rest of the world. The software produced by the open-source community is for free distribution and use. If you modify or improve a program or some part of it, the only condition is to report this change. Security and stability are two important characteristics of the open-source programs, due to the fact that the global community of open-source is always monitoring and improving the programs. Your responsibility as user is to look for updates.

Nowadays, you can also find equivalent and sometimes compatible computer programs with the ones you are using under Windows and Mac (Apple) environments. The only difference is that they are free!

There are thousands of open-source programs. However, in this article, I will only refer to two programs that could be of interest to the readers. One is an operating system and the other is a production software for office activities. Additionally, I will provide some information about how to acquire them. There is also a large and very friendly open-source community to support you through forums and Q&A postings.

**Linux Operating System.** If you have a computer using Windows or an Apple operating system (Mac OS), you know that the operating system is the program that controls the operations and facilitates the interaction and communications among programs and peripheral devices. Through the years you may have experienced the pain and the cost of changing computers or upgrading operating systems so that you can keep up with the technology market.

In open-source, there is an equivalent operating system that facilitates all processes. This operating system is called “Linux,” in honor of Linus Torvalds, the creator

of the nucleus of the program. The Linux operating system has different “flavors” or versions based on specific characteristics and intended application of the design. Some of the more commonly used versions of operating systems are Red Hat, Ubuntu, Debian, and Fedora. You may download these programs both for desktop or server use. Under a Windows environment, you may install both systems (Windows and Linux) and instruct the computer which one you want to use during the boot-up process. If you do not want to go through the process of downloading the program and installing it, you have the alternative to purchase the commercial version ready for installation. Another alternative if you plan to change your computer is to buy a new one with Linux already installed.

I should caution that when you install Linux, it is likely your screen will start in the “prompt command” mode. This is reminiscent of the old DOS (disk operating system) screen where you would have a blank screen with a blinking cursor where you would input commands manually. However, in Linux, there is a command that will put you into the “graphic environment,” and your screen should change into the familiar desktop format that is similar to Windows and Mac (Apple).

During the installation process, the system will automatically detect the configuration and any peripheral devices connected to your computer, which will lead to the automatic installation of the required drivers. In a few rare cases, you may need to look for and download drivers on your own. Once the system is set and running, you can download all the programs you need for browsing the internet, sending messages, playing music and games, or for office production work.

**Libre Office Suite.** The beauty of open-source programs is that many of them not only work under the Linux environment, but also for Windows and Mac (Apple) environments, and are available for free. One of the most remarkable of these programs is the “Libre Office Suite” (current version 5.1.0 for Windows and Mac OSX for Apple). Libre Office is the equivalent of the Microsoft Office package in its latest version, and it has all of the traditional software for word processors, spread sheets, graphic presentations, databases, and drawing, as well as some others that make this a powerful office production package. The files are also designed to be compatible with Microsoft Office files. You can download the Libre Office Suite from <https://www.libreoffice.org/download/libreoffice-fresh/>. The installation is very user-friendly.

If you have an old or limited Microsoft Office package and do not want to buy a new one or subscribe to the new Microsoft Office 365 cloud-based service (which requires an annual fee), I recommend you download and install Libre Office.

## Reminder

### No Future Printed Newsletters

You will no longer be mailed a printed copy of the PAHO AFSM Newsletter. From now on it will be sent to your electronic address. Accordingly, please be sure that your correct email address is recorded in our system. Check the membership directory, and if there is any error or if your email address is not there, please send the correct information to Hortensia Saginor at [hortensiasagi@gmail.com](mailto:hortensiasagi@gmail.com) or [lsaginor@aol.com](mailto:lsaginor@aol.com). All Newsletters are also accessible via the AFSM website at <http://www.afsmpaho.com>, where you can view and download all newsletters from the latest to those dating back to 2005. If it is impossible for you to have access to an electronic version of the Newsletter, then please contact Hortensia at phone:

1-(301) 645-7482 or at  
AFSM c/o PAHO; 525 23rd Street, NW;  
Washington, DC 20037-2895

and advise her of your correct mailing address to receive a black and white printed version. Thank you for your understanding and support.





## HAS YOUR UN PENSION PAYMENT BEEN DELAYED?

As part of our regular communications with our members we have been made aware that recent changes in the administration of the United Nations Pension Fund have resulted in a 7 to 8 month delay before new retirees begin receiving their monthly retirement annuity payments. Because these annuity payments serve as the primary source of income for most retirees, this delay in the processing of your UN Pension may result in you having difficulties funding monthly living expenses for such items as mortgages, car loans, utilities and other normal living expenses.

We are therefore offering a Pension Relief loan that will help you manage your finances during this delay. If you are interested in more details about this special loan program please contact our Lending Department at **202-974-3453** or toll free at **866-724-6328**.

For complete instructions on how to apply, please visit [www.PAHOfcu.org](http://www.PAHOfcu.org)

## GreenPath® FINANCIAL MANAGEMENT

One of the benefits of credit union membership is access to financial education and tools that can facilitate the way you manage your finances. We have recently partnered with GreenPath®, a non-profit counseling agency that offers you FREE access to money management and financial education. GreenPath has been helping people achieve their financial goals since 1961 through comprehensive financial counseling and exceptional service.

- Free Financial Counseling
- Debt Management Plan
- Housing Counseling
- Credit Report Review
- Student Loan Debt Counseling
- GreenPath® University
- Interactive Budgeting Tool that will help you create a budget and track your expenses.

To use this service, simply call **877-337-3399** or visit [www.greenpath.com/paho-who](http://www.greenpath.com/paho-who)

Additional Budgeting Tools can be found at [www.PAHOfcu.org](http://www.PAHOfcu.org)

## IF YOU ARE NOT A CREDIT UNION MEMBER ALREADY, IT'S NOT TOO LATE TO JOIN!

We offer various products and services that meet the financial needs of all age groups! Visit our website on how to open an account today or call us at 866-724-6328.

## Staff Health Insurance and Pension

### Pension Drama

by *Germán Perdomo*

A call comes from your bank... “you are overdrawn, and in the amount of hundreds”. Every one of us has a great fear of that happening. The following is an account of how your AFSM, working for you, avoided just that for 40 PAHO/WHO retirees living in the Americas region.

First, a little history: The United Nations Joint Staff Pension Fund (The Fund) in which most retirees are vested and which becomes the main income source for retirement, has, during the past year, been converting to a new IT administrative system. This has involved considerable time and effort, and delayed some of their standard activities such as the sending and registering the Certificate of Entitlement (CE). Such was the case that those CEs sent back to the Fund in 2014 were not registered until the latter part of 2015. A number were found to be missing and without those CEs the pension was suspended, as it was possible that the person no longer existed. In trying to verify that these persons truly did not exist, at the beginning of 2016 the Fund requested the collaboration of the Association of Former Civil Servants (AFICS) to find them and it sent a list of persons that were needed to be contacted and to have their existence verified. The cutoff date was set at the end of January 2016. Because of the short timeline, AFICS asked for the assistance of AFSM Geneva, who in turn asked AFSM PAHO/WHO to try and contact those retirees in the Americas. Because of the close corporate relationships that AFSM PAHO/WHO has developed and strengthened with these sister organizations, and many hours and inventive strategies to succeed, we were able to avoid potential disaster for these retirees, including a number not yet members of our association. The complete story is as follows.

On 2 January, AFSM received from Geneva a list of 40 people living in 13 countries and we were given until 31 January to help them or the respective pensions would be suspended. It was a race against time. We used our files and databases, and our contacts at PAHO headquarters, Representations and our partners in the countries. The first task was to contact them and guide

them in the process of ensuring that the signed EC was sent to the Fund's office in New York.

By working almost full time for several weeks, we made contact with those for whom we had the email address, then we phoned those who had their number in the file, after which we asked our partners in the countries to help us in the search for those for whom we had no data, and finally we communicated with the PAHO Representations.

Initially we were surprised by some of the reactions. Some believed that our messages were "spam" and so they decided not to respond until we called them, others were surprised and responded immediately, but they did not remember whether they had sent the EC or not, others were also surprised because they were sure they had sent the EC in November 2014, others assured us that they never received the CE to sign and return. All were right and they were seriously concerned about the impact that having their pensions suspended would have on them. Yet others had changed country or address in the same country, and had not notified the Fund, so that the EC had been sent to an old address.

The Fund has strict rules in order to take action, important among them is that it will only take action with signed originals, no email, no fax. Due to the short time and urgency, AFSM, using previously established contacts, developed a protocol with them to ensure success with the attempts of the people involved. We prepared a text to be sent by email to the Fund, in order to create a communication between the retiree and the Fund, and we ensured that it was sent. We also got in touch with the Fund so that it would relax its acceptance of the responses from former staff and prolong their deadlines, if at all possible. We received copies of each message sent by retirees as well as the Fund's answers. That way we were able to track the progress of negotiations.

Finally, we succeeded in all cases where we contacted those affected and we were able to avert the catastrophe of suspending this important source of income.

We were taken by surprise by some people, such as when we learned that three of the colleagues on the list had died and two more were impossible to contact by any means (change of place). AFSM is proud to have

been able to help in such an important situation. Significantly, especially in light of the importance of the matter, in addition to all the AFSM PAHO/WHO members involved, we were able help resolve this difficulty for 15 people who were not members of the Association. It is our membership and the existence of our association that made this success possible.

Some lessons we learned from this painful and difficult experience:

- 1 - Being associated with AFSM provides unimagined benefits
- 2 - It is essential that the Association has up to date contact information for all its members
- 3 - It is critical that retirees know the Fund's regulations and many do (and in line with this we are in the process of establishing a link on our website and we might be able to post their forms on it)
- 4 - In order to serve you better and quickly when necessary, AFSM needs some local volunteers who can serve as "focal points" for the Association, in countries where there are no AFSM chapters.

We hope we don't have to experience another critical situation such as this, but if it were to come to pass, the Association is here for you! ■

## Staff Health Insurance and Pension Update

by Carol Collado

### Health Insurance: General

The **2016 Rules** in English (Spanish awaiting translation) have been posted to the website established by SHI to inform retirees of all important notices regarding the insurance (<https://extranet.who.int> click in SHI Retiree Information Centre, user ID: SHIretiree; Password: SHIretiree). We cannot urge you too strongly to review the new Rules, especially those areas where you may use the benefits frequently. Some permissions have also changed, and the new Benefits tables should make things easier to understand.

You should also have received a letter from Geneva which highlights the major changes such as the exte-

sion of one year for accumulating benefits in dental and ophthalmological issues. In that letter there should also have been **cards for each of the persons covered by your WHO insurance**, good for the next five years. These cards are to assure the providers that your services will be covered. WHO SHI has contracted a 24-hour answering service so that you will never be at a loss as to be able to have a direct contact in emergencies. That number is on the back of the cards and is to be used only if the Regional office is closed. For those residents in the USA, Aetna continues to be the main contact, and these cards will be relevant only when traveling outside the USA.

The yearly **Newsletter** published by the SHI headquarters staff is also available at the retiree website mentioned above. I think you will find it interesting. One caveat, however, is that there is mention of **electronic filing to be implemented in 2016. This will NOT be available to the PAHO Region this year.**

### Health and Pension

We have had a number of messages from participants regarding their inability to contact the PAHO SHI and/or the UNJSPF offices. We would like to give you some background, and some counsel on what is happening presently and probably for the remainder of 2016. In no way does this explanation justify the inadequate service the participants are presently receiving from either SHI or the UNJSPF, but it may help you to understand. In the present operation of both entities, the time had long passed that they needed to convert to a more modern, more secure IT system. Both the UNJSPF and PAHO had been the ultimate holdouts in converting from a mainframe system to a web based one. Apparently, this conversion is extremely complicated and is causing much difficulty and confusion.

### PAHO SHI

As for PAHO, the financial system has been one of the more involved aspects. There has been extensive training of staff over the past 6-9 months which still continues. This absence of staff for training has resulted in their being in training for six hours during the day and having to do the same work in the two hours left and, as a result, communicating directly with staff during the workday has been impossible. The system was made operational at the beginning of 2016. It was having daily adaptations in order to meet the expectations of communicating with other systems, correcting input protocols, etc. The experience is frustrating for

all. Imagine you are in SHI, have spent all day reentering identification data and come in the next to find that, due to system changes, nothing you did yesterday has been entered and you have to start again from zero, or to find that the data from the day before has a number of errors, again due to system changes. It is also exceptionally frustrating for participants who are awaiting claims payment which comes directly from PAHO/SHI in Washington. Due to the myriad of problems with the new system adaptation, claims have not been paid since December. To expedite the process, an administrative decision was made to forward all calls to one person, with messages being taken and answered ASAP, although it may take time if not an emergency. This is why it may be difficult to have your phone call to SHI answered in person at present. We have been given the direct fax number for those wishing to send the claims in that manner: 202-974-3537. Some of you will recognize this number as the phone for Omarys Nieves, our liaison at SHI. You can use it as fax or phone, but remember, phones at present are being forwarded. Of course, entries by email and regular mail continue to be options. It is expected that the new system will be made totally functional in March or April. When that is implemented, we expect that even more difficulties will arise in the adaptation period, therefore, we are cautioning everyone to be aware and to keep good records and copies of claims sent to SHI, and check their claims diligently.

We have also had several complaints about the timeliness of the calculation of catastrophic benefits, especially for those in the USA. Presently, with CVS handling drugs and Aetna handling the rest, the system of calculating catastrophic levels becomes the job of the PAHO SHI. Each month, information is sent from Aetna and CVS, then put together at PAHO. Often the information is tardy from either of the agencies and may be a month or two off target. I know this is frustrating when resources are fixed. One participant recently said she asks her pharmacy for a monthly accounting so that she can keep track of it herself and then can reclaim from PAHO. Perhaps with the improved system this will become less of a problem.

**Regarding the 1095C for USA taxes**, there has been a misconception which Chris Saenz explained to the AFSM members at their annual meeting in December. PAHO sent out a form (yellow sheet) which needed to be returned, signed, with all beneficiaries' social security numbers, to PAHO SHI. With that information, PAHO SHI sent to the IRS a list of people covered

primarily by the WHO/PAHO health insurance, which has been classified as meeting the Affordable Care Act (ACA) mandates. You, as participant, do not have to do anything else. This information goes only and directly to the IRS to be filed against the social security numbers returned to PAHO on the yellow sheet, and PAHO **will send a copy of it to the participant.**

### UNJSPF

Due to the aforementioned IT system insertion, UNJSPF has been backlogged on their entries, as well as discovering and correcting errors the system has introduced. It has been so intricate that UNJSPF has not had their website functional for the major part of 2015. They have delayed sending out the Certificates of Entitlement from October/November 2015 to March or April of 2016. They will also be giving each retiree a different code for identification purposes which will be sent out in the first half of 2016.

UNJSPF has very strict parameters for change within the pension system. They cannot act without a signed original if there are any changes. Please, if you need to change anything, make sure you keep a copy, send the original by certified mail, and keep receipts. We are working with them to be able to post the change forms on our website, but it may take some time to be effected.

For the above reasons, the Statement of Benefits for 2015 which is needed for reporting income for USA taxes was delayed. The first recipients in the Washington area received them on Feb. 22. If, when you are reading this, you have not yet received this document and need it, I suggest that you contact immediately [statementofbenefits@unjspf.org](mailto:statementofbenefits@unjspf.org) indicating your name and retirement number.

There's also a note on the UNJSPF website with this information:  
[http://www.unjspf.org/UNJSPF\\_Web/WebEmail/imp/Statement\\_of\\_Benefits\\_2015.pdf](http://www.unjspf.org/UNJSPF_Web/WebEmail/imp/Statement_of_Benefits_2015.pdf).

We have been made aware of the serious delays in receiving pensions for the recently retired. According to the UNJSPF this is a direct result of the implementation of the aforementioned system as well as inadequate staffing. FICSA, the association of former civil servants which is open to all former UN employees, has sent a protest and a request that this be remedied immediately. AFSM is sending a support letter about the delayed pensions as well.



The UN Management believes that timely payments to the retirees is one of the most crucial benefits of the UNJSPF and in that interest, has met with the CEO of the Pension Fund to identify causes and urge that all necessary measures be taken to address the situation promptly. They have mutually agreed to the following:

**Backlogs to be reduced: by 31 March, 35%, by 30 April, 70% and by 31 May, 100%. Thereafter all new payments will be processed within 3-4 weeks of receipt of all necessary documentation. The CEO has offered his personal guarantee that these deadlines will be met.**

The following measures will be implemented towards this end:

**the UNJSPF will:**

- implement a task force with additional staff to process the backlog
- create a help desk to reply to inquiries
- review present procedures to streamline them and ensure timely payment of benefits

**UN Management will**

- send reminders to those organizations submitting forms to stress the importance of expediting required documents
- counsel pension focal points in advising separating staff on documentation requirements
- enhance the preretirement seminars and online programs

AFSM is in contact with both the SHI personnel and the UNJSPF offices, and we will support its members in resolving outstanding issues or intervening on your behalf if necessary (please read other stories in this Newsletter on this).

Wishing everyone a happy, healthy, safe, and successful 2016! ■

## AFSM Bolivia Chapter Report

*by Horacio Toro Ocampo, President*



Just after the former officials of the Pan American Health Organization and the World Health Organization met in the city of Cochabamba in September 2015, we became a Local Chapter.

In the meeting of Bolivian professionals, who have contributed brilliantly with their international health work in the Region of the Americas, anecdotes were shared about our rich experiences with family and work. Our colleagues who participated in this first meeting included Carmen Rosa Serrano (who lives now in Santa Cruz de la Sierra), Edith Montesinos, Fernando Rocabado, Joaquín Salcedo, who are all comfortably situated in the beautiful city of Cochabamba; and José Luis Zeballos, Hugo Prado, Marco Fidel Suarez and Horacio Toro from La Paz. Subsequently Mr. Carlos Alfredo Calvo was included.



Like any group just initiating its work, we are full of ideas and good intentions, but most especially we want the opportunity to enrich the ties of friendship among former teammates.

At present, we have contacted Javier Espindola, a new member who, like others, shares his retirement days between France and Bolivia; and he has expressed his support and offered his collaboration.

Recently, the Chapter shared a working breakfast with the PAHO/WHO Country Representative in his office. Issues which were touched on related to the health situation in the country and updates on the status of our organizations, as well as issues related to the work of former staff members. On this occasion, Dr. Luis Fernando Leanes, the Representative, expressed his pleasure in having the visit of former staff members with vast experience in providing technical collaboration in various technical areas, as well as in management and administration.



He remarked on the importance of having continued support from former staff with their expertise in the Organization, along with their contributions to the health of many countries in the region. We are sure that in future meetings we can count on other former staff to strengthen our chapter.

As soon as the announcement is made in the coming months about the arrival in Bolivia of the PAHO Director, we hope to meet again with the technical team of the Representation to exchange ideas about different areas of work. ■



## AFSM Brazil Chapter Report

*by Cesar Augusto de Barros Vieira, President*

A few months ago, the AFSM Board approved the creation of this Chapter, as well as its respective statutes. The formal installation of the Chapter, and the election of its first Board of Directors shall be held during the second half of this year.

At the end of 2015, there were 32 members of the AFSM living in 15 different cities in 10 states of Brazil, and for that reason much the interchange among them has been done through the Internet. The same happened for the creation of the Brazilian Chapter, in which they will be the original partners.

Additionally, it is known that there are 165 PAHO and WHO retirees in Brazil that are not yet members of the AFSM. This is why we expect that there will be a growing number of members in this country in the near future. Accordingly, we will be contacting these retirees in order to have them become members of AFSM and the Brazil Chapter.

In Brazil there is also the Association of Former International Civil Servants (AAFIB), in which retirees from organizations of the United Nations, the Inter-American System and International Banks participate. Many PAHO/WHO retirees participate, some of whom are already members of AFSM and others are not.

The Brazilian Chapter will take advantage of the participation of many of us in the AAFIB to attract new members to both AFSM as the Brazilian Chapter. We are also using our links with both associations to strengthen dialogue on issues of interest to all of us, such as the UN Pension Fund or the different health insurance systems of which we are beneficiaries.

Recently, following guidance from the President of AAFIB, we started a discussion about the rules adopted by these insurance companies, that provide very different benefits and coverage. We can anticipate the possibility of developing a proposal for a common health insurance for UN retirees in Brazil and possibly in other countries. Might it be possible that United Nations retirees could benefit from a single health insurance scheme, compatible with a Unified Pension Fund?



On a different theme, in addition to a political and economic crisis, our country is suffering the challenge of Dengue and Zika virus epidemics, with serious implications for the health system.

However, we can be very proud of the very active PAHO/WHO support for the activities that Brazil is promoting for the prevention and control of these epidemics. For this reason, our Organization has very high visibility in society in general and in the country's media.

The suggestions and recommendations of the directors and specialists from both organizations have been receiving much consideration by the Brazilian health

authorities and organizations representing civil society in the country.

This fact makes us proud to have worked in the Organization and it certainly creates a positive climate for the formal opening of the Brazilian Chapter.

For all these reasons, the 2016 scenario is very promising for us, as members of the Association and its Brazilian Chapter.

In this context, hopefully we can have the pleasure of hosting a future meeting of our Association, and with the participation therein of many colleagues from several other countries and also from Brazil! ■

with the affiliated residents there on relevant issues for the organization of the Annual Meeting of AFSM CCOL, to take place from 15 to 18 September 2016, including such issues as: place of the meeting; sociocultural activities, possible trips to the Museum of the Sugar Cane, Hacienda El Paraiso and Buga; choice of leader and topic for the talk; trip to Popayan for those who want it; budget and potential sponsors. It was also decided to arrange a meeting of the Board with Dr. Gina Watson, PWR-Colombia, in March 2016, to invite her to Cali; as well as to address problems of retirees with issues related to health insurance, pension and correspondence; and to update information on the treasury and the Board's visit to "Mary is my Mother" scheduled for May.

In the meeting with Maria Mercedes in Cali, the following was agreed upon:

- Diego Victoria, Director of the Cali Institute of Environmental Sanitation, offered the Institute's auditorium and logistics for this meeting and the support of his secretary, Maria Teresa Ospina, as the contact to help us get quotes for hotels and restaurants.
- Accommodations will be in the Hotel Dan, where a "salsa dancing" show will also be performed.
- Alberto Concha was charged with coordinating a talk to be given by Dr. Rodrigo Guerrero.
- Quotes will be obtained for dinner for 35 people in Restaurant Plátanos Voladores or any other in San Antonio.
- Included in the meeting agenda with Dr. Gina Watson in March will be the topic of the Certificate of Entitlement for retirees dwelling outside Bogotá and the issue of reviewing the agreement with the Imbanaco Clinic in Cali.

We believe that the dynamics created by the CCOL activities stimulate the retirees to continue professional, cultural, social and recreational activities, and most importantly to increase solidarity among all of us, for a richer and better quality of life.

We invite the members of AFSM to come to the meeting in Cali to enjoy the beauty and attractions of the Cauca Valley.

We send a fraternal hug to all of our fellow AFSM members and chapters. ■

# AFSM Colombia Chapter Report

by Raúl Londoño, President



AFSM Colombia would like to express to Germán Perdomo, AFSM President, and the entire Board of Directors, its appreciation, solidarity and desire to continue working together for the benefit of all retirees.

During the Board meeting of the Colombian chapter (CCOL) of the AFSM, which was held on 5 November 2015, a change of Treasurer and Secretary took place, along with finalization of the schedule of activities for the end of 2015 and first quarter of 2016. Gloria Briceño received a full financial report from Auora Montoya, with information on the active members of the CCOL. It was agreed to collect the receivable dues for 2016, including retirees who for one reason or another have not paid their quota. Additionally, communications will be sent to retirees who have not joined.

It was approved to pay an additional donation of \$C200,000 (about USD 67,000) in 2015 to the Foundation, "Mary is my Mother," given the need to attend to homeless people and to the excellent work being carried out by these voluntary ladies. It was decided that a visit would be made in December to the craft fair and another visit to "Mary is my Mother." Future meetings of the Board were planned for February and June 2016.

In the meeting of 10 February 2016 Maria Mercedes Rodriguez, was commissioned to travel to Cali and agree





Article of Mutual Interest with AFSM Geneva  
**Highlights of Recent WHO Events**

by Sue Block Tyrrell

- On 1 October 2015, WHO issued its World Report on ageing and health – available through the link <http://www.who.int/ageing/publications/world-report-2015/en/> and is preparing a Global Strategy and Action Plan on Ageing and Health.
- On 19 October, the WHO Global status report on road safety 2015 was issued, with information from 180 countries, showing that the total number of road traffic deaths has plateaued at 1.25 million per year worldwide. While there has been progress on improving road safety legislation, the pace of change is too slow.
- On 10 November, WHO announced that Africa is close to elimination of meningitis A, thanks to successful vaccination campaigns of MenAfriVac, which costs less than USD 0.50 per dose.
- 16-22 November was the first World Antibiotic Awareness Week, which aimed to encourage best practices among the general public, health workers, policymakers, and the agricultural sector to avoid further emergence and spread of antibiotic resistance. Five simple instructions were drawn to the public's attention:
  - Only use antibiotics when prescribed by a certified health professional.
  - Always take the full prescription, even if you feel better.
  - Never use left-over antibiotics.
  - Never share antibiotics with others.
  - Prevent infections by regularly washing your hands, avoiding contact with sick people and keeping your vaccinations up to date.
- On 17 November, WHO called upon countries at the UN Climate Change Conference to make bold commitments to protect our planet and health. WHO has produced a new series of climate change and health country profiles which illustrate how investments in low-carbon development, clean renewable energy, and strengthening climate resilience are also investments in health.
- With regard to Ebola:
  - In October, WHO announced that preliminary results of a study into persistence of Ebola virus in body fluids have shown that some men produce semen samples that test positive for Ebola virus nine months after onset of symptoms.
  - On 7 November, WHO declared that Ebola virus transmission had ended in Sierra Leone.
  - On 23 November, the Independent Panel on the Global Response to Ebola, chaired by Professor Peter Piot, Director of the London School of Hygiene and Tropical Medicine and co-discoverer of the Ebola virus, concluded that a slow international response and a failure of leadership were to blame for needless suffering and death caused by the recent Ebola epidemic. The experts' report, published in The Lancet, criticizes WHO for being too slow to declare Ebola an international public health emergency. Some political leaders were also criticized for playing down the outbreak and not calling for international help. The report makes recommendations for improving systems to cope with future outbreaks. Quoting Peter Piot, "The AIDS pandemic put global health on the world's agenda. The Ebola crisis in West Africa should now be an equal game-changer for how the world prevents and responds to epidemics." ■



## 43rd UN Inter-Agency Games

The Inter-Agency Games Organizing Committee, on behalf of the World Tourism Organization (UNWTO), is pleased and honored to host the 43rd United Nations Inter-Agency Games (UNIAG), which will be held in Málaga, Spain, on 11-15 May 2016. The Official website, <http://interagencygames.org/iag2016/>, will provide detailed information on the Games and will be constantly updated leading up to the date of the Games. The following disciplines are included: Athletics for men and women, Badminton, Basketball, Beach volleyball, Chess,



Cricket, Darts, Football/soccer, Golf, Pétanque (Botchy Ball), Swimming, Table Tennis, Tennis, and Volleyball.



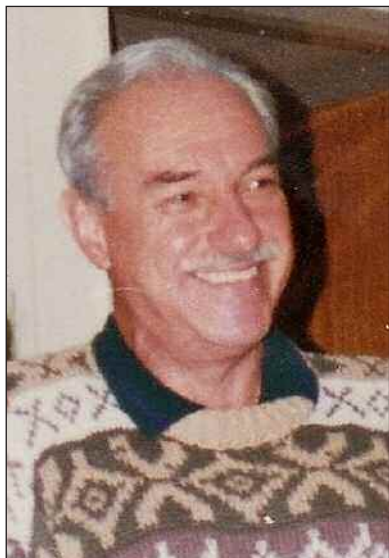
## How to Sign Up for AFSM Facebook

We invite you to join the Association's **Facebook**. This tool aims at promoting informal participation among AFSM members, allowing them to share information, comments and pictures.

To log onto our **Facebook**, type the following address:  
<http://www.facebook.com/groups/230159803692834>.

Once you have typed in the address, you need to request access as a "friend"; then the Moderator will allow you access once he/she has verified that you are a member of the Association. This is a "closed" Facebook account, and only AFSM members have access to it, in order to safeguard communications security. **For more information please contact Cristina Torres at:** [torres.tina.08@gmail.com](mailto:torres.tina.08@gmail.com).

# Remembering Our Colleagues



Luis Asdrúbal Arcila Montoya  
1936-2014

by Gustavo Mora

Luis Asdrúbal Arcila Montoya was born in Sonsón (Antioquia, Colombia) and had a degree in law and political sciences at the National University in Bogotá. He did his postgraduate studies at the School of Advanced Studies in Social Sciences in Paris. He was Deputy Director of the Administrative Department of Protection and Welfare of the District in Bogotá and later Advisor to the National Administrative Department of Statistics (DANE) and Deputy Director of the Higher School of Public Administration.

In the international arena, he served as Director of graduate programs at the Inter-American School of Public Administration of the Getulio Vargas Foundation in Rio de Janeiro. He was PAHO/WHO Advisor in the area of health systems and services development for 20 years in Brazil, Dominican Republic, Ecuador, El Salvador and Mexico.

I would like to highlight four areas of his rich life experience.

The first is his **love for his hometown**: as he quoted from Leo Tolstoy, in the epigraph of the book that he dedicated to Sonsón in celebration of its bicentennial: “Look well to your village, look at her deeply, describe it and you will be universal.”

The second is a **passionate appreciation for the cultural expressions** of the places he knew; his house was always a kind of personal museum with valuable representative objects.

A third element was his **love of life**. He had a predilection for horses, to whom he dedicated one of his books. He always intensely enjoyed reading, music, good drink and good food.

And I finally want to refer to his ability to **reflect on his experiences**. During his farewell gathering in Mexico, in 1995, in a very lucid confession, he said: “Always second, from birth ... a kind of Steppenwolf, with its own flag, without cronyism, or grupismos ... a way of being and acting so exotic today, that some may call a “difficult person” and I prefer that they say easy, crazy, silly or mediocre ...”

His last book, about old age, was a complete spiritual testament that very generously he gave to our chapter through Helena Restrepo, who served as our honorary president.

In this brief summary one can see that Luis, in his 78 years, enjoyed a full life. He became a citizen of the world in Paris and had the privilege of contributing to improving the health conditions of the people of the Americas. ■



Elsa Collier Ochoa  
1934-2016

by Rodrigo Barahona

Elsa Collier Ochoa, age 81, passed away peacefully on Thursday, 25 February 2016.

Elsa was born on 1 March 1934 in Tela, Honduras. She moved to the United States at a young age, where she attended and graduated from the all-women's Marjorie Webster Junior College in Washington DC. Following her graduation, Elsa worked at PAHO for 41 years.

PAHO was like her second home; it is where she had her first work experience when she was a girl fresh out of high school at the age of 18. She started working for PAHO when its headquarters were located in the Dupont Circle area, and she grew with the Organization, dignifying its principles and values in a way that lasted well beyond her formal retirement. She started as a GS staff person and worked her way up to P.4, becoming Chief of Recruitment and later Chief of Recruitment of short-term staff. Her colleagues said that throughout her career she worked tirelessly, she was a very tough but fair boss, and nothing got by her.

Doña Elsa Ochoa, the Lady as her collaborators affectionately called her, and whose death has shocked hundreds of colleagues and friends, many of them members of AFSM, was, without a doubt, one of the best known, recognized and admired people by all those who had the privilege to benefit from her guidance and support, starting the moment we took our first steps in PAHO.

Many of us retired public officials had the enormous privilege and joy to follow along our path of life being close to Elsa, our great friend and counselor and one with whom we shared so many happy moments. We now suffer the pain of her departure.

Beloved wife, mother, grandmother, confidant and friend, she was always committed to helping others. She adored her family, loved hosting parties, and selflessly gave herself to others. She was a devout Catholic and a long-time parishioner of St. John the Beloved in McLean, VA.

Her dedicated husband of 48 years, Jorge M. Ochoa, preceded her in death. She is survived by her children, Elsa O. Chryst, Jorge E. Ochoa (Carol), Jose M. Ochoa (Lori), and Vanessa C. Weglian (Michael); seven grandchildren: Jonathan, Cody, J. Michael, Brian, Allison, George, and John; her brother, Ricardo E. Collier; and many nieces, nephews, and friends. ■

## In Memoriam

### DEATHS REPORTED IN 2011, 2013, 2015 AND 2016 NOT PREVIOUSLY REPORTED

Mercedes Ribeiro	2011
José Rodolfo Ronald Luna	16 October 2013
Bernard Feinstein	31 August 2015
Bernardette Miranda	4 November 2015
George Ollapally	7 January 2016
Antero Coelho Neto	18 January 2016
Augusto Lopez Abad	30 January 2016
José Jorge Ignacio	5 February 2016
Renate Plaut	18 March 2016



# The Back Page

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, write to:  
**AFSM c/o PAHO**  
525 23rd St 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 your email address so that the Newsletter and other important information can be electronically mailed to you. Any changes or additions to your address should be sent to Hortensia Saginor (AFSM) by routine mail to PAHO Headquarters in Washington DC or,preferably, by email to [isaginor@aol.com](mailto:isaginor@aol.com) or [hortensiasagi@gmail.com](mailto: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!

**Facebook:**  
<http://www.facebook.com>



### Officers

**Germán Perdomo** ('18)  
*President*  
(703) 310-7013  
[perdomog@gmail.com](mailto:perdomog@gmail.com)

**Carol Collado** ('17)  
*Vice President*  
(301) 384-1212  
[collado@verizon.net](mailto:collado@verizon.net)

**Enrique Fefer** ('16)  
*Secretary*  
(301) 340-6799  
[enriquefefer2@gmail.com](mailto:enriquefefer2@gmail.com)

**Hortensia R. Saginor** ('17)  
*Membership Officer*  
(301) 654-7482  
[isaginor@aol.com](mailto:isaginor@aol.com)  
[hortensiasagi@gmail.com](mailto:hortensiasagi@gmail.com)

**Sylvia Schultz** ('16)  
*Treasurer*  
(703) 273-7252  
[myfoothome@hotmail.com](mailto:myfoothome@hotmail.com)

### Members-at-large

**Marilyn Rice** ('18)  
(703) 426-8772  
[ricemarilyn2011@gmail.com](mailto:ricemarilyn2011@gmail.com)

**Roberto Rivero** ('17)  
(703) 629-5388  
[rmrivero@mac.com](mailto:rmrivero@mac.com)

**Hernán Rosenberg** ('16)  
(301) 983-5432  
[hernanrosenberg2@gmail.com](mailto:hernanrosenberg2@gmail.com)

**Gloria Morales** ('18)  
(301) 649-5179  
[glorianic@gmail.com](mailto:glorianic@gmail.com)

### Honorary Members

**Jaime Ayalde**  
*President Emeritus*  
(301) 983-0569  
[jayalde@aol.com](mailto:jayalde@aol.com)

**Hans Bruch**  
*Founding President*  
(301) 530-5450  
[hans.bruch@gmail.com](mailto:hans.bruch@gmail.com)

**Nancy Berinstein**  
*President Emeritus*  
(301) 229-3162  
[nancy.berinstein@gmail.com](mailto:nancy.berinstein@gmail.com)

**Jean Surgi**  
*Secretary Emeritus*  
(301) 762-7490  
[jayess1@verizon.net](mailto:jayess1@verizon.net)

**Note:** The term of each member of the BOD expires in December of the year in parentheses.

### Communications Committee

Coordinator – Antonio Hernández  
Members – Janet Khoddami,  
Gloria Morales, Germán Perdomo,  
Hernán Rosenberg

### Publications Committee

Coordinator and Editor-In-Chief –  
Marilyn Rice  
Members – Jaime Ayalde, Enrique Fefer,  
Gloria Morales, Germán Perdomo,  
Roberto Riviero, Hernán Rosenberg,  
Jean Surgi

### External Relations Committee

Coordinator – Hernán Rosenberg  
Members – Carol Collado,  
Enrique Fefer

### Outreach Committee

Coordinator – Germán Perdomo  
Members –  
Brazil: César Vieira  
Chile: Alfredo Ballevona  
USA: Amalia Castro, Carol Collado,  
Hernán Rosenberg

### Health Insurance & Pension Committee

Coordinator – Carol Collado  
Members – Gloria Morales,  
Germán Perdomo, Jean Surgi

**Membership Officer** – Hortensia R. Saginor

**Auditor** – Fredy Burgos

### Presidents of AFSM PAHO Country Chapters

Brazil Chapter  
Cesar Vieira, President  
[cesarvieira@globo.com](mailto:cesarvieira@globo.com)  
  
Bolivia Chapter  
Horacio Toro Ocampo, President  
[htoroocampo@yahoo.com](mailto:htoroocampo@yahoo.com)

Chile Chapter  
Alfredo Ballevona, President  
[aballevona@vtr.net](mailto:aballevona@vtr.net)  
  
Colombia Chapter  
Raul Londoño, President  
[ra.londono@gmail.com](mailto:ra.londono@gmail.com)