

NEWSLETTER

OF THE ASSOCIATION OF FORMER STAFF MEMBERS



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Jaime Ayalde and Nancy Berinstein

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Report on the 16th General Meeting

by Nancy Berinstein

The 16th AFSM General Meeting took place at PAHO Headquarters in Washington, DC, on 11 November 2005. It was attended by many former staff members. Dr. Joxel García (Deputy Director of PAHO), representatives from AFICS (UN), the World Bank, the IDB, and responsible officers from the Credit Union, Health Insurance Office, Human Resources Management, and the Pension Fund were also in attendance.

Dr. García brought greetings from the Director and introduced himself to those retirees who had left the Organization before his arrival in Washington. He gave an overview on present PAHO challenges and initiatives and also told of organizational changes being put into effect that will streamline operations and allow for a more efficient response to those challenges.

Ms. Gloria Khokar was elected to chair the meeting. She then introduced Jaime Ayalde, the President of AFSM. He expressed appreciation for the continuing cooperation and assistance offered the association by the Administration. He noted that the General Meeting is a means of reviewing what has occurred during the past year and discussing what we would like to see happen during the coming year. Indeed, we would like very much to see increased AFSM membership in member countries. That is one of the important reasons why it has been decided to hold the Second Reunion outside of the United States. The meeting in Buenos Aires will, it is hoped, provide some insight into how to increase membership and involvement by retirees living outside the US. Dr. Ayalde concluded his remarks by stating that it has been 10 years since he became President of AFSM and he believes that it is now time for someone new to assume these responsibilities. He will therefore turn over the duties of President of AFSM and Chairman of the Board to a new officer at the end of the calendar year.

Mr. Michael Rodman, Chief of Temporary Employment at PAHO, encouraged retirees in attendance to consider making themselves available for WAE positions at PAHO Headquarters. These would be short-term assignments where

experience and knowledge of PAHO workings is desired. The work is paid by the hour, for up to 35 hours a week, and the person must either be a US citizen, a US permanent resident, or have a permit to work in the United States. Patricia Suárez is responsible for the hiring of clerical staff, and Teresa Rosales is responsible for professional staff. He encouraged retirees to consider such opportunities and make their interest known.

There were presentations by the Credit Union, the Health Insurance Office, and the Pension Office.

The new AFSM website on the PAHO intranet was introduced by Cristina Mitchell, who helped in its creation. It will be an active site and one that will be able to respond to the interests and needs of its readers. All AFSM members are now able to access the PAHO intranet (see page 4 of this issue on how to access the PAHO intranet).

Elections for the three vacancies on the Board were held, and Nancy Berinstein, Carol Collado, and Luzmaria Esparza were reelected to the Board for a period of three years. Mario Boyer was elected to serve out the term of Jose Teruel, who has resigned from the Board.

A discussion on the forthcoming meeting in Buenos Aires revealed that we have received a substantial number of positive responses and that we should have a lively time this coming April in Argentina. In addition to the meetings, social events are planned that include social gatherings, tours of the city and countryside, and an evening of tango, so that all will enjoy their visit both to the city and with their colleagues and friends. Those who have not yet responded to the invitation are encouraged to do so in the near future.

The attendees stood for a moment to remember those colleagues who passed away during the past year.

The meeting concluded with generous door prizes sponsored by the Credit Union and was followed by a lunch and lots of good company!

Introducing Your New Officers

by Jan Barahona

The AFSM Board of Directors has a new composition. As reported in the article above on the 16th General Meeting, Jaime Ayalde announced at that time that he would not be a candidate for reelection to the Presidency of the AFSM for 2006. At the elections held at the first Board meeting after the General Meeting, Nancy Berinstein was elected President of the AFSM for the next calendar year. Jan Barahona will continue as Vice President, Carol Collado will serve as Secretary, and Luzmaría Esparza was reelected Treasurer. The members at large are Jaime Ayalde, Mario Boyer, Carlos Daza, Germán Mora, and Hortensia Saginor. The committees and their membership are as follows:

Membership and Social and Cultural Activities

Coordinator - Hortensia Saginor

Member - Luzmaría Esparza

Field Activities

Coordinator - Germán Mora

Members - Jaime Ayalde, Mario Boyer

Health and Health Insurance Committee

Coordinator - Carlos Daza

Members - Janice Barahona, Mario Boyer, Carol Collado

Editorial Committee

Coordinator - Jan Barahona

Members - Jaime Ayalde, Mario Boyer, Muriel Vasconcellos

AFSM Member Facilitator

Carol Collado

AFSM Web

Coordinator - Nancy Berinstein

Members - Mario Boyer, Carol Collado

Staff Association and Credit Union

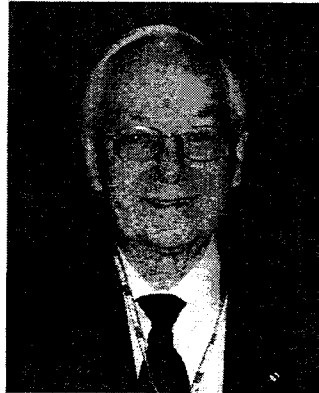
Liaison - Luzmaría Esparza

Members with an interest in a committee's work are welcome to volunteer. They should contact the Coordinator of the relevant committee.

The Presidency of Jaime Ayalde

by Jean Surgi

Jaime Ayalde became an alternate member of the Board of Directors of AFSM in January 1992 and a fully elected member in January 1993.



Three years later, in January 1996, he was elected AFSM President and has served ten years in that office. At the last General Meeting, in November 2005, he removed his name from consideration for

another term as President but continues to serve as a member of the Board.

Jaime's leadership style is one of quiet, elegant passion. He has worked tirelessly for AFSM, for the Board, and for the membership. He has always found time to answer questions, to solve problems, to interact with AFSM members. He has forged a team on the Board where there is sometimes disagreement, but without animosity; where everyone is welcome to present individual views; where the final decision is more often consensus than division. And in those cases where his ideas are rejected, he graciously leads down the path chosen by the majority vote. He deals respectfully with opinions he does not share and with the persons who hold them.

Under his leadership AFSM has expanded its services to the membership. The *Newsletter*, perhaps the most valuable product of the Board of Directors, is now issued in both English and Spanish. There are ongoing efforts to expand the outreach to members in the field, and the Second International Reunion will be held in Argentina in April 2006. AFSM now has a website for additional communication between members who have access to the Internet. He has interacted with

various staff members at the PAHO Secretariat, which continues to provide services to the Association such as translation, printing, and mailing, and use of meeting facilities. Since 2000 he has served as one of the two retired staff members on the Regional Surveillance Committee for the WHO Staff Health Insurance; these representatives are designated by the AFSM Board of Directors in accordance with the Bylaws as amended that year.

One area in which Jaime has served AFSM exceedingly well is in its interaction with other international organizations in the Washington, DC, area. The retirees of these organizations have much in common with AFSM and, by attending their meetings and having their representatives attend ours, information is exchanged and friendships are forged.

Jaime is a true old school gentleman—courteous, polite, diplomatic, never flashy or stuffy. He led the Board with charm and a gentle hand. We are all fortunate for having had him at the helm during this growing stage in the history of AFSM, and we hope that he may serve on the Board for many years to come.

Things for you to do now!

by Jan Barahona

UN Pension Fund Certificate of Entitlement

By now you should have received and returned the UN Pension Fund Certificate of Entitlement in order to ensure that your pension will continue. If you have not received the certificate, or if you have misplaced it, you should ask for another form immediately (phone: 212/963-6931) and mail it to:

The Secretary
United Nations Joint Staff Pension Fund
Room S-635
New York, NY 10017 USA

To see if your returned certificate has been received by the Pension Fund in New York:

1. Go to www.unjspf.org on the internet and click on "Welcome."

2. Click on "Beneficiary." At the next screen, under "My Fund" at the left, click on "CE Tracking System."

3. At the next screen, click on "Log in to your Secure Documents Page."

If you are a "Registered User," fill in the following information:

- Retirement Number
- Password or PIN

If you are *not* a "Registered User":

Complete the "Request for Beneficiary Password (PIN) by providing your:

- Retirement Number
- First Name
- Last Name
- E-mail address

Click on "Submit Request." Wait for the PIN to arrive by e-mail, and follow the steps listed above for a Registered User.

Payment of AFSM Dues

Please look at the label on this mailing and note the date in the upper left corner. This indicates the year through which your AFSM dues are currently paid.

If the date is 2003 or earlier, your dues are seriously in arrears and should be paid if you want to remain a member of AFSM and to continue to receive its mailings.

If the date is 2004 or 2005, you are still a member in good standing, but you owe the dues for those years.

In either case, your dues for 2006 are also now due. Once you have paid up your arrears for previous years, you can choose one of the following options for current and future dues:

- US\$ 10, to pay your dues through 2006
- US\$ 50, to pay your dues through 2016
- US\$ 100, to pay your dues for life

You are encouraged to opt for a 10-year or lifetime membership, instead of annual membership. This way your membership is assured, and the discounts in dues are considerable!

Address Changes

Please let us know if there are any errors in your address as shown on the label on this mailing. *Also, we again remind you to send us your e-mail address if you have one, so that we can get news to you on a more timely basis.*

Language Preference for Your Copy of the Newsletter

The *Newsletter* is published in both English and Spanish. It is being distributed to members according to their country of residence. Let us know if you would prefer to receive your copy of the *Newsletter* in Spanish rather than in English, or vice versa.

AFSM Is Now Online

by Nancy Berinstein

Thanks to the Administration, all AFSM members are now able to access the PAHO intranet and enjoy our very own website if you are connected to the Internet and have an e-mail address. The site has been developed over the past year with the input of the AFSM Board and the cooperation of Cristina Mitchell of Information and Knowledge Management.

The first step is to obtain a password from the PAHO system administrator.

To obtain a password, do the following:

1. In your Web browser (Internet Explorer, Netscape, etc.) type the address:

<http://intranet.paho.org/login/LogIDAdd.asp>

The Intranet password screen will then appear.

2. In the proper boxes, type your name and e-mail address. If your e-mail address is not a UN, WHO, or PAHO address, then before you click on the "Submit" button, type "I am a retired PAHO employee" in the last text box, and *only then* click on "Submit."

3. You will receive an e-mail message from

the PAHO systems administrator in the next 24 hours with a password that will permit you to log into the PAHO intranet.

4. Once you receive your password you can begin accessing the PAHO intranet. To log in, type the following address:

<http://intranet.paho.org>

5. Type your e-mail address and password in the appropriate boxes and click on "Login."

6. When you bring up the intranet home page, select "Staff Services" to reach the AFSM page.

Pension Deduction for Health Insurance

by Jan Barahona

If you participate in the WHO health insurance plan and have your contribution automatically deducted from your monthly pension, there will be a decrease in your pension amount for January 2006. We received a cost-of-living increase in our pensions last April, and the deduction for health insurance will increase by the same percentage. However, the cost of health insurance is calculated only once a year, on 1 January, so the increased deduction will not take effect until January 2006. This will result in a small decrease in your pension – but the increase to your pension you received last April was much larger!

Still More Information on Staff Health Insurance

by Jan Barahona

1. Retirees living in the United States who participate in the WHO Health Insurance Fund can access their CareFirst BlueCross BlueShield account online at:

www.carefirst.com.

To access your account:

Go to www.carefirst.com.

Click on "Members and Visitors,"

Click on "My Account."

If you are already registered, enter your user ID and password (for example, you could use your mother's name and year of birth, i.e., Eileen1922, so you don't forget it!).

If you are not registered, go to "First Time User?" and click on "Register Now."

You can also download claim forms from the website. For Medical, scroll down the left column to "Traditional Indemnity for NCA," and select the Medical Claim form. For Dental, use the same procedure. For Vision, use the same procedure and select "Vision Claim-Select." For blue envelopes to mail your claim, call CareFirst BCBS at 1/800-296-0724, option "0," or call PAHO at 202/974-3751.

2. Participants are reminded that, if they think they are reaching the trigger point for catastrophic benefits, they should contact Norma Lárraga at 202/974-3537 or Giovanna Martinez at 202/974-3341. Please note that the catastrophic provision is NOT activated automatically. You will also need to contact CareFirst BCBS at 1/800-296-0724, option "0," to speak with a customer representative. You may also visit CareFirst BCBS at 840 First St., NE, Washington, DC, 20065 and ask to see the PAHO account representative.

The catastrophic benefit is an additional reimbursement that is paid when 20% of the medical expenses not subject to a restricted amount have been paid during any 12 consecutive months and this amount exceeds the catastrophic limit (see SHI Rules 400 or, for retirees, 410). For retirees, the catastrophic limit is 5% of their adjusted pension (that is, the pension they would receive if no lump sum were taken).

3. Since 1 July 2002, certain preventive measures have been reimbursed at 100% if the service has been rendered by a "Preferred Provider," as follows:

- Mammogram with a medical prescription
- Gynecological checkup and PAP smear once every three years
- PSA exam
- Consultation with a dietician for obesity (BMI equal to or greater than 30) with a medical prescription
- Colonoscopy every 10 years starting at age 50
- General medical checkup once a year for retired staff member and spouse or surviving spouse.

Please note: Effective 1 January 2006, the periodicity and amount of reimbursement of these benefits will change (changes shown in bold).

**Services reimbursed at the rate of 100%
(effective 1 January 2006):**

Mammogram every 2 years for persons over 40 years of age	US\$ 200
Gynecological checkup every 2 years	US\$ 100
PSA every year for persons aged over 50	US\$ 50
Consultation with a dietician for obesity: 10 consultations if BMI >30	US\$ 40
Medical check-up every 2 years for retirees and their dependents except children	US\$ 500
Colonoscopy every 5 years for persons over 50	US\$ 600
HIV testing once a year	US\$ 100

The reimbursement ceiling on the cost of each service is new. As you can see, some of these benefits are better, and some are not.

*A man was telling his neighbor, "I just bought a new hearing aid. It cost me four thousand dollars, but it's state of the art. It's perfect." "Really? What kind is it?" asked the neighbor.
— "Twelve-thirty."*

Medicare, Prescription Drug Coverage, and You

by Renate Plaut

These notes are for all former staff members who have WHO Staff Health Insurance (SHI).

Medicare is available to citizens and legal permanent residents of the United States. It is a health insurance program for people age 65 or older, people under age 65 with certain disabilities, and people of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The Medicare Health Insurance Program includes the original Medicare plan (a fee-for-service plan managed by the federal government), and several other Medicare health plans (which work with private companies, such as HMOs and others). In these notes, "Medicare" will be used to mean "original Medicare plan".

Medicare has two parts: Part A, Hospital Insurance; and Part B, Medical Insurance.

Medicare Part A, Hospital Insurance, helps pay for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. Most people don't pay a premium for Part A because they or their spouse already paid for it through payroll or self-employment taxes while working. If you do not have premium-free Part A, you may be able to buy it. However, because of the high monthly Part A premium (\$393 for 2006), this does not seem reasonable if you have WHO Staff Health Insurance,

Medicare Part B, Medical Insurance, helps pay for doctors' services, outpatient hospital medical and surgical care, durable medical equipment, and some medical services not covered by Part A. Everyone who wants Part B must pay for it. The monthly Part B premium for 2006 will be \$88.50. If you don't sign up for Part B when you are first eligible, the cost of the premium will go up 10% for every full 12-month period that you could have had

Part B but didn't take it. You will have to pay this penalty as long as you have Part B. Each year you also pay a Part B deductible (\$124 for 2006) before Medicare starts to pay its share. Medicare deductible and premium rates are subject to change every year in January.

If you have Medicare Part A and/or Part B and your healthcare provider accepts Medicare patients (as many providers do), Medicare becomes your primary insurance. Bills then go first to Medicare, which has set the fees for services that providers may charge. Medicare pays a portion of these charges to the provider and forwards the remainder to BlueCross BlueShield, which manages our SHI. Since the SHI covers up to 80% of the Medicare-approved amount, and since Medicare usually pays more than 20% of it, you end up not paying anything for services covered by Part B. If your provider does not accept Medicare, bills must go directly to Blue Cross-Blue Shield, where they are processed as usual. You should consider whether or not Medicare Part B might be a good choice. It is difficult to know how much uncovered expense you might face in later years, but if you decide to join you should do so when you become eligible, in order to keep premiums at a minimum. Eligibility for Part B usually starts at age 65, but in some cases it can start at a later date; ask Medicare about the age at which you become (or became) eligible.

Medicare Part D, the new Medicare Prescription Drug Coverage, will be available to everyone with Medicare Part A and/or Part B starting 1 January 2006.

Most likely you are already aware of Part D's complexity and the very difficult decisions it may require. In every area of the country coverage will be provided by several Medicare-approved private companies, each offering various plans. Plans will differ depending on the Medicare approved lists of drugs they cover. They will contract with specific pharmacies in your area, which may be convenient to you or not. Plans may change the drugs

they cover and their cost. Your share of the cost, meaning the copayment for your prescriptions, the yearly deductible, and the monthly premium, will vary depending on the plan chosen. Premiums will be lowest if you sign up before 15 May 2006. If you decide to join later, your premium will go up at least 1% per month for every month that you wait to join. You will have to pay this penalty as long as you have Part D.

You do not need to make a decision now and will not have to pay a penalty if you have a prescription drug plan provided by a former employer, as long as that plan pays, on average, as much as or more than Medicare's standard prescription drug coverage. Should that coverage stop, you will not have to pay a penalty if you join a Medicare Part D plan within 63 days after the coverage ends, even if you join after 15 May 2006.

The opinion of the AFSM Board of Directors is summarized below.

1. Former PAHO/WHO staff members who participate in the SHI do not need to join a Part D plan. On average, the SHI prescription drug coverage appears to be substantially better than the one provided by a standard Medicare plan: We do not pay a separate premium for our prescription drug coverage (a single SHI premium covers all our benefits, prescription drugs included), and we do not pay deductibles. Medicare suggests that an approved Part D plan would typically pay 50% of yearly drug costs. Through PharmaCare, the SHI pays a uniform 80% of the price of our covered drugs, and for some drugs this is lower than their market price due to successful PharmaCare negotiations.

2. It is impossible to get 100% prescription drug coverage. One would always have to pay a Medicare Part D plan premium, even if one could have coverage from both such, a plan and the SHI.

3. In some cases, if one joins a Medicare Prescription Drug Plan, it can limit or end one's employer coverage. Thus, a former staff member with SHI joining a Part D plan could lose the protection of the SHI, not just for pre-

scription drugs but in its entirety, because the SHI premium for drugs can not be separated out. And remember, once you leave the SHI, it is not possible to rejoin.

In view of the above, and as stated during the 16th General Meeting of AFSM (11 November 2005), the Board of Directors recommended to SHI participants that they should not try to join any Medicare prescription drug coverage plan.

By now you will have received the PAHO Administration's communication (dated 9 November 2005) informing us that the SHI *"has been determined...to provide, on average, a greater prescription drug benefit than the planned Medicare Part D, and that it will likely be to your advantage to continue your prescription coverage" with the SHI "and not to apply for Part D coverage," since "you cannot maintain both prescription coverages simultaneously."*

Conclusion

You have SHI: Cherish it! In regard to Medicare: Ignore Part A if you cannot have it premium-free; consider applying for Part B when you first become eligible; and definitely do not sign up for any Medicare Part D plan.

To obtain more information in English or Spanish about Medicare or regarding specific questions about covered services, eligibility, and how to apply; to find doctors and suppliers who participate in Medicare; or to learn about other Medicare Health Plans, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov. If you do not have WHO SHI coverage, it may also be useful to consult the AARP Bulletin, "Special Report: The 65 Most Important Questions about the Medicare Prescription Drug Bill." November 2005, vol. 46, no. 10, pp. 19-26.

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WHO. *Staff Health Insurance Rules*. 1 January 2005.

Update on Second AFSM Reunion Buenos Aires, April 2006

by Jaime Ayalde

We are pleased to inform our readers that the plans to organize the Second International AFSM Reunion are well advanced. The Reunion will take place in Buenos Aires, Argentina, from 25 to 28 April 2006. We have had a good response to our first mailing, with answers from former staff members residing in 14 countries. Recently we sent a second flyer with updated information. Both those who have already indicated an interest and those now interested should return the enclosed forms as soon as possible.

The Board has selected the Hotel Pestana in Buenos Aires, a four-star hotel on the famous Avenida 9 de Julio. It is located at Carlos Pellegrini 877, C10009 ABQ, Buenos Aires, Argentina. All official functions will take place at this hotel. There will be a welcoming reception on Monday evening and meetings both Tuesday and Wednesday. English>Spanish and Spanish>English interpretation will be provided during meetings.

The daily rate at the Pestana Hotel in US US\$114.00 (double or single occupancy), breakfast included. However, in order to benefit from special group rates, the AFSM Board recommends that you make your reservations through ABAX Travel, S.R.L., Avenida Corrientes 524, 5° piso, Buenos Aires, Argentina. Telephone and fax: +54 (11) 5031-8000; Website www.abaxtravel.com. Our contact is Agustín Lesser, Operations Manager, operaciones@abaxtravel.com. As alternatives, you may wish to consider Hotel Amerian Park, located at Reconquista 699, where the daily rate is US\$ 92.00, or the

Americas Towers Hotel, located at Libertad 1070, where the daily rate is US\$ 90.00. Mr. Lesser can arrange for these or other hotels as desired.

With the assistance of ABAX (a bilingual tourist agency), AFSM is planning group activities that will include a tango show (dinner, transportation, and show, US\$ 35.00) and a daytime city tour for companions costing US\$ 5.00. The tours available for Thursday and Friday will be a "Fiesta Gaucha," an all-day trip including lunch and transportation, US\$ 35.00, and an excursion by train to "Tigre y Delta," US\$ 18.00.

It is important to note that all reservations and payments for the hotel and activities have to be made directly by the interested party to ABAX, considering that each participant will be responsible for his/her own transportation and hotel expenses. When contacting Mr. Lesser, you must identify yourself as being from the "Grupo Segundo Encuentro de AFSM," Washington. It is suggested that all bookings be made well in advance.

Your feedback will be greatly appreciated. Please send communications by regular mail to Mario Boyer, 4943 Crescent Street, Bethesda, MD 20816-1701, or by electronic mail to Hortensia Saginor at isaginor@aol.com. Further information will be sent as it becomes available, but only to those AFSM members who return the newly sent forms and indicate their interest in participating in the reunion.

We hope to see you in Buenos Aires!

What You Should Know About Stroke: Part I

by Mario Boyer

A stroke is defined as permanent damage to an area of the brain caused by a blocked blood vessel or bleeding within the brain.

The most common type of stroke is known as an infarct, which occurs when a portion of the brain loses its blood supply of blood. This can happen when a clot lodges within a blood vessel, blocking it, or when a blood vessel narrows to the point where blood can no longer flow through it. When an area of the brain is not getting enough blood, it fails to receive the oxygen and nutrients carried in the blood, and brain cells begin to die.

The second major category of stroke results from bleeding in the brain. These strokes are called cerebral hemorrhages, and they account for approximately one-fifth of all strokes. Bleeding in the brain puts excessive pressure on adjacent brain tissues and results in cellular death. Because of the pressure caused by this kind of expansion, they are commonly more painful than cerebral infarctions.

It is estimated that in the United States approximately 700,000 people suffer strokes in a given calendar year. Two-thirds of these individuals survive and require rehabilitation.

Nearly 75 percent of all strokes occur in people over 65 years old. The risk of having a stroke more than doubles each decade after the age of 55. Men have a higher risk than women. African-Americans have a higher incidence of stroke, as well as a higher likelihood of mortality, than any other racial or ethnic group in the United States. At present, there are more than 4 million stroke survivors in the United States.

Stroke risk factors are individual behaviors or characteristics that allow physicians to determine each patient's individual risk of suffering a stroke when compared to the general population. The value of risk factors lies in their ability to identify individuals at higher risk of suffering strokes as well as to help medical professionals develop a strategy for reducing that risk. Modifiable risk factors are very important because they are easy to target for change or elimination. They can be divided into "behavioral" and "medical" risks. Among the behavioral risk factors we can identify the following:

- *Smoking.* Smoking is second only to hypertension as a cause of strokes.
- *Diet.* Low-fat diets rich in vegetables and whole grains can reduce the risk of stroke.
- *Physical Activity.* Individuals who are physically active and engage in regular exercise are at a much lower risk of suffering strokes.
- *Alcohol.* Consumption of alcohol in excess of one drink per day increases the individual's risk of stroke. However, limited consumption (one drink per day or less) has been associated with lower rates of cerebral infarction.
- *Obesity.* Concurrent risk factors (hypertension and diabetes) make obesity an important cause of stroke.

The primary medical risk factors are:

- *Hypertension.* It is the single largest, preventable cause of stroke in the United States.
- *Atrial fibrillation.* This condition is a well-documented risk factor.
- *Hyperlipidemia.* Elevated blood cholesterol, particularly LDL cholesterol, is a leading risk factor for both strokes and heart disease.
- *Diabetes.* The degree of risk is reduced if the condition is well-controlled.
- *Carotid stenosis.* Narrowing of the carotid arteries, the major blood vessels of the neck, can lead to severe blockages.
- *Homocysteine.* This is a substance normally found in the blood which, at elevated levels, may be associated with a high risk for stroke.

Non-modifiable risk factors for stroke are those that cannot be lowered by a change in behavior. These include:

- *Age*
- *Sex*
- *Race/ethnicity*
- *Family history*

One of the most important warning signs of a possible imminent stroke is a transient ischemic attack, or TIA. TIAs are stroke-like episodes that resolve spontaneously within minutes. These attacks are a result of temporary blockages of blood flow to the brain; with TIAs, however, the body is able to naturally dissolve the blockage before any major damage occurs.

It is important to recognize that stroke symptoms can vary substantially from case to case. They may also be very mild, depending on the specific circumstances. Among the most common symptoms are:

- *Sudden numbness or weakness in the facial, arm, or leg muscles, particularly on one side of the body*
- *Sudden confusion or difficulty understanding speech*
- *Difficulty speaking and swallowing*
- *Sudden difficulty seeing in one or both eyes*
- *Sudden difficulty walking, dizziness, loss of balance, or lack of coordination*
- *Sudden severe headache without a known cause*

Stroke is an emergency condition. Its treatment should be considered an urgent priority; every minute counts and could affect the likelihood of recovery. Obtaining immediate medical attention is the best way to prevent or limit the damage done to the brain by a developing stroke.

A patient must be in the hospital within 60 minutes of having a stroke in order to be evaluated and receive treatment.

Among the medications used to treat and manage stroke patients are:

- *Antiplatelet agents (e.g., aspirin)*
- *Anticoagulants/blood thinners (e.g., warfarin)*
- *Bloodpressure medications (e.g., calcium-channel blockers, angiotensin converting enzyme (ACE) inhibitors)*

• *Medicines that lower blood fats*

It is highly advisable that medications be started within three hours after the stroke.

The first few days after a stroke are very difficult for the family and friends of the patient. It is very important that the medical team should work with these individuals as partners, devoid of medical jargon, in order to facilitate their support of the patient's recovery. In order to facilitate this, families should:

- *Appoint a spokesperson to stay in daily contact with the medical team*
- *Contact the case manager*
- *Educate themselves and the other members of the patient's support network*
- *Accept the uncertainty of the disease, particularly in the first few days*
- *Support the stroke survivor*
- *Take care of themselves*

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Fredy Burgos: New AFSM Auditor

by Nancy Berinstein

We are pleased to announce that Mr. Fredy Burgos has accepted an appointment as AFSM auditor. Fredy, a national of Chile, was a staff member of the Pan American Health Organization in Washington, DC, from 1971 to 2003, the year in which he retired. While at PAHO, he served as Financial Officer in the Financial Management and Reporting Area and also as Budget Officer in the Planning and Program Budget Unit.

Fredy Burgos began his career in 1965 working for a joint environmental project of the Ministry of Health of Chile and the Inter-American Development Bank (IDB). During his tenure he served as an accountant specialist for "Cooperatives of Community Services." He later moved to Canada, and from 1969 to 1971 worked as Internal Auditor for Canadian Pacific Enterprises.

Fredy is a Chartered Accountant in Chile. He holds a Bachelor's degree with a major in Accounting and a Master's degree in Financial Management.

AFSM is delighted to welcome Fredy and looks forward to working with him in future endeavors.

In Memoriam

Ernesto Gianbruno	23 August 2005
Humberto Bertrán	26 September 2005
Grace Dunn	30 September 2005
Johnnie Walker	3 October 2005
Humberto Godoy	11 October 2005
Joseph Jacques Schettewi	29 October 2005
Jaime Ariza	31 October 2005

Remembering Colleagues

The Newsletter staff encourages any member who wishes to share a personal remembrance of a colleague to send their written piece to one of the members of the Editorial Committee listed on The Back Page. The remembrance should not be longer than 450 words and should preferably be accompanied by a photo. The Editorial Committee reserves the right to edit and/or shorten the material.

Jaime Ariza Macias

by Carlos Hernán Daza Hurtado



When we least expected it, and without the customary fraternal goodbye, our friend and colleague Jaime Ariza, with whom we shared work and friendship for several decades, left us forever, ending a collaboration that began in Colombia, where he ran the human resources development program of the National Institute of Nutrition, and then in PAHO, where he worked as a nutrition consultant in Puerto Rico, Chile, and Venezuela.

Jaime received his medical degree from the National University of Colombia in 1961 and obtained a master's degree in public health at that same institution in 1962 and in nutrition sciences at Columbia University in 1964.

Jaime's work with PAHO began at the Puerto Rico School of Public Health (1969-1974), where he helped develop the nutrition specialty for the Master's program in the Health Sciences.

In 1975 he joined the United Nations Interagency Project on Intersectoral

Food and Nutrition Policy headquartered in Santiago, Chile.

Transferred to Caracas in 1978, he worked with Venezuela's National Institute of Nutrition to set up the Nutrition Research Unit of the National Science and Technology Research Council.

In 1982, on his retirement from PAHO, Jaime again joined the University of Puerto Rico as Professor in the Nutrition Program of the School of Public Health.

There, until his death, he was very active in research on the nutritional factors associated with chronic noncommunicable diseases and acquired human immunodeficiency.

He authored more than 100 scientific and technical publications on food and nutrition.

When we learned of Jaime's death, to honor his memory, several of his friends and colleagues wished to publicly acknowledge his human and professional attributes as a prominent leader in Latin American nutrition. Our colleague, Susana J. Icaza, sums up these feelings:

"I had the privilege of knowing Jaime. We shared our struggle for the recognition of nutrition at highest levels of academia. I always felt great admiration for his professionalism, his sincere friendship, and his extraordinary achievements in university education. Studious, down-to-earth, cheerful, companionable, upright, peace-loving, truly committed to his ideals, and generous to a fault, he left us an important legacy: his love for nutrition and his fighting spirit."

Jaime left us the night of 31 October in Guaynabo, PR, leaving a gaping void and heavy sorrow, which we share with his widow Melva, their children Martha, Jaime, and Carlos, and their three grandchildren, to whom we extend our heartfelt condolences.

Joseph (Jack) Schettewi

by Nancy Berinstein



Joseph Jacques (Jack) Schettewi passed away on 29 October 2005, leaving behind a devoted family. Jack had worked in the PAHO Finance Office from 1971 until his retirement in 1982.

He was born, raised, and educated in Egypt. Because of turmoil in the Middle East following the creation of Israel, Jack and his pregnant wife were forced to leave the country and everything they had behind them. They moved to Paris, where he took employment with UNICEF from 1948 to 1962. He and his family then moved to Rome, where he worked for FAO from 1963 to 1971. After many years of life in Europe, he brought his growing family to the United States and began a career with PAHO.

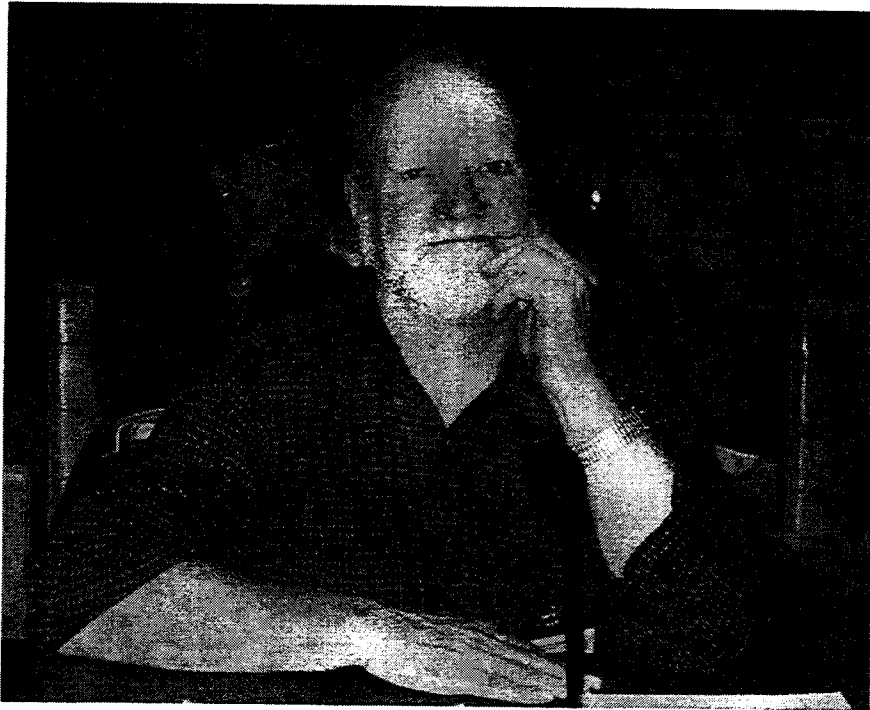
During his years in the Finance Office, Jack became known as a gentle and very decent colleague to all those who worked with him. His friends and family looked upon him as a teacher and role model.

After retirement, Jack founded a private business which leveraged his understanding of currency conversions. It was called the "Foreign Exchange Center Ltd," and it filled a much needed niche for individuals and business groups who traveled abroad and wished to take appropriate currency with them. And significantly, he also donated his time and expertise for many years to act as auditor for the AFSM.

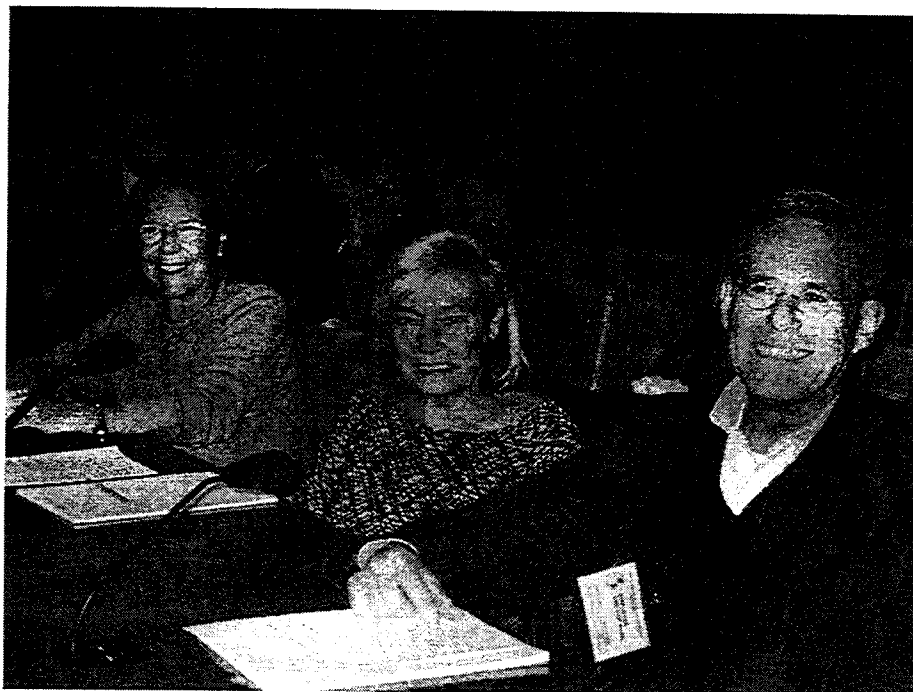
Jack leaves behind his wife of 57 years, Fortunée, four children, and nine grandchildren.

Enclosure: AFSM Membership Directory 2006

Photos from the General Meeting



Henning Jensen



Nelida Sturla, Marisa Manus, Enrique Fefer

November 2005



Primo Arambulo III



Teresita Josey, Eleanor Day

THE BACK PAGE

AFSM 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. We might either help in some way or refer you to the right source.

We would also like to have your input to the Newsletter, either in the form of articles for publication or in comments on the content: What kinds of articles do you like? Are there some that should be eliminated? Are we missing something that should be included?

To reach us write to:
AFSM c/o PAHO
525 23rd Street NW
Washington DC 20037-2895

Officers:

Jaime Ayalde ('07) President
(301) 983-0569
jayalde@aol.com

Jan Barahona ('07) Vice President
(202) 362-3159
jan@barahona.com

Nancy Berinstein ('05) Secretary
(301) 229-3162
nancy.berinstein@verizon.net

Luzmaría Esparza ('06) Treasurer
(301) 587-3973
luzmaria@esparza.org

Members-at-large:

Mario Boyer ('05)
(301) 229-9547
mboyer4943@aol.com

Carol Collado ('05)
(301) 384-1212
collado@verizon.net

Carlos Daza ('06)
(301) 309-1528
cardaza@comcast.net

Germán Mora ('07)
(301) 762-1612
tempofutur@aol.com

Hortensia Saginor ('05)
(301) 654-7482
isaginor@aol.com

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

Membership and Social and Cultural Activities:
Coordinator - Hortensia Saginor

Field Activities:
Coordinator - Germán Mora

Health and Health Insurance Committee:
Coordinator - Carlos Daza
Members - Mario Boyer, Carol Collado, Gerald Hanson

Editorial Committee:
Coordinator - Jan Barahona
Members - Jaime Ayalde, Mario Boyer, Muriel Vasconcellos

AFSM Member Facilitator:
Carol Collado

Staff Association and Credit Union Liaison:
Luzmaría Esparza