



# NEWSLETTER

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**THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS**

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*Summer Luncheon, 12 July 2018*

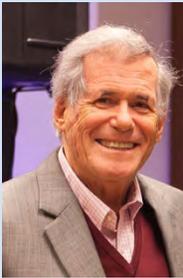
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## AFSM Summer Luncheon 2018

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*By Enrique Fefer*



The traditional AFSM Summer Luncheon took place on a hot July day at the nicely air-conditioned (perhaps, too cool) Wildfire Restaurant in Tysons Corner, Virginia. Forty five AFSM members, many elegantly dressed for Washington's steamy weather, attended this popular social event. After many "Good to see you" and "You look great" all sat down to enjoy a meal that received good marks from our in-house food critics.

The luncheon was preceded by an enlightening and informative presentation and, for us retirees living in the USA, a timely and relevant subject: estate planning and 2018 tax changes. The speaker, sponsored by the PAHO/WHO Credit Union, was Nicholas M. Fobe, who specializes in estate planning for the international community. After listing the "Estate Planning Goals", he focused on the "Essential Documents" that would simplify the lives of surviving spouses or their heirs. Mr. Fobe emphasized the importance of preparing these documents to protect your estate and ensuring that your wishes are carried out. Having them in place would also avoid the expensive and time consuming process of probate that could involve lawyers and accountants billing you by the hour. He explained the role that "Living Trusts" play in avoiding probate in all 50 US states and in minimizing estate administration expenses. On a more cheerful note, he also explained the tax benefits of gifting significant sums annually to family members or to institutions while you are still alive (when you can appreciate the gratitude of the recipients!). Thanks to the Trump Administration's generous (too generous?) policy of decreasing taxes, US citizens may leave up to 11.2 million dollars free of federal taxes. Less generous exemptions are available at state levels in DC and Maryland. Mr. Fobe pointed out that, financially, the best place to leave this world in the DC area is Virginia where there are NO estate taxes.

In the Q&A following Mr. Fobe's excellent (and for such a serious topic, quite entertaining) presentation it became obvious that a number of the attendees decided to follow his recommendation to prepare a trust. He further explained that the trust should cover all assets ranging from homes, bank accounts, investments, life insurance to automobiles.

After Mr. Fobe's departure, various members asked Carol Collado, our AFSM expert on health insurance, to update the group on the future potential of having the Organization reimburse the Medicare monthly fee. Much to the delight of the attendees, Carol informed that there is a positive recommendation of covering the basic fee, that will be discussed at the upcoming Global Oversight Committee meeting and forwarded to the WHO Director General for his approval. Some members reported on their experiences – some positive, some not so positive – with the blue Emergency

Insurance card provided by SHI/Geneva. Also mentioned was the increasing difficulty in finding doctors that accept Medicare coverage.

Kudos to Sylvia Shultz who made the arrangements for the luncheon and to the photographers who documented a lovely afternoon with our colleagues. The pictures are shown below and posted on the AFSM website ([www.afsmpaho.com](http://www.afsmpaho.com)). *N*

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# Health and Pension Update

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*By Carol Collado*



## Staff Health Insurance

As we wind down summer or winter, there is expectation in the air. Whether it's Spring's exuberance coming in the south or the advent of Fall in the north with relief from the long hot summer days, it brings renewal. Last issue we spoke of the need to assess where we are in regards to our health and the need to make sure we are living fully. Let's take advantage to renew the promise to ourselves and our commitment to healthy living: diet, activity and lifestyle.

The Global Oversight Committee (GOC) for our staff health insurance (SHI), the body whose responsibility is policy-making and referral of concrete suggestions to the Director General (DG) for approval, met in June and although the final report has not yet been released, we do have news to share. Recall that these are recommendations sent for the DG's approval, and they will not be incorporated until that approval has been given. Usually the changes that are approved take place at the beginning of the following calendar year. For now, we can share the following:

Financially the SHI Fund is doing well, especially since there was an exceptionally favorable rate of return on investments. The good news here is that the GOC has recommended that the annual premium increase rate (set in 2012 as 4%) will now be 2% beginning in 2020.

Because of health cost increases, however, there is a continued need to focus on cost containment measures, especially in those areas where cost escalations account for a large burden on the Fund. This has special significance for those in the US. In the cost containment measures for the US, several measures were recommended, which, if approved, will signify changes in the management of SHI for those seeking care in the US:

- **For US nationals and residents**-- to implement a ceiling on reimbursement of out-of-network claims in the US to 200% of the Medicare reimbursement rate (if approved, this will be placed in effect with a one year delay [in 2020] to give those affected time to seek another service provider in network if they so desire)
- **For other WHO staff choosing to receive services in the US** -- to reduce reimbursement to 80% of 60% of the cost, to reflect that such staff do not pay the second tier SHI premium required of PAHO staff. (This does not apply to former staff whose recognized place of residence is in the WHO Region of the Americas.)

Since both of these recommendations are significant, we will continue to inform you as they come closer to implementation.

Now we can also share some very good news.

For those of you in the US who have been inquiring throughout the 8-year history that AFSM has been trying to get those in authority to recognize the savings should Medicare B be supported, the GOC agreed to recommend implementation for formal support to Medicare enrollment by eligible members, **through payment of Medicare Part A and B premiums by the SHI Fund** and to establish a working group to plan this implementation! Stay tuned; we will continue to inform you about this and we have formally requested to participate in the working group.

Since we are speaking of the SHI in the US, there is news on the selection of the vendors for the management of the SHI in the US. The decision is to continue with a new contract (additional benefits) with Aetna for the medical part, and to implement a contract with a different provider for pharmacy, probably in mid-2019. Since details are still being worked out; the timeline is not yet definite. Be assured that as we come closer, you will be receiving more information.

On another front, the Global Standing Committee has formed a prevention working group to propose cost-effective concrete actions/preventive measures - SHI Rules or incentives - for better health & cost containment and your AFSM has volunteered to be part of the discussion, as well as suggesting that several of our retirees can be called upon for expertise in the matter.

The implementation of online servicing of claims, which we mentioned in the last issue, continues. After the trials in Argentina and Guatemala, a number of issues needing adjustment were identified, especially in the area of finding the best ways to efficiently reimburse participants. Geneva and Washington are working through these and, probably before the end of the year, another trial will be conducted in a large country to further refine the system. Change, especially in the digital age, often takes time to process, especially when dealing with a number of countries, banking rules, etc. Remember that the goal, as always, is to provide the best service with ease of use for the participants.

We would like to end with a word of caution. Several members have reported recently that they have been charged exceptionally high fees for procedures that were included in their bills but which were never offered, or that the time billed exceeded the reality. Please help SHI to keep costs down by reviewing all of the items on your bills. Should you find discrepancies, you can contact the provider or your SHI representative and ask for clarification or remedy.

## **Pension**

### Board Action and Issues

The Board of the Pension Fund met at the end of July. Several of their conclusions are of interest:

- The Audit Committee noted that the Fund is well funded and in a stable financial and operational position, with return on investments far outpacing the minimum benchmarks for 2017.

- Good progress has been made in reducing outstanding caseloads and decreasing processing times.
- The Board, during this year, received a report from the United Nations Office of Internal Oversight Services (OIOS) on the Governance of the Fund. Despite significant reservations with regard to the audit process, the Board decided to consider the OIOS final audit report and has established a working group to consider issues impacting its effectiveness over the long term. It is this report which has raised some issues about which you have become familiar through various email communications. First, you received a mailing from FAFICS objecting to some of the suggestions in the report, and then AFSM sent out a message stating our intention to follow up on the information. In the meantime, several have reported receiving other somewhat alarming letters sponsored by a group often critical of UNJSPF and FAFICS. We wish to assure you that, as stated earlier in this article, the Fund is in very good position financially and operationally. Your pension is not in doubt. All that we have heard recently confirms this and inquiries have been quickly answered. We will continue to investigate on the representation question and inform you when we have adequate information.

### Certificates of Entitlement

The Certificates were mailed in June. A second mailing will be sent to those whose CEs have not yet been registered in the UNJSPF office. If you have doubts, you can check on your Member Self Service (MSS) website which allows you to see your personal history with the Fund. If you have not yet set up your MSS, we strongly urge you to do so. This can be accomplished by checking the UNJSPF website ([www.unjspf.org](http://www.unjspf.org)) and clicking on Member Self-Service. The instructions will guide you from there on. **Make sure your CE is on file by the end of this calendar year. Failure to have it registered by then will result in suspension of your benefits.**

### Leadership

Due to the continued leave of the CEO, the Deputy CEO has postponed his retirement and agreed to remain in his post until at least the end of December.

### Communication with the Fund

In our area, Brazil, Colombia, Mexico and the US now have the ability to communicate directly with the Fund call center by telephone. Check the website for the contact numbers. **N**

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# Health Tips

## Understanding Alzheimer's Disease and Dementia: Part II: A Focus on Prevention

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*Gloria A. Coe and Martha Pelaez*



Lancet formed a Commission of 24 international experts to review the evidence and make recommendations about what should be done to best prevent and manage dementia.<sup>1</sup> Among their key recommendations is to be *ambitious about prevention. Interventions . . . may have the potential to delay or prevent one third of dementias.*



The Lancet Commission Report was published on 19 July 2017. On 20 July, CBS included in its news broadcast the segment *One-third of Dementia Cases could be Prevented.*<sup>2</sup> On the same day, the Washington Post reported *Healthier Living Could Reduce Worldwide Dementia by a Third.*<sup>3</sup>

The Commission utilizing a life course model identified 9 health and lifestyle variables that could reduce or increase the risk of an individual developing dementia (Figure 1). These health and lifestyle variables impact the health of the brain and its ability to reason; occur during early life, mid-life, or late-life of an individual; could be modified; and, if fully eliminated, 35 percent of all dementia cases worldwide could be prevented.<sup>4</sup>

**The health and life variables are:**

**Less-education**, defined as no secondary school, is thought to lower an individual's reasoning skills. Higher education in early life has been linked with lower risk of dementia. Increasing education until after age 15 also appears to increase the ability of the brain of older adults to resist damage from illness and to reason normally. *If educational levels were increased in early life to beyond 15 years, it is estimated the total number of dementia cases worldwide would be reduced by 8%.*

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<sup>1</sup> Frankish H, Horton R. *Prevention and management of dementia: a priority for public health.* Published on line, July 20, 2017

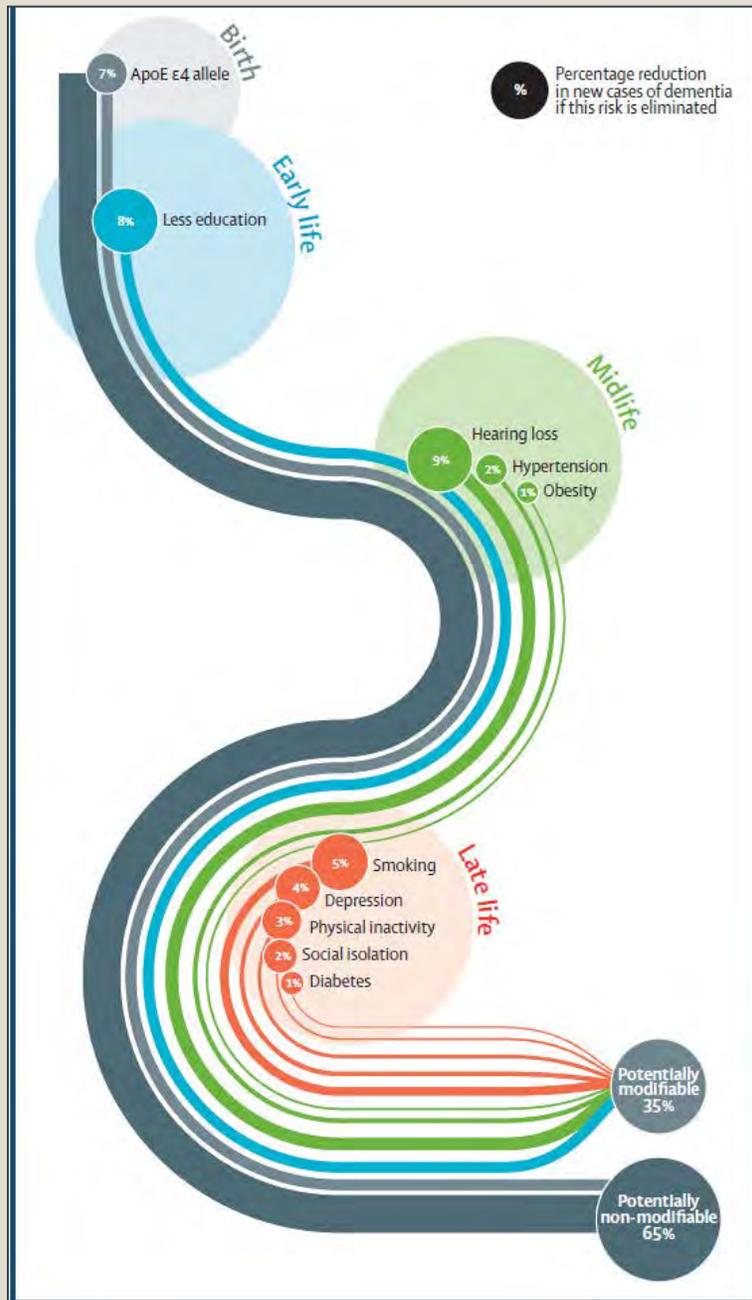
<sup>2</sup> <https://www.cbsnews.com/news/one-third-of-dementia-cases-could-be-prevented-alzheimers-report/>

<sup>3</sup> [https://www.washingtonpost.com/local/social-issues/healthier-living-could-reduce-worldwide-dementia-by-a-third-report-says/2017/07/19/e40438be-6cc0-11e7-96ab-5f38140b38cc\\_story.html?utm\\_term=.f21692fad284](https://www.washingtonpost.com/local/social-issues/healthier-living-could-reduce-worldwide-dementia-by-a-third-report-says/2017/07/19/e40438be-6cc0-11e7-96ab-5f38140b38cc_story.html?utm_term=.f21692fad284).

<sup>4</sup> Among the non-modifiable risk factors to dementia is apolipoprotein E (ApoE) ε4 allele, present at birth, that if absent, would prevent about 7 percent of cases.

Studies show that even minor levels of **hearing loss** increase the long-term decline in reasoning in individuals who are intellectually whole or normal and are hearing impaired. **Reducing hearing loss is estimated to reduce the total number of dementia cases worldwide by 9%.**

Older adults who exercise are more likely to have good reasoning skills than those who do not exercise. **Increasing exercise and physical activity in all people in late life is estimated to reduce the total number of dementia cases worldwide by 3%.**



**Figure 1: Life-course model of contribution of modifiable risk factors to dementia**

The Alzheimer's Association indicates that there is sufficiently strong evidence, from a population-based perspective, to conclude that regular physical activity and **management of diabetes, obesity, smoking, and hypertension** **increases the ability of the brain to reason, think and communicate.**<sup>5</sup> *Treating hypertension and obesity during midlife and diabetes during late life is estimated to reduce the total number of dementia cases worldwide by 4%.*

**Smoking** is associated with a 50-80% increased risk of dementia; **second-hand smoke** also increases the possibility of having dementia.<sup>6</sup> *Smoking stopped during late life is estimated to reduce the total number of dementia cases worldwide by 5%.*

Symptoms of **depression** are evident in people with dementia. *Eliminating depression during late life is estimated to reduce the total number of dementia cases worldwide by 4%.*

**Social isolation** is linked to dementia. It also increases the risk of hypertension, heart conditions, and depression. *Increasing social contacts and developing a rich social network during late life is estimated to reduce the total number of dementia cases worldwide by 2%.*

The Lancet Commission summarized the protective lifestyle behaviors and other variables linking them to dementia in Figure 2. These protective behaviors have the potential to strengthen the reasoning functions of the brain. It is the hope of the Commission that these lifestyle choices will guide the development of preventive strategies for individuals, families, communities and society to delay onset or prevent dementia. However, it is important to note that the Report also indicates that adopting these lifestyle choices will not delay or prevent all cases of dementia.<sup>7</sup>

Among the lifestyle choices mentioned in Figure 2 not previously discussed are adherence to the Mediterranean Diet, increase brain cognitive reserve, and cognitive training.

**Adherence to the Mediterranean Diet** focuses on low intake of meat and dairy and high intake of fruit, vegetables and fish. Individuals who adhere to the Mediterranean Diet have fewer illnesses of the heart and reduced levels of blood sugar. Not smoking, exercising regularly, eating fruit and vegetables daily and drinking only a moderate amount of alcohol increase life expectancy and health in ageing.

**Increase brain cognitive reserve** increases the ability of the brain of older adults to resist damage and to continue to reason normally. Cognitive reserve is developed across a lifetime of education and curiosity to help the brain better cope with future difficulties.<sup>8</sup> Cognitive training is the primary strategy to increase cognitive reserve.

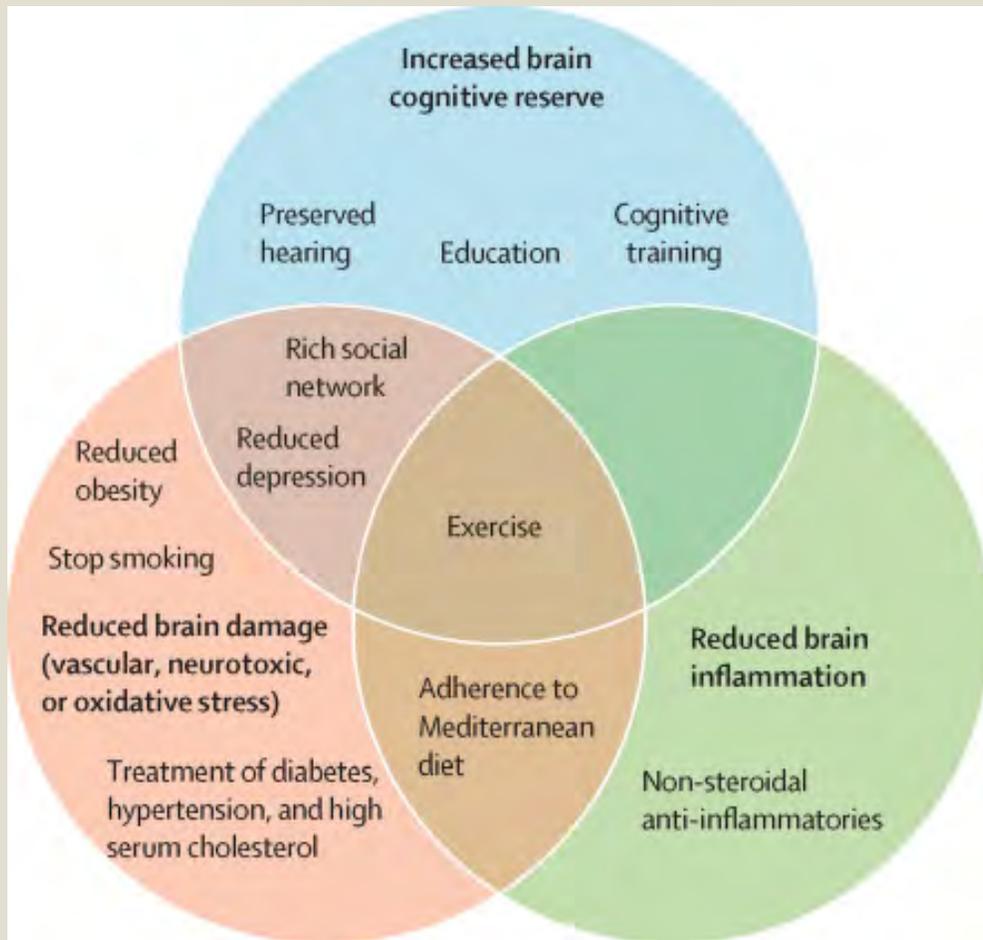
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<sup>5</sup> [https://www.alz.org/research/science/alzheimers\\_prevention\\_and\\_risk.asp](https://www.alz.org/research/science/alzheimers_prevention_and_risk.asp)

<sup>6</sup> Winblad B, Amouyel P, et al.

<sup>7</sup> The study did not include dietary factors, alcohol use, visual impairment, air pollution and sleep due to lack of data

<sup>8</sup> Harvard Medical School. HEALTHbeat: What is Cognitive Reserve. <https://www.health.harvard.edu/mind-and-mood/what-is-cognitive-reserve>



**Figure 2: Potential brain mechanisms for preventive strategies in dementia**

**Cognitive training** also known as brain training, is the process of actively engaging in mentally stimulating activities. Among the activities suggested are:

- **Let the music play.** Learn to play a musical instrument or join a choir. Studies show that learning something new and complex over a longer period is ideal for the aging mind.

- **Do math in your head.** Figure out problems without the aid of pencil, paper, or computer; you can make this more difficult — and athletic — by walking at the same time.
- **Take a cooking class.** Learn how to cook a new cuisine. Cooking uses many of our senses: smell, touch, sight, and taste which all involve different parts of the brain.
- **Learn a foreign language.** Listening and hearing stimulates the brain. What's more, a rich vocabulary is linked to better functioning of the brain.<sup>9</sup>

In summary, the good news is that the Lancet Commission recommendations are not only beneficial to delay or prevent dementia, but they are also proven to have other health benefits for aging well. Dementia is not an inevitable part of aging. Prevention and delay of dementia is a priority for individuals and families.

Prevention has the potential to reduce disability of individuals as well as the financial costs to families. Addressing lifestyle behaviors over the course of a person's lifetime such as diet, exercise, social engagement, and mental stimulation could prevent one-third of the world's dementia cases. It is interesting to remember that these lifestyle behaviors also increase longevity as presented in the article on *Blue Zones* in the April 2017 AFSM Newsletter.<sup>10</sup>

Wishing you a happy healthy brain. The potential of reducing dementia is larger than we could ever imagine. **N**

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<sup>9</sup> Everyday Health: 10 Brain Exercises that Boost Memory. <https://www.everydayhealth.com/longevity/mental-fitness/brain-exercises-for-memory.aspx>

<sup>10</sup> [https://docs.wixstatic.com/ugd/6814f4\\_556305c34dda48659be163f94a1d6ef3.pdf](https://docs.wixstatic.com/ugd/6814f4_556305c34dda48659be163f94a1d6ef3.pdf)

## Techno Tips

### Results of Survey on e-Communications Skills Among AFSM Members

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*By Gloria Morales<sup>1</sup>*



In April 2018, José Ramiro Cruz, member of the AFSM Board, conducted a survey to identify the best approaches to support electronic communications among members. The objective of the survey was to collect information on members' ability to manage computers, their familiarity with the AFSM website and their needs to be able to access this website.

A total of 112 responses were received from the Regions of North America, Latin America and the Caribbean, including 2 from outside these areas. Almost half of those responding considered themselves somewhat good in managing computers, with only 5% reporting not being familiar at all with computers. Regarding their familiarity with the AFSM website, 42% reported being somewhat familiar and 11% being not familiar at all.

In reference to their needs, 42% of members who responded expressed their interest in receiving support to access the AFSM website. About the means of this support, 67% reported interest in having a written guideline, 59% considered it useful to have a video, and 45% wanted a hands-on-session. Please note that these options were not mutually exclusive, so many members chose more than one.

As part of the next steps resulting from the survey, a written guide on how to access the website is being prepared. Other suggestions, such as preparing a video and having a hands-on-training session are also under consideration. **N**

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<sup>1</sup> This summary is based upon a synthesis of the survey, conducted by José Ramiro Cruz, that was included in the AFSM Web page.

## **FINANCIAL HOW TO: CLOSING AN ACCOUNT WHEN A FAMILY MEMBER PASSES AWAY**

The days, weeks, and months following the death of a family member can be mentally, physically, and emotionally exhausting. We understand. To help close accounts and transfer funds, we've put together a few simple steps.

### **Start with a Phone Call to the Credit Union**

We're available at 202-974-3453 (toll-free 1-866-724-6328), or you can stop by our branch location in the Columbia Plaza office at 506 23rd Street NW, Washington, DC. We'll help you decide how to proceed depending on the account status. If you already know how the account is structured, you can move forward with one of the following options:

#### **A The account of the deceased member has a beneficiary**

Gather and provide the following:

- An original copy of the member's death certificate
- Copy of your own identity document
- A letter requesting to close the account and issue a check in your name.\*

#### **B The account of the deceased member has a co-owner**

Gather and provide the following (Please note: If the deceased member received their pension deposit in this account, it will remain open until the pension fund makes the first deposit in the new account):

- An original copy of the member's death certificate
- Copy of your own identity document
- A letter requesting to close the account and issue a check in your name.\*

#### **C The deceased member has neither a beneficiary nor a co-owner:**

Take note of these steps:

- Hire a lawyer within the United States to handle a procedure called probate. A judge will determine the possession of the account and any funds.
- If the member has any heirs in their country, those individuals will need to contact the lawyer handling the probate.
- Once the probate process is complete, an official letter will be sent to the credit union. The funds will be transferred electronically or by check to the beneficiary chosen by the judge.

### **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.

\*The funds can be deposited in your credit union account, or you can request to have the funds transferred electronically to another financial institution by completing a transfer form. The cost of the transfer will be deducted from the balance of the account. Please note: you may be able to open an account at the credit union in your name and any funds will be transferred automatically at no cost.

## *In Memoriam*

DEATHS REPORTED IN 2018  
NOT PREVIOUSLY REPORTED

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**Diana Cheng**

**17 August 2018**

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***Condolences to an AFSM member***

**To Norma Gandolfo for her son Carlos**

# Alone in Sochi

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*By Hernán Rosenberg*



Remember that blue card we received from health insurance in Geneva with emergency phone numbers for each region? If you are like me, you put it in the collection of cards that you normally neither use nor look at. For some esoteric reason, I put it in my wallet before leaving for Russia to watch the World Cup, taking advantage of the fact that some members of my cousin's group would not make it to the quarterfinals and sold me their unused tickets. Thank God I did it.

As the advertisement says, "*do not leave home without it*".

After two weeks of intense rattling all over Russia (if you can go to a world cup, do it, even if you are not that interested in football, the experience is great), we arrived in Sochi. With the hotel a block away from the beach, it was time to go for a swim in the Black Sea. Unfortunately, the beaches have no sand, only stones, which make them not only painful to walk on but slippery as well.

Upon leaving the sea, staggering on the aforementioned stones, I slipped, with the bad luck that my right foot ended up under my left leg. When I got up, I could feel a tug on my knee. Since I could walk, with effort, my companions, complete ignorant doctors, decided that nothing was broken. But the next morning it was inflamed, and it hurt.

My faithful Lonely Planet<sup>1</sup> guide recommended clinics in Moscow and St. Petersburg, but nothing in Sochi. Oh, in case I did not mention it, of course it was already Saturday. I decided to go to a public hospital, but even deciphering where the nearest one was proved to be difficult. Russians over 30 years of age do not understand English. Then I remembered the famous blue card. I could not call from Russia to an 800-toll-free number, but fortunately my US phone was enabled.

To my surprise, a voice answered in French after only two rings, which changed to English immediately. I only expected instructions on how to pay for the consultation. Yasmine told me "If you want, you can do it like that, but we have a supplier in Russia, who can make all the arrangements". Obviously, it is far better for the arrangements to

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<sup>1</sup> Lonely Planet, founded in 1972, is a large travel guide book publisher. The Lonely Planet books were the first series of travel books aimed at low-cost travelers.

be made by someone who knows the country and the language over a disadvantaged one who knows nothing about the subject. "I will immediately call". Sure, I thought, one Saturday morning.

Half an hour later I received another call from Yasmine. The provider had arranged a consultation with a trauma surgeon at 2 PM. I just had to organize transport (thanks Uber). All the administrative part was arranged. I simply had to sign a couple of papers. I hope I have not sold my granddaughters in the process, since I do not understand Russian. There was no copayment and their diagnosis was later confirmed by my doctor in the USA. (I am going to survive).

But the most shocking thing was that the next day I received a call from Yasmine to confirm that everything had gone well.

As those who know me now, I have no qualms about complaining when the systems do NOT work. So, it seems only fair to recognize them when they DO work, and much better than expected. Not only did they take care of the administrative part, they located the specialist for me and they followed up on the whole process. I cannot assure you that this will happen in all the regions, but in my case the service was very effective and efficient.

In summary, when you travel:

1. Be sure to bring along the blue card with emergency telephone numbers, especially in countries where there is no WHO/PAHO Office. Or at least have the emergency telephone numbers on hand, as well as all your personal data (including your affiliate number).
2. Have a telephone on hand that permits international calls from wherever you are. This can be done by buying a local chip if your phone is unlocked (US phones are usually locked). Alternatively, you can arrange with your telephone service provider to have international coverage during the period of your trip. However, keep the phone turned off as long as it is not necessary to use it in order to avoid receiving unwanted calls with roaming charges included.

Have a good trip! **N**

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# People and Pets - A Critical Nexus

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*By Primo Arambulo III*



There are many ways to look at the nexus between people and pets. Although pet ownership brings many responsibilities as well as pleasures, there are also many animal-related diseases that have emerged over the years, as well as environmental impacts that affect the overall health and wellbeing of the population. Most of them have been dealt with and in most countries just caution and awareness still may be needed for the society to live in harmony with its animals.

## **Beware of animal-related diseases**

Human and animal health are intimately linked. When the World Health Organization (WHO) was chartered in 1948, it coined the term veterinary public health to address the component of public health that links veterinary and human medical issues. According to WHO, there are more than 200 diseases common to animals and people (zoonosis [pl. zoonoses]). Most, if not all, of the new and currently called emerging infectious diseases are zoonoses. Biological agents for bioterrorism are mostly zoonotic agents. The pandemic diseases, like avian and swine flu, and plague, are zoonoses. Although the term zoonosis was first used by in the 18<sup>th</sup> century, it was introduced into the mainstream popular press by National Geographic in its October 2007 magazine issue in an article by David Quammen on how animals and humans exchange diseases, entitled “Deadly Contact”.

The critical path of emerging and new zoonoses from pets to humans, and vice versa, is basically determined by human behavior and the constellation of socio-cultural determinants. “*The struggle of germ agents to adapt themselves from lower to more highly developed hosts is unending*”, wrote Dr. James H. Steele, a former US Assistant Surgeon General. As these microbial disease agents and vectors ensure their continued existence to a broader host spectrum, and thus promote their transmission and spread, they become a greater threat to the wellbeing of humans.

A classic example of how pets could bring disease into an otherwise healthy household is the socio-cultural practice of keeping guinea pigs (“cuy”) as domestic household pets and sometimes as a source of food in Andean villages. In the mid-90s there was a bumper harvest of corn resulting from adequate rainfall. Corn harvests were openly piled near households, where field rats had access to them. The rat flea carrying the agent of bubonic plague jumped to the guinea pigs, and brought the disease agent into the home. The infected fleas bit humans causing bubonic plague, which turned into pneumonic plague facilitating person to person transmission. The plague epidemic ensued causing significant mortality before it was controlled effectively.

Recent issues of the Journal of Emerging Infectious Diseases, a CDC<sup>1</sup> publication, have a number of reports that showed that, in a number of OECD<sup>2</sup> countries, some 10% of dogs tested positive for the flesh-eating bacteria *Staphylococcus aureus* and about 8% of dogs had antibodies against *Brucella canis* that causes undulant fever and abortion. Studies in some villages in Africa showed that 10% of dogs reacted positive to Ebola. The successful public health measures currently kept in place have put the risks of zoonoses from pets in contemporary households at bay.

CDC has given some caveats. It is hard to know which animals could be carrying zoonotic diseases, especially since animals with infectious agents can often look healthy and normal. In addition, pets can inflict physical injury, like dog bites and cat scratches. Here are some tips that can help you and your pets stay healthy:

- Take your pet to its veterinarian regularly so it stays in good health.
- Practice good hygiene around your pets so they don't pass germs to you.
- Learn about diseases different types of animals can spread – just in case.

The WHO and the CDC have provided a list of diseases that can be spread from pets to people.

### **Economic-Political Aspects**

According to The Economist<sup>3</sup>, Americans might regard a couple with two children and a dog as the prototypical perfect-sized family unit. An article in Time Magazine reported that the Americans are spending some \$ 2.5 billion on commercially prepared pet food, more than six times more than they spend on baby food. Pets have spawned a multi-billion-dollar industry, encompassing social, economic, and even political issues, generating employment for pet walkers, trainers, and training schools, etc. Groceries have aisles of pet foods and ancillary pet products. Even the regular pharmacies now dispense veterinary prescription pet products. Pet hotels have proliferated, and spas have mushroomed in many urban areas, as have high end pet boutiques and jewelry shops!

Although the Netherlands has only one veterinary medical school compared to 28 veterinary schools and colleges in the United States, it has broad-based support for animal rights and welfare. The population is politically active through its Party for the Animals (*Parti voor de Dieren*) with 2 seats in the Lower House of Parliament and 1 in the upper Senate. Inspired by the Dutch, the State of Minnesota in the US created its own Party for the Animals in 2010, and adopted the slogan: “Animals are people too”; perhaps by inadvertent oversight it forgot that, biologically, people are also animals.

### **Environmental Health Impacts of Pets**

The dog is the most popular, traditional, and conventional of pets. The population in urban areas has burgeoned, where there is also limited space. Because of stringent regulations in most cities

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<sup>1</sup> US Centers for Disease Control

<sup>2</sup> The Organisation for Economic Co-operation and Development is an intergovernmental economic organisation with 37 member countries, founded in 1961 to stimulate economic progress and world trade, also known as “Richest Countries Club”.

<sup>3</sup> July 28, 2018, page 32

and communities, dogs are mostly kept indoors and on a leash. The problem of stray dogs has been significantly reduced. Dogs live in proximity with humans. Many local authorities check up on dog ownership for control and vaccination purposes.

The spectrum of environmental problems associated especially with urban dogs is perennial, and will continue to increase in magnitude. In a study conducted by Primo Arambullo III, this writer, there are more or less 4 greatly visible environmental problems associated with urban dogs:

1. Environmental degradation and insult caused by promiscuous defecation and urination. Dog urine causes overfertilization and death of plants and trees, and the eutrophication of bodies of fresh water.
2. Environmental contamination with soil-transmitted and vector-borne parasitic infestations (e.g., intestinal worms, fleas, ticks, etc.).
3. Environmental contamination with enteric and other microbial (both bacterial and viral) diseases.
4. Environmental nuisance (e.g., incessant barking and unwelcomed noise), road accidents, and bites, among others.

Pet feces and urine have to be managed and properly disposed of. Many communities have ordinances to pick-up after their pets. In civic minded communities in the United States these are strictly followed, while in other countries this is not the case. In my travels, I have noticed that in most European capitals, the sidewalks are littered with dog feces. One literally has to walk carefully around freshly voided excrements. It seems that the civic-mindedness of picking up after dogs has not caught on.

### **Risk of Personal Injuries from Pets**

Basically, pets may bite or scratch as a reaction to a stressful situation, feeling scared or threatened, to protect themselves or their young or their owner, when not feeling well or are startled, and they may nip or bite during play.

While the risk of fatal infectious diseases from dogs, especially rabies, has almost been eliminated in most countries through regulated, proper, highly effective anti-rabies vaccination, in many emerging countries with large numbers of stray dog populations that are not vaccinated, the risk of personal injury, such as from dog bites, remains relatively high. Rabies remains a leading cause of death following dog bites.

Bites and scratches from a healthy-appearing cat can make a person sick. The healthcare provider should always be informed about cat bites and scratches if one has unexplained symptoms, especially fever. As cuddly and cute as they may look, cats have the potential to cause illnesses in humans as a result of their bites and scratches. In 2015, Diana Pei and Pela Sito of the National Capital Poison Center, reported that, in the US, there are an estimated 400,000 cat bites resulting in 66,000 visits to emergency rooms every year. Cat bites and scratches can spread a bacterial infection called cat-scratch disease (CSD) caused by the bacteria *Bartonella henselae*. The disease spreads when an infected cat bites or scratches hard enough to break the skin or when it licks a person's open wound.

A recent cross-sectional study performed on 1.3 million patients confirmed a strong association between being bitten by a cat and the probability of being diagnosed with unipolar depression.<sup>4</sup> J. Flagrand and Z. Hodny of the University of Prague suggested that infection with the cat parasite *Toxoplasma gondii* could be the reason for this association.

The cumulative results in the last 20 years suggest that many behavioral and neurological changes, and probably also many mental health disorders, could be caused by infection with pathogens from a cat. If pathogens are truly involved, it will be critical to know which pathogen is responsible for which disorder. For more detailed information on animal bites, refer to the WHO Animal Bites Fact Sheet.

### **Health Benefits of Companion Animals**

In an online survey of more than 27,000 people across 22 countries conducted by the global market research firm GfK<sup>5</sup>, more than half (56 %) of people of the world have at least one pet living with them. According to the US Centers for Disease Control (CDC) “Healthy Pets Healthy People,” studies have shown that the bond between people and their pets can increase fitness, lower stress, and bring happiness to their owners. Some of the health benefits of having a pet have been shown to include:

- Decreased blood pressure
- Decreased cholesterol levels
- Decreased triglyceride levels
- Decreased feelings of loneliness
- Increased opportunities for exercise and outdoor activities
- Increased opportunities for socialization

As people get older, the benefits of owning a pet also change. A pet can provide a new sense of purpose for an older person<sup>6</sup>. According to Susan Kurowski, Executive Director of the Pets for the Elderly Foundation: “Pets can help them [the elderly] stick to a schedule, a routine, because they know that someone is counting on them. Elderly pet “owners often [even] start taking better care of themselves.”

Overall, in spite of the risks associated with people living in close proximity with animals, the benefits far outweigh the potential down side, especially in countries where safe public health controls have been put into place. And as well get older and begin to lose close family members and friends, it is always good to have the unconditional love and companionship of a little furry friend. **N**

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<sup>4</sup> See Parasites and Vectors, Volume 9, 2016

<sup>5</sup> Growth from Knowledge is Germany's largest market research institute, and the fourth largest market research organisation in the world, after Nielsen Company, Kantar Group and Ipsos.

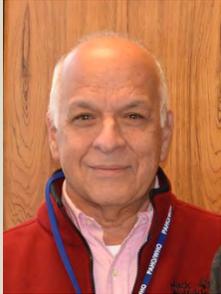
<sup>6</sup> Nancy Dunham and Andrea Cwieka, AARP Bulletin, March 2018

## Where are they now?

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### “Life After PAHO”

*By Leo Lamarche*



I retired from PAHO in February 2000. I took early retirement at the age of 14, since I am a leap-year boy.

Already with my mind made up, my wife Maria Eugenia and I opened an antique store in April 2000 in Woodbridge, Virginia. It was an adventure for us but, through the years, we had accumulated a lot of antiques and decided to go into business. We did so well that, to keep up with the sales, we needed to go to estate sales and auctions on the weekends to buy more merchandise.

Besides our antique business, I volunteered at a community center to help distribute food to the needy once a week. I have also volunteered for the PAHO/WHO Credit Union for over a year, contacting members to help clean out old accounts with no movement.

Throughout 2000 and 2001, I traveled several times to my home country, the Dominican Republic, to take care of my mother who finally passed away in July 2001. After her passing, I had to clean out and sell her apartment.

In early 2002 and 2004 my two sons opened two restaurants in Fredericksburg, Virginia. To help them out, my wife would prepare the desserts and bring them to the restaurants. To avoid the long commute from Fairfax Station, in 2003 we moved to Fredericksburg and into a smaller house. The two restaurants were sold, and our two sons moved away in 2006. My wife and I and stayed in Fredericksburg, where we kept small stores in different antique malls downtown. When the economy deteriorated, we packed up all the articles and stored them in the basement of our home. Around 2009, with the help of two very good friends, we opened a store in two rooms of our basement and started selling from our house. Sales were pretty good but, unfortunately in 2011, my wife got sick with a very aggressive cancer and died in May 2012. I asked myself, what I will do now, after forty years of marriage? I felt depressed and kind of sick. I went to my doctor and, after some tests, I was diagnosed with cancer. Thank god, after having surgery in October 2012, I feel very healthy. For almost 2 years, I went to a grief group

that provides support for people who have lost their spouses. That helped me a lot. Still, to this day, I meet with some of them and we have dinner on a monthly basis.

In 2013, I returned to visit some friends and relatives in the Dominican Republic. Additionally, a dear friend invited me to go to Austria for two weeks, to visit her brother stationed there. Afterwards, we went to Hungary. It was a beautiful and enjoyable trip. In early 2014, through my church, I joined a group traveling to the holy land. It was a very spiritual and comforting journey. Walking on the roads where Jesus had walked and lived really gave me hope to continue living. That same year, a very good friend of mine and my wife's invited me to go to Guatemala to attend a dance she was organizing in Club Guatemala, with music from the 60's and 70's. They called it "repasso". At that party, I was introduced to a beautiful lady, Carolina, who has been my partner since early 2016.



I have mentioned my 2 sons who are married and have given me 4 grandsons and a beautiful princess, Vivien María, who will be 4 in August. My oldest grandson will be graduating from college next May. The second is entering his second year of college. The other 2 boys, ages 8 and 7, attend elementary school. I enjoy my grandchildren anytime I have the chance to visit them.

My youngest son, who is a chef, just opened a restaurant in Pittsburgh, Pennsylvania, where he lives with his family. After only 2 1/2 months, his place has been voted the best restaurant in the area. My other son lives in Charlottesville, Virginia and is working as a marketing director for a big company.

Since 2013, I started playing tennis again with a senior group. We play twice a week and last year we won first place in a doubles tournament. A couple of years ago I started playing pickleball once or twice a week to keep myself in shape.

In 2016, I went with a group from my church to the sanctuaries of Lourdes in France and Fatima in Portugal. It was a very nice experience and improved my faith. Since 2013, I belong to the Legion of Mary, a Catholic organization devoted to the Virgin Mary

at my Catholic church. Once a week I visit the nursing homes in the area to pray with the residents and once a month I help them play bingo.

I have also been tutoring children of the neighborhood in the Spanish language for almost four years. I belong to the Ambassador's Club of Fredericksburg, which holds meetings every month. For 3 years I have volunteered during the elections in Fredericksburg, working as an Election Officer for local and general elections in my county.

I have a group of friends, mostly retirees from PAHO, with whom I play cards once a month. We are called the "tahúres" (gamblers). Another group, all men, called the "tobis", meets every month to eat, drink wine, laugh and remember our years at PAHO.

I still have the antique hobby and hold sales out of my basement 4 times a year.

I have travelled to the Dominican Republic for weddings of friends and relatives in Punta Cana and Cape Cana. And in February 2017, I went with Carolina to celebrate my 50<sup>th</sup> class reunion from the Universidad Autónoma de Santo Domingo; it was a big party.

So, as you can see, I keep myself very busy and I am enjoying my retirement to the maximum while traveling with Carolina.

God has blessed me with a good life. **N**

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### *Welcome to new AFSM members*

***From USA***

**Patricia Brandon**

**Jeannette Bolaños**

**Patricia Ortega**

***From Argentina***

**Zaida Yados**

***From Peru***

**Vivian Goñi de Giovannini**

***From St. Lucia***

**Ivette Holder**

# Sexual Harassment, yes, even within the UN

(This article was taken from WHO AFSM Quarterly News, April 2018)

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*By Maria Dweggah*



The past year has brought to the forefront a number of allegations of sexual harassment reported by courageous women in the world of sports, entertainment, the media and the tech industry, who have suffered the ignominy of sexual harassment and abuse and the threat of retaliation. The UN has not been spared. We all have read the reprehensible reports on sexual harassment and exploitation by UN workers, especially peacekeepers in the “*food for sex*” scandals.

Sexual harassment, unfortunately, also exists within the hallowed walls of the various UN agencies but receives less attention, or, which makes the headlines for a few days and is then forgotten as an isolated and unfortunate incident.

According to recent articles published in [The Guardian](#), “Sexual harassment and assault, rife at United Nations” and in [Le Figaro](#) (quoting The Guardian) “L'ONU visée par des cas de harcèlement et d'agression sexuels”, the United Nations has allowed sexual harassment and assault to flourish in its offices around the world, with accusers ignored and perpetrators free to act with impunity. As reported in the articles, dozens of current and former UN employees described a culture of silence across the organization and a flawed grievance system that is stacked against victims. The newspaper further reported that of the employees interviewed, 15 said they had experienced or reported sexual harassment or assault within the past five years. The alleged offences ranged from verbal harassment to rape. Seven of the women had formally reported what happened, a route that campaigners say is rarely pursued by victims for fear of losing their job, or in the belief that no action will be taken.

It is likely that a number of you reading this article may recall or may have heard during your service similar stories, especially of young, unsuspecting newcomers being accosted

and a number may even have experienced some form of sexual advances, most notably during missions. Drawing on shared discussions and personal experience, while the presence of sexual harassment in the UN is often denied or minimized, especially in country offices where it is taboo to even speak of it “oh no, not here, does not happen, not in our culture” scratch the surface, ask the questions, and one hears the stories that emerge.

Organizations across the UN System by now have or should have comparable policies on harassment and sexual harassment, but for many years no such policy existed. The idea that someone could be sexually harassed "in those days" was preposterous and if it did happen, to whom could you have reported it? And who would have believed you? You probably knew something was not right but did not have the words for it. You brushed it off and just got on with it.

The ILO Administrative Tribunal cases on sexual harassment originate from a variety of agencies, most notably UNIDO, UNESCO, ITU, UNAIDS, WHO, WIPO, FAO, and ICC. While they involve allegations brought by women, there is no doubt that men also fall prey to unscrupulous managers or co-workers but perhaps are more likely to not come forward. It may be that it is still considered taboo and career suicide for a man to file a claim of sexual harassment against his female supervisor or male colleague. Perhaps changes in the perceptions of gender equality will allow men to feel less embarrassed about filing a sexual harassment claim.

As more and more women and men “go public” regarding unacceptable sexual conduct at the workplace, it is hoped that these examples will empower women and men worldwide, whether at HQ or some remote duty station, to step forward without fear of being ridiculed, discredited or retaliated against.<sup>1</sup> **N**

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<sup>1</sup> As mentioned in the Quarterly News, “Since this article was written, WHO has issued an Information Note (16/2018, 16 April 2018) addressed to All staff on the new WHO Mandatory Training Policy which proposes, with immediate effect, under Section IV, “All staff members are required to take the two mandatory trainings below:

- United Nations Course on Prevention of Harassment, Sexual Harassment and Abuse of Authority
  - UN Inter-Agency: To serve with Pride – Zero Tolerance for Sexual Exploitation and Abuse by our own staff
- Both courses are available in Arabic, Chinese, English, French, Russian and Spanish”.

# Things to Remember

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## Your opinion is important

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

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

To reach us, send us emails to:

[afstpaho@gmail.com](mailto:afstpaho@gmail.com)

You can also write to:

**AFSM c/o PAHO**  
525 23rd Street NW  
Washington DC 20037-2895

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## Contact Information

Please refer to AFSM Directory and be certain that all your personal contact information is correct. Visit AFSM web site and find details on who to write to, depending on the matter you want to inquire about or inform us of. We also encourage you to provide us with updates of your address, email or telephone, if

there are changes, so that the Newsletter and other important information can be sent to you on time. Any changes or additions to your contact information should be sent by postal mail to PAHO Headquarters in Washington DC or, preferably, by email to:

[afstpaho@gmail.com](mailto:afstpaho@gmail.com)

### **PAHO/WHO AFSM Web link:**

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

### **To become member of the Facebook page of AFSM**

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

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