



NEWSLETTER

OF THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOLUME X NO. 1

SUMMER 2000

OFFICERS FOR 2000

The Board of Directors elected officers for the year 2000 on 28 March 2000, as follows:

Jaime Ayalde	President
Hans A. Bruch	Vice President
Jean S. Surgi	Secretary/Treasurer
Hortensia Saginor	Social Activities
Hans A. Bruch	Membership
Danelia Dashiell	Member-at-large
Carlos Gamboa	Member-at-large
Carlos Garcia	Member-at-large
German Mora	Member-at-large

Since that meeting, Carlos Gamboa moved from the area and Jose Romero Teruel was selected to fill his member-at-large position.

ANNUAL MEETING

The Tenth Annual Meeting of the Association of Former PAHO/WHO Staff Members (AFSM) was held in Room 1017 at PAHO Headquarters on 16 November 1999, with 32 members in attendance.

Editorial Committee

Hans Bruch	Jean Surgi
Carlos Garcia	Jose Teruel
Henning Jensen	
Jaime Ayalde, ex officio	

Also present were Mr. Eric Boswell, Chief of Administration, representing the Director; Dr. Carol Collado, representing Dr. Martha Pelaez of the Unit on Aging and Health; Mr. Michael Custy, representing Dr. Diana LaVertu, Chief of Personnel; Ms. Guadalupe Bowling and Ms. Kay Tallon, of Staff Health Insurance; Mr. John Ford and Ms. Carla Decker, of the Credit Union; Ms. Ana Kaul, of Staff Training; Mr. Gustavo Strittmatter of the Staff Association; and Mr. Abbas Ordoobadi, of the Association of Former International Civil Servants.

Guest speakers Dr. John Feather, Director of the Andrus Foundation, the research support affiliate of the American Association of Retired Persons (AARP), and Dr. Alicia Amate, a member of AFSM, were also present.

Welcome by the President: Jaime Ayalde welcomed the members and introduced the visitors present.

Welcome on Behalf of the Director: Mr. Eric Boswell, Chief of Administration, welcomed the group on behalf of the Director, Dr. George A. O. Alleyne, who was traveling. Mr. Boswell noted that he had only been at PAHO for a little more than a year. He had previously had a 27-year career as a U.S. Foreign Service Officer, serving mainly in the Middle East with a specialty in administration and management.

At the request of the Director, Mr. Boswell spoke about the current budget situation at PAHO, which for years has been dealing with

“flat budgets”—budgets that don't increase. This results in having to absorb inflationary costs, offset by program cuts. In 1998 WHO modified its traditional allocation of funds, resulting in a reduction (\$16 million over the next three years) in the amount provided to the Region of the Americas. In 1999 Director-General Gro Brundtland was not granted a requested increase in quotas.

Dr. Alleyne then decided to ask the Directing Council of PAHO for a budget increase, a courageous step since, with a very few, small exceptions, no UN agency, including WHO, has been able to get a budget increase for years. It was also in face of strong opposition from the largest contributor, the United States. At the Executive Committee in June, he presented a budget with a 5.2% quota increase. This was approved but with many reservations.

So he "tweaked" the budget some more and went to the Directing Council in Puerto Rico in September requesting a 3.9% increase, which was approved by a vote of 33 to 1, with only the U.S. opposing. The next question is if the countries will come up with the money.

Mr. Boswell said that the Director made it very clear to the Directing Council that he will be asking for more increases in the future. He believes that one of the reasons that PAHO won this battle is because it has a very good reputation in the UN system and in the United States for excellent management and tight internal controls. Because of this, the Director had credibility when he asked for an increase and thus succeeded.

Approval of Agenda and Minutes: The presence of a quorum was noted. The agenda for the Tenth Annual Meeting and the minutes of the Ninth Annual Meeting, 17 November 1998, as distributed in advance of the meeting, were approved.

Report of the President: Our Association has reached the “mature” age of ten years and I would like to take this opportunity to thank

present and past members for their active participation, without which we could not have reached this momentous marker in our history. The list is long, and if I attempt to mention individual names I may run the risk of being unfair to others.

The idea of having an association of former staff members was in the minds of many of our colleagues. But the first steps to bring that idea into reality were taken by Maria Helena Irwin, who sent letters to a number of fellow PAHO retirees promoting the idea and inviting a group of interested individuals to her home in McLean VA for the first, unofficial, meeting of the Association. PAHO's administration was very supportive of the idea and provided meeting places and seed money for its initial functioning, under the leadership of Hans A. Bruch as ad hoc president during the preparatory phase.

The First Annual Meeting was held in November 1989, and was attended by some 25 members, who elected the first Board of Directors. In turn the Board confirmed Hans as President, a position he held for five years.

The Association went through the expected growing pains, which involved drafting and adopting bylaws, organizing and keeping in regular function the internal governing bodies (the Board of Directors), designing means of communication with the membership (Newsletter), identifying areas where action was needed and possible to execute, and maintaining links with the Organization and with sister associations of the international community.

The Association has organized seminars on various subjects, such as health insurance, long-term health care, irrevocable living trusts, and hearing aids. It has also contributed to the preretirement seminars presented by PAHO.

Through the Newsletter, important information has been disseminated on subjects of interest to the retirees, and through a directory attempts are made to facilitate communication to and

among members. Information originated at PAHO's Administration that may be of interest to the membership is also distributed either via the Newsletter or by urgent flyers when the need arises.

Through full representation, with voice and the right to vote, on the Regional Committee of the WHO Health Insurance Surveillance System, AFSM has promoted matters of interest to retirees.

Former PAHO and WHO staff residing in any country of the Americas, as well as PAHO former staff residing elsewhere, are eligible to become members of the Association. In practice there have been some operational restrictions due to insufficient infrastructure to support a rapid expansion.

Nevertheless, we are happy to report that the Association started with 25 members 10 years ago, mostly from the Washington metropolitan area; by 1998 we had expanded to cover the rest of the United States and Canada, plus the English-speaking Caribbean, for a total of some 450 members; and in 1999 we successfully promoted the expansion of membership to Spanish- and Portuguese-speaking countries of Latin America, with the result that the total number is now in the neighborhood of 600 former PAHO/WHO staff members. It is interesting to note that we have members residing in 26 countries of the American Region, in five countries of Europe, and in one country of the Western Pacific Region.

During the year we continued to organize social gatherings, under the efficient coordination of Hortensia Saginor.

Finally, let me once again record our appreciation to Dr. George A. O. Alleyne, Director, for his support to the Association; to Dr. David Brandling-Bennett, Deputy Director; to Dr. Mirta Roses Periago, Assistant Director; to Mr. Eric J. Boswell, Chief of Administration, and to Dr. Diana Serrano LaVertu, Chief of the

Department of Personnel and their staff for the support that the Organization is giving to us.

Report of the Treasurer: The Treasurer, Renate Plaut, noted that the current fiscal year goes from 1 January to 31 December of a calendar year. This means that up to now only an interim report can be presented at the annual meeting in November. An amendment to the bylaws will be proposed later on during this meeting, and this will change the fiscal year to run from 1 October to 30 September of the following year, thereby allowing a final report of the treasurer at the annual meeting every year.

The Treasurer had not prepared a detailed interim report but stated that, as noted by the President, current assets are over \$24,000, a net increase of assets over expenditures of more than \$6,000 during this year. In 2000 we can anticipate a smaller increase due to the number of members who have already acquired lifetime and 10-year memberships, offset to some extent, we hope, by an increase of membership in Latin America.

Comments and Questions: Carlos Garcia, on behalf of the membership, thanked Renate for her service to the Association, not only as Treasurer but also in other areas. Renate responded with her appreciation for the kind words and hoped that several projects close to her heart would continue, especially the preretirement seminars. Ms. Ana Kaul, Chief of the Staff Development Unit, noted that the next such seminar would be held in December 1999 and January 2000. It was suggested that financial planning seminars be held well ahead of the time of retirement, as this planning might be too late if postponed until retirement.

John Ford, President, and Carla Decker, CEO of the PASB Federal Credit Union, noted that preparations for Y2K were all in place. Computer programs had been modified and tested, and provisions for temporary space had been arranged, in the event that the Watergate Building had to be closed for lack of water or

electricity. Hard copies of all accounts would be prepared on 31 December, so the work could continue without computers if necessary. They also noted that the Credit Union would be on-line on the Internet in 2000.

Mike Custy, representing the Department of Personnel, answered a question related to a survivors' receipt of a UN pension. Since the rules had been changed to permit the continuance of a survivor's pension after remarriage, would pensions that had been discontinued in the past upon remarriage now be reinstated? Mr. Custy said he did not know the answer but would investigate.

Guadalupe Bowling, Chief of the Staff Health Insurance Unit, noted that the Health Insurance Fund is in a sound financial position. Since many people had asked the question, she indicated that SHI will not reimburse the cost of Viagra. There may be changes in the Health Insurance rules next year when there is a joint committee meeting in Geneva.

Hans Bruch urged cooperation of all retirees in planning and carrying out the programs of the Association. The group is 10 years old and should be doing many more things, but it needs more input from the membership in order to do them.

It was suggested that AFSM look into the possibility of using PAHO Internet facilities — setting up a Web Page, publishing information, and using electronic mail as a substitute for regular postal services.

Amendment to the Bylaws: Jean Surgi, Secretary, read the proposed amendment to Article IX, Fiscal Year "Effective in the year 2000, the fiscal year of the Association shall begin on the first day of October each year and end on the last day of September of the following year." The motion to amend was made, seconded, and approved unanimously.

Election of Members of Board of Directors: Jaime Ayalde indicated that the terms of office

of three Board members—Danelia Dashiell, Carlos Garcia, and Hortensia Saginor—were expiring at the end of the year and that all three had agreed to be nominated to new terms of office. The three were elected unanimously. Carlos Garcia, representing the nominating committee, noted that two Board members were resigning—Flora Early and Renate Plaut. Carlos Gamboa and German Mora had agreed to be nominated to fill the unexpired terms, and they were elected unanimously.

Other Business: Jaime Ayalde announced that the first meeting of the new Board would be held on Tuesday, 25 January, at 10:00 in the Chess Room at Headquarters, at which time officers would be elected for the year 2000.

Adjournment: The meeting was adjourned at 11:45 and most of the members in attendance joined in a luncheon provided by AFSM.

SUCCESSFUL AGING

During the 10th Annual Meeting of AFSM, Dr. John Feather presented the subject of "Successful Aging". Dr. Feather has an impressive background in the fields of aging studies, geriatrics, and gerontology. He is a sociologist by training and is currently Director of the Andrus Foundation of AARP.

Dr. Feather spoke about some of the most important research that has been going on in the field of aging over the past 10 years. There has really been a revolution in the way people think about the aging process, and this is summarized in a book, "Successful Aging," by Drs. John Rowe and Robert Kahn. (Dr. Feather presented AFSM with a copy of this, the most popular book this year at Amazon.com on health issues.) It describes six myths of aging, and Dr. Feather summarized these as follows.

First Myth: To be old is to be sick. In a whole variety of ways the health of older persons is improving, with a related decrease in the level of disability. In three areas that are precursors to many disease conditions, there has been

really dramatic progress: high blood pressure, high cholesterol levels, and smoking. There have also been technological changes, such as joint replacements, which have extended the mobility of the elderly. One study of people over 60 showed that these people do not have a pattern of long decline in their later years towards death. They tend to have a very long period of good physical and mental functioning followed by a quick illness leading to death. So they do not have a pattern of long disability, and "to be old is to be sick" is indeed a myth.

Second Myth: You can't teach an old dog new tricks. Studies have shown that increased mental activity leads to physical wellness. Three things seem to improve mental wellbeing: physical activity has a positive effect; social support and overcoming social isolation is extremely important; and a belief in self-efficacy—that you can make a difference in your own life—has great impact. Older people learn as well as younger people; they just learn at a different rate and they learn different things. It is easier for older people to learn from their peers, because this reduces the sense of embarrassment about lack of knowledge (for instance, about computers).

Third Myth: The horse is out of the barn. Many older people feel that if they have had bad habits—smoking, alcohol consumption—for a long time, there is no point in stopping. Research supports the fact that stopping at any age makes all the difference. When a smoker quits, his/her body is very forgiving. Within six months lung function returns to normal; within five years the chances of heart disease and stroke are identical between those who have smoked and those who haven't. The more serious illnesses of lung cancer and lung disease are not as easy to repair; however after 15 years the difference between smokers and nonsmokers disappears in terms of chances of lung cancer and other lung diseases. Similar findings relate to obesity and high blood pressure. An extremely important aspect for both physical and mental health is physical fit-

ness—any kind of physical activity that raises the heart rate 20 minutes three times a week.

Fourth Myth: The secret to aging is choosing your parents wisely. A Swedish study involving twins who had been separated when put up for adoption shows that other factors are much more important than genetics in successful aging. The major factors are avoiding disease, maintaining high physical and mental function, and continuing to engage in life. It determined that only 30% of physical aging and 50% of mental functioning was due to genetic differences. The main message is that you can do something about this and it is important that you continue to work at it.

Fifth Myth: The lights may be on but the voltage is low. This relates to such things as sex and intimacy in older age, a constant source of gags on TV shows. An AARP study shows that there is not an exponential decrease in sexual activity with old age. There is a gradual decrease, mainly a function of people losing spouses or partners. For those people who do have difficulties, there are drugs such as Viagra that can be of help.

Sixth Myth: Older people don't pull their weight. This is the "greedy geezer" stereotype, that older people take more from society than they give. It pits groups against each other—older people take money, which really should go to children. This is a very destructive argument. We are all in this together; if Medicare fails, my parents may have to turn to me. It is also the elderly who provide much of the caregiving in a family, for which they receive no pay. It has been estimated that replacing the caregiving done by older people for family members would take 3 million full-time caregivers. So older people do carry their weight.

PAHO Program on Aging and Health

At the 10th Annual Meeting of AFSM, Ms. Carol Collado, representing Dr. Martha Pelaez, of the Program of Family Health and Population, which is part of the Division of

Health Promotion and Protection of PAHO, briefly presented the program in this area.

Ms. Collado said that PAHO emphasis has been on raising consciousness and acquiring solid evidence about what it is that aging people want. An intensive study is being conducted in eight countries of the Region to provide a baseline of data. We are very conscious of the fact that throughout the Region older people are becoming primary caregivers for young children and adolescents. This helps the young people and engages the older ones as well.

She left several packets prepared by Dr. Pelaez and containing a PAHO document on "Salud de las personas de edad," a WHO article entitled "El envejecimiento: Como superar mitos," and a poster entitled "Envejecimiento en las Americas: Proyecciones para el siglo XXI."

Experiences of a PAHO Retiree

President Ayalde introduced the second speaker on "Successful Aging," Dr. Alicia Amate, a PAHO retiree and member of AFSM now living in her native Argentina.

Dr. Amate said she would not give a lecture but would describe her experiences of being retired and living in her country again. She prepared for her future life in advance, so she was prepared to be a retiree before she was a retiree. She feels lucky because she has really enjoyed every moment of her life. During the first two years of her retired life she took care of her mother, who had been in a nursing home in her last years. Then she returned to the U.S. and took care of her grandchildren while their mother (her daughter) studied for her Masters Degree. She very much enjoyed these opportunities to spend time with her family.

Then she started to call friends whom she had not seen for 30 or 40 years, when she was a very young doctor. She decided that if she worked again it should be with young people,

as people her age might feel threatened that she would take their jobs. She is working with community-based rehabilitation on a team on which the oldest person, next to her, is 35 years old. One thing she did not enjoy about her duties at PAHO was working with governments. Now she works with real people, with faces and names. She teaches them how to work with people, how to transfer technology.

This is probably the best time of her whole life because she is free to do whatever she likes how she likes. She can say what she feels to anybody. "I have my truth and this is my truth; if you don't like it it's not my problem, it's your problem. . . . My health is not my problem, it's my doctor's problem." Now she has time to enjoy museums, lectures, theater, and ballet and to travel extensively within Argentina.

She also described a foundation called Innovations for Health that includes other PAHO retirees living in Argentina and which works with universities and professional groups to provide new approaches to their public health problems. PAHO retirees are all working: "I can't remember one of us that is doing nothing." She said a funny thing is that everyone is very active in physical training and most of them have their own personal trainers.

She feels that her retirement is successful because she prepared for it, planned it. She does not feel like an old person, just a person in a different stage of life. "Everyone will not have the same experience I do. They have different thoughts or different backgrounds or different possibilities; but it is just a matter of enjoying life."

Alicia Amate asked what relationship AFSM had with retirees in the field. Renate Plaut noted that a large mailing had been sent out to retirees in the Health Insurance system, and that many had joined the Association. She suggested that a follow-up letter be sent to be sure that it has reached all persons who might be interested.

PERSONAL CORNER

Life after PAHO

Jenny Eybers decided to take early retirement, four years ago, to enjoy a new and exciting chapter of her life with her husband, Ken. Jenny loves to spend winters in Florida, basking in the sun, making new friends, and line-dancing.

Recently, Jenny and Ken joined Bretton Woods Recreation Center, a wonderful facility open to all PAHO active and retired staff, where she has found a new passion in life: GOLF. Besides helping her to stay fit and trim, golf provides an excellent opportunity to meet very interesting people from all corners of the world. Jenny has learned that despite her diabetes, which she keeps under control, she can play 18 holes of golf—a four-hour walk—at least twice a week.

Although Jenny loved her job and misses the everyday contact with her PAHO colleagues, she savors this stress-free life and is determined to master the many challenges posed by the game of golf. Her message to people about to retire or just retired is: not withstanding the many intellectual rewards ahead of you, find some physical activity that nourishes your body and soul and live your "golden years" to the fullest.

YOUR HEALTH MATTERS

by Jaime Ayalde

How are your LUTS? Just keep reading. This article is of interest to men and to the women who love them!

Prostate-related problems are back in the news. Just recently Mayor Rudolph W. Giuliani of New York abandoned his Senate race against First Lady Hillary Rodham Clinton convinced that his fight against prostate cancer is more important than politics (*Washington Post*, 20 May 2000). And a few days later Larry King conducted a television show with the participa-

tion of leading medical authorities in the field of prostate disorders and their treatment. He went on to say that he had been found to have higher than normal PSA values but that, upon further studies, cancer of the prostate was ruled out. Good for him! (PSA stands for the prostate specific antigens found in a blood test).

In a previous AFSM Newsletter (Vol. VI No. 1, Spring 1996) we mentioned other celebrities and political figures who decided to go public with this problem, including Senators Alan Cranston, Robert Dole and Ted Stevens and Mayor Marion Barry (*Washington Post*, 16 November 1995). The spread of this information has been instrumental in increasing public awareness in relation to prostate disorders, and in the increase of case detection aiming at early diagnosis and treatment. The purpose of this article is to review what has happened between then (1996) and now (2000).

Benign Prostatic Hyperplasia

Benign prostatic hyperplasia or BPH, a non-cancerous enlargement of the prostate gland, is the most common benign tumor found in men. BPH occurs more often in the West compared to Eastern countries (Japan, China). Symptoms related to BPH are present in about one in four men by age 55, and in half of 75-year-old men. By age 80 the symptoms become severe enough to require treatment in about 20% to 30% of cases.

The symptoms of BPH are referred to as lower urinary tract symptoms or LUTS. These include difficulty in starting to urinate, a weak stream, a sudden strong desire to urinate (urgency), urinary frequency, and the sensation that the bladder is not empty after finishing urination. BPH can prevent the bladder from emptying, and as it becomes more sensitive to retained urine, a man may become incontinent.

At times, men with BPH may suddenly become unable to urinate at all, even though their condition is responding to treatment. This requires treatment consisting of passing of a

tube through the penis into the bladder (catheterization). Factors that may trigger acute retention include: an extended delay in urination; urinary tract infection; alcohol intake; and the use of certain drugs, such as antidepressants, decongestants, and tranquilizers. Acute urinary retention is usually an indication for prostate surgery, but one study found that one-third of men who required catheterization for acute retention were able to urinate normally after the catheter was removed.

A careful medical history, digital rectal exam (DRE), and urinalysis are needed to exclude such conditions as urethral stricture and bladder irritation from causes other than BPH. Other tests that may be needed include uroflowmetry, urodynamic studies, imaging techniques, filling cystometry, and cystoscopy.

Decisions regarding treatment are based on the severity of symptoms, extent of urinary tract damage, the man's age, and his overall health. Each person must determine whether the symptoms bother him enough to merit treatment.

The treatment options for BPH include:

- *Watchful Waiting* is best for those with minimal symptoms.
- *Medication* with 5-alpha-reductase inhibitors such as Finasteride (Proscar) or Alpha-1-adrenergic blockers (terazosin or Hytrin) belongs here.
- *Surgery*. Prostatectomy is a common operation. Some 200,000 are carried out annually in the US Medicare population, more than 90% by transurethral prostatectomy or TURP. The simple prostatectomy in cases of BPH involves removal of only the inner portion of the prostate. (Note: In cases of cancer a radical prostatectomy has to be performed, removing all prostate tissue.)
- *Transurethral incision* of the prostate (TUIP) with electrical knife or laser. This procedure is done only in men with a small prostate.

- *Open prostatectomy* is the operation of choice when the prostate is very large.

- New research involves the use of *microwave energy*. This is called transurethral microwave thermotherapy (TUMPT). This energy heats and shrinks the prostate tissue (the patients have to wait as long as three to six months for maximal relief of symptoms but this procedure may produce fewer sexual side effects).

- *Thermal, Ultrasound and Stents* are also treatments under investigation.

- *Phytotherapeutic agents* such as saw palmetto for BPH have been very popular in Europe and are now being used in the U.S. These are over-the-counter medications. A recent study found that saw palmetto was superior to a placebo and equivalent to finasteride in reducing voiding symptoms.

Prostate Cancer

In the spring of 1996 we wrote that the American Cancer Society noted that in 1994 more than 200,000 new cases of prostate cancer were discovered and 38,000 men died of the disease in the U.S. Also in 1996 experts estimated that by the year 2000 the incidence of prostate cancer was expected to increase by 90%, and that prostate cancer deaths were expected to go up by 37%. The good news is that these figures have been revised downward. Now the American Cancer Society estimates that 180,400 new cases of prostate cancer will be diagnosed and that approximately 31,900 men will die of the disease in 2000.

At all ages, African-American men are diagnosed with prostate cancer at later stages and die of the disease at higher rates than white men. The incidence of prostate cancer among African-American men is the highest known rate in the world, according to CDC.

This cancer is most common among men aged 65 years or older. Because prostate cancer usually occurs at an age when other medical conditions, such as heart disease and stroke, may contribute significantly to the cause of

death, the actual number of men who die *with* prostate cancer rather than *of* it is unknown.

Currently, health practitioners cannot accurately determine which prostate cancers will progress to become clinically significant and which will not. Thus, widespread screening and testing for early detection of prostate cancer are not scientifically justified at this time.

The US Preventive Services Task Force (USPSTF) recommends against routine screening but stresses the need for "informed decision-making," acknowledging that patients who request screening should be given objective information about early detection and the potential benefits and risks of treatment. CDC supports the USPSTF recommendations.

Two commonly used methods for detecting prostate cancer available to clinicians are:

Digital rectal examination (DRE) has been used for years, starting at age 40. However its ability to detect prostate cancer is limited.

The prostate-specific antigen (PSA) is an enzyme measured in the blood. The PSA test was first approved by the FDA in 1986. A value below 4 is considered normal. Values in excess of 4 are like a yellow flag and indicate that additional tests or medical procedures should be performed.

If findings from DRE and/or PSA are suspicious for cancer, the *Transrectal Ultrasonography (TRUS)* is used to determine the size of the prostate, direct the needles used for biopsy, and identify areas of possible cancer to ensure that they are sampled.

When prostate cancer is suspected, *needle biopsies* of the prostate are carried out to obtain tissue for microscopic diagnosis. Almost three-quarters of all prostate cancers arise in the peripheral zone.

Prostate Cancer and Treatment Options

Health professionals are realizing that the question is not merely how a life can be saved, but also how quality of life can be preserved. Appropriate treatment options for men with prostate cancer are based on the stage of the cancer at the time of diagnosis, patient's age, the presence of other medical conditions, and aggressiveness of the tumor.

When Prostate Cancer has not Spread

Watchful Waiting or no immediate treatment is an option for men with prostate cancer because of the generally slow progress of this disease. When this option is chosen, the tumor is evaluated periodically for changes that suggest rapid growth. This option is often recommended for men who are believed to have insignificant cancers—tumors that are unlikely to spread during their lifetime—and for men who are unlikely to live for 10 years, even though they may have a significant cancer.

Dr. H. Ballentine Carter of the Johns Hopkins Medical Institutions uses the following guidelines for men up to age 75 who are in otherwise good health: PSA testing and DRE semi-annually, along with yearly transrectal ultrasound and prostate biopsy. After age 75, yearly ultrasound and biopsy are not performed routinely. Between visits, a man of any age should report to his doctor if he has blood in the urine, difficulty voiding, or new onset of pain.

Radical prostatectomy or complete surgical removal of the prostate is frequently used for patients younger than 70 years who are otherwise in good health. This operation was developed at Johns Hopkins about a century ago, but it was not popular because of a high frequency of impotence and urinary incontinence until Dr. Patrick Welsh developed a new anatomical or "nerve-sparing" approach that allows surgeons to remove the prostate with a lower chance of damaging structures important to erections and urinary control.

External Beam Radiation Therapy is an excellent treatment option for prostate cancer, especially for older men with medical illnesses that preclude surgery and for men with more advanced cancer that cannot be completely removed surgically.

Brachytherapy is another method of treating the prostate cancer with radioactive seeds implanted within the prostate (interstitial brachytherapy), but this method is not considered as effective as external beam radiation therapy.

Cryotherapy is accomplished by placing probes through the perineum and into the prostate. No long-term studies are yet available to demonstrate its effectiveness.

Hormonal therapy is reserved for men whose prostate cancer has spread to other tissues and cannot be completely eradicated by surgery or radiation therapy. By preventing testosterone from acting on prostatic cancer cells, doctors can temporarily cause the cancer to regress or at least to grow more slowly.

Surgical castration or removal of the testicles is the easiest and oldest way to interrupt the effect of testosterone on prostate cancer cells. This operation cannot be reversed and only about one-quarter of men in this category choose surgical castration, while three-quarters opt for medical treatment.

Additional recommended reading on the topic:

CDC/Prostate Cancer: Can We Reduce Deaths and Preserve the Quality of Life? At-a-Glance 2000

<http://www.cdc.gov/cancer/prostate/prostate.htm>

CDC/Cancer Registries: The Foundation for Comprehensive Cancer Control (Nov. 1999)

<http://www.cdc.gov/cancer/npcr/register.htm>

"Recent Trends in Prostate Cancer Incidence and Mortality," *Cancer Facts*. Dec. 1997

"Understanding Prognosis and Cancer Statistics." *Cancer Facts*, June 1997.

"Prostate Cancer among Different Races and Ethnic Groups." *Cancer Facts*, March 1996.

<http://cancernet.nci.nih.gov>

"Prostate Disorders," by Margolis and Carter. *The Johns Hopkins White Papers, 2000*, Johns Hopkins Medical Institutions, Baltimore MD.

OBITUARIES

Dr. Abraham Horwitz

Dr. Abraham Horwitz, 89, who served as Director of PAHO from 1958 to 1975 and was a world-renowned expert on health and nutrition, died at his home in Washington on July 10 of pneumonia.

A native of Chile, Dr. Horwitz's career in international public health spanned six decades. At the time of his death, he was president of the Pan American Health and Education Foundation and chairman of the International Vitamin A Consultative Group.

He received his M.D. degree from the University of Chile in 1936, specializing in communicable diseases and public health. He was a Rockefeller Foundation fellow in infectious diseases at the Herman Kiefer Hospital in Detroit in 1942 and 1943, and received a Master's of Public Health from Johns Hopkins University in 1944. He became director of the School of Public Health and served as professor of infectious diseases, bacteriology, and immunology at the University of Chile.

He began work at PAHO in 1950, working in Washington and field offices on smallpox eradication, before being called back to Chile to organize its National Health Service as its assistant director. He was elected Director of PAHO in 1958 and served four consecutive terms, during which he promoted the integration of health with economic development and successfully sought large capital investments in health and sanitation services in the Americas. He served as Director Emeritus from 1975 until his death.

The author of numerous articles on epidemiology, communicable diseases, preventive medicine, education in health, nutrition, and public health administration, Dr. Horwitz received many distinctions and awards, including the Bronfman Prize of the American Public Health Association, the International Health Leadership Award of the Global Health Council, and honorary doctorates from Johns Hopkins University and the University of Chile. He received decorations from the Governments of Bolivia, Brazil, Colombia, Chile, Ecuador, Haiti, Mexico, Panama, Paraguay and Peru.

As President of the Pan American Health and Education Foundation, a US-based non-profit collaborating partner of PAHO, Dr. Horwitz was instrumental in starting the PALTEX program, which provides affordable textbooks and instruments to medical students in Latin America and the Caribbean. An expert on malnutrition and vitamin deficiencies, Dr. Horwitz was chairman of the Committee on International Nutrition Programs of the National Academy of Sciences from 1978 to 1986, and chairman of the Subcommittee on Nutrition of the United Nations Administrative Committee on Coordination from 1982 to 1995.

He led the oldest international public health agency in the world through a time of sweeping political, technological, and social change covering the Cold War, the walk on the moon, the Alliance for Progress in the Americas, and the birth of sovereign nations throughout the Caribbean, always promoting the essential links between health and development.

In a recent interview, he said, "Health does not belong exclusively to doctors, just as wars do not belong only to the generals. Health is a social product that is everyone's responsibility. Therein lies the problem, since one needs viable, feasible, and harmonious planning that ultimately requires the cooperation of spheres of interest outside health—the environment, education, labor, housing, and tourism, to name only a few."

An expert on Vitamin A deficiency, Dr. Horwitz said:

The persistence of vitamin A deficiency anywhere in the world is cruel, because it exposes mothers and children to great risks; it is immoral, because it ignores basic human values; and it is unacceptable, because it is preventable.

Citing the fact that a significant percentage of the people of the Americas still lack access to health and drinking water, Dr. Horwitz said:

This is certainly a lamentable, shameful situation that should not exist. Political leaders are respectable human beings. I recognize that infrastructure requires investments, and that the resources are not always available in the amounts required to respond adequately to these challenges, even though we know their technical characteristics very well. At the same time, the process is political. Politicians have values that lead them to prioritize activities differently from the way many health experts would prioritize them. The task is not simple, although I believe that international organizations such as PAHO have the moral obligation to call the political world's attention to the responsibilities that today's leaders will incur if they do not invest in solving prevailing problems.

One of five children, of whom three became doctors, including two psychiatrists, Dr. Horwitz was born in Santiago, Chile, where he became interested in social problems and primarily in the achievement of health. He is survived by his wife, Cecilia, five stepchildren, and a number of nephews and nieces.

A memorial ceremony for Dr. Horwitz was held at PAHO on Friday, 14 July, at 4:30 pm. In his memory donations may be made to the Abraham Horwitz Award Fund at the Pan American Health and Education Foundation, 525 23rd St., NW, Washington DC 20037. Messages of sympathy may be addressed to Mrs. Abraham Horwitz at 4734 Massachusetts Avenue, NW, Washington, DC 20016.

Juana Aida Palma Ulloa

Our very dear friend and colleague, Juana Aida Palma Ulloa, died peacefully at George Washington University Hospital on Monday, February 7, 2000. Juana was a native of Lima, Peru, and was the beloved daughter of Maria M. Palma and the late Nestor R. Palma. Survivors include her sisters Olga, Zoila, and Elisa, her brothers Enrique, Hugo and Nestor, and many other relatives.

All of PAHO respected Juana, and all who knew her loved her. She served PAHO faithfully and with distinction for 25 years, not only in Washington but also in many different countries. Juana dedicated herself fully, not only to the technical goals of the Organization, but also to the needs of the staff, and for years worked tirelessly in the Staff Association.

Her fun-loving nature was well-known, and combined with her technical competence served her well in establishing good relations and successful programs in the Ministries of Health wherever she went. And she went to many places: While in PAHO her duty stations included Brazil, Paraguay, and Venezuela. The last years of her PAHO career were spent in Washington DC, and it was there that she was faced with the greatest challenge of her life: cancer. She battled that disease valiantly for 10 years. No one was more surprised than her doctors at the number of years during which she appeared to be winning the battle. Juana outlived even the most optimistic initial estimates of life expectancy after diagnosis, and lived every year of her life to the fullest.

Juana's professional career extended beyond PAHO. She graduated from San Marcos University in Lima, where she subsequently taught mathematics and health statistics at the School of Medicine. She also completed post-graduate studies in demography at the Latin American Demography Center (CELADE) in Chile. Many years into her PAHO career, she was seconded to the International Civil Service

Commission of the United Nations. While maintaining residence in New York, she traveled to many countries around the world, providing technical collaboration in support of the cost-of-living surveys that are so important to United Nations staff. And then she chose to return to PAHO, her first love.

After retiring from PAHO, the last thing on Juana's mind was slowing down. She became very active as a volunteer in a large number of church activities to help the Hispanic community of Virginia and Washington DC. She also worked countless hours to help people in need, in Peru and other countries, for example, in the coordination of disaster relief efforts following natural disasters in Peru. She served for seven years on the Board of Directors of AFSM.

A funeral mass was held on February 12 at St. Anthony's Catholic Church in Falls Church, Virginia, followed by interment at Pleasant Valley Memorial Park in Annandale, Virginia. Juana's family requested that memorial contributions be made to the American Cancer Society.

We loved you, Juana. You will always be with us.

by Edna N. Roberts

IN MEMORIAM

Since the last issue of the Newsletter, we have been informed of the deaths of the following colleagues. We extend our sincere sympathy to their families:

Yolanda Arteta, on 20 March 2000, in Virginia

James Oliver Bond, on 9 November 1999, in Sandy Spring, Maryland

Martin Vazquez Vigo, on 20 November 1999, in Argentina

UPDATE OF AFSM DIRECTORY

Attached to this Newsletter, we are providing an update to the AFSM Directory that contains new addresses, changes of address, e-mail addresses, or telephone numbers. Please keep these pages with your Directory.

ANNUAL MEETING
Week of 13 November 2000
At a restaurant
Lunch provided by AFSM!
Save the Date! Details Later!

PAHO HEADQUARTERS BUILDING RENOVATION

In early 1999, two serious leaks occurred due to corrosion of the water pipes serving the Headquarters Building heating/air-conditioning (HVAC) system. Several offices were rendered unusable for nearly a month, and there was extensive damage to the ceiling of the second floor lobby.

Engineering and architectural studies were subsequently commissioned to determine the extent of the problems in the building's mechanical systems and to recommend the necessary repair measures. Based on these findings, renovation of the building is proceeding as follows:

Heating and Air-Conditioning (HVAC)

The existing HVAC perimeter induction units and related piping are obsolete, in very poor condition, and require replacement as soon as possible. Replacement will require access to the existing hard plaster ceilings. An environmental survey has determined that the ceilings and portions of the pipe insulation contain asbestos, which must be removed prior to start of work. This will afford an opportunity to replace the obsolete induction unit technology with a more modern fan-coil system. Fan-coil units can be installed in the ceiling rather than

mounted on the floor, improving air circulation and employee comfort while also permitting a more flexible floor layout.

Asbestos Abatement and Ceiling and Partition Replacement

As advised by the consultants, the most cost-effective approach is to demolish the existing plaster ceilings and office partitions, replacing them with modern suspended ceilings and an open floor plan incorporating a mix of workstations and private offices. This will facilitate removal of asbestos, access to deteriorated pipe, replacement of induction units with ceiling fan-coil units, and installation of computer cabling and electrical wiring in the new ceilings (in place of the current mix of exposed wall conduit and obsolete under-floor raceway systems).

Building Code Issues

Even though PAHO is exempt from the provisions of the Americans with Disabilities Act and local building codes, it is concerned about the health and safety of employees and visitors. The engineering study has identified certain code deficiencies that can be addressed in a cost-effective manner in this project. The most important measure will be to take advantage of the removal of ceilings and partitions to install a sprinkler system throughout the building. Other selected building code and handicapped-access upgrades will be included.

Space Plan Revisions

In view of the fact that the current ceilings and partitions must be removed for access to the mechanical systems and for asbestos abatement, a complete revision of the standard floor plan will be undertaken. Senior professionals will continue to be accommodated in private offices along the south side of the building, although these will be somewhat smaller than at present. Support staff will be housed in modular workstations in open areas on the north side. This arrangement will greatly ease

the current critical space situation and provide for the minimal staff growth expected over the next five years.

Schedule

The renovation will be carried out on a phased basis to minimize the impact of construction and relocation activities on PAHO operations. The current schedule is contingent upon late fall 2000 completion of certain critical valve replacements requiring rotating shutdowns of portions of the HVAC system. If this work is not completed in November, activities will be suspended until spring 2001, and the project may not be completed until June 2002, instead of the optimum date of December 2001. Also, final space allocations in the renovated building may vary from those indicated here.

May-Aug 2000 - Abate asbestos in basement, sub-basement, floors 1, 2, and 10

Aug 2000 - Move occupants of floors 3-5 to swing space

Aug-Sep 2000 - Asbestos abatement and demolition, floors 3-5

Oct-Nov 2000 - **Critical period:** Valve installation, floors 2-5 and 10

Oct 2000-Feb 2001 - Renovation, floors 3-5

Feb 2001 - Occupants of floors 6-7 move to completed space on floors 3-4, former occupants of floor 5 move back to completed space

Feb-Jul 2001 - Asbestos abatement, demolition, renovation of floors 6-7

Jul 2001 - Occupants of floors 8-9 move to completed space on floors 6-7

Jul-Nov 2001 - Asbestos abatement, demolition, renovation of floors 8-9

Dec 2001 - Former occupants of floors 3-4 return to floors 8-9; all work is completed

Swing Space

While it would be desirable to vacate the entire building for the duration of construction, the cost of renting the space required would be prohibitive. Accordingly, arrangements have been made to rent office space in the OAS F Street building to provide swing space for staff displaced during the period that construction is in progress on the floors they occupy.

Cafeteria

On August 11 the Cafeteria will close temporarily. Vending machines and a limited food service will be provided in the basement and other parts of the building.

Meeting Facilities

During the period of renovation, meeting and parking space at the Headquarters building will be restricted. For this reason, the AFSM Board is meeting at the homes of Board members and is planning to hold the 2000 Annual Meeting during the week of 13 November at a convenient restaurant. Details will be provided to members at a later date.

Asbestos Removal: Staff Health and Safety

Technology in common use in the US permits the removal of asbestos from occupied buildings. This involves hermetic sealing of the area to be abated so that no asbestos particles can escape. A negative air pressure environment is maintained within the sealed area as an additional safeguard.

No asbestos abatement activity of any kind that would represent a threat to the health and safety of PAHO staff will be undertaken at any time during the renovation project.

PAHO has retained an expert in occupational health, Dr. Laura Welch, to ensure that the renovation project is carried out in a manner consistent with staff health and safety. In addi-

tion, the Director has established a Joint Advisory Committee composed of representatives of the Staff Association and the administration, and this group has been considering the impact of the renovation project on staff health and safety.

Renovation Coordinator

Dr. Kenneth Randolph, who has had extensive management experience with USAID, has been appointed Coordinator of the PAHO Headquarters Building Renovation. He is the point of contact for space assignments, office moves, health and safety issues, interior design, scheduling, supervision of the general contractor, and other matters related to the renovation.

OTHER RETIREE ASSOCIATIONS

Aesculapian: We have received Vol. 1, No. 1, Second Quarter, of the Newsletter of the Association of Former WHO Staff Members in South-East Asia Region. Congratulations for the inaugural issue, and we wish them great success. For persons interested in subscribing to the Newsletter. The address is: R. L Rai, Flat No. 32 – A/1 L.H.M.C. Campus, Bhagat Sing Marg, New Delhi 110 001, India

Noticiero: We have also received the Noticiero de la Asociación de Ex-Funcionarios de Naciones Unidas en Argentina de junio de 1999, Año 13, No 2 (this is the local chapter of AFICS.) For information on this Association write to: Esmeralda 130 P 13, Buenos Aires, Argentina

COMPUTERS CAN BE A LOT OF FUN

Computers can add a new dimension to the lives of our colleagues. The Internet is a powerful way to communicate with fellow retirees and to acquire information. It is easy to learn to use a computer. Once you have, you will find a vast library, a massive bazaar, a

global university, and an unending playground. You can visit the paintings of the National Gallery of Art or enjoy the scenic beauty of America's national parks. You can find almost anything you want to know on almost any subject.

For beginners here are some useful Web sites containing information of interest to retirees and senior citizens:

AARP (www.aarp.org/cyber/guide1.htm). This list "Guide to Internet Resources Related to Aging" is one of the largest lists of senior-related sites that can be found. It contains links to Websites of various organizations including some devoted to specific diseases.

Access America for Seniors (www.seniors.gov). A federal Website that offers consumer information from 19 government agencies.

Elderhostel (www.elderhostel.org). Describes high-quality, affordable, educational travel programs for seniors, at home and abroad.

Elder Web (www.elderweb.com). Sources of information for professionals and family caregivers.

GenerationA.com (www.generationa.com). Sophisticated content on health, finance, arts, travel, and more.

SeniorCom (www.senior.com). Provides a wide variety of health, financial, and other information.

SeniorNet (www.seniornet.org). Founded in 1986, this organization provides computer training for older citizens at 175 centers around the country.

Senior Sites (www.seniorsites.com). Lists nonprofit providers of senior housing, health care, and services.

Seniors.com (www.seniors.com). Offers a variety of information on senior topics.

These are just a few of the many sites that can be very useful seniors. We will print more lists in the future. You will find interesting sites the moment you start browsing the Internet.

POETRY CORNER

Any healthy man can do without food for a couple of days, but he can never do without poetry.

CHARLES BAUDELAIRE

Stopping by Woods on a Snowy Evening

by Robert Frost

Whose woods these are I think I know,
His house is in the village though;
He will not see me stopping here
To watch his woods fill up with snow.

My little horse must think it queer
To stop without a farmhouse near
Between the woods and frozen lake
The darkest evening of the year.

He gives his harness bells a shake
To ask if there is some mistake.
The only other sound's the sweep
Of easy wind and downy flake.

The woods are lovely, dark, and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.

(Robert Lee Frost (1874-1963), one of America's leading 20th-century poets, was a four-time winner of the Pulitzer Prize. Although he was born in California, his poetry became associated with rural New England, where he grew up and came to own a farm. Frost wrote poems whose philosophical dimensions transcend their seeming simplicity.

His verse forms are predominantly traditional. He often said, in a dig at archival Carl Sandburg, that writing free verse was like playing tennis without a net. He was a master at manipulating rhythm and meter to make poetic use of the vocabulary and inflections of everyday speech. His poetry is thus both traditional and experimental, regional and universal.

Frost's poetic and political conservatism caused him to lose favor with some literary critics, but

he unquestionably succeeded in realizing his life's ambition: to write "a few poems it will be hard to get rid of." His tombstone reads "I had a lover's quarrel with the world."

(Sources: *Selected Poems of Robert Frost*, *Grolier's Encyclopedia*, and the Internet.)

English is Tough Stuff

by Noel de Caprona (FAO)

Dearest creature in creation,
Study English pronunciation.
I will teach you in my verse
Sounds like corpse, corps, horse, and worse.
I will keep you, Suzy, busy,
Make your head with heat grow dizzy,
Tear in eye, your dress will tear.
So shall I! Oh, hear my prayer.

Just compare heart, beard, and heard,
Dies and diet, lord and word,
Sword and sward, retain and Britain.
(Mind the latter how it is written.)
Now I surely will not plague you
With such words as plaque and ague.
But be careful how you speak:
Say break and steak, but bleak and streak;
Cloven, oven, how, and low,
Script, receipt, show, poem, and toe.

Hear me say devoid of trickry,
Daughter, laughter, and Terpsichore,
Typhoid, measles, topsails, aisles,
Exiles, similes, and reviles;
Scholar, vicar, and cigar,
Solar, Mica, war, and far;
One, anemone, Balmoral,
Kitchen, lichen, laundry, laurel; Gertrude,
German, wind, and mind,
Scene, Melpomene, mankind.

Billet does not rhyme with ballet,
Bouquet, wallet, mallet, chalet.
Blood and flood are not like food,
Nor is mould like should and would.
Viscous, viscount, load, and broad,
Toward, to forward, to reward.

And your pronunciation's OK
When you correctly say croquet,
Rounded, wounded, grieve, and sleeve,
Friend and fiend, alive and live.

Ivy, privy, famous; clamour
And enamour rhyme with hammer.
River, rival, tomb, bomb, comb,
Doll and roll and some and home.
Stranger does not rhyme with anger,
Neither does devour with clangour.

Souls but foul, haunt but aunt,
Font, front, wont, want, grand, and grant,
Shoes, goes, does. Now first say finger,
And then singer, ginger, linger.
Real, zeal, mauve, gauze, gouge, and gauge,
Marriage, foliage, mirage, and age.

(Editor's note: We printed part of this poem earlier, but Member Sergio Docal thought we should have included all of it. So here it is!)

A LITTLE BIT OF HUMOR!

Then and Now

Then: Long Hair

Now: Longing for hair

Then: A keg

Now: An EKG

Then: Moving to California because it's cool

Now: Moving to California because it's hot

Then: Watching John Glenn's historic flight
with your parents

Now: Watching John Glenn's historic flight
with your kids and grandkids

Then: Popping pills, smoking joints

Now: Popping joints

Then: Getting out to a new, hip joint

Now: Getting a new hip joint

Life before Cyberspace

A **cursor** used profanity

A **keyboard** was a piano

Memory was something that you lost with age

If you had a **3 ½ inch floppy**, you hoped
nobody found out

Log on was adding wood to a fire

Hard drive was a long trip on the road

A **mouse pad** was where a mouse lived

A **web** was a spider's home

A **virus** was the flu

Definitions

Aging is a matter of the mind, if you don't
mind, it doesn't matter!

Old age is always 20 years older than you are!

(From the *Quarterly Bulletin of the Association
of Former International Civil Servants
(AFICS)*,
Vol. XXXI, No. 2, April 2000)

ANNUAL MEETING

Week of 13 November 2000

At a restaurant

Lunch provided by AFSM!

Save the Date!

Details Later!

WHAT DO YOU NEED?

AFSM would like to know what are the needs of our members. May be we are not going to be able to solve all the problems of our associates but we have so many experts and resources in this area that we might be able help in some ways or we can refer you to right source.

To reach us:

Write to **AFSM o/c Pan American Health Organization
525 23rd Street NW
Washington D.C. 20037-2895**

Call to **AFSM VOICE MAIL – (202) 974-3500**
It is not a phone that will be answered when you call.
Its main purpose is to keep you informed about activities
At PAHO in which you may be interested. We frequently
Learn these too late to send flyers.
When you dial the AFSM number you will first hear any
messages that have been recorded for the membership.
At the end of these, there will be a beep, after which you can
leave messages for us.

By e-mail **To members of the Board of Directors:**

Jaime Ayalde, President
Jayalde@aol.com

Hans A. Bruch, Vice-president
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**IF YOU WANT TO SEND US CONTRIBUTIONS FOR THE NEWSLETTER,
YOU CAN SEND IT VIA E-MAIL. Any of the above e-mail addresses will be fine.**