



NEWSLETTER

OF THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOLUME V NO.2

SUMMER 1995

ELECTION OF OFFICERS

The terms of office of Directors Renate Plaut, Jean Surgi and Federico Varela expired at the end of 1994. The general meeting of 29 November 1994 re-elected them for a period of three years. The Board of Directors, at its meeting of 31 January 1995, elected officers for the current year as follows:

President	Hans A. Bruch
Vice-President	Jean S. Surgi
Treasurer	Federico G. Varela
Secretary	Jaime Ayalde
Asst. Secretary	Danelia Dashiell
Corresp. Secretary	María Segarra-Hines
Members at Large	Guillermo Dávila Carlos H. Daza Renate Plaut

MEETING WITH THE DIRECTOR OF PAHO

On 26 April Board members Bruch, Plaut and Surgi met with the Director of PAHO to congratulate him on his election, wish him well in his administration and update him on the activities of the Association. Also present at the meeting was Dr. Diana Serrano LaVertu, Chief of Personnel.

Several points regarding the needs of the Association were also discussed, including:

- ▶ Expanding the mailing list to reach former staff members in Central and South America through the Country Representatives (PWRs). Although at this point we do not foresee a Spanish or Portuguese edition of the Newsletter, we can at least send our colleagues the AFSM Newsletter and other information or reports in English and hope they may be useful to them.
- ▶ The Board of Directors from the onset has been seeking to include all new retirees of PAHO in the AFSM mailing list in order to send them the Newsletter and all other reports or flyers, and to invite them to be part of the Association. Until now, we had only the name and date of retirement. From now on, the Administration will include an AFSM brochure in the documents of retirement.
- ▶ Other items discussed were the extension of an invitation to the AFSM Board of Directors to major events of the Bureau, such as Award Ceremonies, World Health Day, and

Directing Council, and Pan American Sanitary Conference meetings, and the assignment of a meeting room for the AFSM Board of Directors.

The Director congratulated AFSM for the work it is doing for the former staff of PAHO and promised support for its activities. He also requested all former staff, who have so much experience and technical knowledge, to contribute ideas and suggestions on the future activities of PAHO. These contributions could be sent directly to the Director or through AFSM.

At the meeting, the Director kindly presented the Board Members with lapel buttons bearing the PAHO insignia. We have received 150 more for distribution to members of the Association, which we will send in conjunction with the new membership cards, as soon as possible. The Director appointed Dr. Serrano LaVertu to continue as liaison for matters concerning AFSM.

On 8 June, AFSM Board members Ayalde, Bruch and Surgi met with Dr. Serrano LaVertu to discuss the mechanics for implementing the issues discussed at the meeting with the Director.

WORLD HEALTH DAY

This April 7 PAHO/WHO was especially honored with the presence of First Lady Hillary Rodham Clinton who spoke on the significance of the day and opened a Hemisphere-wide campaign for the elimination of measles.

PROPOSED AREAS OF WORK

The Association is in its fifth year of existence. Although it has accomplished well some of the goals that were established by its bylaws, the Board of Directors feels that it can do better now with the experience of the past years. In order to improve our activities, we need to:

- ◆ Involve other members of the Association and take advantage of their special talents by having them contribute articles of interest to retirees.
- ◆ Establish committees or working groups including one or more members of the Board of Directors and other members of the Association. These could meet at PAHO or at the residence of one of the committee members at their own convenience with dates and times set by the committee.
- ◆ The members of the Board of Directors would then coordinate the activities of the committees, so as to avoid duplication or overlapping of activities.
- ◆ Members of AFSM outside the Washington Metropolitan Area can contribute with their ideas, suggestions and with contributions for the Newsletter.

If you would like to contribute to the activities of the Association, please write to us and tell us how would you like to participate. Please, help the Association. We need you!

SOCIAL ACTIVITIES

The annual luncheon was held on 3 May 1995 at Alfio's La Trattoria Restaurant, with 29 persons attending. It was a very happy reunion where colleagues had a chance to meet old friends and acquaintances. The Board President proposed the organization of committees or working groups in certain areas of activities of the Association and encouraged volunteers for these groups to come forward. We had some positive answers to our request.

A cookout is being planned for Sunday, 1 October. The cookouts held in the past have been well attended and have provided another opportunity for retirees and former PAHO staff members to renew acquaintances and keep up with developments and news about the Association and its members. Invitations will be mailed in time, but we suggest that you mark your calendar with this date NOW!

MEMBERSHIP CARDS

New membership cards will be issued which will reflect the changes in the bylaws in regard to types of membership: annual, ten-year, and lifetime membership.

STAFF HEALTH INSURANCE

A Joint Meeting on Staff Health Insurance was held in Geneva on 12-14 June 1995, and our Region was represented by Dr. Marlo Libel, from the Regional Surveillance Committee; Ms. Janice Barahona, Staff Representative; Mr. Thomas M. Tracy, Chief of Administration; Dr. Diana LaVertu, Chief of Personnel (observer); and Ms. Sharon Frahler, Staff Health Insurance (observer).

Several changes of interest to retirees were made to the insurance rules, related to the threshold for catastrophic expenses for retirees, dental care, psychiatric care, reimbursement for glasses/lenses and hearing aids, and coverage for divorced spouses. Details of these changes will not be available until the final report of the meeting is reviewed and decisions are approved by the Director-General. We will provide this information to AFSM members as soon as it is finalized.

NEW HEADQUARTERS FOR PAHO

Bringing up-to-date the information on the new Headquarters for PAHO presented in the AFSM Newsletter (Vol.VI, No. 2, Spring 1994), we have been informed that, on 2 February 1995, a panel of the Maryland Court of Special Appeals held a hearing to determine whether or not Montgomery County had exceeded its authority with regard to zoning at the proposed site, and has recently handed down an opinion that Montgomery County's actions were legal. The effect of those decisions is to rule out Montgomery County for all practical purposes as the site for the new Headquarters building

G-IV FAMILY COALITION

On 25 October 1994, President Clinton signed Bill H.R. 738 into law, amending Title III of the Immigration and Nationality Act of 1986. It means that G-IV visa holder retirees who meet eligibility requirements may apply for permanent resident status. Eligibility requirements are as follows:

- ◆ You must have spent an aggregate of 15 years in the USA in G-IV visa status.
- ◆ You must have spent an aggregate of half of the last seven years in the USA in G-IV visa status.
- ◆ You must be a retiree.
- ◆ You must apply for permanent resident status within six months of retirement.
- ◆ If you have already retired, you must apply for permanent resident status within six months of enactment of the Immigration and Nationality Technical Corrections Act of 1994 (25 October 1994)

(From AFSM Quarterly Bulletin, Vol.XXIV, No. 1-January 1995)

ORGANIZATIONAL STRUCTURE

On 1 February 1995, Dr. George A. O. Alleyne addressed the staff for the first time as the new Director of the Pan American Health Organization, Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization. He presented his perceptions of some of the major currents that will shape the work of the Organization in the next few years and how the Organization will proceed in order to fulfill its mission.

Dr. Alleyne selected six currents, or megatrends, which will influence the mission and *modus operandi* of the Organization: (1) the economic landscape, including the interdependence of the major systems; (2) the attention that must be paid to the social sectors and the reduction of inequities; (3) the growth of interest in liberal democracy and market oriented reform; (4) the trend towards regionalism in the Americas; (5) anxiety about the environment and the capacity of the planet's ecology to support its increasing population; and (6) the appeal of health to numerous players. For many agencies and groups it is becoming attractive to work in the health field.

As to the mission of the Organization, most persons consulted in PAHO referred in general terms to the Constitution, but there was no coincidence of perception of how the Organization should go about achieving its goals; therefore, the Director invited the staff to redefine the mission of the Secretariat through a participatory process.

The major product of PAHO is the technical cooperation addressed to the priorities set by the Governing Bodies. PAHO also has to follow the Ninth General Program of Work because it is a part of the World Health Organization.

Any structural modification should be

oriented towards the improvement of managerial efficiency at all levels of PAHO.

There is another principle which Dr Alleyne calls the principle of functional propinquity: things that are functionally similar should come together. The Strategic and Programatic Orientations (SPO) say what the countries and the Secretariat should do. These are five in number, and logic demands that the Organization maintain five Technical Divisions and make modifications within the context of those Divisions.

Effective 1 February 1995 the Director's Cabinet was established, to assist the Director in making decisions about policies, structure and functions of the Organization. The Director's Cabinet was established in lieu of the Advisory Committee of the Director. The Cabinet represents the locus where decisions are taken collegially.

The Director's Cabinet is composed of:

- The Director, Deputy Director, Assistant Director, and Chief of Administration
- The Directors of Technical Divisions.
- The Chief of the Office of Analysis and Strategic Planning, who shall serve as Secretary of the Cabinet.
- The Chief of the Office of External Relations
- Additional members designated by the Director.

The following are the Technical Divisions:

- Health and Human Development (HPD), Dr. José Romero Teruel, Director
- Health Systems and Services Development (HSP), Dr. José María Paganini, Director
- Health Promotion and Protection (HPP), Dr. Helena E. Restrepo, Director

- Health and Environment (HEP), Mr. Horst Otterstetter, Director
- Disease Prevention and Control (HCP), Dr. Gabriel Schmunis, Director a.i.

Special Program

- Vaccines and Immunization (SVI), Dr. Ciro de Quadros, Director

NEWS FROM PAHO

We regret to inform our colleagues of the unexpected death of Susan Shanley Cooke on Friday, 12 May 1995 in Bethesda, Maryland.

Susan came to PAHO in 1970 as a Training Officer in the Fellowship Unit. She had responsibility for arranging training programs for fellowship recipients from PAHO member countries, as well as from the other WHO Regions worldwide.

During her years in PAHO, Susan was involved in many activities and served on various committees, always with the goal of benefiting the Organization, to which she had dedicated her career.

Susan was married to Dr. Jeremy Cooke and had two daughters, Meagan and Jennifer. She is also survived by her sister Ellen Jones and her brother Michael Shanley. Susan's father, a prominent patent attorney in Washington D.C., died on Wednesday, 10 May, after a long illness.

HEALTH CORNER: SHRINKING

We are sipping our two-weekly espresso;

Albert was quite upset, "Imagine," he said, "I went to see my doctor, just for a check-up. 'Do you know your weight and height?' he asked. Of course I do, it's ideal: 73 kilograms (160 pounds) and 173 centimeters (5' 5"), as ever since my forties. 'Well, let us check it,' he said, looking at me somewhat queerly, and put me on his scale. 'Your weight is correct' - of course, I knew that, having stepped on my own scale in the bathroom that morning - 'but you are only 169 (5' 4") tall! Now, tell me, what is happening to me, am I shrinking? Am I becoming, as the french say, a *petit vieux*?

Yes, Albert, you are shrinking; many of us are shrinking. Our bones, seemingly passive and solid structures, are very much alive, with a constantly active metabolism. Calcium and proteins, as well as phosphorus, fluoride, and many other components are constantly entering and leaving our bones. Bone cells are being incessantly destroyed by so-called osteoclasts, but are also being reborn from another type of cell, the osteoblast.

The overall condition of the bones depends on the balance between the process of destruction and re-formation; with increasing age and decreasing activity, our bones may become poorer in minerals and proteins, less dense, more porous and also more fragile. The process osteoporosis is one of those numerous borderline conditions between health and disease. (There are also frankly pathologic forms of osteoporosis, less frequent, special diseases, but these do not concern Albert's case.)

One would be almost tempted to say that osteoporosis is part of normal ageing. It usually starts around 45 - 50 years in women and around 60 - 65 years in men. Part of normal ageing - perhaps; but is it part of healthy ageing? Osteoporosis is a multifactorial, largely preventable, condition. Physical activity stimulates not

only the heart and vessels, muscles, lungs and metabolism, but promotes the renewal of bone cells, too. A balanced diet, especially with milk and cheese, provides the calcium needed to avoid undue loss from the bones, and vitamin D. If needed, but only if needed, these and other substances or drugs can be added. But then, where is the limit between healthy ageing and medicalized ageing?

After all, what is wrong with becoming a *petit vieux* or, for that matter, a *petite vielle*? Well, Albert, if you want my advice: join me when I am walking. This is the best physical activity for pensioners like us. Walking will do some good also to your bones.

Dr. Tom Strasser, M.D. (formerly CVD)
(From : Quarterly News of the Association of Former WHO Staff - No. 19, Autumn 1994, Geneva)

HEALTH AFTER SIXTY

You just read Dr. Strasser's story about *Shrinking Albert*, reproduced from the Quarterly News of AFSM-WHO. This story presents in an amusing way a fact of life, which is the existing link between age and the decline of the physical well-being of the human population. But other lessons should be stressed, particularly what should be done to prevent or minimize the problem. As the author recommends, physical activity such as walking and a balanced diet are very important. Men and women should both consume 1,500 mg of dietary calcium a day. Low-fat milk products are the best source. If you do not get enough calcium in your diet, you should discuss supplements with your doctor.

You also need a small amount of vitamin D. This is normally manufactured by the body exposed to a minimal amount of sunlight. Vitamin D supplementation is generally not recommended.

Men generally have heavier skeletons than women, and their bones are 20% more dense than those of women. Nonetheless, at least one-fourth of all broken hips occur in men.

It has been reported that, in post-menopausal women, hormone replacement therapy (HRT) reduces by 60 percent the incidence of hip and wrist fractures found in osteoporosis. In man, there are no obvious signals to show that osteoporosis may be imminent, but moderate exercise (walking or jogging) and appropriate diet will help to maintain the bone mass.

While exercising, it is necessary to keep in mind the weather conditions. If the temperature and humidity are too high, just stay in an airconditioned environment and take plenty of liquids. And, while outside, use the proper attire for the temperature and road conditions. The sport shoe industry is investing millions of dollars in research and development, and there is no need to use your nice Sunday best or your regular street shoes to go out and walk on snowy or icy roads.

Dr. Jaime Ayalde

YOUR HEALTH MATTERS!

- According to the Food and Drug Administration the procedure of mammography can detect 85% to 90% of breast cancers and discover tumors up to two years before they can be felt during a physical examination. Early detection and treatment of women over 50 can reduce cancer deaths by almost a third. Do not procrastinate. Have your mammography performed once a year. If there is a suspicious lesion your doctor may indicate a "stereotactic core biopsy" which is as accurate as the traditional surgical biopsy

but causes less discomfort and requires local anesthesia but no sedation.

● Good news for mountain climbers. Older friends of the heights, called *andinistas* in this beautiful part of the world, are much less likely than younger travelers to develop the ill effects of acute mountain syndrome (AMS) called simply *soroche* by our colleagues in South America. This has been reported in the Annals of Internal Medicine and quoted by the Johns Hopkins Medical Letter (Vol. 7 Issue 5/ 1995). The researchers suggest utilizing prophylactic drugs (acetazolamide) and stopping over for a day at an intermediate altitude. In Bolivia some special infusions or teas are used to prevent or treat mountain sickness or *soroche*, but we better not get into those details at this time. We will leave that matter to be discussed by the experts in traditional medicine.

● Speaking of traveling the Center for Disease Control offers information that may be of interest to you. The International Traveler's Hotline (404-332-4559) offers prerecorded messages on health issues, and the CDC FAX Information Service (404-332-4565) offers free documents on disease outbreaks, risk and prevention. For health tips, updated yearly, obtain the publication, Health Information for International Travel (Publ. # CDC 94-8280). Contact the US Govt Printing Office (Tel. 202-787-3238).

● Have you heard about a TIA? A TIA or transient ischemic attack is a "mini-stroke" or brief interruption of the blood supply to the brain, which causes little or no permanent damage. The conditions are similar to those of stroke (weakness, tingling, numbness, vision or language problems, confusion, vertigo). A TIA should be considered an early warning for stroke and should be taken seriously, carefully evaluated and managed by specialists. Standard treatment include not smoking,

drinking alcohol only in moderation, plenty of exercise, controlling blood glucose. Aspirin is commonly used (ticlopidine for those who cannot take aspirin). Evaluation of the blood flow in the carotid arteries is a must. Modern technology allows this evaluation to be performed on an out-patient basis with non-invasive methods, such as the cerebrovascular *Doppler*. If the carotid artery is more than 70% narrowed by plaque, surgical cleaning (endarterectomy) may be advised. Risk of serious complications of the surgical option is about 5% (Johns Hopkins Medical Letter, Vol.6.Issue 10-Dec.1994; Vol.7-issue 2, Apr.1995).

Dr. Jaime Ayalde

OBITUARIES

We regret to inform our colleagues of the deaths of:

Janeiro B. Schmid on 25 January, in Maryland.

Lucy P. Betancourt on 11 May 1995, in Englewood, Florida

Minis N. Coe on 17 July 1995, in Maryland

Our sincere condolences to all their families.

Once again, we urge you to send us your comments and suggestions in regard to the Newsletter. Please send us your contributions on any subject that you think may be of interest to retirees, as well as news about your activities.

**mail to: AFSM (Association of Former PAHO/WHO Staff Members)
Pan American Health Organization
Room 316
525 23rd Street, N.W.
Washington D.C. 20037-2895**

ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

1995 DUES

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: HOME_() _____ WORK_() _____

DATE _____ SIGNATURE _____

ANNUAL MEMBERSHIP FEE : \$10.00 /_/_/

10-YEAR MEMBERSHIP FEE: \$50.00 /_/_/

LIFETIME MEMBERSHIP FEE: \$100.00 /_/_/

Please return this form with your check payable to **AFSM** to:

ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

c/o Pan American Health Organization

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