



NEWSLETTER

OF THE ASSOCIATION OF FORMER
PAHO/WHO STAFF MEMBERS

VOLUME VI NO. 2

SUMMER 1996

1999 - THE INTERNATIONAL YEAR OF OLDER PERSONS

The tendency to accept current norms about ageing is being challenged by history and the [UN] Third Committee. Do we recall that childhood and old age are inventions of the Age of Enlightenment, wrought by advances in communications, science and agriculture during the 18th century? With added longevity has come the need to expand the definition of old age and, in the view of the Third Committee, to adopt as the theme for the 1999 International Year of Older Persons, "Toward a Society for All Ages." The objective is to promote the United Nations Principles for Older Persons, *in brève*:

- the means to maintain their independence as long as possible
- participation in decision-making and communication
- access to care when necessary
- access to opportunities for self-fulfillment
- valuing the personal dignity of older persons.

The work of the UN Secretariat and others interested in the Year is to promote these principles of independence, participation, care, self-fulfillment and

dignity within a broad conceptual framework embracing (also *in brève*):

- the economic, political and social status of older persons
- the contribution provided by older persons to their communities and their environment
- the intergenerational exchanges and the achievement of multigenerational consensus
- the interaction of ageing with the development of program.

The UN Secretariat is dedicated, and encourages the support of those directly and indirectly concerned with the issue of ageing, including AFICS and its members. The Department for Policy Coordination and Sustainable Development is interested in suggestions for practical applications of the United Nations Principles for Older Persons, (a) in communicating these principles to the media, schools and other institutions, (b) in translating these suggestions into policies and programs, and (c) in monitoring their implementation by governments and NGOs [nongovernmental organizations].

- Marion O'Connor, in: Association of Former International Civil Servants (AFICS). *Quarterly Bulletin* 27:2, April 1996.

BOARD OF DIRECTORS

Three members of the Board of Directors have resigned this year: Maria Mercedes Segarra-Hines, Federico G. Varela, and Carlos Hernán Daza. Ms. Segarra-Hines and Mr. Varela had unavoidable commitments with other organizations; Dr. Daza has returned to Cali, Colombia, and is working with the Facultad de Salud of the University of del Valle in Cali. In their place Hortensia Saginor, Juana Palma, and James Milam have accepted the designation of the Board of Directors to serve for the remainder of the current year.

REGIONAL SURVEILLANCE COMMITTEE OF THE STAFF HEALTH INSURANCE

With the support of the Board of Directors of AFSM, Abraham Drobny and Leone Visse have been redesignated as representatives of PAHO's retired staff on the Regional Surveillance Committee of the Staff Health Insurance for the Americas. It is hoped that this will facilitate a close coordination between the Surveillance Committee and AFSM, to advance matters of interest to retired staff.

AFSM ANNUAL LUNCHEON

Our traditional spring luncheon was held on 14 May 1996 at Alfio's La Trattoria restaurant. The luncheon was well attended, and everyone enjoyed the spirit of camaraderie and friendship that prevailed. The guest speaker was Dr. Itzhak Levav, Coordinator of PAHO's Program on Healthy

Lifestyles and Mental Health. He talked about the Staff Assistance Service (SAS) at PAHO and discussed plans for involving retirees in future activities sponsored by the Program.

AFSM IS EXPANDING

Since its founding six years ago, the Association's desire has always been to offer membership to all PAHO/WHO former staff throughout the American Region. To this end, we recently sent a letter to the PWRs in Mexico and the countries of Central and South America requesting their collaboration in informing former PAHO/WHO staff in their respective areas about AFSM's existence and of our desire to offer membership to all former employees. We also requested the names and addresses of those potential members to be able to mail AFSM materials and forms directly to them. If there is real interest from this group, the Newsletter and other informative materials will be translated into Spanish for distribution. We have already received several answers from PWRs and hope to accomplish this goal in the near future.

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SAVE THESE DATES!!!

Sunday, 8 October -
Fall Picnic - Social - Cookout

Tuesday, 19 November -
AFSM Annual Meeting

Details will be sent later, but put these dates on your calendar and plan to attend!

SOME 300 PENSIONS WERE "SUSPENDED" IN 1995

By mid-1995, because of a failure by former staff to return the Certificate of Entitlement, about 300 pensions were "suspended." The suspension followed a third, precautionary measure—a check of files by the Fund's secretariat to confirm that there had been no recent correspondence with the pensioners.

"When returning the signed Certificate of Entitlement...

- "Do not return the form in a separate envelope as this would delay our automated processing of the returns.
- "Do not staple, tape or add glue to seal the form, and
- "Do not use the form to communicate requests or provide information which relate to matters not dealt with...
- "To deal with delays ... we have made arrangements for direct postal delivery, rather than relying on the U.N. pouch
- "Procedures to verify continued entitlement to a particular benefit remains an issue of high importance to our Auditors.

- Secretary, U.N. Joint Staff Pension Fund (Excerpts from letter to participants January 1996)

Says Raymond Giery, Secretary of the Fund, which sent out 23,000 requests: "Failure to complete and return the certificate of entitlement will, after a second reminder, result in suspension of the benefit." Pensioners have described this practice as "two strikes and out."

Auditors are seeking even tighter measures, he says in his annual letter to pensioners, namely that "we consider requiring witnessed signatures and notarized affidavits" to verify eligibility, particularly to determine if surviving spouses have remarried.

"This is scandalous," AAFI/AFICS reports one of its members whose pension had been suspended as saying, "just because they haven't got back their stupid Certificate of Entitlement."

It has been suggested that pensioners would react promptly if envelopes were marked in bold letters "Certificate of Entitlement"—to distinguish them from run-of-the-mill correspondence from the Fund.

- *Quarterly News of the Association of Former WHO Staff*, Winter, No. 24, 1995-1996.)

THE FUTURE OF FAFICS

The Federation of Associations of Former International Civil Servants (FAFICS) was founded in 1971. Three associations set it up; today there are 19. It would be appropriate to consider its evolving role as spokesman for the community of former international officials and consider how it could be enhanced.

An informal meeting on this question, on the occasion of the 25th session of the FAFICS Council was held in Turin, 3 to 5 July 1996.

Background

There are some 30,000 to 35,000 former international civil servants of the UN system. About 11,000 are formally grouped together in associations located in Santiago, Buenos Aires, Bogota, Mexico, New York, Montreal, London, Paris, Copenhagen, Geneva, Rome, Vienna, Moscow, New Delhi, Bangalore, and Colombo. They all have common aims and purposes which include promoting the ideals and work of the United Nations family, and maintaining solidarity among former international officials.

Three major issues confront FAFICS as follows:

I. Institutional

Although FAFICS has grown from three to 19 members, the original institutional set-up has not changed. Is there any reason to consider changing?

The smaller and more "distant" associations seldom attend a Council meeting. Are there ways of associating them with the work of the Federation more closely? Would regional arrangements be possible or desirable?

The Federation acts as the cement for its member associations, who are now accustomed to work in cooperation on individual and general issues. This is especially so because memberships overlap. Is there a way of enhancing this function?

II. Representational

FAFICS became the official representative of pensioners on the UN Joint Staff Pension Board in 1985. Pension problems differ from country to country and it is difficult for FAFICS representatives to be familiar with all the problems. Is there any way of making this representation more effective?

The Federation has consultative status with ECOSOC [Economic and Social Council of the UN] as an NGO [nongovernmental organization]. In this capacity it represents member associations and former international officials before a number of UN and nongovernmental bodies. How can this role be made more effective and useful?

III. Promoting the Ideals and Work of the United Nations System

Many former international officials are active in writing, lecturing, appearing on television, speaking to schools and colleges, participating in local UN Associations, and so on. These are of immense importance; however, these activities are mostly undertaken as individuals, rather than on behalf of associations. Is there something at the association and federation level that could be done?

Realistically, any efforts that former officials can make will be marginal and will have little effect on the United Nations or on the world. Nevertheless, it is important that former officials should contribute their utmost; and secondly, setting aside any ideas of influencing world events, they should seek their own satisfaction by some contribution, be it only a gesture.

Should FAFICS, for instance, consider some symbolic gestures? These could manifest *fellow feelings* with victims of aggression, displacement, discrimination, ethnic violence. Or they could be gestures *against* atrocities such as ethnic cleansing, discrimination against women, child abuse, uprooting of people. Is this a line of thought worth pursuing?

- Association of Former International Civil Servants (AFICS). *Quarterly Bulletin* 27:1, January 1996.)

Editorial Note: Our colleague, Dr. Alvaro Uribe Acevedo, a member of AFICS/Bogota, took advantage of a vacation trip to Europe to participate in this meeting. He has promised to write a summary report on the main discussions and resolutions for us, which we hope to publish in the next issue of the Newsletter.

YOUR HEALTH MATTERS!

by Jaime Ayalde

• HEART DISEASE

Heart disease accounts for 38% of deaths among people over age 64, down from 45% in 1973. More older people are surviving heart attacks. This is attributed to quicker arrival at the hospital, clot-dissolving drugs, and greater use of angioplasty and bypass surgery.

Cardiac arrest, also known as sudden death, is a common result of a heart attack. It may give brief or no warning, manifesting itself by collapse. Heart attack symptoms are less dramatic: a feeling of pressure or pain in the center

of the chest; the pain may radiate to shoulder, neck, or left arm. If the pain lasts longer than 10 to 15 minutes, it should be considered an emergency. The pain is usually oppressive and may be associated with anxiety, dizziness, fainting, sweating, nausea, and shortness of breath. (Short stabbing pain is usually not due to heart attack.)

What to do?

The American Heart Association estimates that a large number of lives are lost due to weak links in the chain of survival, and, for heart attack, the National Heart Attack Alert Program (NHAAP) recommends four steps:

- Help must be sought immediately once heart attack symptoms begin. Call 911.
- If the person has lost consciousness, has no pulse, has stopped breathing, start CPR.
- All rescue teams should be equipped with a defibrillator to jolt the heart back into functioning.
- Paramedics should use advanced emergency care techniques en route to the hospital.

It may seem obvious, but please do not drive yourself to the hospital even if the symptoms are considered to be mild. A call for help should be the first order of business. Think in terms of a well-equipped rescue squad. Emergency care should include an electrocardiogram done while transporting the patient to the hospital and transmitted to the emergency department to hasten diagnosis and treatment decisions. In the United States about 600 hospitals have established chest pain centers (CPCs) dedicated to evaluating patients who may be having a heart attack.

How can you prepare for, and if possible avoid, an emergency?

- Learn to recognize the first warnings of a heart attack. Some victims have prodromes (precursor symptoms) days or weeks before the emergency. When the 28-year-old skater Sergei Grinkov collapsed on the ice and died of a heart attack, an autopsy revealed that he had also suffered a heart attack the day before.
- Monitor your blood pressure (BP) and follow your doctor's advice. In healthy adults the normal BP should be less than 130/85 mm Hg; it is considered to be **borderline** or high-normal at 130 to 139/85-89 mm Hg; and **hypertension** entails BP values consistently greater than 140/90 mm Hg. With a value of 210/120 mm Hg or higher, you should see your doctor immediately.
- Restrict the amount of sodium in your diet. The body needs a daily amount of only 200 mg of sodium, but American women consume about 3,000 mg and American men about 4,000 mg. The dietary limit recommended by the U.S. Nutrition Board is an intake of up to 2,400 mg. Excess sodium may lead to stroke, kidney disease and heart attacks.
- Vitamin E (alpha-tocopherol) is being promoted as the newest weapon against cardiovascular disease. Vitamin E in daily doses of 200 to 400 IU may reduce cardiovascular disease by slowing oxidation (helps protect unsaturated fats from abnormal breakdown). These doses are much larger than the U.S. Recommended Dietary Allowance (RDA).
- Choose foods carefully. Fresh foods are generally the best choice. If you like processed foods, read the labels. Less-salty products are appearing on the shelves of the supermarkets.
- Numerous studies have found correlation between elevated cholesterol levels, particularly the low density lipoprotein (LDL), with readings of over 160 mg/dl or lower (130-159 mg/dl) if there are other risk factors such as high blood pressure and heart disease. Follow your doctor's advice on lifestyle changes and on the use of medication if necessary.
- More than one-third of American adults weigh too much. The Healthy People 2000 Program set a dietary goal of keeping fat below 30% of one's total daily calories by the year 2000, but between 1980 and 1991 fat consumption declined only two percentage points, from 36% to 34%. Try to maintain a healthy weight. Adopt a strategy for change. (Watch your calorie intake; do not increase your carbohydrates because you have reduced your fat intake!)
- Adhere to an exercise program with which you feel comfortable. Twenty minutes walking per day, three times per week is better than nothing—but try to increase the exercise to 30 minutes, five or six times per week in a first stage and add "resistance exercises" in a second stage, to help you build muscle. You can pump iron up to your 90s! A physical therapist can

determine the amount of weight or resistance to start with. To tone your biceps and improve carrying and lifting ability, you may practice the "arm curl" with a couple of partially-filled half-gallon milk jugs, as recommended by the Mayo Clinic (*Health Letter*, 14:3, March 1996). (As a precaution, always get the opinion of your personal physician before you start or substantially increase your exercise program.)

Terminology

Become familiar with the medical terms used in connection with the heart in health and disease. This approach will help in understanding the problem, if one arises. Here are some terms, adapted from *Taber's Cyclopedic Medical Dictionary*, Edition 17, F. A. Davis Company, Philadelphia, 1993:

- **Angina pectoris.** Severe pain and a sensation of constriction about the heart. The condition is caused by a relative deficiency of oxygen supply to the heart muscle.
- **Arteriosclerosis or atherosclerosis.** Thickening, hardening and loss of elasticity of the walls of the arteries.
- **Embolism.** Obstruction of a blood vessel by foreign substances or a blood clot. **Embolus** comes from the Gr. Stopper and may be solid, liquid, or gaseous. It is a mass of undissolved matter present in a blood or lymphatic vessel brought there by the blood or lymph current. Embolism may be caused by globules of fat obstructing blood vessels and frequently occurs after fracture of long and pelvic bones.

- **Thrombosis.** The formation, development or existence of a blood clot or thrombus within the vascular system. The thrombus is usually attached to the wall of the vessel. A detached thrombus may cause thrombo-embolism.
- **Infarct.** An area of tissue in an organ or part that undergoes necrosis following cessation of blood supply.
- **Myocardial infarction.** Infarct in cardiac muscle, usually resulting from formation of a thrombus in the coronary arterial system.

Additional Reading

Strengthening the Chain of Survival. *The Johns Hopkins Medical Letter*, December 1994.

New Strategies to Achieve Your Healthiest Weight. *The Johns Hopkins Medical Letter*, March 1995.

Heart Attack's First Warnings. *The Johns Hopkins Medical Letter*, April 1996.

Wellness: Know Your Numbers for 1996. *Mayo Clinic Health Letter*, January 1996.

Exercise. *Mayo Clinic Health Letter*, March 1996.

Vitamin E. *Mayo Clinic Health Letter*, May 1966.

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PERSONAL CORNER

Margaret Cammaert

The AFSM wants to salute our dear colleague, Margaret Cammaert, on her most recent academic accomplishments. Margaret completed the nursing degree program of the University of Alberta in 1944 and received the Master of Public Health from the Johns Hopkins University in 1951.

After her distinguished career in Canada, her native country, and at PAHO, from which she retired in 1980, Margaret continued to pursue her search for knowledge. She earned a Master's in Theological Studies from the Franciscan School of Theology, Graduate Theological Union, at Berkeley, California, in 1987, and a Master's in Counseling Psychology from the John F. Kennedy University at Orinda, California, in June 1996.

On June 10, 1996, Margaret's alma mater, the University of Alberta at Edmonton, awarded her the honorary degree of Doctor of Laws.

Our congratulations, Margaret, for your achievements and for a well-deserved recognition!

Hans A. Bruch

All I can say is that I am a very, very happy retiree. After almost 27 years at PAHO, working late and traveling a lot, I have been dedicating myself to my family. Over the years, this family has grown to include seven grandchildren - one granddaughter (12) and six grandsons (4 to 9 years old), to whom I am

very close - and also glad to hand over to their parents at the end of the day. After school, five of my grandchildren come over for snacks, and the other two visit most weekends.

Our dinner table is often very crowded, noisy, and fun. The Bruch clan gets together many weekends and on most holidays, and we take a yearly trip to the beach. Two of my daughters live close by (three and four blocks away), and the other one lives in Baltimore. My son is studying at the University of Mississippi. My wife and I are grateful that God has given us the opportunity to enjoy our children and grandchildren.

A group of colleagues and I founded the Association of Former PAHO/WHO Staff Members so we can all keep in touch with each other and with the organization to which we dedicated so many years. I am on the Board of Directors and help prepare the Newsletter, maintain the database for the mailing list, and participate in AFSM activities.

I am also writing the history of the Bruch family from the time when the Huguenots fled France to Germany (around 1685) to the present. My French ancestors' name was Bruyère. I hope my children will continue tracking the history of this family of emigrants (from France to Germany to Bolivia to the United States to who knows where) and will have a greater knowledge and appreciation of all the cultural, traditional, and genetic mixtures they have inherited. I also like to read a lot and listen to music (preferably classical). Of course, I also help at home and have a

greater appreciation of what a big and never-ending job that is!

My only complaint is that I don't have enough time for the things on my "dream" list. Maybe in my next life I'll get to do some of them.

Renate Plaut

It actually started long before I retired. In September 1985, Barre (a.k.a. Juan José Barrenechea, whose PAHO employment had ceased in 1980) interrupted his consulting ventures long enough for the two of us to take a three-week vacation, the first one with no children in tow since our honeymoon.

Where to go? We had heard raving accounts about the beauty of autumn in New England—could it really be so much more impressive than in Maryland?—so, off to New England we went. It was a dream. The peak of the foliage color followed us from Maine (Bar Harbor, Rangeley) through New Hampshire (Dixville Notch, Bretton Woods) through Vermont (Montpelier, Stowe) to Burlington, where our daughter was staying with her two dogs while attending school at the University of Vermont.

An immediate consequence was that the customary Christmas get-together with our two children, Juan Pablo and Alejandra, would happen in Vermont that year, and, with a single exception, it has ever since. So have our yearly

pilgrimages to admire the New England fall colors, only to enjoy fall in Bethesda a second time around—also great but not quite as brilliant as in the north.

In the meantime, Juan Pablo has settled in Chicago, and Alejandra has become firmly entrenched in the Burlington area. Since 1991 she has lived in the semi-rural outskirts of Williston (a town of about 5,000 souls, not more than 10 miles away from downtown Burlington) in a smallish house nestled among pine trees. The secluded backyard is but a piece of meadow carved out of the surrounding woods; maples, oaks, spruces, birches, aspens—they march right in.

After my advancement to the category of former-staff, our trips to Vermont have multiplied. We now visit about three or four (and sometimes even five) times a year, to celebrate Christmas, to enjoy spring and fall, and to house- and dog-sit when Alejandra goes on vacation. On one such occasion a major storm dumped about two feet of snow on us and the wind contributed with additional two- to three-foot drifts; we were snowed in for several days. But the weather forecast had given good warning, and there had been plenty of time to stock up on firewood and flashlights and food and water and some more friendly spirits; there was no need to brave the roads. Instead, we went snowshoeing through the winter fairyland in and behind our backyard. It was magic. We almost felt guilty for having such glorious fun while others had to go to work—but isn't that what retirement is all about?

Dear Colleagues:

We hope that you enjoy receiving and reading the Newsletter, which we publish two to four times a year. From the feedback that we have received, we believe that you do.

One area that many of you (and we) particularly like is news from other former PAHO/WHO staff members. Our chief source of this news is the members themselves. So we need input from **YOU!**

Please write us a letter and tell us:

- ◆ *What your life-after-PAHO is like.* Are you now employed somewhere else? We're interested. Did you go back to school, either as a teacher or student? We're interested. Are you devoting time to volunteer work? We're interested. Are you active in the lives of your children and grandchildren? We're interested. Whatever you have done or are doing - **WE'RE INTERESTED!**
- ◆ *About your travels since retirement.* Have you traveled extensively? What were some of the most interesting trips? What would you recommend to other retirees? Tell us about it.
- ◆ *What have you accomplished professionally since retirement.* Have you written a book or articles? Have you been a consultant? Has your volunteer work led to any sort of publication? Do you have an article you would like to share with other AFSM members through the Newsletter?

- ◆ *Anything else of interest to your former friends and colleagues.* Think of the things you would like to hear from others, and pass along similar information about yourself

We hope that your response to this request will cause a chain reaction—one letter will result in a response from another retiree, and so on. Of course, if we are inundated with replies, we may not be able to print them all at once. We also reserve the right to make small editorial changes in the interest of clarity or space available.

We welcome your reply in either English or Spanish, whichever is most comfortable for you; we will publish it in the language submitted. We hope it will not be too long before we publish the Newsletter in both languages.

We look forward to hearing from you!

Hans A. Bruch, Editor

P.S. To encourage these letters, we started with articles from two members of the Board of Directors, Hans Bruch and Renate Plaut (pp. 8-9). Please send your letters to:

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