



NEWSLETTER

OF THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOLUME IX NO. 1

WINTER 1999

1999 OFFICERS

All officers of the Board of Directors who served during 1998 agreed to continue in their posts during 1999 and were unanimously reelected as follows:

Jaime Ayalde	President
Hans Bruch	Vice President
Jean Surgi	Secretary
Renate Plaut	Treasurer
Flora Early	Asst. Secretary
Hortensia Saginor	Social Chairman
Dana Dashiell*	Member-at-Large
Carlos García	Member-at-Large
Juana Palma	Member-at-Large

*Elected to fill the unexpired term of
Frank Gauldfeldt

The Board of Directors set as its major goals for 1999 a comprehensive review of the AFSM by-laws before the annual meeting in November, and an effort to continue improving communications with the membership, with other groups such as the Staff Association, and with the PAHO Administration.

Editorial Committee

Hans Bruch
Dana Dashiell
Renate Plaut
Jean Surgi
Jaime Ayalde, *ex officio*
Colombian Earthquake

Financial support is being solicited to provide such items as orthopedic supplies and medications for victims. Donations can be made to PASB/WHO Credit Union Account #3584-21.

ANNUAL MEETING

The Ninth Annual Meeting of the Association of Former PAHO/WHO Staff Members (AFSM) was held in Room C at PAHO Headquarters on 17 November 1998, with 23 members in attendance. Also present were Dr. Mirta Roses Periago, representing the Director; John Ford, representing the Chief of Personnel; and Judge Orman W. Ketcham, of the United Seniors Health Cooperative (USHC) and the American Association of Retired Persons (AARP), the speaker for the day.

After President Jaime Ayalde greeted the members in attendance, Dr. Roses welcomed the group on behalf of the Director, Dr. George A. O. Alleyne. She noted that major PAHO effort in recent weeks had been devoted to the support of the country offices in Central America to cope with the impact of Hurricane Mitch. Several retired staff members had volunteered their help in this crisis, particularly in the areas of sanitary engineering and office assistance.

Dr. Roses reported that new PAHO initiatives relate to nongovernmental organizations, religious institutions, and other avenues for cooperation with countries. The Administration depends on AFSM, not only as a group of people interested in their own quality of life, but also as a very important part of the Organization to advance its goals, vision, and values. The Administration supports AFSM in fostering relationships with former staff members in the field, a well-received effort. She closed by saying that this is a new stage of the Organization, with a new slogan, "United for Health." Cooperation between AFSM and PAHO is a reflection of that spirit.

John Ford, representing Dr. Diana Serrano LaVertu, passed on to the group the sad news that Bella de Guzman's daughter, Gisella, had died that morning after a long struggle against breast cancer.

Dr. LaVertu wanted AFSM members to know that the Department of Personnel will do whatever it can to help the Association. The Department has been furnishing information on retired staff; a new computer system currently being put into place will hopefully provide this service in a more timely fashion.

Renate Plaut introduced Judge Orman W. Ketcham, a volunteer at USHC and AARP, to speak on long-term health care insurance. Judge Ketcham said that one of the most valuable aspects of the work of USHC is the research it does on health care issues. He began with a definition of long-term health care insurance and described what such a policy will cover and what its costs are likely to be.

He noted that there are three major ways of dealing with the risks of needing long-term health care, that is, self-insurance, buying long-term health care insurance, or relying on Medicaid and welfare. He discussed factors that need to be considered in deciding whether or not to purchase long-term health care insurance.

He recommended that this decision be made in consultation with a financial planner who has no stake in the decision and that policies from several reputable companies be compared before making a choice. He described the five standard features common to most policies, as well as individual choices that must be made when a policy is purchased.

He concluded his talk with a short description of advance directives and living wills and noted that AARP recommends that, after a testamentary will and a financial power of attorney have been executed, people should seriously consider documents such as these as they approach old age.

[Note: a) The full text of Judge Ketcham's speech is appended to this Newsletter. b) A sample advance directive/living will is available from AFSM upon request. c) AFSM will report on future developments regarding long-term health care. Stay tuned!]

The President noted that some attendees had questions for John Ford about the current state of the Credit Union, particularly concerning the new manager replacing Leonard Supchak, who had retired. Since John was still at the meeting, he was invited to answer some of these questions.

John said that the Credit Union had changed the position from manager to chief executive officer (CEO) and that Carla Decker, former Operations Manager for the Credit Union, had been selected for the position.

There will be various activities during the months of December 1998 - December 1999, since the Credit Union will begin its 50th year on 21 December 1999.

He discussed the request from AFSM that retirees might be eligible for positions on the Credit Union Board and said this had been brought up to the Credit Union and rejected. He indicated that age was not the determining factor in this decision but rather the need for having Board members available on short notice for meetings of the Credit Union. He said that each Board member represents all Credit Union members and not any specific faction. He would look into the possibility of changing the rules to permit the nomination of retirees who would agree to be available for required personal attendance at the various scheduled and unscheduled meetings of the Board.

In response to a question about the investment expertise of the new CEO of the Credit Union, he discussed at length the investment policies and procedures, expressing confidence in the Credit Union staff and noting that more specific expertise would be hired if the economy indicated such a need. In the meantime, the Credit Union continues to do very well in its return on investments, exceeding the expectations of outside consultants from NCUA and others.

Continuing with the business of the meeting, the President noted the

presence of a quorum. Motions were adopted to approve the agenda and the minutes of the Eighth Annual Meeting, 17 November 1997, as distributed in advance of the meeting. The President presented his annual report for 1998, beginning with a brief discussion on successful aging. He noted that AFSM had carried on activities in the following areas during the past year:

- 1) working with the Department of Personnel on specific issues related to staff retirement;
- 2) promoting workshops on financial and estate planning for active staff;
- 3) representing retirees on the Regional Surveillance Committee of the WHO Staff Health Insurance Plan;
- 4) interacting with other retiree associations in the DC Metropolitan Area;
- 5) maintaining dues and membership records in a constantly updated data bank and issuing an annual directory of members;
- 6) preparing and publishing Newsletters from time to time during the year and distributing fliers as needed;
- 7) organizing social functions throughout the year.

He said that finances are sound and that AFSM member Jack Schettewi had audited the books. He thanked all the Board Members for their hard work and noted with regret the resignation of Frank Gauldfeldt for reasons of health. He also expressed his appreciation to the PAHO administration: Director George A. O. Alleyne, Deputy Director David A. Brandling-Bennett, Assistant Director Mirta Roses Periago, Chief of Personnel Diana Serrano LaVertu, and their staffs, for continuing support of AFSM.

Treasurer Renate Plaut presented an interim report for the period 1 January through 30 September, noting that total assets at the close of that period were close to \$18,000. [A final report for the calendar year is attached to this Newsletter.] The significant increase in assets in the past year is due chiefly to a large number of lifetime and ten-year memberships, which means that our assets will probably not increase as rapidly in the future.

Motions were made, seconded, and unanimously adopted to approve the reports of the President and of the Treasurer.

Board Member Carlos García took the chair to preside over the election of members to the Board of Directors. Three members whose terms were ending had all agreed to be nominated for additional three-year terms: Jaime Ayalde, Hans Bruch, and Flora Early. In addition, Dana Dashiell was nominated to fill the remaining year of the term from which Frank Gauldfeldt had resigned. All four were unanimously elected to office.

In other business:

- 1) Secretary Jean Surgi agreed to prepare the full text of Renate Plaut's introduction and of Judge Ketcham's talk and to distribute them to the membership as soon as possible [appended to this Newsletter].
- 2) The Board was asked if AFSM is making recommendations about insurance companies and the best long-term policies available. Surgi and Plaut, speaking for the Board, noted that under its by-laws the

Association cannot recommend any specific commercial enterprises; in addition, the number of these policies is increasing so rapidly and they are so individualized that it would be impossible to issue a blanket recommendation.

- 3) A question was directed to the representative of the Staff Health Insurance Office, Guadalupe Bowling, asking what our health plan provides in case of an incapacitation, something that perhaps would not necessarily require nursing home care or having a private policy. Ms. Bowling reviewed the current rules in that regard for nursing-home care and for home care. At the present time there are no plans at WHO to change or modify any of those rules.

As for long-term health plans under tentative consideration at the United Nations, they do not seem to offer much interest for people who are already retired and who are living in the United States, since more advantageous plans are already on the open market in this country.

- 4) The first meeting of the Board of Directors will be held on the last Tuesday in January, and officers of the Board will be elected at that time.

AFSM members are always welcome to attend the monthly meetings of the Board, which are held on the last Tuesday of each month in the Chess Room at PAHO Headquarters.

The meeting adjourned at 11:50 a.m., and a number of those at the meeting attended a luncheon hosted by AFSM.

WHO – THE WAY AHEAD

Under this title, WHO Director-General Gro Harlem Brundtland addressed the Organization's Executive Board at its 103rd session, in Geneva on Monday, 25 January 1999.

She expressed her thinking on the issues of "the global development agenda with its implications for WHO;" she proposed "a number of ideas on the shaping of our strategies which will help us make a significant difference to the global agenda"; and she reported on "progress on the structural changes we have initiated."

A few selected excerpts from her address follow:

At the outset let us agree: Our perspective cannot be limited to health in a narrow sense. The long process of revising the health-for-all strategy has shown us that we need a clear understanding of a broader societal agenda.

Focusing on health:

Never have so many had access to a broad range of health services. But at the same time – never have so many been denied access to even the most basic levels of care. The developing world carries 90% of the disease burden, yet poorer countries benefit from only 10% of the resources that go to health.

One-fifth of humanity has no access to modern health services and one-half lacks regular access to essential drugs. For 20 years our global health strategy has been based on the principle of equity and Health for All. Yet inequalities are widening under our very feet, in the developed as well as the developing world. ...

The broader development agenda, including the health part of it, is not just an agenda for the developing world. We cannot accept a world in which one-fifth of the people enjoy more wealth and opportunity than ever, while four-fifths face increasing threats to their well-being.

What we are talking about is a **survival strategy** for the whole of humanity. That is the message of globalization. It implies that – like it or not – we are utterly dependent on each other. We must act on behalf of all, not just the ones we see or hear.

After enumerating some of the major challenges health faces:

It will take a concerted effort in which we must all engage – governments, the United Nations family, financial institutions, the private sector, the whole range of nongovernmental organizations and civil society. ...

In general there is broad agreement on the key development targets. But much needs to be done to ensure they are reached. We need continuously renewed commitment from governments and civil society. We need an efficient and reliable United Nations system. ...

I see four interconnected strategic themes for our work: we need to be more strategic in our work with countries; we need to be more focused in helping to obtain better and more equitable health outcomes; we need to be more effective in supporting health sector development; [and] we need to be more innovative in creating influential partnerships.

More effective work for, in, and with countries is done through two main modalities:

The first one implies working in countries by establishing a direct presence to respond to the developmental needs of one particular country or a group of them.

The second modality is to work with the entire community of countries, helping them to mobilize their collective wisdom, knowledge and action for producing international public goods – such as norms and standards, sound evidence and effective surveillance – actions which benefit all.

To help deliver better health outcomes:

We need a particular focus on reducing the disparity between the health outcomes of the poor and those that are better off. It must be anchored in equity and solidarity, always focusing on combating inequity in health. Focusing on health strategies which may help lead populations out of poverty is for me a leading theme.

Health sector development should be part of everything WHO does:

Values matter. A well-run health sector is one with certain characteristics: it is designed to reduce inequity of access; it is one where quality of health outcomes, both at clinical level and for public health programs, is a main focus of health care providers and public health managers; it will use scarce funds as effectively and efficiently as possible, basing the allocation of resources on the best possible evidence; [and] it is responsive, and allows people a voice in setting priorities and in holding providers accountable for their performance.

The health sector cannot function without strong links to other parts of government, the private sector and civil society. We cannot talk about effectiveness if ministries of health are unable to

make their case to other parts of government, or to regulate the private sector in ways that ensure access to quality health care for all. ...

WHO has always been strong in responding to specific requests. We are good at fielding highly qualified technical experts. But at the same time we have to recognize that individual experts tend to see the world through their own expert lenses. ...

Policy-makers ... do not have the luxury of focusing on single issues. Health is one of the most politically and institutionally difficult sectors in any country. If WHO is to earn a leadership role in health, we cannot deny the responsibility of helping our colleagues deal with complexity. ...

We are starting to address what we see as the need for “a new universalism” – a new way of addressing universal coverage – the attainment of better health and the attainment of international development goals.

Universal access to quality care remains the bedrock principle. We need to maintain our firm commitment to primary health care – still a crucial part of the health sector – 20 years after Alma-Ata.

Governments should be responsible for securing people’s opportunity to attain these health goals. Only the government can guarantee this basic universal right. Governments should provide strategic leadership – through setting priorities – accepting that there are limits to the care governments can finance, limits that each country has to define for itself.

WHO needs people who can help others handle the difficult interface between political and technical decision-making. We need to develop a critical mass of staff who can think and act effectively in terms of the health sector as a whole.

To forge more influential partnerships:

We need to make a shift. We need to move from our traditional approach which too often has favored our own small-scale projects – to one which gives more emphasis to strategic alliances in which we influence both the thinking and spending of other international actors – and where what we do fits into a broader picture.

At the end of her address, the Director-General invited “the Executive Board to look ahead with us – to continue to guide our work and to embark on the exciting task of making a lasting difference on the global development agenda.”

You may read the complete presentation by accessing http://www.who.int/inf-dg/speeches/english/eb_25011999.htm. If you do not have access to the Internet, we will be happy to provide a copy on request.

THE UNIVERSAL DECLARATION OF HUMAN RIGHTS **10 December 1948-10 December 1998**

Fifty years ago, on 10 December 1948, the General Assembly adopted the Universal Declaration of Human Rights and proclaimed it “... a common standard of achievement for all peoples and all nations.” The declaration was the first part of an international bill of human rights, and its adoption, without a dissenting vote, marked a significant step in the promotion of human rights and fundamental freedoms.

President Roosevelt, the moving force behind the creation of the United Nations, did not live to witness its birth, but he had earlier proclaimed his vision

of four essential freedoms: freedom of speech, freedom of worship, freedom from want and freedom from fear. His widow, Eleanor Roosevelt, would play a crucial role in steering the Universal Declaration through each stage of its drafting over the two years that it took to complete the document.

AFICS Quarterly Bulletin,
Vol. 29, No. 4, October 1998

UNITED NATIONS PRINCIPLES FOR OLDER PERSONS

The UN General Assembly adopted “United Nations Principles of Older Persons” on 16 December 1991, encouraging governments to incorporate these principles into their national programs whenever possible. Highlights, published by UN/DPI, state that older persons should:

Independence

- have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help;
- have the opportunity to work or to have access to other income-generating opportunities;
- be able to participate in determining when and at what pace withdrawal from the labor force takes place;
- have access to appropriate educational and training programs;
- be able to live in environments that are safe and adaptable to personal preferences and changing capabilities;
- be able to reside at home for as long as possible.

Participation

- remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being, and share their knowledge and skills with younger generations;
- be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities;
- be able to form movements or associations of older persons.

Care

- benefit from daily and community care and protection in accordance with each society's system of cultural values;
- have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness;
- have access to social and legal services to enhance their autonomy, protection and care;
- be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment;
- be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and

for the right to make decisions about their health care and the quality of their lives.

Self-fulfillment

- be able to pursue opportunities for the full development of their potential;
- have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

- be able to live in dignity and security and be free of exploitation and physical or mental abuse;
- be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

AFICS Quarterly Bulletin,
Vol. 30, No. 1, January 1999

HIGHLIGHTS FROM THE UNITED NATIONS PENSION FUND

The market value of the Fund's assets on 31 March 1998 was \$20.2 billion, an increase of 29.8% or \$4.6 billion over two years. Total investment return for the year ended 31 March 1997 was 8.9% and 20.4% for the year ended 31 March 1998, or a real rate of return of 5.9% and 18.9%, respectively, after adjustment by the U.S. Consumer Price Index. ...

The management of the fund continued to maintain a careful balance between risk and return expectation over the medium to long term, rather than taking the risk inherent in seeking very high short-term returns. To help in achieving

that goal, the Fund continued to adhere to its policy of wide diversification by asset class, geography, and currency.

AFICS Quarterly Bulletin,
Vol. 29, No. 4, October 1998

PENSION FUND REGULATIONS AMENDED BY GENERAL ASSEMBLY

The General Assembly approved, on 16 December 1998, two important changes in the Pension Fund that become effective **1 April 1999**. Because of the special nature of these improvements, AFICS(NY) is bringing them to the attention of its members as soon as possible. Other Pension Fund decisions adopted by the General Assembly will be reported on by the CEO (formerly the Secretary) of the Fund in due course.

1. Article 34 of the Regulations was amended to **eliminate the current provision that requires discontinuation of a surviving spouse's benefit upon remarriage**. Henceforth, a surviving spouse that remarries will no longer be required to give up his or her UN pension. In addition, the Standing Committee will consider at its 1999 meeting, whether the above change might be extended to surviving spouses who will have remarried before 1 April 1999 and thus incurred the loss of their UN pensions. AFICS (NY) has been pressing for this change for a number of years and is thus pleased that this improvement in Pension Fund Regulations has finally been achieved.
2. UN Pensioners who married or remarried after separation or retirement may now **purchase a surviving spouse's benefit** through a reduction in his or her periodic pension payment. However, the decision to

purchase a surviving spouse's benefit must be made **within 180 days of the date of the marriage, or before 27 September 1999, whichever is later**, and shall become effective one year after the date of the marriage or one year after 1 April 1999, as appropriate. AFICS(NY) has also been pressing for this change for a number of years. It urges all pensioners that have married or remarried after separation or retirement and wish to purchase a surviving spouse's benefit to inform the CEO of the Pension Fund as soon as possible – and in any case before the deadlines referred to above.

AFICS Quarterly Bulletin,
Vol. 30, No. 1, January 1999

(**Note:** The address for the CEO of the Pension Fund is: Raymond Gueri, CEO, UNJSPF, United Nations, NY 10017, USA.)

PERSONAL CORNER Majadahonda, Spain

Our friends and fellow retirees, Silvio Palacios and his wife, Ena Zoffoli, retired in sunny Copacabana, Rio, Brazil (Ena is originally from Brazil). They later moved to Spain (Silvio is from Castilla), where they established their new residence in Majadahonda without losing sight of the New Continent. Both are veterans of PAHO/WHO, having contributed much to the health of the people of the Americas.

While in active service at PAHO, they developed a special interest in the study of the health and social organization of the indigenous highlands populations of Bolivia and Central America, of the plains of the Amazon valleys, and of the tropical lands of the Americas.

Upon retirement their interest turned to the Jesuit-Guarani Missions developed during the XVII and XVIII Centuries, then located in Spanish territories and today part of Argentina, Brazil, and Paraguay. UNESCO has recognized the Missions as "Cultural Patrimony of Humanity," because they represent an economic and sociocultural experience without precedent in the history of the human race.

Officially, the Jesuit-Guarani Missions were treated by the Spanish Crown as "border posts," with military importance in the defense of the national territory, which also had a religious objective, the move from the Guarani religion to Christianity. These missions, also called "pueblos," were located in isolated areas and had a local administration represented in a Spanish-style council, called "cabildo," with authority vested in the indigenous population and the permanence of the local tribal chief "Cacique" representing the Guarani institutions.

The areas selected for the missions (there were 30 at the peak of the program) had a fertile soil for agriculture and animal husbandry. The inventories still in existence record almost 1.2 million head of livestock, including horses, cattle, and sheep; a high number of farming tools; and more than 10,000 books! However, no gold, silver, or precious gems existed in those areas, and no riches were found in the residences of the missionaries other than their prayer books and personal belongings. Collectively, the missions also owned houses, barns, and shelters of high commercial value but which could not be sold. The pueblos existed from 1609, when the first mission was established, to 1768, the year in which

the Jesuits were driven out. During this 159-year period, these pueblos developed architecture, art, and music and conserved their language up to today.

Palacios and Zoffoli went further to study the diseases prevalent in the missions and their blood type (O), and reported their findings in a book entitled "Gloria y Tragedia de las Misiones Guaranies: Historia de las Reducciones Jesuíticas durante los siglos XVII y XVIII en el Rio de la Plata." (Ediciones Mensajero - Sancho de Azpetia, 2 - 48014 Bilbao, Spain)

As a complement to this publication, Palacios prepared "Contribución de la Arqueología Médica al estudio de las ruinas de las misiones Jesuítico-Guaraníes de Argentina, Brasil y Paraguay," which was published as part of Estudios Ibero-Americanos by the Pontificia Universidad Católica de Rio Grande do Sul, Brasil. (Vol. 20, num. 2, pp. 45-64, dezembro 1994)

Palacios and Zoffoli are now in the process of carrying out bibliographical studies regarding similar experiences of the Jesuits in North America. A site visit to Baja California is pending. Our congratulations to this pair of researchers. They really know how to age well! We wish them continued success.

- Jaime Ayalde

NOTE TO ANNUAL DUES-PAYERS

Your dues of \$10 for 1999 should be paid as soon as possible. If you do not know whether you are up-to-date in your dues payment, check the label on this mailing. The date indicates the year through which your dues are paid. You are welcome to change to 10-year (\$50) or lifetime (\$100) status at any time.

IN MEMORIAM

Agnes Chagas

Agnes Chagas, born in the State of Bahia, Brazil, in 1905, was very well known and highly respected for her work in nursing, especially nursing education. For many years she was a Regional Adviser in Nursing Education for the Americas with ... [PAHO/WHO]. She was also the widow of Dr. Evandro Chagas and the daughter-in-law of Dr. Carlos Chagas, the Brazilian tropical diseases specialist who discovered "Chagas disease," also known as American trypanosomiasis.

Ms. Chagas prepared for her career as one of the first students of the University of Brazil's Ana Nery School of Nursing. As a PAHO/WHO official she stimulated the creation of schools of nursing within the universities of several countries. She also worked to improve curricula, clinical practice and nursing instructor training at many other nursing schools, at the same time stressing the need to train auxiliary personnel required for good nursing care.

In-service and continuing education — including postgraduate specialization — were advocated by Ms. Chagas for nurses, nursing teachers and others with key positions in health services. To afford learning experiences for practitioners, and promote uniformity of criteria for teaching and research, she organized interamerican seminars, courses and other activities and stimulated nurses to write papers for publication in nursing and health journals.

Upon retirement, using her own resources, Agnes Chagas founded and set up on her own rural property a free school to provide poor girls with literacy training and skills needed for simple work and family life. All those who knew her feel the loss not only of a friend, but also of one who did much to raise the quality of nursing care in the Americas

- Ena Zoffoli Palacios

Frank I. Gauldfeldt

Frank I. Gauldfeldt, 63, died of mantle cell lymphoma on 21 November 1998 at Inova Fairfax Hospital. He worked for the Pan American Health Organization from 1977 until retiring in 1996 as health program analyst for the Caribbean and the coordinating program operations for the Caribbean, and as an adviser in the Office of the Director.

In retirement, he had done consulting work for the organization. He was a past president of the PASB/WHO Credit Union, and for the last two years had been a very active member of the Board of Directors of AFSM.

Dr. Gauldfeldt was born in Belgium and raised in Geneva. A 1956 economics graduate of the University of London and a 1960 psychology graduate at the University of Alabama, he received a master's degree in public administration from the University of Puerto Rico and a public administration doctorate from George Washington University.

Before coming to Washington, he had done public health work in venereal disease control and tuberculosis projects in Puerto Rico and Atlanta. From 1970 to 1977, he worked for the Department of Health, Education and Welfare as a program analyst and

foreign affairs officer in its Office of International Health.

Dr. Gauldfeldt, who spoke English, French, German, Spanish, and Yiddish, enjoyed classical music, chess, table tennis, and restaurant dining. Survivors include his wife of 36 years, Vangie; a son, David; two daughters, Ginette and Denise; his father, Szlama Goldfeld, of Brussels; and seven grandchildren.

Lucio Landerer

El primero de diciembre de 1998 Lucio Landerer falleció en su hogar, a los 80 años de edad. Deja dos hijos, Carlos y Rosa, así como tres nietos. Su dolencia se manifestó tardía e irreversible para sorpresa de sus hijos y amigos ya que hasta hacia muy pocos meses Lucio seguía practicando sus deportes favoritos: la natación y el baile.

Oriundo de Huancavelica, en la sierra peruana, y con muchos años de residencia en Washington, siempre mantuvo muy vivos su lealtad y amor por la patria que lo vio nacer, y cumpliendo sus deseos fue enterrado con su bandera peruana y un pomo conteniendo tierra de su ciudad natal.

Lucio fue uno de los funcionarios de la OPS con más años de servicio dedicado a los ideales de la Organización. Inició su labor en el antiguo edificio de la Organización en la avenida New Hampshire, en la Unidad de Archivos y Comunicaciones, para después pasar a ocupar un puesto clave en la Sección de Conferencias, de la que se jubiló en 1978. Sus eficientes servicios fueron requeridos, sin embargo, a tiempo parcial, durante varios años más para

colaborar en el éxito de las reuniones de la Organización.

Era un compañero y amigo leal y entrañable. QUE DESCANSE EN PAZ.

- Carlos García

John Phariss

Just as we were going to press, we learned of the death of John Phariss, age 80, on 22 January 1999. He was a long-time staff member in the Department of Finance and retired in 1978.

LIST OF RETIRED STAFF MEMBERS DECEASED IN 1998

Nascimento, Damasio	01 Feb
Ramírez, María Amalia G. de	15 Feb
Hollis, Mark D.	24 Feb
Williams, Filomena Nessa	15 Mar
Lannon, Edwin	07 Apr
Silva, Luiz Romeiro	08 Apr
Lyddane, Vincent R.	23 Apr
Souza, Helio Pontes de	12 Jun
Rodríguez Campoamor, Néstor	20 Jun
Gutiérrez, Rafael	29 Jun
Martins, José Carlos dos Santos	02 Jul
Ramazzini, Julia A.	21 Jul
Arreaza Guzmán, Alfredo	04 Aug
Muñoz, José Antonio	08 Aug
Perdomo, Eduardo E.	22 Aug
Martínez, Ramón	14 Sep
Figueroa, Ramón	02 Oct
Nievas, Raquel	08 Oct
Gordillo Gómez, Nydia	11 Oct
Yacup, Sofonías	20 Oct
Mendes, Edson S.	28 Oct
Cervantes Ruz, Luis Augusto	02 Nov
Gauldfeldt, Frank	21 Nov
Landerer, Lucio	01 Dec

LIFE BEGINS AT 80

by Frank Laubach

(as quoted by Ann Landers)

I have good news for you. The first 80 years are the hardest. The second 80 are a succession of birthday parties.

Once you reach 80, everyone wants to carry your baggage and help you up the steps. If you forget your name or anybody else's name, or an appointment, or your own telephone number, or promise to be three places at the same time, or can't remember how many grandchildren you have, you need only explain that you are 80.

Being 80 is a lot better than being 70. At 70, people are mad at you for everything. At 80, you have a perfect excuse, no matter what you do. If you act foolishly, it's your second childhood. Everybody is looking for symptoms of softening of the brain.

Being 70 is no fun at all. At that age, they expect you to retire to a house in Florida and complain about your arthritis, and you ask everybody to stop mumbling because you can't understand them. (Actually, your hearing is about 50 percent gone.)

If you survive until you are 80, everybody is surprised that you are still alive. They treat you with respect just for having lived so long. Actually, they seem surprised that you can walk and talk sensibly.

So please, folks, try to make it to 80. It's the best time of life. People forgive you for anything. If you ask me, life begins at 80.

FRACTURED LATIN, ET CETERA

(These are winning entries in a magazine contest in which entrants were asked to take a well-known expression in a foreign language, change a single letter, and provide a definition for the new expression.)

COGITO EGGO SUM: I think, therefore I am a waffle.

COGITO ERRO SUM: I think there's a mistake in the addition.

EX PAST FACTO: I embellished my resume.

HASTE CUISINE: Fast French food.

HAUTE CUSSINE: When you care enough to swear the very best.

MAZEL TON: Lots and lots of luck.

MONAGE A TROIS: I am 3 years old.

PRO BOZO PUBLICO: Support your local clown.

QUE SERA SERF: Life is feudal.

QUIP PRO QUO: A fast retort.

RESPONDEZ S'IL VOUS PLAID: Honk if you're from Scotland.

RIGOR MORRIS: The cat is dead.

VISA LA FRANCE: Don't leave chateau without it.

VENI, VIDI, VISA: I came, I saw, I bought.

ADIOS AMINOS: Serious carbo loading (or, farewell to protein).

ACTUAL, REAL QUOTES FROM DOCTOR DICTATION TAPES

By the time he was admitted, his rapid heart had stopped, and he was feeling better.

On the second day the knee was better, and on the third day it has completely disappeared.



Where is your contribution to the Newsletter?

You may not think so, but other AFSM members are interested.

You enjoy hearing about others, don't you?

Well, they would like to hear about you.

There are so many topics to tell us about:

How did you adjust to retirement - were there any problems?

What do you do to fill your time now that you are retired?

Where have you traveled?

What are your hobbies?

Have you taken up some other employment?

Have you written any books, articles, poems?

Have you seen other retirees lately? What was the news from them?

We on the Editorial Committee enjoy putting the Newsletters together.

But we really need your input to make them more interesting.

And we know what our readers like:

Input from other readers!

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