



NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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8th International Reunion, 5 to 9 November 2018

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AFSM Eighth International Meeting

By Gloria Morales



The Eighth International Meeting of Former staff of PAHO/WHO was held from November 5 to 9, 2018, on a cruise ship departing from Miami, with stops in Key West, United States, and Cozumel, Mexico. Thirty-nine enthusiastic participants joined the cruise, 70% are members of AFSM and the rest are spouses and relatives.

Carnival Victory, the huge cruise ship, which has eleven floors, with multiple cabins, lounges, bars, restaurants, shops, casino, theater, swimming pools and gym, set sail on November 5 carrying 3000 passengers and a crew of 1000, on a warm sunny afternoon, and a very calm sea.



Upon arrival at their respective cabins, the participants received a welcome letter inviting them to participate in an informal cocktail offered by the PAHO/WHO Credit Union. Furthermore, for their delight, they were given a bottle of French Champagne and some fruits.

During the cocktail, the participants were able to reconnect with old friends, make new ones and share very pleasant moments. Ms. Patricia Ilijic, Vice President for Business, made a brief speech, in which she highlighted the services offered by the Credit Union and reported on the efforts they are making to promote new services in the countries of the Region.

The cruise made the first stop at Key West, an island in the Straits of Florida. Cheerfully, the participants gathered in small groups to visit places according to their preferences. Key West has the distinction of being the southern end of Route 1, the longest that crosses the United States from north to south.

One of its most visited sites in the far south is marked by a buoy, which indicates that it is 90 miles away from Cuba. It is said that in the clearest days you can see the island from this place. Another of its tourist places is "Old Town", including the house of Ernest Hemingway, where the legend has it that the writer wrote part of his famous book "A Farewell to Arms".



The architecture of Key West and the zeal with which beautiful houses and colonial and Victorian style buildings are preserved are remarkable;



they coexist with houses and more modern constructions. The vegetation is splendid, with a tropical climate, lush and exuberant; likewise, the trees with centennial and monumental trunks offer a welcoming shade.

The next stop was the island of Cozumel in Mexico. In Mayan language, Cozumel means *the land of swallows*. It is the third largest island and the second most populated in Mexico. In addition to countless and varied beaches, Cozumel has some Mayan archaeological ruins, of interest to our participants, so that once again groups were spontaneously formed to visit various sites on the island. The restored ruins of San Gervasio rise as a testimony of the tenacity of the Mayan culture. A walking tour can be done in an hour and leaves a memory of pre-Hispanic life.



Once back on the ship, the anecdotes of each group were more than enthusiastic, and some gathered at night to dance and share the experiences of the day.



During the last day of the trip, a meeting was organized, chaired by Germán Perdomo, president of AFSM. He informally thanked the participation, responded to questions and concerns about health insurance, pension, etc. He stressed the importance of learning our benefits under the health insurance plan, of obtaining prior approval for those procedures that require it and of keeping a copy of all the documentation submitted when requesting reimbursements. He also reiterated the need of updating our information on the website of the United Nations Joint Staff Pension Fund (UNJSPF), as well as the designation of beneficiaries.

During the whole trip, participants enjoyed the good weather and all the facilities offered by the cruise, including shows, shops, casino and dancing places. Although the environment did not always facilitate sharing as a group during the day given the large number of passengers, at night there were tables reserved for dinner so that they could share animatedly and plan group meetings. This experience was an opportunity to reflect creatively when selecting destinations of future international meetings of the Association, and also take also into account the ease of integration of the group. **N**



Report of the AFSM Twenty-Ninth General Meeting Washington, DC, 13 December 2018

By Gloria Morales



The twenty-ninth Annual General Meeting of the Association was held at PAHO Headquarters on Thursday, 13 December 2018. As in previous years, this event brought together friends and colleagues to enjoy a few hours of interaction and sharing of recent experiences.

The meeting was attended by 58 former staff members, their invited guests, as well as staff from the Administration and the Credit Union.

The agenda, among others, included the Report of the President, the announcement of the Survivors Guide, upcoming changes to the health insurance, and a Credit Union presentation. It also included a moment of silence in memory of colleagues who passed away during this year.

Opening of the meeting

Welcome by the President: Germán Perdomo welcomed all participants to the General Meeting. He took this opportunity to recognize the presence of Ms. Ruth Connoly from the OAS Retiree Association and Dr. Habib Latiri from GHIA.

Designation of Chairperson: Gloria Coe was designated as Chairperson to lead the meeting.



Business meeting

- Moment of silence: Hernán Rosenberg read the names and led a moment of silence in memory of our colleagues who passed away during this year. During this moment, we reflected upon and remembered those we had met, their friendship and achievements.
- Adoption of the agenda: Germán Perdomo proposed that the report on the e-skills initiative be removed from the agenda, as this report has been merged into the Communication report that will be presented by Antonio Hernández. This was agreed and the rest of the agenda was approved as submitted.
- Approval of the Minutes of the 28th General Meeting (2017): Gloria Morales presented a summary of last year general meeting and the minutes were approved as presented.
- Report of the President (Germán Perdomo): Germán acknowledged the achievements of the Association indicating that these have been a joint effort of all members of the Board of Directors and presented their names and responsibilities. He also highlighted the work of two of the volunteers, Gloria Coe and Antonio Hernández and the honorary member, Nancy Berinstein. He referred to the promotion and better use of electronic tools, the continuous update of the Association web page, e-mail, Facebook page, the electronic Newsletter and the help provided to our members in accessing key webpages such as that of the pension fund and health insurance. The electronic voting procedure has been tested in the last two elections; although the system has worked, a larger participation of members to cast their votes is essential. There is also a need for more volunteers to support the work of the Association. He ended his presentation by expressing that it has been a privilege to have served as President of the Board for the last four years and informing he will no longer be a member of the Board starting the new year.
- Communication with AFSM members, list of members and contact information. Antonio Hernández, who leads the Communication Committee, presented the members of this committee and informed that out of an estimated total of 1,600 retirees, 563 (40%) are AFSM members. He also provided some statistics indicating that AFSM has valid electronic addresses for about 80% of our members and presented the results of the Contact Information Update exercise recently conducted. Out of 502 emails sent, almost 70% were read by members; however, less than a third actually responded. 156 printed forms were mailed to those members for whom there are no electronic mail addresses and 8% responded. Some slides were shown depicting key sections of AFSM webpage, What's new, documents, newsletters and events. He also informed that due to security and privacy reasons, the Directory will be removed from the website. There will only be a list of names of current members; specific requests for information regarding a member, such as address or telephone number, should be addressed to the Board.
- Relation with ARAIO. Hernán Rosenberg reported on the ARAIO Meeting (WB, PAHO, OAS, EDB, ADB, AFICS) and their common issues with AFSM, such as funding, increasing membership, lack of volunteers and helping members adjust to health insurance changes.
- Survivors Guide. Carol Collado acknowledged the original work of Dr. Jaime Ayalde for creating the first edition of the guide published in 2011 and revised in 2013. She informed

that the 2018 revision has just been finalized and the English version is now available in the AFSM website. Its title has been changed to “Pension, Health Insurance, and Other Benefits: A Guide for Planning and Protecting Our Assets”. This expanded document will assist our members to plan and organize their estates in advance of aging, illness and death. It provides the best information, steps to take and how to contact PAHO, the UN Joint Staff Pension Fund, WHO/PAHO Staff Health Insurance, Life Insurance, and banking when a retiree or beneficiary dies. It is a very comprehensive document, resulting from a joint effort and consisting of seven parts; it will be translated into Spanish and uploaded into the website. One of the participants proposed to have a special meeting to present this document. This suggestion is to be discussed at one of the Board meetings.

- Special announcement. Carol Collado recognized Germán Perdomo’s work as President of the Board for the last four years. Some of his achievements include overseeing the move into digital, spearheading the online Newsletter, including the Spanish editing and formatting, working with the Communication Committee in developing the website, encouraging Facebook communication and supporting the updating of the Directory. He also promoted the formation of two additional chapters in Bolivia and Brazil, has been personally responsible for strengthening the relationship with UNJSPF and has led AFSM to a closer association with the Credit Union. For these and many other achievements, his efforts and dedication are publicly recognized and appreciated. He will continue collaborating with AFSM in many of these issues.
- Election of Board Members. Hernán Rosenberg displayed the results of the recent Board members election. 126 votes were received, half from members living in the Washington D.C. area and the other half from the countries. Three Board Members were elected: Gloria Morales (105 votes), Marilyn Rice (94 votes) and Rolando Chacón (93 votes).

Upcoming changes to the SHI –Chris Sáenz presented a summary of major changes to the staff health insurance rules. These have already been approved and will be effective on 1 January 2019. The full document, titled “Staff Health Insurance Rules 2019” will be available on the AFSM website in January.

Credit Union Presentation. Miguel Boluda presented the Credit Union finances to be in good shape, with 225 million in assets. He referred to the upcoming celebration of their 70th Anniversary in 2019, their “Refer a member campaign” and their new motto “Financial wellness matters”, which goes well with PAHO goal. They also now have a holiday loan and have eliminated the foreign transaction fee in their reward card.

The meeting was adjourned at 1:00 pm.

Right after the closing of the meeting, the participants gathered for a light lunch. This was an excellent opportunity for members to exchange ideas, experiences, and activities in which they are involved, as well as other issues related to life during retirement. **N**



Staff Health Insurance and Pension Update

By Carol Collado



Staff Health Insurance

There are new Rules effective January 2019. Much has been done to revise, respond to the concerns of the participants and to target some specifics. There are some important additions that you will need to review, for example, no cash payments to providers will be accepted for amounts above \$500.00 US; there are added benefits in the prevention area, etc. The new Rules have been sent from Geneva by email to all those who have registered their emails with the SHI. If you have not received them, I encourage you to register your email now so that you will always have the latest information ASAP by sending a message to: shihq@who.int. They will also be mailed in paper although that process will take some additional time and as usual, we will post them on the AFSM website.

For those in the USA the long-awaited OK for our insurance to reimburse **Medicare part B** has had fruit and will go into effect in 2019! Once the protocols are in place regarding what you need to do to receive the reimbursement, we will be informing you immediately. Please be pending this information since those who have not yet registered will need to do so during the Medicare open enrollment period of January to March and if not done, there will be penalties. **Part A** is still in discussion for now, but we should be hearing about that in the near future.

It seems as though it is time for long awaited possibilities to become reality. We have just posted in English to the AFSM website (www.afsmpaho.com) the promised revised “Survivors Guide”. During the two years that this document was under review, it became clear that guidance was needed not only for survivors but also for future planning while still alive. Therefore, it has taken on a much broader aspect and it is now titled “**Pension, Health Insurance, and Other Benefits: A Guide for Planning and Protecting Our Assets**”. While it does not eliminate in many cases the need to consult a lawyer to insure legal protection, it does specify what is needed and how to do it. During the development of the document, we also collected extensive information about specific laws in the US, and the last chapters cover that information. It is hoped that in time we can compile comparable information for other countries. I encourage you to take advantage of this tremendous effort on the part of many people and consult the document, do it with your family or significant others so that in addition to preserving assets, those who need it have

the information at hand. Special acknowledgement for exceptional dedication in this are due to Nancy Berenstein (principal investigator and author), the health committee members who reviewed the document, those on the Board for the complimentary efforts in reviewing and suggesting, Martha Peláez for her contributions on the chapter on Advanced Directives for Health Care in the US and Gloria Coe for her extensive editing and checking on the last review. For those of you wanting to see it in Spanish, this will take a bit longer, sometime into the New Year at least, as we want to make sure that it is legally correct. In the meantime, should you have any urgent questions, please don't hesitate to contact us at the AFSM email (www.afsmpaho@gmail.com).

Pension

Every year we are asked to help confirm if some of the persons who have not returned their respective Certificate of Entitlement (CE) are still alive. Reinstatement in the pension plan is a lengthy process with many inconveniences and it is best to avoid this. Please, if you have doubts (or even if you don't), **access your UNJSPF Member Self Service (MSS) (<https://www.unjspf.org/member-self-service/>) to check whether yours has been registered. For those not on the two-track system, if the document is missing, you can access and print your 2018 CE under the DOCUMENTS tab and if so, return the signed and dated original CE to the Fund. Anyone whose CE is still missing may send a memo to the Fund containing your name, your official address, your Unique Identification Number (UID) or/and retirement number(s), the date and your ORIGINAL signature. Said memo must include in the subject line: *“Non-receipt of the 2018 CE”*. Once received by the Fund, this memo would be scanned to your file to alert the Fund of the situation and to allow the Fund to take action to prevent a potential future suspension in case of non-receipt of your CE by end of December 2018. **For more detailed information please refer to the CE webpage at the following link:** <https://www.unjspf.org/certificate-of-entitlement/>.**

We are awaiting information on the position of Deputy CEO as the actual occupant has indicated that he will retire at the end of December.

Toll free telephone contact is available in the following countries Argentina, Brazil, Chile, Columbia, Mexico, Peru, and the USA, as well as in Portugal and Spain for those retirees residing there. Numbers can be found on the website (<http://www.unjspf.org/toll-free-numbers>). **N**

I want to ‘Rock’ but not ‘Roll’: How to Stay Active and Prevent Falls

By Martha Peláez and Gloria A. Coe



Falls are part of our life course. Children fall often, but most of the time *nothing happens*. Athletes fall often, but most of the time *nothing happens*. Older Adults fall often but most of the time *something very bad happens*. In old age, a fall becomes a threat to life and to the quality of



life.

The following are the primary causes of falls among older adults:

- Health Conditions
- Functional capacity of your body to engage in routine activities: intrinsic risk factors
- Environmental factors that may cause someone to fall: extrinsic risk factors

1. Health conditions and health related issues associated with falls are:

- a. Polypharmacy¹: defined as taking multiple drugs usually at the same time. In older persons, it is associated with functional decline, or the loss of the ability to engage in activities of daily living, that are related to an increase of falling. A study comparing patients who have not fallen to those who fell, either once or many times, reported that the number of medications taken by the individual is linked to an increased risk of falls.

Given the serious consequences of falls, a conversation with a health care provider is important when many medications are prescribed. However, prescribed medications are important for health; therefore, the solution is not to stop taking them. Instead, ask the health care provider to consider

¹ Maher, RL Jr. Clinical consequences of polypharmacy in elderly. HHS Public Access. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3864987/>

the trade-offs between benefits and risks of the medications prescribed, particularly when the treatment of one illness may worsen the treatment of another.

- b. Diseases of the nervous system: such as peripheral nerve lesion, dementia, stroke, vertebral pain, and Parkinson. In persons affected by one or more of these neurological impairments, the incidence of falls is three times higher than in older persons without any neurological conditions².

A first step for anyone living with a disease of the nervous system is screening and/or assessment of the risk of falling at home, conducted by a physical therapist or an occupational therapist. Generally, the risk assessment will lead to recommendations for physical therapy exercises as well as suggestions about how to make the home environment safe to reduce the risk of falls. A growing body of research shows that physical therapy interventions to prevent falls in people with diseases of the nervous system are very effective³.

- c. Multiple long-lasting chronic illnesses: Evidence suggests that the number of long-lasting chronic illnesses are related to a risk for falls. A Canadian study shows that among older living on their own, the incidence of falling is highly linked to the presence of two or more chronic health conditions such as high blood pressure, and chronic lung disease. A study by the US Centers for Disease Control and Prevention (CDC) highlights increased risk for falls among people with chronic kidney disease.

Although each person is different, it is recommended that anyone with many long-lasting chronic illnesses should consider an evaluation of the risk of falling to identify interventions to prevent falls. These interventions may include: improving vision including cataract surgery, fitting a pacemaker to regulate the heart rate, modifying the home to improve safety, reviewing medications, and physical therapy and exercises to improve strength, flexibility, and balance.⁴

² “The impact of neurological disorders on the risk for falls in the community dwelling elderly: a case-controlled study” BMJ Open 2013; 3(11): e003367.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3845038/>

³ A CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults.

https://www.cdc.gov/homeandrecreationsafety/pdf/falls/CDC_Falls_Compendium-2015-a.pdf

⁴ Sibley Kathryn M et al. “Chronic disease and falls in community-dwelling Canadians over 65 years old: a population-based study exploring associations with number and pattern of chronic conditions.” BMC Geriatrics 2014, 14:22.

<https://bmcgeriatr.biomedcentral.com/articles/10.1186/1471-2318-14-22>

2. Functional capacity of your body to engage in routine activities: intrinsic fall-related risk factors

Muscle weakness, difficulty in gait, and imbalance are significant risk factors for falls in older persons. To reduce the risk of falling, it is critically important to recognize the importance of increasing physical fitness to compensate for the normal decrease in physical function of your body due to age. This will include maintaining an optimal level of physical activity and training, increasing mobility, strengthening muscles through resistance exercise such as weight lifting and through endurance exercises such as activities that increase your breathing and heart rate.

Moderately or very active persons fall less than those who are inactive. Several randomized controlled trials have concluded when there is an increase in physical activity then the risk of falling decreases. Effective interventions to prevent falls are low impact, balance and coordination exercises such as stretching, yoga, Pilates, swimming, stationary bicycle, among others.

It is never too late: The following two programs are designed specifically to reduce falls in older adults. Tai Chi and Otago are both accessible, simple to learn, practical, and based on research evidence that they are highly effective in reducing falls.

- a. **Tai Chi:** consists of slow, rhythmic movements emphasizing trunk rotation, weight shifting, coordination, a gradual narrowing of lower extremity stance, and is proven to be an excellent choice of exercise for older adults. Two types of Tai Chi programs have been established by the CDC as evidence-based to prevent falls:
 - Tai Chi for Arthritis for fall prevention: This program was developed by Dr. Paul Lam in Australia and is one of the programs promoted by the Tai Chi for Health Institute.⁵ Tai Chi for Arthritis for fall prevention uses Tai Chi's Sun Style for its ability to improve relaxation, improve balance, increase muscular strength, improve mobility, increase flexibility, decrease pain and prevent falls. The evidence is based on

⁵ (<https://taichiforhealthinstitute.org/programs/tai-chi-for-fall-prevention>)



four days per week.

participation in a minimum of 16 hours of tai chi lessons. This can be accomplished by attending one (one-hour) class per week for 16 weeks or two (one-hour) classes per week for 8 weeks. In addition, the individual needs to practice the tai chi movements at home in one half hour session at least

The advantage of this program is that the Tai Chi for Health Institute has a very practical web site listing contact information for certified instructors and programs throughout the world.

- Tai Ji Quan: Moving for Better Balance (TJQMBB) is an evidence-based balance training program, developed by Fuzhong Li, Ph.D., Senior Scientist at Oregon Research Institute. TJQMBB is designed for older adults at risk of falling and people with balance disorders. Clinical trials establish that TJQMBB is more effective to reduce falls among older adults at high risk of falling than stretching or standard exercise intervention that uses two or more types of exercise.⁶

The evidence is based on participation in two one-hour classes weekly for 24 weeks. Accessibility and dissemination of this program is limited and growing.⁷

b. **The Otago Exercise Program:** is a series of 17 strength and balance exercises delivered by a Physical Therapist in the home that reduces falls between 35% and 40% for frail older adults. This evidence-based program was developed in New Zealand.



⁶ Li, Fuzhong, et al. JAMA Intern Med. 2018; 178(10):1301.

Doi:10.1001/jamainternmed.2018.3915.

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2701631>

⁷ For more information: <https://tjqmbb.org/>

The Physical Therapist assesses, coaches and records patient progress over the course of six months to one year. Recent research at the University of North Carolina at Chapel Hill School of Medicine and Center for Health Promotion and Disease Prevention shows statistically significant improvement in clinical scores after as little as 8 weeks. This program is designed specifically for frail older adults and can be done one-on-one at home or in community group settings.⁸

3. Environmental⁹ factors that may cause someone to fall: extrinsic risk factors



Many falls in older persons are frequently caused by external factors in the environment. For instance, minor environmental hazards that are easily negotiated by a healthy individual can become major obstacles to mobility and safety for a person with problems in

their walking gait or balance. Thus, modifying the extrinsic environmental threats to ensure safety supports and compensates for the decreasing ability of the body to react to potentially harmful conditions.¹⁰

However, even in apparently healthy older persons the risk of falling is substantial. In healthy older persons, environmental influences such as poor stairway design and disrepair, inadequate lighting, clutter, slippery floors, unsecured mats and rugs, and lack of nonskid surfaces in the bathroom are often the primary cause of falls. Because falls tend to occur where people spend the most time, a home-oriented prevention strategy is important. Numerous checklists are available to help identify environmental hazards in the home.¹¹

⁸ The Carolina Geriatric Education Center (CGEC) website provides tools for learning the program on-line; and lists trained therapists.

<https://www.med.unc.edu/aging/cgec/exercise-program/>; Otago Exercise USA:

<http://www.otagoexerciseusa.com/>

⁹ Extrinsic fall-related risk factors

¹⁰ Intrinsic and extrinsic factors

¹¹ https://www.cdc.gov/steady/pdf/check_for_safety_brochure-a.pdf

In Summary

For everyone who is 65 years of age or older, the National Institute on Aging of the US National Institutes of Health recommends the following actions to **prevent falls and fractures**:¹²

- **Have your eyes and hearing tested.** Even small changes in sight and hearing may cause you to fall. Always wear your glasses or contacts when you need them. If you have a hearing aid, be sure it fits well and wear it.
- **Find out about the side effects of medicines you take.** If a drug makes you sleepy or dizzy, tell your doctor or pharmacist.
- **Limit the amount of alcohol you drink.** Even a small amount of alcohol can affect your balance. Studies show that hip fractures in older adults increases with alcohol use.
- **Stand up slowly.** Getting up too quickly can cause your blood pressure to drop. That can make you feel wobbly. Get your blood pressure checked when lying and standing.
- **Get enough sleep.** If you are sleepy, you are more likely to fall.
- **Be very careful when walking on wet or icy surfaces.** They can be very slippery! Try to have sand or salt spread on icy areas by your front and back doors.
- **Wear non-skid, rubber-soled, low-heeled shoes, or lace-up shoes with non-skid soles that fully support your feet.** It is important that the soles are not too thin or too thick. Don't walk on stairs or floors in socks or in shoes and slippers with smooth soles.
- **Stay physically active.** Fear of falling may lead older people to avoid activities such as walking, shopping, or taking part in social activities. Overcoming this fear can help you stay active, maintain your physical health, and prevent future falls. Plan an exercise program that is right for you. Regular exercise improves muscles and makes you stronger. It also

¹² NIH, National Institute on Aging. Prevent Falls and Fractures.
<https://www.nia.nih.gov/health/prevent-falls-and-fractures>.

helps keep your joints, tendons, and ligaments flexible. Try to get at least 150 minutes per week of physical activity.

- **Use an assistive device if you need help to feel steady when you walk.** Appropriate use of canes and walkers can prevent falls. If your doctor tells you to use a cane or walker, make sure it is the right size for you and the wheels roll smoothly. A physical or occupational therapist can help you decide which devices might be helpful and teach you how to use them safely.
 - **Always tell your doctor if you have fallen since your last checkup, even if you aren't hurt when you fall.** A fall can alert your doctor to a new medical problem or problems with your medications or eyesight that can be corrected. Your doctor may suggest physical therapy, a walking aid, or other steps to help prevent future falls.
 - **Keep Your Bones Strong.** Having healthy bones won't prevent a fall, but if you fall, it might prevent breaking a hip or other bone, which may lead to a hospital or nursing home stay, disability, or even death. Getting enough calcium and vitamin D can help keep your bones strong. So can physical activity. *N*
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In Memoriam

DEATHS REPORTED IN 2018
NOT PREVIOUSLY REPORTED

Rosana Batifora
Rexford Lord
Lucio I. Martins

29 September 2018
9 October 2018
18 November 2018

Noncommunicable Diseases: The Effort Continues

By George Alleyne



“Social and demographic trends in Western Hemisphere populations are introducing new challenges to public health. As sanitary conditions improve and population growth slows, health conditions change in a predictable pattern: the share of illnesses and deaths caused by infectious disease and perinatal difficulties declines, while the share caused by noncommunicable diseases (NCDs) increases.”

This was the introduction to a paper by Jorge Litvak, Program Coordinator of the Pan-American Health Organization’s Health of the Adults Program, and his colleagues, published 31 years ago in the PAHO Bulletin. The authors would be pleased and frustrated by what has happened and the extent to which their predictions and warnings were prophetic. The major NCDs with which they were concerned are cardiovascular disease, diabetes, cancer and chronic respiratory disease. There is also strong pressure to include mental health in this category. The lifestyle behaviors that increase a person’s chances of developing these diseases are smoking tobacco, excessive drinking of alcohol, eating unhealthy diets and inadequate physical activity. Supporting NCD programs now occupies most of my time in advocacy, writing and participating in several commissions and committees, all concerned with the prevention and control of the NCDs.

The data for the Americas shows the extent of the NCD problem. Of the 6.5 million deaths in 2017, 5.2 million were caused by NCDs. While the age adjusted mortality rate¹ per hundred thousand population in 2017 was 6.5 for communicable diseases, it was 424.7 for the NCDs. It is not only the high death rate that concerns us, but significantly, large numbers of deaths are premature, occur between the ages of 30 and 69 when adults are at their most productive, and globally about 80% of them were in the low and middle-income countries.

So, when it was suggested that I write an article for the newsletter outlining some of the issues that are engaging my attention, my thoughts turned almost automatically to the NCDs, which have indeed been the focus of my work since retirement.

¹ Comparison of populations when the age of the populations is different; i.e. comparing countries with ‘younger’ and ‘older’ populations.

In my last year as Director I was co-chair of Working Group 1 of the Sachs Commission on Macroeconomics and Health that described the relation between health, income growth and poverty reduction. This led to the formation of the Caribbean Commission on Health and Development which I had the privilege of chairing. The data collected showed that there were 3 major health issues to be addressed – HIV/AIDS, NCDs and the health consequences of injuries and violence. When I presented the Commission's report to the Heads of Government of the Caribbean Community, it resonated with them to the extent that in 2007 they convened a Summit in Port of Spain which issued the Declaration on the Prevention and Control of NCDs. The diplomatic efforts of the Caribbean contributed to the United Nations meeting on NCDs in 2011, only the second time a health issue was discussed by the UN General Assembly. There have been 2 subsequent UN High-level Meetings on NCDs-2014 and 2018. One of the outcomes of that Summit was the formation of the Healthy Caribbean Coalition which has now celebrated its tenth birthday and has become the major civil society voice on NCDs in the Caribbean. I participated in its launch and am its Patron, a responsibility which has turned out to be more than ceremonial.

I also became involved in the global civil society movement on NCDs and an active participant in the development of the NCD Alliance, initially formed as an alliance of the International Diabetes Federation, the World Heart Federation, the International Union Against Cancer and the International Union Against Tuberculosis and Lung Disease. I am a member of the Board of the Alliance and chair one of its subcommittees. I am proud of the NCD Alliance which has been remarkably successful in 4 major areas – advocacy, knowledge exchange, capacity building and accountability. I like to think that one of its main achievements is in strengthening local and regional NCD civil-society organizations. I am convinced that it is through local action that one likely to see political accountability and global commitment that go beyond rhetoric.

I have been particularly concerned with NCDs in children and helped to establish NCD Child, -an NGO concerned exclusively with the problem of NCDs in children and adolescents. There is a popular myth that NCDs affect only the adults. It is clear, however, that not only do NCDs affect children, but the problem is increasing. Furthermore, it is appropriate to address NCDs across our life course. Many of the habits which lead to adoption of unhealthy behaviors arise in childhood. I was a member of the WHO Commission on Preventing Childhood Obesity which drew attention to the growing epidemic. The problem has 2 primary causes: influences before birth which lead the child to become obese and develop NCDs later in life, and secondly, the influence of an environment that facilitates gaining weight and does not encourage weight loss. One of our recommendations is taxing sugar sweetened beverages to reduce consumption by children, a recommendation that is gradually being adopted by many countries.

More recently I was invited by the WHO Director General to be a member of a High-Level Commission on the Prevention and Control of NCDs which aims to provide practical innovative ideas and policies to accelerate action at country level. This Commission has already produced its report and one of its recommendations is to include NCDs in the Human Capital Index² being developed by the World Bank. I am one of the commissioners seeking to take this work forward. The basic idea is that the Human Capital Index could influence resource mobilization. If NCDs can be shown to have significant impact on the index, there is the possibility of mobilizing national resources and of the World Bank providing loans to prevent and control NCDs.

I write for scientific journals infrequently and reluctantly, in part because of lack of time and in part because I have soured on the peer review process. One of the more important of my recent publications was the joint effort “Embedding NCDs in the post 2015 human development agenda”. This was done prior to the UN Sustainable Development Goals (SDGs) and was an effort to correct the omission of NCDs from the Millennium Development Goals. There is now a specific NCD target in the SDGs – 30% reduction of premature mortality from NCDs before 2030.

You may ask why this area has become my overriding passion. Perhaps it is because I believe that the world can do better. While many or most would choose to die free of pain and be lucid at the end of a long life, it behooves us during our life to be concerned with the brutish and cruel lot of the many who suffer and die needlessly and prematurely and often in pain from one of the NCDs. Although I am very aware of the data on the significant economic impact of NCDs, that they cause poverty and often prevent the poor from escaping poverty, the human aspect also concerns me. The tragedy is that many of the deaths and illnesses from NCDs can be prevented if major stakeholders were more committed, more individuals adopted and more environments facilitated healthy lifestyles such as frequent exercise, moderate or no use of alcohol, not smoking, and healthy diets including fruits and vegetables.

I hope Jorge Litvak and his colleagues would be pleased that their efforts are being continued. For my part, I am pleased at the increased global interest. But I confess to some impatience and disappointment that we have not seen more progress. There is so much to be done! **N**

² Refers to the knowledge, skills and capabilities possessed by people. The Index should show how important it is to invest in people.

IDENTITY THEFT PREVENTION TIPS

1 EMAIL SECURITY

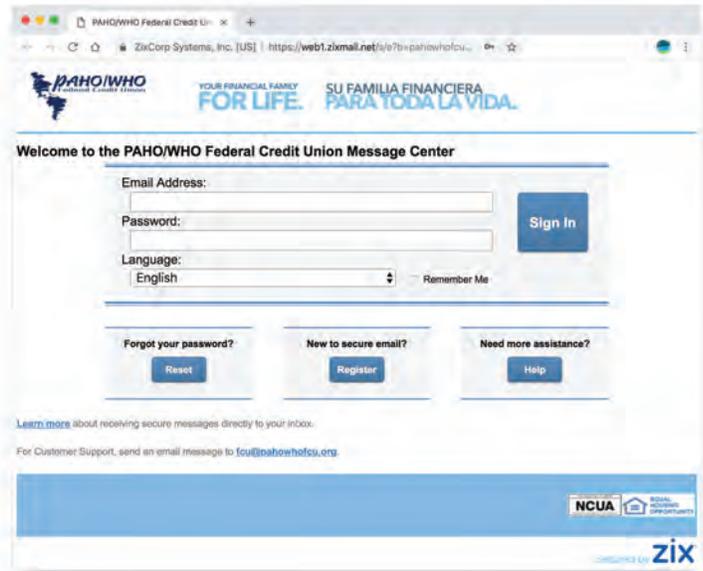
- Protect e-mail passwords
- Do not open attachments or click on links in unsolicited e-mails
- PAHO/WHO FCU sends member information encrypted and you need to log on (*Example pictured*)

2 WHAT ARE THEY LOOKING FOR?

- Financial Institutions – Gain account information
- Account Details - Use stolen information to initiate wire transfers
- Contacts - Gain control of e-mail account or create fake email account

3 ACCOUNT AND CARD SECURITY

- Review statements and monitor your transactions online regularly and report suspicious charges promptly
- Report lost or stolen checks, debit or credit cards immediately
- Set up account alerts to be notified of withdrawals, deposits, low balance through Online Banking



4 PIN SECURITY

- Cover the PIN Pad while entering your PIN at any locations like ATM's, grocery stores and more
- Check for loose parts or broken seals

5 IDENTITY PROTECTION

- Contact financial institution promptly
- Review your credit report annually
- Shred documents with personal information

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

We offer various products and services that meet the financial needs of all age groups! Visit our website (www.PAHOfcu.org) to open an account today or call us at 866-724-6328.

Barbados, Cozy Island Where I Learned About Reiki

By Gloria Morales



I had just had a birthday and wasn't feeling too good. It was then that one of my best friends invited me to visit her in Barbados. Although I initially hesitated in accepting her invitation, she ended up convincing me by asking to take an introductory reiki course with her. The enthusiasm about the course, plus the natural beauty of Barbados with its clear water beaches and white and pink sands resolved my hesitations. I had no idea what reiki was, but novelty has always caught my attention, so I decided to investigate and experience it.



Reiki is a form of alternative medicine developed in 1922 by a Japanese named Mikao Usui. Since its inception in Japan, it has been adapted to diverse cultural traditions throughout the world. Reiki practitioners use a technique called healing of the palm of the hand or practical healing, by which, it is said that a "universal energy" is transferred from the palms of the practitioner's hands to the patient to promote their emotional and physical healing. The regular practice of reiki helps relieve pain, reduce the effects of trauma, stress, increases the effectiveness of the immune system, and the body's response to medications.



The four-day course was led by two instructors from the Barbados Reiki Association. We were six participants, all from Barbados, except for my friend and me. The owner of the house where the course was being taught also joined us and actively participated at all times. During the first day of the course tropical storm Kirk hit the city causing many floods and turning our return trip into a nightmare. We finally made it to the apartment, after escaping from several massive streams of

water everywhere. The weather improved the rest of the days and everything went smoothly.



During the course we heard about the teachers who developed the practice of reiki, about chakras¹ and how to listen to our bodies. We learned about brain waves and bio-magnetic fields; on how these begin with weak pulsations in the thalamus of the practitioner's brain and strengthen as they flow to the peripheral nerves of his body, including the hands, and how this same effect is reflected in the person receiving the treatment.

The five fundamental principles of Reiki are:

- Just for today, do not worry
- Just for today, do not anger
- Honor your parents, teachers and elders
- Earn your living honestly
- Show gratitude to every living thing

The course included multiple practical sessions in which we learned how to use the palms of our hands to treat various conditions. We practiced in ourselves and with each other, resulting in a good camaraderie.



Summarizing, I think that learning about reiki has been a very valuable experience at this point in my life. I still use modern medicine on which I have depended all my life, and I now have an additional resource to turn to when in pain, discomfort or stress. I am sure that the support of my friends and family and the regular practice of reiki will help me cope with any crisis and become serene and calm. **N**

¹ The points of the human body described in yogi philosophy as vital energy centers, especially the seven centers aligned with the spine.

Welcome to new AFSM members

From USA

Susan Mangan

María Mónica Stenning

From Paraguay

María Eugenia Parajón

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

Contact Information

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

PAHO/WHO AFSM Web link:

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

To become member of the Facebook page of AFSM

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



The Back Page

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