NEWSLETTER
OF THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOLUME IX NO. 3 WINTER 1999

WISHING YOU ALL THE BLESSINGS

OF THIS HAPPY AND HOLIDAY

SEASON

AND EVERY GOOD WISH

FOR

A NEW YEAR OF HAPPY AND HEALTHY DAYS

TENTH ANNUAL MEETING

The Tenth Annual Meeting of AFSM was held on 16 November 1999. There were 32 members attending, and guests included Eric Boswell, Chief of Administration (representing the Director); Dr. Carol Collado (representing Dr. Martha Pelaez of the Unit on Aging and Health); Michael Custy (representing the Chief of Personnel); Ana Kaul, of Staff Training; Guadalupe Bowling and Kay Tallon, of Staff Health Insurance; John Ford and Carla Decker, of the Credit Union; Gustavo Strittmatter of the Staff Association; and Abbas Ordoobadi, of the Association of Former International Civil Servants. Speakers for the day (Dr. John Feather, Director of the Andrus Foundation, the research support affiliate of AARP, and Dr. Alicia Amate, a member of AFSM) were also present.

Welcome by the President: President Jaime Ayalde welcomed the members and introduced the visitors present.

Welcome on Behalf of the Director: Eric Boswell, Chief of Administration, welcomed the group on behalf of the Director, who was traveling. Mr. Boswell noted that he had only been at PAHO for a little more than a year, after a 27-year career as a US Foreign Service Officer, serving mainly in the Middle East and specializing in administration and management.

At the request of the Director, Mr. Boswell informed the group about the current budget situation at PAHO, which for years has been dealing with "flat budgets" – budgets that don't increase. As a result, inflationary costs have to be absorbed, offset by program cuts. In 1998 WHO modified its traditional allocation of funds, resulting in a reduction in the amount provided to the Americas Region. Director-General Gro Brundtland requested an increase in quota contributions in 1999 but was voted down.

Dr. Alleyne then requested an increase from the PAHO Governing Bodies, despite strong opposition from the largest contributor, the United States. At the Executive Committee in June, he presented a budget requiring a 5.2% quota increase. This was approved with many reservations. So he "tweaked" the budget some more and requested a 3.9% increase from the Directing Council in September. This was approved by a vote of 33 to 1, with only the US opposing. The next question is whether or not the countries will come up with the money.

Mr. Boswell said he believes that one of the reasons PAHO won this battle is because it has a very good reputation in the UN system and in the US for excellent management and tight internal controls. Because of this, the Director had credibility when he asked for an increase and thus succeeded. He thinks that Dr. Brundtland has not had time to "deliver the beef" for WHO and thus did not get her increase.

Presentation on "Successful Aging": Jaime Ayalde introduced Dr. John Feather, who has an impressive background in studies on aging, geriatrics, and gerontology. A sociologist by training, he is currently the Director of the Andrus Foundation of AARP.

Dr. Feather spoke about some of the most important research that has been going on in the field of aging over the past 10 years. There has really been a revolution in the way people think about the aging process, and this is discussed in a book, "Successful Aging," by John Rowe and Robert Kahn which describes the six myths of aging, summarized by Dr. Feather for the group. (**Note:** This book was reviewed in the Fall 1998 issue of the Newsletter. Dr. Feather presented a copy of the book to AFSM.)

Editorial Committee

Hans Bruch
Dana Dashiell
Jean Surgi
Jaime Ayalde, *ex officio*

First Myth: To be old is to be sick. In many ways the health of older persons is improving, with a related decrease in the level of disability. There has been really dramatic progress in three areas: high blood pressure, high cholesterol levels, and smoking. There have also been technological changes, such as joint replacements, which have extended the mobility of the elderly. People over 100 do not have a pattern of long decline in their later years: they tend to have a very long period of good physical and mental functioning followed by a quick illness leading to death. So they do not have a pattern of long disability, and "to be old is to be sick" is indeed a myth.

Second Myth: You can't teach an old dog new tricks. Studies have shown that increased mental activity leads to physical wellness. Three things seem to improve mental well-being: physical activity; social support and overcoming social isolation; and a belief in self. Older people learn as well as younger people; they just learn at a different rate and they learn different things. It is easier for older people to learn from their peers, because this reduces the sense of embarrassment about lack of knowledge (for instance, about computers).

Third Myth: The horse is out of the barn. Many older people feel that if they have had bad habits (e.g., smoking, alcohol consumption) for a long time there is no point in stopping. Research supports the fact that stopping at any age makes all the difference. When a smoker quits, his/her body is very forgiving. Within six months lung function returns to normal; within five years the chances of heart disease and stroke are identical between those who have smoked and those who haven't. The more serious illnesses of lung cancer and lung disease are not as easy to repair; however, after 15 years the difference between smokers and non-smokers disappears in terms of chances of lung cancer and other lung diseases. Similar findings related to obesity and high blood pressure. An extremely important aspect for both physical and mental health is physical fitness.

Fourth Myth: The secret to successful aging is choosing your parents wisely. A study involving twins who had been separated when put up for adoption shows that other factors are much more important than genetics in successful aging. The important factors are avoiding disease, maintaining high physical and mental function, and continuing to engage in life. Only 30% of physical aging and 50% of mental functioning is due to genetic differences. The main message is that you <u>can</u> do something about this and it is important that you work at it.

Fifth Myth: The lights may be on but the voltage is low. This relates to such things as sex and intimacy in older age, a constant source of gags on TV shows. A study shows that there is not an exponential decrease in sexual activity with old age. There is a gradual decrease, mainly a function of losing spouses or partners. For those people who do have difficulties, there are drugs such as Viagra which can be of help.

Sixth Myth: Older people don't pull their weight. This is the "greedy geezer" stereotype, that older people take more from society than they give. It pits groups against each other – older people take money that really should go to children. This is a very destructive argument. We are all in this together; if Medicare fails, my parents may have to turn to me. It is the elderly who provide much of the caregiving in a family, for which they receive no pay. It is estimated that if the caregiving done by older people for family members had to be replaced, it would take three million full-time caregivers. So older people do carry their weight.

MEMBERSHIP CARDS/BYLAWS

We had a great surge in membership last fall after our mailings to recruit new members and to remind old members to pay their current dues. It may be that we failed to send membership cards and/or copies of the bylaws to everyone. If you do not have a current membership card or if you want a copy of the bylaws, please let us know and we will send them to you. AFSM, c/o PAHO, 525 23rd St NW, Room 314, Washington DC 20037-2895.

President Ayalde then introduced Ms. Carol Collado, representing Dr. Martha Pelaez, of the PAHO Program on Aging and Health. Ms. Collado offered regrets from Dr. Pelaez, who had to attend a meeting in Mexico. However, Dr. Pelaez had said that we were fortunate to have Dr. Feather as our speaker.

Ms. Collado said that at PAHO emphasis has been on raising consciousness and acquiring solid evidence about what it is that aging people want. An intensive study is being conducted in eight countries of the Region to provide a baseline of data. We are conscious of the fact that throughout the Region older people are becoming primary caregivers for young children and adolescents. This is helpful to the younger people and engages the older people as well.

She left several packets prepared by Dr. Pelaez which contained the following: a document on "Salud de las personas de edad," an article entitled "El envejecimiento: Como superar mitos," and a poster entitled "Envejecimiento en las Americas: Proyecciones para el siglo XXI."

President Ayalde introduced the second speaker on "Successful Aging," Dr. Alicia Amate, a PAHO retiree and member of AFSM now living in her native Argentina. Dr. Amate described her experiences of being retired and living in her country again. She planned for her future life in advance, so she was prepared to be a retiree before she was one. She feels lucky because she has really enjoyed every moment of her life.

During the first two years of her retired life she took care of her mother, who had been in a nursing home, during her last years. Then she returned to the US and took care of her grandchildren while their mother (her daughter) studied for her Master's Degree. She very much enjoyed these opportunities to spend time with her mother and with her grandchildren.

Then she started to call friends whom she had not seen for 30 or 40 years, since she was a very young doctor. She decided that if she worked again it should be with young people, as people her age might feel threatened that she would take their jobs. She is working with community-based rehabilitation on a team on which the oldest person, next to her, is 35 years old. One thing she did not enjoy about her work at PAHO was working with governments. So now she works with real people, with faces and names. She teaches them how to work with people, to transfer the technology.

This is probably the best time of her whole life because she is free to do whatever she likes however she likes. She can say what she feels to anybody. "I have my truth and this is my truth; if you don't like it, it's not my problem, it's your problem. My health is not my problem, it's my doctor's problem." Now she has time to enjoy museums, lectures, the theater, and the ballet and to travel extensively within Argentina.

She described a foundation called Innovations for Health, which includes other PAHO retirees living in Argentina and which works with universities and professional groups to provide new approaches to public health problems. PAHO retirees are all working – "I can't remember one of us who is doing nothing." A funny thing is that everyone is very active in physical training and most of them have their own personal trainers.

She feels that her retirement is successful because she prepared for it, planned it. She does not feel like an old person, just a person in a different stage of life. Everyone will not have the same experience if they have different thoughts, backgrounds, or possibilities; it is a matter of enjoying life.

Adoption of Agenda and Approval of Minutes: The presence of a quorum was noted. The agenda for the Tenth Annual Meeting and the minutes of the Ninth Annual Meeting, 17 November 1998, as distributed in advance of the meeting, were approved.

Report of the President: The President presented his annual report of AFSM for 1999, which is included further on in this Newsletter.

Report of the Treasurer: Treasurer Renate Plaut noted that the current fiscal year goes from

1 January to 31 December of a calendar year. This means that only an interim financial report can be presented at the annual meeting in November. An amendment to the bylaws will be proposed later on during this meeting, which would change the fiscal year to begin 1 October and end 30 September of the following year, thereby allowing a final report of the treasurer at the annual meeting every year.
She said that current assets are more than $24,000, a net increase of income over expenses of more than $6,000 during 1999. In 2000 we can expect a smaller increase due to the number of members who have already acquired lifetime and 10-year memberships, perhaps to be offset by an increase in membership in Latin America.

Comments and Questions: Carlos Garcia, on behalf of the membership, thanked Renate for her service to the Association, not only as Treasurer but also in other areas. Renate responded with her appreciation for the kind words and hoped that several projects close to her heart would continue, especially preretirement seminars.

Ms. Ana Kaul, Chief of the Staff Development Unit, noted that the next such seminar would be held in December 1999 and January 2000. A member of AFSM suggested that financial planning seminars should be held well ahead of retirement, as this planning might be too late if postponed until retirement.

John Ford, President, and Carla Decker, CEO of the PASB Federal Credit Union, noted that preparations for Y2K were all in place. Computer programs had been modified and tested. Provisions for temporary space had been arranged, in the event that the Watergate Building had to be closed for lack of water or electricity. Hard copies of all accounts would be prepared on 31 December, so the work could continue without computers if necessary. They also noted that the Credit Union would be online on the Internet in 2000.

Mike Custy, representing the Department of Personnel, answered a question related to a survivor's receipt of a UN pension. Since the rules had been changed to permit the continuance of a survivor's pension after remarriage, would pensions that had been discontinued in the past upon remarriage now be reinstated? Mr. Custy said he did not know the answer but would investigate.

Guadalupe Bowling, Chief of the Staff Health Insurance Unit, noted that the Health Insurance Fund is in a sound financial position. Since many people had asked the question, she indicated that SHI does not reimburse the cost of Viagra. There may be changes in the SHI rules next year at the joint committee meeting in Geneva.

Hans Bruch urged cooperation of all retirees in planning and carrying out the programs of the Association. The group is 10 years old and should be doing many more things, but it needs more input from the membership in order to do them.

It was suggested that AFSM look into the possibility of using PAHO Internet facilities – setting up a Web Page, publishing information, and using electronic mail as a substitute for regular postal services.

Alicia Amate asked what relationship AFSM had with retirees in the field. Renate Plaut noted that a large mailing had been sent out to retirees in the Health Insurance system and that many had joined the Association. She suggested that a follow-up letter be sent to be sure that it has reached all persons who might be interested.

Amendment to the Bylaws: Jean Surgi, Secretary, read the proposed amendment to Article IX, Fiscal Year, of the bylaws, which was then approved unanimously: "Effective in the year 2000, the fiscal year of the Association shall begin on the first day of October each year and end on the last day of September of the following year."

Election of Members of the Board of Directors: The terms of office of three Board members – Danelia Dashiell, Carlos Garcia, and Hortensia Saginor – were expiring at the end of the year. All three agreed to be nominated to new terms of office and were reelected unanimously.

Carlos Garcia, representing the nominating committee, noted that two Board members were resigning – Flora Early and Renate Plaut. Carlos Gamboa and Herman Mora had agreed to be nominated to fill the unexpired terms, and they were elected unanimously.

Other Business: Jaime Ayalde noted that the first meeting of the new Board would be held on Tuesday, 25 January, at 10:00 in the Chess Room at Headquarters, at which time officers would be elected for 2000.

Adjournment: The meeting was adjourned at 11:45 and most of the members attending joined in a luncheon provided by AFSM.

REPORT OF THE PRESIDENT FOR 1999

by Jaime Ayalde

Our Association has reached the "mature" age of ten years and I would like to take this opportunity to thank present and past members for their active participation, without which we could not have reached this momentous marker in our history. The list is long, and if I attempt to mention individual names I may run the risk of omitting others.

Needless to say, the idea of having an Association of Former PAHO/WHO Staff Members was in the mind of many of our colleagues, but the first steps to bring that idea into reality were taken by Maria Helena Irwin. She sent letters to a number of fellow PAHO retirees promoting the idea and inviting a group of interested individuals to her house in McLean, Virginia, for what may be considered the first, albeit non-official, meeting of the Association.

PAHO's Administration was very supportive of the idea, and provided interim meeting places and seed money for its initial functioning, under the leadership of Hans Bruch as ad hoc President during the preparatory phase. Subsequently, the First Annual Meeting was held, attended by some 25 members who elected the first Board of Directors. In turn the Board confirmed Hans as President, a position that he held for five years.

The Association went through the expected growing pains, which involved drafting and adopting bylaws, organizing and maintaining the internal governing body (Board of Directors), designing means of communication with the membership (Newsletter), identifying areas where action was needed and possible to execute, and maintaining links with the Organization and with sister associations of the international community.

The Association has organized seminars on various subjects, such as health insurance, long-term health care, irrevocable living trusts, and hearing aids. It has also contributed to the preretirement seminars presented by PAHO.

Through the Newsletter, important information has been disseminated on subjects of interest to retirees. Through the directory, attempts are made to facilitate communication to and among the members. Information originated by PAHO's Administration that may be of interest to the membership is also distributed either via the Newsletter or by urgent flyers when the need arises.

Through full representation (with voice and the right to vote) on the Regional Committee of the WHO Health Insurance Surveillance System, AFSM has promoted matters of interest to retirees.

Former PAHO and WHO staff residing in any country of the Americas, as well as PAHO former staff residing elsewhere, are eligible to become members of the Association. In practice there have been some operational restrictions due to insufficient infrastructure to support a rapid expansion. Nevertheless, we are happy to report that the Association started with 25 members 10 years ago, mostly from the Washington area. By 1998 we had expanded to cover the rest of the US and Canada, plus the English-speaking islands of the Caribbean, for a total of some 450 members.

In 1999 we promoted the expansion of membership to Spanish- and Portuguese-speaking countries of Latin America, with the result that the total number is now in the neighborhood of 600 former PAHO/WHO staff members. We

have members residing in 26 countries of the Americas Region, five countries of Europe, and one country of the Western Pacific Region.

Our financial situation is quite healthy, with $24,388.71 in assets as of 30 September 1999. This represents a net income of $6,277.59 after expenditures, for the period 1 January–30 September 1999. Renate Plaut, AFSM Treasurer, will present a brief report on financial matters. As in previous years, Jack Schettewi has volunteered to audit the accounting.

During the year we continued to organize social gatherings, under the efficient coordination of Hortensia Saginor.

The terms of office of Board Members Danelia Dashiell, Carlos García, and Hortensia Saginor expire on 31 December 1999. All three have agreed to be nominated to another term of office. Since there are pending projects under their leadership, we recommend that these three members be confirmed.

In addition, two vacant posts resulting from the resignations of Flora Early and Renate Plaut need to be filled for the remainder of their terms. Although this matter will be up for consideration by the membership later in this meeting, let me record here our appreciation for their services. They will be missed, but we hope that they will continue to lend their cooperation whenever their new activities allow them to do so.

Finally, let me once again record our appreciation to Dr. George A. O. Alleyne, Director, for his support to the Association; to Dr. David Brandling-Bennett, Deputy Director; to Dr. Mirta Roses Periago, Assistant Director; to Mr. Eric Boswell, Chief of Administration; to Dr. Diana Serrano LaVertu, Chief of the Department of Personnel; and to their staffs for all the support that the Organization is giving to us.

LOS MINISTROS DE SALUD SE DAN CITA EN SAN JUAN, PUERTO RICO

por Carlos Garcia

Por segunda vez, la OPS vuelve a celebrar una reunión de sus cuerpos directivos en la Isla del Encanto. Han pasado 41 años desde que la Conferencia Sanitaria Panamericana celebrara su reunión en San Juan, Puerto Rico, en septiembre-octubre de 1958. En esos mismos meses de 1999 San Juan volvió a ser la ciudad anfitriona de la reunión del Consejo Directivo en su 41ª edición.

De un amplio programa con temas importantes, tales como el SIDA en las Américas, Salud de los Trabajadores, situaciones de emergencia y coordinación de socorro para casos de desastre, cabe destacar, entre otros, por su importancia, el relativo a la reducción de la mortalidad infantil. A tales fines los ministros acordaron apoyar una nueva estrategia: "Atención Integrada a las Enfermedades Prevalentes de la Infancia (AIEPI)" instando a los países del hemisferio a que la adopten como una intervención fundamental para acelerar la disminución de la mortalidad en la infancia y lograr la meta de reducir 100,000 muertes de niños menores de 5 años entre 1999 y 2002. Pidieron, asimismo, que dicha estrategia quede incorporada en las acciones básicas de salud para toda la población dándose los pasos necesarios para garantizar su apoyo económico.

La estrategia de AIEPI incluye medidas no solo para la detección y el tratamiento precoz de las enfermedades comunes de los niños, sino también medidas preventivas y de promoción de la salud, tales como la vacunación, la lactancia materna, la nutrición, y la orientación dirigida a los padres para que asistan mejor a los niños en el hogar. La finalidad de esta estrategia es contribuir a reducir el número de episodios de enfermedades transmisibles y de defunciones por esta causa en los niños menores de cinco años. En la Región de las Américas, las enfermedades transmisibles representan mas de un tercio de las defunciones en este grupo de edad.

La Oficina se ha comprometido a colaborar con los estados miembros para salvar la vida de 25,000 niños cada año durante el período de 1999 a 2002 mediante la aplicación masiva de AIEPI. Las diferencias en la magnitud de las tasas de mortalidad infantil se asocian en gran parte con la persistencia de la mortalidad alta por enfermedades infecciosas y parasitarias. En

los países en desarrollo, especialmente los de bajos ingresos, las tasas de mortalidad son mas de 200 veces mayores que las observadas en los países desarrollados del continente. En los países en desarrollo, las infecciones respiratorias agudas, la diarrea y la malnutrición son las causas principales de la mortalidad infantil, y en conjunto representan del 40 al 60% de las defunciones en los niños menores de 5 años. En los piases desarrollados son la causa de menos del 6% de las defunciones en este grupo de edad.

Además de su importancia como causa de mortalidad, las infecciones respiratorias agudas y la diarrea, junto con la malnutrición y otras enfermedades infecciosas, tales como la malaria, la tuberculosis, el dengue, la enfermedad del Chagas, las enfermedades prevenibles por vacunación y la meningitis constituyen la carga de morbilidad mas elevada en los niños. De hecho, son la causa de mas del 60% de las visitas a los servicios de salud y mas del 40% de las hospitalizaciones de los niños menores de 5 años.

La estrategia de AIEPI se ofrece como la mejor opción para lograr una situación sanitaria que sea mas equitativa. Es compatible con los conocimientos y la tecnología actuales y se puede poner al alcance de la población mediante los servicios y los trabajadores de salud del primer nivel de atención. No solo se centra en controlar las principales causas de mortalidad y morbilidad en los niños, sino que también es un vehículo para mejorar la calidad de la asistencia que reciben en los servicios de salud y en el hogar.

(Información obtenida, en parte, de los comunicados de prensa de la OSP)

MINISTERS OF HEALTH MEET IN SAN JUAN, PUERTO RICO

translated by Egla Blouin

For the second time, PAHO has held a meeting of its Governing Bodies in the Island of Enchantment. Forty-one years have gone by since September of 1958, when the Pan American Sanitary Conference last held a meeting in San Juan, Puerto Rico. In the same month of September, but in 1999, San Juan again became the host city for the meeting of the 41st Directing Council.

Among the important subjects covered in an extensive agenda that included AIDS in the Americas, workers' health, and emergency and relief coordination in cases of disaster, the discussions on the reduction of infant mortality stand out because of their significance. To this end, the ministers agreed to support a new strategy entitled '"Integrated management of childhood illness (IMCI)" and urged all countries in this hemisphere to adopt it as a basic intervention to speed up the decline of infant mortality and to achieve the goal of preventing 100,000 deaths of children under age 5 between 1999 and 2002. They also requested that the strategy become incorporated to the basic health actions directed at the entire population while taking the necessary steps to guarantee its economic support.

The IMCI strategy includes not only measures for the detection and early treatment of common diseases of children, but also preventive and health promotion measures regarding vaccination, breast-feeding, nutrition, and counseling of parents so that they can take better care of their children at home. The purpose of this strategy is to help reduce the number of episodes of communicable diseases and deaths due to those causes in children under age 5. In the Region of the Americas, communicable diseases account for more than one third of the deaths in that age group.

The Office is committed to collaborating with Member States in order to save the lives of 25,000 children every year through the massive application of IMCI during the period from 1999 to 2002. Differences in the magnitude of infant mortality rates are to a great extent associated with the persistence of high mortality from infectious and parasitic diseases. In developing countries, and especially those with low incomes, mortality is more than 200 times greater than that observed in the developed countries of this continent. In developing countries, acute respiratory infections, diarrhea, and

malnutrition are the leading causes of infant mortality, and together they represent from 40 to 60% of the deaths of children under 5 years of age. In developed countries, they cause less than 6% of the deaths in that age group.

Besides their importance as a cause of mortality, acute respiratory infections and diarrhea together with malnutrition and other infectious diseases such as malaria, tuberculosis, dengue, and Chagas' disease, vaccine-preventable diseases and meningitis contribute the highest burden of morbidity in children. In fact, they account for more than 60% of visits to health services and more than 40% of hospitalizations of children under 5 years of age.

The IMCI strategy is presented as the best option for achieving a more equitable health situation. It is compatible with current knowledge and technology and it can be put within reach of the population through primary health care and its providers. It is focused not only on controlling the leading causes of mortality and morbidity in children, but it is also a vehicle for improving the quality of care received in the health services and at home.

(Information obtained in part from PASB press releases)

YEAR OF OLDER PERSONS

Noting that 20 years had been added to the average lifespan, UN Secretary-General Kofi Annan said the International Year of Older Persons was a celebration of aging itself and that increased longevity was good news despite the doom and gloom myths.

Speaking to a conference on "Cities and Villages for Older People in the 21st Century," organized by the International Council for Caring Communities in February, Mr. Annan expressed concern, however, for the situation of older women "who are more likely to be poorer in old age and face discrimination." He also stressed that developing nations will have to set aside substantial resources to ensure public health and social services for their graying populations. Increased longevity, he noted, "requires wiser investment in childhood, youth and midlife to develop healthy lifestyles and lifelong learning."

(From *Secretariat News*, UN Headquarters, New York, April-May 1999)

CERTIFICATE OF ENTITLEMENT

You should by now have received your Certificate of Entitlement from the Secretary of the United Nations Joint Staff Pension Fund. It is imperative that you sign and date this form and return it within 45 days of receiving it. Each retiree receiving a pension must certify annually that he/she is still eligible to receive the pension. Your signature will be compared with previous signatures to check for authenticity. If for some reason you can no longer sign the form yourself, provision is made on the form for someone else to sign it for you.

If you have not received the Certificate of Entitlement or if you have misplaced it, you should immediately notify: The Secretary, United Nations Joint Staff Pension Fund, Room S-635, New York NY 1001 7, USA, and request a replacement form.

Please note: If you do not sign and return the form within the specified time, your pension may be stopped. If the original pensioner is deceased, this information should be passed on to the UNJSPF; a dependent widow or widower may then sign the form, if he/she is eligible for a survivor's pension.

DECREASE IN AMOUNT OF PENSION

You may have noticed that the amount of the pension you received in January 2000 was slightly less than the amount you received in December 1999. You will recall that you received an ***increase*** in your pension last April, due to a rise in the cost of living.

The cost of health insurance is a percentage of the amount of your pension and is deducted from your pension each month. However, the increased deduction resulting from the increase in pension was not applied until January 2000, which caused the ***decrease*** you noted.

Instead of considering this as a reduction in your pension, you can think of it as a bonus from the health insurance system for not deducting the increased amount as soon as you received your increase in pension!

LONG-TERM CARE INSURANCE

Although long-term health care insurance policies are frequently sold with a "level premium," implying that this rate will not increase in the future, it is important to read the fine print before you buy, according to Jane Bryant Quinn in her column "Your Money" in the *Washington Post* on Sunday, 12 September 1999.

It seems that, although the rate cannot be raised on single policies, it can be increased for a "class" of policies. So a policy is touted at a bargain price with great benefits, and, in a year or two, the price is raised. Some people switch to something cheaper, but some - usually the older and sicker - cannot afford to change. The claims this group submits are frequently more costly, and the premiums rise again. Then these people have to let their policies lapse, and they are left without coverage just when they need it.

Ms. Quinn recommends that purchasers select a well-managed company with a good track record, even if premiums are higher than the "bargains" offered by others. She also suggests that they use "Long-Term Care Planning," from the United Seniors Health Cooperative (1-800-637-2604), as a guide. And she suggests that you tape-record the sales pitch!

HELP FOR SHERLEY

Many of you who were stationed in Washington DC will remember Sherley Pettit, who worked in the PAHO garage for many years. When he retired a few years ago he moved to Tarboro NC, a town that has been very much in the news recently - it was one of the main targets of Hurricane Floyd, which caused so much devastation in the eastern part of North Carolina.

During the hurricane, Sherley's house went completely under water. He, his wife, and his wife's wheelchair-bound mother were quickly evacuated. However, they lost everything.

The Washington Local Organization of the Staff Association has organized a collection to help Sherley through this time of crisis. Financial contributions can be sent to WLO, Room B-310, at Headquarters.

Somehow, a hurricane seems more personal when you learn that someone you know was in the middle of it.

SURPRISING DEMOGRAPHIC TRENDS

Dr. Mirta Roses, Assistant Director of PAHO, has passed on to us an article from the 19 July 1999 issue of *Fortune* magazine entitled "Hell No, We Won't Go!" by David Stipp. The author says, "Surpassing demographic trends raise a tough question: Will the elderly live so long that society can't cope?"

He discusses the dramatic decline in death rates at older ages in the past half-century and notes that if there is to be continued emphasis on increasing the length of life, there needs also to be an increased emphasis on the cure and treatment of chronic diseases. "If we receive a gift of extra years, will it turn out to be a Pandora's box filled with hobbling diseases?"

Mr. Stipp describes the forecasts of several leading demographers, who of course do not always agree. It is a thought-provoking article, and you may want to track it down at your local library or on the Internet.

YOUR HEALTH MATTERS
Myths and Realities

by Jaime Ayalde

An old French proverb loosely translated states that "the more things change, the more they become the same." This is not necessarily true in the area of health and medical care. Advances in scientific knowledge, new technological tools, and environmental changes make it necessary to constantly evaluate medical

conditions and the way they are managed. The following health tips are good examples of myths and realities:

- Most people think coronary artery disease (CAD) is a man's disease. In reality women usually develop CAD after menopause – about 10 years later than men do. By age 65 a woman's risk is almost equal to a man's.

- Some pacemaker users worry that the Y2K computer bug will affect the heart's normal rhythm. The Food and Drug Administration says there's no need to worry. Pacemakers do not rely on a programmed date in order to function.

- Other users believe that you should avoid using cellular phones if you have a pacemaker. In fact, current cellular phones marketed in the US are considered safe when properly used. Proper use includes not carrying an activated cell phone in a breast pocket overlying your pacemaker.
- Another myth is that common electronic items and household appliances may interfere with a pacemaker's operation. Actually, microwave ovens, CB radios, and heating pads do not impair pacemaker function. Brief exposure to electromagnetic anti-theft devices (such as those found in exits from retail stores and libraries) cause little, if any, disruption to pacemaker function. In reality, prolonged exposure to surveillance devices, power-generating equipment and powerful magnets such as those used for MRI can affect proper pacemaker function.

- If you are a man, subject to too much stress and enjoy spicy food, you are on your way to a peptic ulcer. That is a myth. The new understanding is that anyone (either sex) who is infected with the bacteria *Helicobacter pylori* is at risk. According to the old beliefs the condition was considered to be chronic, not curable, and the affected person was a serious candidate for surgery. The good news is that at present the condition is considered 90% curable, with a week or two of antibiotic therapy and acid suppressors.

- Dead rattlesnakes cannot bite. This assertion appears valid enough. However, in reality rattlesnakes do bite even when dead, due to strong residual muscular reflexes. Arizona researchers recently reported five cases of people bitten by dead rattlesnakes. One study found that rattlesnake heads are dangerous for up to one hour after decapitation.

LA OBESIDAD: UN DESORDEN METABOLICO DE ALTO RIESGO PARA LA SALUD

by Carlos Hernán Daza Hurtado

El ser humano tiene mayor riesgo de volverse obeso cuando dispone de gran variedad y abundancia de alimentos, y la vida se le hace mas fácil y ociosa. Estos cambios en los estilos de vida propician el sedentarismo y, a su vez, el desequilibrio entre la energía que se ingiere y la que se gasta por el cuerpo para satisfacer sus necesidades metabólicas y de actividad física.

La obesidad es una compleja enfermedad crónica multifactorial que se desarrolla por la interacción del genotipo y el medio ambiente. El conocimiento sobre como y porque se produce la obesidad es aun incompleto, pero está claro que el problema tiene su raíz en factores sociales, culturales, de comportamiento, fisiológicos, metabólicos y genéticos.

De hecho, la obesidad es un problema de desequilibrio de nutrientes, que se traduce en un mayor almacenamiento de alimentos, en forma de grasa, que los requeridos para satisfacer las necesidades energéticas y metabólicas del individuo.

El exceso de peso es el aumento del peso en relación con la talla, por encima del esperado, de acuerdo a la población de referencia utilizada, y la obesidad consiste en un porcentaje anormalmente elevado de grasa corporal, que puede ser general o localizada.

Las medidas antropométricas que se utilizan para valorar el exceso de peso y la obesidad, son la talla y el peso corporal, las circun-

ferencias del tórax, la cintura, las caderas o las extremidades, y el pliegue cutáneo.

Es posible relacionar el peso y la talla de varias maneras. La más útil es la proporción llamada Indice de Masa Corporal (IMC) o Indice de Quetelet, que se obtiene de dividir el peso en kilogramos por la talla en metros elevada al cuadrado:

IMC = Peso (kg) / Talla (m)2

El sobrepeso en personas adultas se define como un Indice de Masa Corporal (IMC) de 25 a 29.9 kg/m2 y la obesidad como un IMC de 30 kg/m2 o mas.

Un IMC aceptable está entre 22 y 24.9 kg/m2, y como objetivo deseable en el tratamiento de la obesidad moderada o severa, generalmente se trata de alcanzar un IMC por debajo de 30 kg/m2, o sea una reducción de 5 puntos.

El Centro Nacional de Estadísticas de Salud de los Estados Unidos ha informado que desde 1960 el número de hombres y mujeres con sobrepeso y obesidad se incrementó significativamente en ese país, alcanzando un 55% en adultos de 20 y mas años.

Se estima que 97 millones de adultos en los Estados Unidos tienen sobrepeso o sufren de obesidad, lo cual aumenta el riesgo de morbilidad por hipertensión, dislipidemia, diabetes mellitus tipo 2, enfermedad coronaria del corazón, accidentes cerebrovasculares, enfermedad de la vesícula biliar, osteoartritis, apnea nocturna y problemas respiratorios. Además, cáncer del endometrio, glándula mamaria, próstata y colon.

Las condiciones socioeconómicas también desempeñan un papel importante en el desarrollo de la obesidad. El exceso de peso es 7 a 12 veces mas frecuente en las mujeres de las clases sociales bajas, en comparación con las clases altas.

Los estudios sobre prevalencia de exceso de peso y obesidad en Latinoamérica han sido relativamente escasos, lo cual limita una valoración cierta y actualizada del problema.

Sin embargo, si se toman los tres grados de obesidad en conjunto (clasificación FAO), la prevalencia de sobrepeso y obesidad está alrededor de 50% en población adulta, siendo los países mas afectados Uruguay y Chile, donde las mujeres de mas bajos ingresos son las más afectadas.

Si se compara la prevalencia de sobrepeso y obesidad en Latinoamérica con las reportadas en Australia, Inglaterra y Estados Unidos, se observa que son similares y en algunos países aun mayores.

Numerosos estudios indican que una alta proporción de grasa, ya sea en el tronco o el abdomen, se asocia con resistencia a la insulina, hiperinsulinemia, tolerancia a la glucosa disminuida, diabetes, perfil lipídico plasmático aterogénico y presión arterial elevada.

Hombres con 20% por encima del peso deseable muestran un incremento de 20% en la probabilidad de muerte por todas las causas, un 25% en la mortalidad por enfermedad coronaria, un 10% por accidentes cerebrovasculares, dos veces el riesgo de padecer diabetes y un 40% de enfermedades de la vesícula biliar.

La obesidad aún siendo moderada y especialmente la obesidad abdominal, pude incrementar diez veces el riesgo de padecer diabetes no-insulino dependiente.

Se calcula que en varones, por cada incremento de 10% en el peso corporal, aumenta la presión arterial sistólica 6.5 mm/Hg, el colesterol plasmático 12 mg/dL y la glucosa en ayunas 2 mg/dL. Asimismo, aumenta en 20% la incidencia de enfermedad coronaria.

El método mas sencillo para medir el grado de obesidad abdominal se obtiene de dividir la circunferencia de la cintura por la circunferencia de la cadera. En los hombres, el riesgo de enfermedad cardiovascular aumenta significativamente cuando la relación de los diámetros cintura/cadera (IAC) es mayor de 1.0, y en mujeres por encima de 0.8.

Los hombres con exceso de peso presentan una tasa de mortalidad significativamente mas

alta por cáncer del colon, el recto y la próstata. Las mujeres menopáusicas obesas, con grasa de localización abdominal, presentan un mayor riesgo de desarrollar cáncer de mama, y mortalidad mas elevada por cáncer de ovarios y útero.

Las mujeres obesas entre 20 y 30 años de edad tienen un riesgo seis veces mayor de desarrollar patología de la vesícula biliar, que las mujeres de peso normal. Hacia los 60 años de edad, se puede esperar que alrededor de un tercio de las mujeres obesas sufran de enfermedad biliar.

De acuerdo a las guías publicadas por los Institutos Nacionales de Salud de los Estados Unidos, las estrategias mas exitosas para reducir el peso en las personas obesas, incluyen la disminución de la ingesta calórica, el incremento de la actividad física, y el apoyo psicológico para mejorar el comportamiento alimentario y los hábitos de actividad física.

Las principales recomendaciones son las siguientes:

- Los pacientes obesos deben realizar una actividad física diaria moderada, hasta alcanzar 30 minutos o más, preferiblemente todos los días de la semana.

- La reducción exclusiva de grasa alimentaria, sin reducir las calorías totales, no produce una baja de peso. Sin embargo, disminuir la ingesta de grasa puede ayudar a disminuir las calorías y es saludable para el corazón.

- El objetivo inicial del tratamiento debe ser reducir alrededor del 10 por ciento del peso corporal actual del paciente, lo cual disminuye los factores de riesgo relacionados con la obesidad. Si se tiene éxito y las condiciones del paciente lo permiten, se debe intentar una reducción de peso adicional.

- Seis meses de tratamiento es un tiempo razonable para reducir 10 por ciento del peso corporal, o sea una disminución de 1 a 2 libras de peso por semana.

- La conservación del peso alcanzado debe ser una prioridad después de los primeros 6 meses de tratamiento para la reducción de peso.

- El médico debe tratar inicialmente al paciente, por lo menos durante seis meses, con una terapia centrada en el mejoramiento de sus hábitos de vida (alimentación, ejercicio físico y salud mental), antes de embarcarse en una terapia medicamentosa.

- Las drogas aprobadas por la Administración de Drogas y Alimentos (FDA) para reducción de peso y uso prolongado, pueden prescribirse como parte de un programa integral que incluye dietoterapia, actividad física y soporte psicológico, en pacientes cuidadosamente seleccionados (IMC >30 sin factores de riesgo adicional, IMC >27 con dos o mas factores de riesgo adicional) y que no han podido bajar de peso o mantener el peso alcanzado con las terapias convencionales no medicamentosas.

- La terapia con medicamentos puede continuarse durante la fase de mantenimiento del peso alcanzado con el tratamiento convencional. Sin embargo, aun no se ha establecido la efectividad y seguridad del uso de medicamentos por mas de un año de tratamiento continuo.

- La cirugía para reducción de peso es una opción en pacientes cuidadosamente seleccionados, que presenten obesidad clínica severa (IMC de >40 o IMC de >35 con otros problemas de salud agregados), y cuando otros métodos menos invasivos han fallado y el paciente tiene alto riesgo de desarrollar alguna enfermedad asociada con la obesidad. Se requiere vigilancia médica de por vida después de la cirugía.

- Pacientes con exceso de peso y obesos que no desean tratamiento, o que no son candidatos para un tratamiento de reducción de peso, deben recibir educación alimentaria y orientación sobre las estrategias y opciones que tiene para evitar seguir ganando peso.

- La edad no debe ser un obstáculo para el tratamiento de reducción de peso en adultos mayores. Una evaluación cuidadosa de los

riesgos y beneficios potenciales en cada paciente debe ser la guía del tratamiento.

Nota: Extracto de un artículo publicado en el *Boletín Científico de la Asociación Colombiana de Ciencia y Tecnología de Alimentos* (ACTA), Vol 1, No. 1, 1999

QIGONG: LIFE FORCE ENERGY - BALANCE MOVEMENT

by Sumedha Khanna

Qi is the Chinese word for "Life Energy." It is the vital force that flows through all living things. This "Life Energy" connects us all. **Gong** means "work." Thus **Qigong** means working with life energy, learning how to control the flow and distribution of Qi to improve the health and harmony of mind and body.

Qigong is a holistic system of self-healing exercise and meditation; its practice includes healing postures, breathing techniques, movement, meditation and self-massage.

There are three broad categories or types of Qigong. The ***dynamic*** or active, which involves movement; the ***quiet*** or passive, which involves concentration and gentler movement; and the ***self-healing*** or meditative, which involves postures and deep concentration to bring about healing in specific parts of the body. The latter is generally practiced by advanced Qigong masters.

It is recommended to start the practice of Qigong with the basic techniques, which include stillness, breathing, posture, and gentle movement with concentration.

Qigong is easy to learn. You do not need any exercise equipment or tools, just your own God-given components - your body and your mind. Anyone can learn it and a daily practice can be completed in 20 minutes.

Qigong helps to prevent disease and enhance health. People who practice it recover more quickly from an illness. Qigong sharpens our awareness and mental alertness. It increases energy and vigor, and it enhances the immune system and thus our body's capacity to fight disease. Qigong is particularly beneficial in stress. Regular practice of Qigong relaxes muscles and mind and reduces chronic tension.

It is particularly beneficial for alleviating chronic muscular and joint pains, a common condition in our advancing years. In China millions of people practice Qigong daily in outdoor parks and open areas. I have found Qigong particularly powerful when practiced in a natural environment such as under a tree, or near a river or ocean.

A very helpful video on Qigong is available from Sounds True, Boulder Colorado. Ken Cohen, a preeminent Qigong master in the West, demonstrates it. Those interested can order from Sounds True, 800-333-9185.

DR. MYRON E. WEGMAN

Some of you may remember Dr. Myron E. Wegman, who served as Chief ot the Department of Education and Training at PAHO from 1952 to 1956 and as "Secretary-General" (Deputy Director?) in the Director's Office from 1957 to 1960. His death was reported in *The AFICS Quarterly Bulletin* (Vol. XXIX, No. 2, July 1999). Dr. Wegman wrote, from his home in Ann Arbor, Michigan, where he is Dean Emeritus of the School of Public Health, University of Michigan, to report that he is still very much alive. He celebrated his 91st birthday in July 1999.

DECEASED RETIRED STAFF, 1999

Phariss, John	22 Jan
Huerta, Ruperto	06 Feb
Jauregui Alcazar, Julio J	09 Feb
Sirvent Ramos, Manuel	26 Mar
Sigui, Deusmar	16 Apr
Diaz Escobar, Antonio	05 May
Gonzalez, Máximo	20 Aug
Duharte, Miguel	27 Aug
Lovelace, Louis J.	29 Aug
Becerra, Pedro José	10 Sep
Escalante, José	15 Sep
Diaz, Angel Gonzalo	02 Oct
Paredes, Raul Antonio	25 Oct
Navarro, Abelardo Antonio	15 Nov
Rocha, Elisio da Cruz	17 Nov

A LITTLE BIT OF HUMOR

Old age is when Father Time catches up with Mother Nature. It's a time when our narrow waists and broad minds change places, when the sight of a big, round harvest moon reminds us to have the furnace checked, when we avoid crowded gatherings where people outnumber the comfortable chairs, when men consider women charmless and women consider men harmless.

I quit taking tranquilizers when I realized I was being nice to people I didn't even like!

A man who brags that he never made a mistake has a wife who made a big one.

Two elderly ladies were sitting on a porch rocking back and forth in rocking chairs. "Sally," said one, "do you ever think about the hereafter?" As quick as a flash, Sally replied, "All the time. I go into a room and look around and say, 'Now what did I come in here after?'"

The worst thing about retirement is having to drink coffee on your own time.

My wife went to the doctor. He examined her and said, 'You are OK, you only need more rest." "But look at my tongue," she insisted. "Yeah," the doctor replied, "it needs rest, too."

You will always stay young if you live honestly, sleep sufficiently, eat slowly, work industriously, and lie about your age.

Three retirees, each with a hearing aid, were taking a walk on a fine spring day. One of them remarked to the others, "Windy, isn't it?" "No," answered the second. "It's Thursday." And the third one chimed in, "So am I, let's have a beer."

(*AFICS Quarterly Bull.*, Vol. XXIX, No. 4, Oct 1998)

OLD AGE: IT'S LATER THAN YOU THINK

It's later than you think - everything seems farther away now than it used to be. It's twice as far to the next corner - and they have added a hill. I've given up running for the bus - it leaves faster than it used to. It seems to me they are making steps steeper than in the old days. Have you noticed the smaller print they use now in the newspapers? I don't ask anyone to read aloud - everyone speaks in such a low voice I can barely hear them. Material in dresses is so skimpy, especially around the hips. It's all but impossible to reach my shoelaces. People are much younger than they used to be when I was their age. On the other hand, people my age are much older than I. I ran into an old classmate the other day and she had aged so much she didn't remember me. I got to thinking about the poor thing while I was combing my hair this morning and I glanced in the mirror at my reflection and confound it, they don't make mirrors like they used to either!

(*AFICS Quarterly Bull.*, Vol. XXX, No. 2, Apr 1999)

OUR AMAZING WORLD: ENGLISH IS TOUGH STUFF

by Noel de Caprona (FAO)

Personnel at the North Atlantic Treaty Organization headquarters near Paris found English to be an easy language, until they tried to pronounce it. To help them improve their accents, the verses below were devised. After trying them, a Frenchman said he would prefer six months hard labor to reading these lines aloud:

Dearest creature in creation,
Study English pronunciation
I will teach you in verse
Sounds like corpse, corps, horse and worse.
I will keep you, Suzy, busy.
Make your head with heath grow dizzy,
Tear in eye, your dress will tear
So shall I! Oh hear my prayer.

Just compare heart, beard, and heard,
Dies and diet, lord and word,
Sword and sward, retain and Britain
(Mind the latter how is written).
Now I surely will not plague you
With such words as plaque and ague
But be careful how you speak:
Say break and steak, but leak and streak;
Cloven, oven, how and low,
Script, receipt, show, poem, and toe.

(*AFICS Quarterly Bull.*, Vol. XXIX, No. 4, Oct 1998)