



NEWSLETTER

OF THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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VOLUME X NO. 2

WINTER 2000

GENERAL MEETING

The Eleventh General Meeting of AFSM was held on 15 November 2000 and was attended by 41 members, three invited guests, and four nonmembers.

President Jaime Ayalde greeted those present and gave a special welcome to invited guests who came to represent PAHO: Mark Matthews, Chief of Budget and Finance; and Michael Custy and Cynthia Rowe, from the Department of Personnel. He also recognized some members who live outside of the Washington area: Maria Barker, from Barbados; Judith Pastorini de Coll, from Argentina; and Gonzalo Ordoñez, who has recently moved from Ecuador to the Baltimore area.

Mark Matthews spoke briefly and noted that PAHO and the Pension and Staff Health Insurance funds are all in sound financial health.

The Agenda was adopted and the Minutes of the Tenth General Meeting (1999) were unanimously approved. The President gave his report, covering a review of the Association's goals, a listing of activities carried out during 2000, and a preview of priorities to be considered for the upcoming year.

Jean Surgi, Acting Treasurer, presented a Treasurer's report for the calendar year 1999 and another report for the period 1 January-30 September 2000, which represented the transition to the new October-September fiscal year approved at the 1999 Annual Meeting. Both reports were accepted as presented. (Copies of these reports are included with this mailing.)

Proposed amendments to the bylaws, representing a different organization of the document but with only minor changes in content, had been sent to the membership in advance of the meeting for review and comment. A few modifications had been suggested, mainly for clarification purposes; these changes were briefly explained to those present and the proposed bylaws, including the changes, were unanimously adopted. (A copy of the amended bylaws is included in this mailing.)

The President noted that the terms of office of three Board members (Nene Adoremos, Jean Surgi, and Jose Teruel) were due to expire on 30 December 2000. All three had accepted nomination for another three-year term and were reelected by acclamation. Jack Schettewi was elected auditor for an indefinite period.

The President announced that the next Board meeting would be held on 28 November. Members of the Association were invited to attend Board meetings at any time.

The business meeting was adjourned at 12:25 pm. This was followed by lunch and by a prize drawing, including PAHO publications, boxes of chocolates, and a bottle of wine.

Board of Directors Meeting

The Board of Directors held its organizational meeting on 28 November 2000. Officers were reelected to the same posts they held in 2000:

President	Jaime Ayalde
Vice-president	Hans Bruch
Secretary	Jean Surgi
Treasurer	Nene Adoremos
Social Chairperson	Hortensia Saginor

PERSONAL CORNER

My Computer and I

by Jaime Ayalde

My family used to spend most of each year on a farm, and before I reached ten years of age I was sent to a boarding school, the same one that my father had attended when he was about my age. The school was located in the country and was efficiently run by a Catholic Community of French origin. There were no French students with whom to practice the spoken language, but there was a heavy concentration on French and Spanish literature. By the time I was awarded my high school diploma we all had a very decent command of the written language and a great respect for grammar and spelling.

Let me state at the onset that I love gadgets, particularly those that serve a useful purpose and may be classified as technological tools. Early in my school days I found myself writing *tur tur tur* in an old, noisy, and heavy Remington Typewriter. Advanced "touch" exercises involved the use of more fingers until you were able to write free of errors, about 60 words per minute, without looking at the keyboard. This was in the late 1930s.

Lighter typewriter models came our way in the 40s. At that time, Remington and Underwood were the most popular names in our little universe of medical students. There were notes to be taken and reproduced and an occasional term paper to be written. At the end there was the thesis, a requisite for graduation. Those who knew how to use a typewriter preferred to type the thesis themselves. Others had to resort to professional typists.

More attractive typewriters arrived in the 50s, particularly the Swiss-made Hermes and the Italian Olivetti, later superseded by electric, mostly Japanese, models.

In the old times, the closest that we got to computer technology was through the use of the "Hollerith Code," a system of coding data into punch cards. The data had to be collected by reviewing individual field and laboratory forms and summarizing the information on

work sheets by the use of strokes and slashes. Four strokes and one slash represented five units, thus facilitating the handling of information. Those of us familiar with the use of the slide rule could complete the analysis of information in a relatively short time, provided that all the spreadsheets and equations had been prearranged by hand. The use of the Facit calculating machine was an advance in this effort.

In the mid-60s we were in the middle of the malaria eradication effort and I was part of an evaluation team assigned to India. We traveled by land, from West to East in the northern part of the subcontinent, and I was impressed by the way the malaria field workers prepared their reports. A few sheets of plain paper, a cylindrical piece of wood about one inch in diameter and 10 inches in length, and a pencil was all they needed. By rolling the cylinder horizontally or vertically, and using it as a ruler, they prepared the form in no time. To enter data, they would use mental calculations.

All of this is history. The typewriter is becoming a museum piece. Descriptive writing, formatting, spell-checking, spreadsheets, arithmetic and advanced calculations, measures of disease occurrence, prevalence, incidence, cohort and other studies, risk factors, editing and updating of information can easily be done with the help of a computer.

The computer opened the way to the Internet, making it easy to research references, to check drafts with colleagues, and to transmit the final product to the end users. The downside of it is that users become dependent on the computer for their professional survival, even when retired. That problem was illustrated recently when my computer was the victim of an "SK" virus attack. As a result, programs and applications were corrupted.

The solution appeared to be simple but was nevertheless quite traumatic: Delete all programs and applications and reinstall the "original" programs with the "restore" disk provided by the manufacturer when the system was purchased. As a consequence all added programs and files are lost.

The bottom line is that modern technology has made word processing and the handling of data more efficient and user friendly. However, we have to be aware of the hackers who lurk in the shadows, ready to unleash a virus attack against victims usually not known to them. The main remedy is prevention. The following measures are recommended:

What to do:

1. Subscribe to a good antivirus program, keep it up-to-date, check their warnings and bulletins periodically.
2. Select an antivirus with a good active shield, designed to work all the time, and able to upgrade itself automatically.
3. Scan individual files or drives if something suspicious is detected.
4. Copy and paste the pertinent paragraph; if there is a need to use a quote presented by a correspondent, credit the source and send it without the e-mail address.
5. Keep back-ups of important files, address book and other matters of special interest and difficult to reproduce if lost.

What to avoid:

1. Do not download "executable" files (or any file for that matter) unless the correspondents are known and trusted.
2. Do not forward "chain letters." The addressee might end up in the wrong hands.
3. Do not participate in cybernetic "action groups" unless you know the audience, and agree with their purposes, methods and "modus operandi."
4. Do not include the name and electronic address of friends and correspondents, in mass mailings, unless previous agreement has been obtained.
5. Do not forget that the dangers of a virus attack are real.

Life after PAHO

by Irene Pino (Silver Spring MD)

I have been meaning to write to my fellow retirees for a long time, to share a wonderful experience I encountered nearly two years ago or one year after my retirement. The first year after retirement was devoted to my husband's recuperation after triple bypass surgery.

A friend called me one day to say that volunteers were needed in an area school to teach English to adults twice a week. I went with my friend to Highland Elementary School, where the office of Linkages to Learning is located. The woman in charge was very enthusiastic about the activities in her area, and immediately drafted me as a volunteer English teacher. All I had to do was go to the Wheaton Library for orientation two Saturdays and I would be able to start in September. d/

Well, I went and after attending the two orientation sessions, told myself, I can do this. The experience has been wonderful. The students, all parents of children who attend Highland, are wonderful people. Most come from humble backgrounds and are so appreciative that I am doing this on a volunteer basis.

The teaching method is called "Laubach Way to English." There are several levels, from beginner to advanced. I have taught two beginner's classes and started one of my students in the next level. This advancement gave the student and me a lot of satisfaction, as I could see the fruits of my labor.

I was pleasantly surprised to read in the Gazette Community News of 7 June that Montgomery County had won the fourth place in the "All America City" award for the year 2000, Fresno CA being the first. There were ten cities honored in all! The three highlights on which the awards were made were The Language Bank, Linkages to Learning and B.R.O.T.H.E.R.S. I was very pleased that I had contributed "un granito de arena" in this program. And, to top all this off, in the Gazette of 21 June, Linkages is mentioned again with its program to bring children and parents to the Library during the summer, to encourage the children to read, and the parents to practice

their English in conversation classes. I have not signed up for the summer program because of my other activities, but I may be a drop-in moderator, when I'm in town on Tuesdays, the evening on which they meet.

My other activities are taking care of one of my grandsons' after school twice a week, being the secretary of a group to which we belong, a radio program that airs on Sunday mornings, "Paraguay Contigo," 1540 AM. This activity is very time-consuming, because not only do I have to keep the obvious notes, etc., up-to-date, but we also have to raise the funds to maintain the program on the air all year, a hefty sum of \$1,200 a month.

Other than going to Ocean City to our summer home, keeping both yards well-trimmed, visiting my other children and grandchildren, visiting family in South America, and keeping up with daily life, I relax, when I find the time. Truly, I thought that I would miss work terribly after 39 years at PAHO but, luckily for me, my life continues to be full. I think life is what you make it. If one keeps busy, one really enjoys Life after PAHO.

P.S. Anyone interested in becoming a volunteer English instructor should contact Ms. Pam Saussy at the Literacy Council of Montgomery County MD at 301-942-9292, e-mail: literacy.lcmc@erols.com. The office is located in the Wheaton Library, 11701 Georgia Ave.

OBITUARIES

Dr. Darío Restrepo-Gallego (2 Feb 1930-30 Sep 2000), just Darío for his friends and associates, was born in the city of Risaralda, Caldas, Colombia. In 1956 he received a Doctor's degree in Dentistry awarded by the University of Antioquia, Medellín, Colombia, followed in 1958 by a Master's of Public Health awarded by the Faculdade de Higiene e Saúde Pública, University of São Paulo, Brazil.

Darío was crucial to the development of preventive dental health in the Americas. With the help of the Kellogg Foundation he headed up research in the 1950s that led to adding fluoride to salt supplies in rural South American

countries, and in 1963 he was appointed Regional Advisor in Oral Health with duty station in Washington, DC, a position that he held until 1974. He helped set up dental service programs, dental research programs and dental education programs covering the entire spectrum of oral health activities. Upon leaving PAHO he continued to work in preventive dental health in Colombia, Mexico, and the United States.

After his retirement he took his hobby: sculpture, very seriously. He went back to school in the art centers of the Torpedo Factory in Virginia and Montgomery College in Maryland. He started carving blocks of stone into graceful pieces of art which adomed his family home and prestigious galleries, including his own "Gallery of the Americas" at the White Flint Mall in North Bethesda MD.

Darío was also part of the Faculty of the Dental School of the University of Maryland in Baltimore as a Volunteer Research Assistant until his most recent appointment as an associate professor at Nova Southeastern University School of Dentistry, where he was to introduce an international postgraduate program. A car accident cut short his project. His wife Tonny, his children Fernán Darío, Carlos Alberto, Lyamara, Camila, and seven grandchildren and two sisters, Blanca and Irma, survive Darío. Our heartfelt condolences to all of them.

Dr. Michael Sacks, whose public health service career spanned more than 50 years, died on 30 May 2000 in New York at the age of 84.

Dr. Sacks started in China, where in 1946 he was seconded to the UN Relief and Rehabilitation Administration under the auspices of the US Public Health Service. He joined WHO in 1949 as medical adviser to UNICEF in Paris. In 1953, WHO transferred Dr. Sacks to India. In 1958 he returned to New York as WHO's liaison with the United Nations. Five years later he moved to WHO Headquarters in Geneva as Chief of Programme Coordination, where he retired in 1978. Returning to New York, he spent the rest of his life as Senior Advisor to UNDP, where he worked on HIV/AIDS in Africa.

Jerome (Jerry) Tolson passed away on Thursday, 7 December 2000, at the age of 90. Jerry served in the US Army in WWII. He worked at PAHO for some 22 years and retired in 1972 as Chief of Property Services. He then moved to Waldorf MD, where he was very active with such groups as the Knights of Columbus, the Lions' Club, and the American Legion and was KofC Man of the Year in 1995. He was involved in many charitable activities, especially those dedicated to feeding the poor.

He was buried with full KofC and military honors. He is survived by his second wife Manila; his son Jerome Tolson, Jr.; his daughters Barbara Etzel, Donna Morris, and Mary Joyner; his brother Vincent Tolson; and by 11 grandchildren and 12 great grandchildren. In lieu of flowers, the family requested donations to the St. Vincent de Paul Society, 3320 St. Peter's Drive, Waldorf MD 20601.

HEALTH INSURANCE

Illness at an Advanced Stage

Colleagues who live in countries, which provide national health services, free, or almost so, often forget—to their detriment—that they are also covered by PAHO/WHO health insurance. Yet in the event of illness at an advanced stage, there are cases where the physician at home is unable to prescribe treatment because its high costs cannot be met from public funds.

“So, if your doctor comes up with an unpleasant diagnosis, remember to say that you are entitled to the best possible care under PAHO/WHO's Staff Health Insurance,” counsels Rosemary Bell, member of the AFSM Executive Board (Geneva), and formerly a long-time representative of staff.

Quarterly News of AFSM (Geneva)
Winter 2000, No. 39

Coverage in the US and in the Field

If you continued your PAHO/WHO health insurance when you retired, you have the same coverage whether you are in the US or in some other country. However, there is one difference: when you are in the US Blue Cross/Blue Shield *administers* your insurance; when you

are in another country the PAHO Health Insurance Unit *administers* your insurance.

If you usually live in another country but come to the US for an extended period, especially if you come for medical treatment, administration of your insurance is temporarily transferred to Blue Cross/Blue Shield. When you return to the other country, this administration is transferred back to the Health Insurance Unit.

At this time, you may receive a letter from Blue Cross/Blue Shield notifying you that your insurance coverage has ceased. Some members have erroneously interpreted this to mean that their insurance has been discontinued. What it really means is that Blue Cross/Blue Shield is no longer administering your claim.

NOTE: Your insurance remains in force as long as you pay your premiums; for most retirees these are deducted from their pensions (see paragraph 120 on page 8 of the Staff Health Insurance Rules). The only thing that changes is who handles your claims.

NEWS FROM PAHO

(compiled by José Teruel)

PAHO Directing Council: 42nd Meeting

The PAHO Directing Council meets every year during the last week in September. This year the first Council meeting of the new millennium took place 25-29 September at Headquarters in Washington DC. Ministers of Health from many Member Countries were present, as well as the US Secretary of Health and Human Services, Dr. Donna E. Shalala, and the Director General of WHO, Dr. Gro Harlem Brundtland. PAHO Director Dr. George A. O. Alleyne presented his annual report, excerpted below. (The full text of this speech and those of Shalala and Brundtland are available and will be mailed to members upon request.)

PAHO Director's Annual Report

The theme of the Annual Report was “Advancing the Peoples Health,” and the Director's message opened with the affirmation that “justice is the first virtue of social institutions, as truth is of systems of thought.” Dr. Alleyne noted that the Organization has to

be sensitive, and responsive, to the currents that swirl around the Region. Therefore, his annual report, coming at the end of a decade, century and a millennium, took into account the situation of the Americas at that particular juncture.

His introductory message also referred to the role of the State in health. In addition to its regulatory or steering role, the State should ensure that equity prevails within health. In the final analysis, the countries themselves are the principal actors in advancing the peoples' health.

At the beginning of his administration he had made a commitment to the dual principles of equity and pan-Americanism. Those principles continue to underlie PAHO's work.

Most worrisome is the continuing poverty in the Region. In Latin America and the Caribbean area alone, almost 40% of the population had incomes of less than \$2.00 a day. While the situation had stabilized in terms of percentage, the absolute numbers had risen. Economic growth, measured from the beginning to the end of the last decade, had been very positive, although improvement had not been enough to free the Region from the scourge of poverty.

He was confident that the Region had the necessary means for its population to enjoy the optimum state of health as a matter of social justice. That idea was enshrined in the concept and practice of health for all. The essay described some of the elements of social justice that he felt were important—namely, the elements of equity, liberty, and fraternity—and pointed out how they were expressed in the work of the Organization.

PAHO Award for Administration

Each year the governments of the countries of the Americas, through their representatives at the meetings of the PAHO Governing Bodies, confer the PAHO Award for Administration in recognition of a significant contribution to the administration of national health services. The Award dates back to 1969, when the 61st Executive Committee accepted a generous donation from Dr. Stuart Portner, then Chief of Administration, to institute an annual award

for contributing to the improvement of health program administrative systems.

Premio OPS en Administración - 2000

El jurado encargado de adjudicar el Premio OPS en Administración 2000, integrado por Cuba, los Estados Unidos de América y Nicaragua, se reunió el 28 de junio de 2000. Después de examinar cuidadosamente los méritos de los candidatos el Comité decidió otorgar el premio al Dr. Roberto Fuentes García de Chile, por sus sostenidos y fructíferos esfuerzos en el campo de la administración de salud pública.

El Dr. Fuentes pronunció su discurso de aceptación del Premio OPS en Administración 2000 en el cual indicó que "La Organización Panamericana de la Salud ha conferido un gran honor a mi país y a la V Región de Chile, al concederme el Premio OPS en Administración 2000. El fuerte de mi trabajo y la experiencia que me trae ante Uds. la desarrollé en regiones fuera de la gran capital". En su narrativa comentó también que "El actual Sistema Nacional de Servicios de Salud creado en 1980 es heredero de la tradición del antiguo Servicio Nacional de Salud.

Sin embargo, el sistema actual conserva muchas de las formas de trabajo, sistemas de administración y culturas de aquella noble institución fundada en 1952. Desde 1990 a la fecha, los aires de reforma a los sistemas de atención de salud en el mundo se expresan entre nosotros como la necesidad de adecuar esos anticuados sistemas a las necesidades y requerimientos que exige hoy día la población. Nuestra tesis reside en que todas las modificaciones a la organización, estructura y funcionamiento de las instituciones que entregan servicios de atención de salud deben estar guiadas por las necesidades y requerimientos de la gente".

Agenda compartida de la OPS/BID/Banco Mundial

El Representante del Comité Ejecutivo de la OPS, que se reunirá en junio del corriente año, informó sobre el acuerdo entre las tres instituciones conocido con el título de "Agenda Compartida de la OPS/BID/Banco Mundial", y

afirmó que recibió con beneplácito el acuerdo de colaboración entre las tres instituciones. El Comité Ejecutivo reconoció que no es fácil lograr la cooperación y colaboración entre organismos que tienen diferencias de orientación, estructura institucional y procedimientos administrativos; por ello, encomió al Director por el papel decisivo que desempeñó al promover y elaborar la Agenda compartida. Se expresó la opinión de que la agenda permitirá a las tres instituciones complementar recíprocamente sus actividades y evitar duplicación de esfuerzos, al tiempo que se aprovecharían al máximo los puntos fuertes de cada organismo. Se alentó a la OPS a que siguiera desarrollando la agenda y la tradujese en actos concretos, especialmente a nivel de país.

Dr. Abraam Sonis Receives Horwitz Award

The Abraham Horwitz Award for Inter-American Health was created by the Pan American Health and Education Foundation (PAHEF) in 1978 with the support of staff members of PAHO and others dedicated to international health, as an expression of admiration and affection for the late public health leader. The Award, given for the 23rd time, serves to stimulate excellence and leadership in health work of primarily regional significance.

This year the award was given to Dr Abraam Sonis of Argentina. The Chairman of the Board of PAHEF, Dr. Malden Nesheim, in presenting the award, indicated that Dr. Sonis had played an important role in the evolutionary process that had characterized health administration during the last four decades in Argentina and in the Region. He now serves as the Dean of the School of Medical Sciences, Maimonides University, Argentina.

From 1976 to 1982, he had made outstanding contributions to PAHO itself, as Director of the Latin American Center for Information in the Health Sciences (BIREME), a PAHO/WHO Center, in Brazil. He had been instrumental in helping to change the concept of a library from one based on books to one based on computerized networks. He was credited with creating the Latin American Index Medicus, which included hundreds of public health titles from the Region of the Americas.

Dr. Abraam Sonis recibe premio de OPS

El Dr. Sonis, pronuncio interesante discurso en la oportunidad del premio Abraham Horwitz que recibió del Consejo Directivo de la OPS. Trato el tema de las relaciones entre salud y desarrollo económico y, en particular, sobre la cuestión de la equidad en salud. Comento que resulta imposible un planteo actual, moderno, de la atención de la salud sin que aparezca como tema prioritario la equidad. Y donde no aparece es porque sin ninguna duda ha sido soslayado deliberadamente.

Hace ya muchos años, un maestro de la Salud Pública, Herman Hilleboe, decía que resultaría más fácil definir equidad por su ausencia, por su contrario, por lo que hoy denominamos—utilizando un anglicismo ya aceptado en nuestro idioma—inequidad, y desde este piso, eliminando sus no deseadas características, acercamos paulatinamente hacia la equidad.

Pero han pasado tres o cuatro décadas y resulta imprescindible una definición, y sobre todo, una definición operativa. Podemos pensar así que la equidad en la salud encierra por lo menos tres imperativos, ya que implica:

- Igual acceso a la atención para igual necesidad.
- Igual utilización de recursos para igual necesidad.
- Igual calidad de la atención para todos.

Como dicen los organismos de Naciones Unidas, la causa más grave de enfermedad en el mundo es la pobreza, y sabemos que esto es válido tanto entre países como dentro de un mismo país. Y sabemos también todo lo que involucra esta pobreza en términos de salud, tal como revelan las estadísticas que leemos a diario.

En las dos últimas décadas predominó la opinión entre muchos economistas de que el crecimiento económico de los países, por desborde, se extendería naturalmente, como por vasos comunicantes, a todos los estratos de la población. El comienzo de este siglo nos encuentra con la amarga demostración de la falsedad de esta concepción y de la necesidad de implementar políticas sociales que efecti-

vicen realmente los objetivos que se enuncian en los programas de gobierno. Y a esta etapa daría la impresión de que nos encaminamos y así queremos creerlo, después de las décadas perdidas que acabamos de atravesar.

Las funciones esenciales de Salud Pública

En la sesión del Comité Ejecutivo, junio de 2000, se presentó un informe sobre la iniciativa de la salud pública en las Américas y las actividades encaminadas a medir el cumplimiento de las funciones esenciales de la salud pública. El Comité expresó su apoyo a la iniciativa y al liderazgo de la OPS en la creación de un instrumento para evaluar la práctica de la salud pública en la Región y recomendó que la OPS siguiera dedicando el tiempo y los recursos necesarios a este cometido de forma permanente.

El Dr. Lopez-Acuña, Director de la División de Servicios de Salud de la OPS, explicó que la iniciativa de salud pública en las Américas pretende crear un marco aplicable a todos los países para medir el desempeño de las funciones esenciales de salud pública, pero manteniendo el debido respeto a la organización del sistema de cada país. Una vez caracterizada la situación de la práctica de la salud pública en cada país, se tomarán todos estos elementos para proponer un plan continental de acción encaminado a fortalecer la infraestructura de la salud pública y mejorar su práctica. En 2002 se publicará el libro "El estado de la salud pública en las Américas", en el que se reunirán los diferentes productos que ha ido generando este proyecto y se ofrecerá un panorama del grado en que estas funciones esenciales de salud pública se están cumpliendo en las Américas.

NEWS FROM WHO

15 Top Economists Hired

The task of a new committee created by Dr. Gro Harlem Brundtland, WHO Director-General, and headed by the U.S. economist Jeffrey Sachs, a distinguished Harvard professor and former adviser to the Russian government, will be to study ways of reducing the growing gap between the public and private economy.

Fifteen economists brought together by WHO have 20 months to develop strategies capable of responding to the health needs of the Third World, without deviating from the laws of the free market.

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YOUR HEALTH MATTERS

High Blood Pressure

by Jaime Ayalde

High blood pressure or hypertension is often called the "silent killer." Most people with high blood pressure have no symptoms. It is estimated that one-third of the 50 million Americans with this condition are unaware of their risk, according to the Mayo Foundation for Medical Education and Research. The risk lies in the long-term damage the ailment can cause to the heart, brain, kidneys, and eyes.

High blood pressure is more common with age and more common in blacks than in whites. More men than women have hypertension up to early middle age, but rates are about equal for ages 55 to 65. Rates for women surpass those for men at age 65 or older.

Blood pressure readings vary: the National Institutes of Health recommends that the conditions should be established based on the average of two or more readings, taken at two different visits to your doctor, in addition to the original screening visit.

A systolic (top number) of less than 130 mm Hg (millimeters of mercury) and a diastolic (bottom number) of less than 85 mm Hg is considered "normal" and should be monitored every one or two years.

Systolic values of 130-139 and diastolic values of 85-89 are considered borderline and should be rechecked at least every year. Systolic pressure of 140 or over and diastolic pressure of 90 or over should be monitored regularly following your doctor's advice.

A systolic pressure of 180 or more and a diastolic pressure of 110 or more should be considered a medical "emergency." See doctor immediately, at least within one week.

The two most important cardiovascular diseases are ischemic heart disease and cerebrovascular disease, which can be prevented by preventing and controlling primary risk factors, the most significant of which are related to smoking, inadequate diet, and lack of physical activity. Controlling these risk factors results in simultaneous reduction in secondary risk factors such as hypertension. A significant decrease in mortality has also been observed in people 65 years and older who have been treated with antihypertensives.

According to studies carried out by PAHO/WHO, the Harvard School of Public Health, and the World Bank, during the next 10 years cardiovascular disease will claim roughly 20.7 million lives in the Region of the Americas, with some 2.4 million of the deaths attributable to hypertension (PAHO Directing Council Doc. CD42/11, 18 July 2000).

The 42nd Directing Council of PAHO recognized the magnitude of cardiovascular problems, which are among the leading causes of death and disability in all the countries of the Americas, and the need to adopt measures for the prevention and control of cardiovascular disease. Resolution CD42.R9 (28 September 2000) urges the Member States to implement systems for surveillance of risk factors for cardiovascular diseases in general and to update health policies that will lead to the prevention and control of cardiovascular disease and hypertension in particular.

Non-modifiable risk factors. There are four major risk factors for high blood pressure that you cannot control:

Race. The highest rates of blood pressure in the US are among blacks living in the Southeast. Among Hispanics, high blood pressure is slightly less common than in whites.

Age. Hypertension is most often detected in people age 35 or older. Among Americans aged 65 or older, more than half have high blood pressure.

Family history. High blood pressure tends to run in families.

Gender. Among young and middle-aged adults, men are more likely to have high blood

pressure than women. Later on, the reverse is true.

Modifiable risk factors. You can control most risk factors. The Mayo Clinic recommends "Eight ways to lower your risk of a heart attack or stroke." Here are the highlights of the 33-page booklet issued by the Mayo Foundation (1999) on these strategies:

1. *Don't smoke.* Not smoking is the single best thing you can do to reduce your risk of a heart attack or stroke. Smoking damages the walls of blood vessels, making them prone to atherosclerosis. Smoking may reduce the proportion of high-density lipoprotein (HDL) or good cholesterol to low density lipoprotein (LDL); nicotine increases heart rate and blood pressure. Carbon monoxide in cigarette smoke replaces oxygen in your blood and the heart works harder to supply adequate oxygen. When you quit, your risk of coronary artery disease drops dramatically within about two years.

2. *Limit fat and cholesterol.* A diet high in cholesterol and fat, especially saturated fat, promotes atherosclerosis. Fish such as salmon, halibut, and mackerel may protect against coronary artery disease because it contains a type of polyunsaturated fat called *omega-3 fatty acids*.

To improve your diet: reduce total fat—saturated, polyunsaturated, and monounsaturated—to no more than 30% of your daily calories. Reduce dietary cholesterol (set your daily limit at 300 milligrams or less). All foods made from animals contain cholesterol. Concentrated sources include organ meats, red meats, egg yolks, butter, whole milk, and whole milk cheeses. Preferred food should include lean meats, fish, and poultry without skin.

3. *Exercise daily.* If you are 60 or older, exercise regularly, warm up and cool down, wait 2 to 3 hours after a large meal before exercising, tailor exercise to the weather. Avoid the physical and emotional stress of competitive sports. Avoid start-and-stop activities. Avoid areas of heavy vehicular traffic (carbon monoxide pollution). In case of dizziness, weakness, chest pain, or shortness of breath, stop exercising and see your doctor.

The American College of Sports medicine now recommends strength training, also known as weight resistance training, for virtually everyone over 50.

4. *Maintain a healthy weight.* Check your body-mass index (BMI) following the Dietary Guidelines for Americans. There are ready-made charts to establish your BMI. If your BMI falls between 18.5 and 24.9 you are in the healthy range. This index, *Quetelet Index*, is called "Indice de Masa Corporal (IMC)" in Spanish. If you do not have a chart, you can calculate it by dividing your weight in Kgs. over your height in meters elevated to the square value. More details in the article *La Obesidad: un desorden metabólico de alto riesgo para la salud*, by Carlos Daza, in Vol. IX No. 3, Winter 1999, of our Newsletter.

A second step is "measure your waist" at your navel. For men with a BMI of 25 or greater, a circumference of more than 40 inches is associated with higher risk for weight related diseases. For women with a BMI of 25 or greater, a waist circumference of more than 35 inches is associated with higher risks. It is to be noted that America's waistline is expanding. An estimated 97 million adults are either overweight or obese. Obesity is defined as a BMI of 30 or greater. Excess weight is now the second leading cause of preventable death in the US, led only by smoking.

5. *Eat more fibers.* Grains, legumes, fruits and vegetables contain two types of dietary fiber—insoluble and soluble. Insoluble fibers, found mainly in whole grains, helps prevent constipation, diverticulitis and may possibly reduce your risk of colon cancer. Soluble fiber, contained in oats, dried beans, and fruits such as apples, oranges and grapefruit, may help lower blood cholesterol. The best way to get your fiber is from food rather than from commercial fiber supplements.

6. *Eat more foods with antioxidants.* Oxidation is a normal chemical process that enables cells in your arteries to more easily absorb fats and LDL cholesterol. Over time, oxidation can speed buildup of plaque and lead to obstruction in your arteries. Antioxidants that occur naturally in your body and certain foods may

block some of this damage. Eating plenty of fruits and vegetables is the best way to consume antioxidants. It is still unclear whether antioxidant supplements, taken as vitamin pills, have a similar benefit. The American Heart Association does not recommend antioxidant vitamin pills for the general public. Talk to your doctor before taking a vitamin E supplement.

7. *Drink alcohol in moderation.* Moderate amounts of alcohol can increase levels of protective HDL (good) cholesterol. Alcohol also decreases your blood's clotting tendency by reducing the stickiness of blood platelets. Despite these benefits, alcohol isn't a safe prescription for preventing a heart attack. In other words, we do not recommend alcohol, but if you drink it, use it in moderation.

8. *Manage stress.* Stress is what you feel when the demands on your life exceed your ability to meet those demands. During acute stress, the body releases the hormones adrenaline and cortisol to help combat trauma and a tense situation. The stress may be the effect of different psychological forces such as fear, anxiety, crisis situations, and also joy. Consequently, the problem is that stress is a difficult concept to quantify and define and more research is needed, but many cardiac rehabilitation programs are using stress management as a valuable tool.

Addendum: A diet too high in sodium causes the body to retain water, which increases the volume of blood in circulation. This increases the pressure in the arteries.

Blue Cross Blue Shield (*Vitality, issue 3-2000*) notes that the average adult needs 2,200 mg. of sodium per day, but many Americans consume 10 times that amount. To reduce your sodium intake:

- ⌚ Avoid high-salt foods: soy sauce, potato or corn chips, chicken broth, pickles, canned soups, bacon, ham and many convenience and frozen foods.
- ⌚ Purchase no- or low-salt foods whenever possible.
- ⌚ Avoid adding salt at the table.

- ⌚ Increase your intake of potassium, which helps flush sodium from the body. Good sources of potassium include: cantaloupe, cooked tomatoes, bananas, baked potatoes, strawberries and summer squash.

Additional reading

- ⌚ "Mayo Clinic on High Blood Pressure," Sheldon G. Sheps, M.D., Editor-in-Chief, Mayo Foundation for Medical Education and Research, 1999 (First Edition), 180 pp.
- ⌚ "New clues to early heart disease" and "Muscling up: Better health through greater strength." The Johns Hopkins Medical Letter, Health After 50 (Vol. 12, Issue 10, Dec. 2000).
- ⌚ Web Sites in the internet
www.mayohealth.org
www.hopkinsafter50.com
www.paho.org

A LITTLE HUMOR

Watson's View

Sherlock Holmes and Dr. Watson went on a camping trip. After a good meal and a bottle of wine they lay down for the night and went to sleep. Some hours later, Holmes awoke and nudged his faithful friend. "Watson, look up at the sky and tell me what you see."

Watson replied, "I see millions and millions of stars."

Holmes: "What does that tell you?"

Watson pondered for a minute. "Astronomically, it tells me there are millions of galaxies and potentially billions of planets. Astrologically, I observe that Sturn is in Leo, Horologically, I deduce the time is approximately a quarter past three. Theologically, I can see that God is all-powerful and that we are small and insignificant. Meteorologically, I suspect that we shall have a beautiful day tomorrow. What does it tell you?"

Holmes was silent for a minute, then spoke. "Watson, you idiot. Our tent has been stolen!"

AFICS (New York) Quarterly Bulletin,
 Vol. XXXI, No. 2, April 2000,
 Contributed by Joan Holloway (FAO)

Forrest in Heaven

Forrest Gump died and went to Heaven. When he got to the Pearly Gates, St. Peter told him that new rules were in effect. In order to gain admittance, a prospective Heavenly Soul must answer three questions:

1. Name two days of the week that begin with "T."
2. How many seconds are in a year?
3. What is God's first name?

Forrest Gump thought for a few minutes and answered.

1. The two days of the week that begin with "T" are Today and Tomorrow.
2. There are twelve seconds in a year.
3. God has two first names, and they are "Andy" and "Howard."

St. Peter said, "OK, I'll buy Today and Tomorrow, even though it's not the answer I expected. But how did you get 12 seconds in a year?"

Forrest answered, "Well, there's January 2nd, February 2nd, March 2nd, April 2nd, etc."

"OK, I'll give you that one, too. But there's also your answer about God's first name."

And Forrest said, "Well, it's from the song, 'Andy walks with me, Andy talks with me, Andy tells me I am his own.' And also from the prayer, 'Our Father, who art in Heaven, Howard be thy name.'"

And St. Peter just shook his head and opened the gate.

**BEST WISHES FOR THE HOLIDAYS
 AND A HAPPY NEW YEAR
 FROM ALL OF US
 TO ALL OF YOU!**

WHAT DO YOU NEED?

AFSM would like to know about the needs of its members. Maybe we will not be able to solve all the problems of our associates, but we have so many experts and resources in this area that we might help in some ways or we can refer you to right source.

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SEND ITEMS FOR THE NEWSLETTER TO ANY OF THE ABOVE ADDRESSES.

NOTE: The system of AFSM Voice Mail has proved difficult to maintain, so the Board of Directors has decided to discontinue this service. AFSM Members may call any Board Member directly at the phone numbers listed above whenever they have a question or need information.

CONTEST!

WIN \$100.00!

NAME THE NEWSLETTER!

The Board of Directors is planning some format changes in the Newsletter in the coming year and they think it should have a new name as well.

Send in your suggestion - only one from each member!

Whoever submits the winning name will receive a prize of US\$ 100.00!