

NEWSLETTER

OF THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOLUME VI NO. 3

WINTER 1996-1997

AFSM SEVENTH ANNUAL MEETING

The Seventh Annual Meeting of the Association of Former PAHO/WHO Staff Members (AFSM) was held at PAHO Headquarters on 19 November 1996 with 26 members in attendance.

They were welcomed by Dr. Mirta Roses, Assistant Director, representing the Director, Dr. George A. O. Alleyne, who was in Geneva. Dr. Roses said that the PAHO administration is happy to support AFSM. She commented that times are not good; the future of international organizations is uncertain; there are many topics which concern both active and retired staff and which they can discuss together.

She said that AFSM can explore ways in which its members might

help on these issues, utilizing individual interests and skills. The Association can involve retirees in other countries by working with local staff associations in locating active leaders among the retirees and by providing a concrete issue on which to work, e.g., planning PAHO events for the upcoming 50th anniversary of WHO, as well as for other anniversaries in the period 1997-2002.

Another project might be the organization of "Friends of PAHO" at the country level, involving other influential people. The main message from the Administration is that it appreciates the work AFSM is doing and the role of retirees in the Organization: they have a mature outlook and enough distance to be objective. AFSM members are encouraged not just to meet socially but also to be fruitful.

Michael Custy welcomed the membership on behalf of Dr. Diana LaVertu, Chief of Personnel, and Fernando Vargas welcomed them on behalf of the Staff Association, which encourages cooperation with retirees and hopes to strengthen the link between active and retired staff.

Guadalupe M. Bowling, Chief of the Staff Health Insurance Unit, and Sharon Frahler, former chief of that unit, reviewed recent changes in health insurance rules and procedures and answered questions from the attendees.

The President, Jaime Ayalde, presented the annual report of activities and accomplishments of the Association for 1996. The Treasurer, Renate Plaut, presented an interim report covering the period 20 March (when she took office) through 30 September 1996. (A summary of the Treasurer's report through 31 December 1996 is included in this Newsletter.)

The Secretary, Jean Surgi, made a brief presentation of the proposed amendments (sent to all members in October), which were unanimously adopted. (If you would like to have a copy of the revised bylaws, please let us know. Otherwise, you can indicate "Amended November 1996" on the copy sent for your review in October and keep it in your files.)

A slate of four candidates for election to the Board of Directors was presented to the membership: Frank Gauldfeldt, James Milam, and Hortensia Saginor for three-year terms, and Juana Palma for one year to complete the term to which she was elected by the Board during 1996. The candidates were elected by acclamation.

A raffle was held this year to entice members to attend the annual meeting. Juana Palma won a gift certificate for a dinner for two at a local restaurant, and Julia Rodenburg won two tickets to a Kennedy Center performance of her choice.

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ELECTION OF OFFICERS

At the meeting of the Board of Directors held on 27 January 1997, the following board members were re-elected to office: President, Jaime Ayalde; Vice-president, Hans Bruch; Secretary, Jean Surgi; Treasurer, Renate Plaut; Assistant Secretary, Flora Early; and Members-at-Large, Frank Gauldfeldt, James Milam, Juana Palma, and Hortensia Saginor.

The Board meets in the Chess Room at Headquarters at 10:00 am on the last Tuesday of each month, and AFSM members are welcome to attend.

TREASURER'S REPORT

20 March* - 31 December 1996

1. Assets as of 20 March 1996:

Checking account	7,582.38
Share account	<u>130.13</u>
	7,712.51

2. Activities during the period:

2.1 Income:

Membership dues	2,900.00
Dividends and interest	248.53
Other income (luncheon, cookout, misc.)	<u>656.57</u>

Total income 3,805.10

2.2 Expenditures (social
events, supplies, misc.) 1,380.20

2.3 Excess-income-over
expenditures 2,424.90

3. Assets as of 31 December 1996:

Checking account	243.19
Share account	9,894.22
	<u>10,137.41</u>

- Date present Treasurer took office

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INTERNET USERS

If you are on the Internet, you might like to know that PAHO can be accessed via

<gopher://gopher.paho.org> and
<http://www.paho.org>.

COUPLES IN RETIREMENT: Summary Concepts and Unifying Themes

The following are some of the major highlights of the Eisen Retirement Study, a research project conducted through the University of Michigan by Gail S. Eisen:

1) The post-retirement experiences of husbands and wives tend to be very different. Men and women often hold different interpretations of the same event and experience the same basic realities in consistently different ways in such areas as:

- Needs for privacy and personal space
- Perceptions of time and its passage
- Feelings of responsibility for household tasks and maintenance
- Reactions to shared activities and "togetherness" in retirement
- Preferred pace of activities in retirement

- Perceptions of specific rearrangements of space within the home or on the property since the onset of retirement

- Perceptions of freedom, free time, leisure, and control over personal schedules

- Amount of activities in retirement

- Feeling of guilt or enthusiasm about post-retirement visits with personal friends

- Major problems encountered in this new stage of life

- Sources of satisfaction experienced (especially self vs. spouse)

2) Husbands and wives tend to see their individual problems as rooted in different sources: women tend to identify problems originating in some aspect of the spouse's behavior, followed by financial concerns in retirement, while the largest percentage of male responses reflect an absence of any problems in retirement. Following this "no problem" comment, men's concerns most frequently focus on missing some aspect of the work experience, followed by financial problems in retirement.

3) Although both partners feel that the impact of retirement upon marital relationship had been generally positive or neutral, men

are more likely to see an essential continuity in the marriage, while women are more likely to describe improvements in the relationship.

4) In some respects, both male and female reports of disadvantages encountered in retirement may be understood as descriptions of loss: men focus on the loss of various satisfactions provided by the work-role (e.g., contact with colleagues, an interesting work task, structure to the day, a sense of belonging), while women focus on lost freedom, lost control (social, spatial, and temporal), and declining autonomy in scheduling their personal time and activities.

5) Findings lend complete confirmation to the insight of Jesse Bernard (1973), who described the existence of two separate marriages within each marriage - the husband's and the wife's. Perceptual differences and contrasting interpretations of the same reality occurred with such regularity that it seemed possible that men and women often inhabited two separate cultures (spatial, temporal and psychological) within the household.

Study materials - 1989, 1991

Gail S. Eisen, Ph.D.

For further information:

In California: 310/645-3871

In Michigan: 313/741-8126

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ACTIONS TO BE TAKEN UPON THE DEATH OF A RETIRED PAHO/WHO STAFF MEMBER

The death of a spouse is a traumatic event in our lives. With the aim of assisting retired staff members and their families in those difficult moments, the Department of Personnel has put together this informal guide which we hope will help the surviving spouse.

When the retired PAHO/WHO staff member passes away, the surviving spouse should send to the Chief of Personnel, Pan American Health Organization, 525 23rd Street NW, Washington D.C. 20037, the following:

- 1) three originals of the Death Certificate (three certified copies are also acceptable);
- 2) the complete name of the surviving spouse;
- 3) the current address to which correspondence should be sent.

Upon receiving this information, the Department of Personnel will inform by facsimile the following offices:

- 1) **The United Nations Joint Staff Pension Fund:** This Office in New York will send a letter to the surviving spouse confirming eligibility for widow/widower's

pension and requesting that the surviving spouse complete and return the form(s) with instructions for payment. *The surviving spouse must complete and return these forms to the UN Pension Office as early as possible. If these forms are not returned the pension payments will not start.*

- 2) **The Office of Pension and Insurance in WHO Headquarters in Geneva:** This office is responsible for pension and life insurance benefits and takes care of those former staff members covered under the ZURICH Group Life policy. Beneficiaries are contacted by the Zurich Life Insurance Company.

- 3) **The UN/New York Office of Insurance:** For those former staff members who were covered under the AETNA Group Life Insurance, the UN in New York will contact the beneficiaries directly. PAHO does not have a role in this process.

- 4) **The PAHO Staff Health Insurance Unit in Washington, D.C.** gets copies of the facsimiles sent to the UNJSPF and to WHO/Geneva. It informs the Staff Health Insurance Office in WHO/Geneva and ensures that staff health insurance coverage continues, without interruption, for surviving spouse.

If no reply is received from the UN Joint Staff Pension Fund within eight weeks or if additional

information is needed, *please contact the Department of Personnel at (202) 974 - 3380.*

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FAFICS AND THE PENSION FUND

The Federation of Associations of Former International Civil Servants (FICSA) has a membership of former staff of the United Nations and its specialized agencies. The Association of Former International Civil Servants (FICSA) is a similar federation that involves active international civil servants of the specialized agencies.

The Federation (FAFICS) is 25 years old and represents 19 associations with 11,000 members. There are some 30,000 to 35,000 former international civil servants of the UN system.

The Council of FAFICS met in Turin, Italy on the campus of the ILO Training Center, from 3 to 6 July 1996 prior to the meeting of the UN Joint Staff Pension Board, which met from 8 to 19 July 1996, also in Turin. It is to be noted that the General Assembly has decided to consider pension matters every two years.

Representatives from 11 member Associations attended the FAFICS meeting. Of these, three represented Latin American countries:

Argentina (which also had a proxy vote from Uruguay), Chile, and Colombia, which was represented by an AFSM member, Dr. Alvaro Uribe, who contributed to this report.

New Zealand and Colombia are the youngest members of FAFICS. Brazil has applied for membership in the AFICS (New York) chapter.

Among the matters studied by FAFICS and reviewed by the Pension Board were the following:

- The Pension Fund's investments: there is no longer a global custodian, but four regional custodians for the investment assets;
- The actuarial valuation of the Pension Fund, which as at 31 December 1995 was \$13.7 billion, or 11% lower than the market value (\$15.4 billion): it was concluded "that no steps need to be taken at this time to change the rate of contribution to the Fund."
- Proposed changes to determine cost-of-living adjustments of pensions: the present 3% cost-of-living trigger point has caused many pensioners to wait two years before their pensions are adjusted or to make the adjustment once the trigger point is reached. The proposal met with opposition from the representatives of the Executive Heads and the Governing Bodies, and FAFICS plans to return to this

proposal at future sessions of the Board.

- Benefits for spouses and former spouses: among other matters, FAFICS strongly supported the Pension Board, adopting policy decisions that would remove the penalty now applied against a widow or widower who remarries while in receipt of a pension, resulting in the loss of the pension.
- Use of the Pension Fund's Emergency Fund: FAFICS indicated that the scope of the guidelines for the Emergency Fund should be widened. The guidelines will be reviewed again in 1998.
- The situation regarding former USSR, Ukrainian and Byelorussian staff members: a draft agreement has been reached with the Russian Federation. The concerns of other former participants in the Fund will be the subject of further negotiations.
- A General Assembly proposal to suspend benefits in cases of re-employment of a retiree in a member organization of the Pension Fund: the Pension Fund concluded that further consideration of the issue should be deferred, pending the report to be submitted by the Secretary-General to the 51st Session of the General Assembly.

For additional reading on these issues, please see the Quarterly

Bulletin, (Vol. XXVII, No. 4-October 1996) of AFICS (NY). The official report of the Council's meeting may be obtained directly from the FAFICS Secretariat (Geneva).

Also of special interest is the study carried out by AFICS/New York on long-term care, which will be made available to the membership through regular channels. A useful booklet is the 12-page "Consumer's Guide to Long-Term Care Insurance," prepared by the Health Insurance Association of America. Copies will be made available through AFICS (NY) upon request.

FAFICS was also involved during 1995 in the celebration of the 50th anniversary of the United Nations, with special conferences, meetings, tree planting ceremonies and other memorial activities.

It was noted that the representation of Latin America and Caribbean countries in FAFICS is relatively low. There is an initiative to establish a coordinated approach in an effort to improve this situation.

During the meeting of the Council the following officers were elected or re-elected:

Mr. Aamir Ali, (FAFICS/HQs)
President;
Mr. André Chakour (Paris)
First Vice-President

Mr. G. Sadler (New York)
Second Vice-President
Ms. Rosa Nielsen (Chile)
Third Vice-President
Ms. Jean Brogini (UK)
'Secretary/Treasurer

(The Editors of the AFSM Newsletter would like to thank Dr. Uribe for having shared this information with us.)

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PESONAL CORNER

James O. Bond (Sandy Spring MD)

Since retirement I have spent most of my time writing books and attending Elderhostels. I have written three books, two on genealogy and one on travel. The latter contains my memories after ten years of the countries I visited while working for WHO/PAHO. It is entitled "traveling for Global Health, 1969-1980" If any Association member would like to have a copy, and they send me \$2.00 for postage, I will be glad to send them one.

I can highly recommend Elderhostels for travel and education. They usually are cheap (\$300 for seven days), and there is always an educational program with them. Generally they are held on College campuses, but not always. One can get a catalogue in any

public library or by writing Eldehostel, 75 Federal St. Boston MA 02110-1941. They have both national and international programs. I have been to 10 so far and plan to do 10 more while I'm still young enough to travel. Looking forward to more Association news.

Hans Bruch (Bethesda MD)

Our founding father, Hans Bruch, long a celebrity in AFSM, is now a media celebrity as well. An article in the Real Estate section of the *Washington Post* on Saturday, 1 March 1997, pp. E1 and E4, described how families are planning for the care of elderly parents. Hans' daughter Lily and her husband Andrew Harding added "an extra bedroom, adjacent bathroom, and exterior entry on the main floor of a house they recently built in Bethesda. Though the 13-by-13-foot bedroom is used by overnight guests and contains Lily's craft supplies, it is intended for use by Lily's parents, who reside in nearby split-level home. . . . The room is called 'Omama's Room' by the three children of Bruch and Harding, echoing an affectionate name for their grandmother." Included with the article are two photographs of Hans and Lily on the porch of her new home.

The article describes other ways to provide for elderly parents, short of having them move to a nursing home or other kinds of living

accommodations when they are unable to remain in their own homes, so it might be of interest to our membership. If you did not see the article and would like to have a copy, please let us know.

Of course, it would not appear that either Hans or Lurdy, his wife, are likely to take advantage of their new accommodations any soon, as they are both active seniors and seem to be in good health

Contributed by Jean S. Surgi

Marina Orellana (Santiago, Chile)

Not only was PAHO/WHO the last organization for which I worked permanently, but also its location (Washington, D.C.), its staff members, colleagues, and friends are constantly in my heart and mind. Since I retired I have continued working in my usual style and, surprisingly, reaping some rewards. Last year on 30 September, International Translators' Day, the Catholic University of Santiago (Chile) awarded me the 1996 Prize "in recognition of professional excellence".

In October I traveled to Sacramento, invited a year before by the California Court Interpreters' Association (CCIA) to address their annual meeting. The subject I chose was "El Traductor,

guardián del idioma." It was a most interesting and fruitful visit!

A few days after returning to Chile, when I thought that there would be no more invitations to go abroad to meet with translators, one arrived from Buenos Aires for April or May of this year. Earlier in the year I spent a very pleasant month vacationing in Switzerland. In July I visited Washington, D.C., where I enjoyed meeting with old friends and acquaintances.

I can happily say that health, vitality and energy still permit me "con el farolito de Dios" to devote myself to many and diverse activities.

In closing, I congratulate the Association for the publication of its interesting Bulletin (Newsletter) which I look forward to receiving. Best of everything to all members of the Association in 1997.

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YOUR HEALTH MATTERS !

by **Jaime Ayalde**

□ **REDUCE YOUR RISK OF
CORONARY ARTERY DISEASE**

We referred to heart disease in our Summer 1996 Newsletter, but due to its importance (heart disease accounts for 38% of deaths among

people over age 64) we feel that we are justified if we discuss this subject further. Most of this information is already known to our readers in bits and pieces, but it is always useful to present it as an interrelated set of problems and their possible solution. For instance, if a person is to consider a risk factor (like excess weight) and successfully acts upon it, other modifiable risk factors are likely to be influenced. If you change your diet to lose weight, you may lower your cholesterol level and blood pressure. You may also change your lifestyle and start an exercise program.

There are *unmodifiable risk factors*, such as heredity, age and gender. Age and heredity are generally well understood as risk factors. When you consider only the sex difference (without factoring in smoking, high blood pressure and high blood cholesterol levels) men are more likely to have coronary artery disease than women. The female hormone estrogen may protect against heart disease; after its decline at menopause women's risks increase. (The use of estrogen after menopause seems to reduce a woman's risk of heart disease.) In women, coronary artery disease develops, on the average, about 10 years later than in men.

The main *modifiable risk factors* are smoking, elevated cholesterol,

high blood pressure, excess weight, diabetes, sedentary lifestyle, stress, and personality.

Cigarette smokers have a risk of cardiovascular disease at least two times as high as nonsmokers. Smoking reduces the proportion of good (HDL) cholesterol to bad (LDL) cholesterol in the blood, and increases the tendency of blood to clot. Nicotine increases blood pressure and heart rate. Smoking is the main cause of lung disease (e.g., bronchitis and emphysema), which in turn put additional strain to the heart.

The American Heart Association and the National Heart, Lung, and Blood Institute have concluded that "the benefits of modifying **serum cholesterol levels** extend to men and women, young and old, those with high risk...and those with borderline high risk levels." Cholesterol is one of several types of fats (lipids) that have important function in your body. Triglycerides are another form of fat that circulate in the blood. These fats do not dissolve in water. To circulate through the blood, which is mainly water, they must be carried by apoproteins. The combination results in a lipoprotein. The main lipoproteins are low-density lipoprotein (LDL), which contains 25% protein and 45% cholesterol, and high density lipoprotein (HDL), which contains almost 50% protein and 20% cholesterol. The low

density lipoprotein transports cholesterol to repair sites of damaged cells or is deposited on the walls of arteries (thus: "the bad"). The high density lipoprotein carries excess cholesterol to the liver where it is disposed of (thus: "the good"). For adults without known heart disease the desirable level (mg/dl) of total cholesterol is < 200; LDL <130; triglycerides <200; LDL/HDL ratio <3; and HDL cholesterol >45. These numbers serve as a reference for your physician to evaluate your condition; several studies have shown a reduction in the occurrence of coronary disease by one-third to one-half in people who lower their cholesterol levels by diet or medication.

The **blood pressure** has to be monitored at home by the patient himself/herself or by a family member and evaluated by a physician. The abnormal increase of resistance in the arterioles remains unknown in 95% of the people (primary or essential hypertension) and about 5% of people have high blood pressure caused by other problem (secondary hypertension). Additional tests may be needed to clarify the situation (electrocardiogram, blood lipid levels, urinalysis, chest X-ray, and electrolytes in the blood, such as sodium, potassium). Typical blood pressure is considered to be 120/70 mm Hg, but blood pressure is not constant.

There is no evidence that **obesity** in itself predisposes to coronary disease, but obesity promotes high cholesterol, high blood pressure, and diabetes, which do increase chances of heart disease. In addition, obesity increases the risk of dying from causes not related to the heart, such as pulmonary problems.

In **diabetes** too much sugar accumulates in the blood stream. In type I (insulin-dependent diabetes mellitus) decreased insulin production is the main problem. In type II or non-insulin-dependent diabetes mellitus, there is a reduction in the body response to insulin. Signs of type I include increased thirst, increased volume and frequency of urination, weight loss, and fatigue. Type II includes any of above signs, plus slow to heal infections, blurred vision, tingling or numbness in the hands or feet. Diabetes is a risk factor for vascular disease and coronary artery disease. Everything else being equal the risk of heart disease is increased five times in a diabetic woman and two times in a diabetic man. It is very important to eliminate other risk factors (high blood pressure and cholesterol levels, obesity) in people with diabetes.

If you have a **sedentary life-style** you must improve your level of activity. The total amount of exercise is more important than

exercising at a high level of intensity. If you are over 40, are overweight, suffer heart or lung disease, or have a poor health status, you should consult a doctor before beginning an exercise program.

It is very difficult to measure **stress and personality** as risk factors for coronary disease, but research indicates that they are contributory factors. The way stress is handled varies from person to person. Some researchers suggest that type A people have up to twice the risk of type B people for coronary artery disease. You cannot avoid stressful events but you can control how to manage stress. If you are a "hot reactor" and easily provoked to hostility, use behavior modification techniques such as muscle relaxation, brisk walking, positive thinking and "self-talk," maintain good social relationships, and improve your communication skills.

Source: Mayo Clinic Heart Book, (Part 3, Pages 116-172), Mayo Foundation for Medical Education and Research (1993), William Morrow and Company, Inc. New York.

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OBITUARIES

We regret to inform our colleagues of the deaths of:

- Eng. Walter Castagnino
15 January 1996
- Eng Edmundo Elmore
22 March 1996
- Dr. Alfonso Ramirez Gutierrez
22 March 1996
- Ing. Hugo Chiriboga
03 April 1996
- Mr. Robin Hindley-Smith
17 April 1996
- Dr. Raúl Pepper
28 August 1996
- Dr. Roberto Rueda-Williamson
25 October 1996
- Mr. Alfredo D. Tupas
1 November 1996
- Dr. Roberto Caldeyro-Barcia
02 November 1996
- Mr. Boris Szyfres
09 November 1996
- Dr. Carlos San Martin
06 December 1996

Our sincere sympathy to the families of our colleagues.