NEWSLETTER

OF THE ASSOCIATION OF FORMER STAFF MEMBERS

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Already at work - new Board members Egla Blouin and Jorge Litvak.

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REPORT ON THE AFSM GENERAL MEETING

On Thursday, 30 November 2006, the Association of Former PAHO/WHO Staff Members held its General Meeting of Members at PAHO Headquarters in Washington DC. The meeting was well attended by former staff as well as by representatives from the Administration, representatives from the Staff Association, and colleagues from the World Bank, IMF, and the OAS.

Nancy Berinstein presented the Report of the President, reviewing what had been accomplished by AFSM during the past year and what it hoped to achieve in the year ahead.

Dr. José Maria Salazar was elected to serve as Chairperson of the General Meeting. Dr. Salazar noted that the PAHO Director, Dr. Mirta Roses, was traveling and had asked Ms. Dianne Arnold, Area Manager for Human Resources Management, to represent her. Ms. Arnold provided the meeting with an update of PAHO today, what it is doing and where it is going. At the conclusion of her presentation the meeting heard from Mr. Michael Boorstein, the new Director of Administration. During the ensuing business meeting there were presentations from the Treasurer, the Credit Union, the Pension Office, and the Health Insurance Office.

Elections for four vacancies on the Board of Directors were held in accordance with the Bylaws (Chapter 3, Article 22). Mario Boyer and Luzmaria Esparza indicated to the Nominating Committee their willingness to serve for another term, and Egla Blouin and Jorge Litvak accepted nomination to serve on the Board. The floor was opened for additional nominations but none were forthcoming, and the four nominees were elected unanimously.

The Board took the opportunity to express appreciation to Lupe Bowling, who served active and former staff well in the Health Insurance Office, and to wish her well in her retirement.

Participants then enjoyed a slide show of all the happenings at the Reunion in Buenos Aires the previous April. Smiles of delight and echoes of laughter filled the room as members recognized friends and colleagues enjoying tango and good wine, exchanging happy memories, and engaging in wonderful conversation.

The General Meeting concluded with a luncheon and excited discussions about where to hold the next Reunion.

YOUR 2007 BOARD OF DIRECTORS

As reported in the December 2006 Newsletter, Egla Blouin, Mario Boyer, Luzmaria Esparza and Jorge Litvak were elected at the General Meeting to fill the four vacancies occurring on the Board of Directors. The Board is thus constituted as follows: Jaime Ayalde, Jan Barahona, Nancy Berinstein, Egla Blouin, Mario Boyer, Luzmaria Esparza, Jorge Litvak, Germán Mora, and Hortensia Saginor. At its meeting immediately following the General Meeting, the Board elected Nancy Berinstein as President, Jorge Litvak as Vice President, Egla Blouin as Secretary, and Luzmaria Esparza as Treasurer.

At its January 2007 meeting, the following functions were assigned:

Membership and Sociocultural Activities:
Coordinator, Hortensia Saginor; Member, Luzmaria Esparza

Staff Association and Credit Union:
Liaison, Luzmaria Esparza

Field Activities:
Coordinator, Germán Mora; Members, Jaime Ayalde and Mario Boyer

Editorial Committee:
Coordinator, Jan Barahona; Members, Jaime Ayalde, Egla Blouin, Mario Boyer, and Jean Surgi

Health and Health Insurance Committee:
Coordinator, Jorge Litvak; Members, Jaime Ayalde, Jan Barahona, Mario Boyer, and Gerald Hanson.

Pension Committee:
Jaime Ayalde and Mario Boyer

It was decided not re-fill the post of AFSM Member facilitator, previously held by former Board member Carol Collado.

NEW TO THE BOARD

Egla Morales Blouin

Born in Puerto Rico, Egla has lived for long periods in Argentina, Japan, Panama, and the United States. The great loves in her life are her two children, Wendy and Mike (a broadcast engineer and a biologist), and her two grandsons. Having earned a PhD from Georgetown University (GU) in Medieval Poetry and Applied and Theoretical Linguistics, she felt destined to be a Literature professor. She has written poetry since she was 5 years old, having published *Carne y sombra* and

Estación de lluvia, and consigned the rest of her production to journals, newspapers, readings, and messy drawers. She has published literary criticism

in the book *El ciervo y la fuente* and various articles in journals. At GU she co-founded *Verbena: Revista bilingüe de las artes*.

Besides loving language and words, she has always been attracted to the theater and the health field. Two days before signing on the dotted line with a well-known university, she was attracted by a mysterious little "want ad" in the *Washington Post*. The anonymous employer later turned out to be PAHO. Starting as editor of the tiny *Epidemiological Bulletin*, Egla happily blended two of her great loves, health and language, later becoming Chief of Periodicals and, after retirement, a busy editor-translator-consultant. She never gave up her literary bent and continued to give presentations and papers on poetry and art in local universities and other venues.

Theater has been another intrinsic part of Egla´s life. While in college, she and a dancing partner became exponents of Latin American rhythms and culture in New York City schools. She later gained experience as an actress, writer, and director. In the Washington DC area, Egla has translated many Latin American plays for performance in English. At Georgetown University she founded the Spanish-language theater El Mascarón. Much more recently, she served for two years as nominator, and from 2003 to 2006 as judge, of the Helen Hayes Theatre Awards.

Egla holds the position of Secretary on the AFSM Board of Directors.

Jorge Litvak

Jorge received his medical degree from the University of Chile. He then pursued three years of graduate studies as Research and Clinical Fellow in Medicine at Harvard University. Upon his return to Chile he followed a full academic career at his Alma Mater, from Instructor in Medicine to Full Professor that culminated as Dean of the School of Medicine. He joined PAHO as Regional Advisor in Non-communicable Diseases in 1974 and was later appointed Chief of the Division of Disease Prevention and Control. In 1987 he was appointed by the WHO Director General to the Directorship of the WHO Research Program on Aging, based at the National Institute on Aging at the US National Institutes of Health, where he continued until his retirement in 1991. For the next 10 years he was in charge of the liaison office of the University of Chile in Washington while serving at the same time as Science Advisor of the Embassy of Chile. In 2002 and for the next four years he and his wife Paula returned to Chile where Jorge served in the position of Pro-Rector of the University of Chile. They are now back in Washington, close to their three children and four grandchildren.

Jorge was elected to the position of Vice President of AFSM. He also serves as Coordinator of the Health and Health Insurance Committee.

PENSION DEDUCTION FOR HEALTH INSURANCE

If you participate in the WHO health insurance plan and have your contribution automatically deducted from your monthly pension, there was a decrease in your pension amount for January 2007. We received a cost-of-living increase in the US in our pensions last April, and the deduction for health insurance increased by the same percentage. However, the cost of health insurance is calculated only once a year, on 1 January, so the increased deduction did not take effect until January 2007. This resulted in a small decrease in your pension – but the increase to your pension that you received last April was much larger!

THINGS FOR YOU TO DO NOW!
by Jaime Ayalde

We trust that you have already returned the *survival certificate* to the United Nations Pension Fund in New York City, also your AFSM membership dues, if applicable, to the Treasurer, as recommended in the December 2006 Newsletter

It seems that updating the *To Do* list is a never-ending task. In fact, many important things have to be done all over again after a certain period of time to keep up with personal circumstances or with the demands of the family, the spirit of state laws, and even technological advances.

Starting with the obvious, most countries expect that you decide beforehand how to dispose of your accumulated wealth in case of death. This is where the document *Last Will and Testament* is of paramount importance. Changing circumstances related to you, your family, or new state or country laws may make it advisable to replace your "last" will with a fresh one to keep up with the changes. In general, a will should be reviewed and/or updated at least every five years.

You may also consider establishing a trust - a separate legal entity that holds property or assets for the benefit of a specific person, group of people, or organization, known as the *beneficiary (beneficiaries).* The person creating a trust is called the *grantor, donor,* or *settlor.* When a trust is established, an individual or corporate entity is designated to oversee or manage the assets in the trust. This individual or entity is called a *trustee,* which can be a professional with financial knowledge, a relative or loyal friend, or a corporation. An individual trustee may provide a more personal touch, while a corporate trustee may be less personal but provide experience, investment skills and permanence.

The establishing of a trust depends on your circumstances. You may want to provide for minor children or family members who are unable to manage their assets, or to provide management of your assets to avoid probate and transfer your assets immediately upon death, or to reduce estate taxes or provide liquid assets to help pay for them.

An after-death or *testamentary* trust will come into existence, usually by virtue of a will, after a person's death, and the assets usually go through the probate process. A living trust (or *inter vivos* trust*)* is made while the person establishing the trust is still alive. Living trusts can be *revocable* or *irrevocable.* The most popular type is the revocable living trust. We recommend that before making a decision you talk with an attorney who specializes in estate planning.

Your will should be part of a packet that contains other important documents, including one or more *Durable Powers of Attorney*, signed before a witness and a notary public who would attest to their authenticity. We are referring here to a "financial" power of attorney, which would facilitate management of your money or your property in the event you became disabled or incapacitated.

Another important component of the packet is an *Advance Directive (*sometimes also called a *living will).* The first part of this legal document spells out the types of medical treatment and life-sustaining measures you do or do not want. The second part names your "health care agent," an individual that you have appointed to make medical decisions on your behalf.

Your health care agent can respond to possible questions and decisions that your condition may create, so it is very important that you have a conversation with this person about your overall goals for health care.

You may state that you do not want heroic procedures to extend your life when death is imminent, but your doctor has to make certain distinctions: Is the use of a respirator a heroic measure? What about blood transfusion? Also, "heroic" measures of yesterday may have become routine today as new technology develops. It is to be noted that a living will only carries moral force in stating your preferences.

Make sure that your health care agent and other important people in your life - your spouse, adult children, doctor, lawyer – have copies of the forms or know how to get them. You can update your

advance directives at any time. It is wise to check them on a periodic basis.

Some final notes within this context:

- The principal is a person who signs a health care power of attorney.
- Your witnesses (generally two) cannot be related to you by blood, marriage, or adoption or be named in your will.
- If you want to cancel or revoke the agent's authority to make health-care decisions, you must notify your doctor orally or in writing. Also, you can change or revoke your advance directive by writing a new one.
- Divorce or annulment of a marriage automatically revokes your spouse's authority to act as your agent unless you provide otherwise in your advance directive.

The United States Federal Government provides free copies of helpful publications. For a copy of the quarterly Consumer Information Center catalog, write to Consumer Information Catalog, Pueblo CO 81009, call 1-888-8-PUEBLO or find the catalog on the Net at www.pueblo.gsa.gov.

STRENGTHENING AFSM IN THE COUNTRIES

Preliminary Meeting of Former PAHO/WHO Staff Members from Colombia, Cali, 7-8 October 2006

by Helena Restrepo

Martha Ligia de Fajardo and Helena Restrepo

At the meeting of former PAHO/WHO staff members held in Buenos Aires 24-28 April 2006 and attended by Colombians Helena Restrepo of Cali, Gustavo Mora of Medellín, and Germán Mora of Washington, it was recommended that the AFSM be strengthened in every country with the creation of local chapters.

The Colombians at the Buenos Aires meeting took the initiative of holding an exploratory meeting in Cali, organized by Martha Ligia de Fajardo and Álvaro Rueda of Cali, Luís Arcila of Medellín, Elmer Escobar of Bogotá, and Julio Burbano of Cartagena.

During the organization process, views were exchanged with potential participants by e-mail and telephone to define its purpose and content.

The meeting was held at the Hotel El Peñón in Cali, 7-8 October, to explore the interest in and feasibility of holding a national AFSM meeting and creating a Colombian chapter.

The meeting was attended by Germán Mora (Washington); Helena Restrepo, Álvaro Rueda, Elvia de Rueda, and Martha Ligia Fajardo (Cali); Gustavo Mora (Medellín); Julio Burbano and Omayra de Burbano (Cartagena); and Elmer Escobar, Blanca Mónica de Escobar, Lola Ortiz, Gloria Briceño, Norberto Martínez, and Nury de Martínez (Bogotá).

Helena Restrepo opened the meeting with words of welcome, thanking the participants for presence and interest in creating a group to promote the AFSM-Colombia. Elmer Escobar was named facilitator, and Gustavo Mora and Gloria Briceño, rapporteurs.

Each attendee recounted his experiences as a retiree and described his current activities; sharing these experiences was very gratifying and informative.

AFSM Board member Germán Mora did a reading of the AFSM by-laws, with commentary, stressing the importance of adapting them to country circumstances and the situation of former staff members. A local action committee was created to promote a national meeting in which all former staff members would participate to work toward the creation of the Colombian Chapter, based on the AFSM by-laws. In this regard, Germán Mora reported that contacts had been made with 42 former PAHO staff members, 22 of whom are active members of the AFSM.

As a promoter of the national meeting, he believed that the participants in this preliminary meeting in Cali would be those who would take responsibility for furthering the creation of the Colombian Chapter and determining how to participate in the AFSM Assembly in Washington. Elmer Escobar was named general activities coordinator for the organization of the national meeting.

Gustavo Mora discussed the report from the Buenos Aires meeting and the issues of the Pension Fund, health insurance, and the Credit Union, noting the importance of having had the opportunity to go over those issues with Headquarters staff, which he noted would be a good idea to do in every country.

Norberto Martínez and Gustavo Mora

Helena Restrepo gave an overview of the technical issues addressed in Buenos Aires, noting that one point to explore afterwards would be the desirability of discussing technical issues at the future national meeting in Colombia. The issues addressed in Buenos Aires were policies on older adults and aging, resiliency, and the life stories of former staff.

Next, some aspects of the preparation and execution of the National AFSM/Colombia meeting were discussed: the possible location and date, focal points in each city, and the working group. Julio Burbano proposed Cartagena as the possible site, to which the group was amenable, and March or April 2007 as possible dates. The Organizing Committee will be in charge of the preparations, which will be based on an activities plan that will include efforts to locate all retirees and a membership campaign.

The meeting was complemented with a series of recreational activities: a bohemian night in La Matraca, a corner of Cali where the tango is cultivated; three luncheons at traditional-style restaurants with a scenic view, where they dined on local and international dishes; a barbeque at the home of the Ruedas; and a tour of the city.

The group concluded and recommended the following:

- Create and support a Colombian chapter of the AFSM governed by the general by-laws of the Association and explore with retirees the possibility of holding a national meeting in Cartagena in March or April 2007;
- Identify PAHO/WHO retirees in the country and their respective spouses; update the address list, and launch an AFSM membership campaign;
- Obtain their views on issues of common interest, such as the Pension Fund, health insurance, the Credit Union, etc.;
- Send stories on experiences after retirement to the facilitator of the preliminary meeting (Elmer Escobar);
- Open exploratory contacts with the president of ASOPENUC to learn the objectives, activities and purposes of that Association;
- Strengthen retiree contacts with the PAHO/WHO Representative Office in Colombia to obtain its support in meeting the objectives of the national chapter;
- Prepare a report on the preliminary meeting for the next issue of the AFSM Bulletin;
- Name Elmer Escobar facilitator for the organization of the national meeting, and keep the mechanism of regional focal points;
- Obtain the continued support of Germán Mora as liaison with the AFSM Washington for the organization of the national meeting and the creation of the respective chapter;
- Ask retirees who have been PAHO/WHO Representatives in the countries to prepare a summary of their experiences in promoting connections among retirees;
- Study more closely the desirability of putting technical issues on the national meeting's agenda, taking the Buenos Aires experience into account;
- Recognize spousal participation at the AFSM meeting as a very positive thing;
- Invite retired administrative staff to participate;
- Stress the need to continue developing the communications network through new technologies, without losing personal contact;
- Report that the AFSM has earmarked US$800 for the national meeting.

EXTENSIONS BEYOND THE AGE OF RETIREMENT AND EMPLOYMENT OF RETIREES

The following general information bulletin was issued by PAHO on 29 January 2007:

General

Following consultation with the Joint Advisory Committee, the Director is pleased to announce the changes below governing the extension of appointments beyond the normal age of retirement and the employment of retirees.

This policy and the terms "personnel" and "employee" apply to any person who works for PAHO, regardless of the type or duration of appointment, and regardless of the workplace. The terms "staff" and "staff member" apply only to personnel holding a UN contract, including a service, fixed-term or temporary appointment. The terms "former staff" and "retiree" apply to personnel in receipt of a pension benefit from the United Nations Joint Staff Pension Fund. Workplace is defined as any location where the Organization's work takes place or where a person working for PAHO meets at the direction or invitation of the Organization.

These changes are effective 1 February 2007.

Part A: Extension beyond the Normal Age of Retirement

Retention in service beyond the mandatory age of retirement is an exception to the Staff Rules and may only be granted by the Director or other PAHO official vested with the delegated authority in this regard. Decisions to retain staff members beyond the normal age of retirement shall be made in accordance with the provisions below.

Conditions

- Retention beyond the normal age of retirement may be considered when it is in the interest of the Organization (e.g., for programmatic reasons or when the staff member has specific knowledge or skills);
- In exceptional cases, an extension beyond the age of retirement may be granted for personal reasons (e.g., attaining certain milestones such as years of service or health insurance eligibility);
- During the period of retention, the staff member continues to be a participant in the United Nations Joint Staff Pension Fund;
- The assignment is funded by a post;
- Managers are required to justify the need to retain the services of such staff members, outlining the reasons why it has not been possible to identify a qualified candidate to discharge the functions of the post in a timely manner and why it is in the interest of the Organization to retain the services of the staff member;
- Although in most instances, a staff member's services would be retained to continue performing the functions of his/her post, there is no restriction to perform the functions of another post for the duration of the extension provided the conditions outlined above are met;
- Medical clearance is required prior to the commencement of the extension.

Procedure

Managers should submit requests for extensions beyond the normal age of retirement to HRM as early as possible for consideration. Such requests will be reviewed for compliance with the conditions outlined in this Directive and submitted for approval to the corresponding official.

Part B: Recruitment of Retirees

Decisions to employ retirees and other former employees of the Organization shall take place when the following conditions are met and in accordance with the provisions below.

Conditions

- Retirees will normally be employed only to provide specialized advice to the Organization, governments or Member States and will be engaged in an operational capacity in exceptional circumstances only;
- The employment of a retiree is in the interest of the Organization and is of a temporary nature only;
- The operational requirements of the Organization cannot be met by staff members or other personnel who are qualified and available to perform the required functions;
- The proposed employment does not adversely affect the career development or redeployment opportunities of other personnel and represents both a cost-effective and operationally-sound solution to meet the needs of the Organization;
- Former staff members cannot be recruited for positions at a grade higher than their grade

upon retirement. They will be recruited as Short-term Professionals (STP) at step 1 of the grade corresponding to the position;

- A minimum mandatory break in service of three months is required before the former staff member can be reemployed. In the case of separation by mutual agreement, the minimum mandatory break in service is three years;
- The earnings (net salary for retirees employed under temporary appointments, and gross salary for retirees employed under any other type of contract) do not exceed US$22,000 (or the equivalent of 125 days for language-services staff) per calendar year. Amounts other than those for direct compensation of services rendered, such as travel costs, daily subsistence allowance, and other per diem payments, shall not be included in the amounts subject to the monetary limits;
- Former staff members in receipt of a pension benefit who seek reemployment by the Organization shall be held responsible and accountable for the maintenance or proper records documenting their earnings from all United Nations sources during each calendar year;
- The cumulative period of service shall not exceed six months in any calendar year;
- The limits on the employment of retirees (duration and financial) apply irrespective of the contractual modality or combination thereof under which the retiree is employed (STP, Short-term Consultant (STC), While Actually Employed (WAE), Contract Service Agreement (CSA), etc.). Prolonged periods of employment using different contractual modalities are not possible;
- Former staff members employed under contractual arrangements which involve reentry into the United Nations Joint Staff Pension Fund are not subject to the restrictions on duration of employment and financial limitations outlined above;
- Where applicable, medical clearance is required prior to reemployment.

Former Staff Members of the United Nations Secretariat, Funds, Programs, and Specialized Agencies

Retirees from another common system organization may exceptionally be employed in the absence of qualified external candidates and in the absence of qualified PAHO retirees or former employees.

The monetary limits set out above shall apply to the remuneration that may be earned for work performed and/or services provided during a calendar year by former staff members of the United Nations Secretariat, Funds, Programs and Specialized Agencies participating in the United Nations Joint Staff Pension Fund.

Procedure

Managers should submit requests for employment of retirees and other former employees to HRM with the appropriate justifications as outlined in this Directive.

Queries

Any queries regarding extensions beyond the age of retirement and recruitment of retirees should be addressed to HRM@paho.org.

STAFF HEALTH INSURANCE (SHI) NEWS
by Jaime Ayalde

Lupe Bowling

After 27 years working for PAHO and 10 years of efficient service as head of the Staff Health Insurance Unit, Guadalupe Bowling retired from the active service of the Organization in November 2006. AFSM is happy to welcome her to its ranks! Lupe has been replaced in the SHI office, on an interim basis, by Mr. Richard Eddy.

Mr. Eddy has an extensive background in the area of health insurance, having worked first in the private sector of the industry, then for about 20 years as Manager of the health insurance scheme

of the World Bank. For the past eight years he has served in a similar capacity with the Food and Agriculture Organization of the United Nations (FAO) in Rome, Italy. On 29 December 2006 Mr. Eddy invited the two AFSM representatives on the Surveillance Committee to meet with him at his office in order to share with them some of his concerns and interests. Following this informal meeting, Mr. Eddy accepted an invitation from the President of the AFSM to make a presentation to its Board members, and then joined them over lunch for further conversation and exchange of ideas and information.

After consultation with the Customer Service Representative of Blue Cross Blue Shield (BCBS), the SHI unit has established a new problem-solving mechanism by which the BCBS Claim Officers visit PAHO's headquarters to be available to discuss with present or former staff any specific health benefits, queries, or concerns that they may have. These meetings with BCBS representatives take place the third Wednesday of every month (Room 198, 2121 Virginia Avenue).

It is strongly recommended that, before making an appointment to meet with the representative, any interested person contact BCBS's customer service line at 1-800-296-0724. If the assistance received is not fully satisfactory, it would be helpful to take note of the person's name and then contact the SHI office (tel: 202-974-3751).

To schedule an appointment with a BCBS representative, please contact Ms. Marsha Talento in FMR/HH via e-mail at talentom@paho.org.

ACCESSING PAHO'S INSTITUTIONAL MEMORY AND LIBRARY CATALOG

by Jaime Ayalde

Are you a "library mouse" as the old Spanish saying goes? Well, now you can use the mouse to do your search without thumbing through reams of paper. And you can do it from the comfort of your own home.

First of all, make sure that you are a recognized user of PAHO's intranet with a password that will enable you to navigate the system. All retirees have the right to access the PAHO intranet (see the October 2006 Newsletter for information on how to register). After accessing the PAHO intranet site, in the left-hand column point your cursor to *Knowledge Resources*; then move it to the next column and select *Knowledge Operations*. If you want to know if there has been a resolution or discussion on a given topic by the Governing Bodies, or if you want to find out if a certain book is in the PAHO library, go to the *Institutional Memory* link to access the PAHO library catalog.

If what you are looking for is electronic access to the full text of certain periodicals, you should click on the *Databases* link in the *Knowledge Resources* menu, then on the *GIFT* program link to access a page that lists all the electronic subscriptions available to the entire WHO network, including a list of free full text sources that do not require a paid subscription to access them (Highwire Press, DOAJ, etc.).

The site will offer instructions on how to search for different types of publications and give you access to all the databases in BIREME's Virtual Health Library, as well as links to PubMed (NLM) Medline, Oxford Reference Online Catalog (part of WHO's GIFT Project), UNICEF, USAID, and World Bank, to mention just a few. It will take some patience and some "mousing around," but hopefully you will get where you want to go and be rewarded with the information for which you are looking. Keep in mind that both the library catalog and the library web site will be changing soon to a more user-friendly and simplified version.

If you have questions, please contact Ms. Carmen Chand at 202-974-3302 or send an e-mail to her at chandcar@paho.org.

PAHO/WHO HEALTH INSURANCE: HISTORICAL NOTE ON THE ANNUAL PREMIUMS OF RETIREES

by Antonio Pio (part of an article presented to the 35th Session of the FAFICS Council, April 2006, published in AFICS E-News, Buenos Aires, July 1006)

At the beginning of each year, retirees who are PAHO/WHO health insurance subscribers are informed of the annual premium that they must pay to maintain their insurance. The communication states that the premium is calculated on the basis of the full pension and not the lower pension received by retirees who opted to receive a one-third lump sum payment on retirement.

This clarification is a source of confusion, because the definition of "full pension" does not correspond to the figure used to determine a retiree's health insurance premium. According to article 410.1 of the Staff Health Insurance Rules, "full pension" means: "Staff members retiring with less than 30 years of service contribute on the basis of the full pension benefit payable after 30 years of service."

The current article 410.1 became effective in January 1990, as one of the measures that were taken at the time to guarantee the long-term financial solvency of the Health Insurance Fund. This change extended the length of service used as the basis for determining the annual premium of retirees from 20 years (as regulated in 1986) to 30 years of service. The other measures adopted at that time were:

- an increase in WHO contributions from 60% to 66% of total contributions;
- an increase in the premiums of all participants from 1.0% to 1.5% (an incremental 10% annual increase from 1990 to 1994);
- a complicated system with greater premiums for active participants (nonretirees) in regions where expenditures exceed income.

Under this regulation, the following formula is used to calculate the premium of retirees with less than 30 years of service:

$$\frac{\text{Full pension} \times 30}{\text{Number of years of service}}$$

The result of this calculation is the base figure on which the 1.5% premium for health insurance is applied.

Reaction of Retirees

This change raised serious concerns; the monthly premium had increased two to six times over, depending on the case. No one doubted that steps had to be taken to remedy the actuarial deficit. However, the Association of Former WHO Staff Members (AFSM) protested because retirees' premiums were higher than the expenditures for the services that they required. Furthermore, only the Staff Association for active personnel, and not the AFSM, had been consulted by the Administration of WHO during the analysis of the actuarial deficit and the selection of corrective measures.

Negotiations between the AFSM and the Administration

In early 1990, the AFSM formally requested that the Administration of WHO take the following steps:

a. Reduce the minimum years of service for calculating the premiums of retirees from 30 to 20 years, as had been the case until 1989.

b. Use the same criteria for estimating the health insurance premium of active staff members and retirees. While for retirees the percentage of the premium over gross income is applied (including the income taxes that they must pay), for active personnel it is the percentage over the net income (excluding income taxes).

c. Reduce the contribution of retirees with very low retirement benefits.

The Administration did not take these recommendations into consideration, which meant they were rejected.

Appeal to the Headquarters Board of Appeals

In August 1990, the AFSM decided to appeal to the Board of Appeals at WHO Headquarters. In January 1992, the Director-General of WHO accepted the decision of the Headquarters Board of Appeals that article 410.1 of the rules does not constitute a violation of vested rights and that the increases in health insurance premiums were consistent with the existing regulations.

During this period, the AFSM got the Administration to accept that, outside the points of contention, as of 1992, retirees would pay their health insurance premium on a monthly basis. Until 1991, a single annual payment was made at the beginning of the year.

Appeal to the Tribunal of the International Labor Office (ILO)

Since the decision of the Headquarters Board of Appeal closed the door to an agreement with the Administration, the AFSM supported three retirees who filed an appeal with the ILO Tribunal in February 1992. The appeal focused on the Administration's decision to use 30 virtual years (a *"notional" basis*) as the basis for determining the premiums of retirees. In February 1993, the ILO tribunal handed down ruling 1241 rejecting the arguments of the appeal and ruling that the decision of the Administration of WHO was legal.

What happened after the ruling of the ILO Tribunal?

Ruling 1241 of the ILO Tribunal put an end to the controversy about the legality of the virtual base of 30 years of service for calculating the health insurance premiums of retirees.

Since then, the 1990 changes in retiree health insurance premiums have been a dead issue. The AFSM deemed it more beneficial to focus on expanding health insurance benefits than reducing premiums.

ADDING LIFE TO YEARS
by Jorge Litvak

Many important issues are emerging as a consequence of the aging of modern populations. Ironically, they are the consequence of a major success story unfolding since the latter stages of last century. Through the combined efforts of national agencies and international organizations, most countries are experiencing reductions in fertility, infant mortality, and deaths from infectious diseases. As a result we are now witnessing a longevity revolution that constitutes a social phenomenon without known historical precedent. Evaluation of future health, longevity and vitality must of course be pursued, but our tools are limited to our current knowledge, wisdom, and perhaps a bit of intuition and luck. We are witnessing how the world is adding years to life, but the real challenge, in this new scenario, is how to add life to these years.

As we focus more and more on populations surviving not only their 65th, but their 80th and even their 100th birthdays, our efforts are directed at an array of diseases, conditions and social structures and situations which are involved when the majority of the people survive to those decades. In terms of diseases, there is a dichotomy between age-related versus age-dependent phenomena.

Age-related occurrences are manifest at a specific time in life, but are not dependent on the progressive age. Age-dependent diseases are those which inevitably increase with age, like coronary heart disease and cerebrovascular disease, as are also deaths associated with two of the most common neurological diseases that predominantly afflict the elderly, Alzheimer's disease and Parkinson's disease. The usefulness of this separation between age-related and age-dependent situations is in directing our efforts toward prevention, treatment, and intervention as well as research and other forms of remediation. If we prevent or successfully treat an age-related phenomenon and the patient survives the time window of occurrence, we have achieved a cure.

On the other hand, age-dependent conditions accumulate with age. Improvement of health habits, such as diet, avoiding smoking and excessive drinking, and perhaps weight control may affect the age of onset of age-dependent processes. Any small delay in the onset of an age-dependent situation will have a substantial effect on the occurrence of these conditions. That is, prevention is effected largely through postponement. The ultimate measure of success is the ability to postpone the most debilitating and destructive conditions such as dementia, hip fracture, or deafness beyond the occurrence of death from other causes.

The primary purpose of health promotion and primary prevention is, therefore, to improve quality of life, to "compress" morbidity and to extend active life expectancy. Prevention can act even late in life: benefits of health promotion have shown that in two years it is possible to have stronger bones and cleaner arteries, and after 8-10 years, reduce your cancer risks to essentially normal. It is in the pre-senior and senior populations that the greatest leverage from health promotion practices directed at chronic and degenerative diseases is to be obtained. It is important to recognize that the dividend of these interventions is mainly in the reduction of the population illness burden rather than the extension of life. That is, the new perspectives require a change of focus from quantity to quality of life.

Desirable as it is, the aging of populations brings with it new issues and new demands. One of the major challenges to be faced is that of assuring and improving the quality of long-term care, and minimizing the otherwise very substantial social and economic effects of disability and dependence among the many millions of people who will live to an older age in the coming decades. Progress should be measured in terms of making the later years of life vigorous, healthy, and satisfying, instead of adding years to life. Increased longevity combined with improved health can allow older persons to continue to contribute to the economic, social, and cultural life of their communities. To this end, there is a challenge that demands the institution of policies and programs that will ensure the availability of health and social services for older persons, promoting their continued participation in an active life. These policies and programs must consider that elderly women outnumber elderly men and that issues associated with older persons are largely issues of elderly women.

Recent data of the Health and Retirement Study of the United States show that, between the ages of 55-61, a substantially higher proportion of men than women are married. The average man can expect to live with his wife until he dies, while the average woman can expect to be a widow for approximately 10 to 15 years. At ages 75-84, only 38 per cent of women are married, but 80 per cent of men are married. The ones who make it to those ages have

wives who made it, too. Since families in virtually all societies provide the most care, in order to understand healthy or active aging it is necessary to understand families and the support they provide as well as the social networks.

Researchers from the Rush Alzheimer's Disease Center in Chicago found that elderly people with few or no friends were more than twice as likely to develop Alzheimer's disease as people who reported that they were not lonely. On the other hand, rich social and intellectual life has shown to be a protective factor for this disease. There is a challenge for researchers in identifying protective and risk factors for healthy or unhealthy aging that goes much beyond the absence or presence of disease. In developing countries, the social and cultural patterns that still protect their elderly from isolation in society may need to be perpetuated. In the case of frail older persons, for example, research is showing how self care by older people themselves, and informal care by families and neighbors, can operate most effectively. Here, the optimum models come from the less-developed countries.

Women of France, a land renowned for a cuisine laden with fats and calories, have the longest life expectancy of any nation in the world except Japan. Some of the longest-living Frenchwomen reside in Cahors, in the southwest's Midi-Pyrenees region. Older people of Cahors indulge in favorite meals like coq au vin, foie gras, and red wines. Lifestyle is relaxing, the climate is good. They walk or bicycle, because the streets are too narrow for cars. "We have a good time together, as a community," said an 87–year-old male resident of Cahors, who is also a dancer of waltzes. "I will give you the secret to longevity: have a good time with good friends, laugh and have fun and make jokes."

Important efforts must be made by researchers to identify the innumerable risk and protective factors necessary to plan the health and other services for the elderly based on their actual needs, and for the understanding of the aging process. It is in the spirit of respect for the highest human values and a desire to maintain solidarity with all members of the human family that we need to pursue these goals vigorously. By pinpointing the faults in our responses to the needs of older persons, we confront both a risk and a hope. The risk is that we may see the fate of our aged grow worse if nothing is done; the hope is that we may truly be able to add life to years.

General References

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WHAT ARE WE DOING NOW?
by Gloria Silvestre Khokhar

It is never too late to wish you a Happy New Year; after all, a new year starts every day starting on this date. 2007 began a few months ago; we hope it is going well, that you are carrying on your successful activities as well as starting new ones. We will continue to find out "What are we doing now?" Also, we will start with a clean slate of **Contacts and Resources** which appears after the **Features** section.

If you would like to suggest the name of a colleague to be featured here, please send a note by regular mail or e-mail; or call:

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Features

In this issue we feature a colleague who was very active in the Staff Association. We are sure you remember:

José Carlos Campagnaro - He retired from PAHO in 2003 after 26 years of service. He held positions in the offices of Procurement and General Services. However, his last six years as Administrator of PANAFTOSA in Rio de Janeiro brought him the most personal and professional satisfaction. He is living in Brazil, in the city of Vitoria, located 650km north of Rio de Janeiro, where he enjoys the best of his golden years in the company of his wife Polly. José Carlos keeps himself busy reading, exercising, enjoying theater and concerts, visiting galleries, and cooking barbeques in the *churrascaria* by his swimming pool. He belongs to the social club "Alvarez Cabral" and has developed a good knowledge of wine through courses, books,

and tasting at the "Clube Amigos do Vinho." When he needs to "relax" he only has to drive 50 km to his apartment at the Virtudes Beach in Guarapari where he enjoys long walks by the sea and the benefits of living in a tropical country.

José Carlos feels that his performance at the Staff Association was a very gratifying experience and allowed him to make many friends, whom he treasures because - as he nicely puts it - "amigo es patrimonio." He loves to hear from friends. You may contact him at: jccampagna@uol.com.br.

Sources and Contacts

Enology and "Clube Amigos do Vinho" – José Carlos Campagnaro: jccampagna@uol.com.br and www.clubeamigosdovinho.com.br.

IN MEMORIAM

Harry Lovett (Jerry) Mathis	22 February 2003
Marieta Velásquez	31 July 2004
Ting Hsiung Wong	8 November 2006
Olga Baeza Espinoza	15 January 2007
Elsie Morcom	9 February 2007

REMEMBERING COLLEAGUES

Eduardo Sarué Pérez (1923-2006)
by Dr. Nora Bertoni de Sarué

An Argentine born in the heart of Buenos Aires, near San Martin Plaza, and from thence, the gypsy that he used to say he was, traveling the length and breadth of Latin America and later the world, his first stop was Cochabamba, Bolivia, the city that he loved, where he landed at the age of 1. There he lived with his parents and siblings and his unforgettable friends from the Lasalle School, who accompanied him to his final resting place in that city.

His second stop, still as a teenager, was Santiago, Chile, where he spent years pursuing demanding studies with his inseparable friend from elementary school, Juan Hasbún, who would later become Bolivia's Minister of Health. Eduardo received his medical degree from the University of Chile and. years later, a degree in public health. He found work in the country, started a family, and had five children. His travels then took him to San Juan, Puerto Rico, where he taught at the medical school with Rolando Armijo and Silvia Plaza, professionals also with brilliant careers in Latin American public health.

In Caracas, his great PAHO/CENDES adventure awaited him - the first attempt, sponsored by PAHO and its Director, Abraham Horwitz, to develop and implement a health planning methodology for Latin America, fulfilling the mandates issued by the countries in the early part of the 1960s, "the decade of hope," as they used to recall it with Hernán Durán. In 1961, at the Central University of Venezuela's Center for Development Studies (CENDES), he was actively involved in developing the methodology as part of a group headed by Chilean economist Jorge Ahumada that also included Drs. Alfredo Arreaza, Mario Pizzi, and Mario Testa.

This was followed by years of wholehearted commitment to health planning: teaching and technical assistance in the formulation and implementation of health plans - the first, at the Latin American and Caribbean Institute for Economic and Social Planning (ILPES), created in 1962 in ECLAC by the United Nations to promote development planning. There he worked until 1970 with such noted figures as Hernán Durán, Carlyle Guerra de Macedo, Juan José Barrenechea, Ramón Alvarez, to name a few. In 1963, he proposed and provided technical assistance in the formulation and management of the 10-Year Health Plan of Chile 1964-1973, executed in 1964, the first experience of its kind in Latin America.

He served as the first PAHO Representative (a.i.) in Chile (1960-1964). The Representative Offices of Mexico, Brazil, and Colombia counted him among their advisers. He served in this latter country as Representative and was actively involved in health system reform in the early 1970s. At the end of the decade he shifted from PAHO to WHO and turned his attention from Latin America to the Middle East, serving as WHO Representative in Iraq during the early years of the Saddam Hussein regime and as advisor to the Eastern Mediterranean Office in Alexandria, Egypt. He considered this time a great experience that enabled him to delve more deeply into a culture so different, in which one of the few things known was the barking of dogs, as he used

to say. He meant a close encounter with a fascinating history of 5,000 years or more, a period of isolation for two, with family and friends far away and limited communication from one underdeveloped region to another.

In 1980, already retired, he returned to Latin America to take up residence in Montevideo, where he taught for several years alongside Angel Gonzalo Díaz at the Latin American Center for Perinatology (CLAP). He was also part of a joint team of the Inter-American Children's Institute/OAS and CLAP/PAHO, created to assist the countries in adopting the concept of risk in health care. During that time he made fruitful trips to the Scandinavian countries, Russia, and China to see first-hand how the different health systems operated - knowledge that he generously shared with his students.

In this limited format, I have attempted to summarize more than a quarter of a century of Eduardo's life as an international civil servant devoted to public health in Latin America and the Middle East.

Recalling other aspects of his life and personality, the first thing that comes to mind is the pride with which he recounted to his friends, children, and grandchildren the life story of his father. Let me share it with you. In the opening decade of the 20th century, Don José, a 14-year old boy from a displaced Armenian family living in Syria because of their terror at the slaughter perpetrated by the Ottoman Turks, traveled alone to Argentina as a stowaway on one of the thousands of ships filled with immigrants, stopping first in Egypt and France. With the little money he earned peeling potatoes and grating cheese aboard the ship, not knowing the language, having no contacts, supported only by his courage and intelligence, and trusting the people he met along the way, he disembarked in Buenos Aires. A gentleman with Middle Eastern features whom he approached took him to his house, and the next day he was working on the street with a tray hanging from his neck, selling trinkets just like his new-found friend. From these humble beginnings, he became a successful and respected importer in Bolivia.

The simplicity and real pride with which Eduardo told his father's life story speak to the values that he bequeathed to him, which he always nurtured.

From the very start of his life in Bolivia, perhaps, came his deep respect for the indigenous civilizations of Latin America. He called them "nature's stewards," "the ecologists." He learned Quechua so that he could communicate with everyone he met. He loved our traditional music; the tango, huaynos (traditional Andean songs), and Mercedes Soza accompanied him to the end of his days.

I think his work in most of the countries of the Region gave rise to his deep commitment to the health of Latin Americans, his visceral rejection of unequal opportunities, his active concern, and his militant commitment to the training of health professionals. He offered a new vision of work to hundreds, perhaps thousands, of students, making them think about shifting their focus from personal health care, for which they had been trained in professional schools, to acquiring the skills needed for community health care in poor countries with organizational deficiencies. The inequity in our societies made him angry and moved him to constantly read and update the information that he imparted to his students in his own inimitable style, which sometimes caused admiring female students to wish to "adopt him" or to say to one another: "Dr. Sarué's class destroyed everything I thought I knew." These anecdotes reveal the great teacher that he was and his commitment and dedication to his work, which was an important part of his life.

He also told many stories about his life as a consultant, to the delight of those who listened. Some fragments of these were written down in an autobiography course that he took for his own pleasure and that of his friends in his final years in Santiago. I keep them, thinking that they will perhaps serve as material for a grandchild with a literary flair and that they will help keep his memory alive. He deserves it.

José Antonio Solís Urdaibay (1939-2006)
by Germán E. Mora, with contributions from Carol Collado and Ofelia Nieto

By a fluke of circumstances, the editors of the Newsletter asked me to write an article for this publication to remember a friend, colleague, and participant in many episodes of the latter half of my life.

I met José Antonio Solís - Toño to his friends and colleagues - in 1974, when PAHO put me in charge of the technical management of the largest project of the United Nations Population Fund in the Americas, which would be executed by the Secretary of Health and Welfare (SSA) of the Government of Mexico, to introduce family planning in the health services for its most disenfranchised population.

It was a time of sweeping changes in women's health in the Region, marked by new paradigms

and pathways for reproductive health - changes that were echoed in the political thinking of the President of Mexico, who in late 1973 promulgated a new population policy that included giving women access to fertility regulation and family planning options.

It was in this changing environment for the health of women and families that a young doctor from Mexico City became Assistant Director of the SSA's Bureau of Maternal and Child Health, under the mentorship of Messrs. Fragoso and Septien. In this capacity, he was responsible for overseeing and evaluating implementation of the Maternal and Child Health and Family Planning Program and developing its pediatric component. His training was extensive: a medical degree from National University of Mexico's Medical School, with a residency in pediatrics at the Hospital Balmis in Mexico City and a master's degree from the Secretariat of Health and Welfare School of Public Health; epidemiology studies at the Graduate Institute of Epidemiology in Prague, Czechoslovakia, and the Institute for Communicable Diseases in New Delhi, India; and experience both in public health administration, acquired in SSA health districts, and in public health education.

This is how I had the opportunity to share duties and projects with Antonio Solís and to value his intelligence and friendship, discovering the importance of his Mexican identity in his life and observing the great love of family that characterized it.

I also observed his tenacity when defending his convictions, his loyalty to his colleagues, his cheerful and obstinate way of looking at situations and his ability to analyze and make the most of them, and even his talent, fine tenor that he was, to belt out his country's best *rancheras* at social gatherings.

These qualities, together with his ability to make friends, to work in harmony with PAHO coordinators and administrators, to negotiate, and to take his staff under his wing, serving as mentor, support, and guide as they learned the ropes and conveying in turn his enthusiasm for the work entrusted to them, distinguished him in an institution comprised of the most conspicuous examples of the Region's public health intelligentsia.

In 1977, at the age of 38, Antonio Solís joined PAHO as a maternal and child health consultant in Honduras, where he was appointed Medical Officer in 1978. In 1981, he was named Regional Adviser on Family Planning and was subsequently appointed to the Maternal and Child Health Program's Technical Group on Growth, Development, and Human Reproduction; in 1996, he was named Coordinator of the Program on Family Health and Population; and from 1997 until his retirement in 2000, he served as Director of the Division of Health Promotion and Protection.

His work at PAHO concluded, he retired with his wife to their home in Cuernavaca, Mexico, to enjoy everything that he loved in life: his family, his friends, and the Mexican atmosphere.

If some day a lengthy history is written on Latin women's struggle to gain sexual and reproductive independence, I believe that Antonio Solís will appear as a figure who made a contribution to this humanitarian enterprise first in Mexico and then in the Region.

For his widow, Yolanda Tercero Romo, who has honored me with her friendship all these years, and for their son, José Antonio, my condolences and solidarity in their loss. But as someone said it well, as long as we remember Toño's story and accomplishments and keep him in our memories, his presence will still be felt and he will continue to be with us in this life.

THE BACK PAGE

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

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