



# NEWSLETTER

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THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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VOL. XXVII, NO. 2

AUGUST 2016



Summer Luncheon, 13 July

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## Message from the President

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Dear colleagues, friends and members of the Association, I hope you are well and enjoying good health.

On a previous occasion, I mentioned that while the Board continues making efforts to comply with the Mission and Vision of the Association, we have identified three priorities on which we are concentrating greater efforts: increasing membership, improving communications and facilitating participation in decisions. Below please find a summary of the progress achieved in each of these priorities.

In our database we have information about 1,011 former PAHO/WHO staff, residing in the region of the Americas, who are not yet members of the Association. Because we wanted to contact and invite them to become members, we decided to undertake two immediate actions. The first was to send them the Newsletter you received last April with a message of encouragement to associate to AFSM. It was an expensive task that required a working group to place labels on and stuff 1,011 Newsletters into envelopes. We have done this in the past, so we know how cumbersome it is - but well worth it. In June, we had a working session in which members of the Board and a group of volunteers participated. We stuffed envelopes with a letter of invitation to become members of the AFSM, a registration form and a printed copy of the Newsletter.

We expect good results from this action. However, we ask you to become "Ambassadors of the Association." Thus, if you know some former staff who are not members, please encourage them to join. Remember that the only requirement is that they have worked for PAHO or WHO, with any type of contract, for any period of time, as national or international workers.

We are constantly communicating with more retirees. When we started the process of improving our communications, we noticed with surprise that 10% of email addresses

from our database were flawed, for various reasons, and messages sent to those members were returned. After the dedication of a working group of board members, that has now been reduced to 4%. But we continue to strive to ensure that all those who have an email address receive messages.

Since the amendment made to Article 18 of the Association's Bylaws was made in December 2013, in which the option of using voting mechanisms different from a face-to-face vote or by written proxy to another member was included, we have the possibility of using modern electronics methods so that everyone can participate in decisions of the Association. There is a working group developing a voting manual; you will receive it soon, so you can review and approve or modify it as you deem necessary.

A new issue has emerged that requires the attention of all members of the Association. It is the financing of AFSM. For many years, the Association has been financed with membership fees and an annual PAHO subsidy. This subsidy was suspended, and future prospects are that membership fees will not be enough to meet all the expenses required. We need to reflect on this matter, and design and adopt new funding mechanisms. Suggestions and proposals will be very important. If you have any to suggest, please send them to Carol Collado, Vice President of AFSM ([collado@verizon.net](mailto:collado@verizon.net)) or to me ([perdomog@gmail.com](mailto:perdomog@gmail.com)).

We have received your messages about the Newsletter congratulating us on its form and content. Several of you have contributed with articles and this gives more value to the newsletter. Thank you for your messages because they encourage us and entice us to make it better and more useful. Please keep sending your contributions to the newsletter.

Best wishes to everyone.

  
Germán Perdomo

# AFSM's Summer Luncheon

*By Enrique Fefer*



It is summertime and, as has been an AFSM tradition, it was time for the summer luncheon. This year's gathering took place on 13 July in Virginia at an upscale mall in the bustling Tyson's Corner area. Forty-three colleagues showed up at Maggiano's Italian Restaurant, smartly dressed for the warm weather, and eager to enjoy each other's company as well as a hearty family-style Italian meal.

Once all were seated, Germán Perdomo, AFSM President, formally welcomed the members and encouraged them to attend the upcoming International Reunion in Punta Cana, Dominican Republic. He also informed the group that AFSM will face a challenging financial future, as PAHO will no longer be providing a grant to the Association. It is therefore imperative to increase the membership, and he urged each member to serve as an ambassador for AFSM and encourage friends and other former PAHO or WHO staff to join.

Mr. Miguel Boluda, Credit Union CEO, an invited guest, also addressed the group, and he too emphasized the need for the Credit Union to grow its membership in order to remain competitive and continue to provide a high level of services. Next, Patricia Ilijic, Credit Union Executive VP, drew tickets for door prizes to the delight of the winners of gift cards. As always, the event was well organized by Hortensia Saginor, who seamlessly provided us with a very successful experience. Time went by quickly and after the tiramisu, profiteroles and coffee, "Hasta pronto" and "Nos vemos en Punta Cana" remarks lingered in the room as colleagues left the air-conditioned mall. **N**



# Health Information Tips

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## Two Important New WHO Documents on Aging and Health

*By Martha Peláez*

Not often does the World Health Assembly pay attention to aging and the impact of aging on family, population health and health systems. At the 69<sup>th</sup> World Health Assembly, two important documents not only highlighted the issue but also provided essential steps to be taken by Member States to address longevity and health in order to achieve the goal of universal access to health.



Since all health issues are ultimately personal, I wonder how many PAHO retirees have taken care of an aging mother or father as they lived out the last years of their long lives. Without that experience, how many are preparing for a long-long life? My mother is 97, and nothing I learned in academic gerontology and public health comes close to the experience of dealing day-in and day-out with the challenges of this new world of health and longevity. So I will provide a brief overview of two important World Health Assembly documents and point out key reforms these policy documents are proposing. If one pays attention to them, it would be possible for all of us to get reliable and effective services; not just disease alleviation but also care to ensure health in longevity. Both documents are calling for re-engineering the service delivery system to meet people's needs, in the way that we will experience these needs when we are old and at a cost that families and the society can afford. Getting a system of elder care 'right' has never been more important.

### **1. WHO framework on integrated people-centered health services**

Document A69/39: Strengthening integrated people-centered health services.

([http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_36-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_36-en.pdf))



Problem: Longer lifespans and the growing burden of long-term chronic conditions are increasing pressure on health systems globally. Unless they are transformed, health systems will become unsustainable.

Solution: Put people and communities, not diseases, at the center of health systems, and empower people to become ‘co-producers of

health’. This means creating effective partnerships among individuals, families and communities in the business of creating health.

How do we do it? Five interdependent strategies are given:

- (1) empowering people;
- (2) improving governance and accountability;
- (3) reorienting models of care;
- (4) coordinating across sectors; and
- (5) creating enabling environments.

These strategies are not new; they include basic functions of public health, but it is refreshing to read that these are recognized to be interdependent strategies -- “lack of progress in one area will potentially undermine progress in other areas.” This means that investment in only one area, while neglecting the others, will undermine universal access to health.

## **2. The global strategy and action plan on aging and health.**

Document A69/17: providing a multisectoral action for a life course approach to healthy aging ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_17-sp.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_17-sp.pdf))

This document provides a comprehensive approach to ensuring healthy aging. I will focus on two strategic objectives:

Objective 3: Aligning health systems to the needs of older populations and

Objective 4: Developing sustainable and equitable systems of long term care.

Problem: Current health systems have been built around very different demographic and epidemiological realities. The systems, as they are, fail to address the health needs and priorities of many older adults. The medical systems understand ‘single disease management,’ but they have little understanding of ‘care management.’ In addition, there is a huge disconnect between the classical terminal disease dying process and the process of living with frailty and losing function but not dying of a terminal disease.



Solution: The strategy of aligning health systems to the needs of older populations requires ‘geriatricizing’ the existing workforce. Primary care for frail elders is not primary care ‘as usual’. Older adults with advanced years will present with complicated and complex situations that require health professionals who understand the health needs of this population, e.g., the perspective and tools of geriatric medicine. Every general practitioner and every nurse in health centers cannot become geriatricians, but if they are to address health issues of frail older adults in a responsible manner they need to have this geriatric perspective.

The strategy also requires understanding that health and prevention require the collaboration of individuals, families and communities. Empowering older adults to be engaged in health production is essential.



How do we do it? Progress will require more research and evidence on how to build an older-person-centered system of health and care that brings together multiple sectors in support of persons and families. Investment is needed to support five years of evidence on how to align services and develop new care systems. However, we do not need to start from scratch; global collaboration and the use of evidence-based policies, programs and interventions will enable Member States to make substantial advances towards the goal of healthy aging.

The technical programs responsible for these two documents did a great job; I strongly suggest you take the time to read them. However, all good ideas and evidence of potential improvements are without force unless individuals demand reforms and refuse to accept partial results. Every one of us, unless we die soon, will face periods of frailty in our old-old age. PAHO/WHO health insurance need not go bankrupt because the system is unilaterally supporting an ineffective model of health rather than efficient systems of ‘care management’ where medical needs and care needs are rationally satisfied. We don’t need to just wait for the ‘magic pill’ to solve our health problems; we need to acquire new skills to become partners with our health professionals in the production of health in spite of having numerous chronic conditions. Younger women need not choose between work, family and caregiving for an older parent. The creation of affordable and sustainable forms of elder care will be essential to ensure universal access to health.

PAHO’s retirees can become advocates for a better system. We can tell our stories and illustrate how the present services are failing our personal health needs and the care of our loved ones. As health services become more elder-person-centered, all generations will benefit from this approach because we will become more efficient in the production of health. **N**

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## Can We Make People Live Longer?

Scientists can make mice live longer. Now they want to do the same for you.

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*Excerpts from a Washington Post article by David Brown, 18 April 2016*

Is it true that time wears on the body in a predictable way — and that for some people the process is accelerated or slowed? The newest strategy to prevent disease (such as heart attack, stroke, cancer and dementia that grow more likely the older we get), in fact, is to find ways to slow aging.

There is such a thing as “biological age,” and it is distinct from chronological age. Biological age describes how a person’s measured physiological profile compares to that of the average person of the same age in the population. But everybody would agree biological age should be a better predictor of how long you live than chronological age.

Although biological age is different for different people, can it be manipulated in humans as it has been in animals? The idea that biological age is measurable and predictive only recently moved out of the mouse lab into human epidemiology.

A study published last year looked at roughly 1,000 New Zealanders who have been followed by researchers since their birth in the city of Dunedin in 1972 and 1973. The group is periodically given tests of organs (heart, lungs, liver, kidneys, immune system, etc.) whose function slowly begins to decline starting about age 30. The



results are used to calculate biological age. In the Dunedin study, biological age was calculated for each person when the group was 26, 32 and 38 years old. Because the calculation was done repeatedly over a dozen years, the researchers were also able to estimate a “pace of aging” for each person.

The results were startling. Even though all subjects had a chronological age of 38, their biological ages ranged from 28 to 61. There was a similarly wide range in the pace of aging. A few people showed virtually no aging over 12 years, a few showed three years of biological aging per year lived, and the rest fell in between.

Cognitive and physical function tracked biological age. People with higher biological age did less well on tests of balance, fine motor skill, grip strength and abstract reasoning. The blood vessels in their retinas — a view into the blood vessels in the brain — looked older. People who were biologically old for their age showed it in many ways — with weaker muscles, slower thinking, narrower arteries and a careworn appearance. Although few people in the Dunedin group had an age-related chronic disease, research suggests that the biologically old among them will soon start getting sick.

A study last year found that people in their 70s whose biological age is five years greater than their chronological age have a 20 percent higher risk of dying over six years than people whose biological and chronological ages are the same.

Centenarians not only have retarded biological ages, they are also more likely to carry specific gene variations (called single nucleotide polymorphisms, or SNPs) that protect against disease. A study published last year found five regions in the human genome where such SNPs reside. In one region, certain SNPs lowered the risk for Alzheimer's disease, high cholesterol and pancreatic cancer. In a second, the SNPs protected against heart disease and diabetes. In a third, they made lung cancer, pancreatic cancer, heart disease and rheumatoid arthritis less likely.

In the end, a person who avoids fatal diseases is likely to grow old and have a body that seems younger than it is, even at age 100. It's hard to know what causes what.

### **Repairing DNA Damage**



For a cell to remain youthful, it has to maintain the ability to detect and repair DNA damage, keep up its energy production, dispose of its garbage, send out the right chemical messages, stay attached to other cells and do lots of other things.

In recent decades, scientists have identified genes, enzymes, metabolic pathways and signaling molecules that control those activities. Stimulating or blocking them, with the goal of lengthening life, especially healthy life, can now begin.

The easiest way to extend life in many organisms couldn't be more low-tech. It is controlled starvation: limiting the intake of food, but not to the point of malnutrition.

Caloric restriction invokes myriad physiological responses. It makes organisms more resistant to stress and toxins, more sensitive to glucose and insulin, and in mice it helps prevent heart attack, diabetes, stroke, dementia and Parkinson's disease. Simply limiting components of the diet (such as protein or even specific amino acids), lengthens life in some organisms. Many interventions now or soon to be in human trials seek to mimic those effects. And caloric restriction itself is being tried.

An immunosuppressive drug called rapamycin down-regulates an enzyme called mTOR; the drug extends the life of rats by 30 percent. A widely used diabetes drug, metformin, which extends life in mice, will soon be tested in non-diabetic elderly people. Researchers want to learn whether it prevents or delays ailments such as cancer, stroke and dementia. Resveratrol, a compound in grapes and blueberries, and some other natural substances are being studied for their epigenetic\* effects on chromosomes.

There may well be a time when patients meet with a physician at age 50 for an assessment that includes blood and gene tests, personal and family history, and talk about diet, habits and behavior. It may result in a prescription.

Some drugs will work in some people. They will certainly work better if people are choosing healthy lifestyles. One pill won't do it all, and there is no Fountain of Youth. But there may be a Leaky Faucet of Youth, and ways to keep it dripping. **N**

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\* Changes that do not involve alterations in DNA sequence

## Staff Health Insurance and Pension Update

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**Happy Summer to All!**

*By Carol Collado*



Please stay healthy and safe. This includes for those of us in the warmer regions to be aware of the mosquitos and ticks, especially with Zika, Lyme disease and other outside threats; to make sure that standing water isn't left about; to hydrate oneself when temperatures rise; and to make sure that you are keeping foods safe in this time when they can expire their "good state" quickly. For those who are enjoying cooler times, remember that falls and accidents are more prevalent, so make sure your footing is safe. Pneumonias are more frequent, so doing breathing exercises (indoors) and seeking help when persistent coughs or shortness of breath occurs is important.

Your Health and Pension Committee met recently, and it has plans to make sure you have at your fingertips the most recent and helpful information regarding both. Please be ready to check your emails, the AFSPM website, and this newsletter for more information shortly. We will be creating FAQs, information sheets and booklets on issues which need further explanation or can be confusing. If you have suggestions for topics you would like to see covered, please send them to any of the Health and Pension Committee members listed on the back page. We will also be updating the "Survivor's Guide" for the UNJSPF recipients originated by Jaime Ayalde, and suggestions are welcome for that as well.

In respect to Health issues, may I suggest that, if you have not yet done it, you review the 2016 Staff Health Insurance Rules. (go to <https://extranet.who.int/> and select "SHI Retiree Information Centre"; the User name is **SHIretiree** and the password is the same, **SHIretiree**). They have significant changes in terms of the permissions needed (many less), and the Rules, with the exception of emergencies, are being enforced, so that if you have requested reimbursement from an expense which needed a previous revision and that was not done, you may find yourself without it being covered. Should you have any doubts, both the SHI office and your Health and Pension Committee are happy to discuss them with you. The Rules have been reformatted into a more user-friendly version, and it is fairly simple to find the benefit you are seeking and whether or not it needs review prior to proceeding.

We thank all of you for your patience with the problems in timeliness of responses with the new IT (PMIS) system implementation in regard to the SHI processing. Many of the "bugs" have been ironed out now, and processing has reverted to normal, with the exception of some countries where there have been processing problems and those related to the country's financial institutions' processing abilities.

Here is a short observation for those in the USA, covered by Aetna, eligible for Medicare, and approaching age 65: Aetna's system will assume that as of that age you are covered by Medicare.

If for some reason you will not be covered by Medicare, please contact SHI before the fact so they can notify Aetna of your status. You will need to supply them with your present Aetna information (copy of the card).

Many of the calls to Aetna are now answered by persons who know that we are not the typical Aetna plan, but sometimes the processing doesn't follow through. Should you have a question about any of your claims, first call Aetna to see if it can be resolved and, if no satisfaction is received, call the SHI unit.

For those who submit claims in several currencies or from several countries, please separate these and send one currency claim at a time for faster and more efficient processing.

A final reminder: We are a self-insured plan. We fund ourselves, so we need to take care of our insurance and use it wisely in order to keep our very good cost/benefits ratio.

As far as the pension is concerned, the Certificate of Entitlement has been sent out the end of May. If by the time you read this you have not received it, contact the UNJSPF. If you have not yet sent it in, please do it now. As you read in the last newsletter, it is important to keep your information updated and not risk the suspension of payments. **N**

### **Welcome to New AFSM Members**

#### **From the Washington, DC Area**

Pedro Enrique Brito Quintana  
César Portocarrero  
Magda C. Rodríguez  
María L. Sosa  
Alida Yath

#### **From Other Areas of the US**

Karie Marie Jacque – College Place, WA  
Raymond Reid – Port St. Lucie, FL

#### **From Other Countries**

Catherine Cocco – Dominican Republic  
Miguel E. Machuca Avilés – El Salvador  
Edith Montecinos - Bolivia  
Luis Carlos Rangel Soares – Brazil  
María Teresa Rivera Elías – Mexico

### **2016 International Reunion**

**Punta Cana, Dominican Republic  
18-20 October 2016  
Barceló Bávaro Beach Hotel**

Make your reservation 1-809-686-5797  
Ask for Willy Rodríguez. Tell him that you are “German’s friends.”

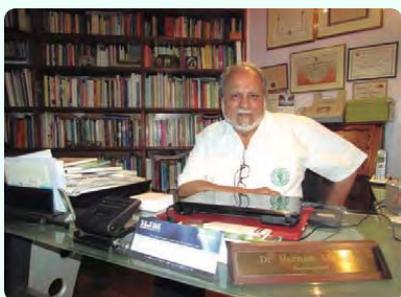
**Inquire of the Dominican Republic  
Consulate in your country whether  
or not you need a visa**

**See You There!!**

## Where Are They Now?

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*By Hernán Málaga*



Dearest friends: After 29 years at PAHO, time arrived on May Day 2004, Labor Day,<sup>1</sup> for me to retire. What a strange feeling it was, what to do? My plan with Ana was to keep living in Asunción, site of my last mission, alternating with Caracas. Would it be possible to have two residences? The Venezuelan Ambassador told me that this would not be possible, and so in one week we decided to leave for Caracas

In reaching this beautiful city, I remember that I met a government official from President Rafael Caldera in the supermarket, and he asked me: “What are you doing here when everyone wants to leave?” Our goal in choosing Caracas was to live in our nice apartment and be beside our daughter Luciana, her husband and our two grandchildren.

I went to my former contacts, confirmed some consulting assignments, participated in some courses and gave some lectures. But my ideas did not come to fruition, and after two years we decided to sell everything and return to Lima.

In May of 2006, and in Lima with Ana and only with the youngest of our daughters and our Brazilian granddaughter Jade, we moved into a beautiful apartment, again with my mother-in-law, who had been with us for 20 years.

In November of that same year, I started working as an advisor to the Postgraduate Department of the School of Veterinary and Animal Sciences at Cayetano Heredia University, and in 2007 I went back to my Alma Mater teaching veterinary medicine and research methodology in the master's and doctoral programs. But I needed to integrate public health. What helped me with this was that in January, the Mayor of La Victoria District passed a “carrot law”<sup>2</sup> ordinance, and I immediately got in touch with him to offer my services in monitoring its effect by establishing an observatory.<sup>3</sup> We were going to sign an agreement between the university and the municipality, but the Director of Institutional Relations imposed medical hegemony and said that veterinary medicine did not have the authority to do this.

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<sup>1</sup> International Workers' Day, also known as Labor Day or May Day in some countries, is celebrated in more than 80 countries, except in Australia, the US, Canada, New Zealand, the Netherlands and a few others.

<sup>2</sup> "Carrot Law" is what the prohibition of the sale and consumption of liquor was called in Bogotá, Colombia, in 1995, in certain establishments and in the street, as well as during certain hours and days.

<sup>3</sup> Public health observatories serve to locate, assemble, analyze, criticize, and synthesize data on the state of health in a particular geographic area, and they in turn establish partnerships and contacts with other bodies concerned with health in order to share the results and provide an evidence base for policy and program decisions.

Fortunately, in March of the following year, I started my PhD in Public Health at Cayetano Heredia University, and I decided to make the observatory on the restrictions on alcohol consumption the basis of my doctoral thesis. Through an ecological, chronological and comparative study between an experimental municipality and a neighboring non-experimental municipality, I used data from the Lima morgue and a national hospital that receives wounded patients from both municipalities to conduct the research. The results demonstrated that there was a relationship between the number of wounded patients due to attacks by fist fights, assaults with blunt objects and wounded by sharp weapons, and the number of hours of liquor sales, but that the ordinance did not have an impact on deaths due to traffic accidents as had been demonstrated in Cali and Bogotá, in Colombia, because in this district deaths occurred during the daytime, since this is an eminently commercial district.

I defended my thesis in August 2009, but I only received my degree in October 2010 because it was not easy to obtain recognition for the masters degree that I received in the US in 1967-68. I needed to obtain the help of PAHO's Assistant Director, Dr. Socorro Gross, to get the certificates and diploma legitimized.

In December 2011, and based on my thesis, the Mayor of Lima passed ordinance 1568, about the "safe hour," and she contracted me for assessing its effect during its first month. It was confirmed that the decline of injuries in young men due to traffic accidents, every day of the week and especially between midnight and 3:00 AM. I continued this first work on my own between January and February of 2011, and this encouraged the then Deputy Manager of Health to put me in charge of establishing the observatory. This work contributed to my receiving the Road Traffic Injuries Research Network award, as the best contribution to the 2012 newsletter. I currently continue working as an advisor to the observatory.

During the second half of 2011, I was called upon to take charge of teaching Project Formulation for students of the seventh cycle (first class) in the School of Veterinary Sciences at the School of Biological Sciences at Ricardo Palma University. Subsequently, I had the privilege of teaching these same students the thesis seminar in the eighth and ninth cycles of the Public Health course.

I could not squander this great opportunity and I said I would teach the "new public health", using as a guide the book on Health Promotion that we published with Helena Restrepo and colleagues of the PWR office in Colombia, in 2000.

During the second half of 2012, we set out to find a district near the headquarters of Ricardo Palma University that showed inequities. With the efforts of the students of the first class, and with data from the Ministry of Health, we correlated the living conditions in four Pachacámac villages, with their rate of chronic child malnutrition, and made evident that the worse the living conditions, the higher the rate of chronic malnutrition.

In this way we chose Manchay, and in March 2013 in a meeting held with the presidents of the neighborhood councils, we agreed to initiate a “Healthy Community” initiative in Manchay Gardens, which is home to about 2,500 people.

The second class, in conjunction with the community, identified the main problems, these being: food security, public safety, teenage pregnancy, the high incidence of people bitten by stray dogs, and the lack of green spaces and places for children's recreation. Using the Logical Framework methodology, the students developed intervention projects with the community. This was accompanied by development of indicators they established as a result of conducting a household survey. The results were published in the Peruvian Journal of Epidemiology.

Thanks to a grant from the Charity Pro-Child Foundation, the Food Security Project was launched; through which 600 chicks were acquired within one month of being born. Twenty chickens were delivered to each family and it was estimated that this number would provide eggs to be eaten every day by the whole family with a surplus of 25% of the production left over for sale. The most striking result of this process was the reduction in childhood anemia. Currently we have about 800 chickens, of which the last 420 have been donated by a company. The Management School of the University is developing a cooperative that will be in charge of selling the eggs and that will in turn form the basis of a Credit Union.

Related to teenage pregnancy, sports activities are being offered, and a library has been installed to which the Dean has donated 500 books. This serves as a community center. As for children's recreation, the Department of Cultural Extension and Social Projection is training 19 children to play the flute. In the area of public safety, a system of alarms and whistles has been established throughout the community. As for dog bites, garbage baskets have been raised and 12 male dogs have been castrated to date; the desired goal is estimated at 80 out of a population of 615 dogs (70% males). Recently, the PHAO office in Peru has given us a computer that we will install in the “Situation Room” to monitor the progress of these projects.

Since I have put so much effort into this activity, I have been appointed Head of the Department of Cultural Extension and Social Projection for the School of Biological Sciences.



As for family matters, in October 2014, my wife and I celebrated our golden wedding anniversary and had a beautiful renewal of vows ceremony. Ana and I currently live alone, but close to our oldest daughter Anita, with her husband and Humberto and Hannita. Our grandson Hernan got married, and we now have a great-grandson Hernán Sebastián. Our daughter Luciana continues to live in Caracas with Roberto and our grandchildren Stefano and Marcello. And now Vanessa and Jade are living in California.

As you can see, our time is busy and the family continues to spread and grow. **N**

# ALTERNATIVE MEDICINES

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## Article of Mutual Interest with AFSM Geneva

*By David Cohen*



“Acupuncture, auriculotherapy, homeopathy, hypnosis, sophrology, to name just those most commonly practiced, the traditional, alternative and complementary medicines are gradually making their way into hospitals. This is an undeniable social, cultural and economic reality.”<sup>1</sup> In contrast to ‘conventional’ western medicine, which is scientifically verifiable, the approaches generally opposed to it include homeopathy, traditional medicines, unconventional therapies, as well as alternative and complementary medicines.

Non-allopathic medicine, often originating from societal practices, comprises a heterogeneous group, but the majority of the practices aim to be holistic, meaning that they consider the patient as a whole, physically, mentally and environmentally, whereas conventional western medicine focuses on the diseased organ. Semi-official instruction exists in hospitals for some of these practices, although they are not (or not yet) recognized to be separate medical specialties, and health insurance companies are starting to provide coverage for some of them.<sup>2</sup>

The alternative and complementary therapies have at the same time some success but also provoke some distrust in as much as they are not always recognized legally and can lead to derivatives that may be more or less dangerous. Why do people turn to the parallel forms of treatment? Most often, because of disappointment with conventional medicine; absence of adverse side effects; dealing with the entire body and not just the affected part; and they are ‘natural,’ an important consideration in the polluted world in which we live.

The people who use alternative therapies are convinced of their efficacy and usefulness, particularly when conventional medicine is unable to cure them. How many such therapies are there? They are extremely numerous and only a few of the best known are listed here:

Acupressure: Consisting of gentle but deep pressure of the fingers on precise points, which helps to relax the muscles or relieve chronic muscular tension.

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<sup>1</sup> Sources: <http://www.who.int/medicines/areas/traditional/definitions/en/>;  
<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.92.10.1582> ;  
[http://www.nap.edu/read/11182/chapter/9?gclid=Cj0KEQjwouW9BRCN0ozlifTI6\\_cBEiQAD9gNsRjXOr\\_xJzvxZnh4uPLIEENa1HnyREUZq18jccD6\\_nUaAj6C8P8HAQ](http://www.nap.edu/read/11182/chapter/9?gclid=Cj0KEQjwouW9BRCN0ozlifTI6_cBEiQAD9gNsRjXOr_xJzvxZnh4uPLIEENa1HnyREUZq18jccD6_nUaAj6C8P8HAQ) and many other sites.

<sup>2</sup> Some of the practices and therapies mentioned in this article are reimbursable by the WHO Staff Health Insurance. Please refer to the January 2016 edition of the WHO Staff Health Insurance Rules. In case of doubt, it is essential to ask for advice from SHI before starting treatment.

Acupuncture: Natural therapy which is part of Chinese traditional medicine and which consists of the insertion of fine needles at precise points in the body following the meridian system.

Aromatherapy: Use of essential vegetable oils which reduce pain, increase well-being, stimulate or relax the body, etc.

Auriculotherapy: Therapy derived from acupuncture based on the fact that a map of the body exists on the auricle (pinna) of the ear.

Ayurveda: Indian holistic medicine concerning longevity and health, proposing long-lasting wellbeing in individual, family and social life. It aims to return the person to his/her physical and spiritual milieu. Based on a dietetic approach, the treatment consists of herbs and meditation for the prevention of disease and cure of pain, and the re-establishment of physiological equilibrium.

Chiropractic: A manual approach promoting maintenance of human health by diagnosis, treatment and prevention of functional deficiencies. It focuses on integrity of the nervous system in relation to all the other systems of the human body, whether healthy or not, with particular attention to the vertebral column.

Homeopathy: Alternative medicine that treats patients with small doses of highly diluted substances which can reproduce the symptoms of the treated disease in a healthy person.

Hydrotherapy: Return to fitness by therapeutic use of the physical and chemical properties of water with or without stimulating or relaxing products.

Hypnosis: A state of altered consciousness induced by suggestion, allowing the unconscious person to liberate his/herself from hindrances and obstacles impeding the conscious state, in order to function autonomously.

Magnetism: Application of magnets on the body to soothe pain and treat health problems. This therapy is based on control of the energy field (aura) which encircles the body.

Natural Medicine: The range of therapies based on natural remedies such as nutrition, life style, phytotherapy, massage, etc., the aim being to re-equilibrate the function of the organism by means of a good quality of life and a healthy environment.

Traditional Chinese Medicine: An approach based on the principle that the human being belongs to a universe and which aims to achieve good circulation of energy (le Qi).

Mesotherapy: Micro-injection, given superficially by intradermal and subcutaneous injection, of small quantities of conventional medicines, at the site of pain or other problem. This reduces the percentage of side effects that may occur following absorption of the medicines by the oral route.

Pilates Method: Physical exercise system designed to improve muscular performance, combining the philosophies of western exercise (muscular) with the oriental (bodily control and flexibility).

Musicotherapy: Use of music as a basic therapeutic tool, to recover, maintain or improve a person's mental, physical and emotional health.

Osteopathy: A manual approach based on the fact that every mechanical disturbance of the body (alteration of the mobility of the bones or viscera) leads to consequences for its general functioning. The manipulation of the body by the practitioner favors self-cure.

Phototherapy: Treatment for seasonal emotional problems based on exposure, longer or shorter, to bright light.

Phytotherapy: Use of medicinal plants, in their entirety, for their therapeutic properties.

Reflexology: Manual therapy acting by pressure on specific points on the feet (map of the body), aiming to liberate the energy canals linked to the organs/muscles.

Shiatsu: A holistic energy approach based on the practice of traditional Chinese medicine. The thumbs and palms of the hands are used to put pressure on certain parts of the body along the meridians in order to stimulate and rebalance the circulation of the body's energy. This also includes techniques of stretching, oscillation and mobilization based on the power of the body to self-cure.

Sophrology: An approach concerning harmony and awareness with its objectives of full expression of the person and the positive transformation of his/her existence with the help of different psychosomatic techniques (such as suggestion, yoga, and zen).

Tai Chi Chuan: A Chinese martial art which focuses on the development of supple and dynamic force, rather than pure physical force.

Yoga: A Hindu discipline promoting the union of individual consciousness with universal consciousness. It allows the full physical and psychic expression of a person, based on exercises for respiration, breath control and specific postures.

Zen: Meditation and philosophy leading to personal fulfillment.

As we see, there is no shortage of such methods; it is difficult to evaluate their efficacy, which can only be based on the subjective reaction of the patient, with the placebo effect certainly playing an important role. But is not the satisfaction of the patient what is being sought? It is however essential to take care:

1. Not to fall into the hands of charlatans;
  2. Not to miss the presence of a serious condition, and above all not to believe that any of these therapies can cure cancers or other serious diseases. It is therefore advisable, before using any of the alternative/complementary therapies, to make sure that there is no underlying serious condition. In this case, they could help to relieve the patient, not to cure him/her. **N**
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# AFSM Colombia Chapter

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*By Raúl Londoño*



The Board and its members have worked closely and successfully together to build the Colombia Chapter of AFSM and at the same time to see greater participation of its members. As a result, internal solidarity has grown, and work with the social environment has flourished.

The participation of the members who reside in Cali, the city where the annual meeting will take place from 15 to 18 September 2016, has been definitive for the strengthening of the Chapter. The leadership and support of Diego Victoria, Director of the Environment Institute of Cali, together with the other members, has helped us to make progress in the organization of that meeting. María Mercedes Rodríguez, our efficient secretary, returned to Cali in July, as a delegate of the Board, to participate in the preparatory meeting and drafting the final agenda.

We aspire to have significant participation, including delegates from the AFSM, FCU and special guests such as the PAHO Representative in Colombia, Dr. Gina Watson and Rodrigo Guerrero. We are sure this will create a meeting focus on important technical, political and social health issues.

We emphasize the excellent opportunity that the meeting in Cali will give us for recreation with nature and culture, with visits to the Paradise Hacienda, home of Jorge Isaacs, author of the famous novel "Mary," the sugar cane museum, the city of Popayán and the spectacle of salsa music.

In April, we met with Dr. Gina Watson to discuss and find solutions to health insurance problems, including delays in reimbursements, certificates of survival - which are delayed or fail, and delays in the distribution of correspondence. In order to provide continuous follow-up, Dr. Watson named Elena Dueñas, from Human Resources in the Representation as a liaison between the AFSM Chapter and the PWR.



We invited Dr. Watson to our annual meeting and she promised to attend and participate; and in turn she invited us to meetings with the Director, Dr. Carissa F. Etienne and her presentation on the status of the Zika epidemics.

We want to highlight the work of the Volunteer Ladies, wives of members, who, with the collaboration of Susana Mendoza, have enabled us to effectively express our solidarity with

groups of people living in extreme poverty. Our work has focused on supporting two initiatives administered by the Union Project Foundation, the soup-kitchen "Mary is My Mother" and the House of Hope.



In the soup kitchen, thanks to the contribution of the AFSM Colombia Chapter and other people and organizations, we have managed to cover some of the needs. We have permanently contributed so that about 200 elderly people living in the street, receive breakfast and a decent lunch each day. We collaborate with a monthly allocation of rice and sugar. We cover the monthly cost of potable water used in the cafeteria. We are supporting the development of a management system for food safety. This has made it necessary to purchase equipment for the provision of quality services, such as an industrial blender and three refrigerators for preserving meat and vegetables. We have also contributed to changing doors and establishing internal signage.

Inside the House of Hope, we provide a roof overnight for 40 to 50 seniors, and we have given them personal care items (toothbrushes, soap, toilet paper, etc.).

In both the soup-kitchen and the House of Hope, we have intervened to make facility improvements: installation of doors, adaptation of an area for solid waste management for the soup-kitchen, painting, repairing walls and ceilings, hanging nets, etc. At Christmas time, soup-kitchen beneficiaries receive a small present and a special lunch is organized. Soon, the Board will visit "Mary is my Mother" and the House of Hope.

All this has been made possible thanks to the good work of our treasury under Gloria Briceño's leadership.



We wish to express our thanks to Germán Perdomo and all other members of the AFSM Board, for their support. We announce that we will be present at the meeting in Dominican Republic.

We would also like to reiterate our thanks to the FCU for its magnificent economic cooperation, which has helped us to carry out social events that have provided our members opportunities to meet and to play. We are waiting for you all in Cali!!!!!!

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## *In Memoriam*

### **DEATHS REPORTED IN 2014, 2015 AND 2016 NOT PREVIOUSLY REPORTED**

Julián Adalberto Rodríguez Velásquez	6 May 2014
Erik Jensen	28 September 2014
Truddy Bruch Aliaga	2015
Mario Fernández	2 April 2016
Margaret C. E. Cammaert	7 April 2016
Januario Gómez	23 May 2016
Fabio Montoya Pérez	15 July 2016

# RECOMMENDATION FOR TRAVELING

## EASY SEAT EXERCISES

Ways to beat stiffness on long flights



**Foot pumps**



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**Knee lifts & Knee to chest**



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<sup>1</sup>Accounts approved and issued from June 1, 2016-August 31, 2016 will receive 5,000 bonus points if you spend \$1,500, within the first 45 days of activating your card. Your card must be activated within 30 days of receipt. Cash advances, credit card checks, and balance transfers do not qualify as purchase transactions. Once you meet the conditions of the promotion you will receive the bonus points on your next billing cycle. Federally Insured by NCUA.

## **2016 ANNUAL MEETING RECAP**

Our 66th annual meeting took place on May 18, 2016 at the PAHO Headquarters building in Washington, DC. We had over 300 members attending the meeting where the credit union leadership team and Board of Directors presented a financial overview of the credit union, recent accomplishments, the election results, and the future outlook.

Our newly elected Board of Directors are: Luis Proaño, Chairperson, Ana Maria Falquez, Vice-Chairperson, Isabel Vigil, Treasurer, Christina Marsigli, Secretary, Ricardo de la Torre (Director), Antonio Hernandez (Director), Eduardo Kalivoda (Director), Federico Ortiz (Director), and Luis Velasquez (Director).

We welcome you to attend future annual meetings as they provide a great opportunity to not only be informed on the credit union's financial condition, but also to catch up with previous co-workers, credit union staff and friends.

## **IF YOU ARE NOT A CREDIT UNION MEMBER ALREADY, IT'S NOT TOO LATE TO JOIN!**

We offer various products and services that meet the financial needs of all age groups! Visit our website ([www.PAHOfcu.org](http://www.PAHOfcu.org)) on how to open an account today or call us at 866.724.6328.

# Things to Remember

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## Your opinion is important

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, send us an email to

[perdomog@gmail.com](mailto:perdomog@gmail.com)

or [collado@verizon.net](mailto:collado@verizon.net)

You can also write to:

**AFSM c/o PAHO**

525 23rd Street NW

Washington DC 20037-2895

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## Contact Information

Please refer to your 2016 AFSM Directory and be certain that all your personal contact information is correct. We also encourage you to provide us with updates of your address, email and telephone, if there are changes, so that the Newsletter and other important information can be

sent to you on time. Any changes or additions to your contact information 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)

### **PAHO/WHO AFSM Web link:**

<http://www.afsmpaho.com>, and to register please use your email address as your ID and as password use: **Paho1902!**

### **To become member of the Facebook page of AFSM**

Go to: <http://www.facebook.com/groups/230159803692834/>

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# The Back Page

## Board of Directors

### Officers

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**Jean Surgi**  
Secretary Emeritus  
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**Note:** The term of each member of the BOD expires in December of the year in parenthesis.

## Committees

### Communications Committee

**Coordinator** – Antonio Hernández  
**Members** –  
Janet Khoddami,  
Gloria Morales, Germán Perdomo,  
Hernán Rosenberg

### Publications Committee

**Coordinator and Editor-in-Chief** –  
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**Members** –  
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Morales, Germán Perdomo, Roberto  
Rivero, Hernán Rosenberg, Jean Surgi

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Chile: Alfredo Ballevena  
USA: Amalia Castro, Carol Collado,  
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Surgi

### External Relations Committee

**Coordinator** – Hernán Rosenberg  
**Members** –  
Carol Collado, Enrique Fefer

### Membership Officer – Hortensia R. Saginor

Auditor – Fredy Burgos

## Presidents of AFSM Country Chapters

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