



# Newsletter

Association of Former PAHO/WHO Staff Members

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*Dr. Carissa F. Etienne*

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## *Message from the President*



Your AFSM President and Vice-President recently held their first meeting with Dr. Carissa Etienne. The new Director was officially welcomed by them and

assured that AFSM stands prepared to provide support and assistance if the need arises as we have done for all PAHO administrations since our founding 24 years ago.

We explained that our basic mission is to represent and work with former PAHO/WHO staff in such areas as health insurance and pension, as well as to liaise between the administration, the country offices, former staff, the PAHO Staff Association, and our colleagues in Geneva and the WHO Regions. Dr. Etienne was made aware that, with assistance from PAHO, we have developed SharePoint and Facebook sites to better serve our constituents.

Given our many responsibilities and work with the PAHO administration, it was agreed that we be granted office space within the PAHO section of the OAS building located at 1889 F Street. We are pleased to report that the space comes equipped with a computer, telephone, file cabinets, and use of a printer. After so many years, it is a particular pleasure to have a centralized space to store our many papers and records. Our gratitude goes to the Director for making this request a reality!

Last year's reunion in Panama dwelled at great length on possible places for the 2014 AFSM international reunion. It was only some time

later that the Board realized that in that year AFSM would be celebrating its 25th year of existence. For this reason, it has been tentatively decided to hold the reunion at the Washington Headquarters in November of 2014 in combination with our General Meeting. In this way we may combine the reunion with the General Meeting and allow more members to participate in this end of year event. There are many things to be explored and discussed with the PAHO administration before this becomes definite, but we did want you to know so that you can begin thinking about joining us. We would hope to take full advantage of the Washington location by arranging sightseeing tours, visits to the White House (if security allows), boat rides on the Potomac, and concerts at the Kennedy Center. Lectures by outside experts will provide intellectual stimulation, and visits to excellent Washington restaurants will satisfy your palate.

There is much to think about and much to arrange, but I can assure you that we shall plan a wonderful anniversary celebration for all to enjoy!

We are excited by these developments and will be keeping you informed about them on our SharePoint site. Please remember to check SharePoint periodically to see when and if new information has been added.

I send my best wishes to all,

Nancy Berinstein,  
*President*



## Greetings from the New Director

### A Unique Moment for Health in the Americas

By Carissa F. Etienne

*As mentioned in the Message from the President, AFSM officers met with Dr. Etienne, and at that time she agreed to share some of her visions and thoughts for the future of PAHO. This article is reflective of those ideas.*

One day when I was 5 or 6 years old, I was sitting with my family on our front porch in Dominica, the small Caribbean island where I was born. A pregnant neighbor walked by carrying a suitcase. My great-aunt called out to her, wishing her "safe passage." I knew this neighbor already had four children. Where could she be going with a suitcase in hand but without her other children? Confused and a bit alarmed, I asked my mother what it meant. She told me that many times when women give birth to babies, they do not come back. Her answer left me sad and worried that this mother might not return to her other children.

Every day, women in the Americas and around the world die from preventable causes related to pregnancy and childbirth. Their deaths, because they are so preventable, are unacceptable in our modern world. Overcoming such health inequities has been the driving goal of my medical and public health career.

There are many other examples of health inequities, both between and within our region's countries. Women in Latin America are five times more likely to die of cervical cancer than their counterparts in North America. A child born in Guyana is 10 times more likely to die before the age of 5 than a child born in Chile. In different departments of Peru, chronic malnutrition among children ranges from under 10% to over 60%. Throughout our region, indigenous people have shorter life expectancy than non-indigenous people. These health inequities have deep historical and structural roots, but they are not insurmountable.

A few months ago - on 31 January 2013 - I took the oath of office as Director of the Pan American Health Organization (PAHO), the world's oldest international health organization, founded 110 years ago. I pledged that I would work with PAHO's member countries to overcome health inequities and to ensure that the benefits of medicine, technology, and public health advances are within reach of everyone in our hemisphere. This is my goal as PAHO Director, and I believe it is achievable.

This is a unique moment for health in the Americas. As a region, we are seeing steady economic growth and long-term political stability, incomes are rising, and our middle classes are growing. Countries have made real progress toward achieving the Millennium Development Goals (MDGs): reducing poverty, hunger, and infant mortality; expanding access to water and sanitation; and controlling HIV/AIDS, malaria, and many other infectious and neglected diseases. To be sure, we face new challenges, chief among them chronic non-communicable diseases (NCDs). Yet we have a growing understanding of this challenge and what is needed to address it.

The revolution in information technologies is helping to advance and disseminate scientific and technical knowledge while giving the general public access to virtually unlimited information about health and prevention. This presents enormous opportunities that public health has only begun to seize. At the level of governments, there is a growing consensus among our region's countries that health is both a basic human right and an essential component of development, and that governments are responsible for promoting and protecting this right.

What does this mean for PAHO? I believe our role is to help countries seize this moment, and I believe the best way to do this is by advancing universal health coverage using a primary health care approach.

Universal health coverage means ensuring that everyone, regardless of means or status, has access to quality health services for prevention, promotion, treatment and rehabilitation, and without risk of financial impoverishment. This provides a framework for addressing virtually every major health challenge currently facing our region. It means working to strengthen health systems, improve the health workforce, create health-financing mechanisms, expand access to medicines and technologies, and empower individuals, families, and communities to protect their own health. It means promoting a "health-in-all policies" approach to address the social determinants of health and to ensure that policies in other sectors promote rather than undermine health. It also means focusing special efforts on our most vulnerable countries and populations; indeed, they must be our top priority.

At PAHO, we have the skills, expertise, and commitment we need to carry out this important work. In the best Pan American tradition, we can help our member countries share evidence, best practices, and "best buys" to put good health within reach of everyone in our hemisphere and to make health itself a force for positive change. ■



## AFSM Board Retreat

### The Board of Directors Restructures its Committees (the better to serve you!)

By *Enrique Fefer*

Following the General Meeting of the AFSM that took place in December, the Board of Directors' attention turned to updating or redefining the functions of its committees. The objective is to better respond to the changing needs (and to the occasional impatient demand) of the Association members. The results of intense, but non-violent, discussions carried out both in the President's home (sodium-laden delicatessen sandwiches fueling the participants) and in the Delegates Lounge at PAHO's HQ (coffee only, no food allowed) renewed the Board's commitment to the vision of the Association, "to promote the fellowship and well-being" of our colleagues.

The redefined Committees and their functions are:

#### **Publications Committee**

- Design and produce Newsletters and other AFSM materials in the appropriate medium (replaces the more limited mandate of the Editorial Committee)

#### **Communications Committee**

- Promote and enhance the participation of AFSM members in Association activities. (Includes the development of instruments and platforms to facilitate communication with and among members, such as the website, SharePoint, and Eluminate)

#### **External Relations Committee**

- Strengthen existing relationships with other organizations and develop new ones (replaces Liaison with International Organizations, now includes local and national organizations)

#### **Outreach Committee**

- Promote and strengthen AFSM in the countries and increase new member affiliations throughout the Region

#### **Health Insurance and Pension Committee**

- Contribute to quality and sustainability of the health insurance system
- Monitor pension issues for the members

#### **Membership Office**

- Responsible for registering, updating and distributing membership information, including communications regarding new members and death notices
- Organize the Annual Meeting and biannual lunches and support activities undertaken by other committees as required

The Board Members prepared a list of activities corresponding to the above functions. Their hope is that expansion of services will lead to a growing membership, reflecting the large number of PAHO staff expected to retire during the present biennium.

The members of the Committees are listed on the back page of the Newsletter. ■



*Cristina Torres, Jean Surgi*

*Jaime Ayalde, Mario Boyer,  
Germán Perdomo, Nancy Berinstein,  
Hernán Rosenberg, Enrique Fefer  
(missing: Hortensia Saginor, Sylvia Schultz)*





# World Health Day 2013

## Hypertension

By Marilyn Rice



*PAHO staffers walking on behalf of Hypertension Education*

**W**orld Health Day (WHD) was celebrated by PAHO offices in all the countries of the Americas. PAHO invited AFSM Washington to join staff in commemorating WHD with the Walk for Health. Hundreds of participants, including many members of AFSM, adults of all ages - with children, strollers and dogs - walked around the Washington DC mall and monuments to support both WHD 2013 and US National Public Health Week (NPHW). At the meeting site just outside the PAHO main building, coffee, juice, water and nutritious snacks were served, and there was lively animation and warm-up exercises led by PAHO staff. A bouncing castle attracted many young people to expend their energy jumping around.

PAHO's Director Carissa Etienne welcomed guests at PAHO headquarters with an introduction to the World Health Day theme, 140/90 Hypertension: Know your numbers. "Millions of people all over the America suffer from hypertension, which is the risk factor for the number-one killer in the world, cardiovascular diseases. So happy walking — and *conoce tus números*," Etienne said before the walk.

Susan Polan, Associate Executive Director of the American Public Health Association, related hypertension to this year's NPHW theme, Public Health is ROI [return on investment]: Save Lives, Save Money. An increase of 10 percent in local public health funding



*Warming up before the Walk*

contributes to a 3.2 percent decrease in cardiovascular deaths, while community-based prevention efforts return \$5.60 for every \$1 of investment. "We hope that not only the rest of the year, but the rest of your lives, you focus on prevention," Polan said. "We hope you understand the importance of return on investment and you'll help us to try and engage in investment for the rest of the year." At the end of the Walk, refreshments were again served, participants danced to lively Caribbean music, and children frolicked in the bouncing castle.

Hypertension is the leading risk factor for death worldwide. Although 30% of the adult population suffers from blood pressure above 140/90 mmHg, a third of those who suffer it do not know they have this disease. One in three people being treated for hypertension fails to keep his/her blood pressure below 140/90. It

increases the risk of myocardial infarction, stroke, and kidney failure. It can also cause blindness and heart failure. The risk of developing any of these complications is higher if hypertension is not controlled (i.e., if it is not less than 140/90), and if other risk factors such as tobacco, obesity, and diabetes exist. Cardiovascular diseases are the leading cause of death in the majority of the countries of the Americas, where they cause 1.9 million deaths per year.

Global Brief on Hypertension, published by WHO on the occasion of World Health Day 2013, describes why, in the early 21st century, hypertension is a global public health issue. Hypertension is often

asymptomatic, so all adults should have their blood pressure taken regularly.

Measures to prevent hypertension include reducing salt intake, eating a balanced and healthy diet, avoiding tobacco use and harmful alcohol consumption, and maintaining a physically active lifestyle and healthy body weight. ■



*Director greeting the participants*



## WHO Staff Health Insurance

The results are now official. The global election process for retiree representatives on the Global Oversight (GOC) and Global Standing (GSC) committees for the new WHO Staff Health Insurance Governance structure have been announced. Ann van Hulle will be the representative for the GOC with Clas Sandstrom as alternate, and Jean Paul Menu and Marjorie Dam will be the GSC representatives with Françoise Hery Persin and Carol Collado as alternates. This note will give you some up-to-date information on what is happening now.

It is projected that the new Staff Health Insurance committees will be in place later this year. In the meantime, your representatives chosen in the recent election have already begun informally consulting with the WHO Staff Health Insurance Administration (SHI). While their primary role once the new system is in place will be to contribute to the smooth management and functioning of the insurance system, they feel a particular responsibility towards their "constituency," i.e., retirees, surviving spouses, and dependants affiliated with SHI (henceforth referred to as "retirees"). Above all, they want to assist the Administration in ensuring that retirees are treated on equal terms with active staff insofar as access to information related to SHI is concerned.

One key element of this strategy is therefore to improve communication with the retirees. Active staff is informed through the internal WHO Intranet network. Retirees do not have that access, so other means are necessary to ensure that they receive official information in a timely fashion.

In early March of this year, several of those elected had a meeting with Claude Hennetier, Coordinator of Health Insurance and Pensions in Geneva. During this meeting, some recent delays in sending out information to retirees were discussed, and eventually all retirees did receive by mail a package of useful information, together with the usual statement concerning their contributions for 2013. At the same time, they were provided with information on the results of the election of retiree representatives to the global committees. Those who have access to the Internet will be invited to provide an email address, as a first step towards better access to information. Later this year all retirees will also receive the revised SHI rules.

While SHI Geneva will do its best to improve speedy information to all retirees, AFSM Geneva's Quarterly News (and, when appropriate, their information letters) and AFSM PAHO's Newsletters will continue to serve as an informal medium of communication with at least our own members. The SHI Administration welcomes our efforts to help in disseminating this information. ■

— *An article published jointly by AFSM Washington and AFSM Geneva*



### \* Noteworthy News \*

We have been informed that on 27 September 2012 Dr. Jose Maria Paganini, Director of INUS (Centro interdisciplinario Universitario para la Salud) was admitted as a member of the Buenos Aires National Academy of Medicine. He was awarded a diploma for this distinction at a special public session held on 30 May 2013. The subject of his dissertation was "Equity and Quality in Health, a System's Responsibility."

AFSM is pleased to send him our congratulations and best regards.

### Welcome to New AFSM Members February to June 2013

#### From the Washington, DC Area

Mónica Bolis  
Patricia Suárez  
Rubén M. Suárez Berenguela

#### From Other Countries

Ma. Luisa Castro de Esparza – Peru  
Ricardo Horatio Fescina – Uruguay  
Philippe Lamy – France  
Mirta Roses Periago – Argentina  
Ma. Angélica Plenge Thorne – Peru

## The Words of Silvio Palacios

*Dear Readers:*

*We are sad to inform you that Silvio Palacios, a dear friend and colleague to so many former PAHO staffers, died in Madrid, Spain, on 21 June 2013. Silvio wrote the article below for our Newsletter and, sadly, passed away before he was able to see it published. Nevertheless, we have been left with a lovely gift from him – a memoir of his work in PAHO and a life well lived. We send our sincere condolences to his family and friends.*

Many years have passed since January 1957, when I had the great fortune to join our Organization, PAHO/WHO. Time provides a broader and clearer vision, and when one is 94 years old, although memory falters, memories of the past are clear.

One of the benefits of our working method was that upon arriving in a new country, we always—and I can speak for all of us—felt an absolute obligation to learn about its geography and history, and the basic notions of its cultural anthropology.

Those of us who have devoted ourselves to diseases that are erroneously called, for example, “tropical diseases,” know that a better name would be “diseases of poverty and ignorance.” Certainly, those of us who have worked with a sense of social duty very much agree with Dr. H. Mahler, who said that medical care, by itself, cannot bring health to a population that has very bad living conditions. Fortunately, many of my colleagues at PAHO/WHO felt this way and acted in accordance with this principle.

The experiences gained in programs against malaria gave rise to the need to expand epidemiological studies, since their results were better when

they were carried out well, with a better understanding of transmission. Sometimes the size of the areas officially classified as malarious was reduced, along with the need to apply the so-called “total coverage” of areas and localities.

This may seem to be making excuses, but it is not, since there were successes in many difficult areas, such as the Amazon region, where I had the privilege to be posted and where I stayed for nearly five years. This was one of my best environmental, cultural, medical, and social experiences, during which I improved my knowledge of malaria transmission.

It is not easy to describe personal experiences that include so many major contrasts in places where survival is difficult: predominantly Aymara areas where epidemic typhus was rife and in very small, very scattered populations along the rivers of the Amazon - areas of malaria.

It would not be an exaggeration to say that we received much more than we gave. This is true, and it is a succinct way to summarize the flow of experiences and aid. It is also interesting that, although most of the experiences were “shared,” personal experience is included in each shared experience.

The variety and wealth of health programs and projects implemented by PAHO/WHO and by the governments of the Americas is well known, but I must clarify that, with certain justifiable exceptions, almost all the material, memories, and experience here have to do with malaria.

Although it is difficult, I have avoided “over-personalizing” to the point of making this look like a resume or report. The comments made here are simply a way of “bearing witness”.





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## Health Information Tips

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### 3D Mammograms: A Revolutionary Tool

Each year there are approximately 40 million mammograms performed in the United States, the majority with 2D digital mammography. Approximately 4 million are called back for additional examinations, more than 1 million minimally invasive biopsies are performed, about 300,000 cancers are detected, and 40,000 women die of breast cancer.

Doctors and scientists agree that early detection is the best defense against breast cancer, increasing the chances of survival. Until now, the best way to do that has been with digital mammography.

While digital mammography is still one of the most advanced technologies available today, it has some limitations because it only provides a two-dimensional picture of the breast. The breast is a three-dimensional object composed of different structures, such as blood vessels, milk ducts, fat, and ligaments. All of these structures, which are located at different heights within the breast, can overlap and cause confusion when viewed as a two-dimensional, flat image. This confusion of overlapping tissue is a leading reason why small breast cancers may be missed and normal tissue may appear abnormal, leading to unnecessary call backs. This is an even greater problem with women who are classified as having denser breast tissue.

The Hologic 3D mammography system is revolutionary and combines a process that produces a 3D mammogram in addition to the conventional 2D one. This procedure allows the doctor to see masses and distortions associated with cancers much more clearly in the 3D pictures, while calcification fields, which may be precancerous indications, are more easily interpreted in the conventional 2D image. Additionally, 2D images are used by the doctor to compare changes from one's prior 2D examinations.

A good analogy for 3D mammography is like thinking of the pages in a book. If you look down at the cover you cannot see all of the pages – but when you open it up, you can go through the entire book page-by-page to

see everything between the covers. 3D mammography is designed with the same concept in mind.

During the Hologic 3D mammography procedure, the x-ray arm sweeps in as light arc over the breast, taking multiple images in just seconds. It uses high-powered computing to convert the images into a 3D image, which can then be examined by the doctor one page or “slice” at a time.

Using the Hologic 3D mammography system for screening has been proven to reduce “call-backs” or false positives by 40 percent. In addition, the Hologic 3D mammography procedure has also been shown in clinical studies to be more accurate than conventional mammography alone by detecting cancers earlier. ■

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### Ten Tips for Better Health

Healthy resolutions, backed by scientific research, that you will love to keep throughout the years

- 1. Throw a Party.** Social connections: friends, family, neighbors or colleagues can help you live longer and better. People with a consistent, active social life are less likely to experience a decline in the ability to reason and remember. Social ties also have a physical effect. Social activity may help preserve your ability to perform day-to-day activities as you age. And poor social ties could play a more important role in determining longevity than even smoking, lack of exercise or obesity.
- 2. Adopt a Pet.** Whether finned, feathered or furry, pets are good for your health. People who own pets have healthier hearts and make fewer visits to the doctor. During times of stress, a pet can lower blood pressure. Pet owners are more physically fit and tend to be less lonely and fearful than those without pets. If you want to get in shape, dogs make better exercise partners than humans – they never want to skip a walk. Pets are always there when you need them.



**3. Choose Chocolate.** Dark chocolate is now a darling of the heart-healthy-diet family. It has antioxidant properties that help the body's cells resist damage that may contribute to cancer and other maladies. It also helps lower blood pressure, improves blood flow to the brain and heart, raises "good" HDL cholesterol levels and lowers "bad" LDL levels, all of which protect against heart attack and stroke. Choose dark chocolate that contains at least 70% cacao or cocoa. When deciding the amount to consume, remember that chocolate has calories.

**4. Savor Your Coffee.** For older adults, coffee - regular or decaf - appears to lower the risk of dying of chronic illnesses such as diabetes, heart disease and pneumonia. Caffeinated coffee may protect against skin cancer, liver damage, type 2 diabetes and Parkinson's. Three cups of coffee a day may protect against Alzheimer's disease or delay its onset. If coffee doesn't keep you awake or give you acid indigestion, enjoy that cup, but go easy on the cream and sugar.

**5. Raise a Glass of Wine or Beer.** A glass of wine - either red or white - or a glass of beer are heart-healthy. They protect against diabetes and certain types of cancer. But remember that the key to drinking either wine or beer is moderation - one glass a day for women, two for men. More than that can cause serious problems.

**6. Have Sex.** The most damaging myth about older adults is that aging means saying goodbye to sex. It is very well known that more than half of men and women ages 57 to 85 say that they have sex more than two or three times a month, and 23% claim to have sex at least once a week. Sex causes the brain to release endorphins, the feel-good chemicals that act as painkillers and reduce anxiety. Sex also prompts the release of substances that bolster the immune system. Sexual activity is associated with lower levels of depression in both men and women.

**7. Listen to Your Favorite Music.** Music profoundly affects health. Listening to your favorite music may be good for your heart. Emotions aroused by joyful music cause tissue in the inner lining of blood vessels to expand, increasing blood flow. Music also brings on sound sleep, boosts your mood and reduces

anxiety. Patients feel less pain and need less pain medication after surgery if they listen to music while recuperating.

**8. Take a Nap.** A midafternoon nap can help improve your mood, memory, alertness and learning - and it won't interfere with your nighttime sleep. Naps come in different lengths. A 90-minute siesta clears the brain's short-term memory storage center and makes room for new information. Snoozing for 20 minutes improves alertness and performance without leaving you feeling groggy. Sipping a cup of coffee before closing your eyes will help you wake up alert. It takes 20 minutes for caffeine to enter the bloodstream, so its effects start to kick in when wake. Even a six-minute micro-nap may help improve memory.

**9. Go au Naturel.** Spend some time in natural settings. Staying in touch with nature is essential for good health. Greener environments cut the time it takes to recover from surgery, improve the way the immune system works, and help diabetics achieve healthier blood-glucose levels. Surprisingly, as little as five minutes a day of walking, cycling, gardening, fishing, boating or other outdoor activity can boost your mood and sense of well-being. "Much like eating greens provides essential nutrients, so does seeing and being around green."

**10. Get off Your Soapbox.** To save time, money and your health, stop using high-octane soaps and household cleaners that contain the antibacterial agent triclosan. Antibacterial soaps are no more effective than plain-jane soaps in ridding your hands of germs and preventing illness. Washing your hands in warm water with plain soap for 20 seconds will do the job. What's more, triclosan may contribute to the rise of dangerous, disease-causing bacteria resistant to antibiotics. Also cut down on sprays that clean furniture, polish glass and perfume rooms. Adults who use these common household products once a week or more increase their risk of developing asthma by a significant 30 to 50 percent.

Finally, "At least once a week, buy yourself the present of spending time doing exactly what you want." ■



## Meeting of the Presidents

For many years, the presidents of several international retiree groups have enjoyed an annual luncheon where they discussed a variety of mutual interests. In time, these discussions led to the establishment of a yearly workshop where Board members could come together to exchange information and to learn from each other. Seven organizations came together on 19 April at Alfio's restaurant in Washington DC to select topics for the Fall 2013 Workshop.

It was agreed that the new world of social media impacts each and every one of us – it affects how we communicate with each other, with our constituents, and even with potential members.

As Descartes said “You think and therefore you are.” But with the worldwide growth of social media it may be more fitting to say “You share and therefore you are.” One communicates today by use of such platforms as Facebook, Twitter, and FaceTime. Young people do not have the time or inclination to speak on the telephone; a quick text will do the trick. Grandparents learn how to do FaceTime so that they can communicate with grandchildren who may live far away. Facebook allows one to keep friends, family, and even strangers informed as to where you are dining, dancing, traveling, studying, and working. Use the tools of social media and share your life with others. As previously stated, you share and therefore you are.

This issue was recognized as being relevant to all who attended the meeting, and it was therefore placed on the agenda for the annual Workshop scheduled to take place at PAHO this coming October.

This will be the first time that PAHO hosts the Workshop, and the promise of exciting guest speakers and a panel on social media should help make it a success.

Another encouraging development came from the meeting when the seven organizations decided to take advantage of the new technology in order to keep each other advised of both social and work opportunities for all of our constituents. It is recognized that many who have left their positions in international organizations still desire to utilize their unique professional skills. Many consider their tenure in an international

organization to be but one step in their professional development; hence former staff members should not be considered just retirees, as PAHO's AFSM recognizes in its name. A pooling of information will make it feasible for those interested to learn of work, travel, and social opportunities. It is hoped that a computer platform will be established this year to enable us all to do just that.

In the meanwhile, we wish to make you aware of an exciting new World Bank electronic site devoted to the field of Development. At the present time it is opened to all interested and appropriate parties. The link to the site Collaboration for Development (C4D) requests a registration on line. When you get to the page you will see instructions to register as a non World Bank staff. The link is: [collaboration.worldbank.org/groups/alumni-development-know-how-network](http://collaboration.worldbank.org/groups/alumni-development-know-how-network).

And, finally, it was agreed that we must fix a name to our group. Because some organizations refer to retirees, others talk about alumni, and still others speak of former staffers we have found it complicated to give ourselves a name. We have therefore decided to open it to all of our readers. If someone wishes to submit a name and if it is accepted by the group, then the author will be awarded an excellent prize. We hope for a short and creative title. You may send your suggestions to Nancy Berinstein at: [Nancy.Berinstein@gmail.com](mailto:Nancy.Berinstein@gmail.com). We hope to hear from you! ■

### *Participants included:* The

1818 Society (the World Bank alumni association)  
Association of Former Employees of the Asian Development Bank (AFE-ADB)  
Association of Former International Civil Servants Washington (AFICS)  
Association of Retirees of the Organization of American States (AROAS)  
Retirees Association of the International Development Bank (IADB)  
International Monetary Fund Retires Association (IMFRA)  
Association of Former PAHO/WHO Staff Members (AFSM)



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## Remembering Our Colleagues



**Dr. Charles L. Williams**

*Former Deputy Director*

**1917-2013**

**W**e are sad to write about the recent passing of Dr. Charles L. Williams, Jr., who served as PAHO's Deputy Director from 1967 to 1979. Dr. Williams had a long and distinguished career of public health service to the United States as well as other countries, especially in the Americas.

Dr. Williams spent 26 years in the U.S. Public Health Service, working as an epidemiologist, researcher and administrator for both domestic and international programs. His posts included Deputy Chief of the Public Health Division of International Cooperation Association (now the US Agency for International Development [AID]); Chief of the Office of International Research at the National Institutes of Health; and Associate Director, Deputy Director, and Director of the Office of International Health of the US Surgeon General. He also served as Chief of the AID Mission to Peru and represented the United States at many international health conferences.

At PAHO, Dr. Williams served as Deputy Director alongside PAHO's first two Latin American directors, Dr. Abraham Horwitz of Chile and Dr. Héctor Acuña of Mexico, at a time when the Organization's budget, staff and work were expanding. Drawing on his experience, knowledge and contacts, Dr. Williams provided important leadership that helped position PAHO as a major contributor to health and development in the Americas.

During PAHO's centennial celebration in 2002, Dr. Williams observed, "The centennial is a very impor-

tant historical moment, a significant birthday of this organization, which has served the Americas well for 100 years. The people that work for PAHO are a perfectly tremendous and magnificent resource. We always had a terrific group of people working here. What is going to make PAHO move in the future has got to be the people, the staff that work here, the leadership that the organization has."

Dr. Williams studied medicine at Tulane University and public health at the University of Michigan. He was a fellow of the American Public Health Association and a member of the American Society of Tropical Diseases and Hygiene.

He is survived by two daughters, Ellen C. Williams and Katherine W. Wineberg, as well as five grandchildren and four great-grandchildren. He is remembered with fondness and respect by all who knew him.

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## *In Memoriam*

### **DEATHS IN 2012 AND 2013 NOT PREVIOUSLY REPORTED**

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Beverly Witter-DuGas	22 November 2012
Charles L. Williams	5 January 2013
Steven Serdahely	20 January 2013
Norma Soto Gómez	29 January 2013
Williams McMoil	19 February 2013
Stephen A. Simon	22 February 2013
Robert T. Farr	14 April 2013
Juan Ricardo Rios Quiros	23 April 2013
Antonio Fusto	27 May 2013
Kwang Chi Liang	15 June 2013
Silvio Palacios Freire	21 June 2013

### **Condolences to AFSM Members**

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To Irma Pérez for her husband José Luis Pérez, who died 26 March 2013

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# The Back Page



The AFSM Board and committee coordinators would like to know about the needs of its members. We might not be able to solve all your problems but we have resources that could be utilized. Also, we encourage your contributions to the Newsletter, either in the form of articles for publication or in comments about its contents.

To reach us, write to:

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

## Contact Information

Please refer to your 2013 AFSM Directory and be certain that all your personal contact information is correct. We also encourage you to provide us with your email address so that important and pertinent information can be electronically mailed to you. Any changes or additions to your address should be sent to Hortensia Saginor (AFSM) by routine mail to PAHO Headquarters in Washington DC or, preferably, by email to [isaginor@aol.com](mailto:isaginor@aol.com) or [hortensiasagi@gmail.com](mailto:hortensiasagi@gmail.com)

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# Newsletter

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*Dr. Carissa F. Etienne*

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