NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOL. XXX, NO. 3 SEPTEMBER 2019

Summer Luncheon – 18 July 2019

Contents

Editorial

Modernization of AFSM's Communication System

By Antonio Hernández, Enrique Fefer, Gloria Coe

One of AFSM's most valuable and used products is the Directory with the telephone numbers, email and land addresses of our members. There is a clear danger that personal information, valued by groups who trade this information, might create the potential for scam calls, cyberattacks, and cybercrimes. Considering this potential threat and in keeping with the Board's primary responsibility to protect the personal information and safety of our members and ensure confidentiality, AFSM recently removed the Directory from our AFSM website.

The Director of PAHO, Dr. Carissa Etienne recently approved AFSM's request to use PAHO's Information Technology (IT) resources that have the latest protections to keep archives and documents safe, to enable communication with members both safely and securely, and to facilitate the work of the Board's and AFSM's Committees. A working space was assigned–on PAHO's cloud-based *Share Point* platform where the AFSM Directory will be housed. This change is fundamental for the security of our communications. The Director also agreed to assign an electronic address (email) for AFSM in the PAHO domain. Accordingly, the address AFSM@PAHO.org (not currently in use) will replace the one we have been using AFSMPAHO@gmail.com.

We gratefully acknowledge the work of Antonio Hernández, Hernán Rosenberg and Enrique Fefer of the AFSM Board, with the generous guidance and complete support of Ricardo de la Torre and Pamela Tejada of PAHO's Information Technology Services.

We will keep you informed of the advances of the work and when your participation is required to include or update your information in the system. Additionally, we encourage you to please contact former staff members and request that they become AFSM members.

We ask for your patience as we implement these changes to improve and secure our communication system. For those who would like to reach out to friends for whom you do not have either telephone numbers or email addresses, please solicit this information from Hortensia Saginor at AFSMPAHO@Gmail.com. Hortensia will send a request to the individual you wish to contact asking him or her to communicate with you. Hortensia's success will, of course, depend on whether AFSM has your correct coordinates.

We are grateful to Dr. Etienne for her support and guidance. As a result, AFSM will have a safe and secure cloud-based communication system with our members and a virtual working environment for the AFSM Board and its collaborators.

An article with greater detail of the move to PAHO's Information Technology System will be included in the next Newsletter, providing further information concerning the reasons for the move and actions being taken. N

Welcome to new AFSM members

From USA

From the Washington Area

María Pilar Fano
Clara Inés Rodríguez
Rosario (Charo) Sweet

From other parts of the USA

Mohamed El-Nageh – Philadelphia, Pennsylvania

Letters to the Editor

Comments on "*Aging, Technology and Health"*

Sent by Maricel Manfredi

Sumedha Mona Khanna's article ***Aging, Technology and Health****,* in the June 2019 AFSM Newsletter, offers an interesting didactic approach of how the concept of the *older adult* has changed due to various factors such as the increase in live expectancy and other ways of living an active and healthy life. This longer life expectancy also increases the probability of chronic illness and incapacity that produce unexpected changes in the way the individual and his/her family must manage illness. The article also clearly and simply demonstrates how technology assists many older adults in maintaining their independence in their homes using existing or developing technologies, and she uses the community where she lives, Oakmont, California as an example of a community of active, independent, and healthy adults.

The article also emphasizes technologies that can be used in the home to age-in-place. These technologies include blood glucose monitors for diabetics, blood pressure monitors, heart monitors, wearable medical devices, home sensors that can detect movement/safety, and hearing aid technologies, among others.

Of great interest is the use of technologies that Khanna qualifies for simple every-day use to facilitate ease of movement such as grab bars in bathrooms, smart chairs, and fire alarms conveniently situated and easily accessible. The article also mentions more sophisticated technologies that can control the entire home by connecting to other devices. As she indicates, there are smartphones that store applications to permit rapid knowledge of your medical information, or to connect with the physician through the patient portal.

This article encourages us to analyze which technologies could be used where we live, according to our budget and where we could learn to use them. We should use our common sense, as mentioned by Khanna, to convert our homes into spaces more adapted to our age.

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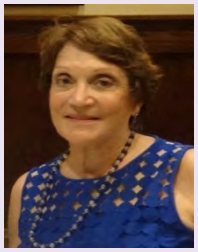
AFSM Summer Luncheon – 18 July 2019

By Elizabeth Joskowicz and Marilyn Rice



This year 72 members participated in the traditional summer luncheon. The highest attendance so far. Gloria Coe welcomed all AFSM attendees and announced that she was elected in January of this year as the new President of AFSM and Hernán Rosenberg was elected Vice President. Gloria expressed her gratitude for the great work done for AFSM by the former President, Germán Perdomo, who organized an excellent annual meeting in December. A full and complete report of that meeting will be provided to members, along with all the updates and information about what the Association has being doing.

This year's AFSM summer luncheon was held at the Wildfire Restaurant, in Tysons Galleria, in Virginia, and the business part of the event was a joint effort among PAHO, Medicare, and AETNA. It was well coordinated by Gloria Coe and Carol Collado. Carol has been working very hard and been very persistent over the past 10 years in advocating with the PAHO and WHO administrations to make Medicare a requirement for PAHO and WHO retirees residing in the USA, repeatedly demonstrating the cost benefit of this, repeatedly demonstrating the savings that would be gained for the PAHO Health Insurance. The administration has finally agreed to follow this path, making it a requirement for those former staff 65 years-of-age and older residing in the USA and using PAHO's health insurance. In return, PAHO has agreed to reimburse the Medicare premiums paid by the retirees. For this we all are very grateful to Carol, and Gloria expressed our sincere gratitude to her.

Medicare/Aetna-SHI/AFSM presentation

The presentation was made by:

David Santana (Centers for Medicare & Medicaid services, DHHS)
Omarys Nieves (PAHO/SHI responsible for the retirees)
Luz Quiles (PAHO's Aetna Plan Sponsor & Liason
Carol Collado (Coordinator of AFSM's Health Insurance & Pension Committee)

David Santana (Centers for Medicare & Medicaid Services, CMS) expressed his feelings of privilege at being invited to address the AFSM members and to share important information regarding Medicare benefits. He mentioned that CMS is a small agency that oversees other government agencies (such as the US Centers for Medicare & Medicaid Services) that provide

health insurance to more than 130 million people. There are 11 Agencies in the Department of Health and Human Services of which CMS is just one.

The Social Security Administration (SSA) is the provider of Medicare coverage for people who have paid into the system and are aged 65 or older. If one has a qualifying disability, one can receive benefits before this age. There are over 60 million people enrolled in Medicare.

What is Medicare? Parts A and Part B benefits and costs

Medicare is a government insurance benefit and it can be obtained by people who have contributed during their working years (10 years of contributions is the minimum required). To be eligible one needs to be a US citizen or have lived legally in the USA for at least 5 years and possess a green card. There is a monthly premium that is calculated based upon one's annual income and it covers hospitalization and other medical and rehabilitation services. People who have not contributed to social security for at least 10 years can buy the insurance at a cost that could be from $437.00 per month. Part A covers hospitalization costs and Part B covers medical and other services. The cost for Parts A and B ranges from $136 to $460, depending upon one's annual estimated income for that year. Part D covers Medicines and there is supplemental insurance like Medicare Advantage or other insurance policies on the market that are regulated by CMS that can help with this. In the case of AFSM retirees, SHI covers 80% of medicines for us. Diabetes and other specialty drugs could be very costly, about $20,000 to $80,000 a month and could be out of pocket expenses. Part D will cover some of these costs.

Medicare only pays up to a certain amount for inpatient hospitalization, and the patient pays the difference. However, for former PAHO staff with WHO/SHI coverage, AETNA picks up where Medicare leaves off. After 150 days of inpatient hospitalization, Medicare stops paying anything. If one is out of the hospital for 2 or more months, then the benefits start all over again. Medicare has a limit of $2,040 per year for physical therapy, unless more is certified by a medical doctor. Although home health care is covered by Medicare for less than 7 days a week and daily for less than 8 hours a day up to 21 days, this 3-week limit may be extended if the doctor requests it based upon exceptional circumstances and with a prediction of when the need for daily skilled nursing care will end.

Medicare covers 80% of the allowed fee for medical services. WHO/SHI insurance covers the remaining 20% of the fees accepted by Medicare. Medicare has a yearly deductible of $185, but 80% of it is covered by the supplemental insurance (WHO/SHI insurance for PAHO retirees). The maximum coverage protection is different for each person. SHI's catastrophic protection depends on the number of years one worked for PAHO or WHO and at what level.

The open enrollment period for Medicare is from January to the end of March or up to 3 months before one turns 65 years old to receive benefits on the first day of the month one is 65, or up to 3 months after this birthday, to receive benefits delayed by 2-3 months. Once one is enrolled in Medicare, continuation is automatic, and premiums are deducted from social security payments.

Coordination of benefits: For former PAHO and WHO staff, Medicare is considered the primary insurance and SHI is secondary.

Doctors do not have to participate in Medicare but about 96% of them do, which means they have to accept the Medicare-approved reimbursement amount as payment-in-full. Medicare then usually pays 70-80% of the fees and the rest may be picked-up by SHI.

BIG QUESTIONS:

All Providers by law have to submit the bill directly to Medicare electronically. If they do not do that, they are violating the Federal Law and you as a patient can file a complaint to Medicare using Form 1490. In this case, Medicare will pay you and send a letter to the provider saying that the Medicare rules are being violated by the claim not being filed by the provider. The only way providers can avoid doing this is if they have filed an affidavit with the government opting out of Medicare, which is valid for two years. If a provider has opted out of Medicare, he/she should tell you ahead of providing you services and should have you sign an agreement attesting that you have been so informed. This provider can charge up to 15% more than the Medicare-approved fees, and you may have to pay the entire amount at the time of service. Medicare will not pay for these services. However, if an agreement between you and the provider has not been signed, then, the first time this happens, you (the patient), may file a claim with Medicare and CMS/Medicare will pay you. Any subsequent visits however will not be reimbursed.

Watch out!! There is a list of providers that do not file claims with Medicare directly and do not comply with the federal law.

Doctors should advise their patients in advance about services that are not covered by Medicare. If they do not do it, doctors have to absorb the cost of services themselves. Medicare does provide that protection. If you are not informed in advance, and do not sign a document saying you are informed that the provider does not accept Medicare, you should file an appeal with Medicare.

Go to https://www.medicare.gov/ to find out about a list of doctors that participate in Medicare.

ACUPUNCTURE TREATMENTS: Medicare is looking into it. If something is scientifically proven to be effective, Medicare will pay for this treatment in the future.

CATARACT SURGERIES: Some lenses are not cover by SHI. For surgeries, Medicare pays for a 2nd and 3rd opinion.

INJECTIONS FOR OSTEOSPOROSIS: Medicare pays if a doctor is prescribing the injection and it is administered by the doctor.

WHO CAN APPLY FOR MEDICARE?: Anyone aged 65 or older and who is living lawfully in the United States for at least 5 years (Green Card holders) can apply for Medicare.

STEM-CELL TRANSPLANT: Stem cell transplant treatments are FDA approved and Medicare will cover it.

KNEE REPLACEMENT: Medicare will pay for knee replacement surgery provided the doctor deems it medically necessary. It will also pay for hyaluronan injections if given no more frequently than every 6 months. However, Platelet Rich Plasma injections may not be covered, they are reviewed and approved on a case by case basis.

For further information on Medicare benefits you can see the Power Point Presentation on the AFSM Website, or go to the Medicare website at https://www.medicare.gov/.

PAHO/WHO FEDERAL CREDIT UNION presentation:

Mr. Miguel Boluda, President of the PAHO/WHO FEDERAL CREDIT UNION expressed his gratitude for the invitation to the AFSM Luncheon to present the latest news regarding the PAHO/WHO Credit Union activities. It is currently celebrating its 70th year anniversary serving as financial institution for the PAHO/WHO employees and their families.

He announced an online financial education course covering various topics and available free-of-charge for all members.

GLOBIE AWARDS: For 70 years PAHO/WHO Credit Union has served those who work tirelessly to build a better, healthier future for the global health community. Even among those who put in the extra hours and devote years to the service of others, there are individuals who stand out. That's why they have created the Globie Awards.

They are taking nominations of individuals from PAHO, NGOs or other organizations that are doing great work in the global health community. At the end of each month they will select a Globie winner who will receive a $700 prize and then they will donate $1,000 in their name to the charity of their choice that is serving the global health community. In all, 7 global winners will receive $4,900 in cash awards and $7,000 will be donated to charities doing great work.

In June, Harold Ruiz Pérez Castañeda, nominated by PAHO/WHO, was awarded $700. Harold has chosen "Nueva Vida" with a mission to inform, support, and empower Latinas whose lives are affected by cancer, to receive the $1,000 donation from the PAHO/WHO Federal Credit Union. Instead of taking his $700 award, Harold donated it to another of his favorite charities, "La Clínica del Pueblo" with a mission to build a healthy Latino community for those most in need.

At the end of the above presentations, Gloria Coe, the new AFSM President, expressed her gratitude to the CMS, PAHO, and AETNA Coordinators and all attendees. N



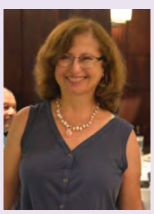




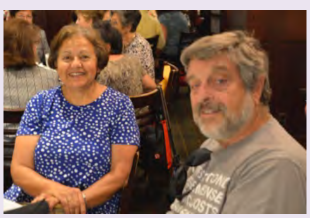
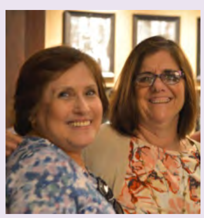






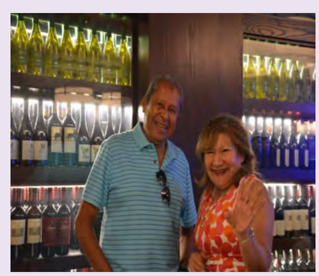











Staff Health Insurance and Pension Update

By Carol Collado

Staff Health Insurance

Significant news is expected soon but did not arrive in time to be included in this newsletter. We will send out in a special message to all AFSM members as soon as this information is available.

Pension

The UN Pension system is celebrating its 70th year. The meeting of the Board in Nairobi, in July, confirmed the good standing of the investments and the health of the system. In a review of governance procedures, a recommendation had been made by a Working Group that the CEO position be replaced by two distinct and independent posts by 2020. One would be the CEO/Pension Benefits Administrator and the second would be the Secretary of the Pension Board. The Pension Board confirmed the appointment of Ms. Janet Dunn as CEO/Pension Benefits Administrator and agreed on the Secretary's recruitment procedure, reporting lines, classification of the post, and staffing of the Secretary's office.

The UNJSPF has announced that as of July, it is no longer publishing the quarterly newsletter. It has gone to a monthly electronic version. If you have already signed up for their Member Self Service (MSS), you will be automatically enrolled. If not, now is the perfect opportunity to do so. We highly recommend that you do so and keep abreast of the news on that front. You can access the UNJSPF link found on the home page of the AFSM website, and the instructions are clear on how to register. (**https://www.unjspf.org/login/**)

While you are on the site, do check and make sure that they have received your Certificate of Entitlement (CE). You can find the receipt on your MSS account, under the Proof Documents' tab.

The Fund has done an excellent job in the last few years of developing educational videos for common questions about the Fund. There are now 24 of them in English, French and Chinese. These are easily available under learning tools on its website: **www.unjspf.org**

New toll free country numbers are constantly being added. At present, the following countries in our region have toll free numbers: Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, Guatemala, México, Perú and the USA. Find them under the **Contact us** button on the UNJSPF website. N

Health Tips: Health and Ageing: A Great Two-Step

By Gloria Coe & Martha Peláez

There is exciting news on the horizon - the United Nations declared the decade 2020-2030 as the UN Decade of Healthy Ageing, to be led by the World Health Organization (WHO). The goal is to catalyze meaningful and measurable impact to improve older peoples' lives. A longer life is an incredibly valuable resource. Yet the extent of the opportunities that arise from increasing longevity will depend heavily on one key factor: health. Most of the health problems of older people are associated with chronic conditions, particularly noncommunicable diseases. **Many of these can be prevented or delayed by engaging in healthy behaviors**.[1]

One of WHO's revolutionary strategies for the Decade of Healthy Aging is to globally promote the Integrated Care of Older People (ICOPE) approach focusing on assessment and management of people's "*intrinsic capacity*".

So, what is intrinsic capacity[2] ? It is a fascinating new idea especially for older adults who are doing everything possible to remain strong, active, flexible, enjoy friends and family, and thoroughly enjoy life. The insight provided by this new concept is that over the years, through our diet, physical activity, increasing our reasoning skills, social relations with friends and family, we have created reserves in our bodies to ensure physical, mental, and emotional wellbeing across our life span. These reserves are in fact our "intrinsic capacity" that WHO contrasts with "extrinsic capacity"

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[1] World Health Organization 56th Commission on Social Development. MIPAA meets SDG3 - A Decade of Healthy Ageing 2020-2030, UN 2018: https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2018/01/Concept-Note-2018-01-23-WHO-Side-event-A-decade-of-Healthy-Ageing-at-56-Commission-on-Social-Development-New-York-provisional-.pdf

[2] WHO's definition: "is the composite of all the physical and mental capacities that an individual can draw on"

such as the environment and aids such as eyeglasses to improve sight, walking canes to steady our walk, or hearing aids to improve our hearing.

Key to Healthy Aging: WHO's ICOPE innovative initiative is seeking to ensure that diagnosis and treatment of older adults by health care professionals includes screening for loss of intrinsic capacity and developing a comprehensive plan that includes lifestyle changes to improve and strengthen their intrinsic capacity. **This is a huge shift in diagnosis and treatment of the older adult, from screening mostly for disease to screening to ensure health and wellbeing**. WHO's vision is that by strengthening intrinsic capacities of older adults, their health and their ability to live a long active and independent life will be improved and strengthened.

WHO specified five "physical, mental and emotional capacities" of greatest concern for diagnosis and treatment to ensure the health of older people. Summarized below are these physical, mental and emotional capacities of critical importance to older adults.[3]

1. **Mobility** is a critical factor for healthy aging; losses in the capacity to walk independently and the associated pain that comes with 'moving' is not an inevitable condition of old age. WHO proposes a few effective strategies to improve and maintain mobility, such as a variety of multiple exercise programs for preventing loss of or restoring our intrinsic capacity to move (please see the February 2018 AFSM Newsletter article *Health and Exercise: Longevity and Independence,* https://docs.wixstatic.com/ugd/6814f4_bcaab43b731445cc82a1f47269225592.pdf)

[3] WHO, Integrated care for older people (ICOPE): Guidelines on community-level interventions to manage declines in intrinsic capacity. WHO 2017: https://www.who.int/ageing/WHO-ALC-ICOPE_brochure.pdf?ua=1

I am ok and want to keep moving. What can I do? Start, or continue with multimodal (multiple modes) exercises such as these three modes or types of physical exercise:

- Flexibility exercises to stretch or loosen muscles and joints
- Muscle strengthening to make them stronger by working with weights or against resistance
- Aerobic exercises, also called cardiovascular exercises, such as walking, biking, swimming, and dancing.

If you experience frequent falls and weak muscles: look at the Vivifrail project that offers a practical guide to developing an exercise program tailored to your capacities: http://www.vivifrail.com/resources (please see the December 2018 AFSM Newsletter article: *How to Stay Active and Prevent Falls,* https://docs.wixstatic.com/ugd/6814f4_aa10f085006748729d0d782455fe559c.pdf*).*

2. **Energy** is another critical factor for healthy aging. One key reason for decreased vitality or energy in older persons is malnutrition. Inadequate nutrition combined with less physical activity leads to loss of muscle mass and strength and therefore to loss of independence. Most dietary guidelines suggest a balance in the kinds of foods you eat and how much you eat. For example, start by choosing:

   - More plant foods: whole grains, fruits, vegetables, beans, nuts and seeds, and
   - Less meats: choose a moderate amount of lean meats, poultry and eggs.

   Ensure a healthy diet that provides adequate amounts of energy, protein, and micronutrients. Of specific concern to older adults is the importance of eating enough protein (please see the March 2019 AFSM Newsletter article *Proteins: Building Blocks of Life,* https://docs.wixstatic.com/ugd/6814f4_511b6feea62d4f16969325e10123ad39.pdf).

If lack of energy is an issue, ask your physician for a comprehensive nutritional evaluation and talk with a dietitian to learn choices you can make to improve the quality of what you eat. If necessary, adapt your food choices to your specific needs.

3. **Sensory health**, visual and hearing capacity are critical components of intrinsic capacity that enables people to be mobile and interact safely with peers and the environment. Recommendations are to:

    - Routinely seek visual screening and comprehensive eye care including cataract surgery if prescribed by an ophthalmologist.
    - Obtain and use corrective eyeglass that are new, high quality and prescribed for your needs.
    - Have an ophthalmologist assess older adults who have diabetes for five years or more.
    - Routinely seek screening for loss of hearing.
    - Obtain and use hearing aids prescribed and fitted by an audiologist.
    - Periodically review medications with a health care provider for their possible impact on hearing.

4. **Cognitive[4] capacity or reasoning** is key for our ability to function. The decline in cognitive skills can be related to the ageing of the brain, disease (for instance, stroke or Alzheimer's Disease), and other conditions that may be reversible. Before accepting a diagnosis of permanent loss of cognition, make sure you are given a full diagnostic evaluation to uncover common reversible conditions such as: severe dehydration, confusion, use of multiple drugs, illnesses of the brain and blood vessels, among others.

    Losses in other intrinsic capacity, particularly vision and hearing, can affect one's reasoning. Therefore, a comprehensive assessment and management of intrinsic capacities is also important to maintain reasoning capacity and good mental health.

[4] A branch of psychology concerned with mental processes such as perception, thinking, learning, and memory.

5. **Psychological capacity**: a positive attitude and confidence that one can achieve and make changes to improve one's health as one ages are essential for healthy ageing. Feeling sad or incapable of doing anything are feelings associated with depression.

Any time an older person feels depressed, should seek a comprehensive medical evaluation including a review of potential issues such as: using many drugs, having anemia or a lower than normal red blood cell count, malnutrition, hypothyroidism, pain, among others.

Depressive symptoms are often common in older adults who may be overwhelmed with many challenges. Having symptoms of depression that last for most or all the time or for at least two weeks, as well as major or clinical depression, are a major barrier to healthy aging.

Major depression needs medical attention. Depressive symptoms can be successfully addressed with a variety of psychological interventions such as:

- Cognitive behavioral therapy, a common type of talk therapy which leads to significant improvement in functioning and quality of life
- Problem-solving counselling or therapy
- Behavioral activation that helps people in isolation to increase their engagement in activities that improve their attitude
- Life review therapy or remembering and reviewing one's life from childhood
- Multimodal physical exercise or the use of multiple modes of exercise as mentioned in number 1 above, under mobility
- Mindfulness practice or being aware of what's going on in your body and mind

The overarching purpose of knowing how well an older person is doing in these five 'physical, mental and emotional' capacities is to learn what can be improved. Frequently, through changes in lifestyle, intrinsic

capacities can be maintained and strengthened to support health and functions in old age.

For those interested in further study, WHO prepared three background papers for The Global Consultation on Integrated Care for Older People (ICOPE) for community health workers:

- Organizing integrated health-care services to meet older people's needs[5]
- Person-centered assessment to integrate care for older people[6]
- Healthy ageing and the need for a long-term-care system[7]

AFSM will take any possible step to ensure that all members of the Association have access to information to help them improve and maintain their intrinsic capacity. The Board is also looking for ways for members of the Association to begin an interactive learning community using technology to improve knowledge and skills in support of healthy ageing goals.

Stay tuned, all the best, more to come…. *N*

Save the date
40th AFSM General Meeting

4 December 2019 at 10:00 AM
Registration starts at 9:30 AM
PAHO Headquarters, Room C
525 23rd St. N.W., Washington DC. 20037

More information will be sent

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[5] Araujo de Carvalho I, Epping-Jordan JA, Pot AM, Kelley E, Toro N, Thiyagarajan JA & Beard JR. Organizing integrated health-care services to meet older people's needs. WHO 2017: https://www.who.int/ageing/health-systems/icope/icope-consultation/ICOPE-Global-Consultation-Background-Paper-1.pdf?ua=1

[6] Philp I, Tugay K, Hildon Z, S Aw, Jeon Y-H, Naegle M, Michel J-P, Namara A, Wang N, Hardman M. Person-centred assessment to integrate care for older people. WHO 2017: https://www.who.int/ageing/health-systems/icope/icope-consultation/ICOPE-Global-Consultation-Background-Paper-2.pdf?ua=1

[7] Pot AM, Briggs AM, Beard JR. Healthy Ageing and the need for a Longterm-care system. WHO 2017: https://www.who.int/ageing/health-systems/icope/icope-consultation/ICOPE-Global-Consultation-Background-Paper-3.pdf?ua=1

Obituary for Moyses Natan Honigman

By Isabel N. Kantor

It is with great sadness that we report the death of Moyses Natan, which occurred in Rio de Janeiro on 29 May. He was born in 1932. He followed a career of Veterinary Medicine, graduating from the Faculty of Veterinary Medicine of the Fluminense Federal University. He joined PAHO/WHO in 1957. He served at the Pan American Foot-and-Mouth Disease Center. He collaborated and published several research papers in the 1960s-70s, some of which have been frequently cited in international literature on the transmission of viruses from animals to humans.

In 1980, he was appointed Head of Field Services, at PAHO/WHO's Pan American Zoonoses Center (CEPANZO) in Argentina. It was there that we met Dr. Natan. Between 1980 and 1985, where he developed an active and continuous collaboration with and support to the Zoonotic Disease Control Programs, in Argentina and in several countries of the Region. He proved to be a natural leader in his developing and coordinating teams. He had the ability to interact with simplicity and sympathy with authorities, professionals and technicians, making the work objectives clear and driving the progress of cooperative projects in Public Health and Animal Health. He seemed to avoid standing out; on the contrary he always tried to highlight the work of his colleagues and collaborators with whom he also expressed solidarity in difficult moments.

He was in charge of CEPANZO (1981-82) and in 1985 he moved to PAHO/WHO HQ Office in Washington, serving as Regional Advisor in the Veterinary Public Health Program, where he remained until 1988, when he retired, returning to Brazil, his country, always in the company of his beloved wife Paulina, who, in the note in which she communicated the death of Natan she summarized his life as: *Ele foi muito dedicado a profissão, à família e aos amigos.* N

In Memoriam

DEATHS IN 2019 NOT PREVIOUSLY REPORTED

Teófilo Partida	**20 March 2019**
Olinda Glorioso	**29 June 2019**
Margarita Tio-Quintana	**30 July 2019**
Raymond Collins	**22 August 2019**
Jaime Alyalde	**23 August 2019**
Guadalupe González Kreysa	**10 September 2019**

CREDIT UNION NEWS
PAHO/WHO FCU

GLOBIES

GLOBIES WINNER | JUNE 2019

Harold Ruiz Perez Castañeda

Nominated by a PAHO/WHO co-worker, Harold was praised for his commitment to his work and the kindness he shows toward those he meets on his consistently grueling travel schedule as a multimedia technician with the PAHO/WHO Department of Communications.

Even when filming in dangerous and sometimes hostile locations, Harold never brushes aside humanity or the needs of others. He's the guy getting up at 2:30 AM to travel to a malaria screening location, sleeping on the floor amid a cholera outbreak to interview real people in Haiti, exposing the horrors of adolescent abuse and trafficking around the world, or buying and delivering a toy to a neglected child. His dedication has and continues to help others.

In addition to winning a Globies Award with his name on it, Harold has chosen Nueva Vida whose mission is to inform, support, and empower Latinas whose lives are affected by cancer to receive the $1,000 donation from PAHO/WHO FCU. And instead of taking the $700 prize for himself, he has selflessly chosen to give it to another of his favorite charities, Clinica del Pueblo who mission is to build a healthy Latino community through culturally appropriate health services, focusing on those most in need.

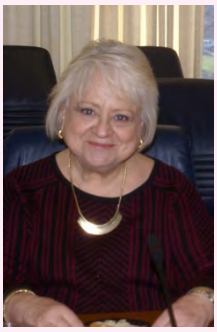
Make your nomination for the Globie Awards and learn more at pahofcu.org/globies.

PAHO/WHO Federal Credit Union
Celebrating 70 Years of Service

*See all the rules and regulations at pahofcu.org/globies

Where are they now?

By Luzmaría Esparza



When we retire, it is like being pushed to live in the present and to forget the past. They give us a thousand recommendations for us to feel happy, to accept illnesses and behave according to how we feel and not our true age so that we feel more productive.

In my chess way of thinking, that I have followed since childhood, I came up with the following saying:

Chess II

I want to be the queen of the board
Move everywhere without saving face
Protect the king
Let the slaves limit the king
Let me walk along the paths that I like
Search for adventure
Endure the stumbling blocks
And die at ease.

A good friend told me, No, Luzmaría, you should not want to be like that. You are already like that.

When I had time at my disposal, I dedicated myself to breaking down social barriers and investigating other paths, and by exploring creativity through art I began my "new direction".

There were classes of Restoration and Preservation of Art at the OAS Museum; painting, drawing, collage and printing classes at the Smithsonian, Torpedo Factory, Corcoran, and Montgomery College. These, coupled with travel in Latin America, Europe, some countries in Africa and others such as China, India, Thailand, and Nepal, made me admire different cultures and I began to acquire paintings, prints, crafts, and,

without thinking, my house became just like a small museum that comforts me all the time.

Another interest that I have been pursuing since I was a child is recitation, poetry, acting, and for many years I have been actively participating in the Teatro de la Luna; and I am currently Vice President of its Board of Directors. At the Teatro de la Luna there are acting classes, theater for children and adults, stand-up theatern, and the Poetry Marathon is organized annually, in is presented in the Library of Congress in which poets from many countries participate. To reinforce all this, fourteen years ago we have formed a reading group in Spanish, which helps us maintain our mother tongue and not lose contact with our roots.

But not everything is cognitive. Playing is an essential part of being human and for that, with a group of friends we formed a group that we call “gamblers”; we rotate in which of our homes we will meet to play cards, and this experience gives us a great feeling of friendship.

At this stage of my life, 4 little ones have made me: Grandma! What happiness it brings me to again observe the innocence of childhood, lie on the ground and play with them, see their interests and growth ... this is priceless.

But as the immigrant that I am, I keep one foot in my house and the other in my beloved Mexico. The contact with my family and my friends from childhood and youth continues to flourish. This is group of friends that I have had for almost 26 years; we call ourselves “kids”. We communicate daily on WhatsApp, we travel together, and I count on them in good times and in bad. They fill me with love and happiness.

As for the Washington community, I have voluntarily taught adults who never had the opportunity to learn to read and write. My eyes fill with tears at seeing young people and adults in these circumstances.

To cooperate with the artists and poets, my house has become a support center for framing, holding small gatherings for their exhibitions and letting them stay for whatever time they need to thrive and complete their missions.

So as retired, I enjoy the present as I have enjoyed the past, and I will continue to enjoy every day and night of my life. ℵ

Climate change and its impact on health: the role of WHO

By *Lindsay Martínez*

Climate change has consequences which are experienced in different ways and to differing degrees everywhere on the planet. Global warming may be of some benefit in colder areas, but overall it is proving to be increasingly harmful and destructive. Studies of climate change some 30 years ago focused mainly on climatic conditions and the effects on ecosystems and biodiversity, and it took a few more years for the implications for human health and well-being to become fully recognized. Understanding of the links between climate change and health has greatly increased in recent years. This article considers the health impact worldwide and how WHO is addressing the new challenges that it entails.

The changing climate

Global warming is driven primarily by fossil fuel combustion. The quantities of greenhouse gases (CO_2 and others) thus released are sufficient to trap extra heat in the lower atmosphere. In general, rising temperatures are expected to reduce the duration of extremely cold periods and increase the frequency and length of extremely hot periods. The impact will vary depending on regional characteristics, but it is evident that extreme weather events are becoming more frequent and destructive around the globe. Warmer air temperatures cause increased evaporation of water, leading to increased precipitation which may take the form of rain or even snow in different regions, resulting in floods and landslides. In warm dry regions evaporation can lead to drought, desertification,

The plight of polar bears, facing destruction of their unique habitat as Arctic sea-ice melts, illustrates the fact that climate change affects the environment of all living creatures on this planet. In this issue we look specifically at the impact on the health and well-being of human populations around the world, and how WHO is addressing the challenges. *Photo: ©Caters News Agency*

or unstoppable wildfires. Rising sea temperatures are causing expansion of hurricane-prone zones, and tropical cyclones are expected to become more intense and damaging. Melting of glaciers is causing sea levels to rise, leading to coastal erosion and threatening populations in low-lying territories and islands. These trends will have increasingly harmful impacts on health and more broadly on human society and affect all forms of life on this planet.

Extreme weather events have always occurred but now it is estimated that global warming due to human activity is making them 3 times more likely. In just the first quarter of 2019 severe weather events were experienced on every continent, including in: Australia (highest temperatures, driest January on record, devastating wildfires in Tasmania); Argentina (record high temperatures with wildfires in Tierra del Fuego, record rainfall and extensive flooding in the north); Chile (exceptional rainfall in the Andes, severe floods and damage); Bolivia, Peru and northern Chile (extreme heatwave and drought, followed by torrential rain with floods, casualties and widespread damage); Canada (extreme cold in large areas, record snowfalls in Ottawa); USA (influx of arctic air in Upper Midwest and Northeast caused severest winter conditions on record); Europe (record snowfalls in the eastern alpine regions of Austria, Germany and Switzerland); Eastern Mediterranean and parts of the Middle East (exceptional cold front caused widespread dust storms); Iran (torrential rainfall in record quantity and duration, with flooding and landslides); Pakistan and NW India (exceptional rain and snow falls caused widespread damage and casualties); Mozambique, Malawi and Zimbabwe (tropical cyclone *Idai* caused unprecedented devastation, injury and loss of life). The series continues through 2019.

The consequences for health

Climate change is the greatest health challenge of the 21st century, stated WHO in its Special Report for the UN COP24 conference in 2018. Experts predict that climate change will increase the threats to health worldwide, particularly in lower income populations and in tropical and subtropical regions. The health impacts are diverse. They include the direct effects of severe weather events, the indirect health consequences of environmental changes, and the multiple health problems experienced by populations displaced by climate-induced disruption.

The specific effects on health attributable to climate change include, but are not limited to, the following. Air pollution due to fossil fuel combustion causes around 7 million deaths annually, with residents of densely populated areas most vulnerable. High air temperatures also raise the levels of ozone and other toxic pollutants of the air which exacerbate cardiovascular and respiratory illness, especially in older people, and accumulation of air-borne allergens increases the incidence and severity of asthma.

Harvesting crops in Bangladesh. Communities dependent on small-scale agriculture are hardest hit by crop failures. Young children suffer most from the resulting malnutrition which impairs physical and mental development and increases their vulnerability to infection. *Photo: World Bank Photo Collection / Flickr*

Heatwaves cause heat stress, dehydration and heatstroke, to which elderly people are particularly vulnerable, and can be fatal. Rising temperatures are enabling the insect vectors of diseases, such as those which transmit malaria and dengue, to extend their

territory to previously unaffected areas and populations. Droughts result in famines, with children most vulnerable to the effects of undernutrition and lack of safe drinking water. Desertification destroys agriculture, food and water sources, forcing people to abandon their homes. Coastal erosion is another cause of population displacement, hardship and ill health.

Storms and floods cause injury, loss of life, contamination of drinking water, destruction of infrastructure and difficulty of access to health services; floods are frequently followed by infectious disease outbreaks, notably cholera and other diarrhoeal diseases. These and other results of global warming have harmful consequences for health and well-being, both in immediate health impact, injury and loss of life, and often with life-long sequelae, particularly for mental health. They also bring an enormous financial burden, with direct health impact alone estimated to cost USD 2 to 4 billion per year by 2030.

The global response

Mobilization of a global response began in 1988 with the establishment of the Intergovernmental Panel on Climate Change (IPCC) by United Nations Environmental Program (UNEP) and the World Meteorological Organization (WMO), mandated to

The most direct link between climate change and ill health is air pollution which is caused mainly by burning fossil fuels for power, transport and industry. The resulting air pollution is a major cause of illness and premature death worldwide. *Photo: WHO (COP24 Special report: health and climate change)*

assemble and review the published scientific evidence on climate change, the effects of human-induced changes, and the available options to lessen the impacts of climate change. The 3rd IPCC Assessment Report in 2001 highlighted the consequences for human health, setting out the types of impact to be expected. Little progress in reducing harmful emissions was made in the following years but new impetus was given to global efforts by the Paris Climate Agreement in 2015, ratified by 183 countries committed to strengthen the global response to climate change, with a key objective to limit global warming to not more than 1.5 °C above pre-industrial levels. But in its most recent report in 2018, the IPCC warns that global warming is worse than predicted and stresses the need to maintain strong commitment to the goals set in Paris.

The UN Framework Convention on Climate Change (UNFCCC) was adopted in 1992, in order to bring countries together in a concerted global effort to curb greenhouse gas emissions and adapt to climate change. The Conference of the Parties (COP) meet annually to negotiate multilateral responses to climate change. The Paris Agreement was signed during the COP23 meeting, and in 2018 a call to action on climate and

health was issued for COP24 by medical organizations and professionals in 120 countries. Now in 2019 widespread concern and impatience with inadequate government action is being expressed in large-scale public demonstrations in numerous countries. To highlight the urgency of the situation, and that there is still just enough time left to prevent a global disaster if the necessary measures are implemented rapidly, the UN Secretary-General is convening the *UN Climate Action Summit 2019 – A race we can win*, to be held in September with representation from business, finance and civil society.

The role of WHO

CLIMATE AND HEALTH COUNTRY PROFILE – 2015
MEXICO

World Health Organization

United Nations Framework Convention on Climate Change

OVERVIEW

The United Mexican States is an upper-middle income country and the second largest economy in Latin America [World Bank Country Profile, 2015]. Its economy continues to grow at a moderate annual rate, though over half of the population continue to live under the national poverty line and around 60% have been affected by natural disasters at some point in their lives [Mexico INDC, 2015].

Mexico has a varied climate and is divided by the Tropic of Cancer, resulting in both temperate and tropical areas. Hurricanes often occur between June and November, with the most destructive hitting the eastern coast.

Climate change may lead to increased temperatures and more variable precipitation patterns which is likely to most negatively affect poorer and indigenous communities whose livelihoods are threatened by environmental changes. Extreme events, such as floods and hurricanes, may lead to increased mortality and morbidity.

Mexico has shown ambitious commitment to climate change mitigation. In 2012, Mexico became the first developing country to introduce a comprehensive law on climate change. It is now seen as a global leader on climate change, and has established institutions to decrease greenhouse gas emissions and strengthen the country's adaptability [Mexico INDC, 2015].

SUMMARY OF KEY FINDINGS

- In Mexico, under a high emissions scenario, mean annual temperature is projected to rise by about 5.0°C on average from 1990 to 2100. If global emissions decrease rapidly, the temperature rise is limited to about 1.4°C [page 2].
- In Mexico, under a high emissions scenario, and without large investments in adaptation, an annual average of about 252,600 people are projected to be affected by flooding due to sea level rise between 2070 and 2100. If global emissions decrease rapidly and there is a major scale up in protection the annual affected population could be limited to about 400 people. Adaptation alone will not offer sufficient protection, as sea level rise is a long-term process, with high emissions scenarios bringing increasing impacts well beyond the end of the century [page 3].
- In Mexico, under a high emissions scenario heat-related deaths in the elderly (65+ years) are projected to increase to about 54 deaths per 100,000 by 2080 compared to the estimated baseline of about 3 deaths per 100,000 annually between 1961 and 1990. A rapid reduction in emissions could limit heat-related deaths in the elderly to approximately 11 deaths per 100,000 in 2080 [page 4].

OPPORTUNITIES FOR ACTION

Mexico has an approved national health adaptation strategy and is conducting a national assessment of climate change impacts and vulnerability on health. However, the country has important challenges to address climate change in the following areas:

- Promote, with the support of international cooperation the transfer of technology to strengthen the capacities of the health sector in terms of early warning systems.
- More research to assess the vulnerability of health and national, regional and local impacts of climate change on health, focusing more efforts on training the staff of local institutions to have critical mass in the subject.
- To improve cooperation and coordination within and between sectors, to increase human resource capacity and financial resources, to promote training and exchange among Latin American countries.
- Training for decision makers, technical and operational staff of vulnerability, risk management, development of indicators and complex systems.
- Estimate costs to implement health resilience to climate change.

DEMOGRAPHIC ESTIMATES	
Population (2013)[a]	123.74 million
Population growth rate (2013)[a]	1.3%
Population living in urban areas (2013)[b]	78.7%
Population under five (2013)[a]	9.4%
Population aged 65 or over (2013)[a]	6.2%
ECONOMIC AND DEVELOPMENT INDICATORS	
GDP per capita (current US$, 2013)[c]	10,173 USD
Total expenditure on health as % of GDP (2013)[d]	6.2%
Percentage share of income for lowest 20% of population (2010)[c]	4.9%
HDI (2013, +/- 0.01 change from 2005 is indicated with arrow)[e]	0.756 ▲
HEALTH ESTIMATES	
Life expectancy at birth (2013)[f]	75 years
Under 5 mortality per 1000 live births (2013)[g]	15

a World Population Prospects: The 2015 Revision, UNDESA (2015)
b World Urbanization Prospects: The 2014 Revision, UNDESA (2014)
c World Development Indicators, World Bank (2015)
d Global Health Expenditure Database, WHO (2014)
e United Nations Development Programme, Human Development Reports (2014)
f Global Health Observatory, WHO (2014)
g Levels & Trends in Child Mortality Report 2015, UN Inter-agency Group for Child Mortality Estimation (2015)

The impact of climate change is multifaceted, affecting a range of the essential sectors that underpin human society. WHO and several other UN Agencies are engaged in the global multidisciplinary effort to combat the causes and reduce the consequences of climate change. Inter-agency cooperation has been necessary from the start. WHO became involved when the IPCC requested a chapter on human population health for its 2nd Assessment Report, published in 1996, and in 1997 WHO was invited to join a UN inter-agency programme, termed "climate agenda", set up to integrate all major international climate-related activities.

The joint WHO UNFCCC project *Climate and Health Country Profiles* aims to raise awareness of the health impacts of climate change around the world. The profiles provide country-specific estimates of current and future climate-related hazards and the expected health burden. So far, profiles of 47 countries have been prepared and these can be accessed in full at https://www.who.int/globalchange

The priority that WHO has given since then to the health impact of climate change was enshrined in the first WHA resolution (51/29) on this subject in 1998 which included, in brief, (i) urging Member States to take account of environmental changes in their plans for sustainable development, develop strategies to adapt to the health consequences of climate change, raise awareness and promote action to limit global warming, and encourage capacity building in these areas, and (ii) requesting WHO to

further develop its relations with the relevant UN agencies, collect and review epidemiological information to support policy decisions, identify and promote research priorities, and secure adequate resources for these activities. WHO's mandate in this field was reconfirmed and further elaborated in a subsequent WHA resolution (61.19) in 2008 which set out a series of specific action points, including on assessment of health risks, implementation of response measures, and integration of health measures in plans for adaptation to climate change. In 2009 WHO held a global consultation to identify the research needed to develop evidence-based guidance concerning the health risks and adaptation to the changing environment. Also in 2009 WHO held a side event during the UN COP15 conference which was important in demonstrating to a wide audience of senior ministers and scientists how WHO was involving the health sector in responding to climate change challenges.

Since then, there have been numerous international, regional and national consultations and conferences, many devoted specifically to the health issues and others as sessions within events on different and broader climate-related topics. WHO convened the first global conference on climate and health in 2014, followed by others in 2016 and 2018. The World Health Report was devoted to this subject in 2002 and over the years WHO has published an extensive array of reports and information documents on the health consequences of climate change and the public health response to it. A new work plan in 2015 set out the actions relative to the key themes that have been central to WHO's approach, and in 2019 a broader strategy on health, environment and climate change was approved by WHA, in which the strategic objectives are aligned with several of the goals of the 2030 Agenda for Sustainable Development and implementation of the 2015 Paris Agreement.

Much has been done by WHO and other organizations to raise awareness of the harmful consequences of climate change, and to identify and promote what needs to be done to avert an impending crisis. But implementation is generally lagging and public demand for urgent action is growing. WHO has given high priority to the health impacts of climate change, and Dr María Neira, Director of the *Department of Public Health, Environment and Social Determinants of Health (PEH)*, kindly agreed to discuss the progress so far and what lies ahead.

Dr Neira's comments

The main success that WHO can claim so far is in producing solid reliable evidence on the health impacts of climate change. This evidence is widely trusted and now being used by other agencies and stakeholders as well as the health sector. Recognition of the damage to health worldwide is influencing the energy sector and triggering action to replace fossil fuels by clean and sustainable energy sources. The evidence that air pollution causes around 7 million premature deaths annually led to a dramatic change of policies. Some of the risk factors that threaten the environment are modifiable, including climate change, so it is essential to include it in the agendas of other sectors (such as water and sanitation, agriculture, transport, environment…). In the most vulnerable settings, people facing urgent health problems or imminent danger may not

see climate change as an emergency, but the environmental context is more readily understood by policymakers.

There is now a huge demand from countries for help in dealing with the climate-related health threats. In response, WHO is promoting two approaches – adaptation, to make health services resilient to climate change by better preparation and reinforcing core public health measures, and mitigation through primary prevention of the causes of climate change. Air pollution is critical, and its reduction would have an enormous health impact, particularly on non-communicable diseases. A recent encouraging sign for the future came from the energy sector and the SDG 7, with recognition of the need to increase access to clean energy for health-care facilities, and a global platform for action on "Energy and health" is about to be launched. There is a long way to go, but if the Paris Agreement is implemented as planned, it could be seen as an exceptionally ambitious global public health treaty.

Commitments are necessary but priorities need to be translated into investment and action, with policy decisions taken accordingly. Even within WHO, it may surprise readers that at present only 3% of the total global budget is allocated to environmental determinants and climate-related health. Fund-raising is an ongoing challenge and lack of resources is delaying what could be done.

Conclusion

As this overview indicates, WHO is successful in raising awareness of the harmful effects of climate change for human populations, in providing solid evidence on the health risks, and in influencing policy decisions in the health and other essential sectors. But there is clearly an unmet urgent need for more investment and decisive action to tackle the causes of climate change. Governments and major industrial producers and users of energy have a crucial role – and we should all be aware that efforts by individuals are also essential.

Our very appreciative thanks to Dr Neira for her valuable contribution, bringing the story of WHO's involvement in this exceedingly important field right up to date. We wish her, and her colleagues, success in promoting and accelerating the action that is so urgently needed. N

Things to Remember

Your opinion is important

The AFSM Board and committee coordinators would like to know about the expectations 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 emails to:

afsmpaho@gmail.com

You can also write to:

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

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Please refer to AFSM Directory and be certain that all your personal contact information is correct. Visit AFSM web site and find details on who to write to, depending on the matter you want to inquire about or inform us of. We also encourage you to provide us with updates of your address, email or 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 by postal mail to PAHO Headquarters in Washington DC or, preferably, by email to:
afsmpaho@gmail.com

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