



NEWSLETTER

OF THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOLUME VIII NO. 2

FALL 1998

UNITED NATIONS GEARS UP FOR THE INTERNATIONAL YEAR OF OLDER PERSONS—1999

In 1992 the United Nations General Assembly decided that 1999 would be observed as the International Year of Older Persons. The UN then developed a "Conceptual Framework" for a program to prepare for and observe the Year. The framework proposes "towards a society for all ages" as the Year's unifying theme and "the promotion of the United Nations Principles for Older Persons" as its objective.

Four dimensions deemed central to the debate on aging on the eve of the 21st century have been approved for priority attention: the situation of older persons; life-long individual development; multi-generational relationships; and the relationship between development and the aging of populations.

Editorial Committee

Jaime Ayalde
Hans Bruch
Renate Plaut
Jean Surgi

Program of Action

The Conceptual Framework was designed to provide a broad basis upon which the various actors can build their own initiatives for the Year. Possible main actors – and collaborative efforts they might undertake – include:

Governments—establish national committees, national plans of action, and policy initiatives;

Nongovernmental Organizations—promote discussion and action at the local and national level through work with neighborhoods, families, individuals, the business sector, schools and colleges, and the media:

United Nations System—continue dialog between the UN focal point for the Year—the United Nations program on aging in the Department for Policy Coordination and Sustainable Development at UN Headquarters in New York—and those UN agencies and bodies active in aging issues, in order to promote and expand UN work in this field. (Interagency consultations to discuss the Conceptual Framework and possible related initiatives are ongoing.)

Local, national, and international activities for 1999 should be planned based

on one or more of the dimensions noted above. These could include meetings and other types of awareness-raising and advocacy activities to share examples of and promote best practices with regard to issues involving older people; to disseminate studies and research findings; and to establish innovative community projects and programs.

1999 Collaborative Network

The major actors are expected to undertake independent initiatives. The role of the UN focal point for the Year will be to facilitate collaboration and avoid duplication among them.

At the non-governmental level, the idea of establishing a network of multiple NGO focal points is currently under discussion. Each focal point would be a major NGO, working in collaboration with the program on aging and other focal points, to:

- encourage activities among its constituency;
- reach out beyond its constituency, for example to the media and the private sector;
- develop specific expertise in various activities and share this with other members of the collaborative network.

Available materials

Reference materials include:

- Conceptual Framework for the Year (A/50/114)

- UN Principle for Older Persons (Resolution 46/91)
- Local Agenda on Aging in the 1990s
- "Countdown to 1999" information newsletters
- International Plan of Action on Aging

Copies may be obtained from:

United Nations Program on Aging
Division for Social Policy and
Development
Department for Policy Coordination
and Sustainable Development
2 UN Plaza, Room DC2 - 1358
New York, NY 10017

(Association of Former International Civil
Servants. Quarterly Bulletin,
Vol. XXIX, No. 3. July 1998)

Notice

The AFSM Annual Meeting will be held
at the Headquarters building on
Tuesday, 17 November, at 9:30 a.m.

MEETINGS OF PAHO'S GOVERNING BODIES

The quadrennial Pan American Sanitary Conference held its 25th Meeting during September 21-25 in Washington, DC. The conference declared Sir George Alleyne unanimously elected Director of the Pan American Sanitary Bureau for a period of four years to begin 1 February 1999 and resolved to submit his name to the Executive Board of the World

Health Organization for appointment as Regional Director for the Americas.

The conference approved the regional share of the WHO budget for 2000-2001 despite the WHO decision to reduce the PAHO allocation of funds to provide more support to African and the newly independent countries of Europe.

The conference endorsed the new conceptual framework for healthy aging developed within the contexts of WHO's Global Program on Aging and Health, international conferences, and PAHO's health promotion and family health and population framework, and requested the Director to continue efforts to mobilize resources which will:

- support population research on the health and well-being of elders;
- strengthen the capacity of a regional public policy network;
- provide geriatric education and training of the primary health care professional;
- develop social communication and mass media education for promoting a new conceptual framework for aging societies.

The conference paid special attention to the Impact of El Niño on Health, Acquired Immunodeficiency Syndrome, Vaccines and Immunization, Prevention and Control of Tobacco Use, Population and Reproductive Health and accepted the offer of Puerto Rico to hold the 41st Directing Council in San Juan in September 1999. Puerto Rico pledged to cover the extra costs involved. (Puerto

Rico hosted the PAHO Directing Council in 1958.)

Following the Conference, PAHO's Executive Committee decided to forward to the 1999 Directing Council a proposed amendment to the Constitution according to which the Director of the Pan American Sanitary Bureau will serve a five-year term, renewable only once. If the amendment is accepted, the next Sanitary Conference, in 2002 will elect a new director for five years, renewable once. In 2002 PAHO is celebrating its first centennial!!

As a footnote, we would like to mention here that on Friday, 16 October 1998, three members of the Board of Directors visited Dr. Alleyne in his office on behalf of AFSM and presented its congratulations on his re-election. This sub-committee (Jaime Ayalde, Hortensia Saginor, and Jean Surgi) also thanked the Director for the support given by the Administration to AFSM and reported to him on matters of common interest.

DR. GRO HARLEM BRUNDTLAND TAKES OFFICE AS DIRECTOR- GENERAL OF THE WORLD HEALTH ORGANIZATION

Addressing all WHO staff at Geneva headquarters and in the regional offices, Dr. Brundtland defined her line of action, recalling the firm intention already announced in May, during her speech to the World Health Assembly, to "change the course of things" and to "make a difference." She emphasized that "serving WHO is a privilege" and went on to say, "We can help build healthy

communities and populations, We can combat ill-health. We can do our part to combat poverty and suffering. Nothing in life—as I see it—has more meaning.”

Dr. Brundtland continued, “What we do here in Geneva and in the Regional Offices matters very little if it does not lead to a difference on the ground. It only matters if in the end children get better access to care—if health systems are better enabled to reverse the HIV/AIDS pandemic, eradicate polio, and roll back killers such as malaria and TB—if we can help countries address challenges as diverse as the threat from tobacco, a rapidly aging population, or the all too often neglected burden of mental illness. . . .

“The impact of our efforts on the ground is sometimes hard to measure. WHO is not and will not become a field agency. Our role is to give the best advice—support and develop the best policies—trigger and stimulate the best research.” With regard to the running of WHO, Dr. Brundtland called for “better communication, more transparency, and a clearer distribution of responsibilities.”

After unveiling the new structure of the Organization, the Director-General introduced her management team, indicating that the WHO technical programs would be divided into nine clusters, each headed by an executive director. The new clusters were created in accordance with four main areas of activity.

The first of these areas, “Building Healthy Populations and Communities,” includes these groups: “Sustainable Development and Healthy Environ-

ments,” directed by Mrs. Poonam Khetrupal Singh; “Family and Health Services,” directed by Dr. Olive Shisana; and “Social Change and Mental Health,” directed by Dr. Yasuhiro Suzuki.

The second area, “Combatting Ill Health,” includes “Communicable Diseases,” directed by Dr. David Heymann, and “Non-communicable Diseases,” directed by Dr. Jie Chen.

The third area, “Sustaining Health,” includes “Evidence and Information for Policy,” directed by Dr. Julio Frenk, and “Health Technology and Drugs,” directed by Dr. Michael Scholtz.

The fourth and final group, “Support Services and Reaching Out,” includes “External Relations and Governing Bodies,” directed by Dr. Souad Lyagoubi-Ouachi; and “General Management,” directed by Mrs. Ann Kern.

The cabinet, which consists of the Director-General and the nine Executive Directors, will meet once a week. The office of the Director-General will have a small group of senior policy advisers, headed by Ambassador Jonas Gahr Store. These advisers are Dr. Asamoah-Baah, Dr. J. W. Lee, Dr. Daniel Tarantola, Dr. Tomris Turman, and Mr. Denis Aitken.

Dr. Brundtland said that the Executive Directors would have until 1 November to make recommendations on the final organization of their group. In a circular distributed to all staff last week, Ambassador Store, head of the transition team, said that the new Executive Directors would “immediately be asked to start working with their staff to

develop and implement working procedures suited to the new structure and arrangements" and that this would be "a step-by-step process, with the close involvement of staff."

In her speech to the staff of WHO, Dr. Brundtland stressed that the new proposed structure would "give the right start". She added, "But no model is carved out in stone. We will learn as we go—being open to suggestions and ideas."

(From Press Release WHO/54 21
July 1998. <http://www.who.int/inf-pr-98/en/pr98-54.html>)

ANNUAL PICNIC

by Ester Jaramillo

It was a happy bunch who attended the Annual "Get-together" of ASFM, held at Norwood Park in Bethesda on the last Sunday of August. Thirty-five people came to see old friends, to meet new ones, and to exchange experiences of our life in retirement.

The "free and foot-loose" told us about exciting trips at home and abroad, and the more sedate, of projects and activities that keep them close to home. All seemed to agree that the retirement years are the best in our lives.

Camaraderie and friendship were the order of the day. The food was delicious and the music lively and entertaining. Congratulations to Hortensia Saginor and her helpers for making this event an affair to remember.

E-MAIL ADDRESSES OF AFSM MEMBERS

At the end of the Newsletter you will find a list of e-mail addresses. Please check it carefully to see if your address is there, if it is correctly written (capital, small, or mixed letters). If your e-mail address is not there or there is any mistake, please let us know by mail to:

Hans A. Bruch
Hbruch@erols.com

This is such a wonderful way to say hello to your colleagues and is so inexpensive that it really should be used more often. Please let us know if there are mistakes, or confirm that we have your correct address. We hope to hear from you soon.

PERSONAL CORNER

50TH WEDDING ANNIVERSARY

Dr. Alfred Gerald (Rockville MD)

Dr. Alfred Gerald and his wife Dorothy celebrated their 50th wedding anniversary on 8 July 1998. They were honored at a reception and dinner held on 27 June and attended by their children, grandchildren, and other relatives; by several old friends from PAHO, and by a host of other friends, many of whom were from their church.

A gold-engraved bookmark was presented to each dinner guest reads as follows:

Fifty years of love and joy,
Fifty years of sharing,
Fifty years of tears and laughter,
Fifty years of caring.
In the years that follow
Our memories will give us pleasure,
Remembering good friends and
relatives
Will be our special treasure.

Alfred and Dorothy, 1948
July 8, 1998

WEDDING BELLS

Ana Maria Metz-Gambaro (Germantown MD)

Ana Maria wrote: "I want to share with my colleagues the good news that in my retirement years I have found a partner to share my life's journey. Richard Gambaro and I were married on April 25, 1998. We had a beautiful ceremony, attended by my children, grandchildren, out-of-town relatives, and many of my PAHO friends. Richard is retired from the Office of Personnel Management and for the time being we are living in Germantown MD."

GOING "HOME"—56 YEARS LATER!

Bill Surgi, husband of retiree Jean (Rockville MD)

In early April 1998 I was interviewed by Partisan Pictures for a documentary on USS Yorktown (CV-5) and the Battle of Midway. I talked about my service on Yorktown as an Aviation Machinist Mate 3rd Class with fighter squadron VF-42, about my experiences during the rest of WWII, and about how I started the Battle

of the Coral Sea Association to commemorate the first naval engagement fought by aircraft alone, in which the fleets never saw each other.

A week later Partisan asked me if I would like to go with Dr. Robert Ballard (discoverer of Titanic) on an expedition to locate Yorktown, which was sunk in June 1942 during the Battle of Midway. Of course I said yes! By the last week of April I was on my way to Hawaii, where I met Harry Ferrier, who had been assigned to VT-8 and stationed on Midway Island during the Battle; and two Japanese veterans of Midway, Yuji Akaatsu and Haruo Yoshiro, pilots from the carrier Kaga. Kaga and three other Japanese carriers (Akaga, Hiryu, and Soryu) were also sunk at Midway.)

With the help of a Japanese interpreter, we reminisced about the Battle and about our lives on carriers during WWII. I had often wondered what my counterparts on the Japanese side were doing and what life was like on their ships. Some of my questions were answered in 1993 when I attended a reunion of the carrier Hiryu and met the crew of the Kate that flew across Yorktown's bow during the Battle. At that time I had had a chance to talk with mechanics who worked on the Zero fighters, the Val dive bombers, and the Kate torpedo bombers; now I could talk with pilots about their view of events.

After a briefing and some interviews in Hawaii, we flew to Midway Island, where we boarded Laney Chouest, the Navy's deep-submergence support ship, and met the University of Hawaii's mapping research group that would operate a towed, side-scanning, sea-floor-map-

ping system (MR-1) during the first part of the expedition. In the second phase, the Navy's Deep Submergence Unit would use its remotely operated submersible Advanced Tethered Vehicle (ATV) to find and photograph the possible locations found by MR-1 during its search.

At the end of the two-week search phase, we thought we had found three Japanese carriers. The ATV was put over the side to check this out, but an implosion on the unit damaged some of the cameras and cut off the best views. With only one camera functioning and time running out, the ATV continued the search but found only three large rock formations - not carriers.

Before we left that area, the Japanese conducted a ceremony to honor their fallen comrades. At the end of it, Harry and I saluted the Americans who lost their lives in the same area. No one had planned any mementos for participants in the expedition, so I decided to fashion tokens for the Japanese veterans aboard. I had been given a medallion of Hiryu at the reunion of its crew in 1993, so I made duplicates of this using heavy foil, with cases to protect them. As the Japanese ended their ceremony, I gave each of them one of these mementos of the expedition.

We returned to Midway Island to transfer the search team off the ship and to pick up replacement parts for those damaged on the ATV. Harry Ferrier and the Japanese veterans also left the Laney Chouest at that time, but I stayed on for the second phase—locating Yorktown—which took another ten days. At this midpoint in the expedition, we

had time to explore Midway, with its memorial park and many "gooney birds" (Laysan albatrosses).

We then returned to the possible Yorktown site, which we had marked during the search phase. The ATV was sent down and—bingo!—there it was! First we saw a large anchor chain; I knew Yorktown's port anchor chain had been jettisoned to lighten the ship for its tow back to Pearl Harbor. After seeing more, unidentifiable debris, we sighted a large jumble of twisted metal and a straight line, which I assumed to be a flight deck, so I shouted, "That's her!" Since I was the first to call out, various press releases have indicated that I was the person who identified the ship.

Yorktown was sitting upright on the bottom of the Pacific Ocean, some 16,650 feet (about 3 miles) below the surface, halfway submerged in the ocean floor. (The last pictures of Yorktown as she was sinking 56 years ago show her keel up; Dr. Ballard says that any ship will right itself before it gets to the bottom if there is enough room to do so.) The ship is remarkably clean—free of barnacles, silt, and other contamination—and her stack is still intact. The flight deck has been broken off aft of the #3 elevator, and all of the elevators were in the down position, although they were up when the ship sank.

The ship's crew were very accommodating to me in their search with the ATV. They asked me what I wanted to see and, if they could, they showed it to me. I asked to see the torpedo holes, as I had been in the catwalk above them; the catwalk was gone, but the holes were certainly visible! I wanted to see the

mural on the wall behind the #2 elevator, but this fellow Murphy and his law intervened; the crew could not tilt the cameras enough to get a full view. We were able to see the edge of the mural, so we know it is still there. We could also see the mechanism of the elevator guardrails (the elevators were and the guardrails were down), and the wooden deck seemed to be intact. I saw the bomb hold aft of the #2 elevator, the 1.1 mounts forward, and the VF-42 ready room where I took my third-class petty officer test, forward on the island.

I am very proud of the fact that I was asked to represent the CV-5 crew in this role, I took it upon myself to make souvenirs of the expedition to present to all who participated in it, in order to express the gratitude of CV-5 survivors for the effort made to locate our ship. Dr. Ballard agreed with this idea, provided me with workspace to prepare the mementos, and signed them for me.

I prepared about 200 eight-ounce styrofoam cups by painting on them the CV-5 logo (in three colors), printing on them information about the search, and having them signed by Dr. Ballard and myself; some were also signed by Harry Ferrier and the Japanese veterans. Whenever the ATV went down to Yorktown I filled a laundry bag with cups and attached it to the outside of the ATV.

A normal eight-ounce cup is about four inches high; when these cups came back to the surface, the immense water pressure had reduced them to the size of a whiskey jigger, about one-and-a-half inches high! But the writing on them is still readable and the colors are clear. I have presented cups to the sponsors

of the expedition, to museums, and to special people, including many Yorktown survivors.

I also decorated three raw, fresh eggs with the logo and with information about the expedition, and Dr. Ballard and I signed them. They came back intact (they are much better engineered than styrofoam cups!). I blew them out and on Memorial Day I had scrambled eggs (with English muffins) as the last meal from Yorktown CV-5.

As I told reporters who interviewed me after my return from the expedition, Yorktown had once been my home; when I saw her I felt I was home again.

HOW TO GET RICH

Robert J. Tonn (Las Cruces NM)

I don't know about you, but I find that I can always use a little more cash. Recently I noted two things that might make me rich. I am writing in case you are interested. Baby boomers are not only growing old but are getting fatter. These facts just might make us rich if my observations are correct.

Have you ever noticed that as one grows older the ability to seat oneself gently on a chair deteriorates? The knees do not bend right and we just drop. At my mother's nursing home all of the toilet seats are lined with a built-up cushion of foam rubber, a layer of 4 to 6 inches, to protect the seat from the impact. For the past few months I have noted that a number of my friends have broken toilet seats. In fact, we just replaced one of ours a week ago.

Here is my idea on how to get a little more cash for ourselves and to insure the good life for our children. We corner the market on toilet seats. The fact that baby boomers have reached the stiff knee generation and their extra fat will put more and more stress on toilet seats, the future market should be outstanding. I can see it now. PAHO retired staff members become millionaires by cornering toilet seat market. Wall Street insiders are paying them futures to predict the next financial tidal wave.

I hope you can bring this topic up for discussion at your next meeting. I predict it will be a financial winner. Of course by the looks of things an investment in Viagra might have made us richer. Perhaps the humor of vanity, Viagra, and imaginary vitality could be the subject of your next medical column. Why, Viagra might speed up the healthy happy dying everyone is writing about.

P.S. I note that the aging process has hit publishing of our directory—the print is larger and darker. Wonderful!

SUCCESSFUL AGING: MYTHS AND REALITIES

According to a review in the *New York Times*, 14 April 1998, *Successful Aging*, the recently published book by Dr. John Rowe and Dr. Robert Kahn has important messages for all who deal with older people, and who may underestimate their abilities and compromise their potential for living productive lives after 65. According to the *Times*, the authors assert that far too many assumptions about the elderly have been based on people who were sick or in institutions.

In reality, most older Americans are in reasonably good health, living independently and generally doing well.

The first step toward increasing the chance for successful old age lies in demolishing the following widely held myths, say the authors:

Myth No. 1 To be old is to be sick.

While it is true that a fair percentage of people over 75 are plagued by arthritis, high blood pressure, and heart trouble, research has shown that those impairments do not deter them from living full lives. Only 5% of the elderly live in nursing homes, 90% report no disability at all, and even after age 85, 40% are fully functional. What is more, chronic disease among the elderly has been declining steadily since the late 1960s.

Myth No. 2 You can't teach an old dog new tricks.

The research showed that the aged brain has a remarkable and enduring capacity to make new connections, absorb new data, and acquire new skills such as learning how to operate a computer, surf the Internet, and communicate by e-mail. Moreover, while the mental processing of data slows with age, given enough time the elderly can do as well as younger adults.

Myth No 3 The horse is out of the barn.

It is wrong to assume that it is too late for older people to benefit from quitting smoking, starting exercise, losing weight or eating a more nutritious diet. Studies show a decline in the risks of heart

attack and lung cancer in the ensuing years even when healthier practices are adopted late in life. Increased consumption of vitamin D and calcium at any age can lessen the risk of osteoporosis, and vitamin E supplement can protect against Alzheimer's. The broadest benefits to both body and mind accrue from becoming physically active, even after eight decades on the couch.

Myth No. 4 The secret of successful aging is choosing your parents wisely.

It is not true that genes overwhelmingly determine the state of one's health. Only about 30% of characteristics of aging are hereditary, and the role genetics plays in health, as well as in physical and mental function, diminishes with age. By age 80, genetics has virtually no influence. Rather, research provides very strong scientific evidence that we are, in large part, responsible for our own old age.

Myth No. 5 The elderly do not pull their own weight.

Older people are not given due credit for unpaid work and do not have an equal opportunity to obtain paying jobs. Millions of older people are ready, willing and able to increase their productivity—paid or voluntary. Even now, in taking care of spouses, siblings and grandchildren, the elderly do the work of three million caregivers. For them, retirement is not the end of a productive life but the beginning of a new one.

(Association of Former International Civil Servants. Quarterly Bulletin, Vol. XXIX, No. 3. July 1998)

SETTLED FACTS: CHOOSING A PERMANENT DOMICILE

David Payne writes from South Wales:

Today I received, out of the blue, a letter from a retired staff member prompted by my article "Homeward Bound" (*QN, Association of Former WHO Staff*, Geneva. No. 27, Autumn 1996. The correspondent was contemplating relocating to a domicile where United Nations pensions were tax-free. This raised in my mind awful visions of other staff members who may have been similarly inspired by the article.

This, of course, was far from my intention as I fully accord with the advice which we receive from time to time from the officials of the UN Joint Staff Pension Fund as to the cautioning against making retirement decisions solely on the basis of tax avoidance.

I would like to emphasize once again that the best advice for those thinking about where to live upon receiving UNJSPF benefits is knowing a great deal about any country where you choose to live, be it a tax haven or otherwise. Apart from cultural, climatic and language differences, there can be considerable economic, social costs and medical services which any person or family needs to take into account. And a commitment made in relatively early retirement age may prove to be far from easily changed in older age or infirmity.

"Age is a matter of mind; if you don't mind, it doesn't matter."

(Quarterly News of the Association of Former WHO Staff. Nos. 32-33, 1st and 2nd Quarters 1998 – Geneva)

YOUR HEALTH MATTERS

by Jaime Ayalde

APPROPRIATE MANAGEMENT OF ACUTE STROKE

We referred to Transient Ischemic Attacks (TIA's) in Vol. V No. 2 Summer 1995 issue of the Newsletter, but since acute stroke is such a serious problem in terms of death and disability and since new strategies have been designed for its management, we feel that it is extremely important to again bring this problem to the attention of our readership.

Most of us have had the sad experience of witnessing the decline of the quality of life of friends or relatives who have suffered cerebral ischemic attacks. The US National Center for Health Statistics, in its monthly report, Vol. 45, No. 3, suppl. 2 (1996) states that stroke is the third leading cause of death and the leading cause of serious, long-term disability in adults. It has been estimated that stroke accounts for \$30 to \$40 billion in direct and indirect costs annually. Basic science and clinical researchers have responded by transforming the management of acute stroke from supportive therapy to interventions designed to restore cerebral perfusion and to limit neurologic disability.

The success of the new strategy depends on several key components linked to diagnosis, interpretation of computed tomography (CT) findings, and clinical criteria to use or exclude available interventional therapies, all of which are mainly under the domain of

hospital policies and the treating physicians. But a key element and starting point of the whole process is the knowledge of symptoms and signs of stroke by the public. Many patients with stroke fail to seek medical care in a timely fashion.

Public awareness of risk factors and the knowledge of warning signs of stroke are extremely important for the application of the new strategies. But there is a problem here: in a study involving 1880 adults carried out in Greater Cincinnati, Ohio, only 57% of the respondents were able to identify at least one of the five warning signs of stroke as defined by the National Institute of Neurological Disorders and Stroke. Urgent warning signs that **require immediate medical attention** are:

- Sudden weakness or numbness of the face, arm, or leg
- Sudden dimness or loss of vision
- Sudden difficulty speaking or understanding speech
- Sudden severe headache
- Sudden unexplained dizziness, unsteadiness, or falls.

In the Greater Cincinnati study only 68% of the respondents could list at least one established risk factor for stroke. These are also five: hypertension, cigarette smoking, diabetes, heart disease, and hypercholesterolemia. Patients older than 75 years, who constitute the population at highest risk for stroke, were the least knowledgeable about

stroke warning signs and risk factors. Remember that even if the symptoms are not severe, "stroke" is a "911" emergency condition.

Note: For additional information consult JAMA, April 22/29 1998. Vol. 279, No.16.

MOLES AND CANCER

Not all skin conditions are harmless. Almost 1 million new cases of skin cancer are diagnosed each year. Practically all are due to long-term sun exposure. About 80% are basal cell or squamous cell cancers, the forms more easily treated.

Melanoma is the least common but most dangerous skin cancer. It is estimated that one in 75 Americans will get melanoma at some time. Atypical moles, or dysplastic nevi, may put you at increased risk for melanoma.

Melanoma is easily curable if found early. The American Academy of Dermatology recommends that you make an appointment with your dermatologist if you see any of the ABCD signs of melanoma:

A is for asymmetry. Irregular shapes. One half is a different shape than other half.

B is for border. Irregular or vaguely defined borders,

C is for color. Look for growths that have varied, mottled, or uneven distribution of colors.

D is for diameter. Growths that are larger than a pencil eraser (6 mm).

For additional information on Skin Care, consult the Mayo Clinic Medical Essay, Supplement to Mayo Clinic Health Letter, June 1998.

MEDICAL INFORMATION IN AN EMERGENCY

Do you have important medical information handy, in case of an emergency? Some degree of memory loss develops with age, so the first line of defense may be just a piece of paper and a pencil.

Record the following information for each family member, update it regularly and keep it in a convenient location:

- Illnesses and prior surgery
- Medications you are taking including over-the-counter drugs
- Allergy information
- Hospitalizations: state when and why
- Your doctor: Include name and phone number of primary care physician and any specialists involved in your care
- Contact person: name and phone number of someone who can act on your behalf
- Your health insurance provider and policy number

Reminder:

This is the time of the year
to get your flu vaccine

SHADES: MORE THAN A FASHION STATEMENT

Sunglasses are more than a summer fashion accessory—they also protect the eyes from potentially harmful ultraviolet rays. Here are some tips for purchasing sunglasses:

- Check the label for UV protection and look for 99% or 100%.
- Look for shades that are close fitting and opt for larger lenses or wrap-around sunglasses to prevent light from entering through the sides.
- Hold the glasses up to a straight edge, such as the edge of a counter. If the image reflected back is wavy instead of straight, the lenses are distorted and could cause headaches and vision impairment.
- Choose polarized lenses to reduce glare.
- Don't be misled by price. A high price tag may reflect fashion trends rather than degree of protection.
- Those who wear UV-absorbing contact lenses should still wear sunglasses for maximum protection.

OBITUARIES

We regret to inform our colleagues of the deaths of the following:

Alfredo Arreaza Guzman
4 August 1998
Caracas, Venezuela

Dr. Arreaza will be remembered for his services to his country as Minister of Health of Venezuela and for his dedicated work with PAHO from 1967 to 1985 as Chief of Zone IV in Lima, Peru, and as Assistant Director in Washington, DC.

Rafael Martínez
29 July 1998
San Juan, Puerto Rico

Mr. Martínez worked for many years in the area of health statistics in the field and at Headquarters, and retired in Puerto Rico.

WE WANT YOU!

WE NEED YOU!



**WE URGE YOU TO SEND US YOUR COMMENTS
AND SUGGESTIONS ABOUT THE NEWSLETTER
AND CONTRIBUTIONS ON ANY SUBJECT OF
INTEREST TO FORMER STAFF MEMBERS,
SUCH AS NEWS ABOUT YOUR ACTIVITIES,
HOBBIES, TRAVEL, AND FAMILY.**

**IF YOU ENJOY READING ARTICLES
FROM OTHER AFSM MEMBERS,
THEY WILL ENJOY YOURS, TOO!**

**WE WELCOME YOUR REPLIES IN
ENGLISH OR SPANISH,
HANDWRITTEN OR TYPED,
BY MAIL OR E-MAIL.**

WE LOOK FORWARD TO HEARING FROM YOU!