



NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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Director's Breakfast for new staff, February 18th, 2020

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AFSM & Staff Health Insurance: Together Protecting Our Health & Our Assets¹

By Gloria A. Coe



Beginning in 2019, the Staff Health Insurance Offices (SHI) of both WHO and PAHO, with the active support of the Association of Former PAHO/WHO Staff Members (AFSM) made a major change in its health insurance policies emphasizing the importance of US-based retirees receiving health care through Medicare. During the past year, AFSM received many requests from our members throughout the Americas soliciting additional information about the benefits to all members from US-based retirees participating in Medicare.

The aim of this Editorial is to provide a common understanding of the reasons AFSM promoted and endorsed this policy and present an overview of the benefits to PAHO active staff and WHO and PAHO retirees derived from the ‘new’ SHI policies.

WHY THE CHANGE: The decision to include Medicare in health care coverage by retirees living in the US is in response to the need to control costs charged by health care providers to SHI members living in the USA and maintain the cost SHI members pay for health insurance.

AFSM’s support and SHI’s decision emerged from compelling evidence from several key studies of health care financing and its impact on the cost of health insurance and its benefits as well as trends projected for aging populations in general and our members in particular:

- A 2017 survey by The Commonwealth Fund² comparing healthcare systems of 11 developed countries found the US healthcare system to be the most expensive.
- In the years leading up to 2019, SHI WHO faced two difficult challenges:

¹ Please review SHI Rules Effective January 2020, available on our AFSM website: https://132841a6-d1df-0751-6868-a8ae5dadd191.filesusr.com/ugd/6814f4_2a9ce9b019c5451fa74384e1a91ee87c.pdf

² <https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019>

- All WHO Regional Offices consistently had health insurance surpluses except the AMRO/PAHO Office, that consistently had a deficit, due primarily to the high cost of health care in the US.
- Active working staff had a surplus while retirees consistently had a deficit. This is because, as of 31 December 2017, 63% of retirees lived in countries with high medical costs (such as USA and Switzerland) while 44% of active working staff lived in these regions. SHI disbursement for the cost of health care of retired SHI members exceeded health insurance payments from retirees by US \$9.5 million.

SHI Offices in both WHO and PAHO and AFSM/PAHO recognized that containing the cost of health care services while maintaining access to quality care for retirees was equally challenging for both the present and the future. The rise in life expectancy worldwide is creating a growing population of retirees who will require health care in later years. This aging of our population is happening at a time when PAHO active staff, whose payments help stabilize insurance premiums, is decreasing in number.

THE GOALS: SHI Offices in both WHO and PAHO with AFSM/PAHO faced these challenges, steadfast in their commitment to achieve two overarching goals: balance costs to avoid reducing health care benefits and ensure financial reserves to meet expected financial expenses.

THE STRATEGIES: To meet these goals and ensure a balance between the global input of money SHI receives from each insured individual and the global output of money paid by SHI to health care providers, the following strategies were weighed:

1. Contain the costs of access to health care services (i.e. reduce the amount health care providers can charge SHI).
2. Reduce the benefits provided by SHI, *for example* not paying for a mobility aid such as a wheelchair.
3. Increase the annual price of health insurance coverage to SHI members, with consideration of whether the price of health insurance should be increased for all members globally or only for those living in the AMRO/PAHO Region. Obviously, the Regions of the world where health care providers charge much lower prices were reluctant to subsidize the high charge for health care in the AMRO/PAHO Region, a Region that also benefits from higher standards of living.

Ultimately, SHI Offices in both WHO and PAHO, with the support of AFSM PAHO, decided that the strategy would be to contain the cost of health care for all retirees living in the US, and not reduce benefits from or increase the cost of SHI health insurance.

To contain the cost of health care, SHI Offices in WHO and PAHO adopted the following three approaches:

1. After an eight-year campaign led by AFSM to convince PAHO and WHO that participation in Medicare would help to contain the cost of health care, it was decided that all eligible retirees residing in the US would be required to obtain Medicare Parts A & B coverage. Accordingly, AMRO/PAHO will pay the annual premium costs for Medicare Parts A & B for all eligible retirees residing in the US; and WHO will do the same for eligible retirees from other Regions who retire and reside in the US.
2. Cap reimbursements for out-of-network costs in the US for health care providers who are not in the contracted provider network currently covered by AETNA.
3. Limit reimbursement for medical services utilized in the US by those not living in the Americas (WHO Rule C-6, place of treatment).

CONCLUSION: So, why should those who do not live in the US care about all of this? Because by **controlling the cost of health care for some**, resources are available for all of us to:

1. Preserve health care benefits
2. Maintain the cost of health insurance
3. Retain the benefits of health insurance

PAHO WHO RETIREES HAVE ONE OF, IF NOT THE BEST HEALTH INSURANCE PROGRAM ON THE PLANET!

LET US WORK TOGETHER TO KEEP IT THAT WAY!!

Welcome to new AFSM members

From USA

Eduardo Castro Conroy

Staff Health Insurance and Pension Update

By Carol Collado



Hello All:

It is now that midtime space, between Winter and Spring for the northerners and Summer and Fall for those in the South; a time of transition, renewing (or forgetting) those good intentions made at the beginning of the year, preparing for the year ahead. Here are a few healthy hints: if you have not yet gotten your flu and shingles vaccines, there is still sufficient time left to take advantage of their benefits, and a healthy diet, weight control, and moderate exercise contribute to longer, more enjoyable years.

Health

All of you should have received the SHI once-a-year Newsletter sent by email from Geneva, containing a number of important items. (If you have not received this, it is most probably because Geneva does not have your correct email address registered. Please contact shihq@who.int and let them know your correct email address). In this SHI Newsletter there is a wealth of information regarding the administration and management of our SHI. On page 4 there are instructions as to how to register for your own SHI Online account, otherwise known as an ADS account, which will give you direct access in a timely manner to many important documents and information about the new things happening with SHI. We encourage you to register for your account if you have not done so already. In annex 2, you will find a review of the changes in the Rules for 2020. We also encourage everyone to become familiar with these.

Of course, one of the biggest health-related topics of concern to everyone is the new corona virus. WHO has put out their recommendations online in English, French and Spanish. This information has been sent electronically to all retirees for whom SHI has registered email addresses. We caution you to use the official WHO documents and country authority's advice as there is a lot of false or misleading information being circulated.

Pension

There is a lot on which to comment this time on the pension front.

First, and of most interest, the UNJSPF has announced that there will be a 4.2% cost of living (COL) increase to the calculations based on the dollar tract of periodic benefits as of 1 April 2020. The “cost of living based on the dollar track” signifies that the calculations are based on the corresponding dollar quantity of the pension amount if one lives outside the US. In addition, individual letters will be sent soon and for those with MSS accounts, their specific information will be posted in that account as of the end of April. For more information, please consult the news section of the UNJSPF website (<https://oim.unjspf.org/>).

IMPORTANT MESSAGE!!!

Stay well informed about the COVID-19 virus pandemic. Frequently check the web pages for WHO

(<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>) and PAHO (<https://www.paho.org/hq/index.php?lang=en>).

Not all the information circulating on the Internet is true.

Consult the official sites of your country

FOLLOW THE RECOMMENDATIONS AND INSTRUCTIONS OF THE WORLD, REGIONAL, NATIONAL AND LOCAL HEALTH AUTHORITIES

If you follow the recommendations and instructions, you are not only protecting yourself, but you are protecting your loved ones.

The UNJSPF has a new Chief Executive of Pension Administration. Rosemary McClean of Canada was appointed at the end of 2019. Unfortunately, the effects of an auto accident have kept her working from Canada, but we are expecting she will soon take possession of her NYC office. There has been a recent communication with participants about this. Instead of only the quarterly news bulletin, UNJSPF now publishes weekly articles of interest, with a monthly summary coming to those who subscribe (on the home page at <https://oim.unjspf.org/>)

There is some news that is concerning. As you know, the receipt of the paper copy of the Certificate of Entitlement (CE) is critical for continuing to receive your pension benefit. We have understood over

the past several years that there has been, especially in the southern hemisphere, problems with the CE's getting to you by mail or having them arrive safely from you at UN headquarters. Unfortunately, the problem is getting worse. This year there were 109 cases in the Region of the Americas listed as not having been received. AFSM is collaborating with the UN in trying to reach these individuals. If you have not already opened your account at the UNJSPF's Member Self Service (MSS) please do so as soon as possible. A link to instructions can be found on the home page at (<https://www.unjspf.org/member-self-service/>). With an MSS account, you can check if your CE has been received and if not, print, sign and send it in. AFSM will be working with the UNJSPF to examine the possibilities of having the CEs confirmable on an electronic basis to avoid the pitfalls of the unreliable postal systems in some countries. We have also contacted PAHO and have been assured by the Pension Unit that if needed, PAHO country offices will receive the CE's and send them on to the unit at PAHO that will in turn transmit them to New York.

We have received a number of inquiries regarding a decrease in pension payments in January, questioning whether it is related to health insurance deductions. After some investigation, we can confirm that it is. The situation is somewhat complicated, because each person's circumstances are somewhat different (such as if the individual is on one track or two, has taken out a lump sum, and other conditions).

The whole thing started with the Global Oversight Committee (GOC) in November of 2019. This group approved a recommendation that each participant's health insurance increase would be capped at 2% for 2020. The GOC also recommended that the WHO pay the increase in fees for the participants in 2020. For that reason, in our PAHO AFISM General Meeting in December, it was announced that there would not be an increase in the health insurance premiums in 2020. However, in mid-December, when the Director General approved most of the GOC recommendations, he asked for actuarial impact data before approving that the organization assume coverage of that 2% for participants. Because retirees pay one month in advance for health insurance, their 2020 payments, which should have started with the 2% increase in December were not charged for the increase due to the lateness of the DG decision. Some adjustments were made in January and February and others will be made in March for the remainder of the year. The retiree reps to the Geneva governing committees have asked that the Secretariat of SHI send a memo to all retirees explaining this situation which you should be receiving soon. Thanks for your patience in this matter and we hope that you were not terribly inconvenienced. If there are urgent individual questions, you are welcome to contact Katia Morgenbesser in Geneva at morgenbesserk@who.int. **N**

In Memoriam

DEATHS REPORTED IN 2020 NOT PREVIOUSLY REPORTED

José María Salazar Bucheli

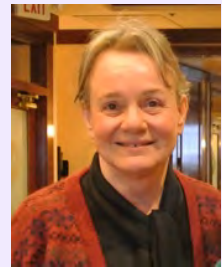
23 February 2020

Health tips – Sugar, A Sweet Menace

Part Two: Reducing Added Sugar

By Gloria A. Coe

Between 1 January 2018 to 11 February 2020, The New York Times published 31 articles on topics related to sugar.¹ The topics vary from the influence of industry on food policy to the impact of sugar on infants and toddlers, sugar and illness, and healthy eating.



Processed food consumption is rising in Latin America. Much of the sugars consumed today are 'hidden' in processed foods that consumers do not view as sweets. For example, 1 tablespoon of ketchup contains around 4 grams (about 1 teaspoon) of free sugars. A single can of sugar-sweetened soda has up to 40 grams (about 10 teaspoons) of free sugars.

PAHO and WHO urge countries to reduce sugar consumption among adults and children.

We have relied on the New York Times because of its global reach and reputation, its broad coverage of sugar, the availability of some articles in Spanish, and for its concern for the health of its readers. We invite our readers to review articles of interest; however please remember, those not subscribed to the New York Times can usually access only 10 free articles each month.

Among the New York Times articles published were:

- *America's diet: too sweet by the spoonful*²
- *It's the sugar, folks*³
- *She Took on Colombia's Soda Industry: Then She was Silenced*⁴

¹ Google: New York Times sugar:

https://www.google.com/search?xsrf=ACYBGNRdvIN4Obw82MOr5jx0KfzRy9BOhA%3A1579025121619&source=hp&ei=4QleXoapI9Hv5gKs_L7wCA&q=new+york+times+sugar&oq=new+york+times+sugar&gs_l=psy-ab.3..35i39j0i131j0i20i263j0l7.2631.8571..10282...0.0..0.97.1588.20.....0....1..gws-wiz.....0i67j0i131i67.8qE8Zh91jpE&ved=0ahUKEwjGndr71oPnAhXRt1kKHSy-D44Q4dUDCAg&uact=5

² Brody JE, New York Times, Fitness & Nutrition, Personal Health, Feb. 9, 2009. America's diet: too sweet by the spoonful. <https://www.nytimes.com/2009/02/10/health/nutrition/10brod.html>

³ Bittman M. New York Times, Opinion Letters. Feb. 27. 2013; It's the sugar, folks: <https://opinionator.blogs.nytimes.com/2013/02/27/its-the-sugar-folks/>

⁴ Jacobs A, Richtel M. New York Times, Health. Nov. 3, 2017; She Took On Colombia's Soda Industry. Then She Was Silenced: <https://www.nytimes.com/2017/11/13/health/colombia-soda-tax-obesity.html>

- *In Sweeping War on Obesity, Chile Slays Tony the Tiger.*⁵ Facing increasing rates of obesity, “The Chilean government “killed Tony the Tiger. They did away with Cheetos’ Chester Cheetah. They banned Kinder Surprise, the chocolate eggs with a hidden toy.”
- Two years later, the article *Sugary Drink Consumption Plunges in Chile After New Food Law*⁶ indicates “Chileans are drinking a lot fewer sugar laden beverages . . . Consumption of sugar sweetened drinks dropped nearly 25 percent in the 18 months after Chile adopted a raft of regulations that included advertising restrictions on unhealthy foods, bold front-of-package warning labels and a ban on junk food in schools.”
- *The Key to Weight Loss Is Diet Quality, Not Quantity, A New Study Finds.*⁷ A new study in the Journal of the American Medical Association (JAMA) “found that people who cut back on added sugar, refined grains and highly processed foods while concentrating on eating plenty of vegetables and whole foods . . . lost a significant amount of weight over the course of a year.”
- *A Shadowy Industry Group Shapes Food Policy Around the World.*⁸ Focus is on the work of an American nonprofit with the “innocuous sounding name” the International Life Sciences Institute (ILSI) that is quietly infiltrating “government health and nutrition bodies around the world . . . and was created four decades ago by a top Coca-Cola executive.” In 2015, ILSI lost its access to WHO governing bodies after critics raised questions about its ties to the food industry.
- *Infant and Toddlers Eat Too Much Sugar, Researchers Say.*⁹ The first paragraph reads ‘Nearly all American toddlers and about two-thirds of infants consume added sugar, despite nutritionists’ recommendations that children avoid the sweetener.’

⁵ Jacobs A. New York Times, Feb. 7, 2018. In Sweeping War on Obesity, Chile Slays Tony the Tiger: <https://www.nytimes.com/2018/02/07/health/obesity-chile-sugar-regulations.html>

⁶ Jacobs A. New York Times, Health, Feb. 11, 2020. Sugary Drink Consumption Plunges in Chile After New Food Law <https://www.nytimes.com/2020/02/11/health/chile-soda-warning-label.html?referringSource=articleShare>

⁷ O’Connor A. New York Times, Feb 20, 2018. The Key to Weight Loss is Diet Quality, Not Quantity, a New Study Finds: <https://www.nytimes.com/2018/02/20/well/eat/counting-calories-weight-loss-diet-dieting-low-carb-low-fat.html>

⁸ Jacobs A. A. New York Times, Sept, 16, 2019. Shadowy Industry Group Shapes Food Policy Around the World: <https://www.nytimes.com/2019/09/16/health/ils-i-food-policy-india-brazil-china.html>

⁹ Holson LM. New York Times, November 14, 2019. Infants and Toddlers Eat Too Much Sugar, Researchers Say: <https://www.nytimes.com/2019/11/14/science/sugar-toddlers-infants.html>

On 30 December, 2019, the New York Times published *Make 2020 the Year of Less Sugar*¹⁰ informing readers “One of the best thing you can do for your health is to cut back on foods with added sugar,” inviting readers to sign up for “the 7-Day Sugar Challenge¹¹,” and promising ‘Our 7-day Sugar Challenge will show you how, one delicious daily challenge at a time.’

- **Day 1 – A No Sugar Morning.** Start the day with a no sugar and no grain breakfast. Start with breakfast “because it’s typically the sweetest meal of the day.” “To kick the sugar and grain habit at breakfast, go for high-protein or plant-based breakfast foods.” Among the foods suggested are scrambled eggs, vegetable frittata, berries and a handful of nuts, plain or whole fat yogurt with fruit and nuts, smoked salmon with or without eggs, among others.
- **Day 2 – Eat Real Food.** Stop eating added sugar in processed foods. Start by cutting just one packaged food item from your snacks or meals and replace it with roasted nuts or a piece of fruit. It is relatively easy to identify packaged foods by looking at the ingredients; “real food will have no more than two or three ingredients.”

Added sugar excludes naturally occurring sugars present in intact fruit, vegetables, or dairy products or in juiced or pureed fruit and vegetables. **Free** sugars include all sugars added by the manufacturer, cook or consumer as well as sugars that are naturally present in juiced or pureed fruit and vegetables.

- **Day 3 – Eat Fruit.** Enjoy natural sugars in fruits, vegetables and dairy products. Among the best options are berries, apples, and oranges that also have lots of fiber. It’s suggested we should skip bananas and grapes because “they break down quickly and raise blood sugar faster than other fruits.”
- **Day 4 – Stop Drinking your Flavors.** Drink only water plain still or sparkling. Skip the juice, sports drinks, soda (regular or diet), flavored milk, and bottled sweet coffees. Feel free to add milk to your morning coffee or tea, but no sugar!
- **Day 5 – Spice it Up.** “Eat something spicy, flavorful and delicious.”
- **Day 6 – Sweeten Your Vegetables.** Recognize the natural sweetness in vegetables and how we can enhance their natural flavors. Roasting root vegetables at high temperature reduces the water content and caramelizes the

¹⁰ Parker-Pope T. New York Times, Dec. 20,2019: Make 2020 the Year of Less Sugar: <https://www.nytimes.com/2019/12/30/well/eat/sugar-diet-healthy.html>

¹¹ The New York Times 7-day Sugar Challenge: <https://www.nytimes.com/programs/sugar-challenge>

natural sugars, making veggies taste sweeter without added sugar. Add butter, olive oil or salt to make them even more delicious.

- **Day 7 – A Chocolate Reward.** Savor a piece of chocolate and remember, ‘the darker the chocolate, the less sugar it has – but still check the label.’ Since cocoa does not have sugar, all sugar is added sugar. Chocolate with 80% - 90% dark cacao has about 7 grams of sugar or 1.4 teaspoons. Remember, sugar content goes up as the percentage of chocolate goes down.

On 8 January, 2020, the author of the 7-day Sugar Challenge, Tara Parker-Pope, wrote an interesting excellent article featuring questions received from readers and her answers in *Dried Fruit, Oats and Coffee: Answers to Your Sugar Questions*¹².

I can reduce the amount of added sugar I eat each day.

**Knowing the science and harm of added sugar in your diet,
it is easier to look for healthy choices when we select our food. *N***

Y E S I C A N



¹² Parker-Pope T. New York Times, Jan 9, 2020. Dried Fruit, Oats and Coffee: Answers to Your Sugar Questions: <https://www.nytimes.com/2020/01/08/well/eat/diet-sugar-nutrition-foods-health.html>

News from the Colombian Chapter of AFSM



By María Mercedes Rodríguez



The Colombian Chapter of the Association of Former Staff Members of PAHO/WHO (AFSM-COL) held its annual general meeting on 6 September 2019 and its members elected a new Board of Directors for the period of September 2019 to September 2020. The Board was formed as follows: Elmer Escobar, President; Raúl Londoño, Vice President; María Mercedes Rodríguez, Secretary; Ricardo Torres, Treasurer; Gloria Briceño, Member; Norberto Martínez, Member; and Diego Daza, Member.

The Board of Directors of the AFSM-COL has been developing various activities in support of humanitarian aid projects, among which the project of “COMEDOR MARIA ES MI MADRE” stands out. It is a Soup Kitchen that provides breakfast and lunch to elderly street dwellers, and it currently serves between 120 and 140 elderly. The “HOUSE OF HOPE” project, which has been operating since 2007, functions as a worthy haven for those elderly who, due to their health or age, can no longer sleep on the street. Seventy of them currently benefit.

Also, among the main activities the Chapter is engaged, is in making preset financial contributions in line with commitments annually selected. Contributions are also made in response to requests such as to support specific needs for repairs to the physical infrastructure of the branches, or their endowments.

Other activities that the ASFM-COL develops include supporting members in the management of the Certificates of Entitlement, to send annually to the Pension Fund, training and documentation for the new SHI-Online platform, local agreements with clinics to provide care to SHI policyholders, and issuance of PAHO cards that identify insured members for their use with clinics and hospitals with whom PAHO has an agreement.

The new board is committed to following up on the outlined work plan and developing new activities that should be completed within the time frame established for the Board. **N**

Breast cancer in men¹

By David Cohen



Men have mammary glands too, and they can also develop breast cancer (approximately 1% of all breast cancers).

Risk factors

As is the case for women, the risk of breast cancer in men increases with age. The risk factors include:

- Hereditary predisposition (a genetic mutation is found in some of the affected men),
- Congenital chromosomal abnormality (Klinefelter syndrome),
- Radiotherapy of the chest: for example, during treatment of another cancer,
- Family history: cases of breast cancer in one or more first-degree relatives (mother, father, brother),
- Hormonal disorders: excessive secretion of oestrogen, or oestrogen treatment of prostate cancer,
- Obesity,
- Cirrhosis of the liver,
- Excessive alcohol consumption, smoking (?).

Symptoms

- Palpable lump, often painless; or an area of hardness, often in the nipple area
- Retraction or other change (e.g. a sore) in the nipple or areola area
- Discharge or bleeding from the nipple
- Swollen lymph nodes in the armpit

Since breast cancer is rare in men, it is often not diagnosed until it is at an advanced stage. Enlargement or swelling of breast tissue (*gynecomastia*) in men, can be a warning sign. This benign change when linked to a hormonal imbalance can increase the risk of breast cancer.

¹ This article is reprinted from the WHO AFSM newsletter of January 2020.

Diagnosis

The diagnosis is made by means of mammography, ultrasound, and a biopsy. Microscopic examination of the tissue samples will reveal whether the cancer cells have hormone receptors on their surface, or other characteristics that might promote the growth of the tumour, which is the case in 90% of the men affected. Depending upon the results of the analysis, additional examinations may be carried out to determine whether the tumour has metastasized.

Treatment

Most cases of breast cancer in men are treated in a similar way to breast cancer in menopausal women. The treatment is always planned on a case by case basis. The treatment will depend on several factors: tumour size, tissue characteristics, lymph node involvement, and presence of metastases.

Possible treatment methods are:

- Surgery, which aims to completely remove the tumour
- Chemotherapy
- Radiotherapy
- Hormone therapy (antihormonal treatment)
- Other targeted therapies

Conclusion

The prognosis depends largely on the stage at which the cancer is diagnosed: localized tumour, or with regional involvement (lymph nodes), presence of liver, bone, or pulmonary metastases, etc.

In conclusion, breast cancer in men, although very rare, does not differ fundamentally from the condition in menopausal women. **N**

Source

Canadian Cancer Society. *Cancer du sein chez l'homme*
Le cancer du sein chez l'homme - Centre du sein – CHUV, etc.(www.cancer.ca)

Obituary for José María Salazar Bucheli

1930 – 2020

By Antonio Hernández



José María Salazar Bucheli passed away on Sunday 23 February 2020 at his home in Rockville, Maryland in the United States. He was surrounded by his wife Amalia Grueso de Salazar, daughters María Mercedes, Ana María, Amalia and husband Jaime, son Juan Carlos and wife Olga, and 9 grandchildren.

Born on 15 July 1930, in Pasto, Colombia, he attended the San Francisco Javier School, of the Society of Jesus in Pasto, and then studied Medicine and Surgery at the Pontificia Universidad Javeriana in Bogotá. In the early 1950's he completed postgraduate studies at Georgetown Hospital in Washington D.C. and at Buffalo Mercy Hospital, New York. In 1955 he completed his residency in Internal Medicine and Cardiology at the Bellevue Hospital of New York University's Medical Center. He was a member of the New York Heart Association.

Returning to Colombia, he became a professor of Internal Medicine and Cardiology at Cauca University in Popayán, where he established the Department of Cardiology. During this period, he instituted a profound academic reform in the training of undergraduate and postgraduate students in medicine. Later he was appointed Dean of Cauca University.

In 1964, he was appointed Governor of the Department of Nariño, where he gave priority to social projects and economic development, with an emphasis on education and health. At this time, the construction of the Departmental Hospital of Pasto began, equipped with the highest technology of the time.

In 1971, he was appointed Minister of Health, a position he held for 4 years. As minister, he promoted and coordinated the establishment of Colombia's National Health System, which included coordination at the national level with Social Security, the Colombian Institute for Family Welfare, and aqueduct and sanitation companies. The system operated for more than 2 decades and it served as a model for several countries. During this period, he gave priority to the expansion and remodeling of the country's hospital network, and numerous hospitals were started and finished, including several at the university and regional levels, as well as the construction and remodeling of numerous health centers and posts within the primary health care network.

Technological updating in health facilities was another main priority and the latest technological equipment was installed in the areas of radiology, cardiology, cardiac catheterization, automated clinical laboratories and CAT scans, that latter having been recently developed by EMI laboratories in England. His vision and knowledge in the field of technological development in health laid the foundations for the development of the human resources required for proper management and maintenance. During his tenure, the first mass vaccination was carried out at the

national level for the eradication of the Wild Polio Virus, with Colombia being one of the first Latin American countries where the disease was eradicated.

He joined the Pan American Health Organization in 1974 as Director of the Office for the Coordination of Relations with other Organizations of the International System, including Bilateral Development Agencies and Non-governmental Organizations, to mobilize financial and technical resources for the development of health projects in the countries of the Americas Region. He was designated as focal point for the development of the United Nations Program to Promote Technical Cooperation among Developing Countries in the Health Sector. Also, under the direction of PAHO's Director, and with the support of other Divisions, he helped to develop a process to mobilize support for the program called "Health as a Bridge to Peace" in Central America.

In 1993, he retired from PAHO and continued to be a consultant on health projects in the Region of the Americas.

On 25 February 2020, the United States Congress raised the flag in honor of José María in "Honor of the life and legacy he served to the United States, Colombia and countries in need." **N**

AFSM participates in the Director's breakfast for new PAHO staff

By José Ramiro Cruz



On 18 February, on behalf of PAHO AFSM, José Ramiro (Pepe) Cruz, Coordinator of the Outreach Committee, attended the Director's Breakfast for new staff recently contracted by PAHO and those transferred to Washington, DC.

Dr. Etienne said: "I am happy to welcome José Ramiro Cruz. We always try to have a former staff member present for this event. That is because, as an Organization, we value the contributions that all past staff members have made, and we need to continue to be reminded that we stand on their shoulders. I think that the people who have served this Organization over the past century have ensured that it is well respected and, even more, that the people of this Region and the Member States have been well and appropriately served. We must always be reminded of this, and we must always encourage ourselves to strive to achieve that same level of competency, that level of excellence that has been demonstrated before. So, José Ramiro Cruz is here today, not only as a member of the retired staff association, but also as a reminder to us to strive for the very, very best and to strive for excellence."



CREDIT UNION NEWS
PAHO/WHO FCU

MARK YOUR CALENDAR FOR THE CREDIT UNION ANNUAL MEETING

For over 70 years, it has been our honor to serve the global health community and help our members live better, healthier financial lives. Join us as we share every success and highlight what is in store for the future of the credit union at this year's annual meeting.

PAHO/WHO FCU Annual Meeting

Wednesday, May 13, 2020

4:00 pm at the PAHO/WHO

U.S. Headquarters Building

525 23rd Street NW in Washington D.C. USA

Main Council Chamber (Room A)



Serving the global health community



pahofcu.org
866-724-6328

A New Life Choice as an Older Adult

By Helena E. Restrepo



I have agreed to write about the new life option that I have chosen as an older adult so that perhaps for some retired people from PAHO, my peers, this experience can help in making one of the most important decisions in our lives, since we are a part of the group of "older adults" or people in the "older ages" as was said by an aunt of mine who died at the age of 98 while still writing poetry.

In 1996, I retired from PAHO. So my husband, Carlos Restrepo, a doctor who was already retired from his jobs as professor and researcher at the University of Antioquia (Colombia) and Louisiana State University (USA), and I returned to our country, Colombia. We both continued working part time as consultants, I in the field of Public Health and specifically in Health Promotion and he as an expert Pathologist. Three of our 4 daughters were in Colombia and 1 in Denver, Colorado.

We were living first in Cali, because, as the only daughter, I dedicated myself to the care of my mother who had been widowed. Unfortunately, my husband was afflicted by serious health problems, and the daughters who resided in Medellín insisted that we move to that city, to share caretaking with them and to take better care of their father. I could not agree to this until my mother permanently left us in 2007. We moved to Medellín in 2008 and we built our home in a spacious, beautiful and comfortable apartment.

Unforeseen events always surprise us: my husband passed away in early 2009, which I did not expect to happen so soon. This was a moment of crisis for me and as a result I had to rethink my life alone, taking on other responsibilities. Life continued to advance and I managed to continue with my professional and above all intellectual interests, including literature, music and art. I was also able to enjoy our beautiful little farm in the mountains with grandchildren, daughters and friends.

However, in Medellín, I began to have increasing difficulties in getting good support for housework and companionship. As the years go by, we older people require more help in activities of daily life. I had never been tempted before to go live in a special place for older adults.

Last year, in August, an excellent doctor called me. He was a former Public Health student of mine who was very interested in health promotion. Several years before I had helped him in health promotion and healthy life development in population groups. He had just returned to Medellín after six years in Chile where he ran assisted living sites for older

adults based on a Belgian model. I toured with him the construction site of the future headquarters of a project similar to those in which he had worked in Chile, where they were placing great emphasis in the promotion of healthy living. As he explained all the details of the model that was designed to provide the best health and quality of life options for the elderly, I began to think about why didn't I make the decision to come and live in this place, which seemed so attractive to me. Obviously, it was being developed to provide a lifestyle with many pleasant initiatives and supportive of wellbeing.



The name of the site was Casa Nua. They explained to me that “nua” means “ours” in an old Flemish language and that the idea of this type of project is that the person who comes to the house turns it into his own house and one for all of its inhabitants, turning it into “our house”. At the end of the visit I said to the director "I'm going to come live here." His surprise was very great and it was even more so for my daughters when I told them about my decision. The latter asked me in amazement why I decided to take this option since I was living in a magnificent apartment that was very well situated in the city and close to their homes. I think that my answer can be useful for my colleagues and retired friends. I answered “Because I want to be the one who makes this type of decision when I am in possession of my full mental faculties; while I am still autonomous and independent. I do not want it to be my family members who have to make the decision when they do not know what to do with someone who can no longer be autonomous and who requires so much care”. I have seen many cases in which conflicts arise between children and relatives who wonder what they are going to do with their mom or dad; who is going to take care of them; whose responsibility is it, etc. Of course, I am sure that my daughters would not possibly have that kind of conflict but... nobody knows what will happen to us in the future or how long we will live, and we can become a heavy burden on our families.

First conclusion: we must always consider new options for our lives and be vigilant so that we are the ones who make the decisions we want so we can live a dignified and safe life.

I also want to tell you about the most tragic thing that happened to me while I was making this decision. I never imagined that it was going to be so difficult to get rid of so many of the things that my husband and I had accumulated with so much joy and pleasure: hundreds of books and CDs, collections of ornaments and works of art, hundreds of photographs and albums, furniture etc. It was so hard to break up the apartment; and much of this effort left me with painful muscle and joint injuries. It took me a long 4 months to finish the move. I have given away many books, records, decorations, furniture, clothes, and I have distributed boxes of my prized collections to my friends, along with the books and pictures with which my daughters and I filled the farm. The most incredible thing is that I have given these gifts with great happiness, as if it were the most natural thing in

the world to conclude that these objects were no longer necessary, that they had already fulfilled their function, and also with the satisfaction of knowing that they were received with pleasure and thanks by the recipients.

Second conclusion: let us detach ourselves from and get rid of so many things that we keep, that gave us happiness for a time but that the time comes to give that happiness to other people.



I will now describe the house I chose and where I have lived for 3 months. What does Casa Nua offer?: A complete balanced diet selected by an expert nutritionist; physical and cognitive conditioning; educational, cultural and recreational activities; music therapy; laundry and room-cleaning service. The very welcoming and expertly designed location areas include: a restaurant, gym, arts and crafts room, library, theater and cinema, massage room and spa, beauty and hairdressing salon, barber shop, oratory and meditation, game room, physiotherapy, terrace with bar and BBQ, gardens and an orchard, and continuing education on different topics. The rooms are spacious with an excellent bathroom. The nutritionist, administration, social welfare, nursing and gerontology, and kitchen staff are all well qualified and they have an excellent attitude for relating and supporting the residents. All the personnel are competent, with an attitude of service and belonging. As for medical care, there permanently a professional nurse and a doctor.

My apartment has a bathroom and two bedrooms; in one I have my study room and in the other my bedroom, as you can see in the photos. I have managed to continue my literary activities and enjoying music.

Third conclusion: I have an ideal home in my two rooms. Accordingly, I have realized that at this stage of life we do not need as much space or as many things to live contentedly and with great comfort. As for the rest, I continue to enjoy everything that I like and in which I am interested.

I hope you liked this simple chronicle and that it may help you find suitable life options in the elderly stage of your life. Living with other older people with different problems and situations is teaching me a lot. This will be the subject of work that I am thinking of doing in the future for my inner joy because I consider it to be so very interesting. **N**

Should Hormone Replacement Therapy be Discontinued After the Menopause?¹

By David Cohen



In 2002, a study in the USA – *Women's Health Initiative* – focused attention on the increased risk of women developing breast cancer after a course of postmenopausal Hormone Replacement Therapy (HRT). Shortly afterwards, a study in the UK (*Million Women Study*) came to similar conclusions.

Other studies have subsequently found lower risks than those indicated by the American study. French gynaecologists considered that these results were difficult to apply to treatment in France, where the majority of HRTs in use comprise low-dose oestradiol (the main form of oestrogen), generally administered by the transdermal route, and a progestin (synthetic analogue of progesterone).²

However, a study at Oxford University, published in *The Lancet*³ in August 2019, reviewed the worldwide epidemiological evidence and concluded that there is an increased risk of breast cancer after different hormonal treatments. The data were drawn from 58 studies using the individual data from 108,647 postmenopausal women who developed breast cancer at an average age of 65, during 20 years of follow-up. Of these women 55,575 (51%) had followed a course of HRT. The average age at onset of the menopause was 50 years.

Continuous therapy for 5 years with oestradiol and progestin was found to increase the risk by one additional case per 50 women. This increased risk persisted up to 10 years after termination of the treatment. Local treatments with vaginal creams were not implicated.

¹ This article is a reprint of the AFSM WHO Newsletter January 2020

² *Le Monde*, 30 August 2019. *Cancer du sein: les traitements hormonaux de la ménopause augmentent le risque.*

³ *The Lancet*, 29 August 2019. *Type and timing of menopausal therapy and breast cancer risk: individual participant and meta-analysis of the worldwide epidemiological evidence.*

The increased risk of breast cancer was less when progestins were given intermittently (one additional case for 70 treated women) and even lower with oestradiol alone (one case per 200 treated women), however in the latter example there was an increased risk of endometrial cancer (of the lining of the uterus).

The study reported in *The Lancet* concluded that a woman aged 50 who begins HRT with oestradiol and progestin and follows the treatment for 5 years has an 8.3% risk of developing breast cancer within 20 years after termination of the treatment, compared to 6.3% for a woman of the same age who had not received HRT.

Until the early 2000s HRT was prescribed widely, because it was believed that it played a major role not only in relieving the symptoms of the menopause (insomnia, hot flushes, night sweats, fatigue, mood disorder, decreased libido), but also reduced the risk of heart attack and osteoporosis. However other recent studies do not confirm these last two effects.

Conclusion

According to some researchers, the risks are overestimated in the study reported in *The Lancet*, especially since the protocols of the 58 studies reviewed were not identical, with the potential of introducing a bias. The findings should, however, influence the recommendations concerning regular breast cancer screening. Hormonal treatment of the menopause can relieve severe menopausal symptoms but decisions on its use should be evaluated on a case-by-case basis, and the treatment should not be continued for too long (maximum 5 years).

In addition to HRT, the important role of physical activity and relaxation exercises in relieving menopausal symptoms should be emphasized. **N**

Things to Remember

Your opinion is important

The AFSM Board and committee coordinators would like to know about the expectations of its members.

We might not be able to solve all your problems but we have resources that could be utilized. Also, we encourage your contributions to the Newsletter, either in the form of articles for publication or in comments about its contents.

To reach us, send us emails to:

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You can also write to:

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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>

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