



NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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General Meeting – 4 December 2019

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PARTICIPATION: That's What's Gonna Save the Human Race¹

By Gloria A. Coe

The Association of Former Staff Members of PAHO/WHO recently celebrated 30 years of work on behalf of its members. During those 30 years AFSM achieved many goals. Focusing on two examples among many others, AFSM's achievements in the past year are:



- **To retain the cost of health insurance for staff and retirees in the Americas.** This is critically important when we recognize of the six WHO Regional Offices, the Office for the Americas was the only Office with a deficit - primarily related to health care of former staff members. In response, both Geneva and Washington discussed the possibility of increasing health insurance premiums for all staff and retirees in the Americas. For more than eight years, AFSM reasoned that by paying the cost for retirees living in the US to join Medicare, PAHO would maintain health care costs thereby maintain the cost of health insurance. In 2019, PAHO endorsed Medicare Parts A&B for all eligible former staff residing in the US, paying all costs of those who enroll. Both the WB and the UN system have shown significant savings by joining Medicare. For PAHO & WHO staff and retirees living in the Americas, it is envisioned these savings will help ensure continued excellent health care benefits without increasing health insurance premiums.
- **To improve AFSM's two-way communication system.** Thanks to the generous support of our Director, Dr. Clarissa Etienne, and the technical work of Ricardo de la Torre and Pamela Tejada of PAHO's IT unit, we are moving our communication system to PAHO's cloud-based Microsoft SharePoint System. Among the advantages of this move is the ability to target the information we disseminate to selected audiences, develop and maintain a directory of retirees, and process electronic voting and surveys. The Board implements strategies with the hope of making active participation by all members a reality. Among these are improved two-way communication, electronic voting, and transmission of meetings. Nevertheless, there is a low response from members.

¹ Pete Seeger (1919 – 2014) was an American folk music singer, songwriter and social activist

AFSM has seven Committees: Publications, Membership, Outreach, Health Insurance and Pension, External Relations, Communications, and Elections. Of the 42 members on these committees, 29 are in fact the 9 Members of the Board who work for more than one Committee.

The successes of AFSM are realized by the active uncompromising participation of the nine members of the AFSM Board and four frequently five honorary members and volunteers who attend our meetings, roll up their sleeves, and invest their time and know-how to achieve results. All retirees in the Americas, whether they are members of AFSM, benefit from the dedicated efforts of a small number of dedicated individuals. It is their collective participation that define the programs and projects AFSM will plan, implement, and achieve each year. I sometimes wonder what AFSM could achieve if more members would participate in our Board meetings and on our Committees to identify new and exciting programs and provide depth to ongoing projects. The Board welcomes the support of those who would enjoy participating. The Board generally meets on the last Thursday of each month, 10:30 am in the Conference Room of the PAHO/WHO FCU (please confirm day and time at afsmpaho@gmail.com). We welcome those who would like to experience the challenge of participating together to enhance the health and wellbeing for all. **N**

Welcome to new AFSM members

From USA

From the Washington Area

Graciela López Carrasco

Flor de Luz Menéndez

From other parts of the USA

Alan Schnur

From other countries

**Rubén Grajeda Toledo, from
Guatemala**

**Patricia R. Ruiz-Luna, from
Nicaragua**

Report of the 30th General Meeting of AFSM Washington, DC, 4 December 2019

By Gloria Morales



The thirtieth General Meeting of the Association of Former PAHO/WHO Staff Members (AFSM) was held at PAHO Headquarters in Washington, DC on Wednesday, 4 December 2019. This event brought us together as friends and colleagues to learn about changes in our health insurance and pension, share recent events in our lives like new births, and have amicable interactions that allowed us to continue being part of PAHO's extended family.

Attendance was one of the highest in recent years. Over 60 former staff members, their invited guests, as well as staff from the PAHO Administration and the Credit Union came to the meeting. It was a pleasant experience to meet and talk to former colleagues we hadn't seen for years. They came not only from the Washington area, but also from Spain and other countries, while visiting family for the festivities.

Matilde Pinto was designated as Chairperson to lead the meeting. The agenda, among others, included the President's Report, an announcement of the project to improve communications with our members with the support from PAHO, PAHO plans for the UN Decade for Healthy Aging, a presentation by the acting CEO of the United Nations Joint Staff Pension Fund, and a description of upcoming changes to the health insurance that will take effect in 2020. There was also a moment of silence in memory of our former colleagues who passed away during this year.

Gloria Coe, AFSM President, welcomed all participants. She mentioned that, for the first time, the meeting was being broadcast with simultaneous interpretation in English and Spanish to allow for ample participation of members who could not attend in person. She extended a special welcome to guest speakers, Mr. Gerald Anderson, PAHO Director of Administration; Ms. Janice Dunn Lee, Acting CEO of the United Nations Joint Staff Pension Fund; and Mr. Chris Saenz, PAHO Advisor for Staff Health Insurance, Social Security, among others.

PAHO's Director of Administration referred mainly to two containment measures to control the deficit in the health insurance fund. The first is to require retirees living in the US to enroll in Medicare by 1 August 2020. The second deals with the utilization of in-network AETNA providers. Those who use out-of-network providers will be reimbursed at a 70% rate, versus the 80% rate applied to those who use in-network providers. There will be some exceptions that will be analyzed on a case-by-case basis. Furthermore, he referred to PAHO's support to AFSM by providing a space in their SharePoint system and the possibility of providing retirees access to PAHO's Workday in 2020, so that everyone will be able to update his/her own personal information in the electronic system. It will not be mandatory, but available. WHO is also working on an app that can be used on various devices to help one keep track of one's own health indicators.

Gloria Coe, AFSM President, introduced current Board Members, acknowledged their work and that of former presidents, as well as that of volunteers who regularly attend the Board meetings. One of the main accomplishments during this year has been moving the AFSM communication system to PAHO's virtual collaborative SharePoint system which will provide a higher level of privacy and security. This process, however, will be a challenge to our members as they will have to register in the new system and learn how to use it. Educational videos and materials will be prepared to facilitate the process. Another challenge AFSM faces is to increase membership to ensure broad dissemination of critical information related to health insurance and pension.

The Project on communication with AFSM members and collaboration with PAHO was presented by Antonio Hernández, who listed some of the ongoing activities, such as coordinating priorities, updating and maintaining a member information system, and managing the AFSM website, among others. There are many limitations within the existing system, including the manual update of information subject to human error as well as security and vulnerability risks. He then described the system under construction, which is being created using PAHO's SharePoint virtual environment. It will have PAHO's technical support, with a robust security system and virtual collaborative working spaces for the Board and AFSM members. At the end of this session, José Ramiro Cruz, AFSM Outreach Committee Coordinator, referred to the efforts made to locate some members with whom we have lost contact (MIA) and he distributed a list of their names, asking those present for any information to contact them. The good news is that information was received on most of them, so there are just a few missing now.

PAHO's plans for the UN Decade for Healthy Ageing 2020-2030 was described by Enrique Vega, PAHO's Regional Advisor on Aging. An article with more detail will be forthcoming.

Sheila Meehan, President of the International Monetary Fund Retirement Association (IMFRA), made a presentation on behalf of the Association of Retired Associations of International Organizations (ARAIO). She expressed the IMF's concern about the high costs of health care in the US, resulting in their making Medicare Part B mandatory for all its retirees living in this country. IMFRA shares some of the problems faced by AFSM, such as recruiting members as volunteers. She ended by stating that she expects AFSM to be the leader in health-related issues.

Janice Dunn Lee, acting CEO of the United Nations Joint Staff Pension Fund, presented the main features of the Fund and she provided some history since its creation in 1949, celebrating this year its 70th anniversary. She assured us of the Fund's sound financial situation and outlined demographics of its beneficiaries. An interesting fact is that there is nearly a 7-fold increase in retirees over 90 and older since 2010. Her priorities as acting CEO are: effective operation, enhanced communication and a strengthened management culture; and her challenges are mainly governance and reporting issues.

Miguel Boluda spoke on behalf of the Credit Union, assuring members of its good financial situation, with over 200 million in assets. It is partnering with other organizations, extending services to their members and increasing their relationship with country offices. Their annual meeting will be on 13 May 2020. He ended by making a call to participants to run as candidates to serve on the Board of Directors.

Chris Sáenz provided key information on upcoming changes to retirees' health insurance regulations. As medical expenses of US retirees generate an 8 million deficit, two cost control measures have been adopted: 1) requirement to register in Medicare Part A and B by 1 August 2020, and 2) reduce the reimbursement amount for out-of-network (OON) providers to 70% versus 80%, effective 1 January 2020. There will be some exceptions to this, such as emergencies, mental health providers, and any items that have a limit, such as dental or lenses, that will be reimbursed at 80% up to the specified limit in the regulations. Other changes relate to preventive medical check-up, use of mobility scooters, and others to be described on a SHI Bulletin to be published in December 2019. He ended his presentation informing that there will be no increase in the health insurance contribution for 2020.

Right after the closing of the meeting, the participants gathered for a light lunch. There was ample opportunity to reconnect, exchange ideas, experiences, and activities in which they are involved, as well as to share events related to life during retirement.

We strongly encourage members to participate in AFSM activities regardless of their place of residence. Additionally, for those finding themselves in the Washington, DC area, we remind you that the Board meets on the last Thursday of each month and these meetings are open to any member, so please come and participate! **N**



Health and Pension Update

By Carol Collado

At this time of year, we would be remiss if we did not start out by wishing everyone a wonderful and safe holiday season, and best wishes for a happy and healthy New Year for you and your families.



Health

First, a clarification: We had promised to send you a note when the results of the July Global Oversight Committee (GOC) meeting were formalized. We did not forget you! It took a long time for those recommendations to clear the offices of the Director General, General Management, and Controller. Just as we were working on the notice, HQ (Geneva) sent out a detailed message with the changes to occur as of January 2020, to everyone whose emails are registered.

To avoid duplication, we opted not to send another similar notice. **Reminder:** if you did not receive this notice from HQ by email, they do not have your correct contact information. Please send corrections to shihq@who.int

Another **reminder** regarding your responsibilities in relation to keeping healthy: Don't forget to check your records to verify that your vaccinations are current: flu, pneumonia, shingles, and tetanus. Especially if any of you are travelling this holiday season, it is good to make sure you are up-to-date on these.

I want to send a big thank you to all who took the trouble to vote in the elections for retiree representatives on the governing bodies of the Staff Health Insurance (SHI) in Geneva. I am pleased to inform you that the four members and alternates of the General Standing Committee Jean Paul Menu, Marjory Dam, Francoise Hery Persin and Carol Collado were re-elected and will be privileged to represent you for the next four years. Ann Van Hulle was re-elected as representative on the General Oversight Committee and we welcome Thierry Lambrechts, former medical advisor to SHI, as the alternate representative. The only disappointment is that fewer participants voted this time as compared to the last election four years ago. We will continue to remind you of this opportunity to have your people there working on your behalf when the next election comes up.

As you have been advised, there are a number of changes in the SHI rules that will take place as of January 2020. We encourage all of you to study the benefits table when it reaches you so that you do not encounter complications in your claims or have to pay new penalties as a result of the new rules governing out of network providers that will also begin in January. There will be some special considerations and exceptions, so if your provider is not in network, please carefully check the new rules.

Keep your eyes peeled for the SHI annual newsletter, due soon, with loads of new information and also an update about the new rules. At present, the New Rules are awaiting the Director's approval of the GOC recommendations made in the GOC meeting in November. Once these rules are cemented for 2020, they will be posted on the AFSM website.

Pension

The new year will bring some changes to the UNJSPF. The governing Board decided last year to separate the CEO job into two different posts, one administrative and the other governing investments. During the last week you should all have received an electronic copy of the most recent newsletter. Therein, the person responsible for the investment side, Mr. Sudhir Rajkumar, Representative of the Secretary-General (RSG) for UNJSPF Investments, addressed the participants and beneficiaries detailing how he planned to implement his intention to have more communication with members. The newsletter has many other topics of interest. The website is also quite informative and easily navigated. Check it out! <https://www.unjspf.org/>

If you have not received the newsletter, it is possible that you have not yet registered for your Member Self Service (MSS) account which enables you to see your personal information at a click. If you have not yet done this, we urge you to do so. The information as to how to set this up is on the website, and it is not at all difficult.

We were privileged to have with us in our Annual Meeting on 4 December, the CEO of the UNJSPF Pension Fund, Ms. Janice Dunn Lee. Ms. Dunn-Lee commented that the servicing unit has now overcome the delay difficulties they experienced several years ago in processing benefits and it has attained 93.1% completion of processing within 15 days.

There are now 128,594 participants and 78,716 beneficiaries in more than 190 countries. In the future, she mentioned that there will be challenges as the number and characteristics of the participants and beneficiaries change. For example, there is now only 1.6 participants for each beneficiary, placing a heavier reliance on returns on investments since participant contributions are not adequate to meet the demands. In addition, another interesting point observed was the large (almost 7 fold) increase of beneficiaries over the age of 90 in the last 20 years, from 509 in 2000 to 3,436 presently. This most probably will involve additional work with third parties responsible for these older adults, thereby creating more demands on staff time for processing. For the moment, and for the near and middle future, the Fund's projections have healthy outlooks.

N

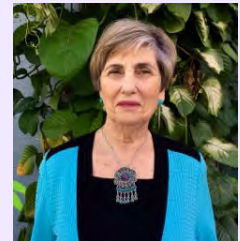
Health Tips - Sugar: A Sweet Menace

Part One: An Overview

By Gloria Coe and Martha Peláez



In November 2016, The Journal of the American Medical Association (JAMA) published the article by three University of California San Francisco professors, *Sugar Industry and Coronary Heart Disease Research: A Historical Analysis of Internal Industry Documents* that provides insights on how for 50 years, scientists and nutritionists considered fat as the only cause of coronary



heart disease (CHD).¹

The story begins during the 1950s when health researchers initiated intense studies on “the role of dietary factors, including cholesterol, phytosterols, excessive calories, amino acids, fats, carbohydrates, vitamins, and minerals” to better understand the “disproportionately high rates of coronary heart disease (CHD) mortality in American men.” By the 1960s, there were two reasons proposed by well-known researchers:

John Yudkin identified **added sugars** as the primary agent, while Ancel Keys identified total fat, saturated fat, and dietary cholesterol. However, by the 1980s, few scientists believed that **added sugars** played a significant role in CHD, and the first 1980 Dietary Guidelines for Americans focused on reducing total fat, saturated fat, and cholesterol for CHD prevention [Emphasis added].

How Should We Understand the Shift from A Possible Role of Sugar to Exclusive Focus on Fat? The Sugar Research Foundation (SRF) in 1962 in an internal meeting expressed concern about the “evidence showing that a low-fat diet high in sugar could elevate serum cholesterol level,” the level of fat in the bloodstream that could lead to a heart attack. In June 1965, the *Annals of Internal Medicine* published articles linking sugar to Coronary Heart Disease. On July 11, 1965, the *New York Herald Tribune* ran a full-page article on the *Annals* studies stressing that “new research strengthened the case that sugar increased the risk of heart attacks.”

Two days later, on July 13, 1965, the Sugar Research Foundation (SRF) “approved a literature review of ‘Carbohydrates and Cholesterol Metabolism’ that would be supervised by “Fredrick Stare, chair of the Harvard University School of Public Health Nutrition Department” and an ad hoc member of SRF’s Scientific Advisory Board. The Conclusion of the literature review, published in the New England Journal of Medicine (NEJM) in 1967, was “the only dietary

¹ Kearns CD, Schmidt LA, Glantz SA. Sugar Industry and Coronary Heart Disease Research: A Historical Analysis of Internal Industry Documents. *JAMA Intern Med.* 2016;176(11):1680-1685.
<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2548255>

intervention required to prevent CHD was to reduce dietary cholesterol . . . in the American diet” [Emphasis added].

As early as 1954, the president of the Sugar Research Foundation discussed the strategic opportunity for the sugar industry to **increase sugar’s market share**. In 1965, internal documents show that the SRF began research “to protect market share and that its first project, a literature review, was published in NEJM in 1967 **without disclosure of the sugar industry’s funding or role**.” [Emphasis added].

In 2017, a year after the publication of the previously mentioned 2016 JAMA article, the PBS NewsHour and Science published the article *Sugar industry withheld possible evidence of cancer link 50 years ago, researchers say*,² Newsweek published the article *How Bad is Sucrose for You? Sugar Industry Has Covered Up the Truth for 50 Years*,³ and ScienceAlert, a leading international publisher of academic and research journals, published *Big Sugar Buried These Concerning Health Studies 50 Years Ago*.⁴ Furthermore, ScienceAlert stated:

New evidence shows the sugar industry suppressed scientific research that linked sugar to heart disease and bladder cancer in rats. . . **Nutritionists caution that sugar, not fat is largely to blame for many of the problems in our modern diets** [Emphasis added].

Sugar occurs naturally in many healthy foods “such as dairy products, vegetables, and fruit.” Naturally occurring sugars such as in fruit, wholegrains, millet, quinoa, rye, beans, yuca, yam, and vegetables are known as complex carbohydrates.⁵ It is important to include foods containing complex carbohydrates in our diet because they contain a wide variety of nutrients that provide valuable health benefits and **they are the main source of food for the brain and the body**.

However, there are many **manufacturers who add sugar** to their products such as cereals, soda drinks, low-fat yogurt, barbecue sauce, fruit juice, catsup, spaghetti sauce, sport drinks, and many others. In the US, it is estimated that 74% of packaged foods include hidden added sugar such as cane juice crystals, agave, muscovado, panocha that hide the true content. The University of California San Francisco identified 61 names for added sugar.⁶ Hiding added sugars reminds us of the deception of the sugar industry between 1960-2010. All added sugars, regardless of the name, are simple carbohydrates. The World Health Organization recommends six teaspoons of added sugar per day, much less than the 22 teaspoons of added sugar eaten by the average

² Carey T. Sugar industry withheld possible evidence of cancer link 50 years ago, researchers say. November 22, 2017. <https://www.pbs.org/newshour/science/sugar-industry-withheld-possible-evidence-of-cancer-link-50-years-ago-researchers-say>

³ Dovey D. How Bad Is Sucrose for You? Sugar Industry Has Covered Up the Truth For 50 Years. Newsweek, November 22, 2017. <https://www.newsweek.com/sugar-industry-heart-health-sucrose-719787>

⁴ Brueck H. Big Sugar Buried These Concerning Health Studies 50 Years Ago. ScienceAlert. 22 November 2017: <https://www.sciencealert.com/sugar-industry-suppressed-study-data-linking-sugar-heart-disease-cancer>

⁵ Kandola A. Reviewed by Marengo K. 5 Reasons Why Sugar is Bad for You. Medical News Today Newsletter. 1 April 2019. <https://www.medicalnewstoday.com/articles/324854.php>

⁶ University of California San Francisco: Sugar Science the Unsweetened Truth: Hidden in Plain Sight Added sugar is hiding in 74% of packaged foods. <https://sugarscience.ucsf.edu/hidden-in-plain-sight/#.XdRi5VdKgdU>

American each day.⁷ **The added sugars or simple carbohydrates, are the source of many health problems:** they have no nutritional value, are a poor source of energy, are digested very quickly, they are empty calories, and lead to weight gain, type 2 diabetes, dental cavities, and heart disease. Recent studies suggest that sugar can also lead to premature ageing of the skin⁸ as well as an individual perceived as being older.⁹

Sugar: A Menace in Latin America and the Caribbean (LAC): Issues relating diet and nutrition in LAC¹⁰ are particularly concerning and critical. There are profound major shifts in intake of less healthful low-nutrient density foods and sugary beverages, changes in away-from-home eating and snacking and rapid shifts towards very high levels of overweight and obesity among all ages along with, in some countries, high burdens of stunting.

To reduce these harmful effects of diet, LAC is among the global leaders implementing solutions such as taxation and marketing controls of unhealthy foods.

Key to understanding the information in the graph *What Sugar Does to Your Body and Brain*,¹¹ is the lead sentence “*In a healthy diet, the production of glucose tells your brain to produce insulin, which helps your body regulate blood sugar.*” Our bodies make glucose, the Greek word for sweet, also known as blood sugar, from carbohydrate foods such as bread and potatoes and requires the hormone insulin to control levels of blood sugar and make energy that our bodies use or store for daily functions. **The concern is too much added sugar or simple carbohydrates in your blood can be harmful.** For instance, people with higher than normal levels of sugar in their blood have problems of the heart, kidneys, eyes and blood vessels. The more carbohydrates you eat in a meal the higher the level of blood sugar. Simple carbohydrates that create a spike in blood sugar are white grain products such as pasta and rice, cookies, white bread, cold processed cereals, and sugary drinks.¹²

Recent information collected in 2015 by Laura Lara Castor¹³ based on “more than 1,100 surveys

⁷ Blackburn KB. Sugar detox: Get the facts. The University of Texas MD Anderson Cancer Center, January 2018: <https://www.mdanderson.org/publications/focused-on-health/sugar-detox.h22Z1592202.html>. World Health Organization. Guidelines: sugars intake for adults and children, 2015. <https://apps.who.int/iris/bitstream/handle/10665/149782/9789241549028.eng.pdf;jsessionid=4FDA466F457DDE08F61376B33D732FA1?seqyebce=1>.

⁸ Nicole. Simply Supplements: Healthy Life. The Ageing Effects of Sugar on Skin. August 14, 2018.

<https://www.simplysupplements.co.uk/healthylife/>

⁹ Noordam R, Gunn DA, Tomlin CC, Maier AB, Mooijaart SP, et al. High serum glucose levels are associated with a higher perceived age. *Age*:2013 Feb;35(1):189-195.

¹⁰ Popkin BM, Reardon T. Obesity and the food system transformation in Latin America. *Obes Rev* 2018 Aug;19(8): 1028-1064. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6103889/> Villines D. Can you get diabetes from eating too much sugar? *MedicalNewsToday*, 25 April 2019: <https://www.medicalnewstoday.com/articles/317246.php>. Basu S, Yoffe P, Hills N, Lustig RH. The Relationship of Sugar to Population-Level Diabetes Prevalence: An Econometric Analysis of Repeated Cross-Sectional Data. *Plos*. February 27, 2013.

<https://journals.plos.org/plosone/article?id=10.1371/journal.ponw.0057873>.

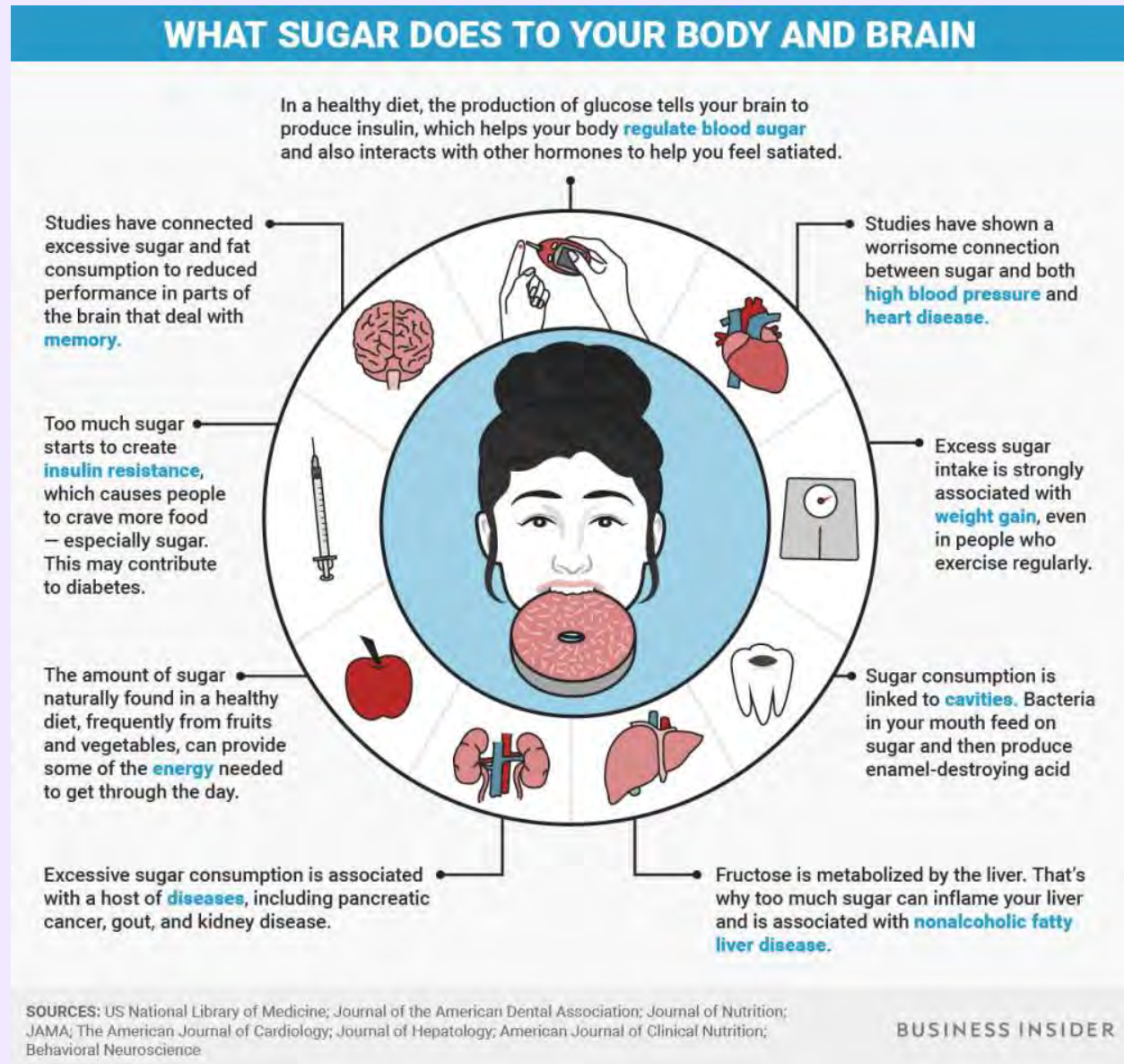
¹¹ Gould S, Loria K, Lee S. Here's how eating sugar affects your body and brain. *Business Insider*, October 2017. <https://www.businessinsider.com/effects-of-sugar-on-your-body-and-brain-2017-10>

¹² Healthline. How does eating affect your Blood Sugar? <https://www.healthline.com/health/and-after-effect-eating-blood-sugar>

¹³ American Society for Nutrition: Excellence in Nutrition Research and Practice. What is the world drinking? Study reveals global intake of major beverages, June 8, 2019 by ASN Staff. <https://nutrition.org/what-is-the-world-drinking-study-reveals-global-intake-of-major-beverages/>

representing 6.78 billion people worldwide” in 185 countries, revealed:

sugar-sweetened beverage and fruit juice intake was highest in the Latin American region, where both commercial and homemade sugar-sweetened beverages and fruit drinks are widely consumed [Emphasis added].



According to this global study, **Mexico has the highest “consumption of sugar-sweetened beverages.”** An article in the Caribbean Herald¹⁴ mentioned **Mexico consumes 19 ounces per day, (about 2.5 cups) of sugar-sweetened beverages** “followed by Suriname and Jamaica,

¹⁴ Caribbean Herald. 09 Jun 2019: <https://www.caribbeanherald.com/news/261349796/here-what-different-countries-prefer-to-drink>

where adults drank nearly 15 ounces per day,” and Colombia and the Dominican Republic drink the highest amount of fruit juices.

Is Sugar Addictive? Research studies in both animals and humans suggests that sugar is addictive.¹⁵ Added sugar or simple carbohydrate produces similar symptoms as do opioids and its effects on the brain and our behavior are similar. Some signs of addiction are craving sugar and eating more than you planned. Our body has a sugar rush after eating a lot of sugar or simple carbohydrate such as white flour and white rice. The added sugar or simple carbohydrate is quickly turned into glucose, the main sugar our body makes from food, and in your bloodstream it spikes blood sugar levels. A sugar-low is created when your body moves “glucose out of the bloodstream and into your cells for energy. . . This rapid change in blood sugar leaves you feeling wiped out and shaky and searching for more sweets to regain that sugar ‘high.’”¹⁶

Nutritional Value of the Two Types of Sugar ¹⁷	
Naturally Occurring Sugar Complex Carbohydrates	Added Sugar Simple Carbohydrates
Definition: Complex Carbohydrates are a combination of many simple sugar molecules strung together in long complex chains. The more chains and branches, the more complex is the carbohydrate. More complex carbohydrates: (1) take longer to be broken down by the body and (2) have less impact on the level of blood sugar. Complex carbohydrates do not produce sugar highs	Definition: Simple carbohydrates are either one or two molecules of sugar. They are digested quickly, often rapidly releasing sugar into the bloodstream that triggers the pancreas to secrete insulin. Frequently this series of event have negative effects on an individual’s health.
Health Benefits: Complex carbohydrates are digested slowly gradually reaching the blood stream therefore keeping blood sugar levels steady and providing sustained energy. Foods rich in complex	Health Benefits: None

¹⁵ DiNicolantonio JJ, O’Keefe JH, Wilson WL. Review: Sugar addiction: is it real? A narrative review. British Journal of Sports Medicine. Vol 52, Issue 14, 2018: <https://bjsm.bmj.com/content/52/14/910>. Wiss DA, Avena N, Rada P. Sugar Addiction: From Evolution to Revolution. Frontiers in Psychiatry, November 2018, Vol 9, Article 545: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6234835/pdf/fpsy-09-00545.pdf>

¹⁶ WebMD. Diet & Weight Management, Slideshow: The Truth about Sugar Addiction. February 6, 2018: <https://www.webmd.com/diet/ss/slideshow-sugar-addiction>. Harvard T.H. Chan School of Public Health, The Nutrition Source: Carbohydrates and Blood Sugar. <https://www.hsph.harvard.edu/nutritionsource/carbohydrates/carbohydrates-and-blood-sugar/>

¹⁷ World Health Organization. Guidelines: sugars intake for adults and children, 2015: <https://apps.who.int/iris/bitstream/handle/10665/149782/9789241549028.eng.pdf;jsessionid=4FDA466F457DDE08F61376B33D732FA1?sequence=1>. University of California San Francisco. Sugar Science. Hidden in Plain Sight: Added sugar is hiding in 74% of packaged foods: <https://sugarscience.ucsf.edu/hidden-in-plain-sight/>. Harvard T.H. Chan School of Public Health: The Nutrition Source, Carbohydrates and Blood Sugar. <https://www.hsph.harvard.edu/nutritionsource/carbohydrates/carbohydrates-and-blood-sugar/>

carbohydrates are rich in vitamins, minerals, and fiber and important to the health of an individual. Complex carbohydrates are the main food for the brain and the body	
Related Illnesses: None	Related Illnesses: Simple carbohydrates, known as empty calories; have calories and little nutritional value. Illnesses related to eating many simple carbohydrates are noncommunicable diseases (heart disease, type 2 diabetes, fatty liver), dental caries or cavities, and obesity
Found in Foods: Fruit, wholegrains such as barley, brown rice, bulgur, jumbo oats, millet, quinoa, rye, spelt, teff, peas, beans, vegetables, yuca, potato, carrot, yam, sweet potato, and plantains. Some of these if eaten in excess can lead to obesity.	Found in Foods: Sugar cane, beets, pasta, white rice, white bread, cold processed cereals, sugary drinks, many packaged foods, sweet desserts such as cake, cookies and candy
Eat more complex carbohydrates, more fruits and vegetables. Focus on whole grain rice, breads and cereals, and beans, lentils and dried peas	WHO strongly recommends (1) reduce intake of added sugars throughout the life course and (2) ideally no more than six teaspoons daily of free added sugar

Cleansing or Detoxing Your Body of Sugar: The MD Anderson Cancer Center¹⁸ suggests the following steps to detox your body of added sugar or simple carbohydrate:

1. Start slow, reduce added sugar gradually.
2. Read food labels and **learn the names of added sugar** such as syrup, agave, molasses, demerara, honey, panela, turbinado and all words ending in 'ose' such as lactose, maltose, sucrose, fructose among others.
3. Cook at home and have better control over the amount of sugar you eat.
4. Careful about what you drink, frequently juice and soda include added sugar.
5. Eating protein restricts sugar cravings. High protein foods take longer to digest and keep you feeling full longer. Proteins don't spike your blood sugar as added sugar does. Choose nuts, eggs, and beans.
6. Fill Up on Fiber which also restrains sugar cravings, keeps you full, doesn't raise blood sugar. Have fruits, vegetables and whole grains.
7. Get Outside and Exercise - it helps to reduce sugar cravings and increases your desire for healthier foods. Enjoy your exercise, start slow, work toward at least 30 minutes each day for 5 days each week.

¹⁸ Blackburn KB. Sugar detox: Get the facts. The University of Texas MD Anderson Cancer Center, January 2018: <https://www.mdanderson.org/publications/focused-on-health/sugar-detox.h22Z1592202.html>

Adopting Healthy Diets: Recommendations of NIH's National Institute on Aging¹⁹ and the National Institute of Diabetes and Digestive and Kidney Diseases²⁰ are to “limit calories from added sugars” and eat less “sugar – sweetened drinks and desserts that have added sugars,” respectively. Clearly, the message is limit food or drink with added sugar or simple carbohydrates.

We know it is challenging to change diets formed over a lifetime as well as change what we perceive as delicious food. Focusing on one behavior, reducing sugar, could provide guidance, support and success as we consider adopting other behaviors necessary for healthy diets.

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

Among the suggestions are to:

1. Remember, many people have reduced the amount of added sugar they consume. In fact, “US sugar consumption has declined since 2000”²¹ Others have reduced their consumption of added sugar and I can too. **YES I CAN!!**
2. Think about how you will reduce the amount of sugar you eat. Mentally review the steps you'll take in your mind and know you will follow through by taking small steps.
3. Focus on reducing added sugar during only one meal, perhaps breakfast, for a week or more. Reduce the amount of added sugar you add to your coffee or tea. Limit the amount of jam you put on your toast. With each success you achieve during breakfast, begin to gradually reduce the amount of added sugar eaten during lunch and, a week or more later, dinner. A big challenge will be to slowly reduce the amount of cola or juice you drink and reduce the size of your dessert, or perhaps decide to enjoy water or dried fruit without added sugar. At the same time, savor the new flavors you are tasting, educate your taste buds to the delicious palates uncovered by reducing added sugar.

**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**

YES I CAN



¹⁹ NIH. National Institute on Aging. Smart Food Choices for Healthy Aging. <https://www.nia.nih.gov/health/smart-food-choices-healthy-aging>

²⁰ NIH. National Institute of Diabetes and Digestive and Kidney Diseases. Health Tips for Older Adults: <https://www.niddk.nih.gov/health-information/weight-management/health-tips-older-adults>

²¹ Science Daily. Science News: Today's obesity epidemic may have been caused by childhood sugar intake decades ago. September 23, 2019: <https://www.sciencedaily.com/releases/2019/09/190923164534.htm>. Yang Q, Zhang Z, Gregg EW, et al. Added Sugar Intake and Cardiovascular Diseases Mortality Among US Adults. JAMA Internal Medicine 2014;174(4):516-524/. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1819573>.

Modernization of the AFSM Communication System

By Antonio Hernández



One of the priorities of the AFSM is to expand and improve communication among members. This has been achieved by moving from paper-based communication and traditional postal mail to a paperless system through both email distribution and strengthening the AFSM web portal.

Migrating to this paperless system resulted in more efficient and frequent communication with the members, almost in real time. This faster communication is most beneficial for members outside of the DC Metropolitan area. Although this mode of communication is more streamlined, we are not reaching all members through this avenue. Of a total of 670 members, 12% have not registered an electronic address (email) with AFSM and almost all of them have not responded to letters or telephone calls to correct this issue. If you know of friends or colleagues in this situation, please help them or a family member of theirs to contact AFSM. As of today, we are communicating in both ways with 79% of the members and are experiencing a high rate of visits to the AFSM webpage. We are not sure if the remaining 8% that have registered email with AFSM are receiving or reading the messages, or if those addresses have been abandoned and not updated with AFSM.

To improve the communication system, important steps have been taken to provide safety, confidentiality and protection of the members' data. This is very important in a virtual or cyberspace environment where personal information, and in particular lists of specific groups, are of big value to many groups and organizations trading this information. Also, potential cyberattacks and cybercrimes could affect communications by interfering with or stopping them completely. The AFSM Communications Committee is aware of these threats and has implemented all available and applicable safeguards based upon different and vulnerable programs. However, we are concerned about the risks of the messaging system and webpage in light of current cyberspace threats.

The AFSM Board is very aware of the risks associated with the communication system and the need to have a safe and secure virtual environment. The Board needs to mitigate such risks by using the latest technologies to facilitate the Board's work, keeping the archives and documents in a safe place and communicating in a safe and secure manner. This can be achieved using a cloud-based platform to conduct the AFSM business.

Due the resources needed for implementing this solution, the AFSM President requested that PAHO's Director support for the implementation of this solution by allowing AFSM to use some of PAHO's information technology (IT) resources. Through this collaborative effort, AFSM will benefit from having up-to-date information on changes in retiree membership - mostly changes in physical and electronic addresses. It will also provide an opportunity to use the electronic system

to keep AFSM members informed of urgent and important changes in health insurance and pension benefits.

The Director's response was positive, and she authorized the allocation of space on PAHO's virtual platform to AFSM through the use of PAHO's cloud-based Share Point. She also agreed to assign an electronic address (email) to AFSM in PAHO's electronic domain. The address AFSM@PAHO.org (not currently in use) was assigned, and it will replace the current AFSM electronic address AFSMPAHO@Gmail.com. This change in the domain of our electronic address is fundamental to the security of our communications.

All these changes are under construction between a PAHO's IT group and AFSM Communication Committee members. We will keep you informed of progress and when your participation is required to include or update your information in the system. Our priority is to have a user-friendly navigation portal.

Finally, we would like to thank Dr. Carissa Etienne, PAHO's Director, for her support to AFSM. As a result, AFSM will have a safe and secure cloud-based environment for communication with its members and a virtual working environment for the AFSM Board and its collaborators. **N**

HELP US DO WHAT IS IMPORTANT!!!

The Board of the AFSM is committed to helping our members protect their wellbeing and their material assets. Getting useful and timely information to all of you is central to achieving that goal. It was also the reason why we decided to broadcast in both English and Spanish our 30th General Meeting, held in Washington DC on 4 December 2019. We specially wanted our members to listen to the excellent presentations made by the Chief Executive Officer of the UNJSPF, the Unit Chief of PAHO's Healthy Life and Aging, and the PAHO Advisor on Staff Health Insurance. We also wanted our colleagues living out of the Washington DC area to be able to ask questions and make relevant comments at the end of each of them. Unfortunately, and even though we invested US\$1,500 in simultaneous interpretation, only one member living in Florida logged into the webcast. We, the members of the Board, cannot help but wonder what we did wrong to not have participation from the countries. Please, help us understand what we need to change in order to secure the active participation of members not only in future webcasts but also in our regular activities. Send us your suggestions and comments to afsmpaho@gmail.com, Subject: "How to improve Member participation". We will definitely take them into consideration.

We also want to ask for your collaboration to help us locate three members with whom we have lost contact. They are Robert Barnett, of Corpus Christi, Texas; José Ramón Quiñonez, of Santo Domingo, Dominican Republic and Angela Trotter, of Washington DC. If you know the whereabouts of any of them, please send an email message to afsmpaho@gamil.com Subject: "Re-connect (add member name)".

Thank you very much for helping us to do what is important

Obituary for Jaime Ayalde

1926 -2019

By Nancy Berinstein and Enrique Fefer



The Association has lost one of its founders. We were fortunate to have such a compassionate, insightful and hardworking individual to give his time, energy and intellect for many years to make the Association a reality.

Jaime officially became a member of the Board of Directors (BOD) in January 1993 and, at its meeting of 30 Jan 1996, the Board of Directors elected him President of AFSM, a position that he held for 10 years. At the close of his Presidency he was unanimously elected to be Member Emeritus of the Board.

Born in El Cerrito, Department of Valle del Cauca, Colombia, Jaime obtained a Doctor's degree in Medicine and Surgery (Javeriana University, Bogota, 1951), and specialized in Prevention and Control of Malaria and other Vector-Borne Diseases in Maracay, Venezuela. In 1956 he was granted a Master of Public Health degree by The Johns Hopkins School of Hygiene and Public Health, in Baltimore, Maryland.

In Colombia, the Minister of Health assigned Jaime to the malaria control component of the Inter-American Public Health Cooperative Service, a USA and Colombia cooperative program, with consecutive duty stations in Magangue, Pereira and Barranquilla. This program was converted into a National Malaria Eradication Service, of which Jaime was the Deputy Director with duty station in Bogota.

In 1960, Jaime joined the ranks of PAHO for a projected two years that were converted into 26 years of service, including a distinguished service appointment of WHO Career Officer granted by Dr. Mahler, then Director General.

His first PAHO assignment was Suriname, which at the time was an integral part of the Netherlands Kingdom. Jaime was appointed PAHO County Representative, the first in the country, as this was the new administrative modality in all the countries of the Americas. In addition, Jaime was the Head of the Suriname National Malaria Eradication Program for

a period of five years. Subsequent appointments he was given included leader of PAHO's malaria team in Peru and Brazil.

In 1970 Jaime was transferred to Washington as an epidemiologist in the Malaria and Other Parasitic Diseases Unit, where he served as its chief for a short period during which he doubled his duties by also serving as Assistant Chief of the Area of Disease Prevention and Control. He retired from PAHO in 1986.



Fortunately for us he then brought his intelligence, diplomacy, and organizational skills to AFSM and helped mold us into the thriving association that it is today.

After 45 years living in Potomac, Maryland, he and his wife Mercedes moved to Fort Lauderdale, Florida, to be close to his family. He is survived by his wife of 65 years and his two daughters, Liliana and her spouse Luis, Maria and her husband Sergio, a son, Jaime Hernando and his wife Julie, his son-in-law Gustavo and five granddaughters. He will join his daughter Gloria who passed away in 2009. *N*

In Memoriam

DEATHS NOT PREVIOUSLY REPORTED

Barbara Walsh	5 July 2018
Alvaro Moncayo	23 December 2019
José Roberto Ferreira	25 December 2019

Condolences to an AFSM member

To Cecilia Jibaja for her husband Britt, who passed away on 22 November, 2109

A trip to Hudson Bay and the Polar Bears

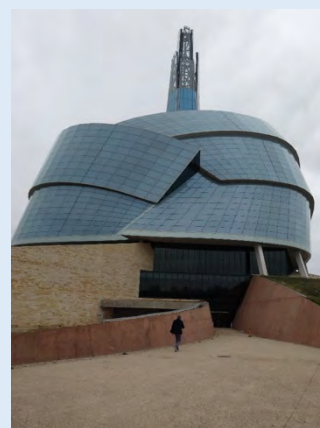
By Marilyn Rice



A friend of mine was talking about going to Churchill, in Manitoba, Canada. I had never heard of the place and wondered why she would want to go all the way up there. She told me that this was THE place to go to see the polar bears when they migrated to go out on Hudson Bay to hunt for the season. It is considered to be the polar bear capital of the world and is one of the few human settlements where polar bears can be observed in the wild. Intrigued, I asked if I could join her and her friend. As it turned out, the friend dropped out and it became just the two of us.



To get to Churchill, I had to overnight in Winnipeg, Canada, where I had also never been before. That was lucky, as I was staying in a hotel right next to the Human Rights Museum and was able to spend an entire afternoon there. To begin with, the museum, that only opened in 2014, had a very unusual structure. It has a massive glass façade that was built to look like wings of a dove wrapping around each other. Among other things, it has exhibits about the rights of indigenous Canadians, historical events related to human rights, and displays examining genocides throughout the times. Given what is going on in the world today, it was very moving to have this experience and it helped me to put into perspective so much of what is happening around us.



The next day my friend Becky and I boarded a small plane to Churchill. We were among only a handful of people that were not indigenous. We were headed into Inuit country. The



announcements on the plane were in English, French and Inuit. Churchill is far from any other town or city and can only be reached by plane or train. The town is named after John Churchill (ancestor of Winston Churchill), who was governor of the Hudson Bay Company in the late 17th Century when the Europeans first started arriving to join the natives already living in the area.



We stayed at the Lazy Bear lodge – a beautiful log cabin, with a dual-sided cozy fireplace and great food in the dining room, much of which is grown in its own green houses or freshly caught in Hudson Bay. We were there just days before the main tourist season began, so we mostly had the place to ourselves, which gave us the chance to get to know all the staff at the lodge and exchange world experiences with them. They are all there just for the tourist season (June through November) and come from all over the world with adventurous stories to tell.



The polar bears know that the ice around Churchill will freeze a month sooner than elsewhere, so they come from inland to hunt seals off the Hudson Bay a month sooner. This enabled us to go see the bears in the wild before the temperatures got really cold. We were there in early October.



One day we went out in a minivan with 3 other people and saw a mama and cub polar bears eating berries beside Hudson Bay. Another day we went out into the wilderness area in the only vehicles authorized and able to go there – the Tundra Buggies. These are raised up vehicles that can go through any terrain on land or through water and they provide a great viewing opportunity out on the tundra, giving us an unique chance to see the polar bears up close and personal while they were wandering around “in the wild”.



In and around Churchill, during the polar bear migrating season, there are constant polar bear patrol trucks keeping an eye on whether the polar bears get into town and too close to people. In fact, our last full day there, while we were having breakfast, a polar bear came into town and was wandering through the school playground. When the patrol agents could not get him to leave town, they darted him and moved him into the polar bear holding station (commonly known as “polar bear jail”), where he would stay without being fed until the larger migration began and he could be released into the wild.

We also took a dog mushing¹ ride. Since there was no snow, we were in carts rather than sleds, but it was still thrilling to go on a 2-mile ride through tundra trails. I am a dog lover, so it was a great opportunity to be with the dogs and hear stories about many of them from the wonderful couple who built this business just outside of town.

Although the town of Churchill is stark and small, with a full-time population of about 800 people outside of tourist season, the buildings are populated with very interesting and colorful murals.



The Inuit Museum has over 850 high quality Inuit carvings on permanent display. The exhibits include historic and contemporary sculptures of stone, bone, and ivory, as well as archaeological and wildlife specimens. It was a great opportunity to learn about the Inuit culture and history. Polar Bear International (PBI) is a non-profit organization whose drive and passion are to ensure that polar bears remain an integral part of



¹ Mushing is a Nordic transport method (today a sport) using dogs to pull a sled on snow



the Arctic forever. Its mission is to conserve polar bears and their habitat, mainly sea ice, and it is working tirelessly to understand and solve the urgent issues facing the Arctic and polar bears, specifically habitat loss and seal prey depletion due to loss of arctic sea ice. There is a real fear that polar bears may not last much longer as a species. The weekend we arrived in Churchill, we had the privilege to attend an open house to celebrate the inauguration of PBI's new and first local permanent building on the main street of town. We learned more about the polar bears and what can be done to preserve and protect them in their natural habitat.

The Churchill Northern Studies Centre is a non-profit research and education facility 23 km (14 mi) east of the town. It provides at a very reasonable cost (compared to the other potential tour opportunities in and around Churchill) accommodations, meals, equipment rentals, and logistical support to scientific and social researchers working on a diverse range of topics of interest in the north. It facilitates learning programs throughout the year for non-credit learning vacations, university credit courses, and youth programming. In addition to providing one-week opportunities to learn about and see polar bears in the wild, it provides similar opportunities to see the migrating beluga whales. Churchill is also known as a beluga whale watching hotspot, where about 60,000 beluga whales gather in Southern Hudson Bay between mid-June and mid-September after the ice breaks up. I have decided to put this on my bucket list to one day in a few years go back to see the beluga whales migrating in their natural habitat. **N**



The beneficial and harmful effects of blue light

(This article is taken from the AFSM Geneva October 2019 newsletter)

By David Cohen



Blue light, what is it?

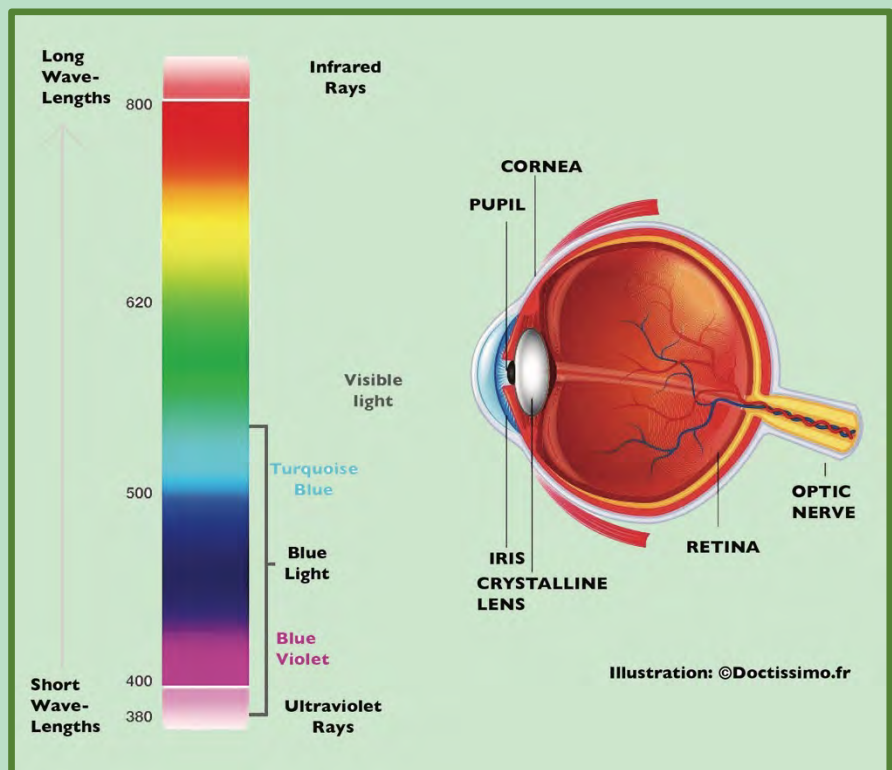
Why are we talking about it so much these days?

We spend a lot of time in front of all kinds of screens – TV, computer, tablet, smartphone etc. – and this activity carries some risks for our health.

It is known that light which is visible to humans falls in a wavelength spectrum from about 380 nanometres (nm) (violet) to about 800 nm (red). The shorter (ultraviolet) and longer (infrared) wavelengths are invisible to the human eye.

Illumination where the dominant wavelengths are between 380 nm to 450 nm, will always appear blue.

In fine weather the sky is a source of blue light; but the term “blue light” which we are reviewing here is most commonly applied to artificial lighting.



Lighting

The earliest sources of lighting, candles, gas lights, electric lamps, were generally *incandescent* sources, and all of them had an “orangey” appearance in relation to daylight. A blue light could only be obtained by placing an optical filter in front of the light source, resulting in a great reduction in brightness.

The *fluorescent tube* can provide a light that is close to the colour of daylight. The *light-emitting diode* (LED) is the most recent of lighting devices, and these are used for illumination, warning signs, and for decorative purposes.

LEDs used for illumination emit a colour known as a “*metamer*” when compared to the colours of daylight or an incandescent lamp. This means that the light has the same visual appearance but is made up of different parts of the spectrum.

Screens

Used primarily to present an image rather than provide illumination, television, computer and smartphone screens have the same effects on the eye as lighting. The act of spending several hours a day in front of these screens has cumulative effects due to the additional exposure to blue light.

Chemical effect

Radiation actinism (the ability to cause chemical reactions) increases as the wavelength decreases. Ultraviolet, and to a lesser extent violet and blue, are more actinic than green and red radiations. These short wavelengths are necessary for biological reactions such as *photosynthesis*. (Plant photosynthesis absorbs carbon dioxide from the atmosphere and releases oxygen).

Beneficial effects of blue light

The use of blue light, or even better, a mixture of blue and red light is being considered to treat acne, and to sanitize wounds. Light at a wavelength of 400 nm, just at the boundary between violet and ultraviolet, slows the development of bacteria on the skin and decreases the risk of damage to cells compared to using purely ultraviolet.

Exposure of the skin to a blue light (*phototherapy*) is used to treat jaundice in infants. This causes *bilirubin*, which is what produces the yellow pigment, to be converted into an isomer that the infant is able to eliminate.

Blue light, such as daylight which has a high content of short wavelengths, contributes to the regulation of the *circadian rhythm*. Recent studies link this function to receptors in the retinal ganglion cells. The photosensitive pigment is *melanopsin*, the greatest sensitivity of which is at a wavelength of 480 nm, corresponding to a blue-green colour.

This wavelength of light is used to treat depression, and sleep disorders, in a treatment known as “*light therapy*”.

Harmful effects of blue light

Conversely, night-time exposure to a light with a strong blue component, such as that of daylight, can disrupt the circadian rhythm, with significant health consequences. The increasing use of computer screens or mobile phones may also constitute a risk. A study has shown that this disturbance is more of a concern in young people, which could be explained by the yellowing with age of the clear crystalline lens, reducing the amount of blue light that reaches the retina.

Ophthalmic risks

The portion of the visible spectrum between 380 nm and 500 nm has important functions in colour vision and the reflex contraction of the pupil. But it can also have adverse effects on the retina, increasing the risk of AMD (Age-Related Macular Degeneration - *see QNT 63*).

The harmful effects of a relatively short exposure to intense blue radiation are proven, and the standards that govern lighting fixtures take this into account. Concerning long-term exposures at relatively low levels, research has shown that the composition of radiation closest to that of sunlight is the most likely to induce lesions. The process of long-term degradation of the retina remains poorly understood. *Lipofuscin* (a brown cellular pigment consisting of molecular debris, that appears in the cells in the process of ageing or degeneration) is particularly implicated; it absorbs wavelengths around 450 nm, producing reactive oxygen derivatives, which cause cell death.

Further studies appear necessary to evaluate the ophthalmic risk of long-term (as measured in years) exposure to low levels of blue light. Permissible limits of prolonged exposure at lower doses are not included in present standards. Researchers are recommending that efforts be made to develop LEDs with an emission peak, if possible, between 470 nm and 490 nm to avoid peaks coinciding with the maximum absorption of lipofuscin.

Professionals using LED sources, and those practising therapies involving blue or bluish light sources should be considered at-risk. Children under one year of age, whose young eyes allow significantly more blue, violet and ultraviolet radiation to the retina, should be the subject of special research. Indirect lighting is recommended in all cases to avoid glare.

Conclusion

The effects of blue light on humans remain controversial. It is certain, however, that blue light plays a role in regulating the circadian rhythm. There is also a risk that it affects the retina by increasing the accretion of lipofuscin, thus contributing to AMD.

It is strongly recommended to install colour-filter software on screen devices. The effectiveness of colour-filter spectacles to be worn when working at a computer screen has yet to be demonstrated.

In people already affected by AMD, researchers in France at Inserm, working with the *Institut de la Vision*, have developed spectacles that reflect the blue light component away from the wearer. This has much less effect on the user's vision than the yellow-tinted spectacles previously recommended.

Finally, it is highly recommended that those working at a screen for long periods should stop every hour and rest their eyes.

Sources

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The Vision Council, "Digital Eye Fatigue in the USA: The State of Play", Viewpoints, 2015,

Paul Woodgate and Luke Anthony Jardine, "Neonatal jaundice: phototherapy", BMJ Clinical Evidence, vol. 2015,

Jelena Barbaric, Rachel Abbott, Pawel Posadzki and Mate Car, Light Therapy for Acne, The Cochrane Database of Systematic Reviews,

"Antibacterial Activity of Blue Light against Nosocomial Wound Pathogens Growing Planktonically and as Mature Biofilms", Applied and Environmental Microbiology, 2016

And many sites on the Internet **N**



GLOBIES

GLOBIES WINNER | AUGUST 2019

Dr. Fernando Zacarías

Nominated by fellow humanitarian Dr. Juan Manuel Sotelo, the Globies winner is Dr. Fernando Zacarías. This amazing man is a 75 year-old innovator, who still puts in long hours despite retiring from the CDC and PAHO on several occasions. His goal is to leave something valuable and useful to the generations to come. His latest creation is the MultiPOD Mentoring program (multipodmentoring.com) where he is the Principal Mentor and Program Coordinator.



This organization gives qualified, free advice to students and young professionals all over the world as they strive to go to work for PAHO, WHO and other life-changing organizations. The institute also supports students entering advanced academic programs for global health development.

While mentoring is a full-time job, Dr. Zacarías is also helping establish a worldwide, collective intelligence network and think tank of young professionals to help solve some of today's biggest human development challenges.

In addition to winning a Globies Award with his name on it and the \$700 cash prize, Dr. Zacarías has chosen Women in Global Health, with a mission to achieve gender equality in global health leadership, to receive the \$1,000 donation from PAHO/WHO FCU.



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



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>

To become member of the Facebook page of AFSM

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



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Note: The term of each member of the BOD expires in December of the year in parenthesis

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